Art Bibliotherapy: An Integrative Approach to Art Therapy and Bibliotherapy

Haven Wright

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BY Havla A. Weight
ENTITLED Art Bibliotherapy: An Integrative
Approach to Art Therapy and Bibliotherapy

PRESENTED ON May 4th, 2023
BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
THE DEGREE OF Master of Arts
WITH A MAJOR IN Art Therapy Counseling

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Art Bibliotherapy: An Integrative Approach to Art Therapy and Bibliotherapy

by Haven Wright, Bachelor of Science

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts in the field of Art Therapy Counseling

Advisory Committee:

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Graduate School
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May 2023
ABSTRACT

ART BIBLIOTHERAPY: AN INTEGRATIVE APPROACH TO ART THERAPY AND BIBLIOTHERAPY

by

HAVEN WRIGHT

Chairperson: Professor Megan Robb

Art Therapy and Bibliotherapy are both subfields in the creative/expressive arts world of therapeutic practice. Individually, art therapy and bibliotherapy have unique attributes that have the potential to improve a client’s overall therapeutic outcome. However, in pursuit of evidence-based practice, art therapy and bibliotherapy could benefit from further high-quality replicable studies. An exploration of the current research and emergent shared themes were undertaken. A single participant case study demonstrated Art Bibliotherapy in practice. Participant outcomes were increased emotional regulation, increased positive experience in therapy sessions, and increased positive self-esteem.
OPENING QUOTES

“Any form of art is a form of power; it has impact, it can affect change – it can not only move us, it makes us move.”

— Ossie Davis

“Where do we go from here? Would books help us?”
"Only if the third necessary thing could be given us. Number one, as I said: quality of information. Number two: leisure to digest it. And number three: the right to carry out actions based on what we learn from the interaction of the first two.”

— Ray Bradbury, Fahrenheit 451
ACKNOWLEDGEMENTS

I would like to thank my chairperson, Megan Robb, for supporting my initial idea for this thesis, helping me lay the groundwork for what it became, and continuously revisiting my writing with me. Jayashree George for helping me find the narrative in the story of both Art Therapy and Bibliotherapy’s origins, her vast knowledge, and challenging me to expand my ideas beyond my imagination. Shelly Goebel-Parker for guiding me through the last leg of the writing process as well as fine-tuning my final draft.

A big thank you to Lovejoy Library, an important third space for me, where the initial investigation into this topic took place as well as where my final printing occurred.

I would also like to thank Elizabeth Winters, my supervisor at the time of this case study, and Kratz Elementary School for allowing me to provide Art Therapy services during the 2021-2022 Academic Year.

Lastly, I would like to thank “Katherine” for her vulnerability during our sessions and her Mother for allowing me to share her story.
# TABLE OF CONTENTS

ABSTRACT ........................................................................................................... iii

OPENING QUOTES ................................................................................................. iv

ACKNOWLEDGEMENTS ......................................................................................... v

LIST OF FIGURES .................................................................................................. viii

LIST OF TABLES ...................................................................................................... ix

Chapter

## I. INTRODUCTION ................................................................................................. 1

Purpose of the Study ......................................................................................... 1
Definition of Terms ......................................................................................... 1
  Art Therapy
  Bibliotherapy
Significance .................................................................................................... 5
Research Aims ................................................................................................. 7

## II. REVIEW OF LITERATURE .............................................................................. 9

Art Therapy and Children .............................................................................. 10
Bibliotherapy and Children .......................................................................... 11
Art Therapy and Bibliotherapy .................................................................. 13
  Aesthetics
  Reflective distance/Mediator (Art Therapy) vs. Safe Distance/Intermediary object (Bibliotherapy)
  Creative Flow (Art Therapy) vs. Catharsis (Bibliotherapy)
  Components and Structure of the Session
  Role of the Therapist
  Materials
Conclusion .................................................................................................... 20

## III. METHODOLOGY ............................................................................................ 21

Purpose .......................................................................................................... 21
Practicum Site ................................................................................................. 21
Participant .................................................................................................... 22
  Life History
  Presenting Problem

Chapter
Goals and Objectives
Therapy Interventions ................................................................. 26
Choosing the Book
Choosing the Art Activity
Data Collection .............................................................................. 29

IV. CASE STUDY ........................................................................... 32

Session I ..................................................................................... 32
Session II ................................................................................... 35
Session III .................................................................................. 38
Session IV ................................................................................... 41
Session V ..................................................................................... 44

V. RESULTS .................................................................................. 49

Analysis of Data ........................................................................... 49
Summary of Findings ................................................................. 54

VI. DISCUSSION, CONCLUSIONS, RECOMMENDATIONS .......... 55

Discussion ................................................................................... 55
Limitations ................................................................................... 57
Recommendations ....................................................................... 57
Conclusion .................................................................................... 58

REFERENCES .............................................................................. 59

APPENDICES ............................................................................. 61

A. Guardian Informed Consent Form .............................................. 70
B. Kratz Elementary School IRB Approval Form ......................... 71
C. Kratz Elementary School Principal Letter of Support ............. 72
D. Southern Illinois University Edwardsville IRB Approval ........ 73
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Three Bubbles</td>
<td>9</td>
</tr>
<tr>
<td>2.</td>
<td>Katherine’s Genogram</td>
<td>23</td>
</tr>
<tr>
<td>3.</td>
<td>Facial Expression Scale</td>
<td>30</td>
</tr>
<tr>
<td>4.</td>
<td>[Cat’s name]</td>
<td>34</td>
</tr>
<tr>
<td>5.</td>
<td>Shield: Part 1</td>
<td>37</td>
</tr>
<tr>
<td>6.</td>
<td>Shield: Part 2</td>
<td>40</td>
</tr>
<tr>
<td>7.</td>
<td>Shield: Part 3</td>
<td>43</td>
</tr>
<tr>
<td>8.</td>
<td>Shield: Part 4</td>
<td>47</td>
</tr>
<tr>
<td>9.</td>
<td>Zones of Regulation Check-Ins and Check-Outs by Session</td>
<td>50</td>
</tr>
<tr>
<td>10.</td>
<td>Zones of Regulation Check-Ins Color Frequency Graphs</td>
<td>50</td>
</tr>
<tr>
<td>11.</td>
<td>Zones of Regulation Check-Outs Color Frequency Graphs</td>
<td>51</td>
</tr>
<tr>
<td>12.</td>
<td>Zones of Regulation Check-Ins and Check-Outs Word Frequency Graph</td>
<td>51</td>
</tr>
<tr>
<td>13.</td>
<td>Facial Expressions Scale Results</td>
<td>52</td>
</tr>
<tr>
<td>14.</td>
<td>Self-Statements Frequency Graph</td>
<td>53</td>
</tr>
<tr>
<td>15.</td>
<td>2021-2022 Academic Year Absence Frequency by Days of the Week Graph</td>
<td>54</td>
</tr>
</tbody>
</table>
### LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Search Terms and Engines</td>
<td>9</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

This research proposes a theoretical framework integrating Art Therapy and Bibliotherapy for practitioners and investigates the impact that Art Bibliotherapy, in its integrated form, has on a client over the course of a case study. Insights gained from the documentation of this case study will offer a useful contribution to the existing literature.

Art Therapy

Judith Rubin (1984) described the use of art for the purpose of healing as a practice as old as cave paintings. Art used therapeutically or as part of daily living, outside of a therapeutic relationship, for the purpose of creation, documentation, and self-expression has been found on every continent in the world since. Prior to the establishment of Art Therapy as a field, visual art had a noticeable presence in the psychotherapy field. Projective tests such as The Rorschach Ink Blot Test (Rorschach, 1921) and the Thematic Apperception Test (Morgan & Murray, 1935) called for participants to respond to visual art images to gain insight into their emotions, motivations, mental well-being, and perceptions about the world through the narratives they created. In 1926, Florence Goodenough’s Draw-a-Man assessment was developed to access children’s maturation and provide insight into the unconscious. The Draw-a-Man assessment was the first assessment to require participants to draw. Later more drawing assessments were developed: the House-Tree-Person (Buck, 1948), Human Figure Drawing (Machover, 1949), and Kinetic Family Drawing (Burns & Kaufman, 1972). These drawing-centered assessments can still provide valuable insight today when administered by a trained clinician.

The term Art Therapy was first coined in 1945 by Adrian Hill in Art Versus Illness, A Story of Art Therapy (Hogan & Coulter, 2014). The American Art Therapy Association
(AATA) defined Art Therapy as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active artmaking, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (AATA, 2020, para. 1).

The visual element in Art Therapy is collectively understood to be the main component and what distinguishes Art Therapy from the rest of the expressive therapies. Margaret Naumburg (1987), one of the mothers of Art Therapy, wrote that the use of Art Therapy “tends to expand each patient’s power of expression in both words and pictures.” (p. 7). Rubin (1984) discussed the paradox between the sophistication of the field and the simplicity of the art making process. The natural interaction between the artist and their creation is what underlies Art Therapy’s strengths: the opportunity for nonverbal communication when “words seem insufficient,” and artistic talent not being a requirement for the therapeutic elements to take effect (Barker, 2006; Burke, 2009, p. 35; Naumburg, 1987).

The Art Therapy process has been summarized in the Expressive Therapies Continuum (ETC), which is a four-tier bipolar model that demonstrates the developmental sequence of information processing and visual expression (Kagin & Lusebrink, 1978; Hinz, 2020). The ETC provides a framework for pairing the appropriate material with the desired client and gaining insight into where they may be stuck which, in turn, may have led to their function being blocked. Through effective navigation of the ETC, a client can be guided toward the ultimate goal of reaching the Creative level which allows for experiencing emotions such as joy and accessing the therapeutic effects of creative expression (Hinz, 2020).
Edith Kramer (1971), another mother of art therapy, theorized that the rise of the Art Therapy profession was due to the deep need for self-expression in a post-industrialized world where “the attempts to introduce artistic experience as a remedy for emotional suffering are comparable to the reintroduction of vitamins into foods that have lost their innate vitality” (p. 2). When art became so far removed from everyday life, Art Therapists became necessary in order to teach people the therapeutic qualities of engaging in creative practices and how art can be a coping mechanism for their everyday struggles. Furthermore, Malchiodi (1999) made a compelling point about an advantage that is more profound and existential in nature. She stated that, “art is one of the few which leaves a tangible product, a lasting mark on the world. The resulting image becomes important, not only for communication of feelings and experiences, but also as a visible and external record of the self” (p. 17). Essentially, the artwork serves as concrete proof of the creators' existence which could help tell the story of their life, feelings, or interests.

