

# A Closer Look at Bibliotherapy

By Jami L. Jones

**W**hat is bibliotherapy? Is it giving a person struggling with depression a self-help book? Is it teaching problem-solving skills to a third-grader by working through a book together? Is it when a nurse uses a book to help a diabetic child come to terms with the disease? In each case the answer is a resounding “yes.” Literature on the topic of bibliotherapy—whether quantitative research studies using control groups, anecdotal accounts, or statements about the efficacy and power of books—points to one conclusion: books can and do make a difference.

The definitions of bibliotherapy range from the simplest—“helping with books”—to a more complex one described by Katz and Watt as “the guided use of reading, always with a therapeutic outcome in mind.”<sup>1</sup> The ancient Greeks recognized the power of books as therapeutic tools by inscribing these words above the door at the library of Thebes: “The medicine chest of the soul.” It is not the definition of bibliotherapy that is perplexing, but rather the worry that the principle of “giving the right patron the right book at the right time” could turn into a troika of wrongs—the wrong patron, the wrong book, and the wrong time.<sup>2</sup>

Over time, mental health specialists and librarians—and to a smaller degree, nurses and educators—have kept the practice of bibliotherapy alive albeit on the

periphery of their professions. While many mental health professionals consider bibliotherapy lacking compared to other more tried-and-true treatments, librarians shy away from anything that suggests therapy. Even though most librarians wholeheartedly believe that books can heal, there is confusion about their role in this process. Principally, librarians worry about overstepping their bounds. They worry that a book suggested by them could heap additional distress on a patron who is already suffering.

## Bibliotherapy Has a History

The term bibliotherapy was first coined in 1916 by Unitarian minister Samuel Crothers, who wrote in *The Atlantic Monthly* about a technique of bringing troubled persons together with books.<sup>3</sup> By the early 1920s, Sadie Peterson Delaney, chief librarian of the United States Veterans Administration Hospital in Tuskegee, Alabama, was using books to treat the psychological and physical needs of African American war veterans. The

first step in bibliotherapy, which Delaney defined as “the treatment of a patient through selected reading” was to know the patient through case histories as well as books.<sup>4</sup>

Working as a team of social workers and psychiatrists, their purpose was to “enable patients to connect—or reconnect—themselves with a broad community of ideas.”<sup>5</sup> Delaney’s holistic practice of bibliotherapy transcended typical literary events such as book groups and story hours to include hobby clubs and activities such as stamp and coin collecting and debating to awaken a patient’s mind. Delaney’s techniques created such a buzz that she received worldwide recognition. Between 1924 and 1958, Delaney spoke at major conferences and held lectures in conjunction with psychology courses, and actively trained other librarians in the practice of bibliotherapy.<sup>6</sup>

In 1937, Dr. William C. Menninger, a founder of the Menninger Clinic, a prestigious group psychiatry practice, edited a book about psychiatry that included several of his papers. In one of these papers he described the purposes of bibliotherapy, how it fit into a patient’s treatment plan, and how it was to be prescribed. At the Menninger Clinic, bibliotherapy was used to treat mental illness but only after the patient’s background, symptoms, and therapeutic needs had been evaluated. Because bibliotherapy was considered a treatment, the physician was responsible for the “contents of the library and must approve the books before they [were] purchased,” and for prescribing reading assignments.<sup>7</sup> The librarian’s responsibilities included “the mechanics of purchasing and maintaining and distributing the books,” as well as having personal knowledge of the book

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and interviewing patients about their reading.<sup>8</sup> Wolpov and Askov believe that Menninger's writings brought about the "polemic confusion as to what constituted therapy in bibliotherapy. Was it the interaction between the book and the reader? Was it the interaction among the book, the reader, and the person directing the reader? Or was it the interaction between bibliotherapy supervisor and the reader?"<sup>9</sup>

Caroline Shrodes furthered the study in her 1950 dissertation, when she postulated that there is a psychological basis to bibliotherapy. According to Shrodes, the reader "under the impact of imaginative literature, is subject to certain processes of adaptation or growth," which correspond to the major phases of psychotherapy: identification, projection, abreaction and catharsis, and insight.<sup>10</sup> First, identification and projection occur when the reader shares a problem, circumstance, or issue with the book's character. Second, abreaction and catharsis occur for the reader when the character resolves a problem, circumstance, or issue. Third, insight occurs when the reader reflects on his or her situation and internalizes the character's solution.

