



# The Librarian in Bibliotherapy: Pharmacist or Bibliotherapist?

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OVER THE YEARS since 1904, when the first hospital librarian in the United States was appointed to take charge of the patients' library at MacLean Hospital in Boston, the concepts of the library as a therapeutic agent and the librarian as bibliotherapist have been developing. In *Hospital Libraries*, E. Kathleen Jones<sup>1</sup> quotes two prominent hospital administrators of the early part of this century as considering a well conducted hospital library a therapeutic agent, useful in hastening convalescence and restoring health. Dr. Gordon R. Kamman,<sup>2-5</sup> in several notable articles written in the late 1930's and early 1940's, also endorsed bibliotherapy and stressed the necessity of a trained librarian as a contributing member of the therapeutic team.

Since World War II the concept of the librarian as the specialist whose responsibility is to bring books and people together for therapeutic reasons has gained acceptance. Dr. Maurice Floch made observations on the role of the librarian in group therapy with prisoners. These observations apply as well to the role of the librarian in a hospital. He says, "The librarian has an eminent and significant place in this type of treatment. He is the one who compiles the raw material for treatment, that is, the books. He is the one who determines what books can play what role in the process."<sup>6</sup> Later he adds, "The library is a crucial and integral part of the corrective treatment setup. It can serve group therapy by expertly providing material for discussion and also by reenforcing and complementing the discussion through appropriate reading lists. The librarian, in turn, acts as an analyzer of the discussion material and provides the medicament, so to speak, for the use of the group therapists. As a librarian he necessarily becomes a specialist, that is, a specialist in correctional library work."<sup>7</sup>

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At the 1957 annual meeting of the Association of Hospital and Institution Libraries, in a panel discussion on bibliotherapy, Drs. Julius Griffin and Robert Zeitler showed no reluctance in saying that the librarians who worked with them in group bibliotherapy were therapists. They pointed out that the librarian with his knowledge of books and the psychiatrist with his knowledge of people generally and of his patients particularly, make an excellent team. Dr. Griffin reproved librarians for not taking the initiative in offering their specialty more widely; he charged them to see that what they have to offer patients and staff be exploited fully.

Of importance in establishing the role of the hospital librarian as bibliotherapist was the Veterans Administration *Position-Classification Guide*, July 1952,<sup>8</sup> even though it has now been superseded by new Civil Service standards. The *Guide*, in analyzing the functions of the Patients' Librarian, specifically listed the practice of bibliotherapy as a distinctive feature of this category of position and described its responsibility in this way:

### BIBLIOTHERAPY

In carrying out the function of bibliotherapy the librarian, in consultation with the medical staff and as part of the total medical program, stimulates and develops reading interests and recommends and provides reading material through (a) readers' advisory service, (b) individual and/or group therapy, and (c) special library activities correlated with patients' interests. Individual and/or group therapy, as defined below, must be present for this function to be credited. This together with book selection represents the most difficult function associated with patients' library work and must be present to warrant allocation to the various classes of Librarian (Patients) described at the grade levels.

#### *a. Readers' Advisory Service*

The librarian stimulates and develops reading interest by recommending and providing reading materials through discussions with patients on the wards and ambulatory patients who come to the library. The librarian assists patients with book selection, and makes suggestions based on their requests, needs, reading habits, physical condition, and educational, social and occupational and language background.

#### *b. Individual and Group Therapy*

The objective of individual and group therapy is to lessen the men-

tal and emotional strain and to motivate the patient toward normal living through professional guidance in the use of library materials. This function encompasses planned and directed reading and related activities planned from the ward surgeon's prescription to stimulate the patient's intellectual faculties, and the prevention of contact with harmful materials which tend to excite the patient's condition.

c. *Special Activities*

The librarian aids the patients' physical and mental recovery and adjustment by creating and stimulating their initiative, self-reliance, and confidence through projects leading to the use of library material. Hobby and vocational displays, nature study groups, library activities for special occasions, etc., correlated with the vocational, recreational, and cultural background of the patients, are organized and developed by the librarian to encourage the use of the library in connection with these projects. The primary purpose of these projects is to stimulate the patient to use his own initiative in engaging in activities which will aid in his adjustments.<sup>9</sup>