**Bibliotherapy**

Storytelling, like art making, has long been a method of communication and healing that predates literacy (Berns, 2003). An inscription above the library in the tomb of King Ramses II was reported to have read “Healing-place of the Soul” (Siculus, 80–20/1933). Storytelling also has a rich history in the therapeutic world. Milton Erickson (1977), founder of the American Society of Clinical Hypnosis, famously explored the use of storytelling during hypnotism, a trance-like state. Erickson believed hypnotism would allow clients to better access their internal resources through the subconscious where memories were stored (Gunnison, 2003). Erickson also believed that each person was unique and therefore tailored his anecdotes to the individual by emphasizing the parts of the story that would assist the unconscious mind in meaning making (Gunnison, 2003).
Julius Heuscher (1974) and Bruno Bettelheim (1975) wrote about the necessity for stories in children’s lives. Heuscher felt that stories have remained “an indispensable nourishment which can strengthen the nonintellectual soul forces, the emotions and impulses, of the growing child. All the techniques of child rearing, helpful as they may be with particular problems, cannot offer an adequate substitute for this necessary food of the child’s soul” (Heuscher, 1974, p. ix). Bettelheim felt that stories prompted children’s emotional growth and allowed for symbolic processing which helped better prepare them for the future (Bettelheim, 1975).

During the 1970s and 1980s, Michael White and David Epston helped develop Narrative Therapy which analyzes the stories that shape client’s lives and assists them in an exploration of their identity and values (White & Epston, 1990). Narrative Therapy’s goal is to empower clients to take control of the narratives they have created and reauthor them when needed to help towards positive change (White & Epston, 1990).

The word Bibliotherapy itself originates from the Greek word “biblion” meaning book. The term was coined in 1916 by Samuel Crothers in the satirical essay “A Literary Clinic” (Miller, 2018; Reitz, 2014). The International Federation for Biblio/Poetry Therapy (2022) defined Bibliotherapy as “the interactive use of literature and/or writing to promote growth and healing” (para. 1).

The Bibliotherapy process involves three components: Identification, Catharsis, and Insight (Cianciolo, 1965). Identification is the process of the reader’s recognition of similarity between the character or person in the story with themselves (Cianciolo, 1965). Russell (1970) expanded the definition to include the realization that the reader’s situation has been experienced by others before, which could both increase their self-esteem, if they view the character as admirable, feelings of belongingness, by reducing their sense of
difference from others, and increase understanding between the reader and the familiar person or situation.

The experience of Catharsis occurs due to the emotional release that comes with seeing the character with whom the reader identified, work through their conflict which should then allow the reader to see their own motivations for their behavior more clearly (Cianciolo, 1965). Now, the reader would be able to have a clearer mind when approaching problem-solving. This integration of emotional drive and intellectual perception is what creates Insight (Cianciolo, 1965), the final component of bibliotherapy. Insight provides the reader with the understanding that their problem “does not have to remain static” (Afolayan, 1992). Berns (2003) wrote:

By sharing the experiences and feelings of another individual as they are expressed in a story, we gain a better understanding of those feelings. The door is opened for insight, clarity, understanding, and a sense of camaraderie. A story shared provides a link between us, a sense of unity, as well as a common frame of reference. Each story calls forth other memories, thoughts, and connections from past to present, and sometimes on into the future. (p. 326)

**Significance**

Integrative approaches to therapeutic practices are ancient, which is evident in Indigenous cultures who “still use the arts together in the service of life and healing” all over the world (Degges-White & Davis, 2011, p. 206). In modern therapy practice, the field of Expressive Arts Therapy incorporates art, dance/movement, drama, and music into the therapeutic space. The intentional shift between these expressive modalities is called Intermodal Transfer. Little (2021) stated that there were no current theoretical guidelines for navigating Intermodal Transfer in their field. While Bibliotherapy is not yet widely included
under the Expressive Therapies umbrella, this research provides the opportunity to
demonstrate strategies for navigating Intermodal Transfer between Art Therapy and
Bibliotherapy.

Talerico (1986) stated a weakness in Bibliotherapy is that “[the] visual encounter is
limited to the printed page and the response limited to verbalization” (p. 238). Adding
Bibliotherapy into the Art Therapy process could overcome both of those deficiencies. A
proposition supported by Pardeck (1990) who cautioned that Bibliotherapy, “should not be
viewed as a single approach to treatment but rather as an adjunct to other therapies” (p. 1048).

Art Therapy and Bibliotherapy could both benefit from further rigorous studies. In an
interview for the Journal of Poetry Therapy, Lynn Kapitan, the former president of the
AATA, stated, “The challenge that the field has is the same challenge that I think a lot of the
creative arts therapies share. That is, as the field gets better known and more associated with
health care treatment, we are expected to prove that we’re offering clients is effective
(Rossiter, 2012, p 56). Kapitan goes on to say, “The problem is that there’s no clear enough
agreement on what art therapy is... how can you design research if you haven’t determined
the most salient characteristics of the kind of therapy you’re offering?” (p. 56).

Malyn et al. (2017) expressed a similar call to action for Bibliotherapy research. She
stated that clarifying terminology was essential and despite Bibliotherapy’s long history there
was no consensus “between these writings as to the key mechanisms of change in
bibliotherapy” (p. 18). Malyn and her colleagues said that further quantitative and qualitative
research studies should be supported in the future. This sentiment was also echoed by
Malchiodi (1995) about Art Therapy research explaining that qualitative studies may
sometimes be the more appropriate method.
Another limitation is that both therapies are not a one-size-fits-all when it comes to their ability to be therapeutic for all clients. The consensus in Art Therapy is that art can be a universal tool because the literature “demonstrates that various media and methods can work effectively with all clients.” (Hinz, 2020, p. 3). In contrast, Bibliotherapy literature is very explicit about its limitations. For example, children with language impairments may struggle with Bibliotherapy. Fleury and Hugh’s (2018) research on children with autism spectrum disorder (ASD) found that many of these children also had language impairments. However, the authors theorized that within this population, reading materials that relied less on social content and more on general knowledge would be easier for them to understand. Additionally, reading the selections more than once would add predictability to the material (Fleury & Hugh, 2018). Finnegan and Mazin (2016) found that graphic organizers were the most effective strategy for increasing reading comprehension for children with ASD. The effective addition of a visual component further reinforces the power of image in information processing and communication.

**Research Aim**

In addition to Art Therapy, Bibliotherapy is also a form of expressive therapy that can be beneficial to clients when used appropriately. This research has many aims: to provide a theoretical framework for Art Bibliotherapy, to demonstrate the impact the integrated approach has on a case study participant, and to contribute to our field's collective knowledge.

Art Therapy and Bibliotherapy are themselves each, a marriage between two fields of study. Understanding both fields individually is necessary in order to draw ties between literature and create a solid foundation for Art Bibliotherapy interventions. Further
exploration into the existing literature on both Art Therapy and Bibliotherapy, as well as their impact on children, will be undertaken in the next chapter.
This review of the literature seeks to provide insight on how Art Therapy and Bibliotherapy can be integrated into a session with children. I will be drawing connections between the two expressive art therapies and their individual outcomes when working with young clients. Figure 1 shows a visual of the three components in this review: Art Therapy, Bibliotherapy, and Children. I will be discussing the connections between these components in this review of the literature. Table 1 gives an overview of the search terms and engines used to locate the research pertaining to the three components in Figure 1.

**Figure 1**
*Three Bubbles*

![Three Bubbles Diagram](image)

**Table 1**
*Search Terms and Engines*

<table>
<thead>
<tr>
<th>Art Therapy</th>
<th>Bibliotherapy</th>
<th>Children</th>
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<tr>
<td>Expressive arts</td>
<td>Reading as therapy</td>
<td>Youth</td>
<td>EBSCO</td>
</tr>
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<td>therapies</td>
<td>Language arts</td>
<td>Young people</td>
<td>Research gate</td>
</tr>
<tr>
<td>Creative arts</td>
<td>Poetry therapy</td>
<td>School-age children</td>
<td>Google scholar</td>
</tr>
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<td>Book therapy</td>
<td>Adolescents</td>
<td>JSTOR</td>
</tr>
<tr>
<td>Art as therapy</td>
<td>Story therapy</td>
<td>Teenagers</td>
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<tr>
<td>Art psychotherapy</td>
<td>Bibliocounseling</td>
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Art Therapy and Children

Art Therapy has a long history in a variety of settings with children (Malchiodi, 2017). When children participate in artmaking, they tend to open up more than in traditional talk therapy (Moula, 2020). Therefore, Art Therapy has been recommended for children who struggle to verbalize the difficulties they are experiencing (Deboys et al., 2017).

Art Therapy has also been shown to aid in addressing different problems that children experience or witness such as behavioral, cognitive, emotional, physical, or sociocultural challenges (Malchiodi, 1999; Malchiodi, 2017). In relation to trauma, Malchiodi (1999) explained how art has the ability to aid in self-expression when the child is unable to tell their story and that “art may also serve as a way to integrate parts of the identity that are temporarily lost or confused when trauma such as illness, injury, or impairment is experienced” (p. 177). Art Therapy can be especially helpful in these instances due to its potential for increasing memory retrieval (Moula, 2020).

Specifically, in school settings, Art Therapy can help with stress management, behavioral support, and emotional expression (Salman, 2021). Art Therapy has also been shown to reduce lost learning time due to emotions or behavior, an increase in engagement in classroom learning, and lead to improved relationships with staff and classroom peers (McDonald & Holttum, 2020). Though the school setting comes with its own difficulties, art therapy has been perceived as mostly positive with interactions between the student client and the therapist as being positive eventually in every case (Adoni-Kroyanker et al., 2019). Similarly, Martin et al. (2000) found that the quality of the therapeutic alliance was one of consistent factors for positive outcomes during the therapeutic process.

Art Therapy can also contribute to tackling sociocultural issues. Brooklyn Community High School for Excellence and Equity’s Art Therapist has been using Art
Therapy to help Asian, Black, Latino, Middle Eastern, and recently immigrated students cope with the on-going pandemic, the rise in anti-Asian hate, and the Black Lives Matter Movement (Salman, 2021). For Native and Indigenous children, another marginalized and historically at risk-population, art-based interventions utilized in group counseling can assist in feelings of safety within a European-American dominant school system (Appleton & Dykeman, 1996). Ultimately, the power of Art Therapy lies with its indirect, non-verbal, and visually expressive nature which can help children navigate different challenges they face.

**Bibliotherapy and Children**

Bibliotherapy is often conceptualized with children in mind as story time is a staple in many children’s school and bedtime routines. Children’s exposure to and experience with these stories is frequently through picture books due to their accessibility. Picture books have been shown to assist in reading and emotional comprehension development, learning facilitation, and building critical reading and critical literacy skills (Hibbing & Rankin-Erickson, 2003; LaForge et al., 2018; Levin et al., 1987; Wells et al., 2022). Lysaker (2019) found that wordless picture books revealed the relational aspects of how reading comprehension is scaffolded by images and the resulting impact “the initial response, the sense of recognition, and the recontextualization of experience that make it possible to enter narrative worlds – are critical aspects of human sense-making outside of book contexts. For example, without responding to and recognizing similarities between myself and others, empathy is not possible” (pp. 126-127).

Similarly, Silverman (2000) wrote that Bibliotherapy is a strategy that supports gifted children with coping and problem solving because it, “enables the child to try various approaches vicariously without real-life consequences” (p.103). She also noted that Bibliotherapy is an excellent counseling tool for children who possess advanced reading
skills, which can often be found in gifted children who “are capable of seeing the metaphorical implications of the material” (Silverman, 2000, p. 103).

Bibliotherapy has been shown to reduce expressed fear in young children ages 3-5 (Ongoa, 1979). It has also helped children exposed to family violence and been an effective teaching tool for non-violent conflict resolution (Thompson & Trice-Black, 2012). When utilized in groups, Bibliotherapy has helped adolescent boys experience greater change in empathy and gains in insight and aggression reduction (Shechtman, 2006). Most recently, Bibliotherapy has been shown to have a positive impact on children’s externalizing, internalizing, and prosocial behavior and has been effective in helping adolescents cope with a range of stressors (Malyn et al., 2017).

Malyn and her colleagues (2017) found that much of the research on Bibliotherapy has been done with young children and adolescents and comes from the school counseling sector. According to Cook, Earles-Vollrath, and Ganz (2006), “one of the most promising benefits of bibliotherapy is the ability for students to recognize and get a better understanding of their own personal characteristics and reactions to antecedents or triggers” (p. 95). Bibliotherapy can also help with classroom behavior, interpersonal relationships, reading skills, reality orientation, and recognition of problem situations (Heath et al., 2005).

Additionally, culturally affirming bibliotherapy can be vital for children in the current state of the world:

The use of books in treatment can dramatically influence the healthy adjustment, growth, and mental well being of children and adolescents, long after the therapeutic hour is over. This can be particularly important for those who are marginalized and excluded from conversations and can enable them to normalize their experiences. Ultimately, books can connect a client’s world to the plots and characters that furnish
role models, provide inspiration and hope, and offer solutions to problems that may seem insurmountable. (McCoy & McKay, 2006, p. 690)

Both Art Therapy and Bibliotherapy, when used intentionally, can help meet a variety of children’s needs.

**Art Therapy and Bibliotherapy**

Research on integrating Art Therapy and Bibliotherapy together within sessions was sparse, but the recognition of their compatibility was not absent from the literature (Dunn-Snow, 1997). Art therapy follows the understanding that the purpose is to aid in the healing and intrinsic growth process. Rowley and Comisari (2016) wrote that, “curing disease is one element and healing the client is another. The combination of art and treatment is signaling a new era of client care” (p. 48). In Bibliotherapy a congruent idea can be found because it does not, “claim to cure but to enlighten” (Talerico, 1986, p. 243). This quote was repeated and expanded upon when Howie (1988) stated that Bibliotherapy’s purpose was also to “promote insight... in orientation it is related to the humanistic view of therapy together with the other art therapies... which focus on facilitating personal growth through difficult and enriching life experiences” (Howie, 1988, pp. 16-17).

Several emergent themes came up while researching psychological and theoretical processes: aesthetics, synonymous function of differently named terms, components and structures that make up the sessions, discussions surrounding the role of the therapist, and the need for a variety of materials.

**Aesthetics**

Another philosophical point of overlap involves Aesthetics which comes from the Greek word *aisthesis*, or sensual and perceptual experiences. Aesthetic enjoyment is dependent upon a certain level of empathetic understanding between the viewer and the
artwork (Allen, 1937). Catherine Moon (2016) defined Aesthetic Theory as “a critical reflection on the nature of art” (p. 52). However, aesthetics has been more narrowly associated with the visceral experience evoked by beauty and as a criterion for evaluating art in recent history.

Art Therapy has a complicated relationship with Aesthetic Theory due to the theory’s modern association with judgement towards a work’s visual appeal — which would be contradicting to the field’s process-focused, rather than product-focused approach (Moon, 2016). Kramer (2002) felt “good” artwork was tied to the quality of the piece “whenever a patient’s drawing, painting, or sculpture, expresses some inner truth forcefully without being hindered by unnecessary additions, the work will attain good formal quality. Inner truth and good form constitute two sides of the same coin” (p. 222).

Knill, Levine, and Levine (2005) also found a connection between aesthetics and artistic value, but in a different manner than Kramer. They proposed the terms aesthetic response and aesthetic responsibility when engaging with art “whereby the emphasis is on aesthetic satisfaction and has its origins more in the emerging work than in competence related to technical skill” (Moon, 2016, p. 54). This approach not only “preserves the integrity of the art experience,” but views aesthetics as a component of the art making process rather than a component for evaluating works.

Shrodes (1949) initially described Bibliotherapy as, “grounded on the theory that there is an integral relationship between the dynamics of the personality and the dynamics of the aesthetic experience” (p. 32). In Bibliotherapy, aesthetic experiences occur under the influence of imaginative literature when adaptation and growth become possible due to heightened sensations (Edman, 1939; Shrodes, 1949).
Reflective Distance/Mediator (Art Therapy) vs. Safe Distance/Intermediary Object (Bibliotherapy)

A few significant points of conceptual consensus came up while exploring the literature. Both Art Therapy and Bibliotherapy reported a similar phenomenon: the power of a theoretical space between the client and what they are tasked with confronting. Hinz (2020) defined Reflective Distance and Mediators in Art Therapy as:

An individual’s ability to think about or reflect upon the expressive experience. In general, the use of tools or mediators (paintbrushes, ceramic tools) increases the reflective distance in an artistic encounter, and thus allows the individual time to ponder the meaning of an expressive event as it is happening. Without mediators, the experience is likely to be too immediate and absorbing to provide for contemplation. (p. 33)

Bibliotherapy has its own version of Reflective Distance, called the Intermediary Object or Safe Distance. Malyn and her colleagues (2017) described the experience of participants receiving bibliotherapy as one that is, “perhaps less painful means of talking about their own problems by discussing and identifying with what the characters in the story are experiencing” (p. 18) due to its indirect nature. This concept is known as the Intermediate Object and was supported by Malyn and her colleagues’ (2017) research findings. Another term used when describing this occurrence is Safe Distance. Shechtman (2019) wrote that stories were, “helpful in overcoming defensiveness through the creation of a safe distance, bringing the child and adolescent indirectly to the edge of sensitive issues, those that are threatening and probably too painful to face directly” (p. 89). Essentially, stories can act as Intermediary Objects and allow for a Safe Distance to form.
In summary, in Art Therapy, the Reflective Distance between the client and the artistic encounter allows for space for the client to process indirectly (Hinz, 2020). The media and materials chosen while creating can either increase or decrease that distance, therefore acting as a Mediator (Hinz, 2020). In Bibliotherapy, the reading materials are the Intermediary Object which can create the feeling of a Safe Distance for the client because the issue is not yet being confronted directly (Malyn et al., 2017; Shechtman, 2019).

*Creative Flow (Art Therapy) vs. Catharsis (Bibliotherapy)*

Another significant point of conceptual consensus was the impact of moving through the process of both therapies. According to Csikszentmihalyi (1997) an individual reaches a state of Flow or increased focus of attention, a loss of sense of time, feelings of satisfaction, and great joy, when they are able to master a task that was once challenging. Similarly, Siegel (2014) spoke about the neurological benefits that arise from integrative neural firing:

Where attention goes, neural firing occurs. And where neural firing happens, neural structure can be strengthened. When that firing is integrative, then we can see how using our attention in integrative ways can actually reinforce coherent integrative functioning in the moment and grow integrative fibers for future functioning to be more balanced, coherent, and harmonious. (para. 7)

In the context of Art Therapy, when Flow is achieved, clients are able to lose themselves in the creative process and experience an increase in their well-being (Hinz, 2020). This Creative Flow is a state of Flow that is achieved when a client has reached the optimal balance on all three continua of the Expressive Therapies Continuum (ETC). Bruner and Dierkes (2022), hypothesized that in centering themselves on the ETC, clients are able to re-regulate themselves. This regulated state allows for them to fully immerse in the creative process and experience the benefits of the Flow (Hinz, 2009).
Catharsis, the second stage of Bibliotherapy, occurs after a client has achieved identification with the character in the story, allowing for the cathartic effect to set in (Cianciolo, 1965). The cathartic effect is the release of emotional tension that has built up as the client has tried to process, manage, and solve their problem(s). In both therapy processes, the client is experiencing a state of increased well-being due to interacting with the therapeutic materials.

**Components and Structure of the Sessions**

Both Art Therapy and Bibliotherapy can be undertaken individually or in a group setting. Depending on the setting and the role of the therapist, sessions can be formatted in several diverse ways. However, Art and Bibliotherapy share a few basic structural components that make up the overall ritual of the sessions: a) an opening activity, b) art making/reading, c) a discussion portion, and d) a closing activity (Knill et al., 2005; Berns, 2003).

**Roles of the Therapist**

Bruce Moon, an art therapist, wrote that the overarching question for art therapists is “how to best attend to and care for clients through art processes?” (2016, p. 10). Kramer (1979) stated that the expectations for art therapists were to have a:

Systematic understanding of concepts of mental illness and health, of human development, and of the dynamic processes that govern psychic functioning. We expect them to have learned how to apply this knowledge in their own field and to continue to learn more about it throughout their professional lives. (p. 136)

Feldwisch (2022) expanded on the role to include improving the mental health and well-being of individuals or groups of people, understanding psychological theory and the development process of therapeutic relationships, and that art therapy is a relational process
not something that just happens. In addition, art therapists should not only provide an array of diverse materials but be well versed in how to use them in order to facilitate the therapeutic process both visually and verbally (Malchiodi, 1998).

In contrast with conventional models of Art Therapy, a therapist utilizing an open-studio approach does not take on the role of the expert. The role of “helper” is equitable and shared among the participants. In this approach, the art therapist can function as a collaborator or a co-participant (Moon, 2015).

The Bibliotherapy facilitator should select the reading materials that are going to be presented during the session (Berns, 2003). It is recommended that reading materials are screened for: a) content relevancy, b) age and developmental appropriateness, c) accuracy of information, and d) normalization and validation of their experience (Cook et al., 2006; McNamee & De Chiara, 1996).

More recently, a helpful distinction arose in order to bring consensus and categorization to the different approaches Bibliotherapy practitioners have conceptualized and implemented into their work. The first major school is Cognitive or Cognitive Behavioral Bibliotherapy in which the involvement of the therapist is limited. The reading material itself is acting as the primary therapeutic agent (Shechtman, 2019). The second school is Developmental or Affective Bibliotherapy in which the therapeutic agent is the process of therapy. The reading material serves as a tool to move the process along and the therapists’ presence is critical to the outcome (Schectman, 2019).

While each field has its own delineations of roles the therapist can take on, what was found was a similarity in opportunity for flexibility and diversity in roles that can be taken on while implementing both creative therapies.
Materials

Choice provides an opportunity for the client to feel in control, which is especially important for clients experiencing a lack thereof, and that they were considered when the selections were curated. Part of what makes Art Therapy successful with clients is when a match is made between the person and the medium. Rubin (2015) wrote that when materials are not an obstacle to the client, they would be able to help them express their ideas because they are both satisfying and appealing to work with.

Malchiodi (1998) and Moon (2002) shed light on the importance of material diversity so that clients would be able to find themselves in the art space. Malchiodi (1998) encouraged inclusion of paper in a variety of sizes and colors to allow for varying levels of movement while creating and to accommodate children with learning or physical disabilities. Moon (2002) suggested having:

- Traditional art media from a variety of cultures; modified tools to accommodate various disabilities; supplies that have been traditionally associated with women (for example, quilting supplies), men (for example, wood, hammer, and nails), and children (for example, finger paints); found objects that stimulate various senses; and
- a range of supplies that support diverse ideas about what constitutes art, ranging from fine arts to found objects. (p. 95)

Bibliotherapy follows a similar belief that clients should have access to a variety of reading materials, including “multi-media forms of literature as well as printed medium” (Talerico, 1986, p. 243). This sentiment is not exclusive to Bibliotherapy, it is recommended that children have a varying selection of reading materials across several genres in the libraries that they have access to (Fleury & Hugh, 2018). Therefore, when conceptualizing the studio space for Bibliotherapy practice, there should be an array of reading materials to
choose from when the purpose of the session is not to prescribe a specific book for a targeted goal.

**Conclusion**

Art Therapy and Bibliotherapy align in many ways, beyond just conceptually. It is my hope to capture the strengths integrative approaches allow for and to outline a framework for Art Bibliotherapy. Art Therapy can help pick up in the areas where Bibliotherapy is limited, and Bibliotherapy can enrich the Art Therapy process through its strengths.
CHAPTER III

METHODOLOGY

The purpose of this case study is to demonstrate how Art Therapy and Bibliotherapy can be integrated and document the impact the Art Bibliotherapy interventions have on the client. This case study provides content to guide utilization in sessions as well as contribute to the existing literature. A case study was chosen to show Art Bibliotherapy in practice and because a qualitative approach allows for exploration, experiential learning, and a more in-depth understanding of both Art Bibliotherapy and change within a specified individual (Hillard, 1993; Leavy, 2017). I chose to take a pragmatic approach, so I would have the ability to alter procedures as needed (Leavy, 2017). This study received IRB approval from both Southern Illinois University Edwardsville and Kratz Elementary School (see Appendix A-D).

Practicum Site

The case study was conducted at my practicum site, Kratz Elementary School, which is a part of the Ritenour School District (RSD). Kratz Elementary includes kindergarten through fifth grade. Children fall between the ages of five and eleven years old. The RSD (2021) Annual Report for the 2019-2020 academic year listed the following demographics: African American students made up the largest portion of the school population (41.0%) followed by White (25.8%), Hispanic (22.8%), Multi-racial (8.5%), Asian (1.6%), American Indian/Alaska Native (0.2%), and Native Hawaiian/Pacific Islander (0.1%) students. The student population was half female (50.0%) and half male (50.0%) when broken down by sex (U.S. Census Bureau, 2019). Gender was not reported on.

When looking at economic demographics, 6,952 people (15.9%) fall below the poverty line which is more than 1.5 times the rate in St. Louis County (9.7%, 95,123) and
about 20 percent higher than the rate of poverty (13.7%, 810,045) in Missouri (U.S. Census Bureau, 2019).

**Participant**

This discussion of Katherine’s identity and life history is guided by the ADDRESSING framework (Hays, 2008). The student chosen for Art Bibliotherapy was a 7-year-old female student who uses she and her pronouns. She was chosen for Art Bibliotherapy from my existing caseload after expressing interest in reading. For the purpose of anonymity, I have given her the pseudo name Katherine. Her sister, who is mentioned frequently, has been given the pseudo name Christine or more affectionately when referred to by Katherine, Chrissy. Katherine was in first grade at Kratz. On her school records, she is a United States citizen and her “State Ethnicity/Race” is listed as “Native American/Eskimo.”

**Life History**

Katherine resides with her mother and older half-sister. Her mother was balancing her day job in between raising her kids and going back to school herself. Katherine and her sister both had different fathers. While Katherine did not often see her father due to custody issues, her older sister was seeing her father on a regular visitation schedule. When I was seeking permission to write about Katherine, her mother requested that she would be more comfortable if discussion of Katherine’s father was limited as much as possible as Katherine’s relationship with her father was an ongoing struggle to navigate for the family.

The services I offered were her first experience in therapy, though she was familiar with the word therapy due to her sister having had a therapist previously. Katherine was unsure of what therapy was. During our first session we discussed both therapy and art therapy, which was standard practice for me. She nor her mother had disclosed any diagnosed or suspected mental health disorders. However, her older sister had a diagnosis
and her mother had mentioned suspicions of other potential mental health diagnoses in their family.

The immediate family’s exact socioeconomic status is unclear, but Katherine mentioned not having many art supplies at home on multiple occasions and that her mom described the family as “broke.” Her mother was the sole earner with additional child support from the elder daughter’s father. A genogram was created with information gathered during our sessions, from her immediate family, homeroom teacher, the school counselors, and the school social worker.

**Figure 2**

*Katherine’s Genogram*
Strengths of Participant

Katherine had many strengths. She was an excellent reader and writer. She already identified herself as an artist and often came in with creative ideas for projects. She was very articulate. Despite her poor attendance, her grades were excellent. Katherine’s teacher credited this to her being homeschooled when she was younger.

Katherine was kind and loving. She often made things for her friends during our sessions. She almost always discussed her sister and how much she cared for her. Even on hard weeks, she seemed to be optimistic. It was rare that she did not mention being excited for our upcoming session on her way out of the door. Her temperament was easy-going, she was either talkative and excited when she was having a good day, or a little bit quieter and mellow when she was having a hard one.

Presenting Problem

The children referred to me through counseling services are done so in one of three ways: a) parent referral, b) teacher referral, or c) the student has been identified by the school for higher tier support. All students start out in Tier 1, and as their level of support increases so do their appointed goals and objectives. Katherine was categorized as a Tier 1 student and was originally referred to me by her grade level’s school counselor for Art Therapy services because she needed, “a little extra love.”

Katherine was described as having a hectic home life. I learned during the Fall 2021 semester while working with her that she had poor attendance, struggled with self-esteem and feelings of loneliness, and needed help coping with the estranged relationship she had with her father and her day-to-day relationships with her mother and sister. Interestingly, these themes of family difficulties, interpersonal relationship difficulties, and loneliness were
consistent with the main themes that emerged during a study on young children in an Israeli school system by Art Therapists (Adoni-Kroyanker et al., 2019).

On December 6th, Katherine’s teacher reached out to inform me that Katherine had written something concerning on her homework assignment: “My mom and my sister hates me for no reason!” and commented on a separate occasion, “Why doesn’t my mom or sister like me?” In our sessions she had made comments that “Everyone is mean to me” including her family and talked about things she did that would make them angry with her. Additionally, she was always checking-in on and leaving drawings for her sister, who I also had sessions with after, and frequently asked if I could tell her sister that she “loves her.” Katherine appeared to be a child who expressed love abundantly and was lacking in positive affirmations or reciprocation she understood, which seemed to result in lowered self-esteem.

**Goals and Objectives**

When it became time to select an intervention for the Case Study, I reflected on how Art Therapy was successful over the course of our time working together thus far. Art Therapy had allowed her a space as well as another means for expressing her struggles and emotions. I felt Bibliotherapy’s ability to help children recognize their personal characteristics and better understand their interpersonal relationships (Cook et al., 2006; Heath et al., 2005) would assist in addressing Katherine’s need for being understood and cared about. The first goal was for Katherine to reach the first stage of Bibliotherapy, the Identification level, to provide normalization of her experience. This would be achieved if she expressed feelings of relating to the text. The second goal was for her to reach the second stage of Bibliotherapy, which can also be induced with the assistance of Art Therapy, Catharsis or “getting into the flow.” This goal would be met if she expressed feeling relaxed
or a change in her emotional regulation level shifted from the start of the session to the end of the session through identification of her Zone of Regulation.

**Therapy Interventions**

Both Art Therapy and Bibliotherapy were utilized during the Case Study. Sessions were 30-minutes, once per week. Art Therapy was used in all five sessions, while the Art Bibliotherapy intervention was used during the first. Art materials included all those available on site. Books were available to me through the school library and their book sharing system, Interlibrary Loan.

Leading up to the Case Study sessions where I would incorporate the Art Bibliotherapy intervention, I sought an intervention that would focus on building self-esteem. Bibliotherapy has been shown to improve elementary students’ self-concept (Kanaan, 1975). My process started with researching children’s books that addressed self-esteem and then building the Art Therapy intervention around the chosen text.

**Choosing The Book**

When investigating books that dealt with self-esteem, I initially struggled to find a story that discussed a child’s importance without referencing Christian theology. Since Katherine had not mentioned religion in our previous sessions, it was necessary to find a story that was either applicable to a diverse range of belief systems or, preferably, did not mention religion at all. I say preferably because my intention was to encourage Katherine to listen to her internal voice rather than continuing to gauge her worth based on external feedback as she had been accustomed to.

I eventually came across “You Matter” by Christian Robinson, a Black children’s book author and illustrator (2020). The book was screened for: a) content relevancy, b) age and developmental appropriateness, c) accuracy of information, and d) normalization and
validation of their experience (Cook et al., 2006; McNamee & De Chiara, 1996). The book opened with the statement, “For anyone who isn’t sure if they matter. You do,” on the copyright page. It was recommended for ages 4-8 and grade levels P-3. This meant that the book was both developmentally and age appropriate for Katherine.

