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Library Trends

Bibliotherapy
RUTH M. TEWS, Issue Editor

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Library Trends

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LIBRARY TRENDS, a quarterly journal of librarianship, provides a medium for evaluative recapitulation of current thought and practice, searching for those ideas and procedures which hold the greatest potentialities for the future.

Each issue is concerned with one aspect of librarianship. Each is planned with the assistance of an invited advisory editor. All articles are by invitation. Suggestions for future issues are welcomed and should be sent to the Managing Editor.

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Introduction

RUTH M. TEWS

An important milestone in the development and understanding of bibliotherapy as used in hospitals and institutions is reached with the publication of this series of articles. Never before has any journal devoted an entire issue to the serious exposition and examination of this subject.

Tracing the history, one soon notes the vast amount of literature devoted to bibliotherapy; long before the term was used, there were speculation, study, and discussion on the use of reading in the treatment of the ill. The quest to know more about what happens to a patient when he reads a book has led to studies, dissertations, and research projects.

The effect of reading upon patients has long been of concern to the Association of Hospital and Institution Libraries (a division of the American Library Association). Through its committees, the Association has had a continuing and active interest in attempting to clarify the thinking, in implementing the gathering and dissemination of information on current practices, and in providing opportunities to explore the areas of bibliotherapy through workshops and articles. Further action for developing proposals for research is impending. In June 1961, the Committee on Bibliotherapy, in its efforts to formulate a definition of bibliotherapy, sent a questionnaire to determine the thinking of a selected group of individuals.

At this time, too, the Publications Board of Library Trends invited the Committee to submit a proposal for this issue with an outline of the contents as the members might envision it. This issue was planned to present the basic issues, facets, and limitations of bibliotherapy and to suggest the current trends, possibilities, and areas to be explored.

The articles in the first part deal with the growth and development, the theories underlying bibliotherapy and readers’ guidance

Miss Tews is Hospital Librarian, Mayo Clinic, Rochester, Minnesota.
and its special application to bibliotherapy, the requirements of
the program, and a survey of the applications of bibliotherapy to
the mentally ill patient, to patients in general hospitals, to persons
in correctional institutions, to children, and to persons in other
special areas. The second part describes bibliotherapy in action pre-
sented by members of the team, including the physician, the psy-
chologist, the librarian, the nurse, and the occupational therapist.
Concluding the issue is the analysis of the Committee on Biblio-
therapy's questionnaire.

Educators, librarians, and physicians are increasingly aware that
the library, "as an institution devoted to the human spirit . . . can be
and is a major bulwark against mental illness."¹ Moore and Breland
note also that "Bibliotherapy is an interesting and challenging ac-
tivity for the librarian, since it brings to life the printed word and
its impact upon an individual personality may have a healing effect."²
These authors assert that "just as in the general field of physical
medicine, the use of treatments ranges from the self-administered
aspirin to the physician-prescribed drug, so also in the field of psy-
chological medicine, books or treatment agents range from self-
selected readings of novels and magazines to the carefully, profes-
sionally selected books and articles."³ These views on the aims of
bibliotherapy have been expressed by others, including many librar-
ians in their comments on the questionnaire. In addition to their use
for reading for diversion and entertainment, books may be prescribed
to increase a patient's fund of information, to develop interests out-
side himself, and to help him understand his specific problem. The
prescription would involve several factors: careful evaluation, selec-
tion, and prescription of the material as determined by needs which
vary from patient to patient. There is much evidence to support the
therapeutic value of carefully selected reading. Bibliotherapy is not
a sinecure; nor does it provide the solution for every emotional prob-
lem or personality defect.

BIBLIOThERAPY: What is it? What can it do? Reading is regarded
as "a treatment method and as such, must be directed by a physi-
cian."⁴ It may be defined as the use of reading in the treatment of
the sick. The word often has been used to denote the use of books in
the treatment of the mentally ill. To restrict the activities to this one
group of patients, however, is unwarranted. Much can be said and
done about the place of reading in the rehabilitative work with hos-

tialized children and with geriatric, polio, and tuberculous patients,
to mention only a few of the long-hospitalized and chronically ill
patients. One librarian in comparing the work of the patients' li-
brarian and the medical librarian says that they are both working
toward the same end, namely, the good of the patient; the former
in supplying books for the patient, the latter for the physician so that
the patient may receive better treatment.  

