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# The Effects Of Bibliotherapy On Self-Esteem

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THE EFFECTS OF BIBLIOTHERAPY ON SELF-ESTEEM

HORTON

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THE EFFECTS OF BIBLIOTHERAPY ON SELF-ESTEEM

(TITLE)

BY

LuAnn K. Horton

**THESIS**

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

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IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
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## ABSTRACT

Books have been used in the treatment of clinical problems for years. Proponents of the use of bibliotherapy in the therapeutic process believe that books can help children in verbalizing their thoughts and feelings and can serve as excellent insight into problems. Books can be considered to have therapeutic value when they are books that help children adjust to and cope with personal or social situations or problems they may be experiencing in real life.

Several studies indicate a majority of practitioners regularly use books in treatment, perhaps as many as 84%. Although books are widely used, not much solid data exists on the actual effectiveness of bibliotherapy in treatment. Previous studies of children and bibliotherapy have been mainly interested in the testing of listening or reading skills.

This study investigated the effectiveness of bibliotherapy as an adjunct to discussions relevant to self-esteem versus bibliotherapy alone. Subjects were 4th and 5th grade public school students. Students were administered The Self-Perception Scale for Children (Harter, 1985). A pretest was given to obtain baseline data and a post-test was given after eight book or book plus discussion interventions were completed. Group means were compared on the five subscales as well as the measure of global self-esteem.

No significant changes were found in the subscale scores of Scholastic

Competence, Physical Appearance, or Behavioral Conduct. A significant difference was found on the Athletic Competence, Social Acceptance, and Global Self-Worth subscales for the entire sample. No significant group differences were indicated.

## DEDICATION

This paper is dedicated to the patience, love, encouragement and tolerance of Kayla Horton, Melissa Horton, and Joshua Horton. Thanks for understanding, for keeping me informed, and for bringing joy and challenge into my life. This paper is further dedicated to Bryan Horton, without whose cooperation, encouragement, insistence, and humor, none of this would have been possible.

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**Table of Contents**

Title Page.....	i
Abstract.....	1
Dedication.....	3
Acknowledgments.....	4
Table of Contents.....	5
List of Tables.....	6
Introduction.....	7
Method.....	17
Subjects.....	17
Design.....	18
Materials.....	19
Procedure.....	24
Scoring.....	25
Results.....	25
Discussion.....	30
References.....	35
Appendix A.....	39
Appendix B.....	44
Appendix C.....	45
Appendix D.....	46

**List of Tables**

<b>Table</b>		<b>Page</b>
1	Mean Subscale Scores on Self-Perception Profile	26
2	ANCOVA Results of Pretest and Post Test Comparisons	28
3	Multiple Comparisons of Significant Post Test Scores	29

## "The Effect of Bibliotherapy on Self-Esteem"

### **Introduction**

The basic question that this research addresses is, "does the use of therapeutic books actually prompt individuals to identify with characters in stories and to participate vicariously in experiences, thus affecting adjustment in attitude or behavior?" I intend to test this question in terms of self-esteem .

Books have been used in the treatment of clinical problems for years. Bibliotherapy is defined as an interaction between the reader and certain literature which is useful in aiding personal adjustment (Lindeman and Kling, 1969). The theory behind using books in therapy with children or adults consists of three fundamental processes: identification, catharsis and insight. (Schrank and Engels, 1981). Identification begins with an affiliation between a reader and a character or situation in a story. This identification may expand one's view of the self or may enhance one's sense of being different from others. Catharsis takes place when readers vicariously share and experience situations and conflicts presented in literature. Insight occurs when readers see themselves in the behaviors described in the reading material.

Books are considered to have therapeutic value when they can be defined as books that help children adjust to and cope with personal and social situations or problems they may be experiencing in real life, including but not limited to the changing of attitudes, increasing child assertiveness, changing behavior, home stress or school difficulties (Pardeck and Pardeck, 1984). Berg-

Cross and Berg-Cross (1976) cite the following uses for bibliotherapy aside from simple identification between the client and the book's main character. Those uses include the notions that bibliotherapy can be used as a diagnostic tool in assessing how a child perceives a particular situation or problem. Bibliotherapy can also be used to build a relationship. Reading therapeutic books together provides both child and therapist with a shared experience and could be the basis for trust and a developing friendship. Further, bibliotherapy could be an adjunct technique in treating communication deficits between parents and their children.

Strong proponents of bibliotherapy believe that books can help children in verbalizing their thoughts and feelings and can serve as excellent insight into problems. In fact, bibliotherapy does allow younger children to see solutions to problems without the burden of in-depth verbalization and interpretation, strategies which are often critical to successful intervention and which young children often lack. In other words, therapeutic books can help put words to their own situations and experiences. By reading about others who have experienced similar problems, troubled children may not feel so alone or different, and may, with the help of the skilled practitioner, find solutions to presenting problems (Pardeck and Markward, 1995).

