The Perceptions of Special Education Teachers Working in Psychiatric Hospitals about Integrating a Children's Book about Mental Disorders in the Curriculum

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Abstract

This study examined the issue of using a children's book as a mediating tool for working with children with a mental disorder who attend schools located within psychiatric hospitals. How they use to implement the book in the lesson, how parents collaborated with the teachers in the process of teaching this book. Teachers in the special education framework lack the necessary tools to cope with the emotional world of children who have a mental illness. A module on the subject of bibliotherapy and the use of children's books as a mediating tool should be added to the training program for special education teachers.

Keywords: children's book, mental disorders, teacher's education

1. Literary Background

1.1 Children and Youths with a Mental Disorder

The hospitalization of children and youths is required when there is a medical indication, and the hospitalization period concludes once the medical concerns have been addressed. According to the Youth Act of 1960, hospitalization may be voluntary or involuntary. Therapy is administered in one of two manners: in the framework of full hospitalization, in which case the child or youth is in a closed ward in the hospital for the entire stay, or in the framework of daily outpatient care, in which case the child spends only part of the day at the hospital. The rate of youths coping with mental disorders in Israel is in the broad range of 7% to 22%, which corresponds to rates in various countries throughout the world. In Israel, 11.8% of youths between 14 and 17 years of age exhibit psychiatric symptoms that are a source of distress to them, and which interfere with their functioning (Rabinowitz, 2013). These rates are similar those found in the adult population.

The health system and the welfare system address the needs of children with the mental illness and the needs of their families, and the education system provides educational services to these children, whether they are hospitalized or living in the community. Psychiatric disability is defined as a behavioral syndrome that is related to difficulty, distress, or deficiency, in the realm of social and psychosocial functioning; it is considered one of the *invisible* disabilities (DSM-IV, 2000). In the academic year of 2013, the number of students with a mental disorder studying in the special education system in Israel, which includes special classes for students with mental disorders who are placed in mainstream schools and integrated in inclusion classrooms, was 2376. In addition, 824 students with mental disorders were integrated in special education frameworks that cater to students with a major disability that is not a mental disorder (Rabinowitz, 2013). The education system is made available to students with mental disorders, both through special academic centers, which operate in abidance with the Free Education for Children with an Illness Act, and in special education frameworks intended for students with mental disorders, (additional data are available in the report of by Rabinowitz, 2013).

There are currently nine academic centers operating in psychiatric hospitals in Israel and five academic centers operating in psychiatric wards in general hospitals. Typically, only a small percentage of the students hospitalized in these wards return to the educational framework that they had attended prior to their hospitalization. The majority are assigned to post-hospitalization frameworks, provided by the Ministry of Welfare, to which they gain admittance on a first-come—first-served basis. The Special Education Act of 1988 led to a change in the deployment of teachers working with students with special needs, especially the assumption underlying the law is that students should receive educational services in an environment that is --as much as possible-- minimally restrictive (Heward, 2013). The Special Education Act led to the formation of multidisciplinary teams that work with students with special needs. In addition to educators and teachers of specific disciplines, the multidisciplinary staffs in these sites include also mental health experts, such as physicians, psychologists, social workers, and paramedical service providers. Cooperation is considered

not only the most efficient work method for these teams, but also a component that is essential for the successful integration of children with special needs (Binyamini, 2003). Snell and Janney (2005) claimed that work that involves cooperation is characterized by a variety of different yet complementary elements and that it requires certain personality traits, which are considered important for the development of collaborative skills. These traits and skills include the following: a broad perspective, intentionality, professional efficacy, interpersonal competencies, organizational know-how, the ability to contextualize content matter (Wiggins & Damore, 2006), social skills (Welch & Tulbert, 2000), and professional proficiency and confidence (Damore & Murray, 2009).