The word "bibliotherapy" has been included in medical dictionaries
for several years. It has been accepted as a word in common usage
in *Webster's Third New International Dictionary* (1961). The defini-
tion there is: "bibliotherapy: the use of selected reading materials as
therapeutic adjuvants in medicine and psychiatry; also: guidance in
the solution of personal problems through directed reading."

Librarians, physicians, and psychologists have contributed their
own impressions and interpretations. In the questionnaire (which
appears at the end of this issue), 11 persons included a definition with
their answers. In replying to the questionnaire a psychiatrist said,
"bibliotherapy is the conscious and deliberate use of reading materials
and/or guidance of the patient's use of reading materials for the pur-
pose of furthering or supporting the therapeutic program as a whole
as it relates to a particular patient or, in some cases, to a more or less
homogeneous group of patients."

A librarian considered it "a planned program of reading or reading
activity for an individual patient or group of patients" with clearly
defined purposes based upon medical diagnosis. She added that it
also provides for evaluation and follow-up of its effects upon the
patient. This procedure would involve the cooperation of both the
librarian and the appropriate medical staff in the planning and using
of specialized knowledge and skill that each brings to the total
activity.

What is bibliotherapy? If one uses the analysis of the comments
and the definitions of the questionnaire as a basis, a composite state-
ment can be attempted.

Bibliotherapy is a program of selected activity involving reading
materials, planned, conducted, and controlled as treatment under the
guidance of the physician for emotional and other problems. It must
be administered by a skilled, professionally trained librarian within
the prescribed purpose and goals. The important and dynamic factors
are the relationships which are established, the patient's reactions
and responses, and the reporting back to the physician for interpreta-
tion, evaluation, and directions in follow-up.
RUTH M. TEWS

Trends in Bibliotherapy

However carefully the term may be defined, in practice and discussion bibliotherapy remains an illusive, intangible, highly complex subject. The authors who undertook the writing of their contributions for this issue soon found themselves in agreement with Frank Lloyd Wright, who said of architecture, "To know what to leave out and what to put in, just where and just how, ah, that is to have been educated. . . ." 7

As one reads the articles and notes the results of the questionnaire, it becomes increasingly clear that some of the same questions asked years ago still go unanswered. These searching, commenting questions cannot be ignored. Unfortunately the answers have not been found. The answers may lie in the unexplored areas pointed out in this issue.

Observations concerning bibliotherapy at present indicate wide interest and continued confusion, some clearly defined limitations, and in spite of the confusion and limitations, progress. Three short sentences by Lowell Martin may give the keynote message to the future of bibliotherapy: "Research produces knowledge. Knowledge is needed for understanding. Understanding combined with skill leads to effective action." 8

Interest in bibliotherapy is spreading. It is no longer confined to physicians and librarians in hospitals and institutions. As the subject has developed, the educator, the public librarian, and others interested in mental health are showing increasing concern. Evalene Jackson writes in her paper in this issue: "education is not clearly separable from therapy. . . . It is unlikely that [the librarian] can ignore the therapeutic aspects of reading." Dr. Alston notes the effectiveness of a fairly new technique, "remotivation," which was developed by a gifted English teacher. Miss Moody pinpoints this activity as part of the library program in an account of a project currently being carried on in a Minnesota state hospital.

Other evidences of the spreading interest are the recommendations for study and research in the use and effectiveness of books, by such agencies as the White House Conferences on Children and Youth and on the Aging, and national conferences on action for mental health.

Because of space, this issue has been limited in its scope to the activities concerning bibliotherapy in the United States; however, the importance of development and continuing active interest in the
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subject in the foreign countries must be noted, if only briefly. The Committee of Hospital Libraries of the International Federation of Library Associations continues its meetings and publishes the results of its work. Notable progress has been made in the Scandinavian countries and New Zealand. Recent correspondence to the AHIL Committee on Bibliotherapy tells of an investigation by the Hospital Library Council in Dublin on the therapeutic value of reading, of a medical librarian in Poland, "behind the iron curtain," who is writing her doctoral dissertation on the subject, and of a librarian in Tokyo who is "learning bibliotherapy" and needs "materials" because there are none available in Japan.

