

**THE APPLICATION OF BIBLIOTHERAPY WITH PRIMARY SCHOOL
CHILDREN LIVING IN A VIOLENT SOCIETY.**

by

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**Submitted in partial fulfilment of the requirements for the degree of MAGISTER
BIBLIOTHECOLOGIAE in the Department of Library and Information Science,
University of the Western Cape.**



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UNIVERSITY *of the*
WESTERN CAPE

DECLARATION

“I declare that **THE APPLICATION OF BIBLIOTHERAPY WITH PRIMARY SCHOOL CHILDREN LIVING IN A VIOLENT SOCIETY** is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.”

SIGNED:

DATE :



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I would like to thank the following people without whose assistance this study would not have been possible:

Sincere appreciation to the principal of the school, and all the children who took part in the study.

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Our heavenly Father, for giving me this opportunity to do this research.



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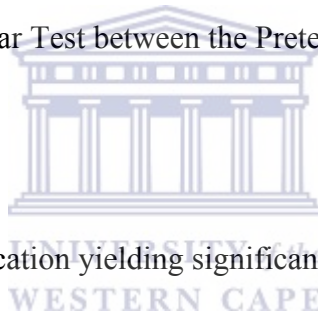
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SUMMARY

The problem upon which this study is based, is to determine the importance of bibliotherapy to children who are exposed to daily violence in society. Exposure to daily violence have detrimental consequences for these children which result in that it is a traumatic experience for them, that could affect their personality development and interpersonal relations. This research is done within the context of a school situated in a violence society which provide the ideal opportunity to reach such children. The school provides an atmosphere which is conducive to reading and verbalisation.

The methods used in this study are twofold, constituting a literature survey and an experimental investigation. The literature survey is to identify the problems the children experience, and examining the use of bibliotherapy. The experimental investigation is aimed at designing, implementing and evaluating a bibliotherapeutic programme.

The social learning approach is the theory that supports the contention that behavioural change precedes attitudinal change. It says that most human behaviour leads to consequences which affect the probability of similar behaviour in the future.

A group of twenty voluntary grade four pupils participated in the experiment. They formed the experimental group who was subjected to the bibliotherapeutic programme. They were all subjected to the testing before and after the implementation of the programme to determine whether quantifiable change, had taken place after bibliotherapy had been applied. The results of the experimental investigation proved that bibliotherapy did contribute to quantifiable changes in personality development and interpersonal relations.

CHAPTER ONE

1.1 Introduction

Bibliotherapy is an extension of the humanitarian side of librarianship. It recognizes the therapeutic powers of literature and benefits which can be derived by the reader thereof. Bibliotherapy has a long history and it is often defined as “healing through books” (Smith,1989: 241).

Bibliotherapy is a common technique used in current medical professions, especially in respect of children. The written and the spoken word usually appeal to children, so the use of stories as a bibliotherapeutic technique in speaking to children, may have considerable therapeutic value. An effort is made to indicate the relationship between bibliotherapy and suitable reading material.

Bibliotherapy can deal with emotional, as well as developmental needs of individuals. In this investigation, an attempt was made to apply bibliotherapy to children who are suffering the effects of daily exposure to violence.

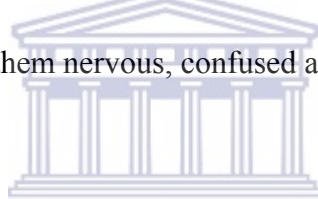
Violence is not new to human experience, even fairy tales contain elements of violence. In perusing the literature, it becomes clear that violence is a complex concept that cannot be adequately described as a single entity (Kloppers,1994:95).

In South Africa, there is so much violence that it has almost become the order of the day. People are faced with violence in various ways from every rank of society.

Nothing seems reliable enough to stop the tide of violence which is gradually threatening the comfort of humanity. Indeed society is under stress precisely from the effects of violence and what it does to children. In all instances of violence which are taking place, children are the worst victims (Klaason,1990:2).

It is important to recognize that violence in South African society has assumed many forms. Two examples of these forms are state inflicted violence and social violence.

State inflicted violence is by the state and is government endorsed. It has been legalized to a great extent through various mechanisms. This has a psychological effect on children, eg. affecting their self-esteem and behaviour. Yet there are also severe physical forms of violence inflicted on children. This situation which South African children were made to experience left them nervous, confused and unsure (Klaason,1990:2).



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Social violence is the form of violence which children encounter at home, and in organisations and through other community setups. Fighting between parents at home in the presence of the children is a bad example and can influence the way a child relates to the mother or the father. Children have bad memories of the way in which parents used to fight with each other. Street fighting by grown persons often excites the children to degrees of violence. Many children have found it difficult to handle situations of violence in which they have been involved. Children who are becoming familiarized with violence should be assisted to develop and grow in a meaningful and constructive way (Klaason,1990:2-3).

Many communities in South Africa are continuing to experience high levels of organized violence, despite the major political changes that have taken place. Reforms announced in February 1990 raised hopes that an era of violent state repression would at last end, but for a complicated set of political, social, economic and psychological reasons, conflict has not abated. Thousands more people have been killed in fighting between political groups. For many living in violent areas there is no clear cut-off point between the past and present violence. Gangsterism has just got worse. Violence in its current form, however is likely to have even more serious psychological consequences for many child victims than state repression (Gibson,1994:2-3).

Being directly exposed to violence, be it of a political or social nature, may be a traumatic experience for the child that could affect his/her personality development and inter-personal relations adversely. As a result of this, the child may need assistance. Most traumatised children will recover sooner or later if their minimum emotional needs are met through sympathetic adults and friends. These minimum needs are extra affection and attention so that they feel secure and less alienated, alone and helpless, the need to tell their story, verbally or non-verbally, to reduce their confusion, anxiety and feelings of guilt, and the need to play and be occupied so as to rebuild their lives.

With no public library facilities, it would seem that the school, in conjunction with the educational psychologist could provide the ideal opportunity to reach such children. The school provides an atmosphere which is conducive to reading and verbalisation. Maybe here the effectiveness of bibliotherapy could be determined.

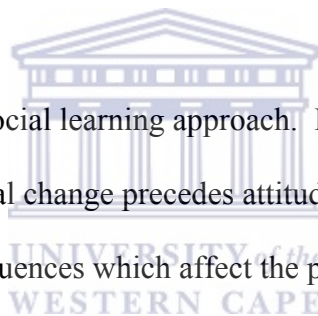
1.2 Statement of the problem

The notion of problem in this study is most directly applicable in the sense that the study addresses something wrong in the society, some social problem or issue that needs attention, analysis and remediation. That it is to identify the problems of personal and interpersonal development of children who are exposed to violence.

This investigation intends to look at bibliotherapy, to show to what extent bibliotherapy can be used in dealing with various problems encountered by these children, to identify the problems with references to personal development and interpersonal relationships encountered by children, and whether the application of bibliotherapy can achieve a change in attitude and behaviour by the child in understanding their situation.

1.3 Theoretical framework

This research will be based upon the social learning approach. It is the theory that supports the contention that behavioural change precedes attitudinal change. It says that most human behaviour leads to consequences which affect the probability of similar behaviour in the future. The basic idea is that the likelihood of a specific response is determined by what the person expects will follow the response. If the consequences are positive or rewarding, the behaviour is likely to occur. If they are negative or punishing, the behaviour is not likely to occur. In addition to learning through experiences, a person can learn by observation or vicariously what the result of an action may be. Reading can be the basis of social learning. Social learning theory stresses types of behaviour (Rubin, 1978:41).



In the case of the child, the social learning theory focuses on the role of modelling in the child's cognitive and social development. As a child grows up, s/he learns certain values by observing her/his environment and by watching how those who inhabit it interact with each other. This theory is based on the belief that children imitate the behaviour of characters in much the same way that they learn their social and cognitive skills, that is by imitating their parents, peers, and siblings (Eron,1982:199).

One can assume that the more violence one is exposed to, the more habituated one becomes to the plight of the victim and the less sensitive about the wrongfulness of the violent act.

1.4 Methodology

1.4.1 Sample selection

The study involves school children between the ages of nine-eleven years. The pupils in the study, are both girls and boys.



Two important criteria guiding the initial selection of the subjects are:

Age. It is argued that up to the age of ten / eleven years, this is a critical period for learning aggressive behaviour, and it is also the critical period for learning prosocial behaviour. It is difficult for the child to distinguish between socially acceptable and unacceptable behaviour if s/he is the object of aggressive behaviour or observes this type of behaviour regularly (Eron,1982:199).

Reading. The subjects must be able to easily read the material presented to him/her if identification and positive emotional response are to develop.

An area of low socio-economic status will be suitable, as it is here where violence, be it social or political, is the order of the day. A specific area, namely, Lavender Hill, an area of low socio-economic status, situated in the Southern Suburbs on the Cape Flats, in the Western Cape, was decided upon to conduct the research. Lavender Hill used to be known as Hardevlei/Rondevlei, and composed of residents who were previously property owners.

The Government passed the first Group Areas Act in 1950. The aim of this act was for different racial groups to live in separate areas according to their races or skin colour. The 1950 Act was updated and improved in 1957 and in 1966. As a result people in Cape Town were forced out of their homes in District Six, Plumstead, Steurhof, Newlands and Claremont and were dumped into Lavender Hill and other similar townships. People were forced to move into the inferior houses the state provided (Naidoo,1984:4-9).

In a census conducted in 1996, Lavender Hill had a population of 18 172 (Statistics South Africa). Lavender Hill is subject to high levels of unemployment, alcoholism, disrupted family lives, community and domestic violence and few social services. Schools are overcrowded, and many of the children belong to gangs, or at least associate with gangsters. Lavender Hill is known for its intense gang violence.

A letter of application was sent via the principal, to the Department of Education, requesting permission to use the primary school that is located in that area (see appendix C). The principal gave the researcher verbal approval to do the research.

1.4.2 Drawing the sample from the school

The pupils were selected by random sampling from the grade four pupils between the age of nine - eleven years, including both girls and boys. According to this method every child within this group had an equal chance of being selected.

1.4.3 Acquiring informed parental consent

Based on the stipulations of the Department of Education and the recommendations of the South African Medical Research Council regarding experimental research involving the use of minors (Child Care Act, Act 74 of 1963), obtaining the informed consent of each parent is mandatory (see appendix A).

The parents were informed about the purpose and scope of the study. They were made aware of the fact that they are under no obligation to compel their children to take part in the study. The parents were informed of all research procedures and methods used. The information obtained in the investigation were used for research purposes only and thus, kept strictly confidential. Information was made available to the parents on request, with the proviso that the interests and integrity of their children be safeguarded at all times. Each parent's approval was endorsed with their signature (see appendix B).

1.4.4 Acquiring the children's informed consent

Despite obtaining the informed consent of the parents, the voluntary informed consent of each child was also required before any testing was initiated. In this respect, it was necessary that each child be mature enough to fully understand the purpose of the study, the research procedures and methods used. The children were not obliged to participate in the study, and they retained the right to withdraw from the study at any stage. However, inclusion in the study meant that they had to comply with all the phases of testing and treatment in the study. The researcher reserved the right to exclude any child from the study for the reasons of impropriety, at any stage.

1.4.5 Method

The methods used in this study were twofold, constituting a literature survey, as well as an experimental investigation. The literature survey was aimed at identifying problems experienced by children exposed to daily violence, and examining the nature, essence and use of bibliotherapy as an educational means. The experimental investigation was aimed at designing, implementing and evaluating a bibliotherapeutic programme.

The data-gathering method used, was based upon direct observation and questionnaires. One group of twenty pupils was used. The group first met once a week for an hour, then twice a week. The pupils were tested before and after bibliotherapy. The topics like fun, sadness, loneliness, loss, self-concept and independence were also dealt with, followed with discussions. Presumably the change that occurred between the pre- and posttests would be attributed to the therapy. Therefore it could be determined whether

the differences in levels of adjustments, satisfaction, attitudes and behaviour could be traced to bibliotherapy.

The steps in applying bibliotherapy as identified by Van der Linde (1987:75) are:

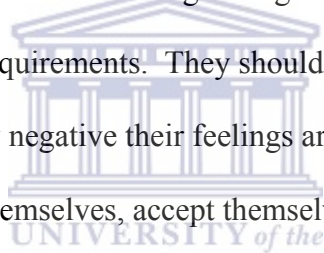
- Identify persons to partake in bibliotherapy
- The selection of books/media
- Identify readiness for bibliotherapy
- Preparation for applying bibliotherapy.

Didactic literature (such as self-help books and technical literature are meant for teaching, explaining and interpreting) and creative literature such as children's stories (Monroe,1978:260), was used, because it fitted in with these children's needs. It was important that the bibliotherapist have knowledge of the children's specific phase of development, their needs and problems to make a good selection from the available material. A lack of appropriate, applicable material often required the bibliotherapist to create a children's story herself.

The children's story, whether published or an original creation, had to meet the following requirements:

- It should be related to the child's phase of development and his/her circumstances. It is important that the bibliotherapist should know the circumstances of the child, so that she may select a story that relates to the child's world.

- It should be related to the child's feelings. This may be regarded as a primary requirement since the child can see him/herself in the circumstances in the story and so gain insight into his/her own feelings.
- It should have a central character (a hero), preferably a child hero, with whom the child can identify. The peer group plays a very important part, and the child attaches much value to what his friends say and imitates their behaviour. He would therefore readily imitate the behaviour of a child hero.
- There should be other characters, similar to those in the child's personal situation.
- The story should have an unacceptable character so that the child can project his/her negative feelings.
- The characters in the story should give the child a model of healthy ways of working through his/her problems. In working through their problems the characters should meet some requirements. They should be able to give vent to their feelings regardless of how negative their feelings are. They should be prepared to learn more about themselves, accept themselves, and to look for the causes of their behaviour. They should be able to judge events and their behaviour objectively so that they may develop insight. Furthermore, they should recognise their own potential and apply it so that their functioning may improve.
- Healthy and effective coping strategies should be built into the story. The hero in the story should be an example to the child for coping with a situation.
- The hero in the story should function effectively at the psychological, social, spiritual and self-image levels of functioning.
- The children's story should have a reassuring ending in which the central



character is the winner. Yet, it should be realistic and fall within the circumstances and abilities of the child (Smith,1982:232-3).

Various techniques may be included in the use of stories. Conversations and therapy with children in combination with books. The child could make up a story or write his/her own story.

The **bibliotherapeutic programme** took place in stages, namely:

Stage One: Introduction and building a relationship of trust

This stage began with a fantasy tale that related to the experiences of the child. This was to help the child realise that there are many children who have had similar experiences.

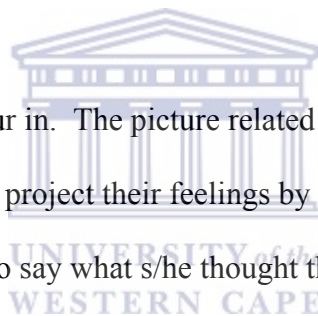
Each child was given a picture to colour in. The picture related to the central character in the story. The children were guided to project their feelings by means of the pictures.

Each child was given the opportunity to say what s/he thought the character felt. The story must be able to let the children project their feelings and discuss problems openly.

The children should be able to identify easily with the characters in the story and relate to the events in their lives.

Stage Two: Society / Parents abuse child.

This stage was to give the child insight into why the parent/society abuses the child. The child must be shown why s/he was not the guilty party. The child needed to be shown that the parents/society are not only bad, but could also be good. The tale was continued,



and the group could pause here at the reasons why parents/society abuse their children. But at the same time the child must be explained that s/he also does things that are wrong. The children were shown a picture of a family and they were asked to tell a story about it. Attention were given to the feelings of the children shown.

Stage Three: Coping strategies.

Here the child would learn to identify situations that led to abuse and to look at ways of avoiding it. The central character in the story was confronted with situations and succeeds in coping with the situation correctly. The children were given the beginning of a story and were given the opportunity to complete it.

Stage Four: Social systems that may be used in problem situations.

The aim here was to show the child that there are different social systems in the community on which s/he could rely to help him/her deal with problem situations. A children's story was used, where the central character was confronted with a problem that scared and confused him/her. The character was to meet various people who could help him/her with different problems. Questions would be asked to involve the children in the story. The story should have an open ending and the child should decide where the character should go to for help.

The child drew his/her town as s/he saw it, to make the child feel part of the social system and to teach the child to have more faith in other people. The colour- your –life technique (O'Connor,1983:251-258) was used, which would give the child the opportunity to associate different feelings with different colours. Each child would be given the opportunity to explain his/her town to the group.

Stage Five: Here the children were given the message that they are perfectly acceptable and that they should carry on as they are. A final reinforcing message could be given to the child to lead him/her to greater self-acceptance and to improve his/her self-image.

Stage Six: Termination and evaluation.

This stage was used to summarise and evaluate and to come to a conclusion. Review the character's most important feelings and the most important events in the story.

1.4.6 Literature study

The investigation was supported by an analysis of literature with reference to:

- the influence of the daily exposure of violence on the child's personal and interpersonal development, and
- the nature, essence and use of bibliotherapy in dealing with various problems encountered by these children, to identify the problems with references to personal development and interpersonal relationships encountered by children, and whether the application of bibliotherapy can achieve a change in attitude and behaviour by the child in understanding their situation.

1.5 Demarcation

For the purpose of this research, it was important to emphasis that the pupils must be between the age of nine - eleven years old. Certain variables needed to be controlled.

The group of pupils should be roughly equivalent in levels of motivation, intelligence, socio-economic status, age and perhaps other qualities as well.

1.6 Data collection procedures

The method of data collection that was used was a questionnaire and observation. The form of questions in the questionnaire would consist of structured-response questions. The questionnaire would be divided into two major sections. Section one would deal with demographical detail of the child (see appendix D). Section two would concentrate on the child's reading and understanding of violence (see appendix E).

The observation method. In this research, the researcher collected data on the current status of entities by watching them and listening to them rather than asking questions about them. The observation was also uncontrolled and unscheduled.

Analysis of data collected: The data collected was analysed using statistical as well as qualitative methods of analysis. The department of Library and Information Science of the University of the Western Cape, was involved with the interpretation and evaluation of the results of the observations and questionnaire. The SPSS package was utilized to achieve this.

1.7 Limitations

In planning the study, every effort was made to reduce any serious limitations that could have a detrimental effect on the results obtained. However, the following limitations still

remained:

- 1) Since the application of bibliotherapy was and is only applied in hospitals or mental institutions, the literature relating to the application of bibliotherapy and children in a violent society, is problematic, since much of the research done on bibliotherapy was within the psychological or medical context.
- 2) In spite of its long history, no “new” theories about bibliotherapy has come to the foreground.
- 3) On the psychological side, there might be interruptions or barriers to the completion of the bibliotherapeutic process. Identification does not always lead through catharsis to insight. The reader might project his/her own motives onto the character and thus reinforce his/her destructive feelings without ever perceiving the possibility of solution of his/her problems. Or, the reader might vent his/her feelings on the character, using it as a scapegoat that is to blame for his/her frustrations. The reader might actively dislike the character because its problems reminded him/her so strongly of his/her own unsolved conflicts. Tensions and anxieties of the reader might block or distort the expected constructive identification.
- 4) The therapeutic process might be halted for lack of social and emotional experiences on the part of the reader. Catharsis might be impossible because the individual had no emotional experience which prepared him/her for empathy with the character’s feelings. Or the vagueness of his/her self-concept might prevent him from recognizing the resemblance and from identifying with the story character.

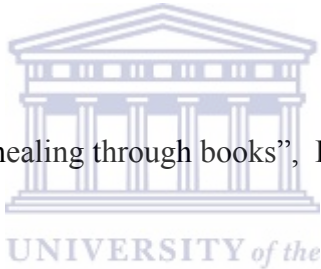
- 5) Because of the Apartheid system, and education being separated, the Blacks came off worst. The majority of primary schools in black areas had no such privileges as having a library to provide an atmosphere for reading.
- 6) There is no library in the area, but a library mobile comes once a week into the area. But it meant, that children could only return their books and take out new ones, without having the opportunity to sit down and browse/read, because of the children waiting outside.

1.8 Definition of terms

It is necessary to clarify a few terms in order to prevent any misunderstanding and to foster clear understanding of what is written in this dissertation.

1.8.1 Bibliotherapy

As Smith (1989:241) simply states it “healing through books”, Rhea Rubin (1978:268) defines bibliotherapy as:



“a program of activity based on the interactive processes of media and the people who experience it. Print or non-print material, either imaginative or informational is experienced and discussed with the aid of a facilitator, within the prescribed purpose and goals. The important and dynamic factors are the relationships which are established, the patients reaction and response, and the reporting back to the physicians for the interpretation, evaluation and directions in follow-ups”.

Based on the above two definitions, I will define bibliotherapy as an activity which utilizes the strength of literature for the purposes of understanding, insight and self-growth.

1.8.2 Readers guidance

Readers guidance is often confused with the term bibliotherapy. Readers guidance is the advice and counseling given to a user regarding the different information media which he/she can use to achieve certain goals, i.e., the use of reading material to overcome boredom on a long train journey (Cilliers,1980:196).

1.8.3 Identification

Identification is generally defined as an adaptive mechanism which the human being utilizes, largely unconsciously, to augment his self-regard. It takes the form of a real or imagined affiliation of oneself with another person, a group of persons, or with some institution, or even with a symbol. There is usually involved admiration for the object of one's identification, a tendency to imitate, and a sense of loyalty and belongingness (Rubin,1978:39).



1.8.4 Catharsis

Rubin (1978:242) defined catharsis as a sharing of motivations, conflicts and emotions of a book character. It is an active release of emotions, experienced either first-hand or vicariously. It goes beyond the simple intellectual recognition of commonalities as in identification or personification. It involves empathetic emotional reactions similar to those that the reader imagines were felt by the book's character.

1.8.5 Insight

Insight is the power of a thinking, feeling person to look within and beneath the surface of things; it is an ability that can be strengthened through bibliotherapy (Rubin,1978:9).

1.8.6 Children

According to Dawes (1987:28), a child includes any persons under the age of eighteen who have not had adult status legally conferred on them and who thus qualify for certain special provisions within Common Law, the Criminal Procedures Act 51 of 1977 and the Child Act 74 of 1983. The definition of the United Nations states ..."[The]child, by reason of his physical and mental immaturity, needs special safeguards and care, including legal protection" (1992:119).

1.8.7 Violence

Violence is a phenomenon which has reified in the everyday functioning of the South African Society. Noreen Ramsden (1994:7) defines violence as being the use of physical force or psycho-social hurt to any person.

1.9 Division of chapters

The investigation will continue as follow:

Chapter Two attempts to show the link between the literature survey on bibliotherapeutic studies done with children in bringing about behavioural change. Chapter Three provides a more detailed description of bibliotherapy. It looks at how children are exposed to violence, and the application of bibliotherapy.



Chapter Four describes the methodology used in the research. An experimental study with before and after studies was conducted. Experimental research's results are by far the most reliable and for reaching the conclusion that a particular behaviour is caused by some particular event or events. Presumably, the improvement occurring within the subjects could be attributed to bibliotherapy. A presentation and interpretation of data would be followed by a discussion of the results.

Chapter Five deals with the conclusion and recommendations based on the findings in the literature as well as the results of the study.



CHAPTER TWO

LITERATURE SURVEY ON RESEARCH STUDIES ON THE TOPIC

This chapter will look at studies where bibliotherapy was applied with children. It will show how the use of literature link into the bibliotherapeutic process.

Closely related to the efforts to build a more adequate theoretical basis for bibliotherapy have been the research efforts to validate the effectiveness of bibliotherapy in various settings, for a variety of special problems, and in connection with the general role and function of practitioners in a number of different contexts. As in the case of many other areas of inquiry in the behavioural sciences and helping professions, there are a few programs of research in bibliotherapy.

The literature of bibliotherapy reveals five types of research. According to Zaccaria and Moses (1978:57-59), they are: Exhortatory studies which calls for greater use of literature in bibliotherapy, and calls for more research; Theoretical research, which relates bibliotherapy with other practices and attempts to explain the dynamics of the field and to emphasize its usefulness; Descriptive research describes how bibliotherapy can be used in a particular setting. Techniques are utilized and with the results of the program, suggestions made; Case study research is descriptive by providing one or more illustrative cases; and Experimental research.