Collaboration is a technique used in order to attain a goal that one cannot attain alone (Bauer, Iyer, Boon, & Fore, 2010). It was found that, in the long-term, student's demonstrated improved abilities and better academic performance when professionals from various disciplines collaborated towards the attainment of this goal. Similarly, the absence of such collaboration among professionals has been shown to exert a negative effect on the range and quality of services provided to students with special needs (Hunt, Soto, Maier, Muller, & Goetz, 2002). Friend (2000) noted that the notion of collaboration as an easily achievable and natural process is misguided, as reports from the field repeatedly emphasized the difficulties involved in creating successful collaborations, as well as the time and effort required to maintain them. Niles and Marcellino (2004) explained that in a society that extols individualism, people are wary of working collaboratively. However, there are cases in which professionals are able to overcome the internal drive for autonomy and, in fact, demonstrate a desire to work as a team; however, they "lack the skills, tools, and structural support to conduct their pedagogical work in a collaborative and cooperative manner" (Troen & Boles, 2011, p.2).

1.2 Children's Literature Therapeutic Functions

Modern psychologists are by no means the first to consider literature as a method for penetrating and influencing the human soul; Aristotle and Plato, and the generations that succeeded them recognized the power of storytelling and used it to avoid resistance and to transcend people's conscious boundaries. Stories have always been used to condition listeners to receive the messages their authors wished to convey to audiences (Kobovi, 1992). There is no substitution for the effect that, literary works have on emotions, cognition, language, and social awareness. Children's literature serves as a cornerstone for classroom teaching, as these works present an opportunity to learn about social values (Rosenthal, 2008), especially in the early years of schooling. Literature has the power to convey major concepts, such as tolerance, patience, and diversity, which are of utmost importance for the successful inclusion of children with special needs in mainstream classes (Linter, 2011). Kurtts and Gavigan, (2008) claimed that since the inclusion of students with special needs in mainstream classes, teachers are in search of creative ways to help their students develop certain emotions, such as empathy, acceptance, and recognition of the other. The use of children's literature is an original way to demonstrate how one should or should not treat the needs of others, and it can demonstrate the manner in which various deficiencies affect the life of individuals, and the lives of their family members and friends (Karen & Stephanie, 2011).

Some texts are intended to encourage inclusion and acceptance of diversity (Sacerdoti, 2013). The use of children's literature implies recognition of the fact that discussing emotions with children using everyday language is inherently inadequate; therefore, the discussion of events related through storytelling serves as a mediating tool (Tzuriel, 2014). Consequently, the mediation is immensely important. When children try to cope with painful emotions, they often fail in a way that causes them unnecessary suffering. Children do not have the internal resources to thoroughly process and interpret their complicated and problematic emotions, and when emotions, which are too painful to bear, are not processed, they often surface in the form of challenging behaviors or neurotic symptoms (Sanderland, 2004). In this context, the use of a storybook can serve as a conduit to the inner world of the child. If the story is carefully selected, the child will listen closely, because his or her emotional world is being accessed in a gentle and caring manner.

Although a story may deal with seemingly common emotional issues, it typically contains more than meets the eye, because these emotions are addressed in an imaginary world, rather than in the world of conscious awareness (Sacerdoti, 2000). When telling the story, one speaks empathically and precisely about an issue or a problem with which the child is struggling. Through the story, the child captures the deep reality of the emotional experience (Zoran, 2000). The story sheds light on the troubling events, revealing deeper truths and reflecting them with greater empathy, thus enabling the child to see, hear, perceive, and feel in a clearer manner. This experience, in turn, can give the child a sense of hope (Cohen, 2010).

The teaching of literature generally aims for goals that are beyond the acquisition of knowledge and literary understanding (Cohen, 2010). Kobovy (1992) noted that the majority of literature teachers consider literature as a means by which to understand the human soul, as well as a powerful tool --for educating and formulating mental approaches, for the internalization of values, and for influencing learners' personality development. This didactic tool is not intended in any way to substitute for the effect of other approaches used by educators to influence learners, such as encouraging a particular educational climate, and attending differentially to each student according to his or her particular needs. The influence of a literature class on formulating the approaches of students depends on the literary work and on the personality, as well as – and to a great extent– the conscious and subconscious tendencies of the teacher. Consequently, it is important that teachers be as aware as possible of their personal preferences as regards the implicit messages in the literary work, to prevent any unmonitored influence on their teaching.