Lack of interest does not seem to be a problem. Interest is there, and it is growing.

One problem seems to lie in the clarification of the needs and goals of bibliotherapy and a coordination of efforts. Confusion and uncertainty tend to cloud many discussions of bibliotherapy. The lack of a definition and a guiding statement often causes uneasiness and misunderstanding. Of the 77 patients' librarians answering the questionnaire, more than 35 per cent answered "Yes" that any form of library work with patients is bibliotherapy. Some of them commented that library service is a therapy, as long as it is done to relieve boredom and raise the spirits of the patients; this service might include the book service, reading hours, clubs, and personal attention and concern. "The crux of the question," one nursing educator commented in the questionnaire, "is how will therapy be defined." Many librarians considered that the primary need is to arrive at a consensus on the term, that perhaps much of the difficulty in getting a true concept of the scope of the problem lies here.

To others, the vital issue is not the search for a definition, nor even the problem of whether bibliotherapy is an art or a science. To Beatty, "Reading is important regardless of its identification as an 'art' or a 'science'." To one psychiatrist who responded to the questionnaire the problem is not simply to define what bibliotherapy is, but to provide a more creative approach for recognizing what the needs are and to go all out in designing types of bibliotherapy to help meet these needs. In his letter accompanying the questionnaire, he cited these needs, which he labeled "obvious and great." Countless Americans need help with their mental, emotional, and other life problems; reading, for many reasons, is especially suited to reach and to have

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a sustaining effect upon a large number of people. Built into the design for any bibliotherapy must be carefully designed efforts to elicit the reader's active participation.

Another psychiatrist stated in the questionnaire that a bigger, more fundamental problem than specific bibliotherapeutic programs is the provision of good general library service in all hospitals and institutions; this, he noted, has to come first. One out of every eight persons in the United States will be hospitalized this year. There are about 750,000 patients in mental hospitals and more than 200,000 inmates in correctional and penal institutions. The need for skilled librarians trained to work with this large segment of our population is a great one.

Two important and vital limitations are apparent. These can and must be met. One is the shortage of librarians trained and skilled to undertake this work; the other is the limited available knowledge about the reader: what needs are satisfied by reading, what effects certain books have upon different kinds of people.

In the questionnaire and throughout the articles appearing here, the responsibility which rests upon the librarian is stressed and described. These questions were asked: How well are librarians equipped to do this work? Are the responsibilities recognized? How well and how much do we know of the reader with whom we are dealing?

One educator has asked, “Should librarians not be as much concerned about readers and reading as about books, since reading is the one and only way in which the reader can make use of the books? With what authority can library schools now speak about ‘the reader’?” To make bibliotherapy effective, we must have reader participation. How can this be encouraged if the librarian is not equipped with skills to help establish the interpersonal relationships so important and vital in working with people, especially those who are patients or inmates? Few library schools now offer courses which give attention to bibliotherapy or guidance for the individual reader, especially the one who is ill. The onus of responsibility rests upon the individual librarians to continue to learn and to continue to work together effectively to change the situation.

Another limitation should be noted: lack of well organized and controlled research projects. Nothing new concerning bibliotherapy seems to have appeared in print for several years, although a few studies and projects are being carried out. Depth research is needed
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in many aspects of hospital and institution library services. Librarians still do not know why a patient chooses the books he does, nor why certain books appeal to certain people. Investigations of what different people read and why would supply valuable data for hospital librarians in their studies of methods of book selection. Do patients read because the books are available and readable or because of a specific interest or need? The field for study and objective research is wide.

The problems connected with doing research are many; the establishment of techniques and methodology is only one of them. However, librarians who are fearful and feel uncertain about research could gain much from the splendid symposium on “Research in Librarianship” that appeared in this journal in 1957. Writing in that issue Shera says, “Research is not concerned with the trivial and unimportant; it is much more than mere fact-finding; it is pursued by means of the application of certain accepted methods or procedures which, in the light of experience, seem most likely to produce truthful results, and its end is the advancement of human understanding.”