Experimental research study is the two types of experimental research evident in the literature of bibliotherapy namely: before-and-after studies and controlled experimental studies. In both

studies, the subjects are all tested before and after bibliotherapy. Presumably, the change that occurs between the pre- and posttests is attributed to bibliotherapy. In before-after studies, one group of subjects is used, and in controlled studies two groups of which one group is given no treatment.

The ultimate understanding and development of bibliotherapy must, therefore, depend upon the evolution of methods and techniques of assessing and evaluating behavioural change and the process as well as the effects.

Rhea J. Rubin (1978:49) states that experimental research results are by far the most reliable. According to psychologists, experimental methods are the best we have for reaching the conclusion that a particular behaviour is caused by some particular event(s). Unfortunately, very few experimental research studies in bibliotherapy have been reported.

Evalene Jackson's effort to change racial attitudes towards blacks, through selected stories, illustrates another problem in the bibliotherapeutic process, that of the permanence of attitude changes. The subjects were twelve to fourteen years old residents of Atlanta. They were split into control and experimental groups which matched in respect of sex, intelligence, chronological age, and socio-economic status.

An original short story stressing the similarity of needs and personality of black and white children, and avoiding stereotypes and dialect, was written for use in the study. Initially both groups were tested by the Hinckley scale to determine attitudes; then the experimental group

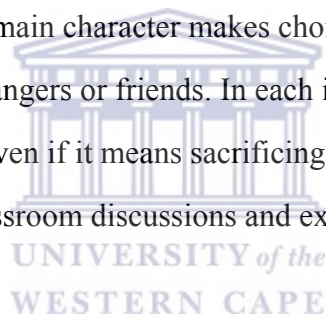
read and informally discussed the story while the control group did no reading. The groups were then tested again, and re-tested within two weeks to see if the change produced were lasting. A small but significant shift from a less to a more favourable attitude toward the Negro race, as measured by the Hinckley scale, was indicated, but this shift was not lasting. A repetition of the experiment in a second school revealed a small, but insignificant shift in the same direction on the part of the experimentals. The score of the experimental group on the third test indicated that the gain made after reading fiction was lost in two weeks. It should be remembered that the time involved was brief, the reading and two tests all falling within an hour (Rubin,1978:1).

Rubin (1978:247) comments that this experiment may indicate bibliotherapy may need to be extended over some time, if permanent feelings or attitudes are to be created. It may also indicate that the process needs re-inforcement by factors other than literary means, such as the impact of group attitudes, community attitudes, and active and obvious efforts by the teacher to provide verbal and behavioural reinforcement. This experiment also suggests that the teacher or bibliotherapist must consider providing opportunities for translating attitudes gained through reading into behaviour. We already know that the simple acquisition of information does not ensure a change in attitudes; and that a change in expressed attitudes is not necessarily reflected in behaviour.

Emile Adler and Paula Foster's (1997:275-287) used an experimental design. Their hypothesis was that reading and guided discussion of books which stress the theme of caring would have an effect on the extent to which students support this value. Because current developmental theories argue that boys and girls typically proceed through adolescence in

distinct ways and learn different moral imperatives relative to caring, responsibility, and personal identity. A second focus of the research was to explore the differences between male and female students in caring attitudes and in their responses to reading literature with caring as a theme.

A group of grade sevens in a middle school in England was selected. The students were between twelve and fourteen; thirty-one of the students were girls and twenty-six were boys; fifty were white, and seven were Asian. They were divided into two groups, one group was the experimental group and the other the control group. The experimental group worked with one of the teachers for ten weeks during the class time designated for reading. The project consisted of reading and discussing three books, chosen by the researchers in consultation with the teachers on the basis of the quality of writing and theme. In each book, the theme was the importance of caring for others as the main character makes choices regarding his/her behavior toward people who began either as strangers or friends. In each instance, the main character ultimately decides to care for others, even if it means sacrificing personal goals and gains. The experimental group participated in classroom discussions and exercises designed to reinforce the theme presented in the books.



The dependent variable was measured both before and after the reading project by a set of three essays on caring for others. Both groups completed the essays during the two weeks before and the two weeks after the ten-week reading project. The teachers asked the students to write the essays as part of their work for the language arts sections of the curriculum, instructing them that there were no right or wrong answers. Students were asked to write their opinions or make up a story without worrying about what they were "supposed to say." The researchers were given copies of the students' essays identified by code number. Due to absenteeism, some students did not do each of the essays twice.

To determine the effect of the reading project, the essay each student wrote after completion of the reading curriculum project was compared to the one written ten weeks earlier. Each student was classified as becoming more supportive of caring for others, less supportive, or showing no change in values. The experimental and control group results were analyzed.

The results of the experiment indicate moderate support for the use of a literature-based approach to teaching values. Changes from pretest to posttest in two of the three essays were in the hypothesized direction. However, the authors advised practitioners that the use of one discrete project cannot produce large-scale or long-term change. They also found that there are no studies of **bibliotherapy** or other literature-based approaches to teaching attitudes, values or character traits which use an experimental design to evaluate the effectiveness of the method.

Kim Amer (1999:91-112) explored with bibliotherapy as a way to seek out children's feelings. The purpose was, will children discuss their feelings about short stature or IDDM (Insulin dependent diabetes mellitus) and their self-perceptions after reading a work of fiction with a character who experiences similar challenges?

The study consisted of interviews with two groups of children: one group referred to a pediatric endocrinologist for IDDM and the other referred to short stature. Bibliotherapy was evaluated with a total of twenty-seven children ranging in age from seven-sixteen years. The children with IDDM numbered four males and four females with a mean age of 13.5. The short stature children consisted of five males and fourteen females with a mean age of eleven years.

Books were chosen for their accuracy, age appropriate reading level, and content analysis by school-age children. The child first read a work of fiction and then participated in an interview by one of the researchers.

The method was a semi-structured interview guide that was used in both groups to elicit feelings about the work of fiction, feelings of self-esteem, and attitudes toward the condition. Questions included issues such as family composition and school impressions. They were asked about their impressions about the book, their experiences related to their condition, and managing difficult feelings. When interviewing the children, they freely discussed their feelings about school experiences and condition-related issues. Several themes emerged from data analysis including the child's development of compensatory attributes, responses to teasing, and management of diabetes. In the process of comparison of the self to the primary character, the children were asked about their overall impression of the book, many immediately discussed their own experiences. A primary issue for the children with IDDM was self-management, adherence, and telling others about the IDDM. All of the children except one, reported sharing management of IDDM with parents. Most of the children administered at least some of their own injections and did the majority of blood glucose monitoring. Managing difficult feelings, children with IDDM identified feeling they were different. Four of the boys expressed unresolved conflicts with peers.

Bibliotherapy promoted open discussion about the child's condition, relationships with peers, the main character's coping strategies and how they relate to the child, and self-management issues such as dietary adherence in the children with IDDM. The study also clarifies that children with short stature and IDDM face similar experiences, such as being teased. The identification and development of compensatory attributes may help children cope with

chronic conditions. Beyond the self-management demands of IDDM, the two groups of children appear to have similar school and home experiences. This open discussion can help establish relationships, gain information, and assist with health promotion in the families.

Sarah Borders and **Pamela Paisley** (1992:131-140) conducted a study with two elementary school classes in a suburban North Carolina district. The purpose of this research was to evaluate the developmental effects of both a bibliotherapy-based curriculum with selections from quality children's literature and a story-based guidance curriculum that was more didactic in nature. The primary questions addressed were (a) Will the classroom guidance interventions promote developmental growth as measured by the Paragraph Completion Test? (b) Will the curriculum based on quality children's literature be more effective in promoting developmental growth than the traditional guidance curriculum?

The experimental group (22) was a fourth- and fifth-grade combination. The control group (20) was a fifth-grade class. Both were heterogeneously grouped. Both teachers employed a regular practice of reading aloud for pleasure for twenty to thirty minutes each day. Some grouping was done by the teachers in both classes for reading instruction, and all students had participated in the novel studies used by the fifth grade that year. Groups were similar in ability and racial and cultural makeup.

The Paragraph Completion Test was used to measure changes in development associated with conceptual level which is a personal characteristic indexing both cognitive complexity and interpersonal maturity. The test was given to the children in both groups. A blind procedure

was employed in the scoring; the rater was unaware of which students were in the experimental group and which were in the control group. The posttest was given and scored in the same manner three months later. In the intervening three-month time period, the experimental group participated in twelve bibliotherapy-based lessons using the titles selected for literary merit. The control group participated in twelve guidance lessons during the same period of time. Each guidance session was approximately forty-five minutes in length. The researcher acted as a leader for both groups.

In the experimental group, stories were read aloud and were then followed by counselor-led class discussions and journal writing. Three prompts were used to encourage oral or written response: (a) What did you notice about the story? (b) How did the story make you feel? (c) What does this story remind you of in your own life?

The materials for the experimental group were selected not only to meet guidance goals, but also to meet criteria for quality established by experts in the field of children's literature. Five of the books used were each completed with their discussions in one class period. The twelve lessons presented to the control group were selected from story-based guidance curricula designed to teach values and decision-making. No attempt was made to apply the criteria for literary excellence. In the first 6 lessons, open-ended dilemmas were read aloud. Children responded with choices of the appropriate behavior and reasons for their choices. Journals, as well as class discussions, were used. Forced choice and rank-order strategies were used to vary the format. In the final six lessons, biographical sketches were read aloud that emphasized values such as inventiveness, altruism, friendship, courage, and perseverance. These were followed by oral discussion in large or small groups or journal entries. In all discussions, the leader used reflective statements, encouraging multilevel responses.

With the results, an analysis of covariance was used to assess treatment effects. This particular procedure was selected in order to reduce experimental error by statistical means and to adjust treatment effects for any differences between the treatment groups that existed before the start of the intervention. Because pure random assignment of individuals to this study was not possible, the analysis of covariance with pretest scores as the covariate allowed for correction of pre-existing differences. An analysis of covariance using pretest scores as the covariate was used to secure a more precise estimate of between group differences. The results demonstrate that the developmental growth in the experimental group was greater. Additionally, the between group differences were statistically significant at the .05 alpha level

This study had direct implications for school counselors in terms of providing an effective approach for classroom guidance. The use of stories as a method for helping individuals solve problems or better understand themselves appeared to have promise not only in motivating therapy (as indicated in previous literature) but also personal growth. The essential components of the more effective intervention in this study were the use of stories of literary merit and the open-ended discussions. If elementary counselors choose to use bibliotherapeutic approaches in classroom guidance, they may adopt a selective process which begins with bibliographies that index books by theme. The most inclusive of these bibliographies addresses the needs and problems of children and youth.

Even in using these resources, the critical issue will continue to be the attention given not only to the topic or theme suggested but also to the literary quality of the selections. Counselors can help children make such connections by selecting stories which affirm their self-worth and offer insights into their relationships with others. The power of the literary transaction between children and story, coupled with the interaction between a skilled

counselor and children, has the potential to become bibliotherapy at its best.

Kaye Herth (1998:1053-1062) conducted a study to investigate the meaning of hope and the hoping process in the homeless family and to identify strategies that families use in fostering and maintaining their hope. There have been no studies to date that explore hope from the perspective of homeless children or identify strategies used by homeless children to maintain their hope during these difficult times. The primary question guiding this research was: How do homeless children describe hope and how do they maintain and engender their hopes?

A convenience sample of sixty homeless children ranging between six to sixteen years old, from fifty-two families residing in two private and two public, not-for-profit transitional housing shelters for homeless families within one Midwestern state participated in the study. Each shelter housed between eighteen and twenty-four families for a period of ninety days during which time the adults were expected actively to pursue permanent housing, jobs, or education. It was required that each family member over the age of ten years participated in the daily chores within the shelter.

The researcher, who had met the children on one other occasion, invited the children to describe their hopes through drawings. Art assisted the researcher in gaining access to the experience of hope from the child's perspective and as a means of building rapport, reducing anxiety, and gaining further information. Art enhances the illumination of the lived experience when children are given an opportunity to tell the story that art depicts. The stories embedded in the art accentuate the child's own unique understanding. Artwork symbolizes what was, is, and will-be, all-at-once. The children were asked to draw a picture that depicted what hope

meant to them. The researcher supplied the child with art materials. At the end of the session each child was given a copy of his/her drawing.

This study involved the use of methodological triangulation (semi-structured interview and use of drawings). This combination was chosen to enhance the understanding of hope and the hoping process and to contribute to the study's internal and external validity. A semi-structured audio-taped interview was conducted immediately following the completion of the drawing. Moustakas' (1990) heuristic qualitative design was chosen because this approach stresses dialogue when the meanings of human experience are sought. The researcher began the interview with 'Tell me about your drawing and how it represents hope to you.' Further questioning flowed from the responses given by the children. Questions included were: Can you tell me how the people, things, or events in this drawing reflect your hope(s)? What would you add to this drawing that would further depict your hope(s)? What would you add to this drawing that would enhance your hope(s)? What has happened for you that has been hopeful? What do you do to affect your hope level or that of others around you? What do you do when your hopes are really low? How can you tell a person who is hopeful from one who is not? What differences does it make if a person has hope or does not?

The background data form is a self-report measure, designed by the author, to elicit information on age, gender, race, educational level, length of time in current shelter, prior experiences in shelters, presence of brothers or sisters, residing with parent - mother, father, or both. These variables have been identified in the literature as possible correlates of hope.

A time was set up to meet with each child individually, and the entire session including both the drawing and audio-taped interview ranged from 40 to 80 minutes. Data were analysed as generated in the form of transcripts and drawings.

The findings of this study lend support to the active presence of hope in homeless children, regardless of their dire circumstances, and contribute to the growing body of knowledge related to the experience of homelessness in children. It also provides a preliminary framework for better understanding the experience of hope in children who are homeless. There is a need for replication of this study with a larger, randomly selected sample of the homeless children population both in the shelters and those living on the streets.

Reviewing the literature on the effects of bibliotherapy, the majority of the studies show mixed results for the efficacy of bibliotherapy as a separate treatment for the solving of problems. They concluded that bibliotherapy generally appears to be more successful as an adjunctive therapy. Despite such mixed research results, however, interest in the use of bibliotherapy appears to have increased in the past few years. This most likely reflects the increase of societal and familial problems --rise in divorce, alienation of young people, excessive peer group pressure, alcohol and drug abuse, and so on. Educators have also begun to recognize the increasingly critical need for delivering literacy instruction to at-risk and homeless children and their families. The explosion of self-help programs during the past decade has also contributed to the rise in the use of bibliotherapy.

According to Marina le Roux (1993:231-3), bibliotherapy remains an illusive, controversial and highly complex subject. In addition to the aforementioned problems, the most pressing need is for an in-depth analysis of the process of bibliotherapy, and standardised procedures and

techniques. Without proper guidelines, programmes continue to falter because of lack of direction and methodology. Practical manuals are virtually non-existent in South Africa, and if they are tentatively touched on in theses, they are never implemented.



CHAPTER THREE

BIBLIOTHERAPY AS APPLIED TO CHILDREN AT THE AGE OF NINE TO ELEVEN.

3.1 Introduction

This chapter will look at bibliotherapy - its nature, essence and use, as a means of coping and understanding one's situation. In turn children exposed to daily violence are investigated, to have a better understanding of their problems, and situations for the application of bibliotherapy. Bibliotherapy in this work is viewed as an approach useful not only for dealing with severe emotional problems and minor adjustments, but also as a tool for meeting developmental needs of individuals.

3.2 Definition of bibliotherapy

An attempt will be made to provide as many definitions as possible, as bibliotherapy is applied in many disciplines. There are almost as many definitions of bibliotherapy as there are people practising it, and in many instances quite different. Different authors use different definitions, speak of different types of children and describe different activities when they write about bibliotherapy.

According to Rubin (1978:1), bibliotherapy was first defined in 1941 in **Dorland's illustrated medical dictionary** as "the employment of books and the reading of them in the treatment of nervous disease", and in 1961, **Webster's third new international dictionary** defined bibliotherapy as the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry: also guidance in the solution of personal problems through directed reading. This definition however, limits bibliotherapy to the areas of medicine, psychiatry and personal problems.

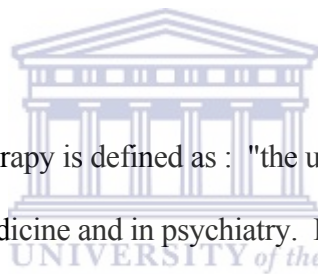
The well-known and authoritative Encyclopedia of library and information science, (Vol. 2), defined bibliotherapy as the use of books and related materials in the treatment of the sick. It is a program of selected activity involving reading which is planned, conducted, and controlled as treatment, under the guidance of a physician, for emotional and other problems. Bibliotherapy is a mode of communication. Books and related materials are media used to assist in establishing a means of communication and in reinforcing the therapeutic climate of acceptance (Tews,1970:448).

Russel and Shrodes as referred to by Rubin (1978:128) defines bibliotherapy as ..."a process of dynamic for personality assessment, adjustment, and growth. The use of directed reading as a therapeutic treatment in clinical situations." This definition is more of a developmental or preventative approach.

According to Tews (1962:99) bibliotherapy is defined as : "the use of selected reading materials as therapeutic adjuvants in medicine and in psychiatry. It can also be regarded as guidance in the solution of personal problems through directed reading".

Moody and Limper (1971:5) add the educational aspect into their definition of bibliotherapy as they believe that intellectual and emotional education should go hand in hand.

Lenkowsky defines bibliotherapy as the use of reading to produce affective change and to promote personality growth and development. It is an attempt to help young people understand themselves and cope with problems by providing literature relevant to their personal situations and developmental needs at appropriate times (1987:123).



John Pardeck and his wife, Jean, saw bibliotherapy as “The use of literature to helping children cope with changes in their lives is referred to as bibliotherapy” - a commonly accepted definition (1993:226).

A more detailed definition by R.L.Barker (1987:15) offers the various ways bibliotherapy can help people cope with problems: The use of literature and poetry in the treatment of people with emotional problems or mental illness. Bibliotherapy is often used in social groups and group therapy and is reported to be effective with people of all ages, with people in institutions as well as outpatients, and with healthy people who wish to share literature as a means of personal growth and development.

According to the Dictionary of Education (Good,1966:212), bibliotherapy is defined as: The use of books to influence total development, a process of interaction between the reader and literature which is used for personality assessment, adjustment, growth, clinical and mental hygiene purposes; a concept that ideas inherent in selected reading material can have a therapeutic effect upon the mental or physical illness of the reader”. This definition clearly implies that bibliotherapy can be used as a treatment technique not only for clinical problems, but also for meeting growth and adjustment needs of clients.

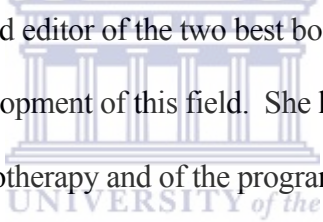
Berry (1978:185) defines bibliotherapy as a family of techniques for structuring an interaction between a facilitator and a participant...based on their mutual sharing of literature.”

In Webster’s new collegiate dictionary (1985:148), bibliotherapy is defined as guidance in the solution of personal problems through reading. A recent definition by Bernstein (1989:159-60) defines bibliotherapy as the self-examination and insights that are gained from reading, no matter

what the source. The source can be fiction or nonfiction (in settings ranging from guidance in the library or classroom to formal psychotherapy), self-directed, or purely accidental.

Most of the definitions share one common thread, that bibliotherapy requires some form of reading, but not all agree if reading should be fiction, nonfiction, or both. Self-help books are grouped under the nonfiction area; consequently, the following definition from Katz and Sternberg Katz (1985:xv) includes: guides, manuals, and general treatises that help an individual, or modify other wise understand his or her physical or personal characteristics.

This definition is a broad net and takes in everything from health to child care. Their definition is that it is grounded in the bibliotherapy tradition; however, it is a specialized form of bibliotherapy that includes only non-fiction works.



Rhea Joyce Rubin (1978:268) author and editor of the two best books on bibliotherapy, which in themselves are landmarks in the development of this field. She has a comprehensive knowledge of both the literature of bibliotherapy and of the programs and activities in the field. She personally knows and has conferred with the major exponents of bibliotherapy and is acknowledged generally to be an able spokeswoman for the field. She also devoted years to the understanding and the formulation of the field. She provides the following definition combining the essential elements found in most scientific statements: "Bibliotherapy is a program of selected activity involving reading materials, planned, conducted and controlled as treatment under the guidance of the physician for emotional and other problems. It must be administered by a skilled, professionally trained librarian within the prescribed purpose and goals. The important and dynamic factors are the relationships which are established, the patient's reactions and responses, and the reporting back to the physicians for interpretation, evaluation and directions in follow-up."

This definition is the most accepted one, partially because it excludes reading guidance from bibliotherapy, but does include the use of audio-visual materials in bibliotherapy. In order for therapy to take place, there must be discussion, either individually or in a group, of the material read or heard, in order to clarify concepts and promote identification and catharsis, so that change can take place.

In summary, the commonality that seems to appear amongst the definitions is the concept that bibliotherapy is the use of books, or reading materials of any kind, to effect some kind of change in affect or behaviour of an individual. Different as the definitions of bibliotherapy may be, it does seem clear that there is more to the process than the mere concept of a child reading a book.

Descriptions of the process of bibliotherapy are as varied as the many definitions are, however, the process have four stages: identification, selection, presentation and follow-up. Each stage must be guided by a therapist. For the purpose of this study, I will define bibliotherapy as the use of any kind of literature by a specialist with a child in an attempt to normalize the child's environment. I will not restrict this definition to the mere act of reading by the child, but will also include storytelling, writing activities and other related literacy events that make use of some type of written material.

3.3 The history of bibliotherapy with specific reference to its application to studies with children as subjects

Through the ages, adults have been concerned with moulding the minds of the children, and what better way to do so than with books? Adults throughout the ages have viewed books as powerful tools with which to guide children's thinking, strengthen their character, shape their behaviour, and, recently, even to solve their problems. The ways in which books have been employed as a means to produce change in children are endless, and it is both interesting and amusing to trace the

history of bibliotherapy as it has been applied to children and adolescents (Myracle,1995: 37). Although the powerful effects of reading have been known since ancient times, it was only in 1916, in an issue of **Atlantic Monthly**, Samuel Crothers discussed a technique of prescribing books to patients who need help to understand their problems, and he labeled this technique "bibliotherapy" (Bump,1989/1990:67). Caroline Shrodes, as referred to by Rubin (1978:128) as one of bibliotherapy's staunchest supporters, suggests that bibliotherapy is effective because it allows the reader to identify with a character and realize that he or she is not the only person with a particular problem. As the character works through a problem, the reader is emotionally involved in the struggle and ultimately achieves insight about his or her own situation.

The application of bibliotherapy was initially limited to hospitals, where it was used as an adjunct to the library services provided to World War I veterans. By 1940 its use had spread to a variety of settings (Rubin,1978:14), and in 1946 bibliotherapy was applied for the first time with children. Before focusing on this usage, however, there is a related topic that should be mentioned: the history of young adult literature. Since books from this genre are typically employed when bibliotherapy is applied to children and adolescents, it is worthwhile to trace the genre's major changes.

Up until the middle of the nineteenth century, the majority of books written for children were intensely and unapologetically didactic. They were written to instruct children in religious matters and to warn them away from the temptations of the material world. According to Cline & McBride(1983:18), it wasn't until around 1850 that novels and adventure stories were written specifically for the pleasure of the young. In the last half of the nineteenth century, many such novels were published for children. By the early twentieth century it was obvious that a new genre had caught on. Authors began to capitalize on the growing interest in fiction for children and adolescents, and it was at

this point that the series novel was born (Cline & McBride,1983:19). However, 1951 heralded a new frankness in young adult literature (Cline & McBride, 1983:26), for it was in 1951 that J.D. Salinger published **The Catcher in the Rye**. Soon afterwards, young adult novels were tackling such topics as teenage pregnancy, abortion, alcoholism, divorce, suicide, homosexuality, and, more recently, AIDS. In modern young adult literature, adolescent protagonists are portrayed more realistically, and often things don't work out. Nonetheless, characters are likely to meet challenges face-on and to deal with them thoughtfully and courageously. From didacticism to sentimentality to realism, perhaps it can be said that young adult literature has finally grown up.