Green-Shokron and Shach (2009) noted that the study of literature is effective as long as the students feel that they have learned something new, something of which they had been unaware prior to the literature class. The more students are exposed to various types of literary works that are appropriate to their age, comprehension level, and inner needs, the more their sociocultural world will expand and they will be better able to internalize the experience. Gavigan & Kurtts (2011) claimed that once bibliotherapy's therapeutic influence on various populations is recognized, the use of literary works in the classroom also helps teachers gain a better understanding of their students and their needs.

1.3 Treating Children with Mental Disorders Using Children's Literature

A literary work has a direct and simultaneous effect on various mental levels, and it helps readers attend to covert levels and hidden aspects of their being. A literary experience can rattle one's sense of internal order, while at the same time; it can contribute to a renewed internal organization, one that is more flexible and more nuanced, thus leading to personal growth and development (Kobovy, 1992). Literature serves as a broad canvas, providing multiple possibilities for internal examination, personal growth, and to self-acceptance, which leads to acceptance of the other. Using the story, meanings can be mapped, which could be the first step in a voyage towards healing (Baratz & Kass, 2007). Kobovi (1992) claimed that literature makes it possible to see people as evolving and becoming, rather than as defined by psychological labels of disorder, disability, neuroses, and depression. The emergence of literary characters within their given world, their colorfulness, the fact that they evolve before us and are not predefined and complete —all of these shed light on typical human struggles and reveal people as they relate to various aspects of their struggles, rather than as ill or unhinged. Literature has a great influence on forming the human mind. It enables readers to cope with distress and difficulties encountered on life's path, by offering tools for processes such as inner examination, insight, personal growth, and self-acceptance, which can then be followed by acceptance of the other (Park & Ostrosky, 2014). At the same time, researchers note the paucity of studies on the subject of shaping the approach of parents so that they can in turn shape their children's approach to peers with disabilities. According to the research literature, reading with children can help formulate and change children's attitudes on this matter.

In light of the findings of a previous study (Baratz, & Yosefi, 2016), according to which teachers who work with children with disabilities and who recognize the power of the literary work nevertheless refrain from using it. It is important to examine the perceptions of special education teachers regarding the use of a children's book on the subject of mental illness as a tool for working with children with mental disorders.

2. Methodology

This study examined the perceptions of special education teachers working in a school situated in a children's psychiatric hospital regarding the use of a children's book as a mediating tool, focusing on the strategies used to make the work accessible to particular children and on the collaboration with other team members and others beyond the school. Teachers were asked to tell about ways they might utilize a book that tells the story of a mental illness, in their work with the children. The method used was of interviews based on a free and unstructured discussion, conducted in a comfortable atmosphere, for the duration of approximately 40 – 60 minutes. Participants gave their consent to have the interviews recorded, once it was made clear to them that the recordings would be used only for research purposes and that their identities would remain anonymous.

2.1 Research Tools

Teachers were presented with a children's story that deals with mental illness and after the teachers familiarized themselves with the story, an interview was conducted on the subject. The statement used to introduce the topic of the interview was this: "the following is an excerpt from a children's book about mental illness"; this was followed by a variety and series of questions, such as "what kind of emotions surface in response to this excerpt?", "How do you relate to this?" "Would you use this book with children?" The purpose of the interview was to examine whether exposing teachers to the book would lead to a change in either their perceptions or their teaching approach, and to find out the strategies they might employ if they were to use it with the students. Following the interview, data were analyzed, and major themes were identified (Gevaton, 2001).

2.2 Children's Books on the Topic of Mental Illness

Numerous books touch upon the subject of mental disorders either directly or indirectly. In Israel, a list of such books can be found in the literary compendium of the University of Haifa, which includes 35 books under the keyword *mental illness* and *behavioral problems*. Some of these books have been translated and others were written originally in Hebrew. Children's books on this topic can also be found on the Internet, among them the series of books titled *Iris the Dragon*, which is suitable for ages eight through 12. The series is used as an educational tool for coping with mental illness; however, these books have not been translated into Hebrew and cannot be obtained locally.

