Bibliotherapy: Modern Concepts in General Hospitals and Other Institutions

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Modern methods of diagnosis, treatment, and rehabilitation are reflected in institutional library service to an extent not usually realized. The element of change is as evident in the library as in any department dealing with patient care. As the knowledge of human behavior increases, the psychotherapeutic approach becomes apparent in the treatment of all patients and inmates. Outside of the mental hospitals where the librarian works directly with the psychiatrist, there has been little in the way of definitive analysis of the reading needs of patients and inmates. There is little in the literature that explains specifically why reading is essential or even desirable for all types and conditions of readers found in hospitals and institutions. There are no guidelines or criteria for book selection that reflect the advances in the behavioral sciences.

There is a term, "the unwounded area," used in psychiatry today. It refers to the fact that only certain areas of a person's mental make-up are affected and need treatment and that in other respects the person may be completely normal. The surgical, cardiac, or tuberculous patient also has unwounded areas; the prisoner is never totally a criminal. Nevertheless, some parts are affected and it is now realized that the whole man must be treated. Leaving the wounded area to the clinician, the ancillary staff, including the librarian, has a vast territory in which to effect beneficial changes.

Every institution employing modern methods incorporates rehabilitation into its program, which in turn involves physical, mental, and educational evaluation. Every facet and every potentiality of the case under study is explored, and the pooled information is shared by all the departments grouped in what is currently called Rehabilitation Therapies. Each discipline, including that of the library, contributes and gains from the experiences of the others.

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While it is obvious that there is great benefit to be derived from such concentrated programming, there is also inherent danger in restricting the patient's individuality. Erving Goffman, in his analysis of total institutions, describes the basic split between patients, or inmates, and staff. Inmates live in the institution and have restricted contact with the outside world; staff members operate on an eight-hour day and are socially integrated with the outside world. Each group may view the other in terms of narrow hostile stereotypes, the one dominant, the other inferior.

The librarian, though a member of the team, does not fit rigidly into this categorization. Removed from the clinical aspects of the patient's life, or the punitive aspects of the prisoner's life, the librarian's only raison d'être is to give—liberally and enthusiastically—entertainment, useful knowledge, intellectual stimulation, insight, all to be found in the world of books.

In the relaxed atmosphere of the library or the bedside visit by the librarian, a patient has been known to reveal information vital to his case, unknown to the doctor, nurse, or social worker. Sometimes, as a result of faulty communication, a bewildered patient has been thought to be illiterate, and the librarian has corrected this misconception. To the untrained, information of this kind may seem insignificant and may not come to light in a staff conference; so it is vital for the bibliotherapist to have a background of sociology, psychology, and public health in addition to the basic skills of library science. The element of therapy adds an extra dimension to the librarian-patron relationship, which includes an understanding of human behavior under all conditions of life, so that, where necessary, shock and dismay may be replaced with insight and compassion.

This discussion will deal with a group of representative institutions and the various techniques which have evolved from present-day concepts as they relate to the patient in the short-term general hospital, the mentally retarded, the inmate of a prison or correctional school, the geriatric patient, the hospitalized child, and the tuberculous patient in the sanatorium.

In addition to his physical ailment, the patient in the general hospital often brings with him emotional stress that is a combination of apprehension, uneasy hostility, and loss of identity. If he is acutely ill upon admission, these tensions, plus boredom and frustration, may come to full flower during convalescence. The librarian, in no way connected with the clinical aspects of the inmate's life as a patient,
is a welcome diversion, and the patient may be surprised to find that even the physical act of handling books has a mitigating effect upon his tensions. Further, a title may be intriguing, the author or subject familiar, and the contents challenging to his imagination. Often the literature brought in by a visitor is inconsequential or unsuitable, and the carefully chosen selection on the book cart proves a much-needed stimulant. It takes the patient out of the unfamiliar world of laboratory specimens, pills, and wheelchairs back into the flow of life where he once more assumes his identity.