An important component of accuracy of information was that the message would be applicable to a wide variety of children. In an interview posted on the National Center for Children’s Illustrated Literature’s (2019) website, Robinson stated that diverse representation is prioritized in his work and that:

> It’s important for me to tell stories that reflect the diverse world that we live in.

Children need to see themselves in books. They need to see their gender, their color, hair texture, their disability, themselves. Picture books especially are like many children’s first introduction to the world. Seeing yourself is almost like a message, it’s saying: you matter, you are visible, and you’re valuable. (para. 2)

Robinson’s statement beautifully aligns with Hoagland’s (1972) first step in the Bibliotherapy process: identification. If the child is unable to identify with the characters or the messages of the book, the Bibliotherapy process would be at risk.

Choosing The Art Activity

The first prompt I chose was meant to be a short follow-up activity to the reading during the first session. I wanted it to be something open-ended in terms of materials. The prompt read, “When was a time you felt you mattered or what is something that made you feel like you mattered?”

While researching art prompts, I came across the “Positive Self-Talk Shields” from the YMCA’s Project Cornerstone (2012). The activity was marked as one that would be especially suitable for first through third grade. The lesson plan had two options for execution and listed suggested art materials such as a pre-made shield, crayons, and colored pencils. The project instructions also say to inform the child that the purpose of the activity is for their positive words to shield them from harmful ones. This second prompt was meant to be reflective on the reading and directly work on building her self-esteem over the course of the remaining four sessions. Art Therapy has been shown to help build adolescent girls’ self-esteem (Higenbottam, 2004); therefore, I was optimistic that similar results would occur for Katherine despite being a few years younger than the girls in the study.

I wanted to do a combination of their two suggested methods when building the intervention and have Katherine write both her positive self-talk messages and affirmative messages that showed her strengths. However, I did not want to limit her to just three affirmative messages nor the art materials she could use. My plan was to provide my own version of the shield template with their phrase “Positive self-talk will shield me” to help ground the activity and have an open-studio approach to working on it where the only material limitation would be the materials available in my room. This would allow for more areas of the ETC to be accessed and assist in Katherine’s ability to reach a state of Creative Flow.
Data Collection

Data was collected during the Spring 2022 semester, over the course of five sessions. Each Art Bibliotherapy session began with a check-in activity that doubled as our opening activity and an opportunity for data collection. Kratz Elementary uses a socioemotional regulation model (Kuypers & Sautter 2021), that parallels principles in Polyvagal Theory (Ogden, 2018), as part of their curriculum to help children recognize and track their emotional states. This attunement to their internal experience is the foundation for healthy emotional and psychological regulation (Blaustein & Kinniburgh, 2019).

The Zones of Regulation chart is made up of four quadrants which are each represented by a color: Blue Zone, Green Zone, Yellow Zone, and Red Zone. Within each zone are four emotion words and a picture of a cartoon child’s face demonstrating each emotion. Blue Zone encompasses the emotions “sad,” “bored,” “tired,” and “sick.” Green Zone has “happy,” “focused,” “calm,” and “proud.” Yellow Zone includes “worried,” “frustrated,” “silly,” and “excited.” While Red Zone is for when one is feeling, “overjoyed/elated,” “panicked,” “angry,” or “terrified.” During each of our sessions I documented the zone Katherine placed herself in at the beginning and the end; as well as the chosen word from the zone list or her own word if she felt it resonated more.

When the chosen reading material was presented to the child, we spent a few minutes discussing why the reading material was selected. Depending on the child’s age and preference, the book can be read together, or the child may read it to themselves. Katherine wanted the reading experience to be a shared one. She decided I would listen while she read aloud. Questions could be asked at any time along the way.

Following the reading portion, I gave a prompt. The prompt was one that I prepared prior to the session. However, I was open to the possibility of using an altered version if it
was more appropriate based on the direction of the conversation and my own clinical judgment. Katherine had varying amounts of time to work each session before coming to a stopping point due to the varying material set up and clean up times. After the first session where the book was introduced, we transitioned into a formal discussion phase. Cook and her colleagues (2006) emphasized that the discussion portion of Bibliotherapy is imperative because this is when empathy and understanding are fostered. This also fits within the art therapy paradigm. In the following sessions, the discussions became integrated into the art making time.

The last portion of the session was dedicated to the check-out activities. The check-in question was repeated to see what zone the child placed themselves in after completing the intervention. I also used a kid-friendly five-point facial expression Likert scale (see Figure 3). The purpose was to see how the child was experiencing the sessions. The presentation of the Facial Expression Scale (FES) was prefaced by the prompt “How do you feel this session went today?” The FES has not been formally tested for reliability or validity. My supervisor, one of the school counselors at Kratz Elementary, provided the FES upon my request for a non-verbal check-in method to use with the students I was providing services too.

**Figure 3**

*Facial Expressions Scale*

For the purpose of my own reflection and documentation, I kept notes on how I believed the session to have gone. This included my observations on the child’s external
socioemotional state, content of the artwork and discussion portion, and my own thought processes and feelings as the session progressed. Documentation was completed within 24 hours of the session. In the following chapter, the content of our sessions is presented.
CHAPTER IV

CASE STUDY

This case study was conducted during the spring semester of 2022 over the course of five sessions. Since Katherine and I were working together since the beginning of the school year, we had the opportunity to build a strong therapeutic alliance before going into this case study where she is very candid about her experiences.

Session I

In the first session where the Art Bibliotherapy intervention was introduced, we started off with our established routine. For her check-in she chose the yellow zone and the word “excited.” Then, I told her I had brought something for us to read and introduced the “You Matter” book to her (Robinson, 2020). She read the title aloud and then when I asked her what the title meant, she replied, “to other people. My mom says, ‘you matter’ a lot to me.” This raised the question for me, does she define mattering in relational terms? If so, how could I help her create a concept of mattering that was self-defined and internally motivated to ensure a more stable sense of value. She decided that she would read it aloud and I would turn the pages so that we could engage in the story together.

She appeared both excited and curious to begin reading. She had a big smile on her face and wide eyes, until it was time for us to begin reading the text. She quickly became focused, inspecting the cover and the illustrations on the first few pages. She was engaged with and responsive to the text:

Book: “When everyone is too busy to help. You matter.”
Katherine: “That’s pretty cool and pretty sweet.”
Book: “Even if you are really gassy. You matter.”
Katherine: “I mean I really am gassy sometimes.” We both laugh and she responds, “But I am!”
Book: “Sometimes home is far away”
“Sometimes that worries me... and I worry Chrissy and I will get kidnapped... but she can fight.”
Book: Sometimes someone you love says good-bye.”
“Aww. The cat is looking away. That’s sad.”
“Aww. Yeah, sometimes I do feel alone. I just talk to air.”

After finishing the inside of the book, she read the back cover twice. I followed by asking what she thought of the book to which she replied, “It was real cool... some stuff said you matter.” I then asked her if she knew why I had chosen this book for her to read. She said she was not sure. I explained how I had noticed she had seemed to be struggling with feelings of being unloved, unwanted, and loneliness. Her mood seemed to lower after my comment as her shoulders dropped. In a small voice she said, “Sometimes, sometimes Mom sends me to my room and that makes me feel like she doesn’t love me.” Our discussion continued for a few more minutes, exploring why being sent to her room made her feel unloved.

We then transitioned into the art prompt. I introduced the prompt by stating, “When was a time you felt you mattered or what is something that makes you feel like you matter?” She thought for a moment and then wondered over to the art materials on the far wall. She chose the Wikki Stix, which are a string-like material covered in wax coating. She started off making a loop with the purple Wikki Stix and then cutting a blue piece into two parts, “Cat ears!” she exclaimed. Then she asked me, “Which color should I use for the head?” To which I replied, “Which color do you like?” “I want to use the pink.” There was silence for a moment as she focused on attaching the ears to the head and the head to the body.

She went on to tell me about a disagreement her and her sister had recently which had resulted in her pushing her sister, “Just because she’s my bigger sister doesn’t mean she gets to tell me to shut up.” As she continued to walk me through the rest of the event while she
manipulated the Wikki Stix to create the face. She closed the story with, “And the only thing that makes me happy when I cry is my kitty, [Cat’s name].” Her last additions were the feet and tail which she wanted to have multicolored (see Figure 4).

**Figure 4**

![Cat’s name]

Her cat was a special family member that had come up in several previous conversations. I informed her that our time was coming to an end, and she switched over to clean-up shortly after. During her check-out, she identified that she was in the Yellow Zone and still feeling excited, “Well I’m leaving, and I’ll get to see you next Wednesday.” I then introduced the FES score sheet. I explained that I wanted her to reflect on how she felt about the session as a whole and give the session a rating between “Terrible” and “Super.” She chose “Okay” and stated that “Well, I like the artwork of the cat. I really like it. I’m okay about it because sometimes he’s good and really cute.”

After completing the session and reflecting on what happened I felt several emotions. The first was that my intuition had been correct in both the timing of introducing the book and selecting her for Art Bibliotherapy. I felt strongly that the book had resonated with her
based on her commentary while we read together. I also felt that it had helped me better understand her because for the duration of our session I felt more immersed in her experience as I watched her turn neutral art materials into a model of her beloved pet. Our conversation after reading the book together was heavier and though she did not appear to be on the verge of tears while reflecting on vulnerable memories, she still knew what she needed to ground herself and brought him into the room with us through creative expression.

I was not surprised that she rated the session as “okay” as it was one of our heavier ones. Both the chosen book and the art prompt were circling the topic of impacts on self-esteem. My plan for the next session was to present her with an art making prompt that would give her the opportunity to reflect both on this week’s session as well as the things she liked about herself to start working on building her self-esteem.

**Session II**

In preparation for our second session, I used the Positive Self-Talk Shields activity in which a shield is drawn on a large piece of paper with the phrase “Positive Self-Talk will shield me from” at the top. I had the activity set aside so it would not be a distraction or influence when Katherine first came in. For her check-in she said she was feeling “good” because “I got to see my friend. When we were in indoor recess she said, ‘I want to be friends.’ She’s real nice.” She chose the green zone and then the word “happy” from Zones of Regulation chart.

After our initial greeting conversation, I asked her if she remembered the book that we read last week. She took a second to think about it and then stated the title “You Matter” to which I smiled and complimented her memory. I then asked her if she could tell me anything she remembered about what the book was about. “It was about kids and the words
said, ‘you matter.’ Uh, even when we are alone, we still matter.” I waited to see if she would say anything else, but she did not.