2.3 Participants

Participants were teachers in a school situated inside a psychiatric hospital, which caters to children hospitalized due to mental illness. The sample included 15 teachers of various ages and various extents of work experience, who participated voluntarily and under anonymity. Recruitment was based on the recommendation of a colleague, taking into account three major criteria: the workplace, i.e., a school situated within a psychiatric hospital; the age group which they teach; and expertise in a verbal-arts discipline. Of the 15 participants, 11 worked with youths of ages 12 to 18, and four worked with children of ages 6 to 12. Participation was on a voluntary basis, and it was made clear to the teachers that the interviews would be used only for research purposes and that their identities would remain anonymous. Most of the interviews were held in the home of the interviewees and lasted approximately 40 – 60 minutes.

3. Findings

The focus of this section is on the insights garnered regarding teachers' perceptions of their role as they integrate the children's book into the educational-therapeutic program. Their point of departure in the discussion was on the issue of responsibility. The theme of responsibility dealt with a differential definition of their role as teachers in a school situated in a psychiatric hospital and as part of a multidisciplinary team. The following excerpts demonstrate this theme.

> Working with this book could be a little bit risky, because I have to make sure it does not lead me to deal with therapeutic issues; I must not forget my place as a teacher. My role is to be a source of information and give special attention, but that does not make me a psychologist. I must always remember my place and my responsibilities; therefore, I would refrain from taking such a risk and would leave the therapy to the therapists.

> As a teacher, I prefer to be responsible for the didactic aspect… I am very wary of getting involved in the emotional and therapeutic aspects, because often this dysfunction involves many aspects and requires the work of a professional, who is trained and knowledgeable and has the proper tools. This person can navigate the issues in such a way that the child listens and is exposed to the story; the professional will know how to make proper use of this tool.

3.1 Ways to Work with the Book: Involving the Interdisciplinary Team at the School

Regardless of whether the book is taught by the individual teacher or by the team, the process of reading is the essential part. It is through the reading of the book that the child develops the ability to comprehend and cope with complex social situations (Fine, Aram, & Ziv, 2014). The majority of the teachers claimed that they would prefer to work with the multidisciplinary team, with the exception of one teacher, who noted that if she had a strong and positive relationship with the child, she might attempt to teach without the support of the entire team.

> When you are the educator of a class, you must remember that the relationship with your students is a strong one and that you have the power to influence or reach out to students emotionally. That is why I think that in certain cases, it may not be necessary to cooperate with the multidisciplinary team.

The other teachers emphasized the importance of working as a team.

> ... It is effective to have a structured plan: a program created by the team of therapists, who understand the disorder. The program needs to be gradual and present clear questions that gear me as the teacher towards what I can expect and how I should react, so that I do not inadvertently make the child feel rejected or cause the child to reject him-or-herself.

> It is important that the work with the book integrate the various approaches, as in the therapy room. A child is a complex whole and it would be wrong to separate the teaching in the classroom from the therapy…. Furthermore, collaboration with other team members is not a simple matter and it requires that all of the members of the educational and therapy teams sit together and decide on the proper strategy that will lead to the desired effect for the child.

3.2 Using Only Sections of the Book

Various reasons were given for eliminating certain parts of the text when presenting it to the child. The explanations for this were related to the child's condition: the teachers worried that,

the text might lead to an outburst by one of the children, as it may cause unpleasant issues from the child's background to surface or it may lead to feelings of frustration. Some teachers claimed that eliminating parts of the text would be an attempt to avoid the problem or to divert away from the main issue itself.

> I think that in case a child's condition might be exacerbated by certain parts of a text, or that child might experience an outburst or another negative emotional distress due to it, it is worthwhile censoring certain parts of the text. There is no point in having me as a teacher expose the child unnecessarily to difficulties or to problems from the past…

> I would censure parts of the text that might have a negative effect on the child or that could lead the child to dark places from which he or she may find it difficult to emerge.