Workshops, seminars, and discussions are all helpful and valuable in disseminating information. To be wholly effective these must lead to further study and action. Studies on the effects of reading might be carried on in several hospitals by the patients’ librarians. The Association of Hospital and Institution Libraries might consider sponsoring, assisting, and guiding the planning of such studies. Registration of individual projects now under way with the Committee on Bibliotherapy and the sending of news concerning activities in the field to this Committee would be helpful in coordinating activities and research. This is suggested not from the standpoint of any control, and not that anyone should give up a project, but only as a means of recording information concerning it for others who may be planning dissertations and studies in related areas. These projects could be listed and the news reported in the “Clearing House on Bibliotherapy” appearing in the AHIL Quarterly.

The enthusiasm and dedication of outstanding librarians in the past which helped carry bibliotherapy to its present position will continue. With these, in addition, there now must be objectivity, imagination, and courage to investigate the unexplored.

Progress may seem negligible and the future dim if one considers only the obstacles facing the librarians. Emphasis must be placed and focused firmly upon the benefits, the effectiveness of a program
for which a great need has been proved and which is also desirable and helpful.

The articles in this issue describe the present status of reading and bibliotherapy in the hospital and institution setting and the trends as follows:

1. Illness, hospital, and institution experiences have an emotional impact upon the individual. Reading has a salutary and sustaining effect upon many of these persons and provides opportunities for them to communicate with others, and through the written words to search for and find answers to their present needs.

2. Hospital library service is a specialized, highly personalized service, often involving consultation service. As part of a vital community center, all segments can be reached through this means of library extension; the responsibility should be apparent not only to the librarians but also to the administrators and their staffs.

3. Bibliotherapy or “pharmacy of the intellect” is an extremely important adjunct in the treatment of the patient. The science and art of bibliotherapy will be the matching of the therapist, the patient, the moment, and the contents of the book; at times a book is likely to be more valuable than anything else.

4. Correlation of efforts and team cooperation are necessary. Mutual trust and understanding must exist. The medical profession and members of ancillary branches must work together to achieve the goals agreed upon in providing therapeutic opportunities for the ill.

The prospects are for a more orderly advance in the study and use of bibliotherapy, and it is hoped that this issue will be the catalyst for which librarians are searching and waiting. In 1955, at the summer ALA conference, McDaniel spoke some lasting words of advice and encouragement for the hospital librarian:

If the factor and the spirit of teamwork are there, the librarian may become an influential member of the team indeed. Basically an educator, the librarian must not forget that education of oneself as of others, is a continuous, and slow process. It is easy, absorbed in our job, to build the world around it. Enthusiasm is certainly one of the most endearing and productive of human traits. But perspective also has great human and productive values. History teaches us. Experience teaches us. The daily press teaches us. Not least, the heart is often an instructor generous and wise. The use of all of these favors the attainment of perspective, which, of course, is seeing the relationship of parts to one another and to the whole.12

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References


3. Ibid.


A Historical Review of Bibliotherapy

WILLIAM K. BEATTY

This paper will survey the major currents that make up the present river of bibliotherapeutic practice and philosophy. In addition, it will touch lightly upon some pertinent tributaries. Several historical reviews and bibliographies have appeared during the past thirty years. These will be discussed in their proper chronological position.

Practitioners and philosophers of bibliotherapy have usually assumed that reading is a worthwhile and effective method of treatment. Some of these writers have occasionally suffered from a narrowness of vision and a paucity of humor. Reading is important and helpful—few will deny the truth of this statement, but how many have looked at an article entitled "How To Not Read" by Gelett Burgess? Here the bibliotherapist with an imagination can find some provocative ideas.

Three articles that deserve comment appeared during the first world war. Samuel McChord Crothers was one of the first to use the term bibliotherapy. He described the "Bibliopathic Institute" of his friend Bagster. Bagster, overflowing with enthusiasm, relates several case histories, in one of which he prescribed reading of the Congressional Record. Bagster states, "Bibliotherapy is such a new science that it is no wonder that there are many erroneous opinions as to the actual effect which any particular book may have." This comment will certainly not sound unusual to modern bibliotherapists—nor will some of the perceptive comments made in other parts of this paper. In the same year G. S. Robinson, formerly the Chairman of the Board of Control of State Institutions of Iowa, quotes Miss Carey, a pioneer in hospital libraries, as saying that books are "tools to be used with intelligent expectation of getting results." The third article, by Elizabeth Green, a librarian, and Dr. Sidney Q. Schwab,
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a professor of clinical neurology, described “The Therapeutic Use of a Hospital Library.” The authors present a fascinating mixture of the library’s obligation to improve its readers and protect its books, and some of the present-day concepts of bibliotherapy.

In the 1920’s several strands in the development of bibliotherapy either appear for the first time or find effective spokesmen. John Kendrick Bangs, according to Linda Eastman, wrote, “If I were a doctor I should make books a part of the materia medica, and prescribe them for my patients, according to their need.” Many writers have expressed similar thoughts. At a meeting of the Library Association in 1930, Kathleen Jones quoted E. F. Garesché, “The books in a well-chosen hospital library stand row upon row like phials in a pharmacy.” At the same meeting Miss Perrie Jones advocated one of her customarily sensible ideas by pointing out that the use of books as a therapeutic agent is strictly an individual matter.

The basic division in the history of bibliotherapy might be entitled “enthusiasm,” “art,” and “science.” Typical of the first group is the article, “The Cheering Stimulus of Poetry in Veterans’ Bureau Hospitals,” by Annie L. Craigie. Followers of the “art” find justification and assistance in, for example, articles by Elizabeth R. Creglow, “Therapeutic Value of Properly Selected Reading Matter” (for both the patient and the librarian); Sadie Peterson-Delaney, “The Library—A Factor in Veterans’ Bureau Hospitals,” and Dr. Gerald B. Webb, “The Prescription of Literature.” All three offer specific titles and methods. The paper by Dr. Webb goes into the matter in a pleasant style and at some length.

In the division of the “science” of bibliotherapy the need for case histories and records was ably put forth by Sir Bruce Bruce-Porter and Dr. G. O. Ireland. Views about the required personality for the bibliotherapist were discussed by Dr. Josephine A. Jackson.

By the 1930’s many bibliotherapists were in evidence. Among them were Isabel Du Bois, who cited as the only actually therapeutic use of books she knew of the patient who used two volumes of the encyclopedia to straighten his arm, and Emma T. Foreman, who remarked, “a patient’s friends and his family should not bring books to him any more than they should bring his dinner to him.” Miss Foreman concluded her paper with a statement that bibliotherapy should be studied scientifically. An attempt in this direction was reported by Elizabeth Pomeroy, a frequent contributor to the subject, in her paper discussing 1,538 case reports. Dr. Frank Leslie gave a
rather superficial study of twenty-five patients suffering from dementia praecox.\textsuperscript{18}

In 1931 William J. Bishop\textsuperscript{19} compiled a list of references for hospital libraries. His list contained several bibliotherapeutic items. The first such list in this country appeared in the literature two years later. Adeline M. Macrum,\textsuperscript{20} the compiler, had been the librarian of the Tuberculosis League of Pittsburgh. The 1930's closed with an excellent volume, \textit{Hospital Libraries}, by E. Kathleen Jones.\textsuperscript{21} Its importance here comes from a list of references which form Appendix E of her book.

Effective contributions appeared in this decade from some of the "regulars." Mrs. Peterson-Delaney wrote on "The Place of Bibliotherapy in a Hospital" and emphasized the need for adequate records.\textsuperscript{22} Perrie Jones continued her sensible and helpful work with such comments as, "Unfortunately, however, no foolproof lists or rules have yet been discovered to be handed over to the amateur, no matter how much she may be impressed with the possibilities of administering to the sick."\textsuperscript{23} She stresses the need for sufficient training and staff so that useful records of reading may be kept. In an article entitled "Mental Patients Can Read,"\textsuperscript{24} Miss Jones devoted three bristling paragraphs to "What We Don't Know." She pointed out that she had deliberately avoided the word "bibliotherapy" because there was not a sufficient methodology available to justify the use of the term.

Some of the most interesting work in the period 1931-1940 was done by Dr. Gordon R. Kamman, at the University of Minnesota. Dr. Kamman called for the cooperation of the physician and librarian and envisioned a bright future for bibliotherapy.\textsuperscript{25} He stressed the importance of records of reading.\textsuperscript{26}

Another writer in Minnesota, Dr. Magnus C. Petersen, commented, "If we get one or two patients interested in reading and we see them improve, we are apt to conclude that this improvement is due to the reading. As a matter of fact, the improvement may be because of, or in spite of, the reading."\textsuperscript{27} Dr. Petersen outlined some of the possibilities for future research in bibliotherapy.

Two names which were later to become important in bibliotherapy made their first appearance dealing with this subject in the late 1930's. Dr. William C. Menninger discussed a five-year program in bibliotherapy at the Menninger Clinic.\textsuperscript{28} Alice I. Bryan wrote a paper entitled "Can There Be a Science of Bibliotherapy?"\textsuperscript{29} Because this aspect of the subject has been commented upon by so many authors, there is no need to do more than mention it.
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During the first half of the 1940's several writers began to examine some of the premises upon which bibliotherapy rested. Lou Davie, from the Recreational Therapy Department of the Menninger Clinic, wrote an article entitled "The Function of a Patients' Library in a Psychiatric Hospital." The author commented logically upon the qualifications and background needed by a competent bibliotherapist and upon what bibliotherapy needed to make it a really scientific discipline. Also in 1940 Eleanor Mascarino, a librarian, and Dr. Delmar Goode, a physician, reported one of the first attempts to use bibliotherapy in conjunction with shock treatment for a specific disease. This paper emphasized the importance of close cooperation among the physician, librarian, and family of the patient, and of comprehensive reading records.

Dr. Salomon Gagnon, Chief Executive Officer at the Boston Psychopathic Hospital, published two articles on bibliotherapy in 1942. In the first he illustrates the importance of keeping reading records and the ways in which the librarian and physician could put them to effective use. The second article, entitled "Is Reading Therapy?" summarized data taken from the reading records of 529 patients. He made a major point regarding the effectiveness of bibliotherapy by quoting Julius Sohon, "Of all the remedies applied to the sick man, reading is the only one he accepts naturally."

In 1942 Ilse Bry wrote a stimulating paper, "Medical Aspects of Literature: A Bibliographical Outline." Miss Bry, who has degrees in philosophy, psychology, and library science, divided her outline into four sections: medical application of literature, medicine in literature, medical analysis of literature, and studies of response to literature. This paper is of considerable value to anyone interested in the bases upon which bibliotherapy rests.

In 1944 Perrie Jones wrote a review of the present and future of hospital libraries. In a section on bibliotherapy she returned once more to the pressing needs for improvement in the training of bibliotherapists, for studies to improve the scientific effectiveness of the subject, and for accurate records. During the 1940's this almost annual plea for records and studies was being answered more frequently. Ruth Tews reported, in some detail, three case histories. Dr. William Sadler, in his book, Modern Psychiatry, devoted a whole chapter to "Therapeutic Reading and Study." He discussed in detail his methods, which centered around diaries kept by his patients, interviews, and a "graduation thesis." Some of these ideas merit further study.
Dr. Jerome M. Schneck has written several important papers. Two of these appeared in 1945. At the time, Dr. Schneck was engaged in a bibliotherapy research project at the Menninger Clinic. The first article has a general list of 350 references. The second, a selection from the larger list, is designed for use in mental hospitals.

The five years from 1946 to 1950 saw a continued increase in the number of articles touching upon bibliotherapy. Margaret M. Kinney turned out a good "State of the Art" paper in 1946. Dr. Edward B. Allen, a psychiatrist who had been active in the field for many years, wrote a thoughtful and practical paper that emphasized close cooperation among all members of what some might call the bibliotherapy team. He had some excellent suggestions for starting a bibliotherapeutic interview. His comments upon research methods were also valuable. One of the members of the bibliotherapy team is often the student nurse. Minette Condon, a student nurse in Saskatchewan at the time she prepared her paper, made some occasionally naive but usually interesting comments. Prism spectacles, projectors, and similar instruments can sometimes be an important part of therapy through reading. Norman Hillson, a British journalist, mentioned some reading "helps" in his article.

Bibliotherapy ranges over many fields, and a paper by Dr. Melba H. Duncan, "Clinical Use of Fiction and Biography Featuring Stuttering," touched one area not often mentioned in the regular literature. Sofie Lazarsfeld was one of the first to use the "fiction test." By studying the reactions of patients to what was in the text and between the lines of the prescribed book she was able to draw many helpful conclusions. She found this method helpful to both her patients and herself.

The case approach forms the basis of three valuable articles by Schneck, Gottschalk, and Hirsch. Schneck described two cases where he dealt in detail with neuropsychiatric patients. He carefully reported upon his methods. Gottschalk went over some of the earlier work in the field and made some useful general comments before outlining several cases. He compiled a number of helpful references in a subject arrangement. Dr. Hirsch emphasized the importance of discussing the book with the patient after both have read it. She discussed her own experience with specific books and situations.

Rumblings about the lack of a scientific framework for bibliotherapy had been heard for several years, when a major effort to put the subject into the proper perspective reached completion in 1949.
in the form of a Ph.D. dissertation, "Bibliotherapy: A Theoretical and Clinical-Experimental Study," by Caroline Shrodes. In the following year two master's papers appeared. Isabelle H. Rust dealt logically and at times wittily with "Bibliotherapy in Mental Hospitals and Tuberculosis Sanatoria," and Elizabeth A. Stein wrote on "Bibliotherapy: A Discussion of the Literature and an Annotated Bibliography for the Librarian." Miss Stein devoted most of her paper to the years 1940-1949.


In 1950 Suzanne Connell rose to a "professional challenge" that librarians are not readers and prescribed bibliotherapy for herself. This brief article, "Bibliotherapy for Librarians," packs a strong punch. Dorothy Long commented effectively upon one danger in bibliotherapy: "the librarian is [not] a 'ministering angel to the unfortunate sick.' She is, or should be, a responsible, mature, professional worker, competently doing an important task." Miss Long also suggested the need for research studies.

One of the most valuable papers to appear in the period 1951-1955 was undoubtedly "Books and Mental Patients" by Melvin C. Oathout. Mr. Oathout writes in a refreshingly clean-cut and straightforward style. He describes three levels of sophistication in regard to bibliotherapy. A major part of his article deals with what bibliotherapy needs if it is to become a science. This paper is a classic in its field.

One of the best outlines of bibliotherapy as applied to children is given by Vera Flandorf. Dr. Thomas V. Moore deserves attention not only for being one of the few writers to give an early Greek version of the Theban inscription well-known to all bibliotherapists, but also for his helpful general comments, and for a minutely detailed case history of a young boy. Dr. Ralph G. Ball's paper is of interest because he gives the thoughts of a general practitioner.

Bibliotherapy lends itself to group as well as individual use. Helpful papers appeared in this area in 1954 by Margaret C. Hannigan and in 1955 by Ruby Hannah. The paper by Miss Hannigan covers many varieties of patients and gives considerable practical advice.

There are few guides to the use of specific books and magazines.
in bibliotherapeutic treatment. Roger C. Chaney and Gladys A. Ingalls compiled a four-page list as a result of their work with a group bibliotherapy program.  

The more philosophic practitioners occasionally frown upon methods, but they are undeniably important. In 1952 John H. McFarland wrote one of the most complete and practical articles on this matter.  

Because the Veterans Administration has done so much useful work in bibliotherapy, it is convenient to discuss its efforts in one place. "Planning Letter" No. 55-85 announces the desirability of undertaking bibliotherapy research projects at Veterans Administration Hospitals. The justification for this move is found in the report of a survey of the Veterans Administration library service made in 1946, in which it is recommended "that the Veterans Administration undertake one or more controlled experiments in the therapeutic use of books as a means of gathering exact evidence regarding the usefulness and value of bibliotherapy." The letter contains a good basic list of articles for those interested in such a project. "Planning Letter" No. 56-124 reports at considerable length on some of the projects in operation and on likely subjects for additional research. "Planning Letter" No. 57-4 reports a lecture by Dr. Michael Kasak and some useful discussion that occurred at an in-service training program. "Planning Letter" No. 58-48 gives summaries of projects carried out or in operation at six stations. Much of this material deserves further study both for itself and for the suggestions it gives for new approaches. Over the years many Veterans Administration librarians and staff members have written on various aspects of bibliotherapy. A long list of references produced in 1952 was succeeded in 1958 by a major annotated bibliography, compiled by Rosemary Dolan, June Donnelly, and June Mitchell. A revised version of this bibliography will probably be out in 1962 or 1963.  

A major historical review of bibliotherapy was based upon a paper presented to the ALA Hospital Libraries Division at the 1955 conference. In it W. B. McDaniel, II, discussed some historical and contemporary aspects of bibliotherapy. This article will serve for some years to come as the primary introduction to the subject.  

In 1957, Mary Jane Ryan could truthfully write that "Bibliotherapy is not yet a science; it is an art." This assertion does not mean that the status of bibliotherapy had remained unchanged during the preceding fifty years. Miss Ryan's article defines carefully, and with
imagination, the duties of the members of the bibliotherapy team. Ruth Darrin edited the proceedings of a workshop held the same year, in which bibliotherapy was defined quite broadly and in which the participants suggested many practical ideas and methods. Ruth Tews, in her chapter in Key's *Applied Medical Library Practice*, pinpoints the major needs in bibliotherapy as courses for training the bibliotherapists and the planning and completion of research studies.

Any discipline advances when it is the subject of constructive criticism. Papers by Darling, Elliott, and the Fiermans made substantial contributions along these lines. Darling points out that bibliotherapy may be used both as a curative and as a preventive. He comments tersely that there is still little concrete evidence to support many of the claims made by overly optimistic bibliotherapists. He cites several worthwhile articles. Mrs. Elliott deals primarily with children. She has some pertinent remarks about several aspects of bibliotherapy that are often overlooked. Her paper gives a level-headed view of the subject. The Fiermans summarize much of the work that has been done with bibliotherapy in psychiatry. They note that "articles on bibliotherapy vary a great deal in content and principle, and frequently the element of therapy is obscure." Their section entitled "The Practice of Bibliotherapy" is a useful guide.

Mr. Morrow and Miss Kinney report the results of a controlled study on "The Attitudes of Patients Regarding the Efficacy of Reading Popular Psychiatric and Psychological Articles and Books." The same authors point out the gaps in their work and the steps needing coverage in future studies.

For those who enjoy statistics combined with a sensible outlook, the master's thesis by Artemisia J. Junier, "A Subject Index to the Literature of Bibliotherapy, 1900-1958," will be a welcome piece of work. Mrs. Junier made an analysis of 601 references by date, type of publication, author, and subject. The author is presently at the Veterans Administration Hospital in Tuskegee, Alabama, where one of the founders and long-time promoters of bibliotherapy, Sadie Peterson-Delaney, served for many years.

Bibliotherapy, while most frequently evoking a hospital picture, can also be of value in prisons. Maurice Flocq describes some of his work at the Detroit House of Correction. He stresses the need for suitable education for the bibliotherapist.

The most significant step of the last year or so is the establishment by the Association of Hospital and Institution Libraries of a Biblio-
therapy Clearing House, under the supervision of William E. Ticknor. Activities of this type could stimulate the exchange of useful information and the development of research studies.

Reading is important regardless of its identification as an "art" or a "science." If the bibliotherapists of the future will practice the profession of librarianship, make careful and detailed studies of their readers, and make use of their imagination and sense of humor, bibliotherapy will prosper to the advantage of all concerned.

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Bibliotherapy and Reading Guidance:
A Tentative Approach to Theory

EVALENE P. JACKSON

The literature of therapy is vast. The literature of bibliotherapy is with few exceptions couched in terms of "perhaps" and "maybe." This paper is no less tentative although it takes into account some promising, if slight, evidence.

The writer is not a bibliotherapist, but by experience and affinity one who is interested in the provision of reading guidance to persons who have not sought and who may not need clinical help. This guidance consists of bringing about effective encounters between people and books and is an accepted part of the library's educational program. That education is not clearly separable from therapy has been recognized by some educators of adults. Benne notes this fact in his statement of reasons for seeking the presidency of the Adult Education Association: "At one end education does seem akin to therapy, and at the other end it seems it must include much more. Many factors contributing to alienation are not rooted in the personality at all but in the disorganization of our communities and societies."¹ Educators, he holds, must become students of personality. He is recognizing that one of the major tasks of education is the reduction of this alienation in individuals and in society. The librarian is apparently attempting to educate by means of books. It is unlikely that he can ignore the therapeutic aspects of reading.

If he functions as part of a therapeutic team or works within a hospital, the librarian is likely to be concerned primarily with bibliotherