An Adolescent Perspective on Suicide:

The Use of Bibliotherapy

by

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for the Degree of

MASTER OF EDUCATION

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A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

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Abstract

Bibliotherapy is a therapeutic agent for change which uses literature for the promotion of mental health, growth and adjustment. Bibliotherapy is "not a strange esoteric activity but one that lies within the province of every teacher of literature in working with every child in a group" (Russell & Shrodes, 1950, p. 335). Thus, the regular curriculum is expanded beyond its academic purpose, making it possible for psychology to be efficiently and effectively integrated into the structure and aims of the school.

This qualitative case study provides an example of the use of bibliotherapy within the context of a normal classroom. The conceptual foundation of the study is drawn from three bodies of literature: (a) bibliotherapy, (b) adolescent development and (c) adolescent suicide. By using bibliotherapy as a springboard for discussion, 16 Grade 11 students explore, discuss and document their adolescent perspectives on suicide. Listening to the students about the topic provides a deeper understanding of the struggle of the developing adolescent. The experience of addressing issues through the use of imaginative literature, with the support of an empathic teacher, gives rise to personal growth and development. Adolescent needs and concerns are examined. Benefits of the bibliotherapeutic experience are discussed. Implications for the use of bibliotherapy by school personnel are considered.

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I wish to dedicate this thesis to the memory of my beloved mother, Lillian Epstein, who was always so proud of my accomplishments.

We read to know that we are not alone.

- Sir Anthony Hopkins from the movie

Shadowlands in which he played C. S. Lewis

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CHAPTER 1

Introduction

Adolescence

The adolescent stage of development is inherently vulnerable. What makes adolescents so vulnerable is precisely their "adolescent-ness"; their emotional vigilance, hypersensitivity, self-deception, distortion of consequences and reality, narcissism, and egocentrism. In spite of their cognitive, perceptual and emotional limitations, they struggle to attain a sense of identity and, in the process, try to balance consistency with differentiation (Mitchell, 1992). Like the narcissist, the adolescent is preoccupied with self "because of deep-rooted anxiety and insecurity that comes from not having much of a self" (Hewitt, as cited in Mitchell, 1992, p. 61). As adolescents try to master the accompanying developmental tasks, the transitory nature of adolescence causes a perpetual state of flux. "Like a trapeze artist, the young person in the midst of vigorous motion must let go of his safe hold on childhood and reach out for a firm grasp on adulthood" (Erickson, 1964, as cited in Hergenhahn, 1990, p. 157).

Adolescents try to meet societal demands and make sense out of life from their ever-changing perspective. What was constant is constantly changing as they muddle through the alarming, physical changes of puberty. What was dependable

despite fear of separation and isolation.

"Kids, I don't know what's wrong with these kids today". This refrain from the popular sixties musical Bye, Bye ,Birdie is just as timely today but with a more ominous connotation now than ever before. What seems to be wrong with the kids is not just their "adolescent-ness", but a symptom of the ecological illnesses to which they are exposed. Although the biopsychosocial factors impinging on adolescents have not changed, rapid socio-economic and cultural changes surrounding them affect them negatively. Such changes include breakdown of the extended family system, increasing mobility, climbing divorce rate, escalating pressures and decreasing options, all leading to a diminishing of external supportive networks, reduced sense of belonging and lack of continuity, stability and permanence. So, while the adolescent is "in process", striving for separation, autonomy, independence, self-efficacy, identity and sexuality, the environmental conditions are not always optimal for successful evolution to adulthood. Instead of developing the coping and problem-solving skills necessary for survival, many adolescents succumb to stresses and demands, awash in a sea of helplessness and hopelessness.

Adolescent Suicide

Suicide is a pervasive problem, particularly among the adolescent population. Youth suicide (ages 15 - 24) has been identified as "the" issue in the field of suicidology. Between 1970 and 1980, Canada experienced a 50 percent increase in suicide rates for children 5 - 14 and youths 15 - 24 (Lester, 1991). By 1984, the Canadian suicide rate (per 100,000) was 12.3 for 15 - 19 year olds, with Manitoba having the third highest suicide rate of the ten provinces for that age group (1975 - 1985). In Canada, in 1985, suicide had risen to be the second leading cause of death among 15 - 19 year olds after accidental deaths, an undetermined number of which are believed to be unidentified suicides. In 1983, the incidence of male suicides among this age group was five times greater than in 1965, and for females, 2.5 times greater (Health and Welfare Canada, 1987).

As staggering as these statistics are, they pale in comparison to the appalling number of Native youths who choose suicide as a solution to their marginality and powerlessness. In Manitoba, more than ten times as many Natives choose suicide than do Caucasians (Thompson, 1987). For the purposes of the Thompson (1987) study, the designation "Native" is determined by looks, family history, name and location of death (T. Meindl, Spokesperson for Medical Examiner, personal communication, 1995). The suicide

rate (per 100,000) for 18 - 20 year old Caucasian males is 16, for Native males, 177; for 15 - 17 year old Caucasian males, 11, for Native males, 130; for 12 - 14 year old Caucasian males, 2, for Native males, 25 (Thompson, 1987).

Surveys of high school students have reported 34 - 63% have had suicide ideation at some point in their lives. Ten to 25% have made specific plans or an attempt (Lester, 1991). At least 10 suicide attempts occur for every suicide completion, making the problem of teenage suicide underrecognized (Delisle, 1990).

In order to stem the tide, every effort should be made to try and understand why suicide has become a manifestation of adolescent vulnerability. As communities fear for their youth, more and more attention is being paid to suicide prevention programs. There is, however, growing evidence that these programs are not only ineffective, but have potentially deleterious components (Garland & Zigler, 1993). Instead of the laundry list approach, which promotes more effective identification and intervention by citing facts, fallacies, and risk factors of suicide, the American Association of Suicidology recommends teaching youngsters "how to cope more effectively with stress, loss, rejection, and isolation" (Smith, 1991, p. 13).

Bibliotherapy

One method of intervention is bibliotherapy, "the use of reading material to help solve emotional problems and to

promote mental health" (Delisle, 1990, p. 216). Bibliotherapy has wide application: with individuals or groups; children or adults who may be healthy, maladjusted or emotionally ill; for treatment of behavioral and emotional problems; and promotion of attitude change or improved personal adjustment.

Purpose of the Study

This study will explore and document adolescent perspectives on suicide through the vehicle of bibliotherapy, used as a stimulus for discussion within a natural classroom setting. It is to be a phenomenological look at the world from the developmental perspective of the adolescent. By listening to the students' expressed opinions, ideas, thoughts and feelings about the topic, so agonizing and perplexing to teenagers, their parents, teachers and community, it is believed that a deeper, experientially-based understanding of the adolescent struggle with their developmental issues and their needs and concerns will be obtained. It is hoped that the participants' psychological and cognitive experience of addressing issues through the use of imaginative literature, within a peer context and with the support of an empathic teacher, will give rise to personal growth and development. This example of the use of bibliotherapy within the ecological setting of the classroom may offer encouragement for its inclusion within the regular school curriculum.

CHAPTER 2

Review of the Literature on Bibliotherapy

Historical Overview

The practice of storytelling is as old as mankind. Not only did it entertain, but it also instructed, informed and forewarned to help ensure the survival of the prevailing culture (Nickerson, 1975). The use of literature for therapeutic purposes has been around for centuries. Above a library in ancient Thebes was inscribed the motto, "The Healing Place of the Soul" (Schrank & Engels, 1981). In early America, schoolbooks like the McGuffy Reader taught students not only how to read but also how to build character and improve personal adjustment (Pardeck, 1990). In the 1800s, two Americans doctors, Benjamin Rush and John Minson Galt, considered bibliotherapy an important method of psychotherapy; hence the establishment of libraries within the better mental hospitals (Brown, 1975). Requirements for book selection and treatment identified then are similar to many of the principles employed in bibliotherapy today.

In 1916, Samuel McChord Crothers coined the term "bibliotherapy" in an article for the Atlantic Monthly in which he described a bibliopathic institute (Heitzmann & Heitzmann, 1975). The practice of bibliotherapy remained in the domain of hospitals under the auspices of the hospital librarians until renewed interest was shown in the 1930s. The therapeutic value of books was compared to phials in a

pharmacy (Heitzmann & Heitzmann, 1975). However, it was the work of the eminent psychiatrists, Drs. William and Karl Menninger that gave credibility to the fledgling practice of bibliotherapy as a therapeutic tool for treating mental patients. These psychiatrists regarded reading as a treatment method which had to be directed by the physician and used bibliotherapy in their famous clinic (Tews, 1962).

In the 1940s, articles were written that explored the philosophical and psychological underpinnings of the bibliotherapeutic technique (Heitzmann & Heitzmann, 1975). Gagnon (1942, as cited in Heitzmann & Heitzmann, 1975) called reading the only remedy applied to the sick man that he accepts naturally. Gottschalk (1948, as cited in Heitzmann & Heitzmann, 1975) described bibliotherapy as an adjuvant to psychotherapy.

During the 1950s and 1960s bibliotherapy found its way out of the hospitals and into the schools and the community where it became a popular tool for helping children and adults prevent and solve personal and social problems and for effecting attitude change toward self and others (Lenkowsky, 1987). Between 1950 and 1960, two-thirds of the papers on bibliotherapy appeared in journals outside the library field. More than 80% of the authors were in fields outside medicine (Brown, 1975). Brown (1975) attributed this shift to the emergence of the social and behavioral sciences and their interest in changing behaviour and attitude. A

number of doctoral dissertations and masters theses were devoted to the subject in the 1950s, 1960s and 1970s (Heitzmann & Heitzmann, 1975; Tillman, 1984), indicating the emergence and importance of bibliotherapy as a therapeutic treatment; and in particular, the seminal work of Shrodes (1949). In the last two decades, bibliotherapy has expanded to include more didactic and instructional techniques for purposes of self-help, self-actualization and problem-solving in a limited-contact context (Lenkowsky, 1987).

Definitions of Bibliotherapy

The term bibliotherapy is derived from the Greek words biblion meaning book and therapeia meaning healing (Rubin, 1979). Thus, simply defined, bibliotherapy means treatment through books. Beyond this definition very little consensus exists. Dorland's Illustrated Medical Dictionary (1941) defined bibliotherapy as "the employment of books and the reading of them in the treatment of nervous diseases" (Sclabassi, 1973, p. 71).

Russell and Shrodes (1950) defined bibliotherapy as "a process of dynamic interaction between the reader and the literature -- interaction that may be utilized for personality assessment, adjustment, and growth" (p. 335). When used in a school setting, the teacher need not be a skilled therapist nor the children seriously maladjusted. All that is required is for the teacher to be aware of the effect of reading in helping children cope with normal

adjustment and developmental issues (Russell & Shrodes, 1950). Thus defined, bibliotherapy is not unlike regular literature instruction or classroom guidance and could be termed reading guidance (Smith, 1989). However, in this application, the basic requirement of therapy, which implies treatment, is ignored. The Dictionary of Education expanded Russell and Shrodes' definition by adding that reading selected material can have a "therapeutic effect upon the mental and physical ills of the reader" (Good, 1966, as cited in Pardeck, 1991, p. 203). Webster's Third International Dictionary (1961) combined the two definitions by defining bibliotherapy as "the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry; and guidance in the solution of personal problems through directed reading" (Sclabassi, 1973, p. 71).

A composite definition from a questionnaire circulated among librarians, physicians and psychologists in 1962 put the "therapy" back in bibliotherapy by defining it as a program of selected reading developed by a physician for the treatment of emotional and other problems, executed by a skilled librarian who reports the patient's reactions and responses to the physician for interpretation, evaluation, and guidance (Tews, 1962). This definition no doubt reflected the vested interests of the people involved in the questionnaire.

Although most previous definitions reflected

clinical/medical model origins, more recent conceptualizations include everything from using literature in counseling prisoners to sharing picture books on peer acceptance with preschoolers (Jalongo, 1983). Lenkowsky (1987) defined bibliotherapy as "a multifarious collection of techniques and practices in which literature is used in some fashion to structure or organize interpersonal interactions or to affect intrapersonal feelings and actions" (p.124); in other words, a therapeutic agent for change. Or as Darling (1957, as cited in Beatty, 1962) put it more succinctly, "Bibliotherapy may be used both as a curative and as a preventive" (p. 113).

Reactive vs. Interactive Bibliotherapy

There is agreement on one crucial factor: the need for interaction between the reader and what is read. Beyond this point, discrepancies exist. Among these discrepancies are: whether or not the subject need be mentally ill or merely experiencing minor adjustment problems; whether or not a skilled therapist is required as opposed to a teacher or librarian; whether or not any discussion or guidance beyond the initial selection of appropriate material is necessary for bibliotherapy to be effective; and whether the literature need be imaginative or didactic. Differences depend not only on who will be receiving the benefits but also on who is doing the defining (Lindeman & Kling, 1969).

One type of bibliotherapy is referred to as reactive

(Gladding & Gladding, 1991). This type is also called reading (Hynes & Hynes-Berry, 1986), implicit (Jackson, 1962, cited in Brown, 1975) or the art of bibliotherapy (Brown, 1975) and describes the process of prescribing books with therapeutic potential that may result in therapeutic gain. The interaction is between the reader and the work and the effectiveness or healing process depends on the availability of the right books and the willingness of the reader to respond directly, with no one making an effort to ensure that the response will be positive. The reader is in control. Cleary (1957, as cited in Schultheis, 1972) cautioned against prying into children's personal feelings or forcing them to analyze the story. Similarly, Cianciolo (1965) reported evidence in her study that children preferred to select their own books over those of the therapist. "An individual may choose to identify with a particular character, experiencing this 'fictional' world with intense thoughts and feelings, but may, at any moment, shut the book and remove herself from such experience" (Fuhriman, Barlow & Wanless, 1989, p. 150). Many definitions reflect this type of bibliotherapy (Brown, 1975; Garner, 1976, as cited in Jalongo, 1983; Shultheis, 1972; Weinstein, 1977, as cited in Jalongo, 1983).

If bibliotherapy is to be considered as healing through books, Hynes & Hynes-Berry (1986) want to clarify where the healing process is centred. A more recent form, interactive

bibliotherapy, centres the process of growth and healing in the guided dialogue which accompanies or follows the reading experience, rather than the act of reading itself. It has also been referred to as the science of (Brown, 1975) or explicit bibliotherapy (Jackson, 1962, as cited in Brown, 1975). "In interactive bibliotherapy, a trained facilitator uses guided discussion to help the clinical or developmental participant(s) integrate both feelings and cognitive responses to a selected work of literature, which may be a printed text, some form of audiovisual material, or creative writing by the participant" (Hynes & Hynes-Berry, 1986, p. 17). Although the necessity of this type of interaction is acknowledged for therapeutic success by Fuhriman et al., (1989), Gladding & Gladding (1991), Hynes & Hynes-Berry (1986), Jalongo (1983), Rubin (1979) and Pardeck (1991), often no distinction is made between the two forms in the conceptualization of bibliotherapy (Bailey, 1964; Frank, 1959; Fader, 1966; Newell, 1957; Stadel, 1964; Russell & Shrodes, 1950; all cited in Schultheis, 1972).

Both reactive and interactive bibliotherapy generated case histories and experimentally designed research but reports on their effectiveness are often combined. In their recent review of the literature, Riordan and Wilson (1989) defined bibliotherapy as "the guided reading of written materials in gaining understanding or solving problems relevant to a person's therapeutic needs" (p. 506) but

seldom differentiated between reactive and interactive types when describing their findings vis-a-vis the studies.

The rash of self-help books on the market attests to the perceived therapeutic value of reactive bibliotherapy. Several experimental and semi-experimental studies exist which demonstrate the usefulness of this bibliotherapeutic approach.

Tatara (1964, as cited in Tillman, 1984) hypothesized that reading novels which present a positive image of scientists would lead to a favourable change in students' attitudes toward scientists. The two randomly assigned treatment groups of 30 students each read four selected novels. The two control groups did not read the same literature but all the groups had to submit a list of additional reading. Judges determined from two questionnaires that reading selected fiction about scientists changed students' perceptions in a positive direction. For girls the positive change was significant.

Kassinove, Miller, and Kalin (1980) studied the effects of pretreatment with rational emotive bibliotherapy and rational emotive audiotherapy on clients waiting for treatment at a community mental health centre. They assigned 34 lower-class adult clients, who were currently waiting for treatment, to three groups: rational emotive bibliotherapy, rational emotive audiotherapy, and no-contact control. All subjects were pre and posttested with the Idea Inventory (a

measure of adjustment), a neuroticism scale and a trait anxiety scale. The first two groups were required to come to the clinic twice a week to either read or listen to their assignments. The nature of the material was instructional. The control group was simply told that they would have to wait for a therapist.

The empirical data supported the hypothesis that reading or listening to tapes about rational emotive principles led to a significant reduction in endorsement of those irrational beliefs, hypothesized to account for certain kinds of human unhappiness. In addition, reading about rational emotive principles also was found to lead to significant reduction in measured neuroticism and trait anxiety. Listening to the audiotapes did not provide significant change in those two areas. The methodology could have been improved with the addition of an attention-placebo group and a group that received the benefit of discussion after reading and/or listening to see if there would have been any difference in the results. The generalizability of this study is limited to neurotic adults of average intelligence who are self-motivated to seek treatment at a community health centre. Further research is needed to assess the effects of such bibliotherapy with other types of population, other self-help materials and treatment lengths.

A study by Register, Beckman, May, and Gustafson (1991) supported the efficacy of stress-inoculation bibliotherapy

for reducing self-reported anxiety in test-anxious college students. A phone-contact condition and a no-contact stress-inoculation bibliotherapy condition were compared with a phone-contact, wait-list control condition and a no-contact, wait-list control condition. Results indicated that the two experimental conditions which employed bibliotherapy were superior to the control conditions in reducing anxiety among test-anxious college students. There was no significant difference between the phone-contact and no-contact bibliotherapy groups. The important point here is that not only was stress-inoculation bibliotherapy an effective, convenient, and cost-efficient technique, but also that positive significant results were achieved without therapist phone contact.

Lenkowsky, Barowsky, Dayboch, Puccio, and Lenkowsky (1987) attempted to assess the effects of bibliotherapy on the self-concept of learning-disabled, emotionally handicapped adolescents in a classroom setting. Because of the nature of their problems, this age group was felt to be particularly at risk for having low self-esteem. A group of 96 children between the ages of 12 and 14 were selected from a special education school. The Piers-Harris Children's Self-concept Scale was administered before and after intervention. Reading passages on themes of problems of adjustment often encountered by handicapped children were used for the intervention groups. The adolescents were

divided into four equal groups. Group 1 was involved in three book-report-and-literature periods weekly where they read books of general interest. Group 2 read the same books but also had a weekly "rap" session to discuss feelings and school problems. Group 3, the first intervention group, read the thematic literature. Group 4, the second treatment group, read the same books as Group 3 and also participated in a weekly discussion session.