According to some of the teachers, censoring parts of the text is equivalent to ignoring the problem itself, which could lead to a crisis of trust between the teacher and the child, as it would imply that the teacher thinks that the child is incapable of coping with the content of the book.

> You simply cannot —in my opinion— eliminate parts of the book. The children could encounter the book somewhere else and realize that I eliminated parts and that would destabilize our relationship and lead to distrust. It could lead to questions such as "why are you eliminating this part? What is in that part? What are you afraid of – that I won't manage to cope?" If parts need to be censored, then this book is probably inappropriate [for the child or group].

3.3 Future Scenarios That Might Evolve Following the Use of the Book

Most of the teachers emphasized that they would take extra care before attempting to use a book, whether in its full or censored form. They explained their hesitance by referring to issue of the teacher's role in the therapeutic process as well as to the quality of the process for the child.

> I am very careful about these things – I do not experiment on the children; the children are not our laboratory animals. The story is very effective and influential and we must be careful when we attempt to use informative content taken from a storybook and especially when the story is about mental illness.

> I think these books are very complex and a lot of thought and careful consideration should be invested before attempting to bring the book to the child [or the class]. I would not just present this kind of content [without preparation], because a child could interpret it in ways that might cause damage; therefore, everything needs to be thought out in advance.

> When I bring a book like this to class, I think very carefully before I attempt to convey the content of the book, and I plan the kind of activities I would conduct in connection to the book, because I do not want to lose control of the situation.

> Bringing a book like this to class could destabilize the children and that is something I want to avoid.

This teacher outlined the two sides of the issue, that of the student and that of the teacher. As previously noted, this approach is related to the issue of personal responsibility.

3.4 The Presentation Dilemma: One-on-one or Group Work?

Given the nature of the school, in addition to the question of *whether* to use a book, teachers considered how they would use it, whether on an individual or group basis. Methodologically, each approach has its own advantages and disadvantages. Nine of the participants thought that presenting it to a homogeneous group would be preferable.

> In principle, the group has a great deal of power and is able to reflect a variety of ideas. The group offers more recourses than does an individual when interpreting a topic that is emotionally difficult. The group can offer other perspectives or solutions, which one might not arrive at alone.

> I think that group work is less threatening to the children, because when working in a group I will address a virtual character in a neutral manner, and I will not be referring to myself or to a specific child. This advantage can lead to alternative outcomes.

> It depends on the nature of the group. I think that if I had a group with several students who had a similar or identical problem, I would tend to prefer group work. Reactions or even outbursts may be somewhat similar, which would make it easier for me for me to cope with the responses. I think I would try to create a homogenous group and to tailor the purpose of the work to the group.

> I would prepare group work. A child who might feel touched by or drawn to the story would not fear that it is about him or her specifically; rather, children would feel that the issue is familiar to others, which would make them listen to their peers to find out their views and approaches to the incident [described in the story].

These responses of the interviewees reflect an approach that coincides with that of bibliotherapy, even if they did not specifically refer to the term. In this approach, students identify with the protagonist of the story, yet the protagonist is distanced, which makes it possible to address the issue without causing harm to the students. In the last stage of the bibliotherapy process, the child may be prepared to speak about his or her emotions about identifying with the protagonist. One of the teachers interviewed noted the following:

> It depends on the interaction of the student with his or her classmates and the degree to which the child is prepared and agrees to expose and share his or her emotions to others. I think one needs to have a one-on-one talk with the student and to find out whether he or she is ready, and I would respect the child's decision.

Two of the 15 interviewees claimed they would prefer to work individually with a student on the book. According to them, each child is a world unto him- or herself and behaviors are unique to each individual; therefore, it would be impossible to prepare a lesson plan that would touch on such loaded issues with a group of children. One cannot know what kind of emotional response may arise in reaction to the book or how any of the children might react. Nevertheless, they noted that even for individual work, they would seek out bot only the guidance, but also the presence of a professional, who could oversee and take part in the process.