I then told her I had prepared an activity for us to try if she was interested. If not, we could do something else. I showed her the large piece of paper that the shield was drawn on and she read the words written at the top but looked a little confused. I responded, “Do you know what a shield is?” To which she replied, “Well knights use it to protect them from fire and people use them to protect from dragons.”

I introduced the idea behind the project, that we were going to think of things she liked about herself and then add them to the shield however she wished. The shield’s purpose in this context would be to protect her from her negative thoughts or words from others. I asked her if she would like to start decorating it and she said “yes!” She wanted to start by painting it. We got out the paint and painting materials (smock, paint cups, and brushes) and she set them up at the painting station. “I only put a little in each cup because a little goes a long way.” She was quiet for a few minutes while starting the piece. I asked her if she could tell me things that she liked about herself.

“My mom likes that I’m an artist.”
“Do you like that about yourself too?”
“I like that I get to use paint.”

She then wrote with her brush on the shield, “I love you sis.” She went on, “I like that I can read.” She started mixing the blue and white paint, “Ms. Haven look at this! It’s beautiful.” She looked at her color selection and then asked, “Should I use light blue or dark?” I asked her which one she wanted to use and after thinking for a moment she chose dark blue and continued painting (see Figure 5).
When our time was nearing a close, I let her know and we started cleaning up together. She went to the sink to wash out the brushes while I double checked the paint cup lids to make sure they were securely closed. Once the room was cleaned up, we sat down to do the check-out. “Well, let’s see...” she reads over the Zones of Regulation list, “Red. Overjoyed, I’m happy, really really happy because I get to see [Teacher’s name]. It was really fun that I got to paint, that I got to draw.” I then slid her the FES sheet and she started to sing “We Don’t Talk About Bruno” from Disney’s Encanto while coloring in the face for “super!” When I asked how she decided on super she said, “Well, you made that [pointed to the shield] and I got to paint it.”
I felt good about the session based on how much more energetic she was today and her positive descriptions during the check-out. I did notice she was struggling to identify what she liked about herself. I was unsure if that was due to the confusion about what exactly I was asking or if it was something she had not thought much about. I wanted to set aside some time during the next session to solely focus on making a list of things she liked about herself before continuing work on the art activity. Focusing on the list with her for a few minutes might allow me to get a better understanding of what could be making her feel stuck.

Another revelation for me during the session was that she was so proud of being a sister that she might consider it an identity marker. I knew she loved and cared for her sister very much, but I had not considered prior to this session that it might be something she was proud of. As the eldest sibling in my family, I had never considered that my younger sister might view our relationship as an important identity marker the same way I did since I was in more of a protector role. I remember feeling some countertransference during this session. Again, as the elder sibling and the more openly expressive one, I was always telling my sister how much I adored her while she was much more reserved. I felt like we were similar due to the way we expressed ourselves and yearned for reciprocation, but our roles were slightly different due to the different sibling order in each of our families.

Session III

Prior to Katherine’s arrival I set her shield on the table to greet her when she entered. I also transferred the list of things she liked about herself from my notes onto one of the small whiteboards. This way, we would have an easy transition from the check-in to investigating the trouble she was having thinking of positive affirmations for herself.

During the check-in, Katherine chose the green zone and the word “happy” as well as the yellow zone along with the word “excited.” “Um well, I didn’t recognize – well I thought
my teacher was going to give me a flashlight. Then she said go to Ms. Haven’s room.” We sat for a moment in silence before I invited her to look over her artwork. Then she glanced over to the whiteboard list and asked what it was. I explained that I had written down the things she told me she had liked about herself last week and that we could add to it, “Did you think of more things?”

“Yes.” She tucked the board in her lap and started writing out of my view. “One funny thing about me is I accidentally called my friend Chrissy.” She then immediately jumped into sharing discontent feelings. “I hate that my mom doesn’t get Chrissy and me presents... not even on holidays or on birthdays. She even yells at us on our birthdays. Only our grandparents get us presents. She says we already have toys. I have art stuff because I like to draw. It makes me sad... Cause every birthday should have presents and Christmas. Even Valentine’s Day. My mom’s friend said he would bring us flowers, but he hasn’t come over yet. I still believe he will come. My dog gives me presents; she gives me love. Lots of kisses.”

I get curious and inquire, “Does love count as presents?”

“Yeah.”

“Does Mom give you love?”

Katherine thinks it over, “She yells a lot. Chrissy yells sometimes but we mostly laugh together.” She then looked down at what she had written again and stated, “My handwriting sucks.”

I looked down at her writing and asked her if she knew the difference between negative and positive self-statements. She shook her head no. We then had a short conversation about what each was. I told her a positive self-statement is one that makes someone feel good about themselves while a negative self-statement is one that makes
someone feel bad. I could tell she was thinking over this new information as her brows furrowed.

“I wrote a negative,” she said as she looked over her list and then she erased it with her sleeve. She then asked if it was art making time yet to which I replied that it was. “Paint with me!” She took her shield over to the painting station and we both wore our smocks. As she started painting a purple heart on her piece she said, “I like that I can feed the cats.” I made sure to write it down on this list. For the remainder of the session, she painted the top of the shield (see Figure 6), and I painted on a small piece of watercolor paper.

**Figure 6**

*Shield: Part 2*

After we cleaned up, she sat down for the check-out. “Well, I’m feeling good because I’m gonna zoom zoom zoom. It’s where you go very fast. It’s what I’m gonna do when we
go to get water [on the way back to her classroom].” She then chose the green zone and the words “happy” and “calm.” I then handed her the FES sheet and she asked, “Can I do two?” I nodded. She colored in both “okay” and “super.” She chose “okay” because, “I got to paint, and I got to talk to you and I still gotta do my shield.” Then she continued, “Well, I’m okay slash super. Well, it was fun!”

I realized her struggles with identifying things she liked about herself could have been influenced by her negative self-talk. This was not the first time I heard her use a negative self-statement and her usage provided an opportunity for us to both name and address it. I felt this had been effective in the sense that she immediately recognized the difference between the three prior statements written on the white board and the one she had added. I also found it powerful that she decided to erase the negative self-statement.

This session also gave me more insight into the dynamics of the family. It seemed that Katherine was craving more physical affection than she was receiving. I initially wondered if her desire for presents stemmed from a feeling of not having enough due to their potential socioeconomic status or wanting to feel celebrated and important. Her answer helped give me insight into what feeling was underlying her wanting presents: the desire to feel cared about and noticed. Her statements also made me curious about how her family shows love to one another.

In the next session I wanted to ask her again if she had thought of anything she wanted to add to the list and see how she responds. In addition to giving her time to work on her shield.

Session IV

At the start of this session, I mentally noted two things. The first was that Katherine was wearing new clothes and her hair was brushed. Katherine had come to school with a
bedhead on multiple occasions or done up by her older sister. Christine’s teacher had a hairbrush and ties set aside in her room for them. One time when the girls arrived late, Christine asked if we could go to her classroom first so she could do Katherine’s hair. I also realized that we had several consecutive sessions meaning Katherine had not been absent on a Wednesday in a while.

For her check-in she stated, “I’m good,” and then selected the word happy from the Green Zone. She then went for her whiteboard list and looked over the previous writings. After her reflection, she added “good at making A’s,” and pointed out the way she wrote the letter “a.” The session seemed to naturally transition into the art making segment, but I noticed Katherine seemed a bit distracted. She got up and started walking around the room, fiddling with the art supplies. After about 2 minutes, she returned to where I was sitting and said she wanted to paint. We walked over to the painting station, which is in the opposite direction of the other supplies, and she said, “I wanna paint a little bit and then I can play with playdough.” The tone of her voice jumped a pitch as she continued, “Paint with me!”

We both proceeded to set out materials, I pulled out a small watercolor of a tree I had started in a previous session, and she had the Shield. As we painted alongside each other she initiated a conversation, “Why is it called therapy again?” I explained to her that Art Therapy was called such due to art’s ability to help us express our feelings and to help someone feel better. She responded with, “I like you... as a therapy teacher.” She then went back to her painting. After mixing teal and cleaning the brush she got excited about the effect the pigment had on the water and pointed it out to me.

She painted the rest of the background of the shield green and blue. Once that was complete, she was ready to cut it out (see Figure 7). I reminded her that we would need to let it dry before cutting it out and that it would be ready next session. Once we were done with
clean-up, she cut the shield out and set it aside. We had about five more minutes of leftover time and she was eager to get to the Playdough. With her free time, she made different food. During our check-out she stated that she was feeling, “confused because our time was a little tiny. We’re supposed to have 30 minutes, but it wasn’t.” I assured her that we had our full time, but that sometimes when we are enjoying our time it can feel faster. She thought about what I had said and responded, “I’m focused actually,” while pointing to the Green Zone.

**Figure 7**

*Shield: Part 3*

Finally, I handed her the FES and she colored the face for “Great!” I asked her why she had made her decision and she told me her reason was because, “this is so great. My life is great. I’m feeling grateful. You. My whole family. The playdough. For no reason. My shield.” Katherine had a big smile on her face as she expressed this and walked happily back to her classroom.
I felt excited after realizing that her Wednesday attendance was consistent for the past several weeks and that, unprompted, she made an addition to the list of characteristics she liked about herself. The addition of liking how she wrote the letter “a” was important. In just the past week, she stated that she hated her handwriting compared to this week where she found something about her writing that she did like. To me this showed that she had been thinking about what we had been talking about in our sessions and had done her unofficial homework of brainstorming more ideas for her list.

I also was excited by the number of positive statements she had made after completing her FES. This was the first time since we started working together that she worked on a project over several sessions that stemmed from a prompt. I initially was worried that she would lose interest in it, but after her expression included the shield, I felt validated in the selection and for the decision of bringing it to her. I was also happy to hear that her list also included her family. Her love for them has always been apparent. However, it was usually followed by a statement expressing disappointment or frustration.

For our final session, I wanted to ensure we had enough time to wrap up the shield project and reflect on the work wholistically. I planned to dedicate the entirety of the session to art making aside from our check-in and check-out activities. I also thought this would give the opportunity to see if she would add something else to the list without being prompted again.

**Session V**

This session was not a termination session as we would continue working together for the rest of the school year; therefore, this session’s focus remained on the Art Bibliotherapy intervention. When Katherine arrived, I immediately noticed that her straight hair was neatly brushed and was without tangles. An avocado sticker stuck to her finger was leading the way
as she approached to show me it. After I was able to look it over, she stuck her sticker on her shirt and then grabbed her white-board list as she sat down.