Here appears a clear understanding of the librarian's role as consultant in these matters. In the writer's experience, the stipulation, "in consultation with the medical staff and as part of the total medical program," is usually interpreted (both within and outside the Veterans Administration) in such a way as to place upon the librarian's shoulders the responsibility for conducting bibliotherapy programs, individual and group, to meet the aims of treatment and for cooperating with the methods being used by other therapists. This responsibility requires attendance at staff meetings where such aims and methods are discussed; acquiring knowledge of the patients through meetings, consultations with other staff members, the reading of case histories and reports, and interviews with the patients; planning and conducting bibliotherapy programs; and reporting the results of the programs to the staff. In other words, once the librarian is accepted as a member of the therapy or treatment team, he is expected to assume responsibility for activities in his own field, under guidance of the medical staff and in cooperation with the other members of the team.

Concurrently there developed a second concept of the librarian's role in bibliotherapy, one in which the librarian fills the physician's prescription for reading material for his patients and has varying degrees of responsibility for consulting with the doctor, suggesting titles, and discussing books with the patients. It reached its peak in

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the early 1940's and is still practiced in cases where the physician or psychotherapist himself prescribes specific reading matter for his patients. Representing this point of view is Dr. Ralph G. Ball,<sup>10</sup> who considers bibliotherapy an extremely valuable addition to the ever-increasing therapeutic equipment of the physician and thinks of the librarian as the pharmacist who fills the prescriptions from his shelves for the bibliotherapist.

Some of the earlier writings in bibliotherapy presented this idea. For instance, in 1937 Dr. William C. Menninger reported on a five-year experiment in bibliotherapy at the Menninger Clinic which was directly under the physician's supervision. In discussing the technique of prescription of reading, he described the functions of physician and librarian in this way:

In the development of our program we have evolved a plan by which certain responsibilities are delegated to the physician and certain other responsibilities to the librarian. It is the established attitude that reading is a treatment method and, as such, must be directed by the physician. The librarian is the tool who carries out the mechanics and reports observations.

The physician is responsible for at least six functions with regard to the program. First, he is responsible for the contents of the library and must approve books before they are purchased. It is expected that the librarian will make herself familiar with new literature available, and prepare the recommended list of books to purchase. . . . Second, he must approve the weekly list of current reading assignments to the patients as submitted by the librarian. Third, he prescribes the first reading assignment given to a patient after having interviewed the patient; this is not only to insure a wise choice but also to enlist the patient's interest in it. Fourth, he holds weekly conferences with the librarian regarding problems that have arisen and the results that have been obtained. Fifth, it is his responsibility to communicate the historical data and the psychological status of each new patient, along with that patient's particular reading habits and interests, to the librarian for her aid and guidance. Last, he must express a personal interest in and carry on frequent discussions with the patient regarding his therapeutic reading.

The librarian's responsibilities include, first, the mechanics of purchasing and distributing the books. Second, she must have a personal acquaintance with the books she lends to the patients. Third, she interviews each patient as to the impressions and satisfaction gained from each assigned or chosen reading. Last, she is responsible for

making a written report of the patients' comments and reactions to their reading for the physician's information.<sup>11</sup>

Fortunate is the librarian working with such a physician, and doubly fortunate the patient receiving bibliotherapy under these circumstances. But Dr. Menninger is, of course, describing a research study under the direct supervision of the physician, with his active participation in selecting and prescribing reading material. In the daily routine of a hospital, a physician can hardly be expected to assume all the duties listed. Unless, in fact, a doctor is well read and keenly interested in bibliotherapy, he will not attempt to personally prescribe reading for his patients. Many medical men confess, frankly and humbly, that they are not well enough acquainted with general literature to select their patients' reading material. There is wide acceptance, however, of the idea that reading is a therapeutic aid to treatment. Physicians usually are eager to have their patients receive good library service and to trust the librarian with the details of bibliotherapy, if he is known to be interested and competent.

How then are we to produce librarians who are "interested and competent" in this important field?