> When I should decide to use this book, it would be from a professional approach rather than a therapeutic one. I would work with the individual child in a controlled manner and only under the condition of receiving guidance and being accompanied by a professional who could oversee these processes, as I cannot really foresee what kind of emotions might emerge, how the student might react, or how I am supposed to respond.

> I think each person brings his own world [to the story] and each person is different: we cannot always anticipate the kind of behavior that will emerge, the kind of emotion that will be awakened, or —for that matter— the extent to which the student would relate to the specific story subjectively. That is why I think it would be better to teach the book on an individual basis.

3.5 Should Teachers Let the Children Read the Book on Their Own?

An additional question posed to the teachers was whether it was necessary for the teacher to read the book out loud or if the children should be allowed to read the book on their own, regardless of whether the teaching was on an individual or group basis. Of the 15 interviewees, 12 claimed that it was better to have the teacher read the text out loud, because a teacher could pay attention to children's reactions in the course of the reading, and could decide on-the-spot whether to eliminate sentences or change the wording, in order to tailor the book to the students. In extreme cases, in which children might react with outbursts, the teacher could pause or stop the reading. Most of the teachers claimed that children with a disorder lack the proper tools to cope with the emotions that might surface, and thus the experience might have negative repercussions. Consequently, they claimed, it would be irresponsible to leave the children to read and deal with the contents of the book on their own.

> I think these are very complex books and with our student population, I would not risk giving the child the book to read alone, even if the child is capable of reading and understanding social situations. Perhaps after an initial reading, after adapting the text and working through the story, perhaps only then it would be acceptable to let the children read the book on their own.

> I would be afraid that if the children were left to read the book alone, they would not have the tools to cope with its contents. We must not forget that these are children with disorders and difficulties, mainly with an emotional background.

Exposing them to the book without the proper tools to cope with the difficult issues it raises could lead to the flooding of emotions or feelings.

Another aspect that was raised by the teacher was that of mediation.

It is not mandatory that the teacher read the book out loud, but the teacher must be present and provide guidance, and of course it must be done under the teacher's control and under certain conditions. That is the only way that a teacher will be able to cope with the children's reactions to the book.

I am in favor of mediating in any context, and I think that to give the child the book without the mediation of an adult would be irresponsible. The mediation helps the student process the contents of the book in a deeper and more meaningful way. It all depends what the purpose is, and of course, my purpose is to empower the student and help him or her find the strength to cope with the [issues presented in the] text.

3.6 Should the Parents Be Involved?

Eleven of the 15 participants supported the idea of involving the parents regarding the teaching of the book, as the parents could provide support and containment, and it would help the parents understand what their children are going through, help them respect and accept the child. Some of the participants emphasized that they would approach the parents only with the cooperation and under advisement of the therapist, due to their lack of knowledge as educators, who do not necessarily have the means to cope with these types of sensitive situations.

In my opinion, it is a good idea to involve the parents, because parents themselves do not have the means to cope with their child's difficulty; so anything that can be offered is likely to be helpful. It is likely to help in the relationship between the parents and the child, because they will be able to understand what their child is going through and will be able to respect and accept the child.

I am certain beyond any doubt that it is important to involve the parents, because it can provide support and help parents understand the complexity of the child's situation. In any event, it is advisable to consult with the members of the therapy team before exposing the parents or the child to the contents of the book.

Some of the teachers thought otherwise.

I would first consult with the therapist who is directly in contact with the parents and I would check about the kind of parent I was about to meet.... Perhaps they they are in denial about their child's condition? There are so many considerations to take into account…. I think that to begin with, I might simply introduce them to the book I was working with, and let each one take it at his --or her-- own pace.

I do not intend to take on myself a role with which I am not familiar and which I should not attempt. I think I would send the parents to speak with the school

counselor or the treating psychiatrist about recommendations for appropriate children's book. Of course, I would speak to the counselor or the psychiatrist myself and tell them about the book I am thinking of using.