In the 1970s, Rhea Joyce Rubin added to the librarian's understanding of bibliotherapy by editing the classics *Bibliotherapy Sourcebook* and *Using Bibliotherapy: A Guide to Theory and Practice*. By this time, bibliotherapy had been categorized into several types. One type, the art of bibliotherapy, is similar to reader's advisory practiced by librarians. Other terms for this include implicit, developmental, and nonmedical bibliotherapy.<sup>11</sup> A second type, the science of bibliotherapy, is practiced by trained mental health professionals. Other terms for this type include explicit, clinical, diagnostic, or institutional.<sup>12</sup> In her books, Rubin answered the question first posed by Alice Bryan in 1939: "Can there be a science of bibliotherapy?" To be considered a science rather than an art, bibliotherapy

needs a body of experimental data that proves its effectiveness. Rubin's intent was to present this scientific evidence to librarians and others.

## Mental Health Specialists and Bibliotherapy

While librarians know that books are powerful, mental health specialists have conducted rigorous studies to prove bibliotherapy works. By using meta-analysis, a technique of synthesizing research results using various statistical methods, mental health specialists have determined that bibliotherapy is effective in certain circumstances. Pieter Cuijpers and Robert J. Gregory et al. performed meta-analysis to isolate the effectiveness of bibliotherapy in treating depression.<sup>13</sup> Mark Floyd used meta-analysis to gage the effectiveness of bibliotherapy to assuage geriatric depression.<sup>14</sup> Timothy R. Apodaca and William R. Miller conducted a meta-analysis to determine the effectiveness of bibliotherapy in treating alcohol problems.<sup>15</sup> In each of these meta-analyses, bibliotherapy was found to be an effective treatment in certain instances. First, it was found to be most effective with individuals whose mental health issues are minimal to moderate in severity. Second, bibliotherapy is most effective in combination with other treatments. Third, bibliotherapy is a viable option in rural areas where mental health treatment is not available or when therapy time is limited. For instance, in one study comparing treatments for panic attacks, bibliotherapy was more beneficial than minimal interventions such as phone contact with a therapist.<sup>16</sup> Fourth, bibliotherapy increases the patient's sense of responsibility. It works best with motivated individuals who are functioning at a higher cognitive level. However, Floyd cautions that bibliotherapy may be harmful if the

## Other Bibliotherapy-Related Terms

**Literatherapy:** Refers to the direct and intentional use of literary text in conjunction with psychotherapy.

**Bibliodiagnostics:** When bibliotherapy's techniques are used for assessment.

**Iblioprophyllaxis:** When bibliotherapy is used for prevention.

**Videotherapy:** The use of film or video for therapeutic purposes.

client feels that the therapist is minimizing their problems by giving them a book.<sup>17</sup>

Dr. Cindy Crosscope Scott, a licensed counselor in North Carolina, utilizes fiction, fables, fairy tales, song lyrics, and self-help books in her practice. She often uses these materials with patients "out of session," as homework, to mull over and discuss at the next meeting because "sometimes books get through when nothing else does."<sup>18</sup> She cautions that because "we are a nation that wants to be fixed," some self-help books with a simplistic "follow these steps and you will be healed" approach can cause anxious patients to feel even more so.<sup>19</sup> Dr. Scott asks two questions when selecting self-help books: Is the author respected in the field? Does the author base self-help recommendations on empirical research?<sup>20</sup>

## Librarians and Bibliotherapy

Librarians and other professionals, such as nurses and educators, have written many anecdotal articles describing how books can, and do, make a difference. Shirfra Baruchson-Arbib tells of an experiment in a school library in Israel in which a small