To a large extent, the use of bibliotherapy with children has come a long way, although the changes in bibliotherapy have consistently occurred ten-to-twenty years after the changes in the literature. Beginning with the 1920s up to the present, bibliotherapy as applied to children has gone from didacticism to sentimentality to realism. The early twentieth century is a logical starting point for the study of bibliotherapy, because it was at this time that a flurry of attention was directed toward children as a rapidly growing reading public. These years saw the influx of series novels and other less "serious" stories, and parents as well as educators and other professionals worried about the impact of such books on their readers. Crosse warned in 1928, "For, in literature, as in life, there are two forms of expression – constructive or destructive, elevating or debasing; and, unfortunately, the immature often do not know the difference and many read with avidity the most demoralizing subject matter", and as an example of the dangers of destructive literature, Crosse (1928:926) told the story of an observant psychologist who saw a pretty girl on the street one day. As he approached her, he mentally defined her as "good looking, neatly and appropriately dressed", but as he passed her and heard her speaking to a friend, he realized that her grammar was atrocious. "It was perfectly obvious," Crosse

stated, "that her parents had not carefully supervised her early reading and that her association with literature of worth was entirely lacking" (1928:927). In a similar vein, Katherine Lind (1936:467) direfully pronounced in 1936 that excessive reading of escape literature could cause maladjustment, because it encouraged adolescents to retreat from the real world. "Through the creation of a dream world," she cautioned, "the reader becomes a sort of `marginal personality'".

The logical response to this frightening state of affairs was to establish a set of guidelines to help parents identify what books were worthwhile and which were trash. To this end, book lists were published that indexed acceptable books for children, and as an added bonus also indexed the specific moral values that a child would gain through reading these books.

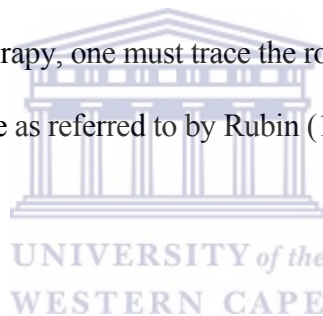
Gradually, the didacticism of these early stabs at using literature to change children's behavior was replaced by a more child-focused application of bibliotherapy. By 1940, professionals were starting to address the concerns of the adolescent rather than the concerns of the adolescent's parents, and this shift can be seen in the numerous studies and conferences during this time that treat the adolescent in a somewhat sentimental manner.

The two that came out strongly in the 1980s and 90s, are John and Jean Pardeck, especially with bibliotherapy with children. The Pardecks saw how children's literature could help problem children adjust. According to them, bibliotherapy can, with an emphasis on how it can be used, help the abused / problem child (1993:230). They see that bibliotherapy involves matching books to a particular child by considering such factors as age, reading level, the specific problem, and the book's format. The debate over the use of booklist, includes the question as to who can use it in treatment or the helping process: whether it should only be used by highly-trained professionals or by anyone (1993:63).

From didacticism to sentimentality to realism, bibliotherapy with children and adolescents has seen many changes since the beginning of the twentieth century. These changes, along with the wealth of excellent young adult novels now available, have led to an increase in bibliotherapy's popularity and its use by a variety of professionals in a wide array of settings (Riordan & Wilson, 1989:506-7). Despite the fact that bibliotherapy is not a fool-proof cure-all, it has been found to be an effective technique in many situations. As George Calhoun pointed out in 1987, "...the advantages of bibliotherapy are many, and the disadvantages relatively few" (1987:941), and it is likely that the use of bibliotherapy with children will continue to grow.

3.4 The nature of bibliotherapy

To understand the evolution of bibliotherapy, one must trace the roots of bibliotherapy in both library science and psychology. Monroe as referred to by Rubin (1978:16) views bibliotherapy as part of a continuum of library services.



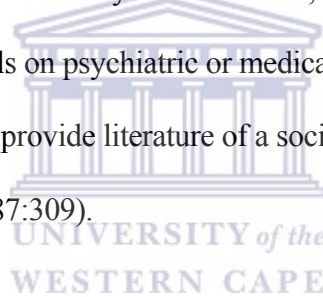
3.4.1 Reading guidance

There is, in fact confusion in determining the dividing line between reading guidance and bibliotherapy . So what makes reading/reader's guidance different from bibliotherapy?

Cedric Callaghan (1988:311) states that reader's guidance is an attempt to give the right child the right book at the right time. It is a method of introducing books and attracting children to them. The librarian's role is to provide help, encouragement, guidance and as much opportunity for this meeting between child and book. Children need to be led to books that will expand their sense of what it means to read and to show that reading books is an enjoyable experience!

Charlotte Leonard (1980:1-7) says that each book is unique and mysterious. But to the child, they are rows of look-alikes. The librarian talking about books helps children discover what they are about and to choose those they will enjoy. So how do we distinguish bibliotherapy from reader's guidance? Reader's guidance can occur directly or indirectly. Direct reader's guidance takes place when the librarian introduces material to the user. Indirect reader's guidance occurs when the librarian refers the user to the literature in the library or to another information centre. In most cases the librarian will conduct a reference interview with the reader / user to determine his/her needs. If the interview is conducted with skill and tact, it will result in an easy flow of information.

Reader's guidance also attempts to turn the reader into a 'good reader' whereas in bibliotherapy the librarian tries to create a 'healthy reader'. Thus, where bibliotherapy provides information or reading materials on psychiatric or medical problems in conjunction with a medical team, reader's guidance provide literature of a social nature or needs that come up in the reference interview (Rubin,1987:309).



Discussion is not an integral part of reading guidance, which does not require any follow-up to see what the effect of the recommended material has been.

3.4.2 The levels of bibliotherapy

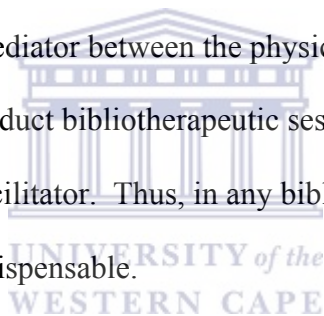
It is important to point out the two levels of bibliotherapy which are categorised by Brown (1975:3-7) and Jackson as referred to by Rubin (1978:309). Jackson calls these levels "explicit" and "implicit" while Brown prefers the terminology "science" and "art". The former refers to the prescription of reading matter by a psychotherapist or member of the medical profession. The latter "implicit" or an art in that the librarian himself provides reader guidance over a long period, with cultural support from the society.

Brown (1975: v) states that bibliotherapy falls into two distinct types: the medical and the non-medical. She designated these as the science of bibliotherapy and the art of bibliotherapy. She says that many may not agree, and that many still do not acknowledge the status of bibliotherapy as a science, but she goes further in saying that it has reached a stage where the medical aspect is legitimately so-called. Typical non-medical bibliotherapy as an art is merely a way of distinguishing it from the medical or clinical practice associated with hospitals and the medical profession.

The prescription of reading in the treatment of actual mental or physical illness may be regarded as the science of bibliotherapy; whereas the attempt to remedy personality defects or help an individual solve personal problems through the proper reading suggestions given by a librarian, teacher, guidance counselor can be regarded as the art of bibliotherapy. The science of bibliotherapy requires co-operative effort on the part of the doctors, nurses and librarians. Medical staff are not reading specialists and their knowledge of books is usually not as broad as that of a practicing librarian. In the case of the art of bibliotherapy, it can be practiced by a single individual who understands people thoroughly, has a wide knowledge of books, and is very sympathetic to human needs. The art of bibliotherapy is not based upon clinical diagnosis, but upon sensitive discernment on the part of the librarians, teachers or counselors, which enables them to detect an individual's emotional or psychological need; and upon a broad enough knowledge of books to be able to suggest the kind of reading or the specific books or articles that will be of the most help to a particular individual (Brown, 1975:4).

Even though the helping professionals have found bibliotherapy to be useful, critics of this emerging technique have criticised it on the grounds that it is not an exact science. Then Pardeck states that much of this criticism is unwarranted, because virtually all of the helping therapies are far from exact; bibliotherapy is no exception, but it may be more complex than other current therapies in that one not only must be skillful in selecting literature that parallels the problem faced by a person, but also must be able to use it as a therapeutic medium (Pardeck & Pardeck,1984:3).

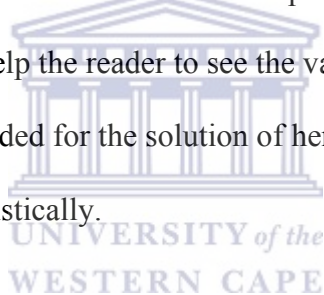
Having considered the essence of the art and the science of bibliotherapy it would appear that the librarian performs a vital function in both practices. The librarian, who is equipped with a knowledge of bibliotheraphic skills on the one hand, and the content of literature on the other, acts in a certain sense, as mediator between the physician and the patient. The librarian may also be competent to conduct bibliotherapeutic sessions with normal patients or users, without the aid of another facilitator. Thus, in any bibliotherapeutic activity the participation of the librarian seems indispensable.



3.5 Components of bibliotherapy

3.5.1 Goals and objectives

Rubin (1978:9) says that the goals of bibliotherapy should be insight and understanding. To understand is to stand away in order to see something from a different perspective: to learn to know, and then to integrate that knowledge into the self. Insight is the power of a thinking, feeling person to look within and beneath the surface of things, and that the purpose is the accomplishment of insight and understanding and a change in attitude and behaviour. Rubin (1978:39) also states that the bibliotherapists continue to cite attitudinal and / or behavioural change as a goal of bibliotherapy. Alice I. Bryan as referred to by Rubin (1978:29) in 1939 listed six objectives of bibliotherapy: to show the reader s/he is not the first to have this problem; to permit the reader to see that more than one solution to her/his problem is possible; to help the reader to see the basic motivations of people (including her/himself) involved in a particular situation; to help the reader to see the value involved in experience in human terms; to provide the facts needed for the solution of her/his problem; and to encourage the reader to face her/his situation realistically.



Different goals might be achieved in different appropriated circumstances, but important is to foster self-understanding, to trigger an emotional catharsis, to assist in solving day to day problems, to change the ways in which people interact, to promote satisfying relationships with others, to act as a source of information, and to provide a source of relaxation and enjoyment.

3.5.2 Values of bibliotherapy

Bibliotherapy has various advantages. It may help the client to develop insight into his problems and it encourages the verbalization of problems. It serves as an indirect communication channel between therapist and client. When the client realises that his problem is not unique, it may reduce his feeling of isolation.

It proposes alternatives for problem-solving, while it also has prevention value. It offers the client a laboratory where in s/he can control feelings, circumstances, wishes and thoughts from a symbolic world. S/he can get the necessary emotional distance from his/her problems allowing him/her more objectivity. Bibliotherapy involves those forms of play using books, reading and the written word, as well as audio-visual media (Van der Merwe,1991:166).

Bibliotherapy can be valuable for individuals needing help with inter-personal relationships.

For those having problems with family and peer relationships, bibliotherapy can help in developing a tolerance and understanding of others, in creating a readiness to accept differences in others, and in formulating a more objective approach to human problems.

After reading about other family units, individuals with problems related to family life can recognise that they are not alone in their problems and that their problems do have solutions.

The many ways in which family members react to each other, ranging from conflict to cooperation, can be better understood. Likewise, those individuals having problems with peers can gain insight into the complexities of peer relationships through reading about other peer situations. The powerfulness of peer pressure and the wholesome as well as the disturbing influence of peers on an individual can be recognized (Pardeck,1993).

Zaccaria & Moses as referred to by Rubin(1978:231-3) listed principles for the use of bibliotherapy:

1. understand the nature and dynamics of bibliotherapy, incorporating the theoretical aspects of bibliotherapy into a functional theory.
2. posses at least a general familiarity with the literature which the student will use
3. bibliotherapeutic reading can be encouraged through the use of prompting techniques
4. readiness is an important factor to be kept in mind when considering the utilization of bibliotherapeutic techniques
5. books should be suggested rather than prescribed
6. the bibliotherapist should be sensitive to physical handicaps of the individual which

may indicate the necessity of using special types of reading materials

7. bibliotherapy appears to be effective with individuals of average and above-average reading ability
8. the reading of the literature by the individual should be accompanied or followed up by discussion and counselling
9. bibliotherapy is an adjunct to other types of helping relationships
10. although bibliotherapy is a useful technique, it is not a panacea.

3.5.3 The role of the self

Simsova (1966:120-21) showed how dedicated Nichola Rubakin was to books, which he saw as a powerful instrument of enlightenment. A book is not a transmitter of content, but rather a book on which readers can hang their projections. The reader objectifies his psychic phenomena by attributing them to the book. Every reader knows only his own projection and not the book itself. Nicholas Rubakin as referred to by Rubin (1978:8), created a theory of reading which he called “bibliopsychology” in the early 1900s. He felt that a book, as a material object, will be differently perceived by different people. He pointed out that the reader does not attribute the psychological phenomenon evoke by a text to himself; he attributes them to the book which is a material object. He objectifies them and projects them into the book. He felt that libraries should change their attitudes and methods. He said that librarians should turn their attention to the inner life of the human personality. He said that it is the living being which creates, constructs and combines and that the book is no more than an instrument. He devised tests and formulae to classify readers and to categorize books. He felt that a comparison of the reader’s average score, which demonstrate the amount of that reader’s reaction to the book and that information would enable librarians to be better reader advisors. He goes further saying that the prefix ‘biblio’ is far too limited in this stage of multi-media. All types of audio and visual materials, can and should be used to promote self growth. The suffix ‘therapy’ also seems an unfortune word / choice in a time when

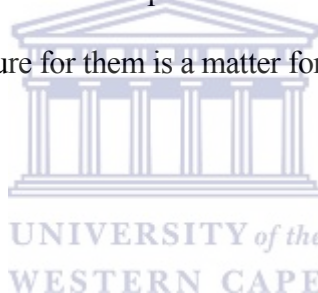
therapies and therapy techniques are proliferating.

3.5.4 The role of literature in the human dilemma

Literature, whether print, film, or recording, may be categorized into two types: didactic and creative literature. Those two types of literature function somewhat differently in the bibliotherapeutic process; each type, however, has an important role to play (Rubin,1978:260).

Didactic literature

Didactic literature is designed to teach, to inform, and to lead people to understand. Many users of such literature do not seek and do not experience from the literature, the 'bibliotherapeutic effect'. They know, they understand and they can use the information, but they do not 'experience vicariously', nor have the experience of catharsis upon which to base their insight. Others, however, project themselves into the descriptions of situations so strongly and compellingly that the selection of literature for them is a matter for a sensitive and aware librarian (Rubin,1978:260).



Creative literature

Creative literature, as Rubin (1978:260) stated, reconstitutes the human experience, whether through the recounting of a life in a good biography, the capturing of the essence of meaning in poetry, or the creation of a meaningful fictional situation, whether novel or short story. Drama is the essence of creative literature, although for many users the film version is an easier re-enactment than is the reading of the printed playscript. Similarly poetry, a difficult form for many, may be more accessible to understanding through the recorded oral interpretation by the poet or a sensitive reader (Rubin,1978:260-1).

Zaccaria & Moses (1978:24). state that it is without doubt true that didactic literature in many instances permits the same mechanisms to operate as does imaginative literature; a controversial essay and a fictional treatment of the same theme may elicit equivalent responses in the reader; a well chosen piece of didactic literature may contribute to the reader's understanding of his motivations and behaviour; however, in general, didactic literature is more apt to contribute to man's intellectual awareness whereas imaginative literature is more likely to afford the reader an emotional experience without which effective therapy is impossible. So far as studying the dynamics of reading is concerned, and even as a basis for psychodiagnosis, one might well use an occasional piece of didactic literature, but for purposes of insight therapy it would seem that imaginative literature has greater power to effect changes in the reader. Unless direct or vicarious experience accompanies didactic and academic approaches to learning, there may be little carryover into attitudes and behaviour.

3.5.5 The various categories of bibliotherapy

There are those librarians who identify two types of bibliotherapy, namely, clinical and developmental, and there are those who identifies three type of bibliotherapy, namely, clinical, developmental, and institutional.

Clinical bibliotherapy refers to the use of imaginative literature, such as autobiographies, biographies, plays, novels, poems, short stories for groups of clients with emotional and / or behavioural problems. The goals range from insight to change in behaviour. These clients may or may not participate voluntarily, and they are guided by a librarian or a doctor. The setting is either an institution or the community and the facilitator is usually a librarian or a doctor working cooperatively with one another. The librarian-bibliotherapist have some consultation with a doctor or a mental health worker either in a regular session or as the

need arise. Usually this depends on both the setting and the client. The whole matter of bibliotherapy in 1937, was a field in which were little scientific knowledge were known. It was until the 1930s that the concept of bibliotherapy began to bloom (Rubin,1978:2-4). Zaccaris et al (1978:24) says that in the 1950s, it was without doubt, true that didactic literature in many instances permitted the same mechanisms to operate as did imaginative literature.

Rubin (1978:2-5) says that in developmental bibliotherapy, which is the use of books, poetry, short stories, films and other literacy media as a neutral ground on which individuals can meet and discuss issues of life and their personal problems, an individual can meet and deal with a stressful situation before it occurs in reality. She goes further by saying that by reading about other people and situations and discussing them, one will gain insight into life and how to cope with it, and thereby knowing that we are not alone; that no one is perfect; that we all make mistakes, and that we all have problems. Rubin continues saying that the value of bibliotherapy is that the book or other media acts as a catalyst for thinking of ways to cope with and solve the problems of living. This type of bibliotherapy is often provided in schools, libraries and other community settings

Rubin (1978:2-6) says, and Cilliers (1980:198) agrees with her, that institutional bibliotherapy refers to the uses of literature – primarily didactic – with the individual institutionalised clients. It includes the traditional medical uses of bibliotherapy in which mental hygiene texts are recommended to mental patients. This is a one-to-one situation in an institutional setting. This type of bibliotherapy, Rubin says, is performed by a librarian only in conjunction with a physician or medical team. The goal is primarily informational and recreation and some insight materials may also be offered. Rubin says that although this type of bibliotherapy is not prevalent today, some doctors still use media with individual

patients in their private practice.

One comes to the conclusion that there is a common characteristic of all three types of bibliotherapies; and that is, discussion of material after reading.

3.6 Group dynamics

The group dynamics approach to attitude and behaviour developed by social scientists is also significant for bibliotherapy. It is defined in Rubin (1978:44) as a collection of individuals who have relations to one another that make them interdependent to some significant degree ... a collection of people who are striving to attain a common goal also constitutes a group. A person's relation to a group is influenced by membership in the group in question and in any other groups, the amount of dependence on the group, attraction to – and acceptance by – the group, the voluntarism of membership, and personal frame of reference

The approaches of group dynamics are based on field theory which states that people are social beings who need others as a basis of self-knowledge and behaviour. The group's pressure modifies the individual's attitudes and behaviour by expressing a need for uniformity. Under this theory, a person moulds him/ herself to fit the group's demand so as to be accepted in the group.

Bibliotherapy is amenable to group therapy, since such therapy is not confined to book reading and subsequent discussion, but can be extended by becoming coordinated with other therapeutic activities such as role-playing and music therapy. Reading, discussions and role-playing may be aided by psychological devices, such as identification, insight and catharsis.

In bibliotherapy the group members may read aloud, either individually or in unison. They may listen to a storyteller, a reader or a recording. Whatever approaches are adopted, such activity

must always be followed up by discussion in order to be effective. If the discussion of the literature selected for bibliotherapy has been omitted, group members may quite conceivably arrive at either erroneous conclusions regarding the content of the literature, or they may not have derived any understanding from the bibliotherapeutic session that would facilitate personal growth. In the event of the omission of discussion, moreover, the opinions of other group members will not have been voiced, with the result that the reader of a text must have to rely on his own, often one-sided views. Bibliotherapy can never be divorced from the printed text. The printed text (eg. a story, passage or poem) constitutes communication between the author and the reader, and consequently provides stimuli for further discussion. In this way each participant in such group therapy sessions gains clarity on problems or difficulties pertaining to him / herself, either directly or indirectly. It is Rubin's (1978) contention that true communication is always therapeutic. This implies that reading should be meaningful in terms of the goals set for the therapeutic session and should not only be an end in itself. Regardless of the diversity of variables on which a bibliotherapeutic group depends (such as sex, age, background and diagnostic category). Lombard (1976:150) affirms that in group bibliotherapy that we do not lose sight of the individual, of their needs or growth, but that we believe that a person can only become autonomous after s/he has first been a full-functioning member of a group.

3.7 The role of the Librarian / Bibliotherapist

The process of bibliotherapy as a library service must be understood to be one that may be initiated by the client with the problem, by a bibliotherapist, or a librarian in combination with the client or therapist-with-client. The statement of the client's problem is never the librarian's; the librarian may assist in the analysis only in relation to what the librarian needs to know to make wise selection of the materials. The librarian must know which forms of literature (print, film,

or recording) the client's situation in relation to the problem to select the materials reflecting best the aspects of the problem which need understanding and resolution. The librarian must assess the capacity of the client to sustain identification with the situation or characters for the duration of the selected materials, and reinforce that readiness to sustain the experiencing of the literature. The librarian must provide the client any encouragement needed to undertake reflection and insight. The bibliotherapeutic process is basically the client who must make most of the efforts - to read, to reflect, to discuss, to articulate insights, and to embody new understanding in changed behaviour or orientation to the situation. All else is supplementary and supportive. Bibliotherapy is not a magic one-time thing, but a cyclic process, with small effects cumulating and the potential of major change coming in a series of small, non-traumatic transformations of attitude or behaviour (Rubin,1978:263).

The personal qualities which the bibliotherapist must possess include:

1. A balanced personality which implies emotional stability, physical well-being, mature judgement, and the ability to channel personal feelings and to direct them to the best interest of those whom he desires to help.
2. The ability to work with people, including the competence to instruct and the skill to supervise other personnel and associates.
3. The willingness to familiarise oneself with the community as well as the individual and to empathise with the misfortunes and shortcomings of others and to react with sufficient facility to be of help.
4. An understanding of the goal desired in each instance, together with a willingness to accept responsibility for the action taken, and the ability to assume, without reluctance and without arrogance, the authority necessary to meet each situation.

The necessary knowledge of the bibliotherapist should also include the biological science of anatomy and physiology, elementary psychiatry, psychology and sociology. The necessary skills required are the ability to discover a person's emotional, mental and spiritual needs; the aptitude to make a valid interpretation of a person's reactions to readings; the ability to understand and use the medical, psychiatric and psychological terms so that he can communicate effectively with the professionals involved; and the ability to evaluate capacities, to assign specific books, to administer a suitable reading program, to review and evaluate the program constantly, and to make progress reports (Rubin,1978:270-1).

Zaccaria et al (1978:67) see the bibliotherapeutic role of the librarian as to having an awareness of the specific needs of the young people. The librarian is in an excellent position to recognise the dreamer, the would-be artist, the incipient delinquent, not only through closer observation, but also through specific titles requested... Bibliotherapy is by no means a new idea... Having organised the material, the librarian moves forward to see that books reach the hands of the clients for which they will be most profitable - the right book for the right child at the right time

Thus, since bibliotherapy cannot be used with all children, in all settings, or for all purposes, practitioners must be selective in its use. It should be noted that books are useful not only for helping children identify emotions which may be troubling, but for helping practitioners establish trust with them.

The bibliotherapist must be aware of the limitations of the bibliotherapeutic approach.

Bibliotherapy is intended as an adjunct to treatment, not the core treatment approach. Rubin (1978) noted that a critical issue of using books in treatment is not necessarily what books do to

clients, but what clients do to reading. That is, clients may develop unrealistic expectations about solving a problem through a book because they do not understand the limitations of the bibliotherapeutic approach.

3.8 Selection of books

When choosing stories for bibliotherapy there are specific criteria as mentioned by Smith (1981:114-115; 1982:229-230), Howie (1983:304 -305), Porter (1983:276); Pardeck & Pardeck (1987:272) and Stutterheim & Pretorius(1993:10):

- The child's emotional and chronological age should be taken into account
- The librarian should know the material
- It should be related to the child's circumstances and feelings
- Illustrations should be clear and colourful. Characters in illustrations should preferably be depicted in active poses rather than passively, but it should not divert the child's attention.
- Characters should model healthy adaptation patterns
- There should be a character suitable for identification. The hero in the story should also be portrayed realistically, for instance s/he must have feelings such as uncertainty, fear and anger. S/he must portray unacceptable behaviour such as being naughty, while people still accept him/her.
- There should be other characters in the story that are more or less the same as those in the client's situation
- Long, complicated stories must be avoided as it is time consuming. It may also be difficult to remember the whole story with all the plots. When using bibliotherapy with children, stories should take about 30 minutes or less to read.
- The librarian should know the client's reading ability

- Unacceptable characters in the story give the client the chance of projecting negative feelings.

In using bibliotherapy with small groups of children, the same principles of book selection should be followed. However, there must be consideration of the individual needs and characteristics of group members. Each member of the group must be faced with the same general problem. The bibliotherapist must also assess the readiness of each group member for bibliotherapy, in terms of having a good working relationship with the helper. Group members need to be fairly close in age chronologically or at approximately the same developmental level so that any books selected will be suited for all group members (Pardeck & Pardeck, 1993:13-17).

Once the child is ready for the bibliotherapeutic process and book selection have been completed, the next concern is how to introduce the book. Most bibliotherapists feel that it is best to suggest books rather than prescribe them to the child faced with the problem. The ideal situation would be for the bibliotherapist to have on hand several appropriate books dealing with a certain problem that the child could choose from (Pardeck & Pardeck, 1993:13-17).

It is quite important that the bibliotherapist possess at least a general familiarity with the book(s) suggested. If a detailed annotation of the book has not been previously read, the bibliotherapist needs to read and understand the plot of the book which could be of interest, or the mention of a character similar to the child, could perhaps help the child in choosing a book. Getting another child who has read one of the books, and to recommend it, may also be helpful.

There is agreement among virtually all studies on bibliotherapy that the reading of a book must be followed up by discussions. Although it is sometimes possible for the reader to

experience identification through merely reading a book, normally the three stages of the bibliotherapeutic process, especially the advanced stages of catharsis and insight, occur only as the result of interaction between the reader and the bibliotherapist. Guidance by the bibliotherapist is essential, not only in selection of appropriate books, but also in evoking active reactions, in discussion of the child's insight, and even in the role-playing and dramatization of critical incidents of the story (Pardeck & Pardeck, 1993:13-17).

3.9 The process of bibliotherapy

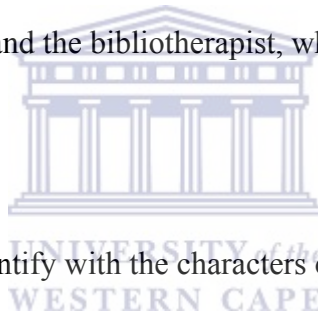
Rubin (1978:242) says if the expected values of bibliotherapy are to be achieved, we need more than simply a book and a competent reader. Bibliotherapy is an ingenious and effective way of communication. On the primary level, it is the bibliotherapist and client communication; on the secondary level it is the bibliotherapist, client and the book characters communication, and on the tertiary level it is the communication process chiefly between the author and the implied reader. It is obvious that great care must be taken with the selection of books or other materials for a bibliotherapy programme. There are no published criteria, no hard-and-fast rules and no easy recipes. There is only one way: the right book for the right reader at the right time (le Roux, 1993:227).

Before proceeding with the treatment, the bibliotherapist must consider the child's readiness, since inappropriate timing may impede the process. When the child is most ready for the initiation of bibliotherapy, the following conditions have been met: (1) a rapport, trust and confidence have been established by the therapist, (2) the client and the therapist have agreed upon the presenting of the problems, and (3) some preliminary exploration of the problem has occurred (Pardeck & Pardeck, 1993:228-229).

David Russel and Caroline Shrodes as referred to by Rubin (1978:211) emphasize that the three personality mechanism of identification, catharsis and insight must be present in the dynamic interaction.

Identification

Once suitable reading materials have been selected, the content of the book is communicated to the client. This experience may be the remembrance of a past incident which holds meaning for the reader. The client must identify strongly with the chosen literary work, as this is the catalyst in the entire bibliotherapeutic process. A text in itself is hardly therapeutic, as this is not the intention of the author. The therapeutic effect depends on the emotional and intellectual response of the client to the literature, and it is facilitated through the dialogue and the interaction between the client and the bibliotherapist, while the change takes place within the client.



So once, the reader must be able to identify with the characters or elements of the story. The reader must recognise that s/he shares some such characteristics as age, sex, hopes, frustrations, and other problems of adjustment. Identification may result in augmenting the reader's self-esteem if s/he can conceivably admire the character with which s/he identifies. It may also increase his/her feelings of belonging and sharpen the outlines of his/her vague self-concept (le Roux,1993:227).

Zaccaria et al (1978:45) says that the process of identification is a largely unconscious one which results in the individual's gaining and understanding of persons who are similar to him or who in some way have emotional value for that person.

The client's negative and unacceptable thoughts and behaviour are projected on to the book character, with whom a strong identification has been established. Thus the client is absolved unconsciously and vicariously of personal problems. In creating a safe distance between problem and client, the processes of emulation and catharsis are facilitated. The ability to relax and feel safe helps reduce stress and resistance and release creative energy for personal growth. Direct confrontation with problems at this early stage produces the natural negative reactions of defence and denial. Problems will have to be faced and recognised eventually, but only at a later stage in the programme (le Roux,1993:228). The process of bibliotherapy moves through identification to catharsis.

Catharsis

Good communication which is effectively planned and directed, usually results in purposeful action. Therefore identification may bring insight into problems and resolve to emulate the actions of the characters in the book. The client comes to grips with the problems analogous to those of the character who is being emulated. An eclectic approach is often best. Self – knowledge is the key which unlocks troubled minds from the stranglehold of false assumptions and unhappiness. Courage to start this process is not by chance, neither is starting anew for the client. Courage must be carefully planned on the part of the therapist and the client alike (le Roux,1993:228).

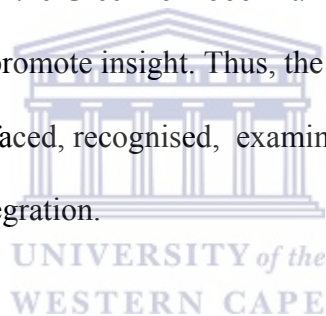
Schodes as referred to by Zaccaria et al (1978:46) noted that catharsis can be viewed as a process where the release of emotion which resulted in a clarifying and purifying of the individual.

Rubin (1978:242) states that catharsis is a sharing of motivations, conflicts and emotions of a book character. It is an active release of emotions, experience either first-hand or vicariously. Catharsis goes beyond the simple intellectual recognition of commonalities as in identification or personification. It involves empathetic emotional reactions similar to those that the reader imagines were felt by the book character. Or the reader relives, insofar as his/her own emotional experience permits, the feeling s/he attributes to a character in a story.

Catharsis is more than an intellectual recognition of commonalities, it involves an empathetic, emotional reaction. Thus, readers feel and experience the character's problems.

Insight

Although bibliotherapy is derived from the Greek for "book" and "to cure", it does not claim to cure, but rather to enlighten and to promote insight. Thus, the therapeutic process cannot stop at catharsis. Feelings have to be faced, recognised, examined and internalised at an intellectual level of evaluation and integration.



In this stage, insight, the reader applies their life situation to that of the character(s). Readers not only recognize similarities between themselves and one or more of the book's characters and situations, they also begin to apply this new self-awareness and understanding to real life situations. For example, after reading a piece of literature on procrastination, readers may start applying strategies to stop delaying tasks. (Halsted,1994).

As described above, selecting the right piece of literature is important in bibliotherapy.

Topics that have the potential to interest children might focus on learning to express feelings, setting realistic goals, making appropriate choices, handling competing pressures (peer, school, family), improving social relationships, being persistent, improving problem

solving skills, and coping with change (Ford,2000:235).

The effect of insight is composed of such factors as seeing one's self in the behaviour of the character and achieving awareness of one's own motivations, needs and problems. Here the reader must be able to recognise the similarities and differences between himself and the character. He must identify the character's problems with his own and react emotionally to this awareness. Then, reasoning by analogy, or perhaps by simple imitation, he may consider a course of action which will presumably enable him, like the character, to solve problems faced in common. It is wise to note that the simple achieving of insights does not always lead to the step of taking action intended to solve or end problems. Many troubled individuals may achieve insight and apparent understanding of the action necessary to secure relief. But they are prevented by personality defects or other factors beyond their control from implementing their insights with problem-solving behaviour. As it might be phrased in the vernacular, the reader must progress from "he's like me"; "I'm like him" through "Gee, I feel the same as he does" to "I can do it just like he did" or "I can do it too". The final step of "See, I did it" may be the ultimate test of the effectiveness of the bibliotherapeutic process, but in the opinion of some authorities it is not an integral part of the success. In order for bibliotherapy to achieve its goals, the reader must experience identification, catharsis and insight. Not everything a reader reads will have the full three-stages impact (Rubin,1978:242-3).

In short, the bibliotherapy process is not difficult to understand. The therapeutic experience while reading and discussing a book happens each time an individual pick up a good book and says, "This character is very much like me. I can relate to this person." This interaction is known as identification, and the more a person has in common with people he or she

meets in his or her reading, the closer the identification process. With that identification comes a sense of tense relief, or “catharsis”, which involves an emotional feeling that lets readers know they are not alone in facing their problems. As readers enjoy the book, they learn vicariously through the characters in the book. Readers gain new ways of looking at troublesome issues they face and insight evolves. With this new insight, changed behaviour may occur as real-life situations similar to those experienced in the books are confronted.

3.10 The application of bibliotherapy with children

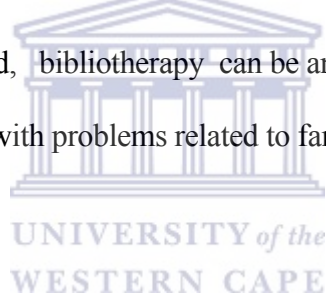
A trusting bond between the bibliotherapist and child is critical for bibliotherapy to be effective (Pardeck,1990:1045). It is critical that the bibliotherapist read and know the book prior to its use in treatment. An important step when using bibliotherapy in treatment of children, is to match the appropriate book with the child experiencing problems. The child must be able to see similarities between the self and the character in the book. It is important that the bibliotherapist assist the child in seeing these similarities. When reading aloud, many different kinds of responses may be observed in children. Some will respond in a spontaneous fashion to the story and are likely to become emotionally involved in the story. Children may criticize or applaud the story characters and even make value judgments about them. Anger, joy, or relief may be expressed. This initial stage of bibliotherapy process is referred to as identification. Catharsis is the next stage, when the child has an emotional release that may be expressed verbally or nonverbally. Once catharsis occurred, the bibliotherapist guides the child into insight and resolution of the problem (Pardeck,1990:1044).

The Freudian theory states that children are incapable to experience catharsis leading to insight. However, bibliotherapy does allow children to see solutions to problems without the burden of

in-depth verbalization, confrontation, and interpretation, strategies which are often critical to successful therapy. Instead, with the guidance and assistance of the bibliotherapist, the child is helped to identify with a character in a book having the similar problem to his/her own. Through this process, the child begins to see how the character in the book resolves a confronting problem, thus recognizing possible solutions to his/her own problem (Pardeck, 1990:1044).

Written responses to the literature, can be adapted as a follow-up activity. The child could dictate to the bibliotherapist how s/he feels about a story character or situation with the child. The child may wish to compose a letter to a book character, or create a different ending for a story; these activities place the child on a personal level with the story (Pardeck,1990:1047).

The bibliotherapist must always remember the limitations of bibliotherapy, that it is an adjunct to treatment. With these limitations in mind, bibliotherapy can be an affective adjunct to treatment of children, particularly to help them deal with problems related to family breakdown, abuse, and use of violence.



3.11 How does violence affect children

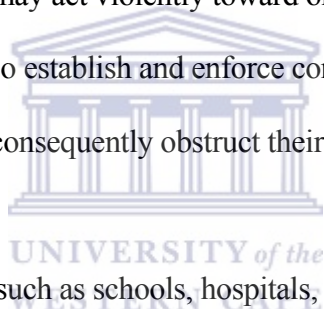
Dawes (1987:27) defined the child as any persons under the age of 18 who have not had adult status legally conferred on them and who qualify for certain special provisions within common law, the Criminal Procedures Act 51 of 1977 and the Child Act 74 of 1983'.

The African Charter on the Rights and Welfare of the Child (1990) define the child as every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Concern has been expressed about the effects of years of exposure to violence on children. In particular there are fears that children have been dehumanised and that they believe that violence is an acceptable way of resolving differences (Gibson,1993:167).

Physical violence against children has attracted considerable interest during recent decades. Davis Gil (1979:358-9) viewed violence as acts and conditions which obstruct the spontaneous unfolding of innate human potential, the inherent human drive toward development and self-actualization. Such acts and conditions which violate the process of human development may occur at inter-personal, institutional, and societal levels, and may differ in scope, intensity, and consequences.

On the inter-personal level, individuals may act violently toward one another using physical and psychological means. They may also establish and enforce conditions which deprive, exploit, and oppress others, and which consequently obstruct their development.



On the institutional level, organizations such as schools, hospitals, welfare agencies, and business enterprises may through their policies and practices disregard developmental requirements of people and subject them consequently to conditions which inhibit the unfolding of their potential (Gil,1979:358-9).

On the societal level, institutional patterns and dynamics may be established and legitimated resulting in phenomena such as poverty, discrimination, unemployment, illness, etc., which inevitably inhibit the development of some individuals and groups.

Structural violence is usually a "normal" ongoing condition reflected in socially sanctioned practices, whereas personal violence involves usually acts which transcend formal, social

sanctions. Structural violence thus tends to breed reactive or counter-violence on the personal level, leading to chain reactions with the successive victims becoming agents of violence.


Violence within the family can have a severe psychological effect on all the members of the family – even the perpetrator. The family is like a micro-system and each family member is part of one or several other micro-systems within the society. The micro-systems again form a macro-system which is also influenced by the violence within the micro-system. Causative factors within the macro-system and other micro-systems can cause violence within the family micro-system (Gil,1979:358-9).

Violence can be physical, verbal and emotional (in the form of emotional abuse). Attention is mostly given to physical abuse, but verbal abuse (verbal aggression) and emotional abuse tend to be ignored. Gillis (1992:144) defines emotional abuse as follows: “Causing undue mental anguish by withholding. Love and affection, constantly denigrating the child, or making excessive demands beyond the child’s capabilities”. APE

Anthony Graziano (1994:412-413) argues that although it is important to study child abuse, it is also important to study and understand ordinary, everyday, sub-abusive violence against children. Acts of physical violence by adults against children range from mild slaps to extremes of injurious, even deadly attacks. Violence at the higher end of that continuum is readily labelled as abusive. Likewise, acts of violence at the lower end of the continuum are generally accepted as appropriate discipline by parents to help their children develop properly. Somewhere along this continuum, acceptable discipline begins to shade into abusive

behaviour and the relatively clear consensus at the highest and lowest levels evaporates. The distinction between what is abuse and what is proper discipline blurs, leaving a nebulous transition from sub-abusive to abusive violence.

Almost all of the research on violence against children has focused on the abusive end of the continuum. There are good reasons for that focus: for physical abuse causes injury, pain, terror, or even death, and incidents of abuse reach into the millions annually; and that child abuse is associated with serious psychological disorders of childhood. A review of research (Graziano & Mills,1992:219) found that physically abused children have significant difficulty with aggression and self-control and demonstrate low social sensitivity and empathy, poor cognitive skills and academic performance, depression and other psychopathology, as well as poor social relationships and moral development. They stated to have a humane and civilized society, children must be protected from abuse.



It seems reasonable to expect that when children are physically punished, they will learn a variety of messages, one of which may be that violence is an acceptable strategy for solving interpersonal differences. Modelling by parents and imitation by children is a powerful teaching combination. Thus if children are frequently punished physically, even if not abusively, they are probably having violent strategies added to their behavioural repertoires. As reviewed by Graziano & Mills (1992:225), physically abused children are more aggressive toward their peers than are non-abused children, and they show less empathy and concern for the distress of other children.

David Kolko (1992:248) reviewed empirical studies that examined the short- and longterm sequelae of physical child abuse; the impact of physical abuse on children's development and psychosocial

functioning (eg. psychiatric disorders, behavioural, interpersonal, academic, affective).

Medical/physical - whether described as abrasions, bruises, or contusions, the injuries themselves convey varying degrees of medical risk whose impact on children's overall daily functioning and health bears consideration as a therapeutic concern. A recent controlled study found that abused children had more early developmental delays, neurologic soft signs, serious physical injuries, skin markings and scars and stimulant drug use than their non-abused peers (Kolko, Moser & Weldy, 1990).

Psychiatric disturbances - a traumatic experience in childhood such as physical child maltreatment / abuse, may result in the development of a serious psychiatric or mental disturbance in extreme instances. Children who are exposed to long-standing, repeated exposure to extreme events that include child abuse may exhibit disturbing symptoms. As Terr (1991:15) explained, these symptoms originate in their efforts to cope ("protect the psyche and to preserve the self") when a traumatic experience is being anticipated. The reactions include massive denial, repression, dissociation, or even identification with the aggressor; absence of feeling (numbing, indifference to pain); rage (self-mutilation) and unremitting sadness (depression).

Attachment and Self-esteem – According to Cicchetti referred to by Kolko (1992:248), the principles of organizational theory have been used to understand the impact of physical abuse on various features of child adjustment, including the child's individuation, regulation of affect, and sense of competence. Consistent with organizational theory, poorly attached children would be likely to evince limited self-esteem and to view themselves in more negative ways than would non-

physical abused children.

Cognitive / Developmental - cognitive and language deficits have been noted clinically among physical abused victims. Some studies have shown that children exposed to physical abuse exhibited significantly lower intellectual functioning and reduced cognitive functioning relative to non-abused controls. Specific limitations have been noted in such diverse areas as verbal facility, memory, general cognitive ability, reading ability, verbal language, and perceptual motor skills. In addition to being influenced by specific aspects of the learning environment, cognitive limitations also may relate to other features of the child's repertoire. Deficits in reading ability and expressive language, have been related to the severity of aggression in those victims (Kolko,1992:249).

Academic performance – It has been documented how the young and older victims have to struggle to adjustment to school, and have poor school achievements. Victims of severe violence also have received a higher proportion of failing grades and experienced a greater number of school disciplinary problems (Wolfe & Mosk,1983:704).

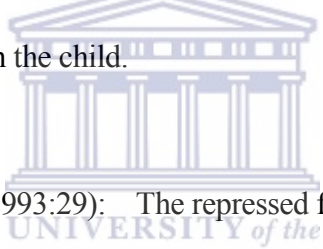
Behavioural dysfunction - extensive clinical observations suggest broad adjustment difficulties as part of the sequelae of physical child abuse. Children exposed to physical abuse have shown a tendency to orient and then react to aggressive stimuli. Physical aggression and antisocial behaviour are among the most prevalent sequelae of physical abuse (Rieder & Cicchetti,1989:384).

Prosocial / Adaptive behaviour - much of the observational evidence has indicated that abused children are less competent in their social interactions with peers. They react with less pro-social behaviour, in contrast to normals who appear more friendly. Many child victims of severe violence

have been rated as having significant problems making friends. Interventions directed toward teaching social skills or enhancing social support may help to improve the child's limited peer interactions (Kolko,1992:249-250).

Family environment influences and interactions - observational studies have shown that abusive parents and their victimized children exhibit aggressive or coercive behaviour toward one another, as well as limited pro-social behaviours (Kolko,1992:250).

Looking at the psychological effects of family violence on the children, one needs to look at the psychological effects regarding physical violence. Conflicting emotions – (Waterhouse & Stevenson 1993:26) state that the child often experiences emotions like anger, sadness and fear on the one hand and the need to be loved, as well as loving the perpetrator. These conflicting emotions may cause extreme guilt within the child.



Depression (Waterhouse & Stevenson:1993:29): The repressed feelings of helplessness and anger cause the child to become depressed with accompanying symptoms of sleep disturbances (e.g. nighmares), eating disturbances (e.g. the child starts eating too much), loss of energy and suicidal tendencies. This depression can continue, even when the child has reached adulthood.

Fear of the consequences of telling – according to Waterhouse & Stevenson (1993:31), children that are abuse have a fear of the consequences of telling. From a psychological perspective this has the result that the child must “suffer in silence” which enchances the feelings of isolation and helplessness of the child.

Feeling of betrayal – Dempster as referred to by Waterhouse & Stevenson (1993:67) stresses the fact that when the child is abused by the very person that he or she cares for is dependent on, the child experiences feelings of betrayal. These feelings of betrayal are often generalised by the child to all his or her inter-personal relationships and the child that is not fortunate enough to have therapy will find it very difficult to trust other people henceforth.

A range of oversexualised behaviour and promiscuity to avoid of sexual intimacy in the case of violent sexual abuse: Dempster as referred to by Waterson & Stevenson (1993:68) states that the effect of sexual abuse coupled with violence can lead to promiscuous behaviour or sexual avoidance. It is experienced that children that have been sexually abused often display inhibition of sexual desire in adulthood.

Acute stress and delayed stress, Cattanach (1992:21) stated that children who are abused experience trauma which profoundly damages their lives, to such an extent that they need therapeutic help to recover. She emphasises the fact that the child may experience acute stress at the time of the abuse and/or delayed stress. Unlike adults, children do not normally experience traumatic events, although they do experience psychic numbing. It is the experience of the author that children can dissociate as a result of the trauma and then suffer from Multiple Personality Disorder. This was also found by Watkins & Watkins (1992:215).

Insecurity – Cattanach (1992:24) states: “Children who are subject to chronic abuse find the world a very insecure place”. This insecurity causes children to learn ways of coping to survive. These coping mechanisms may include the following: being extremely inhibited and withdrawn, acting-out behaviour and being manipulative. The abused child can also become

fearful and diffident, accepting whatever happens to him or her, and totally subsuming his or her own will to the adult in control.

Low self-esteem: Martin & Beesle as referred to by Cattanach (1992:24) in their study of 50 abused children found that these children suffered from low self-esteem. They found that the children felt they were worthless and deserved the abuse.

Opposition defiance: In their study, Martin & Beezley as referred to by Cattanach (1992:24) also found that the abused child developed a generally negative, unco-operative attitude.

Hypervigilance: Martin & Beezley as referred to by Cattanach (1992:25) describe the “frozen watchfulness” expression of the abused child. The child is constantly alert and watchful in order to try and protect herself or himself.

Pseudomature behaviour: The child develops a false appearance of independence or being excessively “good” all the time or offering indiscriminate affection to any adult who takes an interest. It is the experience of the author that for this reason, children who are physically abused at home often become willing victims of manipulative paedophiles outside the home environment – they are just overwhelmed to be the object of interest and love.

Negative behaviour: Kempe & Kempe as referred to by Cattanach (1992:25) describe some of the abused children as having “demon” symptoms. The children are unable to settle to anything for very long, moving constantly, unable to stand still, constantly trying to attract negative attention, unable to play acceptably with other children.

An impairment in the capacity to play freely: Gillis (1992:144) stresses the fact that abused children appear simply unable to enjoy themselves under any circumstances. They have lost the natural ability of the child to play.

The effects of verbal and/or emotional abuse are often much more subtle, but just as damaging from a psychological point of view. The following psychological effects, similar to children experiencing physical abuse, are found in children that are verbally or emotionally abused: Conflicting emotions; depression; acute and/or delayed stress; insecurity; low self-esteem; acting-out behaviour and pseudo-mature behaviour.

In the Cattanch (1992:25) clinical experience, children that are verbally abused often develop a “selective deafness” – not wanting to hear the verbal abuse any more. One of the most important effects of verbal and/or emotional abuse on children is the negative effect on their self-esteem. These children experience themselves as unintelligent, unattractive and not really worth knowing. This low self-esteem often has the result of underachievement at school, withdrawn behaviour or acting-out behaviour. Obviously, this behaviour again has the result that the child receives no positive feedback from his or her environment and his or her self-esteem decreases even more.

The abused child, as a result of the psychological impact of the violence he or she is subjected to, may have the following impact on the micro-systems of which he or she is a part.

- A disruptive effect within the classroom, due to acting-out behaviour.
- Violence towards other children in the school situation, due to repressed aggression and the example set by the perpetrator within the family system.

- Isolation from other children, due to depression and withdrawal.
- A suicide pact, due to the abused child influencing other children finding themselves in other unhappy circumstances.
- If the child is involved in church activities the child can influence other children to reject religious values, due to the anger that the child may experience towards his or her god.

A similar argument has been made by several researchers, particularly Straus (1990:258-9), who elaborated a "cultural spill-over hypothesis." According to Straus, normal accepted corporal punishment of children is one of many forms of culturally sanctioned "legitimate" violence.

Violence to keep order (such as actions by the police, military, school, authorities and parents) and in some sports are other examples. Socially sanctioned legitimate violence, according to Straus, may affect social behaviour by increasing the probability of non-sanctioned criminal violence.

Straus hypothesizes that although physical punishment of children may in many cases reduce children's aggressive and other unacceptable behaviour in the short term, it may contribute to an increase in criminal violence in the long term. Thus maintaining the legitimacy of sub-abusive violence toward children may help, through this spill-over mechanism, to maintain other abusive forms of violence toward children. This model encompasses the common aphorism "violence begets violence." as referred to by Graziano (1994:416).

Huesmann (1986:125) stated that the conditions most conducive to the learning of aggression seem to be those in which the child has many opportunities to observe aggression. He (1986:130) continues by saying that aggressive habits are usually learned early in life, are resistant to change and may predict serious antisocial behaviour. Thus, if a child's observation of media violence

promotes aggression it may have harmful lifelong consequences.

Perhaps of greater importance is the possibility that learning violent strategies will interfere with learning more co-operative, pro-social conflict resolution strategies. Thus, through experiencing corporal punishment, not only might violent strategies be learned by children but additionally, the development of a sufficient repertoire of non-violent strategies might be inhibited (Graziano,1994:416).

As Jo Carroll (1995:40), stated that the angry child's view of the world is as small children they have learned to see the world as a boxing ring: fists at the ready, prepared to attack; head down, seeing only an opponent; no possible alternative but to fight. They lack experience of appropriate adult protection, and have no concept of adults who care for them and will not abuse them.



The peer group plays a very important part in a child's social development and prepares the child for functioning in the adult world (Louw et al,1998:377). During middle childhood many social values are transferred to the child by parents, the school, systems such as the church and the peer group (Manning,1977:120). Each of the systems mentioned therefore has an effect on the child's social development. Self-image develops rapidly during middle childhood. The child develops an image of what he is like and how he like to be. He begins to develop the ability to evaluate himself. Self-knowledge is based on his own performance, his needs and the expectations that others have of him. For the sake of the development of a positive self-image it is important that the child develops the belief that he can measure up to personal and social expectations. The way the child is treated, plays an important part in the child's development of self-esteem (Louw et al,1998:387). An abused child develops a very poor

self-esteem as a result of the way in which he is treated. He believes that he is abused because he does not meet the social expectations set for him. Later the child begins to feel that he is bad and deserves to be abused.

Human beings are confronted with many changes that encompass biological growth, psychological development, and socio-cultural experiences. Most changes are very predictable. These include those that occur during the life cycle. Lefrancois as referred to by Pardeck (1993:41) outlines some of the predictable aspects of development and change:

1. Change is continuous;
2. Causes of development are a result of an individual's interaction with his or her environment and genetic factors.
3. Development occurs in a specific historical and ecological context, and is greatly affected by that context.
4. Common threads appear to run through the developmental paths individuals take.
5. There are pronounced differences in how individuals experience these stages.

Change is the core of human development. Many changes are age and experience related.

Pardeck (1993:42) states that environmental factors play a major role in how well one is capable of coping with change. It should also be noted that achieving optimum development throughout the life cycle is not only dependent on personal traits; failure to cope with life change may be grounded in prejudicial attitudes of people in one's environment who control opportunities for growth and self-expression.

Aggressive behaviour is manifest in acts of hitting, kicking, pushing, punching and seizure of or damage to others playthings or property (Singer & Singer, 1986:269).

Kay Hymowitz (2000:62) asked: "And what are acts of violence"? One prominent researcher included such things as the serial slapping of the Three Stooges and the death, by way of tornado-blown house, of the Wicked Witch of the East in *The Wizard of Oz*. A study published by two Harvard researchers in the *Journal of the American Medical Association* tabulates the purportedly ominous number of violent scenes in G-rated movies, thereby managing to throw Pinocchio into the same junk heap as *Natural Born Killers*. Not only does such reductionism make no sense in itself, it also ignores the anarchic impulse that has always coloured the best of popular culture, from *Punch and Judy* to vaudeville to *The Simpsons*, and it has served to alienate those who might otherwise sympathize with the antiviolence cause. Research on the actual effect of children's exposure to media, while sometimes suggestive, poses a different set of problems. Most studies are based on what is known as "social learning theory," the idea that when children repeatedly see an aggressive behaviour on television or in movies they will accept it as normal and imitate it. Thus, the theory goes, boys who spend hours viewing *Mighty Morphin Power Rangers* are more likely to bully their classmates than those who watch *Mr. Rogers' Neighborhood*. What such studies obviously fail to explain is why this relationship holds true so infrequently.

Media is characterised with reference to television as a mass medium. Another concern is the effects on the child of exposure to violence on television. The mass television increases the possibility of exposure to violent programmes and any potential negative effects these programmes may have. It is postulated that violence is a constant presence in society.

Research has been done on the negative effects of television, especially among children, and

that television viewing of violence by children leads to their aggressive behaviour. According to Wertham (1968:39), crime and violent programs arouse a lust for violence, it is reinforced, by showing ways or methods to carry it out, and teach the best method to get away with it or merely blunt the child's awareness of its wrongness, television has become a school for violence.

Maccoby (1968:118) states that there are several ways in which exposure to television may influence children. The more direct effects are either short term or long term. The short-term type of reaction is manifest in the emotional reactions during viewing and the immediate results arising from the viewing, for example fatigue or excitement. Long-term effects refer to the learning of habitual behaviour patterns and attitudes and to the strengthening or weakening of certain personality traits, for example aggression. Leonard Eron (1982:198) and his research team demonstrated that in the continued viewing of television violence is a very likely cause of aggressive behaviour and that there is a long-lasting effect on children. Another finding of some strength by this team is that aggression may be learned in many ways. Recourse to aggression as a way of solving problems is the result of a number of processes operating conjointly in the interactions of the youngster with his or her parents, peers and the other environmental figures. Although it has been demonstrated that television violence is one cause of aggressive behaviour, it is probable that aggressive children prefer to watch more and more violent television (Eron,1982: 210).

Dr Sachs Cooper, head of the South African Psychological Association and a veteran of the 1976 student struggles, states that untreated trauma leads to ongoing anger and destructive behaviour. But South African children were not only damaged by apartheid, but they are being traumatised by high levels of crime, domestic violence and the impact of death and suffering in their families due to HIV/AIDS as referred to by Smith (2001:46).

One of the major consequences of a child's aggressive behaviour is that the child becomes more aware of new scenes of violence in his or her environment or on television. One must not forget parental television habits which have a bearing on their children's television habits, as well as their aggression and child-rearing behaviours which are correlated with children's aggressiveness. Parents must play their role in dampening the cycle once it starts by applying parental guidance to television viewing and by persuading and convincing their children that the violence is not realistic and the action of television heroes should not be copied. If this is not done, the scripts for aggressive behaviour are continuously being augmented and may endure into adulthood. Eron (1982:210) points out that when children identify strongly with television characters and believe that the violence they observe on television is an accurate description of real life, intervention may not be sufficient.

According to Susan Villani (2001:392), recent research has continued to focus on television, largely because children spend the most time with this medium and it reaches the youngest ages.. It was estimated that young people view 10,000 acts of violence per year, with 61% of shows containing violence of some kind. It concluded that:

1. Television violence contributes to antisocial effects on viewers.
2. Three primary effects arise from viewing televised violence:
 - a. Learning of aggressive behaviors and attitudes
 - b. Desensitization to violence
 - c. Fear of being victimized by violence
3. Not all violence poses the same degree of risk of these harmful effects.

Villani (2001:394) also looks at video and computer games in that this industry growth has

escalated. Boys played more frequently in video arcades than girls. The content of almost half of the games are violent, and 40 of the 47 most popular video games were violent.

Here is one study that looked at when television was introduced in South Africa. In using the regression analysis, the study used the number of television stations and the number of broadcast hours to predict the murder rate. Both increased in an amazing way. People could now watch any form of violence right in their homes. Before television, the murder rate was low; but after the introduction of it, the rate increased. Television had quite an effect on people, and at the same time, lots of changes occurred as stated earlier. Research shows a 4- to 5-percent change, and that is high. A 5-percent change in crime is significant (Gillespie,2000:16).

What is concerning is the psychological effects of years of exposure to high levels of violence on South Africa's children. Could it be that this sort of exposure to violence is likely to result in short-term psychological suffering? What is also concerning is when children are been dehumanised, that it is almost accepted by society, and that they the children, should find violence acceptable. Both political and criminal violence in South Africa is sometimes presented as proof for the claim that exposure to violence leads to increases in violence.

In South Africa, society has become violent and discriminatory, where children have been victimized, anger grows and hate smolders. It is here where black children often feel particularly socially isolated and estranged, with the result of feelings of powerlessness and alienation. Societal chaos has produced feelings of meaninglessness and futility (Hickson, 1992:259). The far-ranging and devastating impact of apartheid on South African children have been documented. However, the fairytale ending of apartheid and the transition to a

post-apartheid economy has, not been easy. As South Africa are undergoing social and economic transitions or transitions from war and structural oppression, there will be many problems as well as confusion.

3.11.1 Children, South Africa (The State) and violence

Now we ask 'what is the responsibility of the state towards its children?' The United Nations Convention on the Rights of the Child of 1989 states clearly that the state should be the ultimate guardian of children; and that the child, by reason of his or her physical and mental immaturity, needs special safeguards and care, including legal protection (United Nations, 1992:119). During the apartheid years, black children did not have these protections defined above.

Bulhan (1985:135) argues that any situation of oppression is a situation of violence. He further defines violence as any relation, process or condition by which an individual or group violates the physical, social and/or psychological integrity of another person or group. This definition allows for both overt and covert acts or omissions which may have direct or indirect violent consequences, to be incorporated into an analysis of the oppressive effects of apartheid. By accepting this definition, plainly speaking: apartheid was violence perpetrated by the state on its black citizens and children in particular.

Why was this violence necessary? Apartheid was a political system with the expressed aim of maintaining the political dominance of a white minority over a black majority. That this violence was perpetrated on black children can be seen as a necessary pre-condition for the maintenance and success of apartheid. To do this, laws like the Group Areas Act; Land Act; Population Registration Act; Job Reservation Act; Immorality Act; Mixed Marriages

Act, etc. were promulgated. All of these laws had a cruel effect on the lives of black people and especially children. The psychological consequences have been severe and the impact of apartheid on children's emotional state have been well documented (Dawes et al,1989:16-19).

The new democratically elected South African government in 1994 reflected a very strong commitment to meeting the challenges inherited by decades of racial oppression. Particularly with respect to the situation faced by South African children. It was very fortunate to have the support of a government headed by Nelson Mandela who took a keen and personal interest in the status and well-being of children. The current government has in fact recognised and publicly committed itself to a position noting the fundamental importance of children to the effective and stable development of South Africa. The new political commitment to children was effected via a range of policies implemented over the last few years. Since 1994, South Africa has signed the UN Convention on the Rights of the Child; set up the National Programme of Action (NPA) to implement South Africa's 'first call for children' commitment; the establishment of a family and children section within the Ministry of Welfare; a National Youth Commission; and the Nelson Mandela Children's Fund and others.

3.11.2 The current context of child development in South Africa

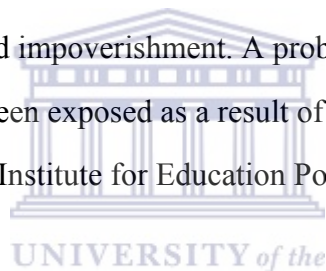
In the past, black children had been the most neglected sector of the South African Population (Makan,1996). Despite the far-reaching political changes that South Africa has undergone, children are currently still faced by enormous problems impacting upon and impeding their development (National Institute for Education Policy,1996:32).

Poverty has grave long-term implications for these children--the social disadvantages they face are monumental. These children furthermore are at a higher risk of physical, psychological and mental impairment. Children in impoverished settings are of course at

grave risk to food shortages and consequent malnutrition. Within impoverished settings the risk of infection and illness amongst children are considerably higher. In South Africa, the school drop-out rate is significant (Dawes & Donald,1994). This is the case for primary school and secondary school children. The implications for the rates of illiteracy and impaired skills level are frightening. Related to this alarming drop-out rate is the high incidence of child labour reported for South Africa.

The tension associated with township life and the stress they place on families have led to an increasing number of children joining 'substitute families', such as criminal gangs, prostitute rings and bands of street children.

In South Africa a relatively large proportion of its children continue to be affected by a host of physiological problems as a result or associated with malnourishment and poor health, and general social problems and impoverishment. A problem is the psychosocial trauma to which many children have been exposed as a result of apartheid and its engendered social problems (National Institute for Education Policy,1996:56).



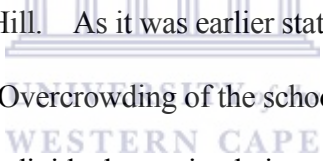
South Africa was indicated to be the most violent society in the world. Butchart et al. (1996:4) report that 'the South African incidence rate for violent death is ... nearly six times that of the US rate, which in turn is considered to be among the world's more violent societies'.

There has been widespread concern that the spiraling violence, together with the enormous disparity with regard to educational opportunities, medical and welfare services, and access to economic and political power places South African children are at greater risk for mental disorder than children in other societies (Smith & Holford, 1993).

South African males between the ages of 10 and 30 are at a particularly high risk for

exposure to violent incidents Butchart et al. (1996:4). Over and above the immediate physical consequences of exposure to violence, death, disability and injury, there is a range of consequences. Children growing up under these or similar conditions are reported to exhibit a high prevalence of stress-related psychological symptoms, difficulties in cognitive development, lower levels of academic achievement, and higher rates of behavioural and anti-social disorders (Desjarlais,1994:123-131).

Externalising behaviour disorders, substance abuse, and behavioural, social and health problems may all potentially be associated with children who have been exposed to community and other violence. The risk of future adult disorders and personality problems, is higher which appear to be greatly increased by the early exposure to violence. Sadly, children who survived violent incidents may also be at risk of becoming perpetrators of violence themselves later in their lives (Ensink et al., 1997: 1527)

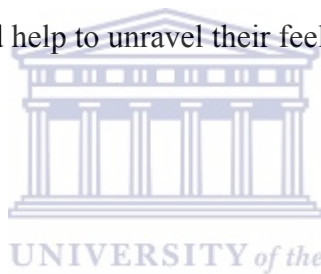


A look at the environment of Lavender Hill. As it was earlier stated, Lavender Hill came about because of the Group Area's Act. Overcrowding of the school is detrimental to the pupils, because it results in inadequate individual attention being given to pupils. Due to the high cost of living, both parents are forced to work. Children are left at home by themselves and this gives rise to truancy. Children are intimidated by the gangs in the area. Children of single parents, have a problem with discipline and normal school routine. It seems parental authority has weakened, and especially in homes where there is a single parent, and this results in discipline problems. Children from the area have a low self-esteem. Vandalism and burglary of the school is rife. Streetlights are regularly broken. Many of the problems in Lavender Hill, are crime related. The lack of recreational facilities, unemployment and the poverty in the area contribute to the violence, vandalism and theft. When early school leavers cannot get work,

they also get involve in gangs, and it becomes almost impossible to withdraw from it and stay alive. Alcohol, drug abuse and child molestation is of the biggest problems in Lavender Hill. Other problems are prostitution, child abuse, -neglect and hopelessness. All this problems will effect the pupils' education. Children from a disadvantaged area, have unique learning and behavioural problems. These pupils normally resist adult authority, behave in a highly aggressive fashion towards peers and teachers and are unattracted to the usual rewards which the school offers them (Naidoo,1984:4-9).

It is widely recognised that children who have experienced abuse or other serious trauma need treatment to help them recover an equilibrium and enjoy the remainder of their childhood.

Locked in their own distress, they need help to unravel their feelings, to make sense of past experiences, and leave them behind.



A common approach is for the therapist and child to work together. For many children these interventions are helpful and appropriate. Unable to talk about their feelings, yet exhibiting clear distress, they find simple ways that trigger the need to explore themselves and their past (Carroll,1995:44).

3.12 An analysis of the use of bibliotherapy applied

Like any other type of therapy, bibliotherapy has its aims, values and goals. Bibliotherapy shares with all aspects of rehabilitation and education, an affirmation of the growth of spirit which results in a desirable change from a sociological and an individual viewpoint, through the insight gained from the values and emotional experiences of reading. Bibliotherapy involves the person and his growth, and is directed toward causing the individual to become aware of his own worth and dignity and to have some realization of the intangibles that will

give meaning and savour to his life, as well as the spiritual values which will make him feel secure (Rubin,1978:241).

According to Spache as referred to by Rubin (1978:241), reading materials may serve to reflect the feelings, needs and emotions. Reading divides itself naturally into the four categories: recreation, useful information, intellectual stimulation and insight, which are elements of bibliotherapy. In every book which the reader enjoys, there is personal identification, and a measure of personal satisfaction. Bibliotherapy may be used for the improvement of attitudes, feelings and personal and social values.

3.13 Influence of bibliotherapy on self-esteem

Bibliotherapy coined to describe the use of directed reading in the solution of personal problems, is regarded as a potentially useful tool, which school librarians and counsellors can use to help a troubled child. The child is able to identify with a character suffering personal difficulties resembling his/her own and therefore gains insight into his/her problem after seeing how some one else copes with a comparable situation. Children with a low-esteem, lack the capacity to deal with their environment. The environment may have been the reason for their sense of inferiority (Rubin,1978:345).

It is the purpose of this research, to determine whether bibliotherapy as a means can contribute to the child's situation, so as to increase his/her self-esteem in the realisation of their worth and to give new meaning to his/her situation, and in the end, to accomplish adequate personality development and interpersonal relationships. This chapter provides a broad exposition of children exposed to violence setting. From this, it was evident that there

were many factors which could influence one to turn to violence. Many of the personality traits of the children therefore stemmed from many possible causes. The researcher, therefore identified a few related causes leading to a child attempting violence, and provided an analysis of the application of bibliotherapy to deal with certain situations.

3.14 The use of bibliotherapy in dealing with possible causes

With the application of bibliotherapy to children, the bibliotherapist must have a clear understanding of the child. The purpose of bibliotherapy for those groups should be of such a nature, that the group should experience orientation with their environments and self-confidence should be encouraged. Through the use of bibliotherapy, guilt and anxiety about existing and future personal, social and family problems should be understood and accepted. Individual reading and the use of the library should be encouraged.

In the USA, bibliotherapy is applied to juveniles or abused children, while in South Africa, it is often applied "unconsciously" or by "accident", without the professional team being aware that certain activities can be regarded as bibliotherapy. Literature is often recommended by therapists. Their needs must be identified and the bibliotherapist should realise that the reading motives used, should bring these needs into context. The nature of the literature recommended should be of such a nature, that the child could develop new interest. The bibliotherapist should have a clear understanding of violence and the effects on the children, to be able to really understand the problems faced by the children. The bibliotherapist would attempt to provide this group with materials which could lead to the person identifying his/her problem; relating to the characters in the reading materials; learning to cope with their problems and to overcome their problems (Cilliers, 1980:199-205).

The importance of enlightened, factual, progressive education for children is now realised to be a means of preventing emotional adjustments in later life. Many parents are too modest or unable to formulate and present the facts, and they may request the therapist's advice. Prescribed reading may be valuable at the level of understanding of both the child and the parent. Through reading the child may gain help directly, and the parent may get an objective understanding of the facts and a means of presenting the difficult subject to the child. Planned reading may be useful to help develop new interests and hobbies in the child with too narrow interests or too much occupied with its own problems and feelings (Rubin,1978:50).



CHAPTER FOUR

RESEARCH METHODOLOGY

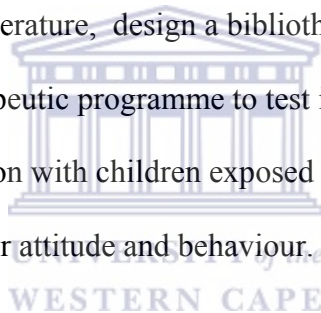
4.1 Introduction

In this chapter the outlay of the bibliotherapeutic programme that was followed, is given. The information that was obtained from the measuring instruments, will reflect in showing how successful the programme was. The programme could serve as a bases for further therapeutic usage.

4.2 The aim of this study

The aim with the experimental investigation is to:

- on the grounds of the literature, design a bibliotherapeutic programme, and
- to apply the bibliotherapeutic programme to test if bibliotherapy can be applied as an intervention with children exposed to violence and whether it can achieve a change in their attitude and behaviour.



4.3 Hypothesis

From the literature, it showed that violence does influence the child's personal development and interpersonal relations. It was hypothesized that the test scores of the pupils after the bibliotherapeutic programme will be higher than before the programme, and result in pupils understanding their situation, and a change in personal development and interpersonal relations.

4.4 Research design and measuring instruments

The two important criteria guided the initial selection of participants, namely, the age of the pupils selected for the purposes of the study ranged from nine to eleven years, who are exposed to daily violence, and that they are in grade four to be able to read the material presented if identification and positive response are to develop. Ideal for therapeutic activity: the researcher assumed that pupils falling in this age-range are less inhibited than adolescents, being more spontaneous in group participation in particular. It is further assumed that such pupils have fewer pre-conceptions or beliefs than older children and adults, which make them more amenable to group bibliotherapy.

The sample falls in the concrete-operational stage (7 to 11 ½ years) according to Piaget's model of concept formation. Initially the child's reasoning powers are exclusively connected to concrete experiences. He is to a large extent able to describe, and thereby explain, the nature of his environment in terms of his perceptions. He is able to grasp the worth of quantity, such as number, weight, volume and area. His mind is no longer fixed on one relationship or dimension as during the pre-operational stage. This implies an ability to visualise classes of objects (Langer,1969:26).

It is held that the child is now able to grasp the concepts of similarity, dissimilarity and subordination (Ginsberg & Opper,1969:19-33). The child is capable of attaining a reasonable level of objectivity in judgements of the self and of others.

Beard as referred to by Langer (1969:26) maintains that the child is capable of

comprehending formal concepts such as death, justice, cruelty and love, at the mental age of nine and ten years in Piaget's scale. This claim is reinforced by the observation that, as a rule, children of this mental age-group are no longer dependent upon concrete evidence to support their arguments.

As a result of his ability to abstract as from his tenth year, the child displays what is referred to as pseudo-maturity. This is the result of the level of stability he has reached and the formations of peer-groups. They are now highly receptive and relatively mature to engage in group therapy, such as bibliotherapy.

Children belonging to this stage of development are characterised as being able to comprehend their environment and personal perceptions fairly intelligibly. As a result of these abilities they seem to be more stable in their behavioural manifestations, a trait which is usually displayed by their gregariousness. They are also able to a marked degree to grasp formal concepts, an ability which facilitates the process of discussion in bibliotherapy quite considerably.

The researcher explained to the pupils what involvement in the study would entail for all participants in terms of time required for data-collection and therapeutic sessions; gave her personal guarantee that all data collected would be treated confidentially and that anonymity of all participants would be upheld throughout the study and thereafter.

Although this study involved group research work, each participant selected from the

total population of grade four pupils enrolled at the school chosen for the experiment had an equal chance of being included in the sample. The size of the sample (20), is defended on the grounds of it being large enough to be representative and small enough to be manageable from the point of view of intensive group-therapeutic research. In most situations of group therapy 'large' groups are preferred to 'small' ones. The larger the group, it is alleged, the smaller the emphasis on the individual member, the less the likelihood of damage to group morale in the event of the absence or withdrawal of some members, the more complex programme-planning can become and the greater the dependence of members on the attention of the group leader(Berthcher & Maple,1977:71).

Permission to do a pretest and a posttest was requested from the pupils and their parents / guardians, the principal of the school involved in the study, to the Department of Education.



The material was selected on the basis of their nature, content and quality. The selected material appealed to the subjects;

1. structurally - in terms of syntax and grammar;
2. lexically - in terms of vocabulary; and
3. intellectually - in terms of the level of difficulty of the ideas.

Owing to the grading of texts, reading was relatively easy, requiring no reference to dictionaries. Guidance from the researcher was always available when required. The researcher assumed that pupils had acquired adequate primary reading skills; that is

recognizing and identifying letters, words sentences, as well as adequate higher skills appropriate to their level of development such as understanding the meaning of the organization of the text.

In this study the following considerations of reading were taken into account:

- (a) Reading was considered to constitute a natural unit of the pupil's development;
- (b) Reading was considered an integral part of other activities in the study;
- (c) Care was taken to ensure that reading as activity appealed to all pupils;
- (d) Reading aimed at being meaningful; and
- (e) Every reading activity was related to the whole bibliotherapeutic study.

In this study the use of conversation-skill was used. It was intended to foster confidences and a sense of self-worth among pupils. The pupils are dependent on their parents, brothers, sisters and peers, and therefore they will benefit from peer relationships within group therapy and subsequently become independent and confident.

At all times the researcher was mindful of the pupil's sensitivity and dignity. Care was taken to avoid acting authoritatively and talking condescendingly to the pupils. It was the researcher's aim to appear natural and relaxed throughout the sessions.

The researcher was constantly aware of the limitations of bibliotherapy, and that pupils

might easily derive erroneous conclusions from it instead of growing in a positive manner and establishing real insight into their self-worth.

4.4.1 Research design

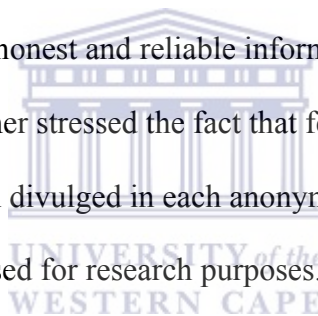
The experimental research design used for this study, was the before and after study. The research design for this study is diagrammatically depicted in Figure 4.1. The test group were subjected to the pre- and posttest assessment instruments which comprised of 5 Test-Scales.

Figure 4.1 Research Design

experimental group	pre-test	intervention	post-test
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4.4.2 Measuring instruments

In order to motivate the pupils to give honest and reliable information during questionnaire completion, the researcher stressed the fact that fellow pupils would not be able to establish private information divulged in each anonymous questionnaire, and that such information would only be used for research purposes. They were assured that the information would in no manner impinge on their present life-situation or future opportunities.



The questionnaires were administered during the first and last class meetings of the three-month period. Questionnaire completion took place as soon as the school day had ended. As the size of the sample was easily manageable, one session for the completion of the questionnaires was found to be sufficient. No time-limit was set for the completion of questionnaires, but it was found that the time required to complete the questionnaires ranged from 30 to 40 minutes. The pupils were familiar with filling in questionnaires. All pupils completed all the questionnaires in the classroom at the school. The pupils were seated in single desks, which stood in single rows to ensure that no pupil would in any way be able to interfere with another. In each case the pupils remained seated until everyone had completed the questionnaire concerned.

The quantitative assessment instruments comprised of scales used for the pre-testing and post-testing, followed by discussions and observations.

4.4.2.1 Personal questionnaire

Questionnaires (Appendix D) were developed for application in this study. It was designed to elicit information from the pupils on the following: factual biographical data; information relating to family relationships; information relating to school/library environment relationships; and information relating to socio-economic relationships.

4.4.2.2 Quantitative measuring instruments

An outline of the quantitative assessment instruments which had been used to measure the objectives of the respective programme sessions, are provided in Table 4.1. The quantitative



assessment instruments, comprised of a booklet of scales (TABLE 4.1:A) used for pretesting and posttesting (Appendix E).

TABLE 4.1 : QUANTITATIVE ASSESMENT INSTRUMENTS

SESSION	A - QUANTITATIVE INSTRUMENTS
1. Self-concept	Self-Esteem Scale (SES)
2. Assertiveness	Rathus Assertiveness Schedule (RAS)
3. Decision making (Problem-solving)	Problem-solving Inventory
4. Crime Awareness and Societal Norms	Crime Awareness and Societal Norm Scale
5. Parent-child Relationship	Family Environmental Scale (FES)

Responses were made on a 4/5-point scale ranging from strongly agree to strongly disagree.

The categories were scored by assigning values of 1, 2, 3, 4, or 5 for items expressing unfavourable attitudes toward change and in the reverse order for items expressing favourable attitudes. These scores were then added to obtain a total score for each respondent. The higher the score, the more favourable attitude the respondent holds towards change.

These tests are reliable and valid instruments. The instruments were selected in accordance with the supporting theory and programme content.

The Five (5) Test-Scale

1. The Self-Esteem Scale (SES)

The Rosenberg Self-Esteem Scale dates from 1965. The scale consists of 10 items scored on a four point scale ranging from strongly agree to strongly disagree, measuring the self acceptance aspect of self-esteem. The scale is considered to be highly reliable. Correlations range between 0.85 and 0.92. The scale was validated on a South African sample which yielded a reliability score of 0.77 (Pretorius,1991:23-25).

2. Rathus Assertiveness Schedule (RAS)

This scale was constructed by Rathus in 1973. This scale measures an individual's level of assertiveness and is a useful psychometric tool in asserting an individual's assertive behaviour. This scale is considered to be reliable and has yielded a reliability score of 0.78 (Dawley & Wenrich, 1976:33-43).

3. The Problem-solving Inventory

This scale was constructed by Heppner and Peterson in 1982 as referred to by Pretorius (1991:36-40). This scale score ranged from strongly agree to strongly disagree. It provides an estimate of how people appraise or assess their problem-solving abilities. The scale has been validated in South Africa and has yielded a reliability score of 0.84.

4. Crime Awareness and Societal Norm Scale

This scale was constructed according to the guidelines of Brodsky and O'Neal Smitherman (1983:44-81; 373-418; 441-521). This scale score ranged from strongly agree to strongly disagree. It covers the four areas:

- a. attitudes towards criminal offenses
- b. consequences of a criminal record
- c. attitudes towards the police
- d. attitudes towards rules and laws.



5. Family Environmental Scale

This scale was constructed by Moos in 1986 as referred to by Pretorius (1991:116-119). This scale measures the socio-environmental characteristics of all types of families. It assesses three underlying dimensions: (1) the relationship dimension; (2) the system maintenance dimension and (3) the system maintenance dimension. For the purpose of this study, only the relationship demension was assessed. The relationship demension comprised of three subscales, namely,

1. cohesion
2. expressiveness
3. conflict

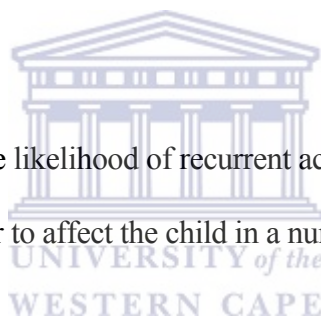
4.4.2.3 Intervention

Intervention which aim at redressing the likelihood of recurrent action by moulding the developing personality, could endeavour to affect the child in a number of areas. The areas are listed below:

1. self-concept
2. decision-making
3. assertiveness
4. crime awareness and societal norms, and
5. parent-child relationships

1. The Self-concept (Self-esteem)

This concept refers to the view or perception which an individual has of him or herself and



the value attached to that notion. It involves an awareness of factors which influence self-knowledge and self-acceptance (Van der Sandt & Wessels,1993).

According to Candotti, et al (1993:11-14), assertiveness is usually contrasted with elements of passivity, which is characterised by feelings of low self-esteem as well as by inhibited and submissive behaviour, where the person tends to avoid conflict or decision making. Candotti reported that an assertiveness training course based on life-skills principles had shown that significant gains in self-confidence and self-esteem had been achieved and was likely to reflect ongoing behavioural change.

2 Decision-making (Problem solving)

This concept focuses on the importance of responsible decision-making sequences of cognitive operations, which impacts on both internal and external demands or challenges. Influences around the dynamics of peer pressure and the constructive process of planning future goals also feature as a priority (Van der Sandt & Wessels,1993). Two aspects include problem-solving confidence and personal control.

a. problem-solving confidence.

This concept is defined as "self-assurance while engaging in a wide range of problem-solving activities and a belief and trust in one's problem-solving abilities" (Pretorius,1991:36). It includes how confident a person feels about their problem-solving skills (Heppner as referred to by Pretorius,1991:36).

b. Personal control

This concept is defined as "believing one is in control of one's behaviour and

emotions while problem solving" (Pretorius,1991:36). It includes the degree of control and playfulness reflected when problem solving (Heppner as referred to by Pretorius,1991:36).

A primary goal in primary solving training is to provide individuals with a general coping strategy which would enable them to deal more effectively with a myriad of situational problems. It is based on the rationale that an inability to arrive at adequate solutions to problems only creates further problems.

Kifer, Lewis, Green and Phillips (as referred to by Kanfer and Goldstein,1975:124), reported in their research that problem-solving training proved successful in getting children to resolve conflict situations in their daily lives, suggesting that this type of training might indeed have it's merits.



This is supported by Goodwin, Mahoney, Spirack and Shire (as referred to by Kauffman, 1981:99) who propose that if children's perceptions of aggression can be altered by teaching them appropriate problem solving techniques in managing aggression, there is a much better chance that they will exhibit less aggressive behaviour.

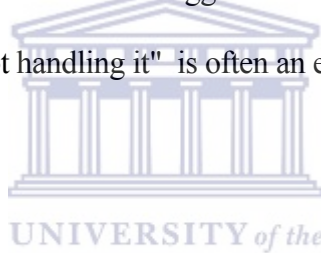
3 Assertiveness

Assertiveness has been defined in numerous ways, as a philosophical attitude to life as well as in terms of specific behaviour (Candotti et al, 1993:11).

Alberti & Ammons (as referred to by Candotti et al,1993:11), view assertive behaviour as

standing up for one's rights without denying the rights of others', feeling confident in interpersonal relationships and being able to express feelings and emotions spontaneously. Yesmont (1992:254), in close agreement, define assertiveness as the expression of thoughts, feelings or beliefs in direct, appropriate ways which do not violate the rights of others.

Research related to the problems of unassertive individuals and popularisation of "assertiveness training" have increased the confusion regarding the differences between assertion and aggression (Kauffman,1981:99). Only when assertive responses become aversive and threatening could they be considered aggressive, thereby linking aggression to anger, hostility and violence. Research done by Mahoney (as referred to by Kauffman,1981:99) indicates that acceptance and expression of anger without training in how to change such behaviour, may exacerbate overt aggression. Furthermore, he observes that "the act of perceiving oneself as "not handling it" is often an exacerbating element in subjective distress".



Studies by Fischer, DiLalla, Mitchell, Arthur and Pagliocca (1988:234), suggest that aggressive behaviours are learned within the family. This in a sense propogates the family environment as a significant component in the development of aggressive tendencies. In support Clarizio & McMoy (as referred to by Schwartz & Johnson,1985:105) assert that an important socialization task of early childhood is learning to deal appropriately with aggression. They hypothesize that "although it is important to teach the child not to be unduly and inappropriately aggressive towards others, it is important not to deal with aggression so harshly that it's expression is totally inhibited, for the healthy derivatives of

aggression such as assertiveness and competitiveness, are necessary for effective functioning in our society".

Hobbs (as referred to by Kauffman,1981:99) has for many years been an advocate of therapeutic strategies which were designed to promote insight. Kauffman (1981:99) has emphatically stated that insight will lead to behavioural change.

4. Crime awareness and societal norms

It is the view that anti-social attitudes stem from negative family and school experiences. Perceptions emanating from this view acknowledge that parental and school guidance in instilling law-abiding behaviours, and a sense of social awareness and responsibility, are crucial if attitudes towards crime awareness and societal norms are to be promoted. Patterson (1982) and (Erickson,1987) attribute antisocial behaviours and related behavioural tendencies to home environments where family management skills are lacking or defunct. Duncan & Rock (1994:54) in their inquiry for the Goldstone Commission regarding the prevention of public violence and intimidation, decree that "in contemporary society, parents are regarded as the custodians of societal norms and rules". Thus the role of parents in this regard cannot be underestimated.

Another issue related to societal norms and laws include the perceptions and attitudes towards the police, who are seen as the "frontline" agents of law and order who play a crucial role in the management of crime (Glanz,1992:53). Those people who have been in contact with the law, are likely to harbour negative attitudes towards the police. Such

perceptions are related to deeply entrenched ideological beliefs as result of the police being instrumental in the implementation of past "oppressive apartheid legislation, which led to mistrust and even hostility". This implies that a lack of respect for the police is to a moderate extent associated with a lack of respect for the law.

Another factor indicating that poor parental supervision, the breakdown of morals, values, norms and social decay are significant factors contributing to the incidence of crime.

5. The parent-child relationship

The parent-child relationship dimension includes the "extent to which family members feel they belong to and are proud of their family, the extent to which there is open expression within the family and the degree to which conflictual interactions are characteristic of the family structure" (Bloom,1985:236).



Three components implicit in this relationship include cohesion, expressiveness and conflict.

- a. **Cohesion** - "The degree of commitment, help and support family members provide for one another"
- b. **Expressiveness** - This concept refers to "the extent to which family member are encouraged to act openly and to express their feelings directly"
- c. **Conflict** - This concept refers to "the amount of openly expressed anger, aggression and conflict amongst family members"
(Pretorius,1991:116).

It is assumed that children whose parents display minimal interest in their whereabouts are more likely to be less affected by parental disapproval of their behaviour than parents who display interest in their children. This could lead to delinquency (lawlessness behaviour) and is often combined with a lack of adherence to conventional activities (Thorpe et al,1980).

According to Arnold as referred to by Glanz & Schurink (1992:657), the family should feature " as the ideal position to function as the primary, most essential and most comprehensive behaviour-regulating system". The family is perceived as representing the ideal context within which child development should take place and which pre-eminently should serve as the unit geared to fulfill children's most basic physiological, emotional, cognitive and other higher needs (Papalia & Olds,1989:69-71).

A breakdown in the family unit, familial disharmony and parental neglect can disadvantage and negate the optimal development of the growing child. These influences and dynamics clarify the critical role which the family unit should play in enhancing the psychological well-being and healthy development of its emergent off-spring (September,1992).

4.5 Facets of bibliotherapeutic practice

4.5.1 Change

In discussing the phenomenon of change in social and personal life, the concept growth and adjustment if change as such is to be effective, is preferred.

‘By this approach there might be developed a concept of self-realization through

change instead of a concept of adaptation and alteration' (Soddy,1965:36).

The researcher conducted this study along lines comparable to those of the group.

4.5.2 Prevention

Chapter three addressed how bibliotherapy is a measure designed to prevent psychological disorders. Gruenberg (1957:944-52) distinguishes three levels of action in prevention of mental and emotional disorders, viz:

1. primary prevention: all activities that tend to prevent the occurrence of mental and emotional problems;
2. secondary prevention: all activities that tend to prevent the aggravation of mental and emotional problems;
3. tertiary prevention: activities that tend to prevent the return or re-occurrence of mental and emotional problems, that is after-care treatment.

The activities of bibliotherapy as applied in this study, assumed to be preventive activities in essence.

4.5.3 Guidance and counselling

By the way of definitions, preventive bibliotherapy entails nuances of other psychological aids, such as guidance and counseling.

Since this study is limited to a school situation, guidance affords the pupil the opportunity of gaining a clear understanding of him/herself, his/her aptitudes, abilities, resources,

limitations, and their causes (Parson,1969:5). Of particular relevance to this study is the claim by Arbuckle (1967:144), that the methods of counseling and therapy cannot be clearly distinguished. Furthermore, it is argued that it is not the counselor's duty to attempt to repair any psychological damage, but rather to assist the pupil in attaining an adequate sense of personal identity and worth.

This study emphasis the involvement of the researcher as a means of ensuring that the pupils may be prevented from adopting either an unduly low and negative, or high and positive, self-image arising from external factors unrelated to the neutral preconditions of scientific research. Due cognizance has been taken of the exacting nature surrounding the implementation of a scientific investigation of such a nature.

4.5.4 A healthy self-concept

A healthy and strong self-image will lead to what Brammer & Shostrom (1977:74-9) believe to be the 'healthy self-actualising personality'. They see such a healthy personality as having the qualities of:

- (a) independence, - to be relatively self-sufficient;
- (b) spontaneity, - to be open to one's own and other's experience;
- (c) living here and now, - to live each moment to the full;
- (d) trust, - to have a sense of self-worth and confidence;
- (e) awareness, - to be responsive to one's and others' feelings;
- (f) authenticity, - to be one's genuine self;
- (g) responsibility of action, - making decisions which will benefit one's own welfare, and

(h) effectiveness, - to be relevant at each developmental stage one experience.

The concept of a healthy self-esteem in children implies that therapy in this study proposes to assist the subjects in attaining a stage of :

1. faith which leads to self-worth,
2. acceptance which enables one to see oneself as a person of worth , and
3. self-respect to function personally in an adequate manner.

The methods implicit in bibliotherapy of this nature aim at strengthening those qualities so that the child could develop a healthy self-esteem.

4.5.5 The group-situation

In dealing with the bibliotherapeutic group, full cognizance of the following factors was taken in the study, viz.:

1. differentiation – the researcher acknowledged that there were differences among pupils in the group
2. social organization – this is a therapeutic group structure and the researcher was aware of the pattern of interaction and reluctant influence among pupils.
3. initiative – this aspect of the study refers to the part played by pupils and the extent to which they manipulated the therapeutic situation.



4. content – stories were the sources of therapeutic activity. These were combined with other activities to obtain the desired goal.

4.6 Brief discussion of the content of literature selected for bibliotherapy

The list of books used in the bibliotherapeutic programme:

A trolley full of rights, by Zapiro, D and RAPCAN.

This is the lasting value of ‘a trolley full of Rights’, which addresses the issues of children’s rights in a most imaginative and responsible manner. It starts with Pumla and Gus waking up as happy children, both singing a song about their bodies that belong to them. Every morning, they meet each other at the corner and together they walk to school.

After school, the two leave late and two big bullies at the gate, hurt them. They are very upset that everyone; bullies, teachers, parents hurt children.



Then Boots appears with his big boots and his shopping trolley, marked 911. Boots lives on the streets, have seen many sights, and experienced all types of abuse, and learned about his rights. They tell Boots about their problem and Boots who knows, tell they about children’s rights. They decide to tell children about their rights. The trolley flies! They stop at all children who experience different types of abuse. Boots teaches them and give them their rights. They fly from the city to the farm, across the country. All the abused children land in the trolley. As a group they fight against the abuse and Boots shows and leads the right way. At the same time, they also throw their rights into the trolley and as they grow stronger, the list grows with them and becomes their protection plan. At a fair

they give publicity to their protection plan for adults to see. They listen and talk to other children about their fears. Of course, Boots show how to protect them and to know their rights.

When they return back, the children know that they can come and see Boots any time. Boots decides to go to school, to learn to read and write, and use the brain he's got. Boots, Pumla and Gus remind the children of their protection plan and their rights, and if they are abused, to tell someone they trust or ask help from people in the community.

Boots as a character.

Boots has no parents, knows about abuse, life on the streets, living in a van, shelters, gangs, hunger, sexual abuse and all abuse children experience. When they meet an abused child, Boots knows exactly what to do and say. As an abused child, Boots became the protector of the abused children.

During the reading of this story and while discussing its content during the bibliotherapeutic experiment, each child wanted to tell their story, and some extra time was spent here. It was here where the researcher realized that these children really needed therapy, or that they never had the opportunity to have an outlet for their feelings and / or frustrations. In these discussions interpersonal interaction really began to develop, in that it facilitated the means through which participants could verbalise and develop their personality through an interchange of views and attitudes with others. In this regard some psychologists have argued convincingly that a person's personality, and in particular his self-concept, develops by virtue of relations he has with others (Schmuck &

Schmuck,1971:14). The ‘other’ referred to are the group members and the group leader, who serve as models for behaviour modification. The participants were alerted to the positive qualities of Boots. It was assumed that the story made them realize that life consists of the good as well as the evil. They would appreciate, as Boots did, that life goes on, despite obstructions, and that the prospects of a great future loomed beyond the trials and tribulations of life. In this way they were seen to strengthen themselves in gaining confidence and increasing their self-esteem as a means of maintaining themselves as people of worth.

The butter battle book. - Dr. Seuss

The Yooks and the Zooks live in neighboring communities divided by a wall and by a custom. The Yooks eat their bread with the butter side up and the Zooks eat their bread with the butter side down! This difference causes dislike, distrust, and finally hatred. The Yooks and the Zooks find themselves engaged in an arms race with ever increasing sophisticated weaponry. With classic simplicity and wonderfully creative language, characters, and illustrations, Dr. Seuss explains how small differences can grow into larger disagreements that, in turn, can escalate into potential destruction. Pupils were encouraged to write an ending to the story so that such destruction is avoided. This book makes its point clearly for all ages, and all ages will respond to its message and its cleverness.

Why are some people frightened of others who do some things differently?

What are some situations in your own lives, in your school, in your community, in our nation and in the world that raise the same issues as this book?

What are some ways to avoid violence and resolve the conflict in these situations?

During the discussions the pupils could appreciate that people are different, not only in their aspirations, but also in their actual ability. There is no need to feel inferior, the pupils were able to consider, for not being able to perform as well as another person with whom they are in competition. Everyone, it had become evident, is esteemed for his own capabilities, which should be viewed in enduring spiritual terms rather than in transient material values.

The secret of the peaceful warrior. - Dan Millman

A nine year-old boy moves to a new neighborhood where he is confronted by the neighbourhood bully. He is helped to deal with his fear and anger by a grandfather named Socrates, who stresses that one's goal should not be to run away, or to fight, but to become a "peaceful warrior." Socrates teaches him martial arts and slowly builds his self-confidence. In the process the boy learns to see past the bully's aggression to his loneliness; he learns to reach out and ends up making a new friend. Mystical in spots, and perhaps a bit simplistic, the book still serves as a good springboard to discussing the ever present dilemma of dealing with a bully without becoming a bully oneself. There were discussions on peaceful warriors and what is the main message of this book. During the bibliotherapeutic sessions, pupils were enabled to experience the reality that one does not always attain everything through violence or force. Although our goals in life are sometimes beyond our grasp, the pupils learned that they should sustain their efforts with determination. The little warrior was ultimately honoured

for his courage, bravery and innate virtue. The pupils were assumed to have been reminded consciously that such qualities would always be approved, honoured and esteemed.

The story of Ferdinand. - Munro Leaf

Another classic picture book that has stood the test of time. Ferdinand is a bull unlike any other. Instead of spending his time honing his fighting skills by rough-housing with his brothers, Ferdinand sits under his favorite cork tree and smells the flowers. When he is chosen to fight in the most famous bull ring in Spain, Ferdinand stays true to his character. This book has always served as an allegory for the virtues of non-macho behavior, and it continues to do so today.

When Ferdinand was stung by a bee that caused him to panic, and a group of men from Madrid misinterpreted his reaction for aggression, they took him to the ring to fight. Ferdinand ran into the ring, and sat down, to the agonizing frustration of the matador. Useless as a fighter, Ferdinand got to leave the ring for his quiet, uneventful home in the pasture. Although the message of individuality is the strongest one the researcher tried to convey, the strong urging for peace in the climactic scene isn't avoided. Ferdinand and his love for the smell of flowers, showed the pupils that the sense of smell helps us to enjoy life and also warn us of unsafe conditions

Don't hurt Laurie! - Willo Davis Roberts

Laurie is beaten by her mother, regularly, unexpectedly, and with increasing severity. Whenever people at Laurie's middle school, neighborhood, or local hospital begin to

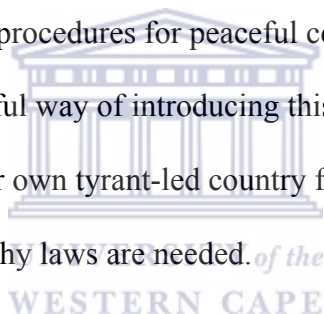
show suspicion about her injuries, the family moves. Finally, when she becomes fearful for her life, Laurie reaches out for help. Both she and her mother find the support they need to avoid tragedy.

During the discussion session it become very helpful to pupils who felt alone either with physical abuse or with other forms of dysfunction in their home life; one of the basic messages is that help is available in neighbours, police, hospital personnel, teachers, etc. (though the school nurse in this story is too preoccupied to notice the need). Laurie is an appealing and believable character.

Shiver, Gobble and Snore. - Marie Winn

The major reason for the existence of rules and law in society is to provide a means for people to live together in a safe and just manner. Rules and laws can help deal with conflicting interests, and provide procedures for peaceful conflict resolution.

This book provides a clear and delightful way of introducing this concept. The three characters named in the title leave their own tyrant-led country for a land where there are no laws. And then they discover why laws are needed.



During this session, the story was read three times. The researcher asked the pupils to listen carefully to how the animals resolved the problem. After reading, the researcher ask the pupils to write their own story of how they as leaders of their community will lead or manage the community, with these questions in mind.

What problems did the animals have?

What laws did they make?

Do they think these laws were good or bad, and why?

What is conflict?

What is violence?

What are some causes of violence?

What are some consequences of violence?

What alternatives to violence can be used when conflicts need to be settled?

How can we prevent violence?

Pupils started a discussion on violence and of alternative, peaceful ways to resolve conflict. This helps pupils to learn the analytic, policy making, evaluative, and participatory skills young people need to help solve this and other societal problems.

4.7 STRUCTURE OF VARIOUS SESSIONS

4.7.1 General goals and purposes

The general topic of goals as applied in counseling can be applied with reasonable confidence to bibliotherapy. This study is directed, at an observation of the development of the whole pupil, so that s/he will experience a stable sense of self-esteem or self-regard. Since the individual has to work on his/her own needs and problems, the group was guided to focus on group functioning, i.e. each participant contributed his/her on ideas to the group as a whole. The researcher was aware of the reciprocally influencing nature in terms of the principles of group dynamics. With regard to the function of the researcher acting as therapist, Rotter's advise served as a guide in this study" ...in most group techniques, the therapist is there to stimulate, control, interpret, structure, and so on...but the participants interact mainly with one another" (1971:100).

4.7.2 Specific goals and purposes

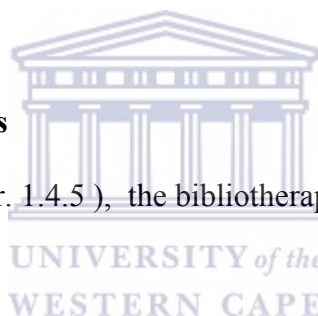
The bibliotherapeutic investigation was divided into various activities, all aiming at the

creation and stimulation of the subject's personal initiative, self-reliance, self-confidence and self-worth. These goals were accomplished through the aid of the discussions held and the story writing and colour-in activities.

On the recommendation of Hannigan (1962:189) the researcher conducted the therapeutic sessions in group fashion on a small manageable scale. The research programme itself was well-planned and conducted on the basis of standard principles of consistency (regularity) normally required of such experiments. The purpose and objectives of all sessions were interrelated, in that it stressed healthy confident self-expression. The stimulation of interests was initiated by reading in each session. Reading was supported in the first place by discussion by the whole group, then by the various sub-groups and normally culminated in other activities.

4.7.3 The bibliotherapeutic sessions

As it was stated in chapter one (cf. par. 1.4.5), the bibliotherapeutic treatment programme took place in stages.

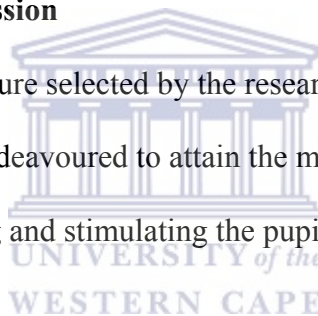


Stage One	1.	Reading Literature discussion Summary	2.	Reading Literature discussion Colour feelings Summary
	3.	Reading Literature discussion Picture response Summary	4.	Reading Literature discussion Groups Discussion Summary
Stage Two	1.	Reading Literature discussion Group discussion Summary	2.	Reading Literature discussion Picture discussion Summary

Stage Three	1. Reading Literature discussion Story writing	2. Reading Literature discussion Story writing Discussion Summary
Stage Four	1. Reading Literature discussion	2. Reading Literature discussion Colour-your-life Summary
Stage Five	1. Reading Literature discussion Summary	2. Reading Literature discussion Summary
Stage Six	1. Reading Literature discussion Summary	2. Reading Literature discussion Summary

4.7.4 Literature reading and discussion

Every pupil was exposed to the literature selected by the researcher for the bibliotherapeutic experiment. The researcher endeavoured to attain the maximum exposure of pupils to the literature by encouraging and stimulating the pupils to attend every bibliotherapeutic session.



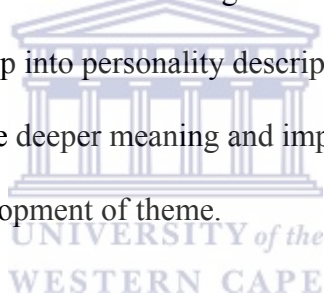
Each session started by reading the story as a group or the researcher reading to the group. For group reading, each pupil had a copy of the book. After the group had read the literary passage as a whole, the researcher would read it again, or some individual pupils would share the reading with the researcher.

When the reading sessions had been completed, a discussion followed. Many a times the

discussion sessions took longer than planned. The researcher would normally steer the discussions, and after discussions, the group was divided into smaller groups, discussing certain points related to the literature under discussion. With every session the groups will also change.

Sessions did not always follow the plan as set out. Most of the time discussions went over the set time, which was wonderful as pupils poured out what they thought or felt. Each session had its own pattern of development, but this was necessary to achieve results.

The researcher would normally start a discussion of characters appearing in the selected text and provide the pupils with adequate background. This normally served as a useful point of departure for further discussion. After discussing the content of the literature, the researcher would subtly guide the group into personality description of literary characters. Discussions then progressed toward the deeper meaning and implication of the story. The pupils were further guided in the development of theme.



Discussion was aimed at giving the pupils an opportunity of gaining insight into their own position as opposed to that displayed in the literature under discussion. Aspects of self-worth and confidence were not deliberately highlighted, but the implicit goal was achieved by way of analogy and implication, which is inherent in discussion. The self-esteem quality was subtly done by the researcher.

4.7.5 Colour-your-life

After the researcher had read the story, the researcher would read it a second time with the pupils. When the reading sessions had been completed, a discussion followed.

Self-verbalization or the presence of verbally mediated behaviour is seen as the major factor in helping children to develop self-control and more socialized behaviours. One aspect of verbal mediation and self-control process is the ability of the child to manage affects and affective material appropriately (O'Connor, 1983:251).

The colour-your-life technique was designed as a method of providing children with a fairly concrete referent for understanding and discussing affects.

The goals of the technique are to enhance children's awareness of different affective states; to encourage children to discuss events on an affective level; to help children make the transition from a purely action-oriented way of behaving to one that is more verbal; and to assist the therapist in obtaining information about the child's past and present affective status in a way which is less threatening than traditional verbal interviews.

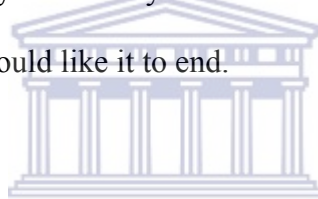
To accomplish these goals children are taught to pair affects and colours, such as red/anger, blue/sad, and yellow/happy. The colours are meant to serve as a mnemonic for a variety of affects. The materials used were crayons and white paper. The materials were selected for their simplicity and because children tend to see them as a natural, non-threatening, and enjoyable medium of self-expression (O'Connor, 1983:252).

The technique on the simplest level is merely a tool for teaching youngsters about affects

and their expression. On the second level it may be used to gather information about the affective life of the child. It can also be used to elicit intense feelings on the part of the child as well as detailed discussions of specific affects and the life events the child associates with them (O'Connor,1983:253).

4.7.6 Story writing

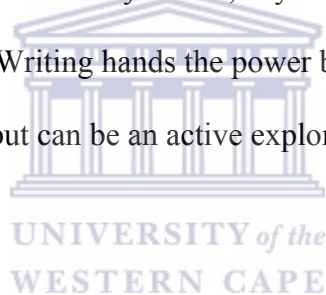
After the researcher had read the story, the researcher would read it again. When the reading sessions had been completed, a discussion followed. The character in the story is confronted with situations, but copes with the situation. The pupils will learn to identify the situations that leads to abuse and they either have avoid or cope with it. Each pupil had a copy of the incomplete story. Incomplete in that the story stops at a certain section, and the pupils had to complete the story where they became the main character in the story and end the story the way they would like it to end.



Researchers have discovered what journal writers have long known by intuition: writing is good for what ails you. Writing about your deepest thoughts and feelings may help alleviate depression and bolster the psyche. James Pennebaker (1990) was one of the first to look at the therapeutic benefits of writing. With a group of college students to write for 20 minutes on four consecutive days. Half of them were asked to write their deepest thoughts and feelings about a personal trauma; the others about superficial topics. The first group felt much worse immediately after the exercise, but then for the next six weeks they reported improved moods, a more positive outlook, and fewer visits to doctors. Since then, researchers worldwide have conducted dozens of similar studies with diverse groups.

Writing about emotionally charged issues has been found to improve the physical and mental health of grade-school children. Exploring one's deepest thoughts and feelings is not a panacea (Pennebaker, 1990). Writing should be viewed more like preventive maintenance -- an inexpensive, simple, and sometimes painful way to help maintain our health. He believes that writing affords people insight into what are typically incomprehensible events, and that it reduces psychological distress by getting rid of intrusive thoughts about such events. It also reduces harmful effects.

Putting feelings into words is hardly new. Writing is a wonderful way to discover things, it can take you places you've never imagined. The benefits cut across all ages, races, and intelligence levels, especially if one are less likely to talk about their feelings. Writing has its advantages. It's quick, free, you can do it yourself, any time, anywhere. Without judgment, embarrassment, or distrust. Writing hands the power back to the patient. You are not passive, as in 'getting shrunk,' but can be an active explorer beyond the boundaries of the usual therapeutic hour.



The side effects of writing are nil, the risks minimal. Pennebaker (1990) states that venting or complaining on paper won't help; the gains come from writing your deepest thoughts and feelings about matters that dominate your thinking and dreaming.

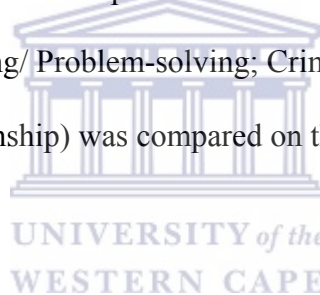
The bibliotherapeutic sessions consisted of a diverse range of activities intended to form a tightly-knit unitary master activity at all times. What was important to the study was the principle that all activities should relate to an aspect design to promote self-esteem. The

subjects were constantly reminded of the fact that the main practical objective of the therapeutic session was the reading of the literature and an ensuing discussion in terms of the deeper psychological implications of the next concerned. This is why every bibliotherapeutic session did not end with an activity, but instead summarized the position in the light of the literature which had been read or of what had emanated from the literature during the subsequent discussions.

4.8 Data analysis

4.8.1 Analysis of quantitative data

The **Two-Way Model** for paired data was used to determine if there were significant changes between the pretest and posttest scores. Each individual's pretest score was matched with his/her posttest score to form the pairs. Each dimension (Self-concept/ Self-esteem; Assertiveness; Decision making/ Problem-solving; Crime and Societal norm awareness and the Parent-child relationship) was compared on this basis.



4.8.2 Research results

This section presents results of the statistical analysis of the intervention under investigation. After describing the sample, quantitative results based on the test booklet will be presented. This will be followed by the discussions held by pupils.

4.8.2.1 The sample

The characteristics of the pupils appear in TABLE 4.2.

TABLE 4.2 The Experimental Group

Criteria	n	Male	Female
Sample Size	20	11	9
9 years	5	2	3
10 years	12	7	5
11 years	3	2	1

The experimental group (n=20), comprised of 11 boy and 9 girls. The youngest was a boy. Over half of the sample which ranged in age between 9 and 11 years, were in the 10 years old category (n=12).

The Two-Way Model for paired data was used to compute the statistical differences between the pretest and the posttest scores/ measures.

Table 4.3 reflects the pairing differences between the pretest and posttest. This statistic indicates the programme effect at posttest.

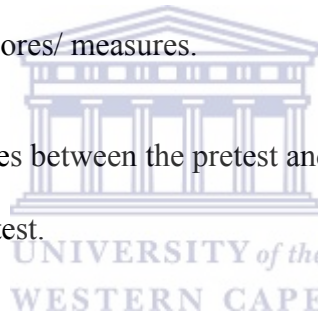


TABLE 4.3 Exact McNEMAR TEST

Variables	Improved	Staythesame	Deteriorated	Significance
Worth	4	16	0	Sample too small
Qualify	3	16	1	Sample too small
Failure	10	9	1	P<10%
Perform	7	12	1	Not significant
Proud	12	7	1	P<5%
Attitude	7	12	1	Not significant
Satisfy	6	13	1	Not significant
Respect	13	7	0	P<2%
Useless	13	7	0	P<2%
Nogood	13	7	0	P<2%
Assert	13	5	2	P<5%
Aggress	7	12	1	Not significant
Knowwhy	6	14	0	Not significant
Argument	12	6	2	P<10%
Strive	8	12	0	P<10%
Advantage	12	6	2	P<10%
Feeling	10	10	0	P<5%
Question	12	7	1	P<5%
Knowledge	7	12	1	Not significant

Open	8	12	0	P<10%
Talking	12	7	1	P<5%
Sayingno	12	8	0	P<2%
Emotions	12	7	1	P<5%
Compliment	10	10	0	P<5%
Opinion	1	11	8	Not significant
Uneasy	15	5	0	P<10%
Problem	11	6	3	Not significant
Decision	8	12	0	P<10%
Taketime	11	9	0	P<2%
Solve	2	18	0	Sample too small
Judge	5	11	4	Not significant
Ability	8	12	0	P<10%
Consider	11	6	3	Not significant
Unsure	16	3	1	P<2%
Findout	10	10	0	P<5%
Together	4	16	0	Sample too small
Fight	0	20	0	Made no change
Getalong	5	14	1	Not significant
Famhit	0	19	1	Sample too small
Personal	17	2	1	P<2%
Support	4	15	1	Not significant
Angry	4	15	1	Not significant
Famthing	2	18	0	Sample too small
Fammind	3	16	1	Sample too small
Famavoid	3	16	1	Sample too small
Offense	13	7	0	P<2%
Criminal	15	5	0	P<2%
Record	15	4	1	P<2%
Lawpers	15	4	1	P<2%
Respect	5	15	0	Not significant
Rulelaw	19	1	0	P<2%
Punished	8	12	0	Not significant
Crimrec	8	10	2	Not significant
Police	13	7	0	P<2%
Treatpol	13	5	2	P<5%

Data was summarised in the above table, calculating the total of subjects that improved, stayed the same, or deteriorated.

The number improved were compared with the number deteriorated by means of the **Exact McNemar Test**.

TABLE 4.4 THE VARIABLES

Self-Esteem	RAS	Problem-solving inventory	FES	Crime awareness & Societal norms
Worth	Assert	Uneasy	Together	Offense
Quality	Aggress	Problem	Fight	Criminal
Failure	Knowwhy	Decision	Getalong	Record
Perform	Argument	Take time	Famhit	Lawperso
Proud	Strive	Solve	Personal	Respect
Attitude	Advantage	Judge	Support	Rulelaw
Satisfy	Feeling	Ability	Angry	Punished
Respect	Question	Consider	Famthing	Crimrec
Useless	Knowledge	Unsure	Fammind	Police
Nogood	Open	Findout	Famavoid	Treatpol
	Talking			
	Sayingno			
	Emotions			
	Compliment			
	Opinion			

The specific aim of the empirical investigation, in turn, was to attempt gaining insight into the manner in and extent to which bibliotherapy would be instrumental in enhancing the subjects' behaviour. As a means of determining the effects of bibliotherapy, due cognizance has been taken, as a point of departure, of the following hypotheses:

Null Hypothesis $H_0 : \bar{X}_1 = \bar{X}_2$

Alternative Hypothesis $H_a : \bar{X}_1 < \bar{X}_2$

If the null hypothesis, which posits that there will be no significant difference between the pre- and post-test scores, is proved correct, it means that there was no change in the pupils. Should the alternative hypothesis, which posits that the application of bibliotherapy will result in a change in the personal development and interpersonal relations of the subject, prove correct, one may conclude that the critical variable – bibliotherapy had a meaningful effect on the pupils, that bibliotherapy has the potential of exercising a beneficial influence in the psychological make-up of the individual.

Results displayed in TABLE 4.3, indicates that the following variables yielded significant differences on **Self-esteem** (respect, useless, nogood), **RAS** (sayingno), **Problem – solving inventory** (taketime, unsure), **FES** (personal), **Crime awareness and Societal Norms** (offense, criminal, record, lawpers, and police).

As reflected in TABLE 4.3, **fight** was the only variable which showed no change made between the pretest and the posttest, but good deductions could be made.

TABLE 4.3 indicates that if pretest differences are taken into account, the **perform, attitude, satify, aggress, knowwhy, knowledge, opinion, problem, judge, consider, getalong,upport, angry, respect, punished, crimrec** still showed no significant difference.

However, the following variables showed statistically significant differences between the pretest and the posttest. It can thus be concluded that:

- in terms of **respect**, posttest performed significantly better than the pretest as 13 improved and 7 stayed the same.
- in terms of **useless**, posttest performed significantly better than the pretest as 13 improved and 7 stayed the same.
- in terms of **nogood**, posttest performed significantly better than the pretest as 13 improved and 7 stayed the same.
- in terms of **sayingno**, posttest performed significantly better than the pretest as 12 improved and 8 stayed the same.

- in terms of **taketime**, posttest performed significantly better than the pretest as 11 improved and 9 stayed the same.
- in terms of **unsure**, posttest performed significantly better than the pretest as 16 improved and 3 stayed the same, but 1 deteriorated.
- in terms of **personal**, posttest performed significantly better than the pretest as 17 improved and 2 stayed the same, but 1 deteriorated.
- in terms of **offence**, posttest performed significantly better than the pretest as 13 improved and 7 stayed the same.
- in terms of **criminal**, posttest performed significantly better than the pretest as 15 improved and 5 stayed the same.
- in terms of **record**, posttest performed significantly better than the pretest as 15 improved and 4 stayed the same, but 1 deteriorated.
- in terms of **lawperson**, posttest performed significantly better than the pretest as 15 improved and 4 stayed the same, but 1 deteriorated.
- in terms of **rulelaw**, posttest performed significantly better than the pretest as 19 improved and 1 stayed the same.
- in terms of **police**, posttest performed significantly better than the pretest as 13 improved and 7 stayed the same.

Results displayed in TABLE 4.3, indicates that the following variables yielded significant differences on **respect, useless, nogood, sayingno, taketime, unsure, personal, offense, criminal, record, lawpers, and police(P<2%)**.

TABLE 4.5

Variables	P<Value
Self-esteem respect useless nogood	P<2%
Rathus Assertiveness Schedule sayingno	P<2%
Problem-solving Inventory taketime unsure	P<2%
Family Environment Scale personal	P<2%
Crime awareness and Societal norms offense criminal record lawpers rulelaw police	P<2%

Results displayed in TABLE 4.5, indicates that the following variables yielded significant differences on **Self-esteem** (proud), **RAS** assert, feeling, question, talking, emotions, compliments), **Problem-solving inventory** (findout), **Crime awareness and Societal Norms** (treatpol), (P<5%).

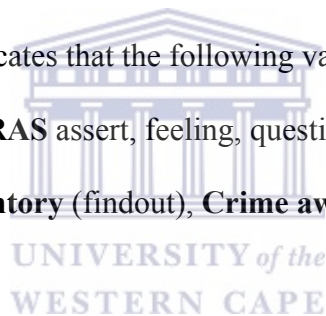


TABLE 4.6

Variables	P-Value
Self-esteem Proud	P<5%
Rathus Assertiveness Schedule Assert feeling question talking emotions compliments	P<5%
Problem-solving Inventory findout	P<5%
Crime awareness and Societal Norms treatpol	P<5%

However, **Self-esteem** and especially **Crime awareness and Societal norms** showed significant differences (**P<2%**), and **Rathus Assertiveness Schedule (P<5%)** between the pretest and the posttest.

Thus it can be concluded that the pupils performed significantly better on the posttest than on the pretest on these variables with the implication that there was a great improvement or change that the programme made in the pupils.

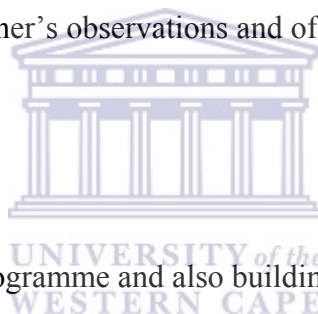
4.8.2.2 Pupils experiences of sessions

This section provides an overview of the inputs of the programme participants. These findings were elicited from the researcher's observations and of comments provided by the pupils.

Stage One: Self-esteem

This stage is the introduction of the programme and also building a relationship of trust. During this stage lots of reading and discussions took place. Everybody wanted to say something, and the session turned in a 'go-around'. Initially some pupils laughed at some pupils' tales, but then it was them that led the way telling everyone to respect one another. When pupils coloured in their pictures, they knew exactly what to do.

Observations noted by the researcher was generally positive, with responses focusing on self-enhancing behaviours learned from the session that had a impact on the development and promotion of self-esteem. Comments like ... "I will be more positive about myself" were made.



Stage Two: Family environment

In this stage the pupils are given insight into why parents/ society abuse them. In the group discussions, parents were compared, some appeared very emotional of some actions of parents, but with the researcher guiding the discussion in looking at why is it so, some pupils then realised that it was of their own actions that led to that reaction.

Stage Three: Problem-solving inventory

In this stage the pupils learned coping strategies. After reading the story thrice, many questions were asked during the discussion. Some felt unsure of what to do in certain situations, but the researcher and some pupils made some suggestions and sketched some scenarios. Each subject received an incomplete story (cf. par. 4.5.6), they became the main character and they had to end the story their way. This session was positive, as the pupils found this session stimulating and enjoyed the writing. Comments like... "I'll think before making a decision". "First make sure, before doing something", and "I'll take my time to take a decision", came from them.

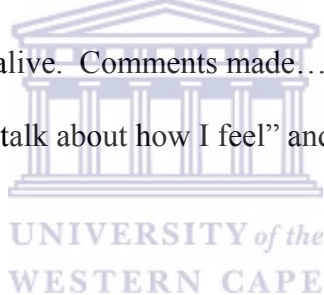
Stage Four: Crime awareness and Societal norm

This stage took longer than planned. During the discussion, the mention of law or police, had a negative attitude and behaviour attached to it. The researcher had more readings on this topic as well as discussions. Many issues were debated. With the colour-your-life activity (cf.par.4.5.5), there was a definitive change in attitudinal behaviour. Pupils commented on how they had enjoyed the session and found it very interesting and

stimulating. Comments made...”I want to be a police man when I’m big” “I want to be a social worker to help people”. The researcher had a ‘go-around’ session to summarise this session, it was overwhelmingly positive.

Stage Five : Assertiveness

This session took up a significant proportion of the time. Identification with the characters in the stories, like ‘I know exactly how she feels, because it happened to me’ came out many a times. Pupils cannot wait to tell their side of the story. One serious observation that the researcher made, was that these pupils needed therapy desperately. From observing certain behaviours displayed by the pupils, the researcher could link their actions to what they were saying. Each pupil had a turn to pour out their bottled up feelings and emotions. Sometimes this session were linked to sessions two and four. The pupils really made the literature come alive. Comments made...”I know now I can say no”, “From now onwards I’ll talk about how I feel” and “Enough is enough!”



Stage Six : Termination

The literature in this session focused on the individual. Discussions was very positive, but pupils felt very sad as the programme came to an end. As they felt like a family, sharing in some cases their inner feelings, some their secrets, how some events changed their lives. The termination of the programme was very important, as the pupils experienced it mentally, physically and emotionally. The result was that they came out with a better understanding and insight, ending up with a positive attitude.

To conclude, the programme appear very positive with the pupils showing a significant improvement in their attitude and their behaviour. All sessions were fully attended. Pupils co-operated and responded to what ever was asked or expected of them. The pupils indicated that they enjoyed the programme, and wanted it to continue.

This study, therefore, in acknowledging that bibliotherapy cannot replace other techniques, nevertheless suggests and appreciates the relevant potency adhering in bibliotherapy on the grounds of the conclusions of both the empirical investigation and the literature survey, especially in the context of contributing significantly to the state of heightened self-esteem and attitudinal behaviour among the sample of pupils in the post-test.



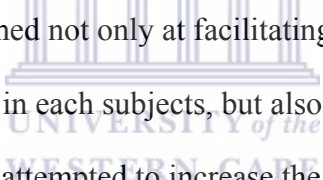
CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion of the Experimental investigation

This part of the study was designed to attempt obtaining empirical evidence as well as the theoretical foundations relating to the practice of bibliotherapy conducted under the given experimental conditions (cf. par. 4.1- 4.3).

The researcher succeeded in gaining valid information of relevance to the subjects' general level of self-esteem and related this to the bibliotherapeutic activity. Thus it was possible to ascertain whether the application of bibliotherapy had a significant effect on each subject's self-esteem. This was accomplished by comparing the pre- and posttest results after bibliotherapy had been applied.



The experimental investigation was aimed not only at facilitating spontaneous adjustment and at lessening psychological conflict in each subjects, but also correctional behavioural and /or emotional disturbances. It was attempted to increase the subject's self-esteem in terms of an appreciation of his/her worth and of his/her harmonious acceptance of the conditions of life at large.

On the basis of the statistical analysis regarding the difference of the pre- and posttest results of the subjects' measurement of self-esteem, one may conclude that the critical variable (i.e. bibliotherapy) had a meaningful effect on the subjects – thereby corroborating the experimental and that bibliotherapy and its co-activities (such as story

writing) have the potential of exercising a beneficial influence in the psychological make-up of the individual.

5.1.1 Immediate change

The result of this study does not imply that the enhanced self-concept of subjects is due to mere exposure to the reading text and the superficial transfer of information relating to psychological traits of literary characters. It appears, rather, as though thorough discussion, reflection and decision, - mental actions inherent in the bibliotherapeutic activity – were instrumental in contributing so significantly to the relative success which bibliotherapy had accomplished in this investigation.

5.1.2 Deferred change

Subjects who, on the basis of significant differences in the pre- and posttest results, did not appear to have benefited from the bibliotherapeutic activity, however, cannot be readily assumed to have remained unaffected by its influence. The posttest evidence is not the only proof as to whether or not the subject's self-regard had increased. The apparent lack of evidence relating to improvement in one's psychological make-up may in due course be disproved, as bibliotherapy may be assumed to have relevant effects later in subjects' lives (Lejeunne,1978:200-203).

5.1.3 Individual vs Group bibliotherapy

The study demonstrates the likelihood of having attained success in a group context. Since individual bibliotherapy is largely based on the prescription of literature for one

person at a time, the researcher conducted bibliotherapy in a school-group sample. The subjects were generally exposed to non-controversial reading material that suited their interest at a specific developmental level. The success accomplished by this experiment was largely due to the incorporation of activities (i.e. story writing, picture colouring, etc.) to support the literature-based therapy.

5.1.4 Conclusion of the sessions

5.1.4.1 The self-concept (Self-esteem)

It was hypothesized that the Self-concept measurements of the subjects after the intervention, will be higher than before the intervention.

Results obtained from the Exact McNemar Test for paired data showed that there was significant differences between the pretest and the posttest. The results indicated that there were statistically significant differences between the pretest and the posttest. It can thus be deduced that the intervention (programme) had been successful in bringing about improvements in the self-concept (self-esteem) levels of the programme participants. The researcher draw the conclusions from comments made by the subjects, that the session had made quite a positive impact in terms of enhancing their self-awareness and developing their ability for greater insight and understanding. This implies that the subjects intend to apply this new awareness in their daily lives.

5.1.4.2 Assertiveness

It was hypothesized that the Assertive measurements of the subjects after the

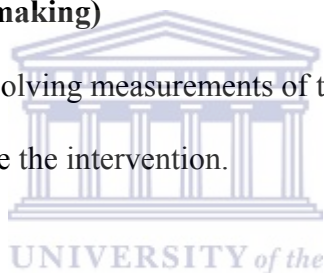
intervention, will be higher than before the intervention.

The Exact McNemar Test for paired data showed that there was significant differences between the pretest and the posttest. The results indicated that there were statistically significant differences between the pretest and the posttest. This implied that the positive impact in the area of assertiveness could be attributed to the intervention (programme).

The Exact McNemar Test shows the positive outcome of this programme dimension which could be viewed in a positive light, as assertiveness is generally considered to be indissolubly characterized by enhanced levels of self-esteem and decision-making. Van Sandt and Wessels (1993) acknowledge this view.

5.1.4.3 Problem solving (decision making)

It was hypothesized that the Problem Solving measurements of the subjects after the intervention, will be higher than before the intervention.



The Exact McNemar Test results for paired data showed that there was significant statistically differences between the pretest and the posttest. The results suggested that the intervention was successful in bringing about positive changes in the decision – making areas of problem solving confidence and personal control. The researcher’s observation during this session of the variables ‘unsure’ and ‘take time’, led to deep discussions, and that the outcome of the Exact McNemar Test showed the great improvement. The subjects also indicated that they enjoyed this session.

5.1.4.4 Family Environment Scale

It was hypothesized that the Family Environment measurements of the subjects after the intervention, will be higher than before the intervention.

The results indicated that there were significant differences between the pretest and the posttest only on the 'fight' and 'personal' variables. The significant differences that had been achieved on the 'personal' variable, was reflected in the discussions. The 'fight' variable made no change, but good deductions could be made. There were no further significant differences between the pretest and posttest, regarding the other variables.

Thus it can be concluded that the intervention (programme) had not succeeded in increasing family cohesion or decrease conflict in the relationship. During the discussions the subjects showed their assertiveness within the family situation. This means that there were only short-term improvements. The findings nonetheless suggested that durability and generalizability of behaviour changes had not been demonstrated. This implies that the programme had not succeeded in maintaining a long-term effect.

5.1.4.5 Crime awareness and societal norms

It was hypothesized that the Crime Awareness and Societal Norms measurements of the subjects after the intervention, will be higher than before the intervention when compared. The following dimensions of crime awareness were tested:

- 1 Attitude towards criminal offences
- 2 Consequences of a criminal record
- 3 Attitudes towards the police

4 Attitudes towards rules and laws

The paired data tested indicated that there were a great significant differences between the pretest and the posttest, especially with attitudes towards criminal offences; police; and rules and law. The consequences of a criminal record dimension, although there were an improvement, showed no significant difference. Following the discussions on the police, the attitude and behaviour of the subjects were noticeably negative. However, the posttest showed the significance difference. This was reflected in some wanting to be a policeman at the end of the session.

Thus it can be concluded that this intervention (programme) was successful in bringing about positive changes in the crime awareness and societal norms areas of attitudinal behaviour.

5.2 Recommendations

Violence against children is a bigger problem than governments acknowledge. Children are at risk of violence in nearly every aspect of their lives: -in their schools, on the street, at work, in institutions and in areas of armed conflict. They are beaten, tortured, sexually assaulted and murdered, often by the very individuals responsible for their care and safety.

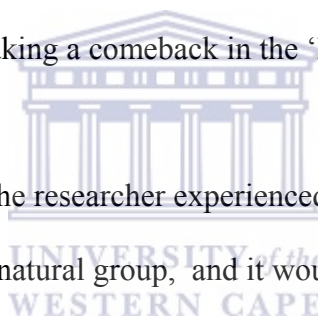
As bibliotherapy is child-centered, books can help children to identify with characters in stories and connect the world of books to their own live. Through reading and discussion, children can gain positive insights into their situations and discover new

problem-solving techniques. Just as important, bibliotherapy and reading provide companionship and friendship for children.

At the same time, bibliotherapy promotes literacy. Many of the children have had limited experience with books. Bibliotherapy introduces children to the touch, the feel, and the sounds of stories for the first time. With bibliotherapy, we can begin to promote literacy, cognitive development, and positive attitude towards books, which are key elements in fostering learning.

Today, as health care becomes more expensive, more emphasis is being placed on alternative forms of therapy, cost containment and short term treatments. Because bibliotherapy can provide didactic information on patients that has traditionally been obtained through psychotherapy, it is making a comeback in the 'helping profession'.

In the South African situation, and as the researcher experienced with the investigation, the classroom could be seen to be as a natural group, and it would be a group easily broken up into collaborative units. As Pardeck and Pardeck (1990) stated, groups can be a powerful vehicle for helping to heal emotional problems. A group approach to learning enhances the total child. It allows members to share common experiences, thus lessening anxieties. It can create a feeling of belonging and can also provide security for individuals who might feel uncomfortable in situations where they are singled out for special attention. Working in a group may lead an individual to develop a different perspective and a new understanding of the problems of others. They become aware that they are not alone in their feelings and that perceived problems are shared by others. It



allows children a safe way of confronting dilemmas.

Also bibliotherapy is not at a stage where it has been fully accepted and established as a means of therapy in public children's libraries. And there are many reasons to take into account. Some of them arise from controversial aspects about bibliotherapy, some rest with fears about the conception of bibliotherapy, some with questionable comprehension that bibliotherapy can be one of the means of attempting to help children learn to cope with emotional disruptions they may encounter.

It is the opinion of the researcher that children's libraries and librarians forget that a book is the main tool of their work. Only a book is a means of helping young people cope with problems in their settings. There again bibliotherapy comes in. Does anyone believe that reading aloud to children, little ones and young adults, is the most attractive library event? The researcher does. Librarians seem to have forgotten it. Storytelling to teach and heal in a non-intrusive technique that has been used with children since the beginning of human history. Certainly, successful bibliotherapy requires discussion afterwards, otherwise, it would be only a guided reading. Why not arrange 'read aloud and debate' programs as library events or as holiday programs? Librarians could also work together with the teachers and provide these opportunities.

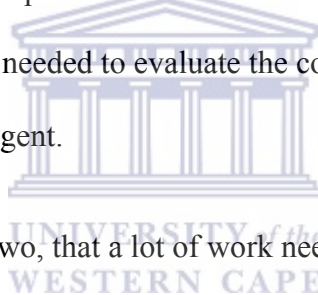
Librarians need to be bibliocautious. Be familiar with the book, read it and understand it before putting it to use. Children, frequenting libraries every day, should find on the shelves or in placed exhibits books that reflect their situations. The principle is that

materials are readily and obviously available, but the choice is left to individuals. The suggestion of the book by its presence in a collection rather than by its prescription, will give children the central role. The book will not be forced on children with the implication 'it's good for you'. Instead, children will be self-motivated.

There is a need for further, much more detailed research into how the adjuvant therapies interact with well-being, combining a literary approach with psychological and clinical evidence.

The results of this study open the door for further exploration of bibliotherapy as a therapeutic strategy with different populations. Assumptions of its effectiveness with a variety of readers pervade; however, empirical evaluations are scarce. Carefully planned quantitative and qualitative studies are needed to evaluate the contribution of bibliotherapy as a therapeutic change agent.

To reiterate the conclusion of chapter two, that a lot of work needs to be done in South Africa. Proper guidelines and programmes with direction and methodology, is needed. Proper guidelines on the standards for and selection of realistic bibliotherapeutic materials must be worked out and implemented.



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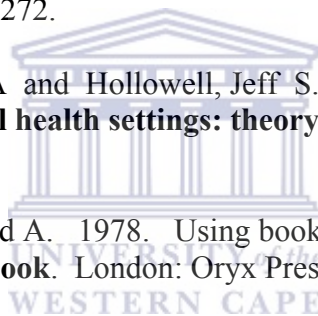
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APPENDIX A

LETTER TO THE PARENTS REQUESTING PERMISSION TO TEST THEIR
CHILDREN.

7 Hippo Lane
Zeekoevlei
7945

Geagte Ouers

Verkryging van toestemming rakend u kind

Ek is 'n Mbibl. student in die Departement van Biblioteek - en Inligtingkunde aan die Unversiteit van Wes-Kaapland en doen hiermee 'n Onderzoekstudie in die gebruik van biblioterapie met skoolkinders blootgestel aan geweld in die gemeenskap waarin hulle woon. Die titel van die navorsing is: The use of bibliotherapy with children living in a violent society. Hierdie navorsing word gedoen onder leiding van Prof. G.H. Fredericks.

Die studie benodig kinders tussen die ouderdom 10-11 jaar oud. Dit sal hoog op prys gestel word, indien u u kind aan ons sou toevertrou om die projek van stapel te laat stuur. U kind sal ook onderhewig wees aan toetsing en terapeutiese sessies.

Toestemming sal ook verkry word van die skool prinsipaal. Dit is ook nodig om u sotestemming te verkry ten einder die studie te begin.

Dit is verontrustend wanneer daar besef word watter nadelige effekte geweld op die kind het. Hierdie projek poog om oplossings te soek wat die negatiewe toestand bes moontlik positief kan beïnvloed.

Ingeslote vind 'n aanhangsel wat u as ouer moet invul en so gou moontlik na die skool terug moet stuur. Toestemming kan slegs deur u as ouer verleen word. U handtekening word dus benodig. U kind sal onder alle omstandighede anoniem bly.

By voorbaat baie dankie vir u heelhartige samewerking.
Die Uwe

.....
L. Mitchell-Kamalie

APPENDIX B

PARENTS RESPONSE TO THE REQUEST TO TEST THEIR CHILDREN.

CONFIDENTIAL / VERTOULIK

INFORMED CONSENT / INGELIGTE TOESTEMMING

Geagte Ouers

Vul asseblief die vorm in en stuur dit so gou as moontlik na die skool terug. Trek die kruisie waar nodig.

TOESTEMMING VERLEEN JA NEE

Toestemming verleen deur Mnr. / Mev.

Aan

HANDTEKENING

1. OUER : DATUM :

2. GETUIENIS : DATUM :

3. NAVORSER : DATUM :



UNIVERSITY of the
WESTERN CAPE

APPENDIX C

LETTER TO THE PRINCIPAL REQUESTING PERMISSION TO CONDUCT THE STUDY WITH THE SCHOOL CHILDREN.

The Principal

Dear Sir

REQUEST TO CONDUCT RESEARCH

I am a M.Bibl student in the Department of Library and Information Science at the University of the Western Cape and I am conducting research on the use of bibliotherapy with children living in a violent society. The study is being conducted under the supervision of Prof. G. Fredericks. I realise that there are many demands on your time, but I hope that you and your staff will assist in this study.

Be assured that the information received will be treated both confidentially and professionally and it will appear in the study in statistical form only. You and your staff therefore remain anonymous.

Thank you sincerely for assisting in this study.

Yours faithfully

.....
L. MITCHELL-KAMALIE



Appendix D

ALL INFORMATION PROVIDED

WILL BE KEPT CONFIDENTIAL.

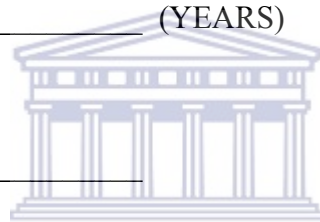
PLEASE ANSWER AS HONESTLY

AS POSSIBLE.

THANK YOU FOR PARTICIPATING.

1. AGE : _____ (YEARS)

2. SEX : _____



UNIVERSITY *of the*
WESTERN CAPE

PERSONAL QUESTIONNAIRE

Please answer all these questions.

1. Full name _____

2. Age _____

3. Sex _____

4. Place of birth _____

5. Present home address _____

6. Home language _____

7. Are both your parents still alive?

YES	NO
-----	----

If no, who is alive? _____

8. With whom do you stay? _____

9. Does your father work?

YES	NO
-----	----

If yes, what is his occupation? _____

10. Does your mother work?

YES	NO
-----	----

If yes, what is her occupation? _____

11. How many children are in the family?

Girls _____ Boys _____

12. State your position in the family

1 2 3 4 5 6 7 8 9 10

13. How many additional family members live in your household

(eg. Uncles, aunts, cousins, friends)

If so, please specify _____



14. Education level of your father
Std 5 or lower Std 6 to 9 Std 10 I don't know

15. Education level of your mother
Std 5 or lower Std 6 to 9 Std 10 I don't know

16. Do you enjoy going out with your parents?

YES	NO
-----	----

17. Do you spend more time with your father or mother?

FATHER	MOTHER
--------	--------

Why? _____

18. Are you happy at home?

YES	NO
-----	----

19. Do you enjoy being at school?

YES	NO
-----	----

If yes, why? _____
If no, why? _____

20. Have you ever had to repeat a standard?
If yes, whose fault is it? _____

21. What would you like to be one day? _____

22. Do you spend a lot of time doing schoolwork in the afternoon?

YES	NO
-----	----

If no, why not? _____

23. Do you have more boys or girls as friends?

24. Do you prefer to be alone or with friends ?

25. Do you enjoy watching television?

YES	NO
-----	----

26. Do you prefer adult television programmes to children's programmes?

YES	NO
-----	----

27. Do you think reading is a waste of time?

YES	NO
-----	----

If yes, why? _____

28. Do you belong to a library?

YES	NO
-----	----

29. If no, why not? _____

29. Where do you get material to read? _____



Appendix E

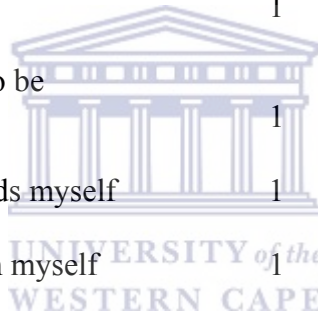
SELF – ESTEEM SCALE

Indicate the extent to which you agree with the following statements by using the following scale:

- | | | |
|---|---|-------------------|
| 1 | = | strongly agree |
| 2 | = | agree |
| 3 | = | disagree |
| 4 | = | strongly disagree |

Make an **X** over the appropriate number.

- | | | | | | |
|-----|---|---|---|---|---|
| 1. | I feel that I am a person of worth | 1 | 2 | 3 | 4 |
| 2. | I feel that I have many good qualities | 1 | 2 | 3 | 4 |
| 3. | I feel that I am a failure | 1 | 2 | 3 | 4 |
| 4. | I am able to do things as well as most other people | 1 | 2 | 3 | 4 |
| 5. | I feel that I do not have much to be proud of. | 1 | 2 | 3 | 4 |
| 6. | I have a positive attitude towards myself | 1 | 2 | 3 | 4 |
| 7. | On the whole I'm satisfied with myself | 1 | 2 | 3 | 4 |
| 8. | I wish that I could have more respect for myself. | 1 | 2 | 3 | 4 |
| 9. | I certainly feel useless at times. | 1 | 2 | 3 | 4 |
| 10. | At times I think I am no good at all. | 1 | 2 | 3 | 4 |

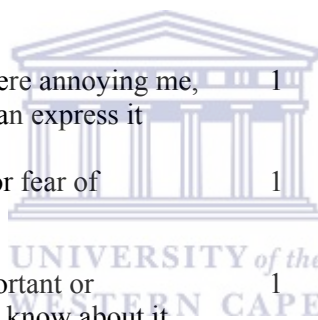


RATHUS ASSERTIVENESS SCHEDULE

Indicate the extent to which you agree or disagree with the following statements, by marking with an **X** the appropriate number.

- | | | |
|---|---|-------------------|
| 1 | = | strongly agree |
| 2 | = | agree |
| 3 | = | disagree |
| 4 | = | strongly disagree |

- | | | | | | |
|-----|---|---|---|---|---|
| 1. | Most people seem to be more assertive than I am | 1 | 2 | 3 | 4 |
| 2. | Most people seem to be more aggressive than I am | 1 | 2 | 3 | 4 |
| 3. | When I am asked to do something, I insist upon knowing why. | 1 | 2 | 3 | 4 |
| | There are times when I look for a good argument | 1 | 2 | 3 | 4 |
| | I strive to get ahead as well as most people in my position. | 1 | 2 | 3 | 4 |
| 6. | To be honest, people often take advantage of me. | 1 | 2 | 3 | 4 |
| 7. | If a close and respected relative were annoying me, I would hide my feelings rather than express it | 1 | 2 | 3 | 4 |
| 8. | I have avoided asking questions for fear of sounding stupid. | 1 | 2 | 3 | 4 |
| 9. | When I have done something important or worthwhile, I manage to let others know about it | 1 | 2 | 3 | 4 |
| 10. | I am open and frank about my feelings. | 1 | 2 | 3 | 4 |
| 11. | If someone has been spreading false and bad stories about me, I see him/her as soon as possible to "have a talk" about it | 1 | 2 | 3 | 4 |
| 12. | I often have to a hard time saying "no" | 1 | 2 | 3 | 4 |
| 13. | I tend to bottle up my emotions rather than make a scene. | 1 | 2 | 3 | 4 |
| 14. | When I am given a compliment, I sometimes don't know what to say. | 1 | 2 | 3 | 4 |
| 15. | I am quick to express an opinion. | 1 | 2 | 3 | 4 |



PROBLEM – SOLVING INVENTORY

Indicate the extent to which you agree or disagree with the following statements by using the following scale:

- | | | |
|---|---|-------------------|
| 1 | = | strongly agree |
| 2 | = | agree |
| 3 | = | disagree |
| 4 | = | strongly disagree |

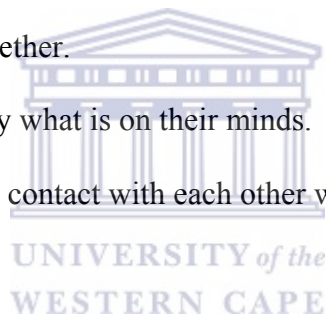
Make an **X** over the appropriate number.

- | | | | | | |
|-----|--|---|---|---|---|
| 1. | When my first efforts to solve a problem fail, I become uneasy about my ability to handle the situation | 1 | 2 | 3 | 4 |
| 2. | Many problems I face are too difficult for me to solve. | 1 | 2 | 3 | 4 |
| 3. | I make decisions and am happy with them later | 1 | 2 | 3 | 4 |
| 4. | Sometimes I don't stop and take time to deal with My problems, but just kind of muddle ahead. | 1 | 2 | 3 | 4 |
| 5. | Given enough time and effort ,I believe I can solve most problems that face me. | 1 | 2 | 3 | 4 |
| 6. | I make snap judgements and later regret it. | 1 | 2 | 3 | 4 |
| 7. | I trust my ability to solve new problems. | 1 | 2 | 3 | 4 |
| 8. | Sometimes I get so charged up emotionally that I am unable to consider many ways of dealing with my problems. | 1 | 2 | 3 | 4 |
| 9. | When faced with a problem, I am unsure of whether I can handle the situation. | 1 | 2 | 3 | 4 |
| 10. | When I become aware of a problem, one of the first things I do, is to try to find out exactly what the problem is. | 1 | 2 | 3 | 4 |

FAMILY ENVIRONMENTAL SCALE

Indicate which of the following statements are true **T** or false **F** for you.

- | | | | |
|-----|--|----------|----------|
| 1. | There is a feeling of togetherness in our family | T | F |
| 2. | We fight a lot in our family | T | F |
| 3. | We really get along well with each other. | T | F |
| 4. | Family members sometimes hit each other. | T | F |
| 5. | We don't tell each other about our personal problems | T | F |
| 6. | Family members really help and support one another | T | F |
| 7. | Family members sometimes get so angry, they throw things | T | F |
| 8. | Our family don't do things together. | T | F |
| 9. | Family members feel free to say what is on their minds. | T | F |
| 10. | Family members seem to avoid contact with each other when at home. | T | F |



CRIME AWARENESS AND SOCIETAL NORM SCALE

Indicate how you feel about the following statements by marking with an **X** the appropriate number

- 1 = strongly agree
2 = agree
3 = unsure
4 = disagree
5 = strongly disagree

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | To commit an offence makes you smart. | 1 | 2 | 3 | 4 | 5 |
| 2. | Criminals don't get caught. | 1 | 2 | 3 | 4 | 5 |
| 3. | A criminal record means nothing | 1 | 2 | 3 | 4 | 5 |
| 4. | The law is against the ordinary people | 1 | 2 | 3 | 4 | 5 |
| 5. | You would go to the police if you need help | 1 | 2 | 3 | 4 | 5 |
| 6. | Rules and laws serve no purpose. | 1 | 2 | 3 | 4 | 5 |
| 7. | People and their belongings should always be respected. | 1 | 2 | 3 | 4 | 5 |
| 8. | People who commit offences should be punished | 1 | 2 | 3 | 4 | 5 |
| 9. | Having a criminal record makes life difficult. | 1 | 2 | 3 | 4 | 5 |
| 10. | The police treat everyone fairly. | 1 | 2 | 3 | 4 | 5 |

