



The Questionnaire on Bibliotherapy

RUTH M. TEWS

IN FEBRUARY 1961, the Committee on Bibliotherapy was requested by the Board of Directors of the Association of Hospital and Institution Libraries to devote its activities to several areas which needed clarification and study. Among them was the confusion concerning the definition of *bibliotherapy*. The Committee was asked to formulate a definition which would be acceptable, valid, and workable.

A survey seemed indicated and desirable. It was hoped that such a study would (1) determine the current thinking of a selected group of individuals who were actively engaged and interested in bibliotherapy and who possessed knowledge of the potential for the use of reading in a therapeutic way, (2) obtain from the respondents a consensus of what bibliotherapy is and what it can do, and (3) provide a basis for the formulation of a definition.

The questionnaire (Appendix) consisted of five general statements containing definitions of bibliotherapy, prefaced by the words, "Please answer yes or no to each statement below." The answer "Yes" meant, "I agree; this is bibliotherapy." The answer "No" meant, "This is not bibliotherapy." Comments were invited and anticipated. However, these questions, as they will be called here, were found "difficult to answer" and "inadequate" by the recipients, and this fact may have stimulated the high percentage of thoughtful, carefully prepared statements and definitions that were returned with the questionnaires.

On June 12, 1961, the questionnaire was mailed to 60 individuals. The names were chosen from the following sources: former members of the committees, librarians, and members of other disciplines who were active in the field; librarians and others who had contributed significant papers on the subject; those who had expressed interest in and cooperation in setting up and participating in research projects planned by the Association from 1957 to 1960.

Miss Tews distributed the Questionnaire as Chairman of the Committee on Bibliotherapy.

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The response was encouraging. By June 30, 73 per cent of the questionnaires had been returned; 75 per cent of these included extensive comments and qualifying remarks. This interest and the advice of Robert Gage, a statistician, prompted the Committee to extend the time of the survey, to send follow-up letters to those not answering, and to mail the questionnaire to an additional 60 individuals to serve as a control group. These 60 were selected at random (every tenth name) from the membership list of the Association of Hospital and Institution Libraries.

The mailing to Group 2 was done November 1. Two follow-up letters were sent to those not answering in both Groups 1 and 2. The survey was closed in February 1962, with 100 per cent replies from Group 1 and 93.3 per cent from Group 2.

The following disciplines are represented in the two groups:

GROUP 1 35 Librarians (hospital and institution)
9 Psychiatrists
4 Institution library consultants
4 Library educators
2 Educators in languages
2 Educators in nursing
1 Educator in adult education
1 Sociologist
1 Elementary schoolteacher
1 Chaplain

GROUP 2 23 Federal librarians
15 General hospital librarians
9 State hospital librarians
4 Nursing school librarians
3 Volunteer library workers
2 Library educators
2 Library administrators
2 Public librarians

THE ANALYSIS (TABLES I TO V)

Statistically there is not too great a difference between the answers given by Group 1 and Group 2. The high percentage of comments which each group made is, however, significant.

Question 1. Bibliotherapy is any form of library service offered by a librarian to patients.

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This question was answered by 102 individuals, 68 of whom answered "No." Almost 80 per cent of the 68 added qualifying or explanatory remarks (Table I). Of those answering "Yes," 62 per cent commented further.

Representative remarks from those answering "No" brought out that the statement was inadequate, was too general, and made the term "therapy" meaningless. One said that if this statement were true, bibliotherapy would not need definition. Another said, "a good many things are done simply because patients are human." Further statements noted that the exposure to print may have therapeutic values, but a definition of *bibliotherapy* is a "more planned and controlled use of print." It must be focused toward the improvement of the particular patient in mind. Several said that it was therapy in a sense that work and play are therapy in certain areas; it was admitted that the results of "good library service" may be good and valuable and even resemble those achieved by the combination of the librarian and physician in consultation, but that this is *not* bibliotherapy. The service cannot be an indiscriminate one; the books must be recommended and the service administered by skilled, trained librarians.

Some of those who answered "Yes" felt that if any contribution is considered therapy, then reading must be included. The range of comments included such statements as these: "a very good comprehensive definition"; "any reading has its effects"; and "any or all library services will contribute to the patient's welfare." This contribution might include an attractive room, the books themselves, a friendly atmosphere, a bit of attention. Anything which adds to the patient's contentment and relief from boredom is therapy; the patient will forget his troubles if he reads. Several voiced the warning that not *just any* book could be given to *any* patient and that the librarian

TABLE I

Question 1. Bibliotherapy is any form of library service offered by a librarian to patients

<i>Answer</i>	<i>Group 1*</i>			<i>Group 2*</i>			<i>Total</i>		
	<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>	
		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>
Yes	14	7	50	20	14	70	34	21	62
No	38	27	71	30	27	90	68	54	79
Total	52	34	65	50	41	82	102*	75	73

* In Group 1, eight, and in Group 2, six did not answer this question.