### Some of Dr. Scott's Favorite Books for Bibliotherapy

*The Little Prince* by Antoine de Saint-Exupéry

*Leo the Late Bloomer* by Robert Kraus  
Dr. Seuss books

collection of supportive self-help, prose, and poetry books were made available to students in grades seven through nine for the purpose of stimulating discussion about relevant issues and problems facing the teens.<sup>21</sup> Baruchson-Arbib believes that the function of the school library in contemporary society needs to go beyond its traditional role to one that helps teens in three ways: to “absorb cultural values and knowledge,” to become active members of the community, and to understand their problems.<sup>22</sup> She suggests that librarians adopt another name for bibliotherapy, such as “supportive knowledge,” since the connotation of therapy dominates discussions about the helpfulness of books.<sup>23</sup>

Lenkowsky and Lenkowsky encourage the use of literature with learning disabled students who bring special problems and challenges to the classroom because of past histories of academic and social failure.<sup>24</sup> One student, Bonnie, a fifteen-year-old reading at a sixth-grade level, had very few friends and was concerned that she might never date. After it was discovered that Bonnie's reading interest revolved around sports, a high-interest, low-vocabulary book about a lonely girl who excelled at basketball was recommended to Bonnie. Her self confidence grew as she read this book, and then had more difficult ones read to her, about girls who overcame their social struggles.

Two nurses, Manworren and Woodring, write about the ways children's

literature can be used to educate patients about illness, surgery, and hospitalization.<sup>25</sup> Their concerns about the developmental appropriateness and accuracy of literature are similar to librarians' concerns: how to evaluate popular literature for developmental appropriateness and content accuracy. Amer writes about how nurses used books to help children with short stature and diabetes discuss their feelings and cope with their challenges.<sup>26</sup> *The Littlest Leaguer* by Syd Hoff (Windmill, 1976) was used with short-stature children. Diabetic children benefited from *Sugar Isn't Everything* by Willo Davis Roberts (Atheneum, 1987) and *Tough Beans* by Betty Bates (Holiday House, 1988). Amer encourages nurses and parents to use books to help children discuss their ailments.<sup>27</sup>

### Individuals and Bibliotherapy

Whether books are used clinically or developmentally, they are powerful. People who value reading usually have a story or two to share about how books helped them deal with a certain situation. After my son's girlfriend, Emily (her name has been changed), died suddenly, I thought long and hard about my responsibilities as a librarian working with teens, many of whom were in pain as a result of myriad family and personal problems not uncommon in today's society. As part of my grieving process, I turned to books that I thought could have helped Emily deal with her challenges if only I had known enough to recommend them to her. For example, I was drawn to *Solitary Blue* by Cynthia Voigt. I would have wanted Emily to recognize the similarities between her life and that of Jeff's, the main character. Several incidents from the book mirrored Emily's life in so many ways. In one scene, Jeff is stranded at the Charleston airport waiting for his chronically late mother,

Melody, to arrive. In another scene Melody trades in Jeff's airplane ticket for a bus ticket because “there are better uses for the extra dollars” but neglects to give him any money for food even though the bus ride was sixteen hours long.<sup>28</sup> Jeff was able to protect himself by tapping into his inner strengths and welcoming the support of others. I would have wanted the same for Emily.

### Where Do We Go From Here?

As a population, we are much more aware of mental health challenges and recognize the value of self-help efforts. Anytime a book is read by someone who needs its message to solve a problem or reflect on a challenge, bibliotherapy has occurred. Even recommending a book as part of reader's advisory may touch on bibliotherapy if the book is used to heal. Therefore, it is clear that librarians conduct reader's advisory and developmental bibliotherapy without hesitation. Concern kicks in when giving someone a book who has mental health issues morphs into therapy. There are roles for librarians in the art of developmental bibliotherapy, as well as clinical therapy. Perhaps one role for librarians in the science of bibliotherapy is to partner with mental health specialists to provide the names of books as well as specific passages that could be useful in therapy. In this way, librarians can be proactive and prove their usefulness to mental health specialists. On their own, it is of primary importance that librarians select quality books; self-help books must be well-written and credible. Secondly, perhaps a series of informational programs by mental health professionals with books and films tacked on could be developed. Finally, librarians should always be aware of community problems and issues discussed in the media because it is

likely patrons will request information on such topics. **YALS**

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