Whereas no significant difference was found between the groups on the pretest, there was significant difference on posttest group mean scores. It was found that while Groups 1 and 2 did not gain from their experience, Groups 3 and 4 did show significant improvement in their self-concept rating. There was no significant difference between Group 3 and Group 4 indicating that bibliotherapy is an effective tool with or without the benefit of guided discussion within the limits of this study. Lenkowsky et al. (1987) attributed this result and the lack of effect on Group 2, which discussed problems without the comfort of projection offered by the bibliotherapeutic process, to the need for special needs adolescents to maintain certain levels of independence and distance. Groups 3 and 4 were not required to own their problems. Hence, limitations were viewed as belonging to someone else and probably less emotionally threatening. Through bibliotherapy, students were able to identify with their fictional counterparts and explore their own personal

problems from an affective distance. This process of identification, which helps counteract feelings of isolation and abnormality, could contribute to the enhancement of self-concept as much as the researchers' assumption that bibliotherapy improved coping strategies and, hence, their self-concept. Perhaps the salient point here is to consider both the population that is receiving treatment as well as the objectives for treatment, when deciding which form of bibliotherapy to employ. Although this study lends empirical support to the use of bibliotherapy with a special needs population, findings could easily be generalized to a normal classroom context. There was no indication given in the report of the study regarding duration of the bibliotherapy, nor its longitudinal value.

The advocates of interactive bibliotherapy are many. Regardless of whether the application is institutional or community-based, the material is print or non-print, didactic or imaginative, or the goal is changing disturbed behaviour or gaining insight into normal development, the one common element in this research is the aid of a facilitator (Rubin, 1979). Several articles (Fisher, 1968; Hayes, 1969; Penna, 1976; Sheridan, 1982) that provide empirical, systematic support for the use of interactive bibliotherapy will be discussed later in this literature review under the heading <u>Support For Bibliotherapy</u>.

Theoretical Basis

The premise that reading and experiencing literature have beneficial attributes and curative power to effect change in attitude, emotions, and behaviour, and to promote healing, raises questions about the means and mechanisms of this change. In most of the literature, the theoretical basis for bibliotherapy remains rooted in psychoanalysis, probably as a result of its clinical origins. Russell and Shrodes (1950) equated the reading processes to the major phases of psychotherapy in both substance and function. The theoretical explanation of the therapeutic effect has three major components: identification and projection, catharsis and abreaction, and insight and integration. The reader identifies with the characters and/or situation and sees similarities with his or her own problems. Catharsis involves a release of emotional energy and tension through experiencing the characters' emotions vicariously. This leads to insight into one's personal experiences, underlying motivations and needs, and possible solutions and coping strategies (Jalongo, 1983; Lenkowsky, 1987; Pardeck, 1990).

Hynes & Hynes-Berry (1986) claimed that the curative process that results is centred not in the act of reading but in the guided dialogue about the material. Therapy is viewed as a healing art not a reeducation and therefore requires the arousal of emotions. The dual interaction between the participant and the literature and the

participant and the facilitator is what brings about the insight. Confrontation with feelings provides the possibility of growth. The raw emotional reaction must be channelled into recognition and integration through interactive bibliotherapy.

However, in the last two decades, the use of bibliotherapy has expanded to include self-actualization, self-help, education, and problem-solving applications found in the flourishing didactic and instructional material explosion, termed limited-contact therapy (Lenkowsky, 1987; Riordan & Wilson, 1989). "As a result of this expansion and overlap in interpretation, definition, and utilization, understanding and evaluating the efficacy of bibliotherapy is difficult" (Lenkowsky, 1987, p. 124). The psychodynamic theoretical framework of identification, catharsis and insight does not fit this application. Although this psychodynamic hypothesis has been widely accepted since 1950, little research has been undertaken to verify it (Tillman, 1984).

Perhaps the concept of Albert Bandura's social learning theory is a more current approach to the fundamentals of bibliotherapy, because it is grounded in cognition rather than affect. At the heart of social learning theory is observational learning through modeling, which serves to transmit information to the observer. Books (symbolic models) are one of the most common ways of transmitting and

acquiring knowledge (Heitzmann & Heitzmann, 1975). Bibliotherapy is a psychoeducational technique in which "a student reads books for the purpose of identifying with and modeling the appropriate behaviours of real and imaginary characters" (Lindsey and Firth, 1981, p. 322). Similarly, Pardeck (1989) acknowledged the role of learning theory in the principles of bibliotherapy, whereby, fictional characters offer the client models of positive, adaptive behaviour. Children who lack role models can benefit greatly from this process (Fisher, 1968; Pardeck, 1990). Reading affords one a greater awareness of one's inter- and intrapersonal landscape (Lindeman & Kling, 1969). It also gives the reader a preview of what he or she might have to face in a particular situation and how best to adjust (Coleman & Ganong, 1990). The reader develops communication skills through appropriate modeling provided by fictional characters (Fuhriman et al., 1989). Bibliotherapy also provides the reader with a sense of normalcy and validation by seeing others in the same proverbial boat (Lenkowsky & Lenkowsky, 1978) and a decrease in feelings of isolation through the awareness of shared experiences (Nickerson, 1975).

The aforementioned processes can all occur quite naturally within a reactive bibliotherapeutic experience. So, too, can vicarious reinforcement and vicarious punishment. Vicarious punishment has a preventive and

inhibitory effect on unacceptable behaviour (Sclabassi, 1973). Vicarious reinforcement is disinhibitory. For example, if the model is continuously reinforced for a particular behaviour, the observer will be motivated to perform similar behaviours.

When performance is a desirable outcome of bibliotherapy, such as the need for behavioral change, there must be incentive to translate learning into behaviour. Motivation to perform can be enhanced by the input of a trained facilitator which would change the bibliotherapeutic dynamics from a reactive to interactive process.

Limitations of Bibliotherapy

Although bibliotherapy has numerous benefits, it is not without its potential problems. These problems centre primarily around the therapist, the participant and the material. The therapist must be trained in the process of bibliotherapy (Bohning, 1981), well-versed in the availability of appropriate literature (Gladding & Gladding, 1991), have clear goals in mind (Jalongo, 1983), a thorough understanding of the client's particular problem (Pardeck & Pardeck, 1984) and needs (Cohen, 1987) and an ability to build rapport. Many therapists suffer from a lack of knowledge of literary resources of the imaginative type (Fuhriman et al., 1989). Also very important is knowing the readiness of the client, since inappropriate timing will impede the process (Cohen, 1987; Pardeck & Pardeck, 1984).

A knowledge of human development and developmental problems associated with transition from one stage to another is important for effectiveness (Gladding & Gladding, 1991). There are also issues of education and accreditation and exactly who should be practising the technique (Rubin, 1979; Smith, 1989). Smith (1989) sounds a cautionary warning to librarians about overstepping their boundaries and "venturing into the morass of deep emotional problems" (p. 244). Pardeck (1989), however, feels the non-skilled clinician can play a valuable role in helping the child through the identification and projection stage while avoiding the more advanced stages of catharsis and insight. Reading can play a part in helping the child to model positive attitudes, behaviours and cognitive strategies (Pardeck, 1990).

Bibliotherapy is not for use with all readers, in all settings, and for all purposes (Zaccaria & Moses, 1968, as cited in Bohning, 1981). Some therapists and clients have difficulty dealing within a symbolic domain (Fuhriman et al., 1989). The participant must be ready, willing and able to undertake the experience. Even so, there is no guarantee that the use of bibliotherapy will have the desired effect on the reader's attitudes and behaviour (Heitzmann & Heitzmann, 1975). Edwards (1972, as cited in Calhoun, 1987) pointed out that because the readers perceive in accordance with their needs, goals, defenses, and values, they abstract

only what they are able to perceive and organize from the literature. Students may use reading as an escape from required academic work (Lindsey & Firth, 1981). There may be a failure to identify with fictional counterparts or a tendency to use them as scapegoats (Gladding & Gladding, 1991). The interactive process may go a long way in helping to overcome some of these limitations.

Criteria For Choosing Bibliotherapeutic Material

The textual material is so essential to the bibliotherapeutic process that Cornett and Cornett (1980, as cited in Jalongo, 1983) defined bibliotherapy as "the right book at the right time" (p. 799) or "matching the right book to the right child" (Hendrickson, 1988, p. 40). Criteria such as accuracy, literary value, and potential for controversy should be considered (Jalongo, 1983). Most bibliographies that exist suggest books that deal with specific problems, such as adjusting to divorce, adapting to being handicapped, test anxiety, abuse, or adoption, rather than therapeutic or psychological themes, such as identity struggle, alienation, isolation, interpersonal intimacy or meaning of life (Fuhriman et al., 1989). Literature must be at the child's reading or listening level. If it is too difficult it will be frustrating; too simple it will be insulting (Pardeck & Pardeck, 1987). Reluctant readers can be given talking books and if the age or receptiveness is right, many children enjoy being read to aloud (Cohen, 1987;

Lenkowsky & Lenkowsky, 1978; Pardeck & Pardeck, 1987). The age of the child should be considered since children prefer reading about characters close to their own age (Pardeck & Pardeck, 1987). Avoiding overly moralistic selections (Nickerson, 1975) and soporific endings (Manning, 1987) improves the experience. The literature should present crises in a surmountable fashion, good coping strategies, options and solutions (Coleman & Ganong, 1990) and a realistic balance between good and evil (Manning, 1987). Many articles exist which give helpful bibliographies regarding specific problems and issues (Cohen, 1987; Hipple, Yarbrough & Kaplan, 1984; Krickeberg, 1991; Manning, 1987; Pardeck, 1989; Pardeck, 1990; Pardeck & Pardeck, 1987; Timmerman, Martin & Martin, 1989).

Lack of Empirical Evidence

Ryan (1957, as cited in Heitzmann & Heitzmann, 1975) reported that bibliotherapy was "not yet a science, it is an art" (p. 121). Sclabassi (1973) suggested that the copious amounts of literature on the subject were "exiguous and repetitive" (p. 70) but found no lack of enthusiasm for the technique, which was unfortunately not coupled with much scientific knowledge. Lindeman and Kling (1969) acknowledged the paucity of experimental or case studies, attributing this to the difficulty of measuring therapeutic effects, especially over long periods of time. By 1975, that problem of empirical support had still not been sufficiently

addressed due to methodological and attitude measurement difficulties (Heitzmann & Heitzmann, 1975). Tillman (1984), in reviewing the literature, found an obvious need for more research, particularly longitudinal studies, and recommended that planning for length of treatment and followup be reviewed. Schrank and Engels (1981) called bibliotherapy an "emerging discipline", requiring replication of outcome studies in order to substantiate how, why, or when it works. Perhaps the wide variety of designs and the tendency to use bibliotherapy in combination with other treatments make it difficult to be definitive about its efficacy and efficiency (Riordan & Wilson, 1989). Pardeck (1990) stressed the need for further testing of bibliotherapy as a treatment tool. Imaginative sources for bibliotherapy remain essentially invalidated (Riordan & Wilson, 1989). It is in the area of behavioral self-help research that bibliotherapy has met minimal empirical validation (Riordan & Wilson, 1989).

The fact that little empirical evidence for the efficacy of bibliotherapy exists fails to dampen the overwhelming enthusiasm and unshakable faith in the process. The copious amount of anecdotal evidence, examples of action research, recommended generalizations and guided suggestions attest to its ongoing use in helping adults, children and adolescents, in groups or individually, find relief from emotional, developmental and minor adjustment problems (Lenkowsky, 1987; Lindeman & Kling, 1969). Bibliotherapy is

a highly recommended adjunct to counseling (Schrank & Engels, 1981) and should be regarded as a tool among many other intervention strategies rather than as an effective separate therapy (Riordan & Wilson, 1989). In spite of mixed research results and a lack of evolutionary and cumulative evidence, the popularity of bibliotherapy might be due in part to the availability of materials, relative inexpense of use, diversity of recipients and users, non-invasiveness of procedure and innocuousness of process.

Support For Bibliotherapy

Problem-oriented bibliotherapy. Some research exists to recommend the use of bibliotherapy. With respect to specific problems, vast numbers of descriptive articles abound, based on clinical practice, which attest to the virtues of bibliotherapy for a wide variety of problems, some of which are, children in foster care and adoption (Pardeck & Pardeck, 1987), abused children (Pardeck, 1990), children in stepfamilies (Coleman & Ganong, 1990), children in blended families (Pardeck, 1989), children of alcoholics (Manning, 1987), and children experiencing separation and loss (Bernstein, 1977).

Special education groups. Bibliotherapy has been used with special education populations. Lenkowsky and Lenkowsky (1978), Lenkowsky et al. (1987), and Lindsey and Firth (1981) have all used bibliotherapy with learning-disabled students and found that it improved self-concept and

productivity.

Lenkowsky and Lenkowsky (1978) used a case study approach in their research. They recommended the use of bibliotherapy as a possible psychoeducational strategy to meet the personal, social, and emotional needs of learning-disabled adolescents through the development of a positive self-concept which is essential to learning and consistent with bibliotherapy. Learning-disabled adolescents suffer from feelings of failure, impotence and inferiority. However, reading about their fictional counterparts who were experiencing similar problems proved to be a therapeutic aid. Identification with the characters helped the learning-disabled students acquire a sense of normalcy and develop better adaptation and coping skills.

Lenkowsky and Lenkowsky (1978) suggested that any classroom teacher can begin a bibliotherapy program. Consultation with school psychologists, librarians, guidance counselors and social workers may expand the scope and effectiveness of such programs by helping to isolate specific factors which may lend themselves to amelioration through bibliotherapy. Lindsey and Firth (1981) stressed the importance of parental involvement in the process; to strengthen the teacher's efforts, to improve rapport among all concerned and to provide information about the student's interests. Cooperation can also provide help in choosing appropriate materials. Student feedback and response to

administered problem inventories demonstrated the effectiveness of bibliotherapy with the learning-disabled adolescent population (Lenkowsky & Lenkowsky, 1978).

Lenkowsky et al., (1987) have provided empirical evidence to support the claim that bibliotherapy improved self-concept among the LD adolescent population when used in a classroom setting. Their study employed bibliotherapeutic techniques for two of four groups of learning disabled, emotionally handicapped adolescents. Administration of the Piers-Harris Children's Self-concept Scale showed a statistically significant change in postintervention self-concept for the two groups under the bibliotherapeutic condition.

Other special student populations with specific needs and problems who have benefited from bibliotherapy are the gifted, retarded and handicapped (Lindeman & Kling 1969). Although the above studies were undertaken with special education populations within the school context, the results may be extrapolated to normal student populations.

Classroom context. In their review of the literature, Lindeman & Kling (1969) found bibliotherapy to be a useful classroom tool for teachers who wished to meet their students' developmental, social/emotional and academic needs which were identified through interest inventories, anecdotal records and students' writings.

Fisher (1968) conducted an empirical study which

demonstrated the effectiveness of reading literature and holding discussions on the attitudes of fifth graders toward American Indians. Attitude change was measured by means of an attitude scale constructed for this purpose. The attitude change of the reading group was statistically significantly greater than that of the control group. Reading plus discussion changed the student attitude more than reading alone ($p < .05$). There was also a small but consistent gain in the attitude of the control group, suggesting that factors other than reading can effect change in attitude. Fisher (1968) acknowledged the need for more information with respect to the various factors which influence attitude change and the effects of reading within the context of the classroom.

Hayes (1969, as cited in Tillman, 1984) studied the effects of bibliotherapy on prejudice reduction by having Grade 11 students read assigned books and participate in guided discussion. A comparison of pre- and postscores on various standardized attitude tests indicated significant change favourable to Blacks. There were, however, no control conditions set up to allow for the comparison of results in groups without either reading or guided discussion.

Penna (1976, as cited in Tillman, 1984) tested the effectiveness of a classroom discussion and a tutorial approach in the use of literature to develop ego-identity among adolescents. Pre- and posttesting on the high school

version of the Index of Adjustment and Values Scale resulted in the classroom discussion group showing statistically significant improvement in self-identity and self-acceptance than either the tutorial group or the control group which received no discussion at all. Penna's results do not corroborate the findings from the Lenkowsky et al. (1987) study in which adolescents improved their self-concept from bibliotherapy with or without discussion. However the two adolescent populations were different in that, unlike Penna's subjects, Lenkowsky et al. (1987) used a learning-disabled group.

Sheridan (1982, as cited in Tillman, 1984) investigated the relative effects of three types of counseling methods: individual counseling, structured group counseling, and small group counseling employing bibliotherapy on three groups of junior high school students affected by separation, divorce, death and other factors. He found a significant preference for treatment in structured group counseling and bibliotherapy groups compared to individual counseling. This study may indicate a general preference among teenagers for a group setting compared to a one-on-one situation, irrespective of the particular psychotherapeutic approach. There is wide agreement that group discussion alone can have a powerful influence on attitudes and opinions (Tillman, 1982). In studies which involve group discussions of the content of bibliotherapeutic materials,

experimental control for the influence of group discussion is, therefore, required.

Klingman (1985) compared the effectiveness of two strategies: (a) bibliotherapy-oriented method using stories from children's readers and (b) simulation games, for enhancing the acquisition of facilitative statements toward the bereaved. The purpose of his study was to select the more effective method to be used in a death education course in a school setting. He used a convenience sample of two randomly-selected ninth grade classes. Two days prior to, two days after and four weeks after intervention, students were asked to write a list of statements they would make to a bereaved classmate. Independent raters evaluated the data in a systematic way and statistically analyzed the results.

The results revealed (a) a significant main effect of groups ($p < .001$), with the simulation group showing a greater improvement in the facilitative quality of statements than the bibliotherapy group, (b) a significant main effect of time ($p < .001$), with an increase from pre- to postintervention and from postintervention to follow-up, and (c) a significant time x group interaction ($p < .03$). Further analysis revealed that the students in the bibliotherapy condition exhibited significant ($p < .05$) preintervention to postintervention and postintervention to follow-up gains in helping statements. Although it was found that the simulation game provided better facilitative

responses than the bibliotherapy group at both immediate postintervention and follow-up, both groups showed improvement in the quality of their statements. The dependent variable was self-generated statements rather than behavioral responses. Further study regarding students' ability to confront the reality of a bereaved classmate effectively and sensitively should be undertaken. The long-term durability of the results also needs investigation. Klingman (1985) pointed out that the cost factor of the simulation method is a drawback. Although the simulation game method was more effective, according to the results of the Klingman (1985) study, bibliotherapy can still be considered a cost-effective, useful classroom-based intervention for a normal, middle-class adolescent population.

> It enhances openness to and exploration of the reverberation of the text in the student's own inner life, and enables detachment from the emotional experience in order to understand the interpersonal situation on a broader and more objective level, as well as on a personal level (Klingman, 1985, p. 451).

Borders and Paisley (1992) examined the developmental effects of a bibliotherapy-based classroom guidance curriculum as compared to a more didactic story-based guidance curriculum on two elementary school classes over a

12-week period. Intact classes were used based on principal recommendation. Groups were similar in ability and racial and cultural composition. The researcher acted as a leader for both groups. In the experimental group, stories were read aloud and were followed by class discussions and journal writing. Through the leader's use of reflection and clarification, student issues were encouraged to emerge. Literary material was chosen not only to meet guidance goals but also to meet criteria for quality established by experts in the field of children's literature. Criteria included evaluation of theme, plot, characters, language, setting and illustrations. Attention was also given to variety of genre, suitability for oral presentation, length, and multicultural appeal.

The control group was presented with existing story-based guidance curricula designed to teach values and decision-making. No criteria for literary quality were applied. The first 6 lessons consisted of reading aloud open-ended dilemmas to which the children were encouraged to respond by choosing the appropriate behaviour and giving reasons for their choices. The last 6 lessons involved the reading aloud of biographical sketches that emphasized values such as inventiveness, courage, friendship and altruism. All 12 lessons included oral discussion and journal writing. In all discussions the leader used reflective statements.

Developmental change was measured quantitatively by changes in conceptual level as evaluated according to the Paragraph Completion Test. This test provided a semi-projective format in areas of conflict, uncertainty and rule-structured authority relations. Conceptual level was defined as "a personal characteristic indexing both cognitive complexity and interpersonal maturity" (Borders & Paisley, 1992, p. 133). Qualitative support for the quantitative data was provided by review of the material available in the student journals.

It was found that both types of classroom guidance interventions promoted developmental growth as measured by the Paragraph Completion Test, but the developmental measures of the experimental group, experiencing the bibliotherapy-based program, were statistically significantly higher than the control group which experienced the more traditional story-based classroom guidance approach.

Borders and Paisley (1992) acknowledged certain limitations of their findings as a result of the nature, subjects and location of the study. The students did not represent a true random sample. Furthermore, much went on in the children's lives and in the school classroom during a 3-month period, making it impossible to isolate any one single factor as solely responsible for developmental growth. These drawbacks to experimental research, which takes place in a

school setting, make strict control and generalization of results in any educational research questionable. However, if the purpose of the bibliotherapy research is to determine the efficacy of a particular type of classroom intervention, the experiment must take place within that type of environment, reflecting the realities of school-based research, regardless of the limitations for empirical research design found within that milieu.

Previous research had indicated that conceptual growth is usually non-existent within a 3 to 6 month time period without carefully designed educative experiences. The results of the Borders and Paisley (1992) study suggested the effectiveness of story-based classroom guidance on conceptual growth, with particularly encouraging results attached to the use of quality children's literature. This study would benefit from replication with the addition of a third group, which, during the time period, received no guidance intervention at all. In spite of its methodological limitations, the Borders and Paisley (1992) study is a good example of the use of bibliotherapy for the purposes of enhancing developmental growth within a normal classroom setting, rather than with special populations, individuals or small groups having specific problems. Since the adolescent school population would benefit from conceptual growth in the areas of cognitive complexity and interpersonal maturity, extrapolation of Borders and

Paisley's results to the adolescent school population is a worthwhile possibility.

In an article based on a review of the literature and personal clinical experiences, Delisle (1990) recommended the use of bibliotherapy as one of the most common curricular approaches to exploring issues related to adolescence. Although his article dealt with gifted adolescents at risk, he emphasized that gifted children are "children first, and gifted second" (p. 216), hence the recommendation of techniques found useful in curricula for suicide prevention among the general population of students. Suicide prevention does not begin and end with talk of death, but instead must provide students with skills to better understand themselves, others and the world around them (Delisle, 1990).

CHAPTER 3

Bibliotherapy in the School Context

Rationale for its Application

Bibliotherapy is compatible with the educational philosophy of fostering the development of a wholly adjusted personality and promoting social growth and learning. The classroom provides a natural, logical setting for its execution because a carefully designed curriculum exists, developmentally appropriate material is available, programs have flexibility, and a captive audience and facilitator are in place (Rubin, 1979). This makes it possible for psychology to be efficiently and economically integrated into the structure and aims of the school, not external to it.

In order to derive benefit from the bibliotherapeutic process, the children need not be seriously maladjusted nor the teacher a skilled therapist (Russell & Shrodes, 1950). Any positive interaction between the student and his/her teacher will have an effect on the child's social and personal development. Maslow (1954, as cited in Delisle, 1990) emphasized the degree of influence personal contact can have on mental health.

> Let people realize clearly that every time they threaten someone or humiliate or hurt unnecessarily or dominate or reject another human being, they become forces for the creation

> of psychopathology, even if these be small forces. Let them recognize that every (person) who is kind, helpful, decent, psychologically democratic, affectionate, and warm is a psychotherapeutic force, even though a small one (p. 218).

When specifically applied to enhance remediation, prevention, adjustment, facilitation of growth and development, social/emotional needs and the improvement of problem-solving and coping skills, bibliotherapy has enormous significance as an adjunctive tool for the school psychologist. At any given time, students have had, are having, or will have life passage experiences. Bibliotherapy can provide background and insight into these experiences (Hendrickson, 1988). By examining, in a legitimate and safe social context, fictional characters living through similar events, students have an opportunity for social comparability and normalization. Feelings of isolation are reduced and experiences are validated by reading about what others think, feel and experience. A cathartic sharing of feelings with a fictional character helps to reduce personal tension or anxiety (Delisle, 1990). Identification with problems and behaviours are made, information conveyed, questions answered, and insights into a whole range of possible solutions gained by analogy or imitation of the characters' solution of their conflicts (Lindsey & Frith, 1981). "A little vicarious injection of experience with a

problem in a book..." (Darling, 1962, as cited in Cianciolo, 1965, p. 898) can be useful either to students who are experiencing similar issues in the here and now or to those who will experience them in the future.

Experiencing literature in a group setting, which classroom-based bibliotherapy provides, has certain advantages. Teachers have the opportunity to build a healthy community in the classroom, based on mutual trust and rapport. Students derive a sense of belongingness through grouping which helps create a healthy self-concept. Reading together in class encourages divergent thinking and responses which might not have been arrived at individually (Henrickson, 1988). Last but not least, group activity within the classroom is both cost and time efficient (Hendrickson, 1988).

Classes are no longer comprised of homogeneous groups of students. Variety and disparity exists with respect to ethnicity, socioeconomic status, physical and intellectual ability, peer pressure, including acceptance and rejection, family structure, values, ethics and academic achievement. One way to encourage tolerance, better understanding of others and readiness to accept differences and improve self-perception among ethnic minority students is through the use of bibliotherapy (Calhoun, 1987; Coleman & Ganong, 1990; Pardeck, 1989). Calhoun (1987) recommended screening classes to identify students suspected of having poor self-

perception. Being aware of reactions to topics and discussions is another effective way to discover and monitor fragile students. Teachers may achieve this with the help of the school psychologist.

Children often find it difficult to discover and express their feelings (Timmerman, Martin, & Martin, 1989). Reading about real-life situations similar to theirs promotes student self-understanding and insight into their own motivations, behaviours, thoughts and feelings (Coleman & Ganong, 1990; Delisle, 1990). Bibliotherapy offers guidance by providing role models and opportunities to rehearse what has not yet been experienced as well as vicarious understanding of the meaning and purpose of struggles not yet encountered in real life (Heller, 1987). Coles (1979, as cited in Heller, 1987) believes that:

> We live in a time of spiritual aridity; our young people know nothing of struggle; they think it's something you're not supposed to have. As soon as the slightest difficulty comes along, they're overwhelmed. They fall apart. They don't know about problem-solving because they haven't been taught. Their world isn't the long, spun-out one we know; it's the quickie solution to everything. They've lost the middle. They know about beginnings and endings, but they've lost process; they've lost language. They're missing the sense

> of having something larger in their lives than just the comfort of the moment. They're missing the idea of service to something larger than themselves. (p. 343)

Books can also provide moral guidance to which children can refer throughout their lives; "a kind of ethical nourishment with the ability to time release its message" (Rovenger, 1988, p. 46). Literature gives rise to a moral imagination that can enhance growth (Borders & Paisley, 1992) by providing models and images of what has not yet been experienced in order to provide meaning and purpose to one's struggles (Heller, 1987).

It has been projected that over half the young people today will be living in blended or single-parent family situations by the year 2000 (Glick, 1989, as cited in Coleman & Ganong, 1990; Glick, 1979, as cited in Burns & Brassard, 1982). For many, the adjustment presents problems, since few people have been socialized to live in that type of environment. Recent studies have found that children of divorce may continue to experience adjustment problems for as many as 10 years after the divorce (Yauman, 1991). Family difficulties impact directly on the performance and behaviour of students in their school environment and, therefore, are a major concern to teachers, guidance counselors and school psychologists. The use of bibliotherapy by counselors, school psychologists and

educators was recommended to provide information, insight and self-understanding and stimulate discussion while working with children, single parents and stepfamilies (Burns & Brassard, 1982; Coleman & Ganong, 1990; Yauman, 1991). Bibliotherapy is a technique that can be used with individual children or groups. As a stimulant for discussion, bibliotherapy allows participants to deal with issues indirectly. Individuals need not be pushed into revealing personal information before they are comfortable (Yauman, 1991). Although there are no valid measures to assess deeper understanding and insight, Coleman and Ganong (1990) attempted to validate the technique of bibliotherapy by assessing its effectiveness through surveying participants. They viewed the reading of fiction to be an effective educational tool among stepmothers and counselors-in-training.

Role of the Teacher/Facilitator

"Bibliotherapy is not a strange, esoteric activity but one that lies within the province of every teacher of literature in working with every child in a group (Russell & Shrodes, 1950, p. 335). The role of the teacher/facilitator is important in advancing the bibliotherapeutic process. Consultation and cooperation with other school personnel can expand the scope and effectiveness of the experience (Lenkowsky & Lenkowsky, 1978). A carefully planned and conducted program of bibliotherapeutic activity can have

enormous benefit in guiding students to develop coping behaviours, self-adjustment and problem-solving skills (Davison, 1983). Bibliotherapy should include guided discussion. Follow-up activities such as play, art, writing, dramatizations, role playing and music provide opportunities for communication and emotional expression (Brown, 1975; Hendrickson, 1988; Lindsey & Frith, 1981). Research suggests that the facilitator should not try to influence the students' opinions or understanding of the book, but instead try another selection if the desired effect is not achieved (Brown, 1975).

Certain teacher attributes are needed to effect potential gain; recognition of the students' needs, awareness of the effects of reading upon children in helping to solve developmental problems of adjustment, knowledge of the material, understanding of the developmental level of the students, skills such as active listening, clarification of content, reflection of feeling and creation of an atmosphere of safety and trust (Borders & Paisley, 1992; Hendrickson, 1988; Jalongo, 1983; Russell & Shrodes, 1950). Once these criteria are met, bibliotherapy may be used in a therapeutic and preventive way, in the context of a normal classroom, to provide an opportunity to promote social, emotional and developmental growth, by expanding the existing curriculum over and above its literary value. Life in the classroom has the potential of becoming a supportive,

interdependent community. Even content areas such as mathematics, science and social studies can be enhanced by the reading of relevant novels and biographies to help students identify with the times, become aware of the applications of each discipline and provide vocational development and social awareness (Schrank & Engels, 1981). This use of bibliotherapy makes it consistent with and inherent in the curriculum.

The facilitative process can be viewed in terms of Vygotsky's zone of proximal development which is created through the interaction between adult and child. This zone is defined as "the distance between the actual developmental level that is reflected in the child's independent problem solving and the problem-solving level that is accomplished with guidance (Vygotsky, as cited in Gredler, 1992, p. 282). By participating in the process through mediation, the teacher/facilitator becomes an adjunct to the book, promoting and advancing growth and development beyond the current status.

CHAPTER 4

Adolescent Development

Adolescence is "a phase of life characterized by change in every aspect of individual development as well as in every major social context" (Petersen et al., 1993, p. 155). With all the demands and pressures of the inner and outer world of the adolescent, it is not surprising that the adolescent stage of development is so turbulent and inherently vulnerable. A host of biopsychosocial factors operate to contribute to a state of flux.

Biologically, the adolescent is experiencing puberty, the process of developing sexual maturity. With the vast physical changes come new relationships, expectations and rituals, creating a sense of confusion and pressure along with wonderment.

Social change primarily involves the move from elementary to secondary school with its inherent pressure of peer groupings and friendship (Petersen et al., 1993). Physiological and social changes give rise to emotional changes, often manifesting themselves in mood swings. Tension exists as the adolescent withdraws from the protection of the adult world and the adult world withdraws its protection. This withdrawl occurs in varying degrees and at different times, usually with a lack of synchronicity. The dependence on adults is often replaced with a strong peer group affiliation. In a national U.S. survey of 1,152

teens, 87% of the respondents reported that other teenagers exerted a great deal of influence on their behaviour, compared to 57% home and 47% school influence (Ackerman, 1993).

There is a need and a desire to experiment, given the expanded emotional, physical and cognitive capabilities. A contradiction occurs because of simultaneous feelings of insecurity and brashness, both resulting from a lack of experience (Konopka, 1973). This lack of experience makes every negative outcome especially painful because there are no previous resources from which to draw or they are not viewed as appropriate or accessible.

Adolescents are striving for a sense of self in relation to others and to the world around them. However, the old value systems and categories used in childhood to make meaning of things no longer work. There is a need for values clarification and re-evaluation, often resulting in a curious mix of idealism, moral philosophizing and intransigence (Konopka, 1973).

Often a mismatch occurs between the psychological needs of developing adolescents and the opportunities afforded them by their social environments (Eccles et al., 1993). The educational or classroom environment provided to early adolescents in most junior high schools neither facilitates nor stimulates positive growth, performance or motivation. Just when the adolescent is experiencing cognitive and

social maturation and a need for autonomy, the academic environment is emphasizing more teacher control and discipline and less opportunity for student decision-making, choice and self-management. The practice of using stricter and more public, social comparison-based standards of evaluating performance, between-class ability grouping and large group instruction serves to weaken an already shaky adolescent self-concept and sense of efficacy (Eccles et al., 1993).

The same difficulties of stage-environment fit hold true within the family structure as there is usually conflict between the adolescent's desire for autonomy and the degree of independence and control provided by the parents. Socially, the adolescent vacillates between the world of the child and the world of the adult, without quite fitting into either. The "goodness of fit" is lost, at least for awhile.

Along with biological and social changes come cognitive changes as adolescents progress from being concrete thinkers, i.e., being concerned with material reality, (what "is"), to having the expanded intellectual capability to produce formal thought, i.e., being concerned with the possible, the probable and the theoretical, (what "if"). As their thinking becomes more abstract, comprehensive and future-oriented, they gain the ability to conceptualize and analyze, giving rise to hypotheses, implications,

alternatives and propositions and allowing identity formation to take place (Mitchell, 1992).

Formal Thought vs. Egocentrism

Formal thought also gives adolescents the ability to inspect and reason about their own thoughts and to conceptualize about the thoughts of other people. However, consistently interfering and conflicting with these new capabilities is the adolescent tendency toward egocentrism or "the tendency to understand and interpret the world in terms of the self" (Mitchell, 1992, p. 17). The struggle to attain impartiality, objectivity and clarity of thought is thwarted by a desire to preserve centredness. Along with improved thinking abilities comes concern about the reactions of others, self-doubt, misconceptions and sometimes paranoia about anything that challenges, frustrates or contradicts the egocentric self.

Instead of helping adolescents to think more clearly, the interplay between formal thought and egocentrism causes cognitive and social distortion. Adolescents may believe that they know what other persons are thinking, especially when their own fears and anxieties are concerned. This makes for suspiciousness and defensiveness in relationships.

Egocentrism is like a filter through which events and realities are sifted. It acts like a smoke screen, allowing the adolescent to distort and rearrange experiences in a flattering way by selective remembering and selective

forgetting. In general, ideas are rejected or accepted on the basis of how they affect the person. The only frame of reference of any consequence is that of the adolescent, who expects everyone else to see things from his/her point of view. There is an inherent rigidity in this way of thinking.

Adolescents assume that they have a tremendous influence on events and people. They may believe that they are the cause of their parents' divorce or the reason their team won the game. This distorted appraisal of reality can be a source of both pleasure and pain (Mitchell, 1992).

Imaginary Audience

Because of inability to differentiate between their own and others' thoughts and feelings, the adolescent's own preoccupation with self causes them to assume that they are the primary focus of the attention, interest and emotional reaction of others. Being constantly watched and evaluated by this imaginary audience gives rise to heightened self-awareness, self-consciousness and emotional vigilance.

Personal Fable

Egocentrism may result in adolescents' believing in their own uniqueness and specialness, known as the personal fable. This elevation of personal emotions, experiences and thoughts to grandiose proportions intensifies the drama of everyday living and serves to make adolescents feel isolated because of the inability of others to comprehend what they are experiencing. An extension of the personal fable is the

adolescents' belief in their own indestructibility and immunity which may lead to risk-taking behaviour and poor judgement. The large number of teenage pregnancies and automobile accidents are examples.

Egocentric Projection

Adolescents also practice egocentric projection by extending their own thoughts and feelings to the outside world. Different from the classic defense mechanism of projection which is self-serving, egocentric projection may or may not be bolstering, because it depends on the adolescent's prevailing state of consciousness. For example, if an adolescent feels inadequate, he/she assumes that is how the rest of the world views him/her (Mitchell, 1992).

Adolescent Narcissism

Adolescents exhibit many qualities attributed to narcissists, which further explains their self-centredness, belief in an imaginary audience, personal fable, feelings of entitlement, craving for approval, and exhibitionist behaviour. All this preoccupation with self stems not from self-pride, self-esteem and self-love but from an insecurity, fragility, vulnerability and deep-rooted anxiety that "comes from not having much of a self" (Hewitt, as cited in Mitchell, 1992, p. 65). This minimal self constantly seeks attention and affirmation either from an admiring audience, specifically of one's peers, or from attachment to those who are more powerful and prestigious.

Adolescents are insecure because of their inability to read the behaviour and motives of others. They are never sure where they stand, leaving them vulnerable to manipulation and exploitation. This does not stop adolescents from fabricating what they think other people are thinking, often putting relationships into jeopardy. They are constantly on the alert, searching out the slightest criticism which is misconstrued as condemnation and misinterpreting general comments as personal insults or attacks. Reaction to criticism may be anger, denial or resistance.

Adolescents lack the identity and self-knowledge to attain intimacy, genuineness and reciprocity in relationships. Intimacy demands a concern for the needs of the other person and a sharing of identity. Their narcissistic qualities interfere with this sharing and concern. Giving of oneself implies losing what has not yet been acquired; a sense of self. Understanding interdependence and learning to share oneself with others without loss of self is a vitally important developmental task which follows independence and isolation (Mitchell, 1992).

Adolescent Affiliations

What then is the nature of adolescent affiliations which are so vital to their narcissistic cravings? Their friendships have their own unique brand of characteristics.

To relieve feelings of inadequacy and insecurity, adolescents are attracted to persons whom they perceive will like them in return (egocentric mutual admiration). They often choose companions who view their shortcomings and defects favourably, thus perpetuating inappropriate behaviours through peer approval (reciprocal rationalization). They have a tendency to equate the person with the experience, leading to overinflated feelings toward their partner and a deep and catastrophic sense of loss should the relationship be broken (particularization). In other words, if the object of one's love is gone, so too is the experience of love itself, never to be found again. Friends are called upon not to give honest criticism or observation but to flatter. If the friend fails to provide a flattering mirror, the friendship will likely falter. Mutual emotional dependence through mutual (sometimes blind) admiration is construed as deep friendship and proof of one's importance (Mitchell, 1992).