4. Discussion

This study examined the perceptions of special education teachers who work with children in schools located inside a psychiatric ward regarding the use of children's literature as a therapeutic–educational tool. In the majority of participants' responses, their messages conveyed a reluctance to use children's literature, explained by claims that emphasize the potential harm that might be caused by reading a story without prior preparation and the fear that the effects would lead to a regression in the children's condition. The teachers perceived their role in the school structure as addressing didactic aspects and serving as a source of information, while refraining from involvement in the therapeutic or emotional aspects of the children's conditions. Interviewees stipulated the use of a children's book on the subject of mental illness on the advance construction of a holistic framework, which would include collaboration with the multidisciplinary team working at the school. Kobovi (1966) claimed that teachers are entitled, based on their training and their role, to provide therapeutic attention and that they are obligated not only to teach but also to educate. The preference of most of the interviewees to avoid touching on the students' emotional – educational aspects and to remain "safe" within the didactic realm underscores the issue of teachers' professional efficacy. According to Bandura (1997), professional efficacy reflects teachers' beliefs regarding their school's overall capacity to advance students' achievements. What then does the participants' response in the current study reveal about their sense of self-efficacy? Does their preference to avoid dealing with students' emotional difficulties reveal a low sense of self-efficacy and an inability to cope with the demands of the job? When teachers are directly responsible for creating/performing the appropriate intervention (Almog & Schechtman, 2007), the effectiveness of the intervention depends on their skill and comfort levels and on the degree to which the teachers are able to exert a positive influence on the behavior of the students. Teachers in the framework of special education frequently feel isolated; hence, it is important to increase their interaction with peers who share similar experiences (Bagdi & Vacca, 2005) and thus to strengthen their sense of self-efficacy. It is likely that the teachers' awareness of the degree to which they need to or are able to intervene in the therapeutic process reflects a conscious and responsible choice approach.

Teachers' obvious preference for group work when teaching a children's book on mental health emphasizes the advantages of group dynamics, through which it is possible to jointly reflect on the issues, introduce ideas, suggest solutions, and gain from a variety of perspectives. The involvement of multiple voices and contributions is beneficial, as it can prevent individual students from forming negative or misguided conclusions about themselves. In addition to the above-mentioned advantages, Ariel and Peled (2000) note that group work is defined by general goals that pertain to the entire group of children, as well as by unique goals for individual participants. The general goals are to develop communication skills and learn social behaviors and self-improvement skills, such as self-control, sublimation of urges, empathy, and so forth. In some cases, the preference for group work

was stipulated as depending on the nature of the group and the willingness of participants to reveal their thoughts and feelings. Some of the participants in the study expressed a preference for working with students individually, in the presence of a professional who could provide guidance. The explanation for this preference was that each child represents a world unto him-or-herself as well as unique behaviors, which makes it impossible to foresee and address the potential reactions of the group as a whole. Participants also expressed a preference for reading the book loudly, whether with the student or group, so teachers could provide mediation during the initial reading process. They claimed that children with a mental disorder do not have the tools to cope with the emotions that may surface in the course of the reading, and that this could lead to negative developments. Hence, to minimize potential damage, teachers wanted to be able to exercise discretion and decide whether it was best to omit phrases or to switch certain words, in the course of their reading, to tailor the text to the needs of the children. In some cases, interviewees mentioned that it might be necessary to interrupt or discontinue the reading process entirely.

A study by Goldman (1979) examined the implementation of a therapeutic approach to be used by teachers of students hospitalized in psychiatric wards, which offers principles and techniques intended to enhance students' mental health through the study of literary works. This findings of this study demonstrated that teachers' apprehensions regarding the use of this approach and the potential damage it might cause their students were exaggerated and were a matter of theoretical conjecture, rather than practical outcomes. It is important to note that despite the fact that the majority of the participants in the current study were reticent about using a children's book as a therapeutic tool in the classroom, they were aware of the fact that the book or story evokes emotions of identification and understanding of a child's problem or difficulty. It increases the child's sense of self-efficacy, and allows other children in the classroom to relate to and identify with the world of the child, who faces complex situations due to his or her unique conditions.