Modern medicine has shortened the hospital stay of many patients, but there are many cases which still need prolonged hospital care. Even where the contact is ephemeral, the presence of the librarian with a good selection of books is significant, for as Samuel Johnson said, "A book should help us either to enjoy life or endure it." The right book can do both for the patient.

Some public libraries, in broadening their extension service, have felt it was necessary to cut back on hospital service. Actually, there is no justification for this measure since the hospital is a vital community center, containing a cross-section of the public representing lay and professional skills, and it can be argued that the service rendered is at least as valuable to the community as the average bookmobile route. The cost of hospital library service is necessarily high because with it the librarian goes to the patron.

The element of change is nowhere more evident than in the diagnosis, treatment, and rehabilitation of the mentally retarded. Ten years ago there was a feeling of hopelessness in assessing the intellectual deficit of these people; change was not expected. Today, because of public interest and research, there is a dynamic concept in which the use of new diagnostic methods, new drugs, and new levels of expectancy are returning many of these people to active life.

Through research, the causes of mental retardation have become known and classified. The mildly retarded constitute 85 per cent, the causes being psychological, cultural, social, and organic, in that order. The other 15 per cent are moderately or severely retarded, the principal cause being organic. The retarded tend to develop hopeless attitudes about their status in the family or community. Failure and frustration become chronic, and they retreat from life. Only by diligent work on the part of the staff can the patient achieve an understanding of his potentialities as well as of his limitations and acquire the skills necessary to function in a normal world.
MILDRED T. MOODY

It is with the groups in institutions who are trainable and educable that the librarian is concerned. Institutions for the mentally retarded are generally considered schools rather than hospitals, and extensive educational programs are carried out. Here the librarian assumes the role of school librarian, and as a member of the faculty becomes involved with the curriculum. Material is chosen for the student under a directed reading program. More attention is paid to accommodating the patient to institutional life, less to the outside world. Experience is limited to the activities offered by the institution, which may be many and varied.

As the patient's treatment and rehabilitation progress, orientation to the outside world and occupational skills are developed. The give-and-take of everyday living needs to become familiar, and the over-protective atmosphere of the institution replaced with self-reliance. Special care must be taken to select books which will stimulate interest, because the book which is beyond the scope of the patient will dishearten and discourage incentive. Individual reading guidance by the librarian which is an outgrowth of staff conferences may be necessary and desirable.

Among the mentally retarded another category deserving of special consideration is that of the older inmate no longer in the school program, who works a full day at the institution, but whose recreational opportunities are limited. This group has been the object of a special study by Dorothy Sundin, librarian at the State School and Hospital, Faribault, Minnesota. Choosing as her subject "Reading Levels of Adult Mentally Retarded Patients," Miss Sundin used standard tests with a sample of 51 of her most frequent library users, those who averaged at least one book a week, and compared their levels of intelligence, basic interests, and choices of reading. As yet uncompleted and unpublished, this study shows a high correlation between basic interest and reading taste, with a great deal of diversification in a group which has known institutional life for many years. When her data have been fully explored, Miss Sundin's study should be a guide for both book selection and reading guidance for this group.

It is interesting to note that with this group a book takes on special meaning. The lives of these people are so limited, their personal possessions so few, that a book, which is theirs to own and enjoy for a period of time, takes on added significance, and the act of coming to the library to return books, browse, and borrow new books becomes a ritual. Special hours are arranged that will not conflict with their working hours.

[150]
The librarian in the correctional school or prison is confronted with an entirely different set of problems. Modern penal institutions employ the same methods of psychological and educational testing, evaluation, and guidance which are in use elsewhere. Many studies have been made to determine what makes a criminal and how he may be diverted into normal channels of behavior. With many types of crime and every type of person involved, easy generalizations are impossible. However, Dr. Hector J. Ritey, writing on "The Psychological Background of Recidivism," states: "we find at least one fundamental characteristic that all criminals have in common: the morbid fear of reality." 4

The criminal cannot orient himself as a contributive human being. He indulges in fanciful daydreams in which he has the role of victor or hero. He is removed from responsibility and secure in the knowledge that society, not he, is at fault. By acting in direct and often violent opposition to the rules by which others live, he is showing other people how wrong they are, and he evokes a response similar to that which caused his own early aberration—parental censure, rejection, and punishment. This pattern will continue until he can somehow realize that here, within his very self, is the source of his social failure.

Organized group activities such as sports, educational programs, and the library are considered therapeutic. Because intensive personal psychotherapy is not possible on such a large scale, except in certain instances, group therapy is used extensively.

The prison library is a valuable adjunct as a recreational outlet, a source of useful knowledge, a means of gaining insight. The amount of literature in correctional journals dealing with libraries attests to this, and much of it shows a deep concern for book selection bordering on strict censorship. However, a more liberal school of thought argues that if books are chosen for their merits of honesty and vitality, censorship per se should not be a factor. Because prisoners have been so intimately involved with the law, they have a tremendous curiosity about all legal problems, and one can readily understand the librarian's dilemma.

The Objectives and Standards for Libraries in Correctional Institutions,5 first published in 1950 and revised in 1962, is a comprehensive guide to the prison official and librarian who are striving to build a meaningful program. It clearly states the library's responsibility in the total rehabilitative process: evaluation and counseling by the psychologist and other staff, the educational program, and the establish-
ment of habits which will accustom the individual to library usage in post-institution life.

A number of group activities in prisons involve the library. Great Books programs have been used with varying success. Reading and discussion clubs on a number of subjects have been formed. The most directly applicable group therapy has been borrowed from the mental hospital. It is here that the true aspect of bibliotherapy enters the prison program.

It has been found that a key factor in the prisoner's social failure may be his perception. If he has the intellectual ability to learn to see things differently, group sessions may help him to develop this needed perception. A change in perception ability is considered a step forward. Second, he must participate. It is impossible for the therapist to evaluate an individual who fails to participate in group discussion. By the prisoner's withholding information which might be favorable, help of any kind, including recommendation for parole, becomes impossible. Third, the individual must be willing to persist until he achieves some measure of reality.

In individual therapy the skilled probing of the therapist would extract significant facts, but group therapy necessitates do-it-yourself probing with the individual doing supplementary "homework" as he gropes toward an understanding of himself. A prescribed reading program through which the prisoner gains insight is directed by the librarian. Beyond this, there is independent reading by which the individual builds his own bridge to reality through the experiences and abstract thoughts of others.

In prison there are few ways in which one can touch the real world other than through books, and the impact of this means of communication is illustrated in the case of a prisoner who was recently released from the Minnesota State Prison after 45 years behind bars. Described as "the toughest kid in America" when he was convicted of two murders, this man said on his release, "It took twenty years before I realized I was wrong. It was gradual and came through reading the thoughts and ideas of great men." This man also taught himself mathematics, engineering, and electronics, and his self-education has helped him to win freedom and a career as a mathematician with a West Coast electronics firm.

With regard to the aged in our society, the White House Conference on Aging in 1961 has become the touchstone in the field of reading for those past the prime of life. The number of librarians in at-
tendance at the conference, and their prominence, point up the library’s responsibility for improving service to this segment of the reading public. The extensive knowledge of gerontology now available, plus the need to sustain mental alertness and productivity, has sharpened the focus upon the library as an educational center for the aging.

The hospital librarian has long been aware of the needs of aged readers, and no one is more acutely aware of the gaps which exist in the program. There is an ever-growing number of nursing home patients and elderly home-bound readers who need to be supplied with reading material. There are never enough books with simple but mature subject matter which have good print. Readers’ advisory service and group activities have taken the librarian into fields formerly considered beyond the scope of librarianship.

Many public libraries have developed excellent service to the aged in convalescent hospitals and in recent years have added bookmobile stops and extension service to nursing homes. In certain areas, such as Cleveland, service to the home-bound is available. The Roosevelt Hospital in New York City has developed library service to outpatients, sponsored by a grant from the United Hospital Fund. The Grand Rapids (Michigan) library, in cooperation with the Zonta Club, provides book lists and mailing service for residents unable to come to the library because of age or physical limitations.

Calling upon the community resources to circumvent the lack of money and manpower is becoming a standard practice. At the regional conference on education for the aging, held at the Center for Continuation Study, University of Minnesota, November 30-December 2, 1961, it was recommended that library service to people in nursing homes and other institutions for older persons be brought out of a type of seclusion and become a part of the general flow of library service. This service could be performed by the use of active older people, who could be trained as volunteers, contingent upon their ability to perform what is essentially a professional function. It was further recommended that a pilot reading program, incorporating senior citizens who would volunteer service, be made a cooperative project between a library and a number of other institutions. Guides could then be formulated to help other communities develop similar projects.

Remotivation, a technique developed in Massachusetts, is suitable for long-term geriatric patients as well as for mental patients. Based
upon the aforementioned idea of the unwounded area, remotivation is a stimulus to the withdrawn and apathetic, and the secret of its success lies in its simplicity. As reported in *Today's Health,* and on film by Smith, Kline, and French, the drug firm which sponsored development of the technique, it is already widely in use. It involves a tremendous amount of work for the librarian, but pays off in a sharp increase in reader interest. Marguerite Bradison, librarian at the Moose Lake State Hospital, Moose Lake, Minnesota, reports that after 12 sessions by 67 registered nurses and aides trained in the technique, she had a file of over 150 subjects. Often there was difficulty in finding a good rhythmic poem with which to introduce a subject. Patients were led to further reading when they became interested in a particular session, and subsequent book selection included a better quality and greater variety of material. At one session where a tankful of tropical fish were under observation, the eggs in a sea horse's pouch chose that opportune moment to hatch, to the delight and amazement of the group.

There is considerable controversy as to the extent of group activity which the library should undertake, not only in the geriatric program. Where social contact rather than intellectual stimulation becomes the chief aim, the librarian is a type of social worker. This is true also in individual guidance, where the feelings of the reader, rather than his intellect, become the chief object of attention. The extent to which this role becomes prominent influences the librarian in both book selection and guidance. Rose Vainstein, writing on "The Role of the Public Library in Education for the Aging," states, "Only such service as will help attain and maintain library objectives should be undertaken. Those involving social work leadership should be the responsibility of other agencies."

The hospitalized child usually receives the most solicitous attention by the combined staff of any patient in residence, and special children's hospitals have long used the team concept in treatment and rehabilitation. There is great concern for the effect which early hospitalization will have upon the child's future development. The traumatic experience of pain, fear, and loneliness has even created the need for a "Mother Bank," a group of volunteers who spend their time rocking and cuddling babies and small children.

Books fill many needs of the hospitalized child. A familiar object such as a book or toy is comforting, and many books have been written to help a child understand a physical ailment, hospitalization, and
separation from the family. The librarian helps the child to be more self-reliant. The child is encouraged to choose his own books from the cart, and he is asked to be responsible for the ones he keeps at his bedside. When he identifies with a character or situation in a book, he is drawing an analogy between what he reads and his own life experience. These are independent acts, not merely passive compliance, and are steps toward maturity.

Once the child has made the adjustment to the hospital, it is necessary to maintain a picture of close family relationships. He should be kept aware of the outside world and must feel that he is also still part of that normal activity. When a permanent handicap develops, he must learn to accept it and live with it.

Vera Flandorf, librarian at the Children’s Memorial Hospital, Chicago, reports, “We seldom have children here so long that there is any danger of their losing touch with the outside world. However, we did have a boy who had been in the hospital so much that he had never seen a dog or cat or growing things. We wheeled him out to where he could see some growing plants and insects and borrowed some laboratory animals to show him. The library provided books in which he could identify what he saw.”