Separation and the Search for Identity

One of the most crucial tasks of adolescence is the construction of a healthy identity. A healthy identity is composed of an ability to cope with the demands of the adult world, to assess one's strengths and weaknesses, to participate socially and emotionally in a community, to satisfy one's personal needs and desires, and to develop a set of moral and ethical guidelines by which to conduct

oneself in the world (Mitchell, 1992).

Adolescents are "in-process" as they strive to create an identity. Combined with this quest for identity is the painful process of separation from parental ties, contributing to an existential loneliness and psychological vulnerability (Konopka, 1973). Adolescents are left without internal guidelines and fulfilment of their dependency needs. Suddenly huge decisions loom. Parents are no longer seen as reliable, omniscient sources of information and guidance. The former pillars of strength are scarred with human frailties. In their insecurity, adolescents often turn to their peer group for answers, in order to "work out a crude social system and to learn the ropes from one another" (Friedenberg, as cited in Mitchell, 1992, p. 78). Their peer group need is often so strong that they are willing to sublimate their own personal desires to gain group acceptance (Konopka, 1973).

The new-found freedom of adolescence forces many young people to define new boundaries in their search to "know thyself". However, certain attitudes and expectations get in the way of self-understanding and self-appreciation. These may include craving for approval, distortion of the future, right to entitlement and craving for perfection, (Mitchell, 1992).

Craving for Approval

Because of an insufficiently developed sense of

identity, adolescents crave approval from adults and acceptance and popularity from their peers. In some adolescents, this craving is so strong and irrational that they will go to any lengths to achieve it. Their desire for approval also makes them easy targets for consumerism and advertising. Combined with this wish to please others is a fear of rejection and disapproval and a feeling of unworthiness and guilt if the approval is not forthcoming. The desire for universal approval often leads to painful disappointment.

Distortion of the Future

Another self-deception frequently found in adolescents is the tendency to distort the future, particularly in social and economic terms. Hence adolescents may believe that their future will hold what they want it to, in spite of objective information about bleak economic and social forecasts. Failure to become prepared for a realistic future by making wise decisions and choices during adolescence can lead to serious stress, disappointment and a lack of strategies.

Right to Entitlement

Some adolescents believe they are entitled to special treatment or favours without having to give anything back in return. Part of the problem is that families and schools provide opportunities and benefits while expecting very little in the way of duties and obligations. If people and

institutions are viewed as benevolent benefactors, adolescents will have a hard time becoming self-reliant. This exaggerated sense of entitlement impedes growth, reciprocity and identity-formation.

Craving for Perfection

Perhaps one of the most worrisome adolescent attitudes is a craving for perfection. Rather than face their frailties, they become obsessed with being the best and suffer from feelings of insecurity and inadequacy when they do not measure up. They fear criticism, making mistakes and appearing less than infallible. The slightest flaw or error spells irreversible disaster. There is consistent self-recrimination, punishment and loss of self-esteem when they fall short of their self-imposed goals.

Perfectionists fall prey to certain emotional dispositions and mental distortions making them particularly vulnerable (Burns, as cited in Mitchell, 1992). The perception of failure or inadequacy often triggers bouts of depression or forms of anxiety. Perfectionists often suffer from loneliness and emptiness. They tend toward all-or-nothing thinking, seeing themselves as total failures with no redeeming features if they do not meet expectations. They tend toward over-generalization, doomed to endless repetition of negative events, which results in fear of failure and tremendous pressure to perform flawlessly each time. They tend toward "shoulds" and "oughts", resulting in

condemnation of themselves when they fail. They are hard on themselves, often condemning themselves for wasting time or not doing better, despite high achievement or performance. They also tend to think that others are able to accomplish their goals with far less effort and fewer errors, thus they always feel inadequate. Experience and guidance are needed to develop acceptance of themselves and their imperfections.

Specific Application of Bibliotherapy to Adolescents

The adolescent is struggling to perform certain developmental tasks, such as constructing an identity, attaining clarity of thought through the confusion of egocentrism, acquiring self-knowledge and learning to share oneself. Making these tasks complicated are a myriad of emotional and behavioral incongruities, such as selfishness pitted against interdependence, conformity against individuality, separation against loneliness, rigidity and rhetoric against impartiality and objectivity and audacity against insecurity. How can adolescents be helped to accomplish their tasks? What means of communication seem most effective?

While a useful tool at any age and stage, bibliotherapy seems to be particularly well suited to adolescents. Since students at this age are often difficult to engage, bibliotherapy provides a vehicle for communication (Lickorish, 1975).

Tillman (1984), in his review of the literature,

presented several articles which highlighted the positive use of bibliotherapy with an adolescent population. Hayes (1969, as cited in Tillman, 1984) found significant change in attitude favourable to Blacks after the reading and discussion of books in an Grade 11 English class. Caffee (1975, as cited in Tillman, 1984) observed positive changes in the development of interpersonal relationships and acceptance of others in secondary student groups who were exposed to a bibliotherapeutic experience. Penna (1976, as cited in Tillman, 1984) found the classroom discussion approach to be more effective than the tutorial approach in using literature to improve self-identity and self-acceptance among adolescents. Sheridan (1982, as cited in Tillman, 1984) found that counseled groups, which involved bibliotherapy, felt significantly better about their treatment than students who were individually counseled.

Lenkowsky (1987), in his review of the literature, cited studies in which adolescents experienced gains, particularly in the areas of maintenance of overall emotional health (Angelotti, 1985; Tartagni, 1976; Taubenheim, 1979; all cited in Lenkowsky, 1987). He suggested that, based on research, "bibliotherapy may best be considered as a possible instructional and values clarification system, not as a truly validated counselling intervention" (p. 128).

Generally speaking, adolescents have more questions

than answers and more problems than solutions (Hipple, Yarbrough, & Kaplan, 1984). They rarely go to adults for help, instead relying on their own fragile peer support system. The set of standards by which they measure themselves is no longer that of their family but the one imposed by their peer group (Delisle, 1990). Research confirms the importance of peer group opinion and influence on the behaviour of adolescents (Ackerman, 1993; Lenkowsky & Lenkowsky, 1978).

The classroom may provide a safe environment in which to reach out, connect, discuss, reveal, validate, refute, learn and empathize. In the positive atmosphere of the classroom, adolescents come to realize that their opinions are valid and valuable. Bibliotherapy helps them explore their own thoughts and feelings at their own pace and obtain feedback from their peers under the guidance of a sensitive adult. In a non-intrusive way, bibliotherapy allows them to touch sensitive issues from a comfortable distance with as much personal involvement or revelation as they are willing to give (Klingman, 1985). Looking at imaginary characters' weaknesses, although similar to their own, tends to be kinder, gentler and less threatening to their egos of which adolescents are so protective (Lindsey & Frith, 1981). It provides them with an opportunity to learn to share themselves with others, which is a vital developmental task (Mitchell, 1992). Through identification with the characters

and awareness of shared experiences, feelings of isolation are reduced (Nickerson, 1975). By discovering that others think the same thoughts, a sense of normality is imparted. They can achieve a vicarious awareness of their problems without the fear, guilt and feelings of inadequacy associated with facing reality (Lindsey & Frith, 1981). The needs of adolescents for emotional growth and development, self-knowledge, self-reflection, values clarification and self-expression may be met through identification, catharsis, insight and modeling which may take place during the bibliotherapeutic process.

As their quest for identity continues, adolescents need a consequence-free moratorium to shop around and try on different roles, solutions and approaches to life (Rovenger, 1988). By vicariously learning about consequences, coping strategies, different viewpoints and alternative solutions, adolescents may gain both inhibitory and disinhibitory experience. Literature affords an awareness of tragedy by providing an opportunity to experience life's dramas vicariously, without the real pain (Fuhriman et al., 1989). Bibliotherapy, as a therapeutic agent for change, may bring about growth in attitude, behaviour, emotion and thought by facilitating non-linear, intuitive learning (Fuhriman et al., 1989).

CHAPTER 5

Adolescent Suicide

Adolescents are faced with multiple challenges of establishing an identity, learning to function independently, growing physically and intellectually, choosing a career and developing love relationships. Evidence suggests that healthy development and resilience to risk are fostered in an atmosphere that provides stable care from a competent adult, good learning and problem-solving abilities, social responsiveness to others, competence and perceived self-efficacy (Kazdin, 1993). Unfortunately, the passage for contemporary adolescents is fraught with increased psychosocial stressors: family instability, geographic mobility, increased parental pressure to excel in the face of diminishing opportunities, rejection when expectations are not met, rising use of drugs and alcohol and tough competition for grades, colleges and jobs. The support systems previously found within the extended family structure, the church/synagogue and the neighbourhood are not as evident today. Studies carried out on adolescent parasuicides and suicides found the home situation, in general, to be characterized by chaotic and disorganized relationships resulting from divorce, working mothers or the absence of one parent, high mobility and distant family relationships (Health and Welfare Canada, 1987).

Risk Factors

Several biopsychosocial factors have been found to set the stage for suicidal behaviour (ideation, attempt and completion) in the emotionally vulnerable adolescent population, by contributing to a state of emotional disturbance, high anxiety, isolation and alienation, depression, helplessness, and hopelessness. They are physical illness; psychiatric illness, specifically affective disorders, conduct disorder, antisocial personality disorder and substance abuse; poor socialization, communication and problem-solving skills; genetic predictors and neurotransmitter imbalances; low self-esteem and self-efficacy; academic problems and career uncertainties; pressure to achieve; mass media coverage of a suicide; concern over sexual orientation or identity; availability of firearms; sexual or physical abuse; unemployment; multiple problems/ psychosocial stressors; limited resources; divorce in families and/or unhappy home life; and multiple losses (Garland & Zigler, 1993; Health and Welfare Canada, 1987).

The primary risk factors which have been identified from psychological profiles of adolescents who have committed suicide include drug and alcohol abuse, prior suicide attempt, affective illness such as depression, antisocial or aggressive behaviour such as truancy or stealing, family history of suicidal behaviour, and the

availability of firearms (Ackerman, 1993; Garland & Zigler, 1993).

Even if some of the aforementioned predisposing factors exist, it usually takes a precipitating event to trigger suicidal behaviour. The following were identified: mental health crisis (major family disruption or dissolution, sexual or physical assault); perceived failure at school, work or sports; humiliating experience such as arrest or abuse; and loss, bereavement or rejection by a romantic partner or parent (Garland & Zigler, 1993; Health and Welfare Canada, 1987). A 1988 study found that an interpersonal conflict was a precipitating factor in more than 70% of the suicides (Garland & Zigler, 1993). In short, "suicide is an end result; a conglomeration of worries which have escalated to an unbearable point" (Waller, 1981, as cited in Health and Welfare Canada, 1987, p. 32).

In addition, a number of warning signs or pre-death events often exist which may be a signal for serious intervention. These include direct or veiled threats of suicide, changes in behaviour, and divesting oneself of possessions. The difficult question is why some youth experience stressors with little negative impact while others experience such pain that suicide becomes an option. Statistics are poor predictors when assessing individual adolescents at risk (Delisle, 1990).

Gender differences in adolescent suicide are a result

of biological, intrapsychic, social, and cultural factors (Garland & Zigler, 1993). Differences exist in the areas of rates of attempt and completion, methods used, utilization of crisis intervention centres, warning signs, perceived societal pressure, responsiveness to prevention programs, and imitative responses to media reports on suicide (Health and Welfare Canada, 1987; Overholser, Evans, & Spirito, 1991).

There is evidence to suggest that perfectionism, both self-imposed standards and socially prescribed perfectionism, which is the perception that significant others have perfectionistic expectations of oneself, is related to suicide threat and suicide potential in the adult psychiatric population. Perfectionistic teens who equate personal worth with personal success view failure as a devastating loss of self-worth (Delisle, 1990). Work is in progress to determine whether or not socially prescribed perfectionism is a potential predictor for suicidal behaviour among an adolescent population exhibiting mixed clinical disorders (Hewitt, Newton, Flett, & Ritchie, in press).

Prevention

In an attempt to stem the rising tide of adolescent suicide, schools have developed curriculum-based prevention or education programs. The content usually consists of statistics of adolescent suicide, lists of warning signs,

information on where and how to get help, discussion of skills to encourage peers to seek help and the issue of confidentiality. Although further study is needed, evaluation studies have found that these educational programs do not have the desired effect on attitude and behaviour (Garland & Zigler, 1993).

There are inherent problems with an educational approach to suicide prevention. In order to destigmatize suicide and encourage students to seek help, suicide is presented as a reaction to common adolescent psychosocial and interpersonal stressors to which everyone is deemed vulnerable, not as an act linked to mental illness. There is little evidence to suggest that this cognitive-based approach serves as a preventive measure by encouraging at-risk adolescents to get help. By viewing suicide as a reaction to common adolescent stressors, the behaviour is normalized and protective social taboos are reduced. Furthermore, there is a misrepresentation of facts since current empirical information on risk factors indicates a relationship between suicide and psychopathology (Garland & Zigler, 1993; Health & Welfare Canada, 1987).

Suicide prevention programs often exaggerate the incidence of adolescent suicide in order to increase awareness and concern. A 1991 U.S. Gallup survey of teens, however, gave empirical evidence that indicated that adolescents are acutely aware that suicide is a significant

social issue (Ackerman, 1993). The dangers inherent in this inflation of numbers are three-fold. First, the commonality of the act may cause it to be viewed as acceptable. Secondly, anxiety levels about peers may increase unnecessarily. Thirdly, program developers have ignored the literature on the contagion/imitation factor in adolescent suicide. Presenting case histories of attempters and completers to help students identify peers at risk may cause them to identify with the problems and consider suicide as a solution to their own problems (Garland & Zigler, 1993). It is the educators who benefit most from knowledge about warning signs and community resources.

Suicide prevention should not begin and end with talk of death (Delisle, 1990). The thrust of suicide prevention programming for students should lie not only in the identification of risk factors but in the promotion of problem-solving skills training, social competence building, general mental health education, self-efficacy enhancement and improved understanding of oneself, others, and the outside world (Delisle, 1990; Garland & Zigler, 1993).

CHAPTER 6

Methodology

Research Method

In an attempt to view adolescents from their own perspective, a naturalistic-ethnographic research method was chosen, which could be specifically described as case study methodology. The philosophical foundation underlying case study research is derived from the phenomenological perspective of symbolic interactionism and ethnomethodology, which attempts "to understand the world through the subjective perceptions and meanings of its human actors" (Angus, 1986, p. 61). It is the continuous interpretation and reinterpretation of the symbols acquired from the perceptions of the interactions with others that makes meaning of the social situation (Angus, 1986).

The naturalistic-ethnographic paradigm "aims at the holistic description of the total phenomena in context and attempts to generate from the descriptions the complex relationships of factors that influence human behaviour toward, and belief about, the phenomena" (Hoshmand, 1989, p. 16). In an endeavour to describe and interpret the events, naturalistic case study research relies on qualitative methods (McMillan, 1992).

First and foremost, the research is carried out in the natural setting, without extraneous interference, because the context is believed to be "heavily implicated in

meanings" (Hoshmand, 1989, p. 16). The researcher gathers data as a participant or non-participant observer of the phenomena. This is achieved through observation, interviews, field notes, questionnaires, and document analysis. A thick, rich description is provided, that extends over time to ensure the inclusion of minute details. The experience is flexible and evolving, with emphasis on the process of behaviour. The purpose is not to confirm or disconfirm preconceived hypotheses but rather to generate hypotheses. Data are collected and analyzed inductively. Out of the real-life situations may emerge a theory through the process described as grounded theory, which helps conceptualize the data (Taft, 1988). Finally, the aim is to try to understand reality through the eyes of the participants as they are influenced by and in turn influence the world around them. The phenomenological perspective is subjective, with reality residing in the lived experience of the individual (Cohen, 1993).

Setting

The study took place in the context of a classroom within a small, private junior-senior high school. Although the school building is old, it is cheerful, modern, well-equipped and clean. The school is ethno-culturally homogeneous with some socio-economic disparity. Students in the school are primarily middle-class, coming from well-educated backgrounds. A small number are ESL students,

emigrating primarily from Eastern Europe or Israel. The vast majority of the student population is university-bound. Although an atmosphere of competitiveness is not fostered, excellence is highly regarded. Students are under pressure from their teachers, parents and, often, themselves to do well.

Although the religious affiliation of the students is singular, the level of observance varies widely. The staff members are not all of the same religious group. The religious orientation of the school curriculum is representative of only a small minority of the students. However, basic religious principles are adhered to by everyone, creating an atmosphere of mutual respect and trust. Violence does not exist within the school and discipline problems are comparatively mild and easily resolved.

The dedicated and experienced administration and staff are real advocates of the students. The majority have been at the school a number of years and know the students well.

The classroom, where the natural experiment took place, is bright and carpeted. Wooden desks are lined in rows, the teacher's desk is located at the front, and posters adorn the walls. For the purpose of this particular class, the students, upon entering the classroom, changed the configuration of the desks to form a "U" shaped conversation area. The teacher, by and large, stayed positioned at the

top of the "U" (the front of the class).

The course, through which the topic of suicide was being explored, is an optional Grade 11 English course. Students who select this course are generally either particularly interested in English or not particularly interested in the sciences. Other topics studied were the family, alternative love styles, the adolescent, and abuse. Pertinent literary material, novels and poetry, is selected by the teacher who developed the course herself a number of years ago.

Participants

Students. The participants in this natural experiment were a Grade 11 class of 16 students; 5 boys and 11 girls. With the exception of one student, all had been together in school since Grade 7 and many shared the same elementary school experiences. They all live primarily in two broad areas of the city. Being a part of the same general community, many of the students go to the same summer camps and social gatherings and know each other's siblings. They are a microcosm of the school macrocosm in terms of family background, parental expectations, and socioeconomic status. All the students were dressed in typical adolescent attire of jeans, tee-shirts and sweatshirts. They sat in the same location for each class with the fewer number of boys interspersed among the girls. Students came to class to work, not fool around. If they were reluctant to share their

views, they, at the very least, listened to what was going on or at least pretended to.

Their familiarity with each other and their teacher, whom they had known since Grade 7, created an atmosphere of mutual respect in which everyone's opinion was valid and valuable. The atmosphere was positive and conducive to discussion, revelation and reflection.

Classroom Teacher. Their teacher is very experienced, confident and quietly in control. She continually summarized, interpreted and reframed in an empathic way as the students expressed their views. On occasion she shared pertinent, personal stories with the class. Although she graciously invited the researcher into the classroom as a non-participant observer, without a moment's hesitation, she confessed to feeling conscious initially of the researcher's presence. She reported that this feeling rapidly disappeared and she soon forgot the researcher was there.

Researcher. Even though the researcher was not a stranger to the participants, she tried to be as unobtrusive as possible so as not to infringe on them in any way. She always sat on the periphery, changing her vantage point regularly in order to see all the students from different angles. The only place she avoided was the front of the room.