Relevant literature shows mixed results on the effectiveness of bibliotherapy. A review by Schrank & Engels (1981) found empirical support for

the use of bibliotherapy in positively impacting attitude change, assertiveness, helper effectiveness, self-development, and other forms of therapeutic gain. Support was not found for its usefulness in improving academic achievement, marital accord or self-concept. Stevens & Pfof (1982) reviewed the experimental studies of bibliotherapy from 1965 to 1982. Their conclusions presented a "generally unfavorable picture of its effectiveness as a psychotherapeutic and growth-promoting intervention (page 23)." However, they did find a favorable result connecting bibliotherapy with attitude change. The findings of Stevens & Pfof (1982) showed a generally unfavorable result of bibliotherapy effectiveness primarily due to serious methodological problems in many of the experimental studies they reviewed. The authors strongly recommended research that addressed specific issues as well as research conducted using reliable and valid testing instruments.

A closer look at the research, however, reveals a lack of true empirical evidence as well as the existence of serious methodological problems. A study done by Altmann and Nielsen (1974) is typical of bibliotherapy studies. The study examined the influence of bibliotherapy on self-esteem, and in particular, the relationship between levels of empathy, respect and genuineness offered by a librarian using bibliotherapy. Teachers selected fifth-grade students with "observable signs of low self-esteem." No description was given concerning what led the teachers to believe that the behavior they observed did, in fact, reflect a student's low self esteem. These students were given the Coopersmith

Self-Esteem Inventory, or SEI. The students scoring the lowest on the SEI were chosen to participate in the study. These students, a total of eighteen, were randomly assigned into three groups; a control group (Group C), a group who had access to the preselected therapeutic books (Group B), and a treatment group (Group A), who read the books and were led in discussion by the librarian. A resource collection of seventy-five books was chosen from the school library for use in this study. All books were selected on the basis of reading interest of the participating children as indicated in a preliminary interview. In addition to the reading interest factor, the following factors were also considered: "a well constructed plot, vigorous and strong characterization, an authentic setting, and an interesting theme, together with an appealing style and an understandable vocabulary level (page 220)."

Group A was exposed to reading and discussion sessions for an average of 25 minutes per week for twelve weeks. Each child was interviewed individually by the experimenter. Discussion included retelling and reviewing the story, reviewing the apparent feelings and behavior of a specific character, attempting to make identification with the students in terms of similar experiences or feelings between the story and the children's lives, exploring possible consequences, and drawing conclusions. Students in Group B were shown the same reading resource books and were encouraged to read as many books as they liked. This group had exposure to the experimenter only during pre- and post-testing. Group C, or the control group, was simply pre- and post-

tested with the SEI. These tests were also administered by the same experimenter.

No significant differences were found in the test-retest of students in any of the three groups. One obvious methodological problem, however, was that no definition for "obvious signs of low self-esteem" was given to indicate why teachers selected the children they did. Because the self-esteem of all children in the classroom was not measured, the authors cannot be certain that those with the lowest self-esteem actually participated. In addition, the librarian was not given any specific instruction or training in the use of therapeutic books. It remains unclear whether the librarian's lack of expertise or bibliotherapy in general was responsible for the lack of significant group differences.

Another study performed with fourth and fifth grade students in the Detroit Public School system sought to investigate the efficacy of bibliotherapy on the mental health of students who had experienced a loss (Morris-Vann, 1983). A loss was defined as parental unemployment, divorce, marital separation or death. Twenty-six students from each of four classes in fourth and fifth grades at three different schools who had experienced losses were randomly selected to participate. A total of 312 students participated.

Students were assigned into one of four groups: bibliotherapy, bibliotherapy with discussion, counseling and a control group. Each student was administered the *California Test of Personality, Form AA* in both a pre- and a post-test. Results showed that the bibliotherapy group scored significantly

higher on the post-test than on the pre-test in personal and total adjustment, but not in social adjustment. Both the bibliotherapy with discussion group and the counseling group scored significantly higher on the post-test than on the pre-test in personal, social and total adjustment. Neither grade nor gender were found to significantly influence the effect of bibliotherapy or counseling.

To further demonstrate the varied result achieved with bibliotherapy, a study was done on the effects of four methods of group reading therapy on the level of reading manifest anxiety, self-concept and school personal-social adjustment among fifth and sixth grade children in a central city school setting (Dixon, 1974). The purpose of this study was to investigate the effectiveness of varied methods of group reading therapy with 72 fifth and sixth grade students who were low achievers in reading and to determine how treatment was associated with changes in reading achievement, anxiety, self-concept, and school personal-social adjustment. Five experimental groups were established: bibliotherapy and reading conducted by a reading therapist, study skills instruction and reading conducted by a reading therapist, group counseling and reading conducted by a reading therapist-guidance counselor team, reading only conducted by a reading therapist and regular classroom reading program, or control.

The four treatment groups received 22 reading improvement sessions and 10 ancillary therapy sessions. Each session was 45 minutes in length. It was hypothesized that the results obtained by the group receiving bibliotherapy and



reading would be superior to the results obtained by the control group. Appropriate academic testing was administered to the students, as well as the *Children's Form of the Manifest Anxiety Scale* and the *Coopersmith Self-Esteem Inventory Form A*. The .05 level of significance was deemed suitable for this study. The analysis of data revealed that, at the end of the experiment, the bibliotherapy and group counseling groups showed no significant difference in pre- or post-test scores on school behavior or attitudes. The group counseling group did no better from pre-test to post-test on the criterion variable school personal-social adjustment than the other four groups. It was concluded that short term group counseling was not effective for improving student self-concept under the conditions of this study. Suggested for further study was a more comprehensive approach, including the parents in the bibliotherapeutic process.

Although its usefulness is not well documented empirically, bibliotherapy is widely used in treatment by many practitioners. For instance, bibliotherapy has been used as a treatment strategy for over fifty years (Cohen, 1987). Most studies have been done in an educational setting, primarily as a means of testing listening skills or reading skills in children or communication skills in teachers and librarians, similar to the Altmann and Nielsen study noted above. Other studies have been done by hospital personnel in terms of helping children cope with life-threatening disease or illness. A survey done in the state of Oregon indicated that 90% of psychologists and physicians used bibliotherapy in their practice (Starker, 1986). A subsequent study done on a national level

reported 84% of psychologists regularly used books in treatment. (Starker, 1988). Another study, in which members of the American Academy of Psychotherapists were asked about their use of books in clinical practice, 51% of the respondents indicated that they used bibliotherapy in their clinical practice (Smith & Burkhalter, 1987). According to Riordan (1989), a critic of the clinical benefit of bibliotherapy, "many times the research is based on the premise that it [bibliotherapy] is efficacious as a freestanding intervention when, in clinical practice, bibliotherapy is a tool-among-many-to be used when it can contribute to an overall satisfactory outcome (page 507)."

Little empirical evidence exists to support the believed or assumed effectiveness of bibliotherapy. Not much is known about how, why or when it works. The use of bibliotherapy as a therapeutic intervention is not yet at a cumulative stage, so further research should focus on which type of literature is the most effective, the degree of therapist contact versus minimal contact versus no contact, clearly defined therapeutic goals, duration of bibliotherapy and use of bibliotherapy alone or as an adjunct to treatment (Stevens and Pfof, 1982).

This study investigated the effectiveness of bibliotherapy as an adjunct to discussions relevant to self-esteem versus bibliotherapy alone. The study investigated whether the independent reading of therapeutic books is effective in improving self-esteem or if the reading of therapeutic books combined with discussion lead to a greater improvement in a nonclinical sample of fourth and fifth grade children. Areas of self-adequacy and personal competence were

measured using a standardized self-reporting scale designed specifically for children. Problems in accessing a clinical population of children with similar enough presenting problems, in a large number, who can be tracked throughout treatment, precluded attempting to study this question in a strictly clinical setting. Also, in a clinical setting, there is no way to control for the wide variety of therapeutic interventions being utilized by clinicians. A public school population provides an opportunity to sample the general population.

Self-esteem and the self-concept have long been constructs discussed in therapy, in education, and in child development. The concept of the self can be viewed as having a cognitive/thought orientation that encompasses both descriptive and evaluative beliefs about one's characteristics. The concept of self-esteem is defined as a global cognitive and affective orientation that focuses on how an individual feels about him- or herself as a person (Burnett, 1994)

Harter (1983) uses a hierarchical structure to explain the development of self-esteem. According to Harter, global self-esteem is composed of the four second-order dimensions (originally identified by Coopersmith, 1981): competence, power, moral worth, and acceptance. Although the model is hierarchical, Harter believes that it is not sufficient to simply sum up the second order dimensions and domains to arrive at an accurate estimate of global self-esteem. Global self-esteem can be defined as the overall value that one places on oneself as a person and the generalized feeling of worthiness one holds (Willoughby, 1995). Self-esteem is thought to develop during the elementary

and middle school years (Wigfield, 1994). Harter (1982) believes that a child can begin to accurately verbalize their level of global self-esteem at around age 8 years. Burnett (1994) found that descriptive and evaluative statements about specific facets or characteristics of the self are closely related to one another and need not be separated. Harter (1983) found that children between the ages of 8 and 12 were able to make differentiated self-evaluations. For example, they distinguished between cognitive, physical, and social competence. These children were also able to provide evaluations of their overall self-worth. Self-esteem may be determined by a person's evaluation against his or her own standards and may be strongly influenced by comparisons to other people and by honest self-expression (Mayberry, 1990).

The development of a positive self-esteem is essential in a child's mental health development. Coopersmith (1968) showed a correlation between high levels of self-esteem in fifth and sixth grade boys and a lower incidence of both childhood destructiveness and anxiety. Coopersmith's study further revealed that fifth and sixth grade boys who had high self esteem were more able to express independent opinions among their peers, were more compliant in terms of household rules, and were more globally interested in social interactions than were the boys with medium or low self-esteem. Coopersmith believed "children with low self-esteem lack the capacity to deal with their environment (1967, page 261)."

Characters in books may help children by acting as modeling of

appropriate behaviors in situations similar to real-life experiences. It is possible that books could help children identify and explore possible alternatives or solutions to problems. In addition, through the use of books, children may have the opportunity to see themselves in a more positive light if they, in fact, identify with the characters in a book which addresses similar issues to their own.

It was predicted that a control group with no exposure to the books will show no significant improvement in feelings of self-adequacy and personal competence. It was further predicted that the treatment group receiving bibliotherapy and discussion will show a significant improvement in self-esteem. The effects of the duration of bibliotherapy were also investigated. All participants were tested for a baseline score on self-esteem, and were again tested after eight sessions. Sessions were held two per week over a four week period.

## **Method**

### **Subjects**

A total of 55 students participated. This involved three separate classrooms of 20, 20, and 15 students respectively. All participants remained anonymous, and participated only after the appropriate parental permission had been obtained (see Appendix B). Participants were 4th and 5th grade school students in a central Illinois public school. Participants included both boys (n=27) and girls (n=28). Students who either did not return their permission slip, or whose parents declined their child's involvement were not penalized in any

way, and were given an opportunity to do an independent classroom activity of their choice during the testing process. Only two parents expressly declined their child's participation in this study. Although the parents did not want their children tested, they were both agreeable to allowing their children to hear the stories, as well as participate in class discussions when appropriate. A new pencil was given to each student before the post-test was given, regardless of their level of participation during the testing and interventions.

### **Design**

Students were non-randomly assigned by classroom into one of three conditions; a control group with no treatment, a group with exposure to therapeutic books only, and a treatment group, who had therapeutic books read to them in conjunction with relevant group discussion. The reader of these books was the regular classroom teacher, who was known to the students. Group discussion contained the following elements in order to foster a sensitive and positive exchange (Cianciolo, 1965): a retelling of the incidents, feelings, and relationships that are relevant, and a simulation to identify similar incidents relative to the experience of the students. Possible consequences and alternative solutions were explored, and students had the opportunity to arrive at meaningful, realistic conclusions about situations, behaviors and feelings. Appendix D contains a list of the discussion questions used in the discussion group. Students completed an evaluation of their own self-esteem as a pre-test

measure, and again at the end of the interventions, four weeks later.

### **Materials**

Students' self-esteem was measured using the Self-Perception Profile for Children (Harter, 1985). This is a paper and pencil self-evaluation. This profile measures self-adequacy, and personal competence in six specific domains; scholastic competence, social acceptance, athletic competence, physical appearance, behavioral conduct, and global self-worth. The Self-Perception Profile for Children was designed specifically for use with children who are in third through sixth grades. This instrument is inappropriate for children under the age of eight because younger children do not have the reading skills necessary to follow the item content and because the question format is not understood by young children.

The content of each domain is as follows:

*Scholastic Competence.* This scale reflects the fact that all items are school-related. This domain taps the child's perception of his/her competence or ability within the realm of scholastic performance.

*Social Acceptance.* This scale reflects the degree to which the child is accepted by peers and feels popular. The scale does not tap competence directly in terms of social skills, but rather the degree to which one has friends, feels popular, and feels that most kids like them.

*Athletic Competence.* These items reflect competence relevant to sports and outdoor games.

*Physical Appearance.* These items tap the degree to which the child is happy with the way he/she looks, likes one's height, weight, body, face, hair, and feels that he/she is good looking.

*Behavioral Conduct.* This scale reflects the degree to which children like the way they behave, do the right thing, act the way they are supposed to, avoid getting into trouble, and do the things they are supposed to do.

*Global Self-Worth.* These items tap the extent to which the child likes him/herself as a person, is happy about the way he/she is leading his/her life, and is generally happy with the way he/she is. This constitutes a global judgment of one's worth as a person, rather than domain-specific competence or adequacy. This scale was not designed as a measure of general competence, but rather a means by which the relationship between global self-worth and the domain-specific perceptions of competence can be examined. Harter (1985) does not believe that "global self-worth is best assessed by summing responses to an aggregate of items which ask about a wide variety of self-descriptions." Rather, Harter believes that "one's feelings of worth should be tapped directly, by asking about self-worth itself." This self-reporting method differs significantly from other measures of global self-worth, such as the Coopersmith Self-Esteem Inventory (1967) and the Piers-Harris Self-Concept Scale (1964), for this reason.

A total of 36 items comprise the Self-Perception Profile for Children, or SPPC (See Appendix A). The question format of the SPPC is unique in that it is



a "structure alternative format". This format was designed to offset the tendency to give socially desirable responses. A sample question appears as follows:

Really	Sort of	Some kids often	Other kids can	Sort of	Really
true	true	forget	BUT remember	true	true
for me	for me	what they learn	what they learn	for me	for me

The child is asked to decide what kind of child he or she is most like--the child described on the right or the left. Once having made this decision, the child decides whether the description on that side is sort of true or really true for him or her. Each item is scored from 1 to 4, where a score of 1 indicates low perceived competence and a score of 4 reflects high perceived competence. Scoring includes a mean score for each subscale which will define a given child's profile.

The Self-Perception Profile for Children provides five subscales, plus a scale of global self-worth. Items within each subscale are counterbalanced such that three items are worded with the most adequate statement on the left and three items are worded with the most adequate statement on the right. So, the item scores for those with the most adequate description are scored 4,3,2,1 (from left to right), whereas the item scores for those with the most adequate on the right are scored 1,2,3,4 (from left to right). Scores from all subscales are transferred to a data coding sheet (see Appendix B) where all items for a given subscale are grouped together to facilitate the calculation of the mean for each

subscale. A child's profile was defined as the total of his or her six subscale means.

Harter tested four separate samples for internal consistency. These samples were drawn from neighborhoods ranging from lower middle class to upper middle class. Approximately 90% of the sample students were Caucasian. Third grade through eighth grade students were tested. Internal consistency reliabilities on the SPPC were based on Cronbach's Alpha. The lowest reliability was measured at .71, which was behavioral conduct. The majority of standard deviations fell between .50 and .85.

Factor analyses done by grade level have revealed that the factor pattern is very stable across grades three through six (Harter, 1982). Clear support for Harter's predictions regarding perceived competence and intrinsic motivation comes from the correlations between perceived cognitive competence and preferences for challenge ( $r=.57$ ) and to independent mastery ( $r=.54$ ). Higher order factoring reveals that perceived cognitive competence, challenge, independent mastery and curiosity form a distinct factor with very high loadings of between .76 to .87 (Harter, 1985). Convergent validity has also been established by correlating SPPC scores with a variety of other scales. Correlations have been made from the Iowa Test of Basic Skills, subjective teacher reports, and the Roster and Rating Scale (Roitascher, 1974) among others. This profile makes important delineation between varying competencies; social, physical, cognitive, and general self-worth. The Self-Perception Profile

for Children has not been correlated with other well-known measures of self-esteem, such as the Coopersmith Self-Esteem Inventory as the SPPC measures each subscale domain separately. Harter believes that a child between the ages of 8 and 12 is capable of making reasonably accurate self-evaluations of their own self worth. Coopersmith's inventory merely combines subscale scores in order to calculate a global self-esteem score.

Subscale reliability was assessed by employing a coefficient alpha which provides an index of internal consistency. Test-retest reliability was also collected from about 1,100 participants. A high positive correlation was found in all of the subscales and in the test-retest condition. Subscale means and standard deviations in general fluctuate around the value of 3.0, which is above the midpoint of the scale. However, there are differences associated with both gender and grade level for certain subscales. The majority of standard deviations fall between .50 and .85 indicating considerable variation among individuals (Harter, 1985).

Therapeutic books used in this study included:

Aliki, Brandenburg (1984). Feelings. Greenwillow Books, New York.

Cain, Barbara S., M.S.W. (1990). Double-Dip Feelings: Stories to help children understand emotions. Magination Press, New York.

Gehret, Jeanne, M.A. (1996). The Don't-Give-Up Kid and Learning Differences. Verbal Images Press, New York.

Gehret, Jeanne, M.A. (1996). Eagle Eyes: A child's guide to paying

attention. Verbal Images Press, New York.

Simon, Norma (1976). All Kinds of Families. Albert Whitman & Company, Niles, IL.

Simon, Norma (1976). Why Am I Different? Albert Whitman & Company, Morton Grove, IL.

Super, Gretchen (1991). What Is A Family? Twenty-First Century Books, New York.

These books were selected on the basis of criteria for using books in a therapeutic setting (Pardeck, 1992). Those criteria are: the book should provide information, should provide insight, should stimulate discussion about problems (in this instance self-esteem issues), should communicate new or functional values and attitudes, should create awareness that others have similar problems, or the process of identification, and should provide realistic solutions or coping skills for problems. These books were examined for age appropriateness in terms of the reading and interest levels of fourth and fifth grade students. Except the titles published in 1996, the books used in this study were compiled from a survey of the literature on children's bibliographies and bibliotherapy where references were made to an open and accepting interaction between story characters (Pardeck, 1992).

### **Procedure**

This study was carried out in the public school setting. Participants were

non-randomly assigned by classroom into three groups. The control group received only a pre-test and a post-test. A second group, the book only group, was read a different therapeutic book dealing with self-esteem issues a total of eight different times. This group also received a pre-test and a post-test after eight sessions. The third group, or treatment group also had the same therapeutic books dealing with self-esteem issues read to them and were encouraged to participate in relevant discussion regarding self-esteem and their own situations. Students were encouraged to share and participate, but were not discouraged, singled out or disciplined in any way if they chose not to participate in the group discussion. Students in this group were also given a pre-test and a post-test after eight sessions.

Books were read to the students by their regular classroom teachers. The teacher participating in the "book plus discussion" group was given a list of questions to assist in the process of discussion. Questions included, "Who was the main character?", "What sort of problem or experience did he or she have?", "How did he or she solve their problem?", or "How did the character cope with not being able to fix or solve their problem?". Additional questions may be found in Appendix D.

### **Results**

Profile scores were analyzed using an analysis of covariance (ANCOVA), with the covariate being the initial pretest score on the SPPC. The rating scale is ordinal, but item and subscale score distributions are extremely normal,

making parametric statistical analyses appropriate. The estimate of the treatment effect in the ANCOVA is the difference between the predicted post test scores of students in the three groups who have been "matched" on pretest scores. Matched, that is, in the sense that pre and post test scores are compared. A statistically significant difference in scores suggest, therefore, that one group outperformed another after the eighth intervention, if the groups had started with the same pre-test scores. Performing the ANCOVA reduced the size of possible error variance by including the pre-test scores directly.

**Table 1**

**Mean Subscale Scores on Self-Perception Profile for Children**

Condition	Subscale	Pretest score (Standard deviation)	Post test score (standard deviation)
1	n=20		
	Athletic	2.9725 (.279)	3.0055 (.189)
Book	Behavior	3.2545 (.234)	3.2720 (.188)
plus	Scholastic	2.9235 (.268)	3.1145 (.170)
discuss.	Physical	3.0975 (.292)	3.2030 (.257)
	Social	2.9720 (.264)	3.0255 (.213)
	Global	3.5605 (.233)	3.3555 (.188)

2 Control	n=20	Athletic	3.1140 (.279)	3.2860 (.189)
		Behavior	2.8245 (.234)	3.1390 (.188)
		Scholastic	2.9465 (.268)	3.1050 (.170)
		Physical	2.9305 (.292)	3.0380 (.257)
		Social	3.0220 (.264)	3.3145 (.213)
		Global	3.1715 (.233)	3.3815 (.188)
3 Book only	n=15	Athletic	3.1540 (.301)	3.3000 (.204)
		Behavior	2.8767 (.253)	3.3047 (.203)
		Scholastic	2.9313 (.289)	3.2193 (.183)
		Physical	3.1527 (.315)	3.3507 (.278)
		Social	3.1300 (.285)	3.3087 (.230)
		Global	3.1980 (.251)	3.4760 (.203)

---

The data in Table 1 shows the subscale mean scores for each condition. Scores on the Self-Perception Profile for Children can range from 1.0 to 4.0, with a score of 4.0 indicating the highest, or most positive, self evaluation.

**Table 2****ANCOVA Results of Pretest and Post test Comparisons**

Subscale	Mean	F
Athletic	.314	2.176*
Behavior	.234	.368
Scholastic	.198	.347
Physical	.254	.426
Social	.443	1.343*
Global	.225	1.827*

\* significant at  $p < .05$

$F_{critical} = .838$

The data in Table 2 shows the results of Analysis of Covariance (ANCOVA) tests which compared each subscale pretest and post test for the combined groups. A .05 level of significance was used to indicate significant changes.

A significant difference was found between the pretest and post test Global Self-Worth subscale ( $F(1,54) = 1.827, p < .05$ ). This subscale taps the extent to which a child likes him-or herself as a person, is happy about the way



he or she is leading his or her life, and is generally happy with the way he or she is. This subscale constitutes a global judgment of one's worth as a person.

A significant difference was also found between the pretest and post test of Social Acceptance subscale ( $F(1,54) = 1.343, p < .05$ ). This subscale taps the degree to which a child is accepted by peers and feels popular.

A final significant difference was found between the pretest and post test Athletic Competence subscale ( $F(1,54) = 2.176, p < .05$ ). This subscale taps the items relevant to sports and outdoor games.

The remaining subscales did not show a significant change.

**Table 3**

**Multiple Comparisons of Significant Post Test Scores**

Subtest	Condition	SEm	F	Sig.
Athletic Competence	1 Book + Discuss	.189	1.865	.505
	2 Control	.204		1.000
	3 Book only	.204		.219
Social Acceptance	1 Book + Discuss	.213	1.148	.181
	2 Control	.230		1.000
	3 Book only	.230		.674

Global	1 Book +			
Self-	Discuss	.188	1.189	1.000
Worth	2 Control	.203		1.000
	3 Book only	.203		1.000

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The data in Table 3 shows the results of post hoc tests done using the Bonferroni correction on the subtests showing significant change in pretest and post test scores. This post hoc test was chosen since there are a limited number of comparisons being made. When looking at the comparisons between conditions, no one condition demonstrated significant improvement over another. Any potential improvements in scores lost their significance as they were examined by condition.

### Discussion

The goal of this investigation was to determine whether students' self-evaluation of their own competence and self-worth improved after reading and discussing books relevant to self esteem issues. Contrary to what was predicted, the book plus discussion group did not demonstrate a significant improvement on post test scores of personal competence and self-worth when compared to the other conditions.

Although students' scores generally improved for all three groups, the improvement did not constitute a statistically significant improvement and did not

differ from those of the control group. Harter (1985) found students' self-evaluation of personal competence to be stable during the time between 4th and 5th grades. This proved to be true in this study as well. A somewhat similar study done by Altmann and Neilsen (1974) showed no significant improvement in self-esteem following intervention. Furthermore, a meta-analysis done by Stevens & Pfof (1982) showed a generally unfavorable result of bibliotherapy as an intervention for personal growth and change. Additionally, students in this study overall scored higher on each of the subscales than did students tested for the purposes of establishing test norms. Although scoring higher, even on pretest scores, there was some variability in scores.

Students participating in this study were perceived by parents and school personnel to have reasonably high self esteem before the interventions. The school where the study was conducted is located within a well-established, close-knit rural community in East Central Illinois. This perception appears to be accurate, as evidenced by relatively high pretest scores. Some students, however, scored alarmingly low, with average combined subscale scores of less than 2.00. As would be expected, not all student in a group have the same impressions of themselves. Using this type of evaluation and intervention could help identify those students for which self-esteem and a sense of personal competence is damaged or impaired.

Several possibilities exist for why no significant differences were found from pretest to post test on some of the Self-Perception Profile for Children

subscales. The first problem exists with the sample itself. The children tested consisted of a nonclinical sample of children. Students were not randomly assigned into groups, as entire classrooms of children were used and how this may have influenced the results is unknown. All students reside in a homogeneous community, where parent involvement is high, and student activities are given high priority. Consequently, some students scored high on the pretest, and had little or no room for improvement. Also, it might be possible that children in the intervention group did, in fact, experience an improvement in attitudes or beliefs about themselves, but in ways not evaluated using the Self-Perception Profile for Children.

Another possibility for a lack of group differences concerns the method of this study. Only four weeks was spent on intervention. Quite possibly, students need a longer period of intervention before a change in self-esteem can be detected. Perhaps the test instrument was not designed to be a measure sensitive enough to detect subtle changes in scores. Another problem with the method could have been that the books selected were not the best possible books for improving students' self esteem quickly. Another obvious problem with the method was that teachers, while trained to conduct class discussions, are not trained as therapists, and might not pick up on students' subtle inferences when describing their own life experiences. Teachers may not have directed the discussion in a manner that was conducive to changing self-esteem.

Even though no significant group differences in self-esteem were found in

the present study, the books selected may have had an impact on children. Students generally responded favorably toward the books. As each intervention occurred, students appeared to engage in more conversation regarding how their own experience was similar to that of the story's main character. Sharing their experiences aloud seemed to enhance students' sense of personal competence. In addition, relevant discussion about the various stories seemed to be a natural outgrowth of simply reading the book. The teacher of the "book only" group reported she found it extremely difficult not to discuss the content of the books. She also reported some students' expressing a desire to discuss or ask questions regarding a story long after the intervention had taken place. Clearly the reading of books stirred an element of identification within the students, which led to a natural desire to discuss meanings or possible connections between main characters and real life circumstances.

Even though it appears a child's self-perception is hard to influence after only a few interventions with books and discussions, care and caution should still be exercised regarding the selection of appropriate books for young clients. According to Pardeck (1992), books should provide information, should provide insight, should stimulate discussion about problems, should communicate new or functional values and attitudes, should create awareness that others have similar problems, and should provide realistic solutions or coping skills for problems. In the lives of many young clients, everyone indeed does not "live happily ever after," and it would seem both unrealistic and inappropriate to offer

that sort of a solution to a child who has little chance of experiencing a similar outcome.

Instead, books can be used as a place to begin discussions about real life situations with children. A child needs the opportunity to process and to internalize the experience of the book into their own minds. Without guided discussion, a child's ability to integrate the story experience with their own will seldom be achieved. It is through not only the simple reading of books together that children can gain insight, but through thoughtful, relevant, interactive discussion as well. Therapists would do well to engage their young clients through the use of appropriate books, and should continue that engagement with relevant discussion, thus empowering the child to explore possible outcomes and solutions. In an age where electronics play a larger and larger role, no substitute exists for the personal, dynamic interaction that can take place between therapist, young client, and just the right book.

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# What I Am Like

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Month Day Group \_\_\_\_\_

Boy or Girl (circle which)

## SAMPLE SENTENCE

	Really True for me	Sort of True for me			Sort of True for me	Really True for me	
(a)	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are very <i>good</i> at their school work	BUT	Other kids <i>worry</i> about whether they can do the school work assigned to them.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids find it <i>hard</i> to make friends	BUT	Other kids find it's pretty easy to make friends.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do very <i>well</i> at all kinds of sports	BUT	Other kids <i>don't</i> feel that they are very good when it comes to sports.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with the way they look	BUT	Other kids are <i>not</i> happy with the way they look.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often do <i>not</i> like the way they <i>behave</i>	BUT	Other kids usually <i>like</i> the way they behave.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are often <i>unhappy</i> with themselves	BUT	Other kids are pretty <i>pleased</i> with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel like they are <i>just as smart</i> as as other kids their age	BUT	Other kids aren't so sure and <i>wonder</i> if they are as smart.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>alot</i> of friends	BUT	Other kids <i>don't</i> have very many friends.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me			Sort of True for me	Really True for me	
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish they could be alot better at sports	BUT	Other kids feel they are good enough at sports.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with their height and weight	BUT	Other kids wish their height or weight were <i>different</i> .	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually do the <i>right</i> thing	BUT	Other kids often <i>don't</i> do the right thing.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> like the way they are leading their life	BUT	Other kids <i>do</i> like the way they are leading their life.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are pretty <i>slow</i> in finishing their school work	BUT	Other kids can do their school work <i>quickly</i> .	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would like to have alot more friends	BUT	Other kids have as many friends as they want.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think they could do well at just about any new sports activity they haven't tried before	BUT	Other kids are afraid they might <i>not</i> do well at sports they haven't ever tried.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their body was <i>different</i>	BUT	Other kids <i>like</i> their body the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually act the way they know they are <i>supposed</i> to	BUT	Other kids often <i>don't</i> act the way they are supposed to.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with themselves as a person	BUT	Other kids are often <i>not</i> happy with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often <i>forget</i> what they learn	BUT	Other kids can remember things <i>easily</i> .	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are always doing things with alot of kids	BUT	Other kids usually do things <i>by themselves</i> .	<input type="checkbox"/>	<input type="checkbox"/>

Sort of  
True  
for me

Really  
True  
for me

Really  
True  
for me

Sort of  
True  
for me

- |     |                          |                          |   |     |  |                          |                          |
|-----|--------------------------|--------------------------|---|-----|--|--------------------------|--------------------------|
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids feel that they are <i>better</i> than others their age at sports    | BUT | Other kids <i>don't</i> feel they can play as well.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids wish their physical appearance (how they look) was <i>different</i> | BUT | Other kids <i>like</i> their physical appearance the way it is.      | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids usually get in <i>trouble</i> because of things they do             | BUT | Other kids usually <i>don't</i> do things that get them in trouble.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids <i>like</i> the kind of <i>person</i> they are                      | BUT | Other kids often wish they were someone else.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids do <i>very well</i> at their classwork                              | BUT | Other kids <i>don't</i> do very well at their classwork.             | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids wish that more people their age liked them                          | BUT | Other kids feel that most people their age <i>do</i> like them.      | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | In games and sports some kids usually <i>watch</i> instead of play            | BUT | Other kids usually <i>play</i> rather than just watch.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids wish something about their face or hair looked <i>different</i>     | BUT | Other kids <i>like</i> their face and hair the way they are.         | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids do things they know they <i>shouldn't</i> do                        | BUT | Other kids <i>hardly ever</i> do things they know they shouldn't do. | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids are very <i>happy</i> being the way they are                        | BUT | Other kids wish they were <i>different</i> .                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids have <i>trouble</i> figuring out the answers in school              | BUT | Other kids almost <i>always</i> can figure out the answers.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Some kids are <i>popular</i> with others their age                            | BUT | Other kids are <i>not</i> very popular.                              | <input type="checkbox"/> | <input type="checkbox"/> |

	Really True for me	Sort of True for me			Sort of True for me	Really True for me	
33.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> do well at new outdoor games	BUT	Other kids are <i>good</i> at new games right away.	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think that they are good looking	BUT	Other kids think that they are not very good looking.	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids behave themselves very well	BUT	Other kids often find it hard to behave themselves.	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>are</i> not very happy with the way they do alot of things	BUT	Other kids think the way they do things is <i>fine</i> .	<input type="checkbox"/>	<input type="checkbox"/>



Appendix C

Dear Parent or Guardian,

My name is LuAnn Horton and I am a graduate student in Psychology at Eastern Illinois University. My husband Bryan and I have three children who attend Catlin schools. One of the requirements of my degree program is a research project of my choice. With the permission of Jim Owens, Catlin Grade School Principal, and with the cooperation of parents, students, and teachers, I would like to conduct my research project in your child's classroom over the next few weeks.

I would like to examine the students' own feelings and ideas about their own abilities and interests. I have a simple paper and pencil evaluation which is called The Self-Perception Profile for Children (Harter, 1985). This evaluation will measure a child's general self-concept, as well as how a child feels about his or her athletic, academic, behavioral, social, and physical aspects of their lives. All information collected from individual children will remain anonymous. I am only interested in looking at group differences. In conjunction with these simple evaluations, students will have the opportunity to read some books that deal with issues of childhood, such as wanting to fit in with others, learning about differences, and the like. I am interested in investigating how exposure to the books affects children's ratings of their abilities and interests.

For your convenience, a copy of the paper and pencil evaluation, as well as the specific books to be used in this project will be available for you to look over in the grade school office. In order to include your student in this project, I need your permission. If you choose NOT to have your child participate, he or she will be provided with an alternative activity, such as free reading on their own, or a chance to do homework or other quiet activities. Please sign the section below and have your child return it to his or her classroom. I appreciate your cooperation with this project. If you have any questions, please contact me at 427-2502, or my research adviser, Dr. Linda Leal, at 581-2158. Thanks for your help!

LuAnn Horton

-----  
I hereby give my permission for my son/daughter \_\_\_\_\_  
to participate in a research project on self-esteem. I understand all information  
will be collected anonymously, and is for academic purposes only.

(Parent or Guardian Sign) \_\_\_\_\_

Date \_\_\_\_\_

If you would like a brief summary of the results of this project, please include  
your address below:



## Appendix D

Discussion Questions for use by the teacher:

1. Who was the main character?
2. What was his or her problem or situation?
3. What kinds of things did he or she do to solve the problem?
4. What did he or she do to cope with a situation he or she could not fix or change?
5. Has something similar ever happened to you?
6. If you would like, can you share what you did to solve the problem or to make things better?
7. What would you have done differently from the main character?