Many annotated bibliographies have been compiled of literature for hospitalized and handicapped children. Mrs. Flandorf has had several published in education and hospital library literature. Among others are the one by Dorothy M. Broderick for the White House Conference on Children and Youth, by Margaret G. Strassler in Library Journal, and by Edith Cohoe in the NEA Journal.

Progress in conquering “the captain of all the men of death,” as tuberculosis has been called, has brought a number of changes to the sanatorium library. The extent to which this disease has affected history and literature was apparent particularly during the Romantic Age in English literature when the poets and novelists wrote with hectic poignancy because many of them were dying of tuberculosis. Even the robust Alexandre Dumas is said to have made occasional attempts to look frail and consumptive.

Although “consumption” has gone out of fashion, tuberculosis is now treated in a matter-of-fact way with drugs and surgery. The team concept is utilized in treatment and rehabilitation, the period of hospitalization has been shortened, and what was once a disease of young people is now mainly a problem of the older male.

To a considerable extent sanatorium library service resembles that
in a domiciliary type of institution, but no matter how long he remains in an institution, the tuberculous patient is under a therapeutic regimen that aims at his eventual discharge from the hospital. The sanatorium library has a responsibility to all the various disciplines for materials which can be used with patients. Books on tuberculosis and other health problems, occupational therapy, vocational rehabilitation, and a reference collection which will be adequate for an extensive adult education program are essential parts of such a collection.

Within the past year there has been a return to the admission of a younger age group into the sanatorium. It is hoped that this is a momentary occurrence and not a trend in the control of tuberculosis, but authorities estimate that in the United States there are 100,000 active, infectious cases which are undiagnosed and not under treatment. With the younger patients in residence, the library is brought back into the mainstream of current literature. The young adult is likely to use his enforced leisure pursuing studies of both a formal and informal nature.

Since tuberculosis is a communicable disease, the book collection has been segregated from that for general use, and attempts have even been made to sterilize books. Since there is no satisfactory means by which books can be sterilized, a number of laboratory studies were made as to the extent of contamination and the length of time books should be considered unsafe for general use.17 One definite conclusion emerged, that books quarantined by storage in a dry area for one month are rendered safe. This rule is still held to be valid, although some public health authorities now feel that present methods of management of the disease eliminate even more of the hazards.

The various types of institutions here discussed are representative of all institutions served by libraries. The librarian may be in residence, or come from the public library, but always the type of service is personal. The librarian's role is supportive in relation to the total program, but the initiative for book selection and reading programs is an aspect of professional librarianship.

A great deal of literature has been devoted to mechanical aids for the handicapped, such as book projectors, prism glasses, page turners, and the like. Their benefit should be clearly established, because they may be more of an irritant than a help. Talking Books are not in this class, because the machine is simple to operate and the records are a joy to the sightless. Because the Talking Books are a part of the
Modern Concepts in General Hospitals and Other Institutions

federal government's free service to the blind, there is no expense, unless the library wishes to own its own collection of commercially-produced machines and records.

Educational television is an untapped source of stimulation to reading and study by long-term patients or inmates. For the young person whose studies have been interrupted, courses are offered for credit. Others may be interested in earning credits, or merely in enrichment, but in any event, the library will find its resources tapped once a program gets under way.

In an assessment of the past, hospital libraries can take pride in the fact that they have kept step with the progress in medicine. But there are many unmet needs: the basic criteria for book selection need to be analyzed and redefined; annotated bibliographies must be kept up-to-date; better service should be provided for home-bound patients and those in nursing homes. There is need to coordinate present information on the use of volunteers and to develop guides for their use; there is need for a study of the group activities which the library undertakes; there is need to work with publishers for better materials with which to stock the library; there is need to evaluate educational television for its use in adult education programs in hospitals and institutions.

Bibliotherapy offers the best of other men's thoughts and experiences to the receptive individual who is reaching out for the comfort and stimulation which reading can give. It is a dynamic and challenging profession, worthy of the best that librarianship has to offer.

References

MILDRED T. MOODY