Beyond being introduced as a university student and sitting in the classroom, the researcher was a non-

participant observer. Because of ethical concerns, she was to have no interaction with the students. Whether or not her presence impacted on the students is hard to assess. Knowing her and one of her children could have made it either more or less comfortable for each of the students. The researcher felt the students got quite used to her as they discussed quite openly, candidly, and copiously. Their teacher did not feel the researcher's presence changed the dynamics of the group or the behaviour of individuals. The researcher suspects that the students would be narcissistic enough to like the idea of being featured in a study.

As a student, the researcher had a vested interest in the success of the project. She had to overcome her innate self-consciousness of being spotlighted for a time and being very aware of the artificiality of her presence. Because the researcher was trying to be as unobtrusive as possible, she had a sense of not belonging. So when tragedy struck, in the form of the suspected suicide of a class member's older sibling, the researcher felt particularly extraneous and intrusive. Yet, for her own self-interest, she wanted the project to continue. On the one hand it seemed so timely and on the other, so insignificant. The researcher had to remind herself constantly that any insight into the perceptions of adolescents could be helpful in trying to understand their point of view from a developmental and preventive perspective. As time went on, the researcher became amazed

at how bibliotherapy gave them a vehicle for communication and exploration without pain.

Ongoing encouragement, guidance and advice was received from her advisor at every step. When the researcher described her reluctance to remain involved, her advisor put things into perspective by highlighting the increased importance of the project.

Stimuli

Material covered in the unit on teenage suicide included The Bell Jar by Sylvia Plath and five related poems, entitled, "About School", "Richard Cory", "To Santa Claus and Little Sisters", "Mirror", and the famous "To be or not to be " soliloquy from Hamlet (Appendix A). Students were also given handouts: Facts and Fallacies About Suicide (Appendix B) and Suicide: Common Warning Signs (Appendix C). Students were asked to fill out a Suicide Opinion Questionnaire at the beginning and the end of the unit (Appendix D). There were two speakers from the Society for Depression and Manic Depression; a woman, who talked generally about the topic and a young man, who gave insight into personal experiences of depression and attempted suicide. A special Phil Donahue program on suicide was shown on video.

Course assignments consisted of reading and answering questions on the novel, listing specific examples from the story which indicated depression (Appendix E), and journal

writing at various intervals. All assignments were collected and graded. Criteria for grading the journals seemed to be an honest effort to communicate. The teacher responded and made personal comments on each of the journal entries.

Procedure and Methods of Data Collection

Fieldwork included observation, informal interviews with the teacher, document analysis, access to journals and questionnaires. After each entry, journals were photocopied and submitted to the researcher under the students' code names. Each English class was observed for 40 minutes, 4 times a cycle over a period of 5 weeks. Copious notes were taken during each class to provide a thick, rich description of the phenomena as it unfolded. Attention was paid not only to what was said but also how, by whom, and what was not said. The fieldnotes were reread and expanded.

Informal interviews with the teacher were conducted often after class to cross-check observations. This was useful in terms of gaining another perspective of what had transpired and to confirm or disconfirm the interpretation of the researcher. At times, clarification or additional background information was needed to illuminate the process.

In some ways this is a series of case studies within one case study, since opinions, feelings, and attitudes of the group are composed of those of individual members who did not always agree. Data were analyzed inductively as to issues, themes and patterns that emerged across time and

across individuals to explain and conceptualize the data. Gender differences in attitude were observed. By the use of indexing and progressive focusing or reduction, the material was organized into a manageable amount (Hook, 1981; Stenhouse, 1988). The collection of data from multiple viewpoints, the principle of triangulation, enabled the researcher to grasp the multiple realities and draw conclusions, search for discrepancies, confirm or reject relationships, and formulate alternative interpretations (Hook, 1981).

Ethical considerations were addressed through application for approval to the Faculty of Education Research and Ethics Committee which accepted the proposal (Appendix F). Letters asking for parental permission to use the anonymous material for purposes of this study were sent out through the school under the signature of the school principal and the researcher (Appendix G). In accordance with a requirement of the Research and Ethics committee, a letter was sent to the teacher assuring her that the researcher and the advisor will take responsibility to draw to the attention of the teacher any concerns they may have in relation to suicide and the subjects of the study, given their professional expertise, should any questionable circumstances arise from data collected in the study (Appendix H). All student material was submitted voluntarily to the researcher under a code name chosen by each student.

In that way, anonymity was ensured. For the purpose of this thesis, code names were replaced with randomly chosen colours.

CHAPTER 7

Findings Based on Class Notes, Journals and Questionnaires

The first journal entries were written prior to any discussion of the topic of suicide. Blue called it "unfair when a person leaves this world" and attributed the act to "deep depression" and a loss of emotional control, not selfishness, in spite of the "broken hearts and lives of his/her close relatives and friends". He/she revealed her own suffering from "deep depression every week" but he/she makes herself "find beautiful things to enjoy". Her advice was to try not to think of bad things lest it becomes a habit. "It is all in the strength of your will" and she quoted Scarlett O'Hara from Gone With the Wind.

Green acknowledged the importance of the topic but felt discussion should begin at an earlier age because "a younger teenager is less capable to express and sort out their [sic] feelings than an older one. The older a person gets, the more able to get through a problem". There is a conventional assumption that age brings wisdom and better coping skills.

Orange was "excited to learn how others feel about this topic" and hopes to be able to get into "deep discussions" but doesn't yet have much to say. Similarly, Black was interested in learning and discussing, but didn't know how he/she felt about the topic.

Purple wanted to know what "drives a person to a point where they want to just end it". He/she viewed it as an

"easy way out", a selfish act taken by people who have no strength at all to face up to the same problems that everybody else has. Similarly, Red called it a "thoughtless, selfish act" by a "sick" person who is not in the "right state of mind". Grey also thought of it as a selfish act of "lonely and very depressed people". Brown viewed suicide as an "escape from all problems". Copper, after experiencing the suicide of a friend of a friend, came to the realization that it is not only the "most selfish thing a person could do" but also "the most pathetic way of escaping a difficult situation". He/she attributed it to "emotional immaturity".

Beige began in general terms of how suicide is a big social problem that only affects other people, until last year a personal experience caused him/her confusion.

Burgundy talked about feeling loss and anger if a "friend felt that his/her solution was an easier one than coming to me". He/she related a very personal experience about someone on the edge -- "I really believe I talked her out of killing herself that night. It was the most emotionally exhausting experience of my life".

Taupe moralized that there is "no problem whose resolution is suicide -- there is a solution for everything". He/she is disturbed by the finality of the act, because the person "may have made a mistake".

Turquoise was totally against suicide except when people are suffering from incurable disease.

Yellow felt "upset and sorry" for the victim who feels that this is the "only answer to problems" and "no one else could ever understand" the reasons. He/she felt a person should not stay miserable just to avoid hurting the people left behind.

Two opposing themes emerged during the first class discussion. The more prevalent one, that suicide is a selfish act, an easy way out, is less empathic and reflective. There was a range of opinions on why people commit suicide: (a) lack of problem-solving or coping skills, (b) feelings that no one loves them or cares, and (c) depression and a lack of sound reasoning ability and stability. Students disagreed as to whether or not the act was spontaneous. One person felt that if you talk about doing it, you will not do it. Another person gave an example of someone she knew who talked about it and did it. Some felt that most people have problems and find ways to cope "if you try hard enough". Their teacher suggested that some may not see ways to solve their problems. One person felt it was a waste because the person may feel better in a week or in 10 years and maybe he/she didn't mean to do it. The less conventional view was taken from the perspective that the one who commits suicide should not be forced to suffer a miserable life because of the terrible repercussions to others. This approach was more empathic and investigative, acknowledging the complexities of the topic. However, he/she

qualified her opinion by stating that he/she did not approve of suicide.

A discussion about the facts and fallacies of suicide (Appendix B) was begun in the next class. The issue of gender differences was discussed. The class seemed to agree that girls tend to "overreact, want attention, get really excited", whereas guys tend to "keep things to themselves, hold in problems till that's the only way out". The teacher reminded them that culturally males are taught to bottle things up and also mentioned that the difference could be a result of methods chosen. One person felt it took courage to hold a gun to one's head. The teacher wondered what could take people to such a level.

They also talked about why suicide rates are so high among adolescents. They felt it had to do with adolescents' having so many problems and not knowing how to handle them because their "vision is clouded". By the time they've reached adulthood, they've worked out problems. One person philosophized that "growing older solves adolescent problems". The teacher pointed out that problems of adulthood are as severe but coping mechanisms are improved through experience.

The class felt that people who talked about suicide wanted help, opinions, attention and/or reaction. If people are still talking, they have not yet reached a final decision. Once a final decision is made, they do not want to

discuss it for fear of being dissuaded.

Next class students discussed the role of depression, mental illness, genetic loading, alcohol/drug abuse, copy-cat suicide, methods and the importance of never keeping a confidence related to suicide. They were invited to write the second journal entry after they finished discussing the facts and fallacies sheet (Appendix B).

Green found suicide a "difficult issue" because "no one really knows the reason a person would want to kill themself [sic]". The person does not realize "what they are putting the surviving friends and family through". He/she is saddened to think that a person is "so troubled as to follow through with their death". This represented a shift on Green's part from social conventionality to empathy for the victim.

Many students did not like the questions and the survey. They felt the questions were vague and open to interpretation or they disagreed with the answers. Yellow felt that every suicide case and victim is different. "No one knows what is running through the person's head because no one could ever understand how that person feels". He/she felt that the "importance and significance of individual cases" is belittled. Red found him/herself upset by the discussion and didn't like to talk about it. Black felt that it isn't "fair to generalize" because suicide is about individuals.

Brown liked the survey because it "can open the eyes of someone who is close to someone else who is thinking of committing suicide". Taupe learned that there were a lot of things about depression and suicide that he/she did not know. Both Turquoise and Beige were pleased with the class discussions.

Orange now has ambivalent feelings. On the one hand he/she feels it's selfish and "a coward's way out of a problem". On the other hand, he/she "feels sorry for people who commit suicide because they feel they're [sic] problems are too big to deal with".

Burgundy is "numb" from hearing the word "suicide" day after day. He/she wonders what it would be like to lose a friend, how friends would feel if they lost him/her, and who his/her true friends are.

At the next class the teacher introduced the novel, The Bell Jar by Sylvia Plath and gave some background information on the author. The book is autobiographical, about Plath's 19th summer when she slid into depression and attempted suicide. The book was written several years later from journals the author had kept. One month after the book was published, Sylvia Plath committed suicide. The class was horrified by the fact that she killed herself with her husband gone and her two young children asleep upstairs -- "That's sick!! A mother's first priority should be her kids". The students all identified with Plath's children.

Only the teacher mentioned how distraught she must have been to do such a thing.

Another important point brought forth was that no one understood what happened or why. The students felt Plath was a good actress at masking her true feelings. She appeared so put together. Maybe if she would have been more open, events would have been different. One student remarked that when she was reading the book, she was admiring Plath's ability to create such an accurate picture.

Perhaps this is a good time to pause and discuss the nature of the stimulus, the book, The Bell Jar. Bibliotherapy involves matching the right book to the right child (Hendrickson, 1988). The teacher chose this particular novel not only for its literary value but also because it ends on a positive note with the heroine's recovery from depression. The story takes place in the summer of 1953 when Esther/Sylvia was in New York after having won a writing contest. Although the topic is current, the social context is not. The sexual revolution had not yet taken place. The gender double standard was very much entrenched. The Feminist movement was not yet popular. Many of Esther's trials and tribulations, such as sleeping with someone before marriage, not getting married, or wanting to pursue her own dreams would simply be non-issues today. In many ways the book did not generalize to the students' experience because it was so far-fetched in time and place. Many

students found it "boring". However, the distance enabled the class to get as close as they chose without feeling threatened, precisely because there were so many things to which they could not relate. The text still provided a springboard for discussion and stimulus for addressing the students' own thoughts and feelings on the topic.

The response in the journals reflected what students thought about the book. Green "could not relate with Esther" because "she did not seem like a nineteen year old, she seemed much younger and inexperienced than someone her age". Copper felt it gave the unit more meaning because "we could apply what we had read to what we had learnt". It had "some sort of impact on all of us, either in a positive or negative way". Pink felt the most significant part of the novel was that it showed there is "help out there for people who need it", even though he/she could not relate to the heroine and her concerns. Taupe found it "increasingly difficult to read as Esther was sinking farther and farther into her depression". However, she liked the fact that it was authentic not speculative. Turquoise learned that the "most non apparent person can commit suicide".

The class discussion revolved around the signs of depression in the book (Appendix D). What happened to this academically brilliant student, winner of trips and scholarships, to make her want to kill herself? They acknowledged the generation gap but still identified with

some of the issues -- wanting to be alone, fear of marriage, getting even with Buddy (her boyfriend), Buddy's deceitfulness, feeling thwarted in wanting to do exciting things, not feeling happy since she was nine years old, lack of fulfilment. They agreed that depression is a composite, not attributable to one incident or symptom.

The next class dealt with Esther's struggle of what to do with her life, even with her good grades. This is an issue with which this group could identify. One student felt that there is nothing out there for them. Another expressed the thought that at least Esther had options which do not seem to be available today. The students discussed getting high marks for one's parents, not for oneself -- PRESSURE to succeed. The teacher remarked that top students can be prime candidates for suicide because it can be so difficult to live up to their reputations and the expectations of others and self. Students talked about how Esther "conned" her way through her physics course and worried that she would be found out, representing an example of a lack of self-efficacy. One person suggested that Esther really felt like an "imposter" with her good grades.

Esther gave no cry for help, no sign that she was in pain. It is hard to help someone who does not share. She used an assumed name to hide who she really was. She made a conscious choice not to share her feelings. One student commented that it is "scary" that nobody knows how friends

are feeling.

Two speakers from the Society of Depression and Manic-Depression came to the next class. Mary Beth Erickson talked about the clinical aspects of depression. Mark spoke about his personal battle with depression and persistent suicide attempts. The students were very attentive. He talked about how he had been feeling when he attempted suicide -- completely alone, having a distorted perception of reality, unable to express his feelings, withdrawn, worthless. After his presentation, he answered questions. One person asked if he was thinking of the effects on others when he tried to kill himself. He said he was not thinking clearly. He just wanted to end the pain inside. He was not being selfish but rather thought of himself as a worthless burden. He emphasized that suicide is not an easy way out. They asked if he was upset or happy he survived. He said that at first he was angry, but with therapy, self-help and medication, life can be turned around. It is a slow process. He stressed the importance of not trying to handle things alone and being sure to tell someone.

Red wrote that the speaker answered many of his/her questions. Green was glad he came to "share his stories". Copper "really enjoyed hearing Mark's story although it was very sad". He/she is "happy he has pulled his life together". Beige enjoyed the speaker because "it was so real and courageous of him to share his story". Taupe thought the

"BEST" part of the unit was Mark, because, being a "survivor of depression and several suicide attempts", he gave insights and was "almost able to provide us with answers to questions". Turquoise wrote that Mark showed him/her a different view of the topic. Mark made him/her realize that it wasn't easy to commit suicide, how much suffering he went through and that "suicide is not really all that selfish, but a desperate cry for help". Blue came to the realization that the suicidal person is emotionally sick and needs help, not only from friends, but also from doctors.

The class was given an information sheet about common physical, emotional and behavioral warning signs of suicide (Appendix C). One criticism was that it was so general. Students had seen so many of these symptoms in themselves and others. The teacher explained that as an English teacher she gets concerned when work comes in about death because it might be an indirect way of asking for help. She always speaks to the student or the guidance counselor. Her message to the class was that if a friend is acting strangely, seek out help.

The class began a discussion of Esther's descent into depression. Esther experienced a total change in personality. Her insomnia brought forth a flood of personal stories. Her difficulties with her first psychiatrist were mentioned. The teacher stressed the importance of finding someone you like and trust. Perhaps Esther could have been

helped sooner if she had found a doctor to whom she could relate.

The class switched from the book to a collection of poems on the topic of suicide (Appendix A), in order to give them time to finish reading the book. Many students found the poems more powerful than the book. They evoked emotional responses with which the students could connect. The important point is to offer variety and flexibility with regard to choice of stimuli to ensure inclusivity for the students.

The first poem "About School" was written by a boy of twelve shortly before he committed suicide. The students quickly identified with the boy who was forced to conform to a "systematic lifestyle" and not allowed to express his imagination. One person was bothered when the teacher in the poem unfavourably compared the boy's drawing to that of another student. Another student in the class compared the boy to Esther who did not want to be like everybody else. One person told of her own kindergarten experience when a teacher told her she was wrong to draw blue eyelids. To this day she wants to go back and tell the teacher she was not wrong, that it was blue eyeshadow. One person told of her brother who is an incredible writer but is always being accused of plagiarism. Another student revealed that he was a much better artist when he was younger. A lone dissenter was not afraid to express his/her views amidst an outcry.

He/she felt that the teacher is teaching the right way and one has to conform to get ahead.

The Donahue video on teenage suicide sparked much comment in the journals, both positive and negative. Some were suspicious of talk shows in general. Others found the video interesting and informative. The important points that came out were: suicide can happen to anyone, the impact on survivors is horrible, help is available, do not keep problems inside, and teenagers suffer confusion and pain.

Many journal entries reflected feelings of empathy and respect for the parents who lost children through suicide. The students were able to see another perspective, not only their own narrow view. Instead of distancing themselves, students were willing to recognize human behaviour and suffer on behalf of others.

Green was "glad [the video] was made so it could help discourage others from committing suicide by listening to the real stories of those who have tried it". Conversely, Yellow felt the program was a failure because he/she "never got any messages saying 'don't do it'". Turquoise agreed with the teens on the program that "parents don't usually pick up the signals that teens try to get across without actually saying what's on their mind". He/she thought that "parents should be more aware of their children's problems and try to help them". There was a lack of understanding that even if parents may want to know, they cannot be

expected to be mindreaders.

The next class was the last one on the book. Students discussed the symbolic meaning of the title, The Bell Jar -- stifled, imprisoned, on display, preserved to remain the same, stuck, suffocating. At the end of the novel, Esther felt she is able to expand and breathe again. Unfortunately, the bell jar descended again on Sylvia Plath, one month after publication of the book.

They were asked to comment in class on the book. One person wished it had been written more recently because it focused on things that were not interesting. Another person said he was relieved to be reading a book written for adults. He was interested in reading about the female perspective. The teacher suggested that had Esther been a woman of the 1990s, she would not have felt so different from everyone else.

The poem, "To Santa Claus and Little Sisters", was found to be depressing. It was written by a 15 year old boy two years before he committed suicide. When asked for thoughts on the poem, one person voiced surprise that a 15-year-old could think like that -- "so talented but not very natural". One person said it sounded like "a cry for help". Another person shared his thoughts that "artists release their emotions through their art".

The message gleaned from the poem "Richard Cory" was that people are not as happy as they seem. This person

appeared to have everything but, as one person observed, no mention is made of family or friends. The teacher suggested that he may be feeling a sense of isolation and loneliness in spite of all he appeared to have.

