



Bibliotherapy: Its Use in Nursing Therapy

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BIBLIOTHERAPY IS A WORD which is infrequently used by professional nurses. Even when the nurse is familiar with the term, she is apt to feel uncomfortable with it and to prefer some other word when she wishes to suggest that books and magazines are being used as part of her therapeutic approach to the needs of patients. The two most recent articles written for nurses on this subject appeared in issues of *The American Journal of Nursing* during the years 1950 and 1952.^{1, 2} It is interesting to note that these articles were written by librarians and that most of the material cited in the bibliographies had been written by librarians. The word "bibliotherapy" appears to have real meaning for professional librarians, but within the last 15 years the term seems almost to have disappeared from nursing literature and to have been replaced by other terms which are more acceptable to nurses.

This attitude on the part of nurses toward the word "bibliotherapy" may be an outgrowth of the effort which nursing has made to move away from mechanical, stereotyped approach to nursing care which is dependent upon decisions made totally by physicians and which is epitomized by the phrase "following the doctor's orders." Instead of blindly following the orders of some other professional group, nurses have attempted to substitute a more thoughtful, intellectual approach to their professional tasks. The word "bibliotherapy" may suggest to some nurses that an inanimate, impersonal object is being used to accomplish the therapeutic goal which they feel that they should be achieving through the development of a meaningful inter-personal relationship with the patient. Some terms which nurses may use instead of bibliotherapy in their professional literature include "remotivation therapy," "group discussion," "resocialization," and

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“group therapy.” These activities may or may not involve the use of reading materials. They do suggest that the nurse is focusing upon the needs of the patient and attempting to assist him to become interested in reality, in his peer group, and in social activities.

In many clinical areas of a modern hospital, nurses utilize reading materials in their work with patients. Nurses who work primarily with physically ill children are aware of the importance of reading stories to their sick patients. However, they are usually so busy with the pressures of the physical care of these children that some other person is frequently introduced to carry on this activity. Sometimes this person may be called a “play teacher,” or she may be a volunteer worker who is especially good at helping children to enjoy stories and books. Part of her work may be to read to children who are too young or too ill to read to themselves. In addition, the librarian is a welcome visitor to these hospital wards because older children are frequently ill with conditions which keep them in the hospital for a period of time. Reading furnishes one of the best ways in which this group of youngsters can continue to develop intellectually and to utilize constructively the long hours which might otherwise become boring and unproductive.

Because present-day admission and discharge from a hospital may be accomplished frequently in a short period of time, there are many physically ill adult patients with whom the librarian never has an opportunity to become acquainted. However, there are always a few patients who remain for many days or weeks and who appreciate and profit from the services of a librarian. It is interesting and somewhat disturbing to realize that the usual nurse rarely gives much consideration to her potential role as a co-member of a team which includes the librarian. This attitude is difficult to understand and cannot be fully explained by this writer. The nurse may recognize that a specific patient could profit by having access to appropriate reading material, and she may even speak to the patient about the possibility of his filling his time by reading. She may call the librarian and ask that she visit the patient. However, this is usually as far as the nurse’s recognition of her responsibility toward the patient’s reading needs or her team relationship with the librarian extends.

This lack of recognition of the nurse’s possible team relationship with the librarian is probably due to many factors. One of these may have to do with the actual physical distance which usually exists between nurses and the librarian, who spends most of his time in a

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geographical area which is usually in a part of the hospital which is far removed from the patient units. There is sometimes an observable social distance between the librarian and the nurses in situations where members of the hospital family gather. For instance, the librarian rarely eats in the same part of the dining room as that which is used by the nurse group. The nurse and the librarian are usually interested in different aspects of the patient's needs. The nurse in the general hospital is legitimately preoccupied with the physical nursing needs of the ill patient, while the librarian may focus upon the patient's intellectual and emotional needs. Frequently the nurse finds that it requires all of her time and most of her effort to meet the physical needs of the patient. When she is expected to involve herself in a discussion about the reading needs of the patient, she may feel that more is being asked of her than she is able to give. Thus, the nurse and the librarian may find that they do not communicate effectively with relation to the patient and his welfare.