The responsibility for establishing bibliotherapy as an accepted, vital part of treatment of the ill obviously rests squarely with librarians themselves. If we really believe what we say we do about the beneficial effects of bibliotherapy, then we must do something about making it generally available. Obstacles which seem insuperable must be overcome so that bibliotherapy will be practiced throughout the country. Its effectiveness, its economy, its very attractiveness must be demonstrated widely if it is to gain the recognition and acceptance of administrators and of the medical and allied professions.

Eventually we may have specialists to practice bibliotherapy, with no responsibility for administration of the library, for meeting bookcart schedules, or for other duties which consume the hospital librarian's time. At present, however, there is no one but the overworked librarian, who serves hundreds, even thousands, of patients with the help of untrained volunteers and patient workers, to lift the level of library service to include consciously-practiced bibliotherapy. It will require a re-evaluation of duties to rank bibliotherapy with such basic services as meeting of bookcart schedules to wards and the selection, acquisition, and processing of materials. It may demand streamlining or even abandoning of some routines presently

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performed by the librarian. It certainly will require shifting more duties to volunteers until additional staff can be added.

Even the most ardent advocate of bibliotherapy is realistic enough to recognize that full-blown programs will not spring up spontaneously. Most hospital librarians practice bibliotherapy in individual cases where the physician or perhaps the social worker has referred a patient to the library. Some conduct group bibliotherapy sessions as part of the therapeutic program of a ward. The recommendation here is that many more librarians start a project in individual or group bibliotherapy on a small, manageable scale with the cooperation of an interested staff member or team of workers. This program should be well planned, regularly conducted, and given priority on the librarian's schedule. It should be evaluated constantly and followed up frequently with reports to the proper authorities.

What better time is there than now to take the initiative, as individual librarians and as members of professional groups, in establishing bibliotherapy as a regular part of treatment and the bibliotherapist as an active member of the treatment team? For we are living in an age when the concepts of treatment, care, and rehabilitation of patients are based upon the idea of a team working together with one goal, the cure of the patient. Terms like "therapeutic community," "milieu therapy," and "treating the whole person" imply cooperation and coordination of functions on the part of all members of the staff.

The idea of treating the whole person and of considering more than the medical aspects of a patient's condition can be traced to ancient times, but its general acceptance and application are modern. Back in 1934, Dr. Kamman said, "We know that every illness has its mental component and we have long since come to regard the individual as a whole, as a unit. We no longer separate a person, as the Ancient Greeks did, into his various 'faculties' and treat each part of him as a separate entity. We recognize the unity of mind and body and realize that what affects one affects the other. Therefore, in the treatment of diseases we must see that the mental as well as the physical hygiene of the patient is taken into account."<sup>12</sup> In a recent article, Dr. Karl Menninger<sup>13</sup> noted that a great step forward had been taken when doctors began to concentrate some of their attention upon the individual himself apart from his affliction. Because his subject was "Reading as Therapy," he made special mention of the library as containing "many things needed by the patient to inform him, assist him, comfort him, inspire him, amuse him . . ."<sup>14</sup> and of the librarians

who help maintain "the total therapeutic effectiveness of the hospital" by rendering "daily, patient, unobtrusive work of incalculable value."<sup>15</sup> But his emphasis upon the importance of the social and psychological factors in the life of the patient imply the need for the services and cooperation of many other people.

In attempting to visualize his own role on the therapy team, the librarian must understand the traditional roles of the hospital staff members and the changing roles of personnel in the modern hospital community where sociopsychological characteristics are the basis of treatment policies. With the evolution of the concept of the team, each group of workers has had to adapt itself to meet changing goals and relationships. This change requires the team to redefine its own scope and responsibilities and at the same time learn to work understandingly with many other persons for the good of the patient. Old-line staff members whose status is threatened by the assignment of new duties and the advent of new personnel may obstruct progress based upon ideals of diffusion and interdependence of roles in therapy, unless explanations are given and training for new roles carried on over a long preparatory period. Unless he thoroughly understands the old and the new situations, the librarian who has gone about his duties of giving library service to all, patiently and unobtrusively as Dr. Menninger said, but more or less ignorant of the plans and coordinated efforts of the team, may meet resistance and unfriendliness when he tries to take an active part in the therapeutic program.