Her check-in was the most elaborate it had been thus far. “Red... wait no, Green. Happy. Confused. I’m not really happy. I’m calm. I’m bored. Why I’m not happy is because we had to cut recess because two of my friends fighted so we had to cut recess just because of that.” She then looked down at her list and appeared to be thinking it over and then said aloud, “[I’m] really good at drawing cats.” She grabbed a dry-erase marker and then added “I’m reale good at making cats” to the list. She then went over to gather materials stating that she wanted to add “stipes.” I asked her what she meant and realized she had meant straps so that her shield could be worn. She repeated our realization saying, “straps not stripes,” and chose some red ribbon.

I smiled and then asked her if she had decided how she wanted to include her list on the shield. “[I want to write because I don’t want to cover ‘I love my sis’ because I really do love my sis.” My comment here might have changed the order of events. Using a black pen, she transferred over her list onto the center of the shield in tiny letters. “I love this! I love how it's not really like so people can see it.” While she worked, she explained the plot of the movie Encanto which I had not seen yet as well as Cat in the Hat. Once she had finished her story she leaned in and concentrated while writing, “I’m really good at making N’s with pens and markers, but I’m not good at making them with pencils. “I did one, two, three four. I need to do five and six,” then let out a slight groan before she continued writing.

“Do I take this to class or keep it here?”
I replied letting her know that she could do either.

“I want to take it to class and then take it home to keep it there.”

When she had reached her sixth list item, she asked me how to spell ‘really.’ I assumed she thought the way she had spelled it on her board looked a little off.
“Do you know all the teachers in the building?”

I told her that some people worked on the days I did not and since it was my first year, I was still learning everyone, but that I knew most of them.

Her eyebrows raised, “That’s so cool.” Her attention then went back to writing. “I’m surprised this pen only works on the blue [paint].” She huffed, “Finally done. That took a lot of time.” Without missing a beat, she said, “Time to get cutting!” While she was cutting out the shield, she told me that she wanted to show it to her sister. This felt like a sign that she was proud of the work she had done so far.

She did end up circling back to the ribbon idea. As she was cutting the pieces she told me, “Well, why I wanted to put straps on the shield was so it stays on me and so I can take it off and on.” She decided that the ribbon straps would be attached with the stapler (see Figure 8). “This is really fun.” She told me that she did not get to use them often and seemed a bit fascinated with it. Once one strap was on, she wanted to try it on. Her excitement was growing quickly, “It works! This is so fun!” We worked together to attach the other strap. She put it on once more so that the shield covered her torso, and I asked her if she remembered why we had made a shield. “So that I know that I’m an artist and that I’m beautiful and that my birthday is close to my sister’s.” I smiled at her reply. Then I informed her of the time, and we moved on to her check-out.
She said she was feeling “great” and then noticed that there “isn’t even a great on here [Zones of Regulation chart].” I told her that was a good observation and then asked which zone she believed it went in. “I’ll go with green... well I also feel focused. Like my mind is so focused.” I then set out her FES sheet where she colored in both the “Great!” and “Super!” faces. When asked why she chose, she said that the session was, “beautiful. I’m feeling beautiful.”
After I had walked Katherine back to class, I felt immense pride regarding how the project had progressed over the five sessions. I was thrilled that she had thought up the idea of making straps for it. The added three-dimensional feature really brought the shield to life and made it become much more impactful. Not only was Katherine excited about what she created, she was also making several positive statements. She had again found another part of her writing that she liked. She had enthusiastically described feeling “beautiful.” I wish I had asked her what that means to her, but her external expression gave me an idea.

I also noted that during this session, she had not needed my prompting to add to her positive self-talk list. Over the remainder of our sessions, I continued to monitor her progress. The following week when she returned, she told me all about how her mother and sister had reacted to it positively.
CHAPTER V

RESULTS

The data for this case study was collected over five sessions. The Zones of Regulation check-ins and check-outs, the Zones of Regulation associated words, Facial Expression Scale, and the time of the Art Bibliotherapy intervention were all recorded. After completing the Case Study, emergent data not originally included in my Data Collection conceptualization were also included. Upon reflection of the sessions, I made note of the number of positive self-statements and negative self-statements that were verbalized. I also revisited Katherine’s attendance record after noticing it had been several weeks since she had missed one of our Wednesday sessions and started documenting her attendance moving forward.

Analysis of Data

The Zones of Regulation Check-Ins and Check-Outs were compiled into two different graphic representations: an altered bar graph (see Figure 9) and two pie graphs (see Figures 10 & 11). Figure 9 breaks down Katherine’s choices by session. Check-Ins are within the gray bars and Check-Outs are within the white bars. The color of the square markers corresponds to the zone the emotion was categorized in. This graph shows the emotions Katherine was experiencing at the beginning and end of each session, which were frequently mixed and occurring simultaneously. Figures 10 and 11 demonstrate the frequency increase in Katherine’s ability to reach the green zone by the end of our sessions. The color of each section corresponds with the color of the zone Katherine reported at the beginning and end of each session. Green represents a regulated state while Red, Yellow, and Blue represent dysregulation. For the Check-Ins, the most frequent zone choices were Green (57.14%), Yellow (28.57%), and Blue (14.29%). Red was not chosen. There was a slight shift in
frequency for the Check-Outs. There was an increase in selection of words in Green (71.43%) and a tie between Yellow (14.29%) and Red (14.29%). This time, Blue was not selected.

**Figure 9**

*Zones of Regulation Check-Ins and Check Outs by Session*

![Zones of Regulation Check-Ins and Check Outs by Session](image)

**Figure 10**

*Zones of Regulation Check-Ins Color Frequency Graphs*
A Word Frequency Graph (see Figure 12) was then created to provide further insight into Katherine’s experience. Starting with Green Zone words, the most frequently reported were Happy (28.57%), Calm (14.29%), Focused (14.29%), and Great (7.14%). The word Excited (21.43%) was consistently chosen from the Yellow Zone. Overjoyed (7.14%) and Bored (7.14%) were both chosen once.
For the Facial Expressions Scale, the emoticons were assigned a numeric value between 1 and 5; 1 representing “Terrible” and 5 representing “Super.” The scores were then averaged out with each additional session. As the sessions progressed, the FES score fluctuated, but never dipped below the first session’s score (Figure 13). There was an increase in the overall average FES Score from session one to session five. This showed a consistent positive reaction to our sessions following the Art Bibliotherapy intervention. An important strength of the intervention being that it allowed for her to interact with her favorite medium, painting, over several sessions.

**Figure 13**

*Facial Expressions Scale Results*
A positive self-statement was defined as a statement made by Katherine in which she said something about herself with a positive connotation. A negative self-statement was defined as one in which a self-deprecating statement was expressed. An upward progression can be seen in the frequency of her positive self-statements (see Figure 14). Prior to the five sessions documented in this case study, negative self-statements were a common occurrence. It was not until the third session that a negative self-statement was made which gave us the opportunity to name and discuss her habit. In the remaining two sessions, her negative self-statements decreased, and her positive self-statements increased.

**Figure 14**

*Self-Statements Frequency Graph*
Lastly, a copy of her attendance record for the current academic year was reviewed. As I went through, I noticed a lower frequency of absences on the day of our sessions, Wednesday (see Figure 15). This information was shared with both my supervisor and Katherine’s school counselor. With her attendance being of concern and confirmation from Katherine that she would like to continue therapy in the Fall, I requested that therapy services continue the following school year.
In conclusion, an overall increase was found in her emotional regulation following our sessions as compared to the beginning and in her frequency of making positive self-statements. The words “Happy,” “Excited,” and “Calm” were the most frequent descriptions of her emotional state while in the therapy space. An increase was also found in her scoring of her experience in sessions following the Art Bibliotherapy sessions. Lastly, there was a noticeable decrease in the frequency of absences on Wednesdays after enrolling in Art Therapy services.
CHAPTER VI
DISCUSSION, RECOMMENDATIONS, & CONCLUSION

After reflecting upon the results, there may be several reasons Art Therapy and Bibliotherapy were successful with helping Katherine reduce negative self-statements and increase positive self-statements. Art therapy appeared to have a positive impact on Katherine because of several factors, one being that she was able to get into the Creative Flow through the ETC (Csikszentmihalyi 1997; Hinz, 2020). The shield, as a prompt encouraged exploration of the Symbolic component of the ETC as the shield was offered by me as a symbol of resilience. Painting allows for exploration of the Affective pole of the ETC. Due to the outline of the shield providing a boundary, there was the ability for emotional exploration within a contained space. The process of placing and organizing her list onto the piece with permanent marker utilized the Cognitive and Perceptual poles of the ETC. The scissors being engaged to cut out the shield and the straps allowed for the Kinesthetic side of the ETC to be accessed. Lastly, many Sensory components were present due to the variety of materials used to create the piece. All these factors allowed Katherine to reach the Creative Level which became apparent when she started breaking away from the directive and transforming a two-dimensional symbolic activity into a three-dimensional wearable piece of artwork.

Bibliotherapy may have had a positive impact because Katherine identified with the message of the story: You matter. While reading the book, she shared commentary on the events that took place. Identification was reached when Katherine stated, “Yeah, sometimes I do feel alone. I just talk to air.” Her mood had shifted from one of excitement to one of lower energy after we finished reading the story and moved into the discussion period. Identification can bring up many big feelings, therefore, bringing in Art Therapy to help
assist in emotional tension release, i.e., Catharsis, functioned effectively. Over the following sessions, I felt she reached the Insight stage. When asked to reflect on the message of the story she stated, “Even when we are alone, we still matter.” Katherine also had an increasing ability to add to her list of things she liked about herself, and her occurrences of positive self-statements increased. As Erickson (1977) stated, the resonance of a relevant story allows one to access their internal resources and provided Katherine with the ability to challenge the narrative she had previously felt: You do not matter.

Art Therapy and Bibliotherapy, in their integrated form, because they both provided Katherine the Reflective Distance/Safe Distance to explore her emotions and the problems she was facing through the book character’s eyes (Malyn et al., 2017; Shechtman, 2019; Hinz, 2020). Evidence for Katherine’s experiences of the Creative Flow, Coherence, and Catharsis were most obvious during the fourth session. In Csikszentmihalyi's (1997) work he identified the markers of Flow: increased focus of attention, a loss of sense of time, feelings of satisfaction, and great joy. Katherine made noticeable progress on her shield during this session. This integrative firing of neurons allowed for future functioning to be more balanced, coherent, and harmonious (Siegel, 2014). Once Katherine had transitioned out of the activity, she commented on how she felt the session had gone by quicker than the others because “our time was a little tiny. We’re supposed to have 30 minutes, but it wasn’t.” This observation was followed by identifying herself as feeling focused and expressing a flood of positive emotions during her check-out. As Hinz (2020) stated, once Flow is achieved, participants are able to lose themselves in the creative process and experience an increase in their well-being.

Another important piece of data that arose was the lower frequency of absences on Wednesdays. This could have been because our sessions increased Katherine or her mother’s
desire to have Katherine present for school. Even on those Wednesdays she missed, an effort 
was still made to attend our sessions. However, it is also possible that her increased 
attendance on Wednesday was due to other factors.

Limitations

During one check-in and one check-out, the word “confusion” was mentioned. When 
it was first used, she retracted the word after I explained that our session was the allotted 
amount of time as it always was, even though it might have felt shorter. On the second 
instance, she had mentioned feeling confused amongst a string of several other emotions. I 
did not want to interrupt her explanation of why she was not feeling happy and forgot to 
circle back to see where she would place “confused” on the Zones of Regulation chart as it 
was not listed. Therefore, both instances of confusion were not included in the data. This case 
study demonstrated outcomes with one participant, therefore generalization is limited.

Recommendations

For future uses of the Art Bibliotherapy intervention, participants should continue to 
be selected from a general Art Therapy case load after rapport is established and an interest 
in reading is revealed. Special attention should be given to the relatability of the problem or 
character being featured in the story. When working with vulnerable populations, such as 
children, additional time should be set aside to ensure proper steps are taken to complete all 
requirements given by the research institution’s IRB and the school’s IRB.

Art Bibliotherapy, as an intervention, is a promising therapeutic tool which combines 
the strengths of both Art Therapy and Bibliotherapy. When used appropriately, it can have a 
positive impact on a client as demonstrated in this case study, especially children who have 
both reading and art making woven into their lives. However, future studies on Art 
Bibliotherapy’s impact on sessions are still needed. I will echo the researchers before me,
that those practicing either of these creative art therapies undergo the proper education, research, and/or training before implementing either in session.

**Conclusion**

This research provides insight into the mechanisms behind and a structural outline for an Art Bibliotherapy intervention. The case study portion provided insight into the positive outcomes that resulted from using the Art Bibliotherapy intervention with the chosen participant, such as increases in the participant reaching a regulated state following sessions, satisfaction ratings of the sessions, positive self-statements, and attendance on the day of Art Therapy sessions.
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Appendix A
Guardian Informed Consent Form
Kratz Elementary School - Art Therapy Counseling Case Study Informed Consent

To the Parent(s) of ___________________________ (name):

With the hope of supporting your child’s growth, development, and well-being, your child has been working with a master’s level art therapy graduate assistant, Haven Wright, who is providing art therapy services to students at Kratz Elementary this school year.

Art therapy is a mental health profession in which participants, facilitated by an art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, foster self-awareness, develop social skills, reduce anxiety, and increase self-esteem. Potential benefits to participation in art therapy include improvements in relationships, self-awareness, coping skills, problem solving, self-expression, and overall emotional wellbeing. There are also risks to participation in art therapy such as potential for experiencing uncomfortable feelings, emotions or memories; having less effect than expected from therapy; or experiencing discomfort from the process or results of change during therapy. Additionally, there may be risks involved with utilizing art materials in session. Miss Haven has been focusing on using materials with which your child has prior experience.

As part of Miss Haven’s professional education and efforts to best serve your child, she has been documenting and discussing their progress, artwork, and significant events that occur during sessions with her immediate on-site and university’s clinical supervision team who are bound by all rules and regulations related to confidentiality and protecting your child’s privacy.

In addition, she is required to complete a research project in order to graduate. This research project “Art Bibliotherapy: The Integration of Art Therapy and Bibliotherapy” seeks to demonstrate an Art Bibliotherapy intervention through a case study. Your child has been selected due to their positive response to the Art Bibliotherapy intervention used during her session. The case study portion of the research would include your child’s Zones of Regulation responses at the beginning and end of their sessions, progress, artwork, significant events that occurred during their sessions, verbal and nonverbal responses, and their check-out survey where they rate their experience in the session. Your child would be kept anonymous.

Therapy is relationship-based. You and your child have the right to give feedback during therapy and to expect that your input would be valued and carefully considered. You also have the right to request your child not participate. If you give your permission for your child to participate please sign this page below and return to Miss Haven.

I will allow my child ___________________________ (name) to participate in Miss Haven’s research project “Art Bibliotherapy: An Integrative Approach to Art Therapy and Bibliotherapy.”

Signature ____________________________________________

Please return this form to Miss Haven.
Appendix B
Kratz Elementary School IRB Approval Form
Request to Conduct Research Form

Send completed application to:

Ritenour School District
Human Resources Department
2420 Woodson Road
St. Louis, MO 63114
(314) 493-6061
lachancem@ritenourschools.org

Date_3/15/22__________________________

Please submit completed form and copy of IRB application and approval (if applicable).

Organization and/or Individual Requesting Use of Data

a. Project Director and Title:
   Megan Robb (Art Therapy Counseling Program Director)

b. Organization/School: Southern Illinois University Edwardsville

c. Contact Person: Haven Wright

d. Street Address or P.O. Box: ________________________________

e. City/State/Zip Code: ________________________________

f. Telephone (include area code): ________________________________

g. E-mail: ________________________________

h. Signature: ________________________________

Summary of Study Proposal and Project Activities

a. Title of Study/Project: Art Bibliotherapy: An Integrative Approach to Art Therapy and Bibliotherapy.
b. Summary of Study Proposal and Project Activities:

(Attach as many additional sheets as required)

Note: The summary provided below should be self-contained so that it can serve as a succinct and accurate description of the project and should include the following information in the description of your study:

1) Does this project involve a survey/interview? Yes ✓ (Please include a copy of the survey/interview questions for review) No

2) Has the project been approved by your University’s IRB? Yes (Please include a copy of approval and application) No ✓ (It is pending)

3) How will the requested data be used? (e.g. Do you plan to use the information to track students, send them mailings, or contact them via telephone/email? Do you intend to use the data to produce reports about students? To whom would you provide such reports?)

The data will be used for my thesis which features a portion on a client case study. I currently work at the school providing out therapy services. No additional contact or reporting would occur. Parents have received passive consent forms for therapy services.

4) Will the project involve matching with other data files? Explain. Specify the type and source of these files.

No.

c. Output Produced from this Project/Study: Will results be presented in a manner that may allow identification of individual records? Please attach copies of consent for participation forms if applicable.

No.

d. Identify names of individuals who will have direct contact with students. If approved, background verification/fingerprinting and a District Volunteer Application must be filed for each individual (see attachment).
<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
</tr>
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<tbody>
<tr>
<td>Haven Wang</td>
<td>Graduate Assistant</td>
</tr>
</tbody>
</table>

Type and Format of Data Requested

a. Describe in detail the data you need provided (Attach as many additional sheets as required)

My own documentation of student's zone of regulation at the beginning and end of each session + my own survey where they make a face that corresponds with their experience in the session that day.

b. Data type: Excel  PDF report  Other (please specify) X my own survey + notes.
Confidentiality of Data and Data Retention

a. How will you maintain the confidentiality of the data obtained? Include an explanation of how and where such data will be stored as well as how and when you plan to dispose of the data after your study is completed. Also describe the safeguards that exist (or will be implemented) to ensure that the data will be used solely for the purpose of this research project.

[Handwritten text]

b. Who will have access to this data, either electronically or through printed reports, etc.? Please specify their names and affiliations. Note that access must never be given to anyone other than those approved here.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haven Wrights</td>
<td>Graduate Assistant</td>
</tr>
<tr>
<td>Megan Robb</td>
<td>Program Director / Thesis Director</td>
</tr>
<tr>
<td>Jacqueline George PhD</td>
<td>Professor &amp; Thesis Committee member</td>
</tr>
<tr>
<td>Shelly Gardner-Parker</td>
<td>Professor &amp; Thesis Committee member</td>
</tr>
</tbody>
</table>

Reviewed by: Dr. Mike LaChance  Date 4/3/2022

Approved as Submitted x
Changes Requested (see below)
Denied
Appendix C
Kratz Elementary School Principal Letter of Support
4/5/22

SIUE Graduate School
Office of Research and Compliance
ATTN: IRB ADMINISTRATOR
1 Hairpin Drive
Campus Box 1046
Edwardsville, IL 62025

Email: researchcompliance@siue.edu

Dear SIUE IRB,

I am writing on behalf of Kratz Elementary School to share my support of the proposed study titled “Art Bibliotherapy: An Integrative Approach to Art Therapy and Bibliotherapy,” submitted by Haven Wright.

The project is an investigation into the integration of Art Therapy and Bibliotherapy and demonstrating through a case study what an Art Bibliotherapy intervention would look like. Haven Wright is a paid Graduate Assistant through SIUE that provides Art Therapy Counseling to our students. Students are assigned to her caseload through our on-staff Counselor Elizabeth Winters. Haven Wright has received parent permission from the student selected for the case study and IRB approval to move forward with this project.

I fully support the proposed project that would take place at Kratz Elementary School. Upon SIUE IRB approval, I am fully committed to assisting Haven Wright in any way appropriate.

Sincerely,

[Signature]

Meghan McNulty
Principal
Kratz Elementary School
Ritenour School District
314-493-6360
mcnultym@ritenourschools.org
Appendix D
Southern Illinois University Edwardsville IRB Approval
#1501 - Art Therapy Case History

**Protocol Information**

<table>
<thead>
<tr>
<th>Submission Type</th>
<th>Review Type</th>
<th>Status</th>
<th>Time in Current Status</th>
</tr>
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<tbody>
<tr>
<td>New</td>
<td>Not Human Subjects Research</td>
<td>Not Human Subjects Research</td>
<td>Since April 13 – 6 months</td>
</tr>
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</table>

**Feedback**

NHSR Determination Date

Apr 13, 2022

NHSR Determination Comment

PI: Haven Wright
Protocol #1501 on 4/13/2022
On 4/13/2022 the IRB determined your Case Study/Case History project was Not Human Subject Research as it does not meet the definition of "research" under 45 CFR 46.102(l). You are able to complete your project as soon as possible without further IRB approval. Please contact the IRB if you make any changes to the project that would affect the Not Human Subjects Research determination.

**General Information**

Principal Investigator  
Wright, Haven Alexandria

Lead Unit
Art and Design (71050)

Study Title
Art Therapy Case History

Is this a student lead project?  
Yes