Nurses and librarians sometimes have different educational backgrounds. The nurse may not be accustomed to visiting the library, but even if she does, her interest may be focused upon the biological sciences, while the librarian is more likely to be familiar with and interested in literature, foreign languages, and other areas popularly referred to as the liberal arts. The differences in educational backgrounds may make it difficult for nurses and librarians to communicate meaningfully with each other.

The nurse may find it difficult to include the librarian on the clinical team because she already has a large number of people with whom she traditionally works in a team relationship. This group usually includes the physician, medical technician, social worker, occupational therapist, and physical therapist. Even this list does not include all of the professional workers with whom the nurse may be closely involved in coping with the physical needs of patients. It scarcely seems practical to add an additional person to this already long list of team members, with whom she must maintain a working relationship. In addition, the nurse is not accustomed to thinking of reading as therapy. Instead, she is likely to place it in the category of recreation. Consequently, she may not even think of the librarian as a potential member of the therapeutic team.

In addition, the nurse who cares for the physically ill patient may not possess the kind of information which would be most helpful to the librarian who wishes to discuss the reading needs of a patient.

This lack of information may result from the presence of many nursing assistants who give much of the highly personalized physical care which the patient receives in modern hospitals. Such a nurse is likely to direct her attention to the aspects of patient care which require the highly technical and scientific knowledge and skills which she possesses. Thus, she is frequently not intimately involved with the patient and is limited in her ability to collaborate with the librarian. For the reasons identified and for many others which are not as clearly evident to the writer, the nurse and the librarian do not always find that they can communicate satisfactorily or collaborate effectively in meeting the needs of physically ill patients.

By contrast, the psychiatric nurse, who does not find it necessary to focus upon the physical needs of the patient, has an opportunity to make a significant contribution to patient care through the effective use of reading materials. Books and magazines are frequently used by this group of nurses to provide therapeutic activities for patients. In addition, these nurses focus upon the emotional and intellectual needs of the patients. Thus, they have a basis for communicating effectively with the librarian and making use of his knowledge and skills in choosing the reading materials which they will use in their work with patients.

In spite of what appears to be a basis for collaborative functioning, psychiatric nurses frequently fail to make use of the librarian. Recently, the writer talked with a nurse who was enthusiastic about the success which she had experienced in working with nonverbal schizophrenic patients. Through the use of a technique in which she read a few lines and then stopped to discuss the material with the patient group, she was able eventually to enlist the interest and verbal participation of seven mute schizophrenic patients. When asked about the source of the material which she used in the reading-discussion sessions, the nurse stated that she had looked around among the books which she had at home and had brought in material which she considered appropriate. When asked if she had considered discussing her needs with the librarian in the hospital, she said that this idea had never occurred to her. The librarian was a warm, friendly, cooperative person who was sincerely interested in serving the patients and staff members in every way possible. She wanted to involve herself in any helpful way in which the hospital staff might wish her to participate. In spite of her desire to assist the nurse group in whatever way they might need her, there had been no consideration of

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the possibility of using the librarian when a special nursing project was started. This is not a unique incident, but is recounted to underscore the point that the nurses and librarians in hospital settings need to establish a more effective basis of understanding and mutual respect if they hope to use each other and work together.

Nurses, like librarians, are seeking ways in which to enlarge their therapeutic roles and to provide more meaningful ways of meeting patients' needs. Nurses will continue to use reading materials as they work with patients, especially those in psychiatric settings. However, it is not likely that there will be an increase in the use of bibliotherapy on the part of nurses if that term is defined in its strict technical sense. Few nurses, even well educated psychiatric nurses, feel prepared to choose a book which will have a specific therapeutic effect upon the patient's illness. Such specific use of reading material requires an intimate knowledge of the patient and his personal and emotional needs, coupled with an understanding of the material which is being recommended.

Beyond the fact that most nurses do not feel prepared to choose books for their specific therapeutic value, many nurses do not agree that such an approach to patient needs can be expected to produce the most positive results possible. By virtue of their education and experience, nurses believe that the personality is the nurse's unique and most important therapeutic tool. Thus, the nurse of today uses every available opportunity to make therapeutic use of her personality in helping the patient return to health. Reading material is now being used and will be used in the future by nurses only insofar as it assists them to relate to patients interpersonally or meets a specific need such as that of providing practice in speaking for aphasic patients. Even in the last-mentioned instance, the nurse realizes that the relationship which is formed is a significant part of the treatment. Thus, nurses will continue to organize poetry-reading sessions, library groups, or group discussions which focus upon some book or article which the patients have read or will read together. However, this activity will usually be provided for the purpose of helping the nurse to develop a more effective relationship with patients and to assist patients to develop more effective relationships with professional workers and other patients.

One psychiatric nurse, whose work focused entirely around an activity called bibliotherapy, wrote in a personal communication to the author: "My concept of bibliotherapy is merely one aspect of good

psychiatric nursing. My group, and in some instances individuals, have been approached with everything from periodicals such as *Popular Dogs*, *Gourmet*, *Sports* and *Sports Illustrated*, to best-loved familiar poems, early United States history, the third year of Christ's ministry, and the good old fashioned spelling match. . . . I do without exception discuss with the individual and groups, current events."³ A librarian may have been involved in the choice of this material, but the nurse probably chose it without assistance and may have supplied it herself.

What steps can be taken to lessen the professional distance between the nurse and the librarian. How can more effective communication between these two groups be established? These are logical questions to arise out of this discussion.

Like all other people, nurses and librarians respond to a positive change in a situation. Thus, decreasing the professional distance between these two groups might be accomplished by structuring the situation so that they naturally come together around the solving of a problem of mutual concern. Librarians might invite groups of nurses to visit the library, and over coffee they might discuss some of their mutual personal and professional needs and interests. They might display some of the materials which are available for use in the hospital library and discuss how such materials could be used beneficially with a variety of patients. Both groups might begin to make an effort to know each other. Nurses might invite librarians to their professional meetings in the hospital, and librarians might return the compliment.

When more nurses achieve a baccalaureate degree and thus view nursing tasks from a more widely professional perspective, they may naturally seek the help of the librarian in finding solutions to patient needs. It is encouraging to realize that hundreds of nurses are seeking further education each year and that the time is not too far distant when all professional nurses will have acquired a college degree.

Establishing an atmosphere of mutual understanding in which meaningful communication is encouraged between librarians and nurses would not be difficult if both groups sincerely desired a change in the *status quo* and felt a real need to improve working relationships. However, for 60 years these two groups have worked productively in the same hospitals without having a need to diminish appreciably the professional distance between them except in the case of individuals. As work loads become more highly specialized in institu-

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tions, it is not unusual to find that groups become more isolated from each other. With the advent of automation in hospitals, the segmenting of patient care, the increase of patient population, the wide diversity of workers who give patient care, and the great emphasis upon research, it seems logical to suppose that the professional distance between many groups in the hospital environment will increase rather than decrease. Thus, in the future, professional workers will find it necessary to work diligently at keeping channels of communication open.

It seems unrealistic to anticipate that new and more closely coordinated working relationships between nurses and hospital librarians will be initiated in the immediate future, except in the institutions where psychiatric care is provided for patients. It can be anticipated that in the psychiatric settings which will be developed in this country, lines of demarcation between professional workers representing all disciplines will become more and more blurred as all groups improve their interpersonal skills. All professional workers will undoubtedly be enlisted in the great push to provide therapeutic relationships for future patients. Thus, it can be anticipated that librarians and nurses will be working side by side with physicians, psychologists, and social workers in providing therapeutic opportunities for emotionally ill people. In such a situation each professional worker will utilize those tools with which he works most effectively. The librarian would undoubtedly work with patients through the use of bibliotherapy. If the nurse chooses to use reading materials in her work with patients, she should undoubtedly seek guidance from the librarian, who would be operating in a peer relationship in such a situation. When all professional practitioners work together to achieve mutually agreed-upon goals, professional distance will disappear and understanding will develop. In such a climate communication will become meaningful and effective. The future beckons with opportunity for all professional workers in psychiatric settings as new dimensions in therapy are identified and broader contributions to patient care are made possible through improved professional performance.

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