To help the librarian assume a more important and effective role, the writer recommends that he study modern hospital and institution organization and the philosophy of present-day treatment. Three pertinent books which explore current trends in the treatment of patients in mental hospitals demonstrate that traditional roles of hospital personnel can be redirected, that representatives of a variety of professions can be integrated into an effective team, and that a custodial-type hospital can be made into a therapeutic community characterized by the "open" door rather than the locked door. They are *The Therapeutic Community*, by Maxwell Jones;<sup>16</sup> *Research Conference on Therapeutic Community*, edited by Dr. Herman C. B. Denber;<sup>17</sup> and *The Patient and the Mental Hospital*, Contributions of Research in the Science of Social Behavior, edited by Dr. Milton Greenblatt.<sup>18</sup> All, while giving insight into the problems of introducing flexibility and new ideas into the rigid, traditional organiza-

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tion of a hospital, also demonstrate the effectiveness of such ideas in the treatment of the ill.

The librarian needs to know the purposes and objectives of other professional groups—nurses, social workers, occupational therapists, psychologists, psychiatrists, and others—whose work is integrated into the overall plan of treatment. Each profession is well represented by books and articles which give the aims and functions of the group and often the historical development as well. Only two texts will be named here as examples of writing in this field. *Principles and Techniques of Rehabilitation Nursing*, edited by Deborah M. Jensen,<sup>19</sup> gives an enlightened explanation of rehabilitation, an excellent interpretation of teamwork, and helpful chapters on the techniques of rehabilitation of patients with many kinds of diseases and disabilities. The Fidlers' *Introduction to Psychiatric Occupational Therapy*,<sup>20</sup> concerned as it is with "techniques of teaching skills of living," presents experiences and case histories which will be of value to librarians. Of particular interest is the discussion of ways in which this specialty can be coordinated with more generally accepted treatment procedures in psychiatry since in many situations the position of the librarian parallels that of the occupational therapist.

Dominant ideas running through much of the writing on the therapeutic community and on hospitals using the team approach to treating the whole person are that these types of hospitals are operated along strongly democratic lines as opposed to authoritarianism; that present-day treatment must integrate all therapies available without particular emphasis upon any one; and that even the contributions of the nonmedical staff are essential in the total rehabilitative experience. Dr. Alexander Gralnick summarizes his remarks on the changing scene in psychiatric hospitals in this way, "It is believed that emphasis must be shifted towards 'total' treatment of the patient in an enlightened social setting. Here, active patient participation will be an index of healthy group interaction between various staff members and patients."<sup>21</sup> Dr. Henry Brill<sup>22</sup> notes that a marked diffusion of authority to personnel and to patients is the key characteristic of this system.

In this climate it seems that bibliotherapy would be recognized as one of the treatment procedures regularly used with patients. In some hospitals indeed this is already the case. It is from the experiences of librarians who practice bibliotherapy in conjunction with

the treatment program that the role of bibliotherapist is here delineated.

The primary function of the librarian on the therapy team, as in other areas of library service, is based upon cognizance of the needs of the community and of the individual reader and upon knowledge of books available to meet those needs.

It is as bookman that the librarian is equipped to make his unique contribution. He must be a book specialist having a wide knowledge of literature, a love of books and reading, the ability to judge and evaluate books, and a proficiency in selecting them to meet the needs of his readers. Helen Haines, in the introduction to *Living with Books*, describes the special qualities of the librarian in this way, "The spirit of delight and confidence in books, the receptive and adventurous attitude toward the new and experimental, the catholicity of lifelong friendship and understanding for literature, are attributes of librarianship more than of any other calling."<sup>23</sup> She points out that the taste for books is not common to all. She says, "It is a spark latent in the individual, most often implanted by heredity, kindled by training or circumstance, and fed and tended by purpose and experience. But only those who possess this spark will draw from librarianship its full measure of inspiration and reward in the interpretation and enrichment of human life through books."<sup>23</sup> The spark Miss Haines talks about is an endowment essential for the librarian who would be bibliotherapist.