TABLE II

Question 2. Bibliotherapy is any form of reading for character formation (in hospitals, schools, etc.)

<i>Answer</i>	<i>Group 1*</i>			<i>Group 2*</i>			<i>Total</i>		
	<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>	
		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>
Yes	17	11	65	19	10	53	36	21	58
No	35	20	57	31	18	58	66	38	58
Total	52	31	60	50	28	56	102*	59	58

* In Group 1, eight, and in Group 2, six did not answer.

must really try to fit the service to the patient. Such service cannot be accomplished by amateur "librarians" from a miscellaneous collection of books.

Question 2. Bibliotherapy is any form of reading for character formation (in hospitals, schools, etc.).

More than two-thirds of the answers to this question were "No" (Table II); almost 58 per cent added comments. Several objected to the word "any" in the statement: "Not any form but perhaps carefully selected reading could be." "Any" makes this too broad to be bibliotherapy; reading for character formation should be a part of a carefully planned program of treatment. Others agreed that it could be, if character were in need of remedial treatment, as in delinquents, or if governed by measured needs, as in personality and mental health. "Reading for character formation" was regarded as "unpredictable, unmanageable, with too many variables." For some the term was too narrow; for others too broad (it would include Bible reading as suggested by the chaplain). It was too moralistic. It was pointed out by several that character has been formed long before the adult reaches the hospital and that a library program would not change it fundamentally. "This is education; some believe that education and therapy are the same thing." A better term would be "reading guidance with a purpose" or "morale building."

Of those who answered "Yes," many agreed that in a broad sense character formation is one aspect of bibliotherapy; these answers were qualified by "if the reading can produce a worthwhile goal or a certain result in the thinking of the patient." To some also it seemed applicable to the reading done in correctional institutions, and "es-

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pecially good" for prisoners or for school children. The selection would have to be from approved lists. It must be done with a definite aim and supervised by qualified professional guidance.

Two questioned the word "any" in the statement: one, a librarian, thought the word too "world wide"; the other, a psychiatrist, crossed out the word and added the phrase "by prescription." Another psychiatrist answering "Yes" added the stipulation: "with the proviso that the reading must be under the direction of trained skilled librarians who are familiar with the hazards of the wrong kind of reading for certain people." Although several admitted that character formation entered the picture, they cautioned that it must be done by prescription and under the direction of a skilled person.

Question 3. Bibliotherapy is group reading activity with patients, initiated and conducted by a librarian (or other) not in association with a member of the medical staff.

The majority of the comments of the 57 answering "No" to this question (Table III) admitted that while group reading could well be therapy for socialization and a therapeutic experience, it was not bibliotherapy. Several noted that this was recreation, informal adult education, or group discussion which might be of indirect benefit but would not be curative. "Communication between the librarian and medical staff must be present" was the feeling of six persons; additional remarks brought out that the effects may be and often are beneficial, but that they lack the planning and control of true bibliotherapy. Six questioned whether or not the librarian has the skills and training necessary for this activity: "It is a rare librarian who has

TABLE III

Question 3. Bibliotherapy is group reading activity with patients, initiated and conducted by a librarian (or other) not in association with a member of the medical staff

<i>Answer</i>	<i>Group 1*</i>			<i>Group 2*</i>			<i>Total</i>		
	<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>	
		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>
Yes	22	15	68	21	12	57	43	27	63
No	29	17	59	28	16	57	57	33	58
Total	51	32	63	49	28	57	100*	60	60

* In Group 1, nine, and in Group 2, seven did not answer.

enough training in psychotherapy and psychology to assume this responsibility without the assistance of the medical staff." One wondered whether or not bibliotherapy is not usually directed toward the individual patient; another cautioned that although it might be carried out successfully it would be rather uncertain and might be dangerous.

Of those answering "Yes," only a few did not add such qualifying remarks or words as "a guarded yes"; "this presupposes a plan and goal"; "if the books are selected"; "under certain conditions"; "if the activity contributes to patients' welfare"; and "if motivation is therapeutic." Four considered it one aspect of bibliotherapy, but stated that a group is not necessary for bibliotherapy, although it may be accomplished more readily in group activity. Another felt that "a good librarian who knows books may use it with individuals." The purpose of a group should be specified. Several noted that the librarian must have skill and ability as well as a knowledge of books; this knowledge and experience in handling groups would be deciding factors in the effectiveness. Association with the medical staff in some manner was considered desirable by seven persons. They stated that there must be some supervisory relationship with the physician, that librarians should have an understanding of the problem, and that the librarian should work on the prescription basis and associate with the medical staff, at least for guidance and suggestions.

Question 4. Bibliotherapy is group reading activity with patients, conducted by a librarian in association with a member of the medical staff.

Ninety per cent of the persons surveyed answered this question with a "Yes" (Table IV). No other question received such a uniform response. Among the more general comments consisting of only an additional word or short phrase, those answering were in accord that though this was only one aspect of bibliotherapy, the definition was rated as "good," "the best," "ideal," and "definitely bibliotherapy." This definition was accepted as at least a partial truth without any question in that it seems to define what bibliotherapy is and helps the patient to gain insight. Several noted that, although this "should be" the definition, only the "rare physician has the time, interest and knowledge of books to be a part of the group."

Other limiting factors mentioned were as follows: The librarian and medical staff members must have the skills and training in con-

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ducting group sessions, and the subject matter and approach must meet the needs and approval of the group. The group should be kept in the "free activities areas," because the patients are sometimes apprehensive when the medical staff is present; patients do not like to feel that they are being psychoanalyzed all the time. The activity must have a purpose and goal; it must be remedial and planned in relation to the patients' needs, because otherwise it is recreation or education. To several this type of activity seemed to offer the greatest challenge to the librarian. They added that it need not be performed in association with a member of the medical staff; the advice of the physician may not assure success. About 15 per cent expressed the opinion that the words "the association with the medical staff" were the important words in question. These noted that the physician should guide the selection of books, should discuss the patients' backgrounds, problems, and treatment with the librarian, and should support and approve the activity as therapy by visiting the group periodically. Skilled professional supervision is necessary in any type of therapy; teamwork is essential. It was also pointed out that bibliotherapy is not to be restricted to group activities and that work with individuals must be included.

Some respondents felt that an individual course of reading can be managed in a therapeutic manner; the use of the group method merely increases the insight. In other instances, the word *therapy* was explained as being reserved for medically planned and managed experiences with some methodical base.

Only six individuals added comments to their "No" answers. These admitted that group reading activity could be a part of bibliotherapy, but added that the librarian must have access to clinical data and

TABLE IV

Question 4. Bibliotherapy is group reading activity with patients, conducted by a librarian in association with a member of the medical staff

<i>Answer</i>	<i>Group 1*</i>			<i>Group 2*</i>			<i>Total</i>		
	<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>		<i>Total</i>	<i>With Comment</i>	
		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>		<i>No.</i>	<i>Per Cent</i>
Yes	45	30	67	44	23	52	89	53	60
No	5	3	60	5	3	60	10	6	60
Total	50	33	66	49	26	53	99	59	60

* In Group 1, ten, and in Group 2, seven did not answer.

TABLE V

Question 5. Bibliotherapy is a request for a specific title or type of reading for a patient by a medical staff member to the librarian, who fills the request and reports back to the physician

Answer	Group 1*			Group 2*			Total		
	Total	No.	Per Cent	Total	No.	Per Cent	Total	No.	Per Cent
Yes	40	25	63	45	27	60	85	52	61
No	11	10	91	6	4	67	17	14	82
Total	51	35	69	51	31	61	102	66	65

* In Group 1, nine, and in Group 2, five did not answer.

that the activity had to be organized and conducted after diagnosis. The presence of a physician did not in itself alter the essential focus upon group activity.

Question 5. Bibliotherapy is a request for a specific title or type of reading for a patient by a medical staff member to a librarian, who fills the request and reports back to the physician.

This question was answered "Yes" by 85 individuals (Table V), with 52 (61 per cent) commenting further. Of these 52, 17 per cent were in general accord with the statement. Their remarks included the terms "the best"; "ideal"; "the way I understand it"; "the most refined or highest form of bibliotherapy"; "this is the only definition that substantiates the term therapy; all the others are supervised or unsupervised activities"; "this is prescription therapy and is perhaps the original pattern and the most scientific"; "such a guided reading program skillfully handled could have great therapeutic value." One added that, if it were limited to this pattern, however, little could be done except in "an abundantly staffed private hospital."

More than 10 per cent added the following qualifying words: "probably"; "could be 'yes' or 'no'"; "partly"; "in a very limited way"; "this is only one phase"; "usually, but not necessarily." These felt that the activity must be purposefully directed; patient contact was the initial step. The filling of the request and reporting back involved the essential factors which comprehend bibliotherapy, but the key would be the nature of the circumstances initiating the request. One wrote that this would be true bibliotherapy "if the team

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understands (1) the patients' problems, (2) the import of the particular book, (3) the effect of the book upon the patient."

Almost 25 per cent mentioned the responsibilities of the librarian and the physician. Effectiveness of the program depends upon a close association between these two. There must be more than the mere filling of requests. The important aspect is the reporting of the patient to the librarian who then reports back to the physician. There must also be a follow-up on other materials being read. Much depends upon the selection methods used by both physician and librarian and this follow-up. Several of those questioned stated that this activity is not always successful; it presupposes that both librarian and physician are avid readers, possess a broad knowledge of literature, and have a continuing interest. It could be bibliotherapy "if the physician is trained in psychotherapy; anyone professing to carry on bibliotherapy should have some training in psychotherapy," because bibliotherapy is an application of it. One of the psychiatrists noted that the important part is the reporting back and the interaction of the book and psychotherapy material. Another said that if the librarian felt that the prescribed literature would be injurious to the patient, the librarian and the physician should consider the matter together before the book is given to the patient.

Personal contact between the patient and the librarian was recommended as necessary by several; otherwise, it is the doctor who would be doing all the therapy. Some implied that applying the word *therapy* to everything done for patients has removed all meaning of the word; if story hours, reading groups, and general library work are to be considered bibliotherapy, then why is there a need for separate titles of "librarian" and "bibliotherapist"?

Of the 17 who answered "No" to this question, only three did not comment. These comments reflected the feeling that none of the questions delineated or brought out the etymological meaning of *bibliotherapy*, namely "that which connotes treatment through the use of books." Two librarians and one psychiatrist said that delivering the request was "a clerk's job," "bibliopharmacy," or "administration" and not therapy. They added that as stated in the question this activity is not a direct form of bibliotherapy, that there is something more than merely requesting a book (which is a "duty"), and that there must be a follow-up which would include a discussion, with the librarian, the physician, and the patient taking part. A nurse-educator commented that this follow-up might shorten the physician's

psychotherapy endeavors but that the essential focus would be upon the use which the physician makes of the reading in his future discussions with the patient. Another said that the statement was not definite enough in that the purpose of the request was not indicated: What kind of reading, for what kind of patient? How well does the librarian know and understand the specific reading needed by the patient?

General Summary

The questionnaire on the definition of bibliotherapy was returned by 116 individuals; of these, 102 answered at least one question. There were 12 who did not answer any; 11 of these sent separate statements explaining their positions and interpretations of the term. Among the statements returned were definitions, reprints of articles, references, and quotations from the literature on bibliotherapy. The reasons for not answering the questions were as follows: "It is difficult to answer; I find myself saying 'yes' and 'no' or sometimes 'probably,' to each question"; "I do not agree with any or a combination of any of the statements."

Of the whole group replying, 11 formulated their own definitions. A frequent comment was that the five statements did not express the concept of bibliotherapy. To some they seemed to be a progression from the simple, all-embracing, and general form of library service to the restricted, scientific activity involving the prescription for a specific type of reading for a specific patient.

The complexity, intangibility, and elusiveness of the subject were mentioned as reasons for the difficulty in answering the questions. In addition, the phrasing of the statements seemed to add to the problem. The questionnaire was not intended to present an exact definition; the purpose was to elicit responses which might be indicative of the trend in thinking from which a definition could be framed. That the questions were provocative is indicated by the high percentage of comment; the most extensive and detailed were in answer to questions 3, 4, and 5.

Conclusions

Analysis of the responses and the definitions returned with the questionnaire yields the following collective opinion: good library service is beneficial, effective, and valuable in the overall treatment and rehabilitation program of the patient. It cannot be considered

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bibliotherapy, however, unless it is an adjunctive activity which is planned, guided, and controlled by skilled, trained librarians working in close cooperation and consultation with the medical team (involving a number of people: the physician, social worker, occupational therapist, nurse and others). A variety of techniques that have a therapeutic purpose is required for a known or suspected diagnostic condition. Furthermore, to be considered bibliotherapy, library service must have the specific purpose of furthering or supporting the therapeutic program as it relates to the needs and problems of the particular patient.