There was a journal entry specifically devoted to the poems. Burgundy found the poems to be the "most effective" part of the unit because the "feelings expressed in the poetry come through in a way they don't in prose".

Yellow strongly identified with the "About School" poem. He/she told of a kindergarten experience that he/she has never forgotten and came to the realization that what the teacher did was "corrupt his/her creativity into a systematic train of thought". He/she also addressed the issue of comparison to others. "These are two terrible problems linked to a systematic deadly chain." He/she would "love to be a kindergarten teacher and break this corruptive and opressive [sic] chain". This response is very personal, reflective and emotionally volatile.

Through this poem, Taupe was able to "understand how much society urges conformity rather than individuality...as though we are robots in human shape".

Black liked "Richard Cory" because it made him/her realize that "people who seem to have everything, could in reality, really have nothing". It reminded him/her of someone who committed suicide who "came from a very wealthy family, had a good education, a good family life, friends,

etc." Orange generalized Richard Cory's story to being "the problem within society". Green saw how the person in the poem was an example of "how everything on the outside could seem perfect but on the inside things are never perfect". It is just an "act that he has everyone fooled by". Taupe concluded that "material wealth does not determine spiritual happiness".

Purple thought that "To Santa Claus and Little Sisters" talked about "how kids leave signs that there [sic] suicidal and calling out for some help". He/she concluded with the point that "kids want to be saved and we should look for the warning signs". Taupe thought that "if [the boy in the poem] had let his mother see his second poem, she would have been able to help him during his period of depression". Green felt the boy was afraid to show his hidden feelings because he did not think people would want to know them and this prevented him from being helped.

The students' final journal entries gave positive feedback about the unit. Apart from shortening it and adding more poetry, there were few suggestions for change.

Purple felt the unit was "helpful...it helped me to start and try and recognize the signs of people who are suicidal and explained how that anybody can commit suicide no matter of [sic] what they have or who they are."

Copper now realized that "suicide is not a selfish act and there is a lot more inside a suicidal person than just

being sad and giving up on life... obviously anyone who would commit suicide is sick and needs help and clearly aren't [sic] in normal states of mind". He/she now knows "it's not that easy to judge teenagers" who commit suicide.

Burgundy felt more confused than ever and found the unit "emotionally numbing" but indicated that he/she is "starting to understand more clearly (unfortunately) the feelings and motives behind such actions" -- lost innocence.

Green came to realize "how valuable my friends are". He/she found it "very therapeutic...to share feelings...and express what I was feeling. It helped to listen to people talk about the same feelings and pains you were feeling and experiencing".

Blue referred to the problems and pressures of adolescence and the difficulty in dealing with all the emotions and decisions experienced. "People expect too much from us [as adolescents] usually, we from the other side want to get everything that people expect from us."

Pink no longer thinks suicide is as selfish as at the beginning of the unit. He/she tried to understand "what was going through the minds" of those who tried to commit suicide but he/she hoped to "never fully understand what was going through those peoples [sic] minds".

Black felt "it is important to learn about other people's problems and the way they deal with their problems in order to solve our own".

Beige felt the "class discussions personally helped me a lot especially when I needed someone to talk to. I was able to share with the class how I was feeling and share my thoughts with them" -- an important developmental task.

Turquoise felt the topic is "bleak" but "important to learn about so kids that are troubled can be assured that there is help around and because it will let us know that there is an answer to our problems -- we just have to try hard enough to find it".

Yellow liked the "openness and participation" that occurred in the class so "everyone has a chance to discuss thoughts and feelings".

A Suicide Opinion Questionnaire constructed by the researcher from the one described by Domino (1991) was administered during the first class, immediately after the first journal entry, and at the very end of the unit, during the last class. Both times, 15 students filled out the questionnaires. Cumulative results of both questionnaires can be found in Appendix E.

It is of interest to highlight some of the attitudinal aspects that characterize this convenience sample of adolescents. Although no statistical analysis of the results was undertaken, certain opinions and changes in opinions are worthy of note. An overwhelming number of students (13 the first time, 15 the last time) agreed that almost everyone

has at one time or another thought about suicide. This certainly supports the reported estimates of suicide ideation among adolescents. There is agreement (12 the first time, 15 the last time) that loneliness is the most frequent message in suicide notes, that suicide attempts are typically preceded by feelings that life is no longer worth living (13 the first time, 14 the last time), and that individuals who are depressed are more likely to attempt suicide (10 the first time, 14 the last time).

Eleven students the first time and 12 the last time disagreed that suicide happens without warning, indicating that students are aware that warning signs exist. The majority (at least 11 out of 15) disagreed with the following statements: a) suicide is normal behaviour; b) a person is suicidal forever; c) improvement following a suicide crisis indicates that the risk is over; d) suicide victims usually come from broken homes; e) suicide is inherited and runs in the family; f) once a person survives a suicide attempt, he/she will not likely try again; g) there is a certain "type" of person who commits suicide, and h) if someone wants to commit suicide, it is their business and we have no right to interfere. These opinions reflected a reasonably high level of sophistication in students' attitudes in that they understand that improvement following a crisis does not indicate that the potential for suicide is over, that simply because a person survives an attempt does

not mean that the person will not try again, and that there is no typical profile of suicidal person. They also displayed a concern and feeling of responsibility for their fellow person's well-being.

Certain changes of opinion between the first and the last responses are interesting to highlight. Whereas students initially disagreed or were undecided about the fact that suicide is a leading cause of death among young people in Canada, 12 out of 15 agreed with that statement at the end of the unit, suggesting an understanding of the seriousness of the situation. They changed their opinions from 7 in agreement and 7 undecided to 12 in agreement and 2 undecided about the statement that people should be prevented from committing suicide because most are not acting rationally at the time. Yet, when asked to respond to the statement that a person who tries to commit suicide is not responsible for those actions, 10 were undecided and 3 disagreed initially, but, the second time around, only 4 were undecided and 11 disagreed. This response perhaps indicated a denial of the involvement of psychoses in suicidal behaviour since the majority were either undecided or disagreed with the statement that suicidal people are mentally ill. Considering their overwhelming acknowledgement of the role that depression plays as a factor in suicide, the students must have made a distinction between mental illness and depression.

More students acknowledged that suicide is essentially a "cry for help" after having been exposed to the material in the unit (6 the first time, 9 the last time), even though they were undecided or disagreed with the statement that most people who attempt suicide do not really want to die. The first time, only 3 students disagreed and 10 were undecided about the statement that people who threaten to commit suicide rarely do so, but after the intervention, 8 students disagreed and 6 were undecided, indicating an improvement in the understanding of warning signs, but a need for further education.

They were largely undecided or disagreed with the statement that it is unusual for someone who is thinking about suicide to be dissuaded by a "friendly ear", unfortunately not seeing this as representing an important preventive action. They also did not place much faith in the preventive qualities of good coping skills, perhaps because they viewed coping skills as cognitive and suicide as an emotional issue.

By and large the group conveyed some strong attitudes coupled with a fair degree of uncertainty. There is need for education, guidance and an awareness that these adolescents have given a great deal of thought to concerns about suicidal behaviour.

CHAPTER 8

Individual Profiles from Journals

Purple

Purple has given thought to the topic of suicide and has decided that it is simply a "selfish" act, perpetrated by "wimps" who have no strength to deal with common problems and no regard for their family and friends. This reflected an egocentric attitude representing social conventionality. However, when there was personal and emotional involvement, Purple's tone became less judgemental and more empathic. The person he/she knew who committed suicide was not a "wimp looking for an easy way out" but a "beautiful and loving person".

No longer choosing to distance him/herself, Purple gradually began to recognize the vulnerability of human beings. After watching the Donahue special, Purple tried to understand why so many teens are so depressed that they would want to take their own lives. There was an attempt to try and understand differences rather than paint everyone with the same brush. From his/her response to the poem, "Richard Cory", Purple realized that suicide can hit just about anyone. The poem, "To Santa Claus and Little Sisters", helped him/her understand that "these kids want to be saved and we should look for the warning signs". Purple's journal entries showed a progression from condemnation and impatience to reflection, empathy for the human condition,

and a search for understanding.

Yellow

Compared to the majority of the class, this person took a non-conformist attitude. Yellow had done a lot of thinking about the topic and acknowledged the complexity of it. There was empathic understanding and an attempt to see suicide from the victim's point of view. "If someone is miserable enough to use death as a possible answer they then have to take themselves into consideration rather than others". Yellow attempted a deeper examination from different aspects, including that of other people, the victim and his/her own. "I know that often other people become angry at the victim, however, I feel more upset and sorry for someone who feels [suicide] is the only answer to solve their [sic] problems".

Yellow used a very personal metaphor in which he/she was asking for help. It involved a messy bedroom and the lack of a set of instructions or someone to stand over the person's shoulder telling him/her how to clean the room. The room just became messier the less the person cleaned until finally "they [gave] up and [stopped] cleaning all [sic] together". There was a wish at the end for a set of instructions, that more people would get help and that rooms did not get messy in the first place.

There was criticism of the Donahue episode that there were no messages telling him/her "don't do it". Again there

was a longing for adult instruction and someone to give directions; similar to the room metaphor.

The poetry inspired a deeply personal response about an adult who should have helped but failed to meet him/her needs. There was a lot of generalization about society and feelings of anger expressed at oppression and demands for conformity.

Throughout Yellow's journal entries, there was little change in feelings, but a lot of opportunity for cathartic expression and clarification of feelings. Confusion and ambivalence existed among the desire for guidance, on the one hand, and resistance to conformity and the need to assert independence, on the other. There was optimism in the feeling that help is available for those who want it.

Copper

Copper started out with a conventional statement about suicide being the "most selfish thing a person could do" and the "most pathetic way of escaping a difficult situation". This revelation came to him/her previously after a friend of Copper's friends committed suicide. However, the sudden death of someone he/she knew caused a great deal of confusion. "I realized that I had no clue at all as to how I felt about suicide". There now was realization that there is another side to the issue of why a person would decide to end his life, not just anger about how the person could do that to the survivors. There was a shift from egocentric

thought to empathic consideration. Although a lot of Copper's entries are quite clinical in nature, for example, stating that "learning about common suicidal signs was very interesting" and "I really wish that people could be able to work through their problems, instead of giving up", there was increasing thoughtfulness, as suggested in the comment, "Suicide isn't always a selfish act and there is a lot more inside a suicidal person than just being sad and giving up on life". Copper displayed compassion for the situation described by the guest speaker and the need to consider differences. "It has to be looked at on an individual basis." The experience of reading about others in similar situations gave Copper the opportunity to get as close to or stay as far away from as he/she felt comfortable with in expressing emotions. "It was probably easier to learn facts rather than get too close to our emotions."

Taupe

Taupe found suicide "disturbing" because "it should never have to come down to the point where life is so bad that a person would rather be dead". He/she felt that "there is a solution for everything" and that the person "might have made a mistake". Taupe was honest and revealing about his/her personal feelings. "It shows that you can never know how mentally stable a person is."

The Donahue episode gave an opportunity for reflection on the sad situation of many teens today "who live their

life in confusion of who they are, and who they will end up being" and the conclusion that "it is this state of confusion that drives some teens to want to kill themselves as an escape". There was movement and growth from total denial that problems can be without solution to an understanding of personal difficulties.

The poems had an emotional impact on Taupe, leading to insightful understanding. Taupe believed that "the poem may have been a cry for help" and that "if the boy had let his mother see his second poem, she would have been able to help him during his period of depression". Taupe stated that "outside qualities act often as a mask to internal problems".

Taupe admitted a real fear of death because of the finality of suicide. In spite of wanting to understand the "mindset of suicidal people", Taupe remained an optimist, writing that "there is always a new page to turn and a new leaf to uncover".

Turquoise

Turquoise began by emphatically stating he/she is "totally against teenage suicide". Although he/she did not know the person who died, he/she felt anger at what this person had done to his family. Having recently gone through a death in his/her own family, Turquoise empathized with the victim's family, but realized his/her own experience was not the same. There was condemnation of the victim for being

"selfish and irresponsible for running away from his problems" and a complete lack of or even an attempt at understanding .

The guest speaker put things into more personal terms and Turquoise found him/herself moved by him. He/she began to understand that it is not easy to commit suicide and acknowledged that "we can't comprehend what is going through the person's mind". The grip of social conformity seemed to loosen as Turquoise came to the realization that suicide "isn't that selfish because of all the personal trauma one goes through". There was empathy for the suffering and an attempt to understand another's perspective.
Turquoise's thinking on the subject became more confused and diverse as he/she realized the complexities of the issue. This person remained strongly against suicide but felt it should be discussed so "kids that are troubled can be assured that there is help around".

On a more personal note, Turquoise stated that "parents usually don't pick up the signals that teens try to get across without actually saying what's on their mind". Because adolescents think they can read another person's mind, they assume everyone else has the same capabilities. Turquoise viewed it as a defect when he/she said that "parents should be more aware of their children's problems and try to help out", even when children give no clues. This attitude is an example of adolescent egocentrism.

CHAPTER 9

Summary, Implications and Conclusions

Summary of the Bibliotherapeutic Experience

Three bodies of literature were drawn upon to provide the conceptual foundation for this work: (a) bibliotherapy, (b) adolescent development, and (c) adolescent suicide. A fairly extensive review of the literature on bibliotherapy was undertaken, culminating in the highlighting of its use and suitability for a normal adolescent population within the classroom context. There was an attempt to understand adolescent suicide in the framework of adolescent development by exploring the issues relating to the vulnerability of normal adolescent passage.

A qualitative case study was undertaken to examine adolescents' perspective on suicide in a class of Grade 11 students through the vehicle of bibliotherapy. One of the main purposes of bibliotherapy is to stimulate discussion, particularly with a population that is notoriously uncommunicative with adults (Coleman & Ganong, 1990). One book, several poems, two speakers and a video pertaining to suicide were read/viewed and discussed.

During the course of the five weeks, many things happened in the students' lives apart from their experiences in the classroom. This research was a case study rather than a controlled experimental study. The study in no way claims any cause and effect nor suggests that the process of

bibliotherapy did, however, serve to create an atmosphere conducive to open discussion, personal disclosure and revelation by affording students the opportunity to explore and legitimate their thoughts and feelings and obtain feedback in the context of talking with their peers, under the guidance of a sensitive adult.

The teacher was actively involved in the student discussions by continually summarizing, interpreting, expanding, enhancing, clarifying, stimulating, suggesting, encouraging and empathizing to share in creating a psychosocial context in which the students advanced beyond their immediate ways of thinking.

The discussion provided opportunities for peer to peer interaction with one comment sparking another. Students were able to discuss the topic of suicide in psychological safety, allowing detachment from the emotional experience. They maintained control when they felt uncomfortable by shifting from personal to fictitious experiences. "Literature, being at once phantasy and reality, permits the reader an illusion of standing apart and of being involved...both spectator and participant" (Shrodes, 1955, p. 25).

Many themes and patterns emerged as the students read, discussed and wrote about the topic. Some of the students remained conventional and impersonal throughout, stating opinions in general terms. Others were willing to share

thoughts, feelings and personal experiences in class and in their journals. For some, the process was confusing and disturbing. Others found it therapeutic.

Bibliotherapy stimulated discussion of a very sensitive and important topic. Each student took a personal journey in response to the stimuli and became involved in the bibliotherapeutic process to varying degrees. Many identified with the fictional characters and went through cathartic experiences which led to insight and reflection. The students had time to process and evolve and learn about their own feelings. They had an opportunity to share their thoughts and feelings and personal stories with their peers in a safe, non-threatening atmosphere. By hearing from others, they learned that they were not alone or different in the ways they think and feel. There was opportunity for self-discovery, self-awareness and insight into the thoughts and feelings of others. Perspectives broadened beyond their own egocentric concerns to confront in a more open and accepting way the complexities of human behaviour and the human condition. For some, there was a progression from superficial, conventional thinking to complex, empathic understanding. The students learned that things are not always as they seem, nor are they completely black or white, right or wrong. By realizing that suicide can happen to anyone, they came in touch with their own vulnerability and lost innocence which, although painful, is necessary for

maturity.

Because many of the students in the school were connected in one way or another to the young person who died suddenly, a Crisis Response Team was sent in to meet with the student body. For this purpose, the school was divided into two groups; junior and senior high, each meeting in the gym. It is noteworthy that the students from the bibliotherapy group found fault with the Crisis Response Team experience. They found it to be too impersonal and lacking the intimacy of the classroom. They were uncomfortable asking questions and sharing feelings with a large group of students, many, in their perception, who were not directly involved with the tragic event. They wanted to do their grieving as a group, like a family. It is important to target, for special consideration, the group most affected by a tragedy and to provide an appropriate intimate setting.

Because suicide was a curricular topic, students had instructional time to process the death of the young person. As they were healing and moving away from the event, bibliotherapy allowed them psychological distance so that when the topic became too painful, students were able to gain perspective and put the event at arm's length by discussing the book in safety. This was a comfort that none of the other classes had. The atmosphere that was created was one of interdependence and sharing through a collective

identity. The students found the classroom experience therapeutic. This is in direct contrast to their feelings about the Crisis Response Team experience which they found to be too impersonal.

The use of bibliotherapy provided for reduced feelings of isolation and an increased sense of community. The students acknowledged the value of friends and of sharing thoughts and feelings, both in hearing those of others and expressing their own. It was a valuable lesson to discover the availability of a support system. Some felt that learning about the problems and solutions of others helped them deal with their own problems more effectively.

The peer group as a whole learned a lot about suicide and the complexity of the issue. They learned about the common warning signs, which many felt to be too generic. They were able to take another's perspective. For example, instead of feeling anger toward the victims for their selfishness, they began to understand their pain and suffering. Many progressed from condemning suicide as a weak, cowardly act to understanding the desperation and agony that precipitates it. They began to empathize with the victim rather than thinking about the effect on themselves.

In Esther and Mark, they saw the many faces of depression and how the illness can cause drastic changes in personality and behaviour. They began to understand that depression is a composite, not attributable to one event or

manifested in any one symptom. It made them more aware of what signs to look for. Some began to see suicide in the context of mental illness rather than as a reaction to adolescent angst; which, according to Garland and Zigler (1993), is a preventively preferable way of viewing suicide.

From the heroine in the novel and the poetry selections, they realized the difficulty in knowing what and how other people are thinking and feeling and how easy it is to hide one's own feelings. The message about the availability of help and the importance of getting help was reiterated by many students in their journals and discussions. They learned that loneliness, depression and hopelessness are all factors in suicidal behaviour. Although they were aware of the warning signs, they accepted the need for professional help, realizing that they were not equipped to handle interventions. "Teenagers make very good diagnosticians, but they make terrible therapists" (Frymier, as cited in Delisle, 1990, p. 220). A more aware, informed, empathic support group of peers will be able to serve each other better as they struggle with the common problems of adolescence.

Implications For School Personnel

As suggested in the literature review, the implementation of bibliotherapy in the classroom enabled the curriculum to serve social, emotional and developmental as well as cognitive needs. In this study, students were given

an opportunity to address issues, hear feedback from peers, validate feelings and verbalize concerns in a peer context with the support of a sensitive teacher. In this way, the curriculum had therapeutic as well as academic value for the students. Implications for the use of bibliotherapy in the context of the normal classroom by school personnel are encouraging.

Although some of the literature suggests that any classroom teacher can implement a program of bibliotherapy, a cautionary note should be sounded. Depending on the experiential and comfort level of the teacher, he/she may be wise to seek out the support and collaboration of the school psychologist, particularly when the topic to be explored is of a sensitive nature as it was in this case. The school psychologist can provide guidance and information regarding developmental levels of the students, suitability of topic or material, skills in clarification and reflection and suggestions for follow-up activities. Perhaps an inservice could be set up for a group of teachers who are interested in learning more about the bibliotherapeutic process.

The teacher in this study was very sensitive, confident and aware of her students' developmental and social-emotional needs. She had intimate knowledge of her students, who belonged to a homogeneous group; two advantages not often seen in large public schools. She was skilled in active listening, clarification of content, and reflection

of feeling; skills which are considered to be ideal in the facilitation of discussions of stories (Borders & Paisley, 1992). She showed flexibility by choosing a variety of appropriate techniques such as a novel, poetry, video, speakers, journal writing and class discussions. Since every student does not relate in the same way, it is important to provide variety for each student to find a vehicle for growth. In this way, different students can connect with different media forms to achieve inclusivity.

The negative attitude toward the Crisis Response Team not only implies the importance of targeting, for special consideration, the group most affected by the event, but also suggests the possible worthwhile inclusion of a bibliotherapy program in the event of a crisis. The longterm support and opportunity for discussion in psychological safety are invaluable for helping adolescents verbalize their concerns and deal with issues.

Conclusions

In order to guide adolescents more effectively, it is important to discover their concerns and better understand their needs from their own perspective. This was addressed through the vehicle of bibliotherapy in a naturalistic case study undertaken in an ecological classroom setting.

What then as educators and parents can we learn from these particular adolescents that perhaps may be generalized to other adolescents in similar circumstances? Adolescents

need to know that they are not alone in what and how they think and feel. Some comfort was derived by learning that their peer group shared the same feelings, thoughts and concerns. There must be emphasis on the importance of communication and expression of feelings, no matter how difficult the task. Adolescents need the ability, encouragement and opportunity for self-expression and sharing of ideas with others. They must be made to realize that they cannot assume they know what others are thinking nor that others know what they are thinking and feeling, unless they share that information. Adolescents are searching for some reassurances regarding an optimistic outlook on life with wide choices and options. There is an unwillingness and resentment towards being expected to accept a narrow path which has been chosen for them. They should be given a chance to dream their own dreams and make mistakes that are not irreversible, in other words, what Erickson (as cited in Hergenhahn, 1990) referred to as a psychological moratorium. This period of development should be a time of searching for an identity but not of having one. Adolescents need room to explore and discover their own potential without feeling excessive pressure to conform and meet expectations imposed by others. There should be an effort to impart to adolescents lots of examples, guidance, information and support in order to help them to feel competent in problem-solving and to build self-esteem and

competent in problem-solving and to build self-esteem and generate coping strategies; not necessarily answers but an understanding and sharing of the questions.

Delisle (1990) stated that suicide prevention does not begin and end with talk of death but instead must focus on self-growth and actualization and improved strategies to cope with stress, loss, rejection and isolation (Smith, 1991). "In the depths of winter I finally learned that within me lay an invincible summer" (A. Camus, as cited in Delisle, 1990, p. 221). What better way to meet the needs of adolescents than by giving them that ability and desire to find that "invincible summer".

CHAPTER 10

Personal Reflections

When the caterpillar commanded Alice to tell her story in the book, Alice in Wonderland, she asked him for instructions on what to do. He told her to begin at the beginning and keep going until she came to the end and then stop. In an effort to recapture my journey, I shall attempt to follow the caterpillar's advice.

It was over two years ago that the idea of bibliotherapy first came to my attention through discussions with my adviser, Dr. Riva Bartell. She was most enthusiastic about the topic because of its potential for wide application within the regular classroom setting; an added bonus to the normal curriculum, which could be used to develop and meet the needs of the social and emotional growth and learning of the students. By expanding the curriculum beyond its literary value, students would receive a psychological boost, much like adding an egg to a milk shake to increase its nutritional value. Hence psychology, with bibliotherapy as the interface, would be integrated into the structure and aims of the school, not external to it.

This idea appealed to me initially because of my background as a school librarian, having some comfort and familiarity with books and students together. I began mentioning the word "bibliotherapy" to friends and family

members who, although unfamiliar with the term, were unanimously familiar with the process in one form or another and, almost without exception, could relate a personal anecdote about the experiential impact of books on each and every one of them. With this kind of academic and "grassroots" encouragement, I decided to forge ahead and began to do some research on the subject.

My first task was to do some reading in order to gain a theoretical understanding of the topic. The majority of articles gave bibliotherapy a psychoanalytic/psychodynamic foundation through which the process of identification, catharsis, and insight occurred. This would be fine in the hands of trained psychologists, bibliotherapists, and psychiatrists, but could become too intense for regular classroom teachers, librarians, or guidance counselors. Besides, we were not targeting a maladjusted, emotionally ill, clinical population, but rather regular students experiencing normative adjustment and developmental difficulties. In order to try and reframe bibliotherapy, I wrote a paper placing it in the context of Albert Bandura's social learning theory. I gained understanding not only of bibliotherapy but also of how to make the bibliotherapeutic process more meaningful and effective from a cognitive perspective.

As the year progressed, so did my quest to learn more about bibliotherapy. Since I had already decided, somehow or

other, to incorporate this topic into my master's thesis, my next step was to do a thorough, general review of the literature, hoping in the process to try and come up with a specific topic. The literature revealed that there was a need for more empirically-based studies on bibliotherapy because, although it was widely used and enthusiastically embraced, still little was known about why or how or even if it worked. However, my course work had been in qualitative rather than quantitative research design so a statistical format was not for me. Besides, the nature of bibliotherapy seemed to preclude its suitability for quantitative study.

Several ideas were discussed with Dr. Bartell who encouraged me to keep working on the topic. She very much wanted me to have a hands-on rather than a theoretical approach to the subject. She cautioned me to find something with which I would become passionately involved since so much time would be spent at it. She even suggested I take my ideas and go for a long walk along the river to try and gain some understanding. Summer turned to fall and the reconvening of classes, but I had only a nagging feeling of pressure and still no topic. Because of the strict ethical policies of the school divisions, one of the problems with any type of qualitative or ethnographic study is gaining access to the students in their natural habitat. More discussions ensued until one day it suddenly came to me that a friend of mine was teaching an optional English course to

Grade 11 students that employed literature for the purpose of discussing issues and themes in the arts. I was familiar with the course because I had helped her select appropriate material when she was developing the initial curriculum.

One telephone call to her revealed that she was still teaching the course. One of the units was to be on teenage suicide. Students would be using Sylvia Plath's The Bell Jar as the stimulus for discussion as well as some thematic poetry. She explained that she had chosen that particular novel because it examines depression and attempted suicide but it ends on a high note with the recovery of the heroine. She was also contemplating examining the "right to die" issue as a corollary to the topic.

Here was a normal adolescent population about to deal with a uniquely adolescent issue in their own uniquely adolescent way. I would put the issue in the framework of normal adolescent development. The duration of the unit was to be about five or six weeks depending on the interest of the class. Part of the course assignments would be the keeping of logs or journals throughout the course of the unit. The teacher would have no objection to my having photocopies of this material. Since I wanted to ensure the anonymity of the students, we agreed that all writings would be turned in under code names of their choice. As far as the teacher was concerned, I was welcome as an observer in her class, but I needed permission from the principal. He was

most cooperative and supportive when I told him what I wanted to do. I was indeed fortunate that I had a good reputation at the school, so I was invited in without hesitation. Both teacher and principal knew I could be trusted not to do anything questionable or harmful to the students or the school.

I notified my advisor of the good news. She was most encouraging and gave me credit for having done a great deal of preparation on bibliotherapy. It was hardly a new topic for me. I had also prepared a colloquium on case study research which this field work would turn out to be, so I had an understanding of the research design I was going to implement. My advisor guided me through the proper procedures for application for approval to the Faculty of Education Research and Ethics Committee

We agreed that any and all of my requests would go through the classroom teacher. It was decided that I would introduce myself and tell the students what I was doing in their class. I was familiar with all the students from having worked at the school and also because they were my teenager's former classmates. I felt this was in my favour; I would not be a stranger in their midst. I developed a Suicide Opinion Questionnaire based on the one in the book, Suicide Prevention in Schools. Their teacher agreed to give it to them after they wrote an initial journal entry right at the beginning of the class. It was to be given to them

again at the end of the unit to see what, if any, changes occurred. I also read The Bell Jar, which I had never read before and had always wanted to do.

When I entered the classroom, I was met with a certain amount of friendly curiosity. The students quickly took their seats, moving the desks into a cosy "U" shape. The teacher introduced me. I spoke to the class, telling them that I was taking courses at the university and that part of my course work was to learn how adolescents think and feel about the topic of suicide. I told them that I was interested in hearing their point of view in their own voices because most information is written by experts. I explained that my note-taking was to help me organize my writing. I assured them I was not interested in their journals in a personal sense, but to see development over time regarding general themes and patterns. To ensure anonymity, I asked them to choose a code name or number under which they would consistently hand in their material.

After my little speech, their teacher asked them to take a few minutes as they were about to begin the unit on suicide and jot down their thoughts and feelings on the subject. She cautioned them against being unauthentic because I was observing, "Just be yourselves". The girls seemed to need to discuss their task among themselves, whereas the boys, who sat interspersed among the group, set to work writing.

After they finished writing their entry (#1), they were asked to select a code name. "What's in a name?" asked Juliet Capulet. Apparently quite a lot, because even this seemingly simple request caused discussion among many of the girls and a few had real difficulty coming up with a nom de plume. The teacher passed around a sheet of paper on which they each wrote their real and chosen code name. Since she would be reading and grading all assignments, she needed a record of who was who. I was not particularly pleased about the fact that she graded their journal entries in case it stifled some of their spontaneity, but since I was a non-participant observer, there was little I could say and less I could do.

In spite of my familiarity with the students, to my surprise, some self-consciousness became evident. One girl was worried because she had nothing to say in her first entry; one boy was concerned that I would recognize his handwriting which is very distinguishable; one girl wanted to know if she could correct her entry after she got it back. In each case, their teacher calmly and quietly addressed and allayed their concerns.

Next the Suicide Opinion Questionnaire was distributed. Their teacher assured them not to feel they had to create an opinion when none existed - that "undecided" was a perfectly acceptable choice. Some students were unsure of the meaning of a couple of the questions which I would change if I were

using the questionnaire again.

I found myself becoming really involved and interested in the discussions so that I juggled my own schedule to be able to attend all the classes. I changed my location in each class so I could see all the students at one time or another. They sometimes greeted me when they walked into the room but soon forgot I was there. There was a lot of peer to peer interaction with one comment sparking another. Most members appeared to feel validated enough to express themselves without inhibition. Students were not short on opinions -- a pretty vocal bunch. Their teacher interpreted and summarized as they went along. After class, she and I would sometimes touch base. We were both keenly aware that the students were thinking about two young people, that they either had known or knew someone that had known, who had recently committed suicide.

About two weeks into the unit, tragedy struck in the form of the suspected suicide of an older sibling of one of the class members. This was a young person whom I knew and whose family I knew. I could not believe this had happened.

Class convened the day after. I had mixed emotions coming to the class. In a way, I felt like an outsider, a voyeur witnessing what I had no right to see and hear. Theirs was a cohesive group, bound together by their commonality of experience. I had no role to play. The atmosphere was heavy with sadness. Yet when they talked of

not going on with the unit, I felt guilty because I selfishly wanted the unit to continue, to not have to start all over again finding a topic and subjects. I marvelled at the fine job their teacher did trying to sort out their feelings of whether to go on or not. I tried to convince myself of how important any preventive work on this subject could be.

Three days later, we were back in class. There were smiles on some of the faces -- resilient children, I thought to myself. The atmosphere was lighter. My self-consciousness disappeared. The students spent a few minutes discussing the tragedy and then went on with the novel. I had the feeling that they needed some structure and some distance to feel safe. Bibliotherapy gave them the perfect opportunity to discuss at arm's length without being dangerously involved.

After they experienced the Crisis Response Team, they again talked on a personal level. I was impressed by the candidness and honesty of the group about the team and the need for evaluation of programs we impose on bereaved students in our effort to "do something" constructive.

After five weeks the unit was brought to closure. Their class teacher gave them the same Suicide Opinion Questionnaire they had completed at the very beginning of the unit and told them not to try to remember their answers. She also gave them a list of questions to address in their final log entry. I was given the chance to thank them for

allowing me to observe in their class. I again assured them of anonymity, asked for questions or concerns (there were none), and promised to show them the finished product.

I was indeed fortunate to be given a rare opportunity to glimpse an intimate portrait of 16 adolescents within a natural context. The students were willing to share their thoughts, feelings and concerns about a sensitive issue in an open and candid manner. And they were glad for the opportunity to talk and explore issues. There was honesty when they confessed that adolescents, in general, have problems which sometimes seem beyond their scope of problem-solving capabilities. They saw the importance of sharing and seeking help, rather than trying to solve things alone. They criticized society for squeezing the creative juices out of them by demanding conformity. There was displeasure at feeling pressure to excel not for themselves but for others. A lot of discussion ensued about the difficulties in living up to expectations imposed by others. They showed feelings of fragility and insecurity as they tried to make sense of a future that many feel lacks much promise of opportunities. This makes their search for identity all the more difficult when they think their options are so limited. They realized how difficult it is to know what other people are thinking and feeling. But there is a yearning to be understood. In general, they came to show concern for human suffering and a desire to help their fellow person.

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Appendices

Appendix A: Poetry Selections

ABOUT SCHOOL

He always
He always wanted to explain things, but no one cared.
So he drew.

Sometimes he would just draw and it wasn't anything.
He wanted to carve it in stone or write it in the sky.
He would lie out on the grass and look up in the sky and it would
be only the sky and things inside him that needed saying.

And it was after that that he drew the picture.
It was a beautiful picture. He kept it under his pillow and would
let no one see it.
And he would look at it every night and think about it.
And when it was dark and his eyes were closed he could see it still.
And it was all of him and he loved it.

When he started school he brought it with him.
Not to show anyone, but just to have with him like a friend.

It was funny about school.
He sat in a square brown room like all the other rooms,
And it was tight and close, and stiff.

He hated to hold the pencil and chalk, with his arm stiff and
his feet flat on the floor, stiff, with the teacher watching
and watching.

The teacher came and spoke to him.
She told him to wear a tie like all the other boys.
He said he didn't like them and she said it didn't matter.
After that he drew. And he drew all yellow and it was the way
he felt about morning. And it was beautiful.

The teacher came and smiled at him."What's this?" she said.
"Why don't you draw something like Ken's drawing?.
Isn't it beautiful?"

After that his mother bought him a tie and he always drew
airplanes and rocket-ships like everyone else.
And he threw the old picture away.
And when he lay all alone looking at the sky, it was big and blue,
and all of everything, but he wasn't anymore.

He was square and brown inside and his hands were stiff.
And he was like everyone else. All the things inside him that
needed saying didn't need it anymore.

It had stopped pushing. It was crushed.
Stiff.
Like everything else.

RICHARD CORY

Whenever Richard Cory went down town,
We people on the pavement looked at him;
He was a gentleman from sole to crown,
Clean-favored, and imperially slim.

And he was always quietly arrayed,
And he was always human when he talked;
But still he fluttered pulses when he said,
"Good morning," and he glittered when he walked.

And he was rich-- yes, richer than a king--
And admirably schooled in every grace:
In fine, we thought that he was everything
To make us wish that we were in his place.

So on we worked, and waited for the light,
And went without the meat, and cursed the bread;
And Richard Cory, one calm summer night,
Went home and put a bullet through his head.

Edwin Arlington Robinson



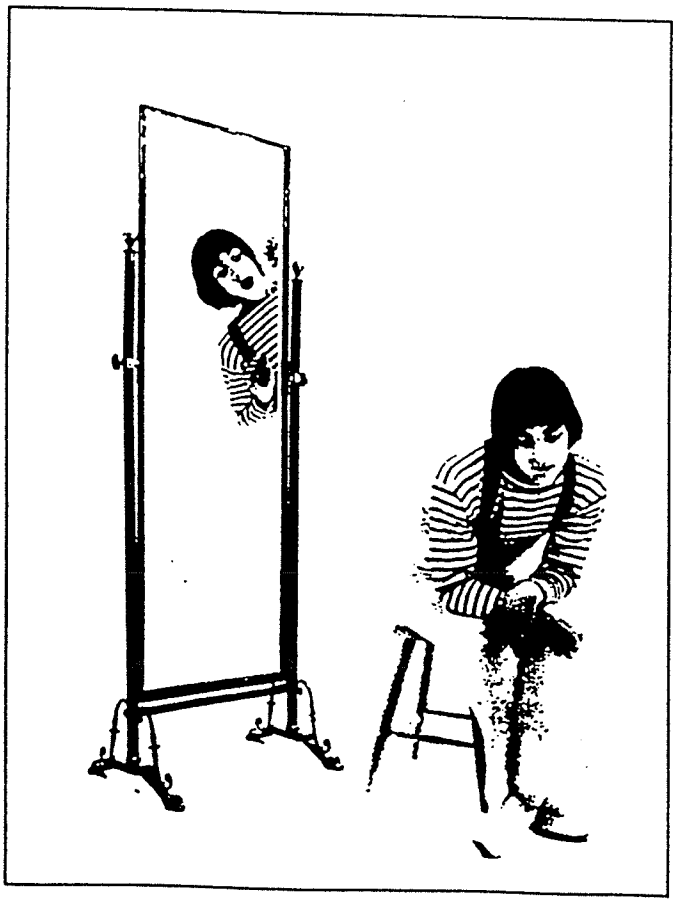
TO SANTA CLAUS AND LITTLE SISTERS

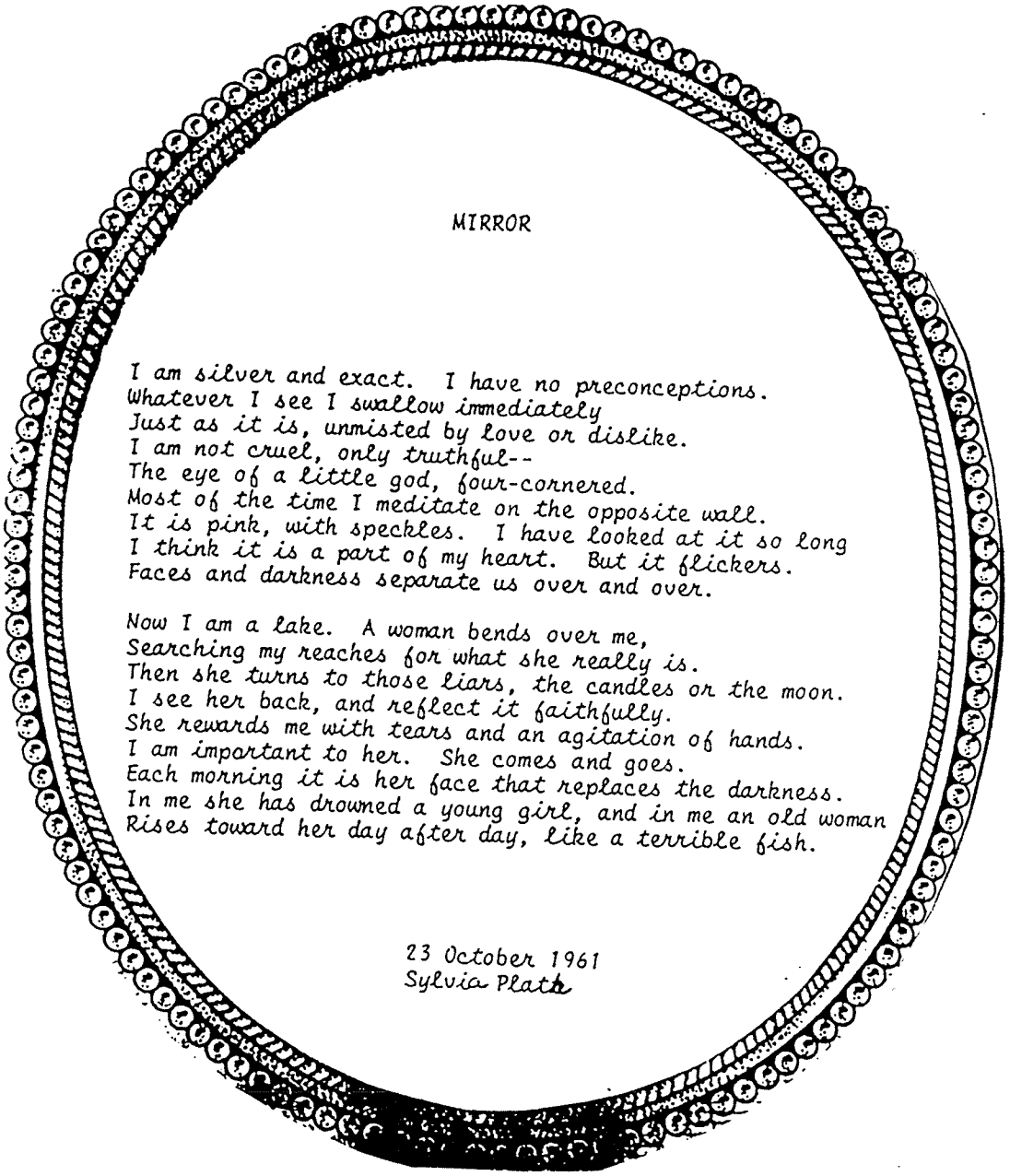
Once... he wrote a poem and called it "CHOPS"
Because that was the name of his dog and that's what it was
all about
And the teacher gave him an "A" and a gold star
And his mother hung it on the kitchen door and read it to all
his aunts.

Once he wrote another poem and he called it "QUESTION MARKED
INNOCENCE"
Because that was the name of his grief and that's what it was
all about
And the professor gave him an "A" and a strange and steady look
And his mother never hung it on the kitchen door because he never
let her see it.

Once at 3 A.M... he tried another poem...and he called it
absolutely nothing
Because that's what it was all about
And he gave himself an "A" and a slash on each damp wrist
And hung it on the bathroom door because he couldn't reach
the kitchen.

(written by a fifteen year old boy, two
years before he committed suicide)





MIRROR

I am silver and exact. I have no preconceptions.
Whatever I see I swallow immediately
Just as it is, unmisted by love or dislike.
I am not cruel, only truthful--
The eye of a little god, four-cornered.
Most of the time I meditate on the opposite wall.
It is pink, with speckles. I have looked at it so long
I think it is a part of my heart. But it flickers.
Faces and darkness separate us over and over.

Now I am a lake. A woman bends over me,
Searching my reaches for what she really is.
Then she turns to those liars, the candles or the moon.
I see her back, and reflect it faithfully.
She rewards me with tears and an agitation of hands.
I am important to her. She comes and goes.
Each morning it is her face that replaces the darkness.
In me she has drowned a young girl, and in me an old woman
Rises toward her day after day, like a terrible fish.

23 October 1961
Sylvia Plath

Enter Hamlet:

HAMLET: To be, or not to be, that is the question;
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing, end them. To die; to sleep,
No more, and by a sleep to say we end
The heart-ache and the thousand natural shocks
That flesh is heir to; 'tis a consummation
Devoutly to be wished'd. To die, to sleep;
To sleep; perchance to dream; ay; there's the rub;
For in that sleep of death what dreams may come,
When we have shuffled off this mortal coil,
Must give us pause; there's the respect
That makes calamity of so long life:
For who would bear the whips and scorns of time,
The oppressor's wrong, the proud man's contumely,
The pangs of despis'd love, the law's delay,
The insolence of office, and the spurns
That patient merit of the unworthy takes,
When he himself might his quietus make
With a bare bodkin? who would fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,
The undiscover'd country from whose bourn
No traveller returns, puzzles the will,
And makes us rather bear those ills we have
Than fly to others that we know not of?
Thus conscience does make cowards of us all,
And thus the native hue of resolution
Is sicklied o'er with the pale cast of thought,
And enterprises of great pitch and moment
With this regard their currents turn awry

And lose the name of action.

Appendix B: Facts and Fallacies About Suicide

FACTS AND FALLACIES ABOUT SUICIDE

Answer questions TRUE or FALSE :

_____ 1. Suicide is the leading cause of teenage deaths.

_____ 2. Successful suicide is most prevalent among adolescents.

_____ 3. When your friends openly talk about suicide, they don't really mean it.

_____ 4. If you talk to people about suicide that might put the idea in their head.

_____ 5. Suicide is usually done without warning.

_____ 6. If a friend who was threatening suicide suddenly appears happy again, you don't need to worry anymore.

_____ 7. Only certain "types" of people commit suicide.

_____ 8. People who commit suicide are crazy.

_____ 9. Alcohol/drug abuse and suicide have nothing to do with each other.

_____ 10. A tendancy to complete suicide is like a disease. It can be passed down from your parents.

_____ 11. Depresssion has nothing to do with suicide.

_____ 12. People who attempt suicide want do die.

_____ 13. If your friends make you promise not to tell anyone about their suicidal thoughts, you should keep that promise.

_____ 14. Suicide rates are highest during gloomy weather.



Appendix C: Suicide: Common Warning Signs

SUICIDE: COMMON WARNING SIGNS

Although individual motives for suicide vary, there are some common warning signs. These signs may indicate that someone is at risk or is having personal, family or school problems.

Suicides seldom occur without warning. If you are aware of common signs and of changes in behaviour, you can recognize and better help a person in crisis. These signs represent behaviours which can serve as a "red flag" to you, your parents, or friends.

The warning signs are usually physical, emotional and behavioral in nature:

PHYSICAL SIGNS:

1. Neglect of personal appearance.
2. Sudden changes in manner of dress, especially when the new style is completely out of character.
3. Chronic or unexplained illnesses, aches, and pains.
4. Sudden weight gain/loss.
5. Sudden change in appetite.

EMOTIONAL SIGNS:

1. Sense of hopelessness, helplessness, or futility.
2. Inability to enjoy or appreciate friendships.
3. Wide mood changes and sudden outbursts.
4. Anxiousness, extreme tension, or agitation.
5. Lethargy or tiredness.
6. Changes in personality: from outgoing to withdrawn, from polite to rude, from compliant to rebellious, from well-behaved to "acting out".
7. Loss of the ability to concentrate; daydreaming.
8. Depression, sadness
9. Loss of rational thought.
10. Feelings of guilt or failure.
11. Self-destructive thoughts.
12. Exaggerated fears of cancer, AIDS, or physical impairment.
13. Feelings of worthlessness or of being a burden.
14. Loss of enjoyment from activities formerly enjoyed.

BEHAVIORAL SIGNS:

1. Decreased school activity; isolation. Sudden drop in achievement and interest in school subjects.
2. Loss of interest in hobbies, sports, work, etc.
3. Unexplained use of alcohol or other drugs.
4. Increased use of alcohol or other drugs.
5. Withdrawal from family and former friends, sometimes acting in a manner which forces others away.
6. Changes in eating and/or sleeping habits.
7. Changes in friendship.
8. Running away from home; "skipping school".
9. Accident proneness and increase in risk-taking behaviour such as careless driving, bike accidents, dangerous use of firearms (Russian Roulette).

BEHAVIORAL SIGNS (CONTINUED):

10. Sexual promiscuity.
11. Giving away prized possessions (record collection, stereo, ten speed, etc.)
12. Sudden changes in personality.
13. Preoccupation with thoughts of death; talking about death and suicide.
14. Making a will; writing poetry or stories about suicide or death.
15. Quietly putting affairs in order; "taking care of business", or giving away personal property.
16. Threatening suicide.
17. Hoarding of pills, hiding weapons, describing methods for committing suicide.
18. Previous suicide attempts.

While all the cues described may be indications that a person is experiencing problems, the behavioral cues 14-18 are especially significant in that these signs indicate that a decision to commit suicide may have been made. The fact that a person has made a previous attempt is particularly important since such persons are at a much higher risk of future attempts than the general population. In any of the cues, however, the key word is abrupt, unplanned CHANGE. As a teacher or parent of a person at risk, it is important to be aware of changes in that person's usual physical, emotional or behavioral nature.

In addition to the warning signs, another important consideration is the sudden or dramatic lifting of depression. Some researchers believe that this sudden "happiness" is a result of the change from ambivalence about suicide to a decision to follow through with suicide.

The signs given above may sometimes seem to be opposites (eg. withdrawal vs. acting out). This serves to indicate that different people do tend to show depression in different ways. It may also sometimes be difficult to distinguish symptoms of suicide from behaviours related to other adolescent developmental issues.

Appendix D: Signs of Depression Taken From Novel

Signs of Depression
The Bell Jar

Sobbing : pictures being taken	8
First time happy : 9 years old	7
Wanting to be alone - feeling alone not joining in activities	3
Seeing Buddy naked - depresses her	2
Thinking of her funeral - letting her clothes drop	2
Unable to have a good time - at Benny's	2
Engrossed with food	2
Not using real identity - hiding	1
Numbness	1
Depressed at thought of Rosenbergs' execution	1
Scared and depressed about chemistry	1
Feeling so bad after Joy Lee speaks to her	1
Doesn't want to marry - "men" comments	1
Feels incompetent and unqualified	1

Appendix E: Suicide Opinion Questionnaire

SUICIDE OPINION QUESTIONNAIRE

	* A	U	D
1. Suicide is a leading cause of death among young people in Canada.	3	4	8
2. A person whose friend or family member has committed suicide is at greater risk.	3	3	9
3. I feel sorry for people who commit suicide.	6	5	4
4. Most people who attempt suicide don't really want to die.	3	5	7
5. Almost everyone has at one time or another thought about suicide.	13	1	1
6. Suicide happens without warning.	0	3	12
7. In general, suicide is an evil act.	3	5	7
8. A person who tries to commit suicide is not responsible for those actions.	0	4	11
9. The probability of committing suicide is greater for older than younger people.	0	4	11
10. It's unusual for someone who is thinking about suicide to be dissuaded by a "friendly ear".	2	7	6
11. The most frequent message in suicide notes is one of loneliness.	12	3	0
12. Once a person is suicidal, he/she is suicidal forever.	0	3	12
13. A suicide attempt is essentially a "cry for help".	6	5	4
14. Suicide is normal behaviour.	0	4	11
15. Improvement following a suicide crisis indicates that the risk is over.	0	1	14

* A = Agree U = Undecided D = Disagree

	*A	U	D
16. Suicidal people are mentally ill.	2	5	8
17. Suicide victims usually come from broken homes.	0	3	12
18. Most people who attempt suicide fail in their attempts.	5	6	4
19. Individuals who are depressed are more likely to attempt suicide.	10	4	1
20. People who threaten to commit suicide rarely do so.	2	10	3
21. People with incurable diseases should be allowed to commit suicide in a dignified manner.	8	6	1
22. If someone wants to commit suicide, it is their business and we have no right to interfere.	1	3	11
23. Once a person survives a suicide attempt, he/she won't likely try again.	0	2	13
24. People who bungle suicide attempts really did not intend to die.	2	7	6
25. People do not have the right to take their own lives.	3	6	6
26. There is a certain "type" of person who commits suicide.	1	2	12
27. Suicide is inherited and runs in the family.	0	2	13
28. Suicide attempts are typically preceded by feelings that life is no longer worth living.	13	3	0
29. People should be prevented from committing suicide because most are not acting rationally at the time.	7	7	1
30. People with good coping skills do not usually attempt suicide.	3	6	6

* A = Agree U = Undecided D = Disagree

(Second time) SUICIDE OPINION QUESTIONNAIRE

	* A	U	D
1. Suicide is a leading cause of death among young people in Canada.	12	0	3
2. A person whose friend or family member has committed suicide is at greater risk.	5	3	7
3. I feel sorry for people who commit suicide.	8	5	2
4. Most people who attempt suicide don't really want to die.	4	7	4
5. Almost everyone has at one time or another thought about suicide.	15	0	0
6. Suicide happens without warning.	1	3	11
7. In general, suicide is an evil act.	2	4	9
8. A person who tries to commit suicide is not responsible for those actions.	2	10	3
9. The probability of committing suicide is greater for older than younger people.	0	2	13
10. It's unusual for someone who is thinking about suicide to be dissuaded by a "friendly ear".	3	8	4
11. The most frequent message in suicide notes is one of loneliness.	15	0	0
12. Once a person is suicidal, he/she is suicidal forever.	0	2	13
13. A suicide attempt is essentially a "cry for help".	9	3	3
14. Suicide is normal behaviour.	0	3	12
15. Improvement following a suicide crisis indicates that the risk is over.	0	0	15

* A = Agree U = Undecided D = Disagree

	* A	U	D
16. Suicidal people are mentally ill.	4	4	7
17. Suicide victims usually come from broken homes.	1	2	12
18. Most people who attempt suicide fail in their attempts.	4	7	4
19. Individuals who are depressed are more likely to attempt suicide.	14	1	0
20. People who threaten to commit suicide rarely do so.	1	6	8
21. People with incurable diseases should be allowed to commit suicide in a dignified manner.	10	5	0
22. If someone wants to commit suicide, it is their business and we have no right to interfere.	0	3	12
23. Once a person survives a suicide attempt, he/she won't likely try again.	0	0	15
24. People who bungle suicide attempts really did not intend to die.	1	8	6
25. People do not have the right to take their own lives.	0	7	8
26. There is a certain "type" of person who commits suicide.	0	1	14
27. Suicide is inherited and runs in the family.	1	5	9
28. Suicide attempts are typically preceded by feelings that life is no longer worth living.	14	0	1
29. People should be prevented from committing suicide because most are not acting rationally at the time.	12	2	1
30. People with good coping skills do not usually attempt suicide.	1	2	12

* A = Agree U = Undecided D = Disagree

Appendix F: Faculty of Education Ethics Approval Form

Faculty of Education
ETHICS APPROVAL FORM

To be completed by the applicant:

Title of Study:

AN EXAMINATION OF AN ADOLESCENT PERSPECTIVE OF SUICIDE THROUGH BIBLIOTHERAPY

Name of Principal Investigator(s) (please print):

Suzanne Golden

Name of Thesis/Dissertation Advisor or Course Instructor (if Principal Investigator is a student) (please print):

Dr. Riva Bartell

I/We, the undersigned, agree to abide by the University of Manitoba's ethical standards and guidelines for research involving human subjects, and agree to carry out the study named above as described in the Ethics Review Application.

Signature of Thesis/Dissertation Advisor or Course Instructor (if required)

Signature(s) of Principal Investigator(s)

To be completed by the Research and Ethics Committee:

This is to certify that the Faculty of Education Research and Ethics Committee has reviewed the proposed study named above and has concluded that it conforms with the University of Manitoba's ethical standards and guidelines for research involving human subjects.

S.B. STRAW
UNIVERSITY OF MANITOBA

Name of Research and Ethics Committee Chairperson

Date

Signature of Research and Ethics Committee Chairperson

Appendix G: Letter Requesting Parental Permission

Dear Parent,

As part of the Issues in the Arts course, Mrs. XXXXX's grade eleven class will be studying the topic of suicide through discussion of the book, The Bell Jar, by Sylvia Plath. This unit will last approximately five weeks. During that time, Mrs. Suzanne Golden, will be a guest in the classroom. Mrs. Golden, a former Librarian at XXXXX Collegiate, is preparing to become a school psychologist and is now in the final year of her masters studies at the University of Manitoba. She is keenly interested in listening to the students as they explore the sensitive topic of suicide through reading and discussing the assigned book. By listening to their expressed opinions, ideas, thoughts and feelings, Mrs. Golden hopes to gain a deeper understanding of what is a perplexing and agonizing concern to teenagers, their parents and teachers, and the community.

As part of the academic requirements of this unit, the students will be given several writing assignments which they will be asked to submit voluntarily to Mrs. XXXXX under a code name of their own choice, to allow for freer expression of self. The purpose of the code name is to allow the researcher to connect consistently with the writings, over time, of the same student, without the student's in any way becoming identified to the researcher. Only the teacher will have access to the code names of the students for her

instructional purposes to protect the identity of the students at all times. Mrs. Golden would like your permission to use this class work (anonymous materials), collectively, in an analysis of the themes and patterns which emerge as the students express their thoughts and feelings about the topic. This permission may be withdrawn at any time without penalty. She hopes this analysis might lead to increased understanding of adolescents' perspectives on suicide, development of more effective ways of reaching out to adolescents in crisis, and improvement of teenagers' coping and problem-solving strategies.

We would like to emphasize again that, in the analysis of class work, no names will be connected with any of the materials, nor will any individual student be identified or singled out by the researcher.

We are asking for your support in bringing this important effort to fruition. Results of the study will be made available in the school for your perusal. If you have questions or concerns, please call Mr. XXXX at YYY-YYYY or Mrs. Golden at YYY-YYYY.

Please sign this letter to indicate your support and return it no later than _____ to the school office.

Yours Sincerely,

XXX XXXX, Principal

Suzanne Golden

Name of Student _____ .

I agree that anonymous materials produced in Mrs. XXXXX's Issues in the Arts class be used in an aggregate analysis by Mrs. Suzanne Golden for her project on adolescents' perspectives on suicide. I understand that I may withdraw my permission without penalty if I change my mind.

_____

Parent's Signature

Appendix H: Letter to Classroom Teacher

Dear Mrs. XXXXXXXX:

Further to our conversation regarding the research project on teenage suicide taking place in your grade eleven class, we would like to offer the following:

As we analyze the class work, we will be sensitive to any concerns that may arise in relation to suicide and the students in your class.

Should any such concerns arise, we will take responsibility to draw them to your attention and we will be prepared to discuss these matters with you.

Please let us know if you wish to discuss this matter further.

Yours Sincerely,

Riva Bartell, Ph.D., C.Psych

Suzanne Golden