In common with other members of the team, the librarian must know the patients, their educational and vocational background, their interests, and enough about their illness and its characteristics to understand their behavior and some of their problems. He needs to know and understand the hospital community, the kinds of diseases treated, the goals of treatment, and the philosophy of administration.

Combining his knowledge of books and people, the bibliotherapist brings the two together for the therapeutic benefit of the patient. This skill is a refined application of his normal librarian's function as readers' advisor. Miss Haines also states that

Librarianship is the only calling that devotes itself to bringing books into the common life of the world. The materials librarians work with are the materials which furnish the understanding, knowledge, and reason that can inform the mind and direct the will to meet the challenge of the time, to fit ourselves to its compulsions, to discern and guide the forces that are shaping the future. The 'great trade' of

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publishing and bookselling, though it is the oldest and most universal agency for bringing together the reader and the printed word, has not the same range of opportunity nor the same variety and intimacy of relationship to readers of all tastes, capacities, needs, habits, and levels of education.<sup>23</sup>

The wisdom and the skill with which the bibliotherapist is able to select the right book for a patient at a given time depend upon the therapist's recognition of the range and potentialities of individual reading and upon his own intuition and insight into the problems of others.

But there is more than this. Supporting the major functions of bringing books and patients together is a variety of activities necessary to make the experience of bibliotherapy meaningful, beneficial, and pleasurable for the patients and satisfying to the therapist as well.

Since the librarian is in fact the chief therapist in the area of bibliotherapy, he will interview the patient regarding his reading, initially and from time to time. The technique of interviewing requires an interest in the patient as a person, an understanding point of view, an unhurried manner, and skill in conveying to the patient ideas which he should know about reading and the library and in obtaining needed information about his interests, reactions to reading, and any attitudes which might affect the guidance of his reading.

The stimulation of interest in reading is one of the functions of librarians in many types of libraries. When one is working with patients, this stimulation is especially important because of the apathetic attitude which frequently accompanies illness. In cases of patients who have not discovered the pleasures and benefits of reading, it requires ingenuity and imagination. When people are sick or worried they may need a lengthy period of exposure to books and ideas about reading before responding to suggestions. Experience shows that often the patience and tactful persistence of the librarian in continuing to keep in touch with such individuals results in time in grateful, interested readers.

The role of the librarian as leader of bibliotherapy group meetings is an effective one in situations involving long-term patients, both mental and medical, as well as inmates in correctional institutions, probably because it offers the benefits of both bibliotherapy and group therapy. In addition to stimulating reading interests and helping the individual to escape for a time from his preoccupation with

himself and his problems, such groups have other important goals such as socialization, communication (significant even if limited to reading the words of an author with no comments of his own by a withdrawn or unsociable patient), and an increase of attention span. The devoted attendance by patients at group bibliotherapy meetings, even those patients who seldom speak or take part voluntarily in other activities, attests to the value of this kind of experience in the lives of the ill.

Basically the leader of group bibliotherapy uses the techniques of discussion group leaders, adjusting his methods and materials to meet the needs of his group. The writer, in previous articles,<sup>24, 25</sup> has described experiences in group bibliotherapy with many types of neuropsychiatric patients. Since then she has conducted reading groups with chronic medical patients and is convinced that a relatively simple procedure can be adapted for use with any group if the materials are selected to meet the interests and condition of the members.

Once the librarian is established as bibliotherapist, he has to schedule his activities to include those which will enable him to function fully and responsibly on the team. Of major importance in this respect, as has been mentioned, is regular communication with other staff members for the purpose of mutual understanding of each one's part on the team, of learning as much as possible about the patient, his illness and the aims, methods, and progress of his treatment, and of receiving guidance in planning activities. It is worthwhile to take the initiative in attending orientation and in-service training classes given by the different professions for their members and in inviting heads of various departments to speak to the library staff about their work. Along with acquiring basic information about the functions of his co-workers, the librarian arranges to attend staff or team meetings regularly, participating appropriately by reporting generally on library services and programs and specifically about work with individual patients and groups. He makes sure that he understands the goals and general methods of treatment being employed; when necessary he seeks guidance in carrying out his functions and informs the staff of the services, aims, and procedures of the library.

The written record is of major importance in communication. The bibliotherapist will be wise to establish a system of reports to be routed to other team members and to be included in his own files. Although it is time-consuming to prepare these reports, they are essential because they establish a written record for future reference

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and comparisons. They also give other staff members an understanding of the potential of bibliotherapy and its cumulative effect in a form that can be readily consulted. The Fidler's chapter "Progress Reports" contains a helpful discussion of the value of written records kept by the occupational therapist. It points out that intelligently written reports containing pertinent material will be used by the psychiatrist and other professional personnel for diagnostic data and for handling the therapeutic situation. In addition, the actual writing of notes creates an excellent learning situation for the therapist. The bibliotherapist will find the entire chapter useful, especially this paragraph:

Current literature contains some information about the required contents of progress notes; and much concern seems in evidence in regard to the therapist's making evaluations, drawing conclusions, and generally playing the role of psychotherapist. The occupational therapist is a professional worker, and with this designation goes the responsibility for making certain intelligent evaluations. The psychiatrist expects professional, intelligent evaluations and observations, and would find fault only when these observations are neither professional nor intelligent. Descriptive adjectives with little understanding of their meanings, or a superficial evaluation of the situation without a clear understanding of its implications, are never justifiable. However, if the therapist has an understanding of psychiatry and understands what is going on in the clinical situation with the patient, it is a duty to make evaluations and record observations. There is a difference between an accurate evaluation and a postulation. The purpose of progress notes is to record data, and not to furnish a means for discussing theory or making questionable assumptions.<sup>26</sup>

In the writer's experience this observation is sound in the reporting of data on general medical patients and on psychiatric patients. The librarian's observations are needed if all aspects of the patient's activities are to be evaluated in determining his progress.

In the minds of the patients the librarian, the library, and books themselves share an advantageous position which should be exploited for the good of all concerned. The library is identified with the outside world, a place where well people go; reading is one of the few hospital activities which the patient associates with his life outside the hospital. Library experience then removes him from his sickness for a short while. In interpreting the reasons that the disturbed children at the National Institutes of Health loved to come to the library and were able to behave quite normally there, Dr. Fritz Redl<sup>27</sup> describes

the library as a piece of the "outside world" safely smuggled into the children's lives, a high-status and high-structure situation in its own right with a purpose and a value system of its own. He uses expressions like "uncontaminated" and "therapeutically clean" to indicate that in the minds of his patients the library is free from the too "treatment orientated" excitement of the daily ward life.

The librarian, too, shares this favored position in the minds of many patients, even when they know that he attends staff meetings and writes reports of their activities and interactions during library periods. As a result of this kind of relationship, in his reports to the staff the librarian is able frequently to supply information about the patient that is not evident in other hospital situations and hence is most important in total patient care.

Books have a high prestige value to many, the non-reader as well as the reader. Whatever the basis for this regard—as the embodiment of ideas, emotions, or the wisdom of the ages, as a means of education and self-improvement, or as a status symbol—it is true that patients are often reached through books when other means of communication fail.

Bibliotherapy prescribed for individuals can be carried on by a readers' advisor in any library—general hospital, correctional institution, college, school, or public—in cooperation with a physician, counselor, psychologist, or an interdisciplinary team. In the interests of mental health it is important that librarians be aware of the need of many people for bibliotherapy and that they take the responsibility for seeking out members of the medical profession equipped and willing to guide them in recommending books for such special readers in their community.

In summary, it would seem that there is a place for bibliotherapy wherever there are sick or disturbed people in or out of hospitals and institutions. The benefits of bibliotherapy have been observed and reported by reliable medical men and librarians throughout this century—throughout the ages, in fact, if we accept opinions about the effects of reading which antedate the modern term "bibliotherapy." The writer has described the role of the librarian in bibliotherapy as it is presently practiced in isolated cases, and as it may develop in the next ten or twenty years—as it must develop if the immense benefits of bibliotherapy are to be generally available. Of all those interested in the care, rehabilitation, and mental health of people, the librarian is the logical person to assume an important role in bringing books

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and people together, whether it be as a pharmacist filling the reading prescriptions of the physician or as a consultant bibliotherapist prescribing reading and filling his own prescriptions.

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