Most of the interviewees claimed they did not have the knowledge to use a children's book without the intervention of professional personnel, unless the literary work was used for didactic purposes, or for an experiential and creative activity, such as dramatization or drawing and painting. Despite the fact that these teachers generally felt that they had accumulated a great deal of knowledge in the course of their work, as well as in the course of their studies and training, they nevertheless felt they did not possess the tools for coping with unforeseeable situations related to the conditions of the children they were teaching (Baratz, 2015). Participants were aware that literature can be used as a tool to help children process undesired behaviors and that, in this sense; it can be considered a sublimation tool, as it allows the issue to be treated more openly and thus tends to diffuse emotional barriers (Beecher & Darragh, 2011). Using bibliotherapy, one can encounter the parts of the self that are "bad" in a manner that is less threatening, and perhaps even enter into a "dialogue" with them. The story provides a platform through which the child can express a range of emotions, such as anger, fear, guilt, and apprehension, in an environment that is non-judgmental (Litvak-Hirsch, 2005). The use of a children's book or story encourages an integrative discourse, one that encompasses the thoughts, feelings, and desires of the protagonist, and

thus enables children to construct their own self, based on a similarly integrated and balanced combination of components (Smadja, Ziv & Aram, 2013). The Working with the book changed their students' self-perceptions and changed the teacher's approach as well, due to the emotional processes that encourage a discussion, which could not come about otherwise, and because the literary work facilitated their ability to identify with others(Gebbie, Ceglowski, Taylor, & Miels, 2012). According to the participants' perceptions, a structured program is necessary and important, not only because it may eliminate potential risk or damage, but also because it entails the formulation of goals and objectives. It can help students internalize the idea of the story, even if parts of the text need to be rephrased to avoid raising the child's antagonism towards the text. At the same time, other teachers noted that such censorship might indicate an attempt to ignore the problem, or it might imply that the teacher is not confident in the children's ability to cope with the content of the story, which in turn could lead to a crisis of trust between the teacher and the students.

When applying bibliotherapy, teachers must collaborate with other professionals at the school (Smadja, Ziv, & Aram, 2013), such as the counselor, the psychologist, and the librarian. School librarians can help teachers locate appropriate children's books, whereas counselors and psychologists can help teachers to find appropriate ways to cope with situations that might arise in response to the reading of the text (Prater, Johnston, Dyches, & Johnston, 2006). However, some of the participants also mentioned a preference for working one-on-one with a student without involving the rest of the team, claiming that if the goal is specific to a certain child, then individual work is sufficient.

As regards collaborations with people outside the school, namely the parents of the students the main claim made by participants was that having a parent work with a children's book can be helpful, but must be done with extreme care. Here too, the issue of participants' lack of knowledge and proper tools for coping with the situation arose, when mentioning the need to consult with other professionals in the school. The relationship between special education teachers and parents is complex and demanding (Noy, 1995). It is defined as a cyclical relationship: teachers' expect parents to seek involvement, but are flustered to find this is not the case; hence, in their response they convey to the parents a more-or-less explicit message regarding their opinion of the parents' lack of interest. The negative influence of this message on the parents, who are already burdened with difficult emotions regarding their child's special needs, leads to antagonism towards the teacher, which starts the cycle all over again (Landerholm & Karr, 1988). Hence, the interviewers' responses are not unexpected: they emphasized the need to exercise caution when approaching the parents and to check which parents can be helpful, given that not all parents have an understanding of their child's difficulties, some are in denial, and others refuse to cope with the child's mental disorder.

4.1 Research Limitations

It is important that therapy professionals working in special education schools understand the potent effect inherent in a children's book; accordingly, they can provide professional support, as well as information, to students' parents. This type of support may alleviate the conflicts that these parents face in the course of their lives. Providing substantial and informative

support would enhance their knowledge on the one hand, and reduce internal conflicts, on the other hand, leading to a more balanced and sustained attitude. Although the study participants did not represent the entire body of teachers who work with children with special needs and the size of the population sample was too small to draw generalizable conclusions, the current study can shed light on teachers' readiness to use the tool of bibliotherapy. Given the importance of this field, this line of investigation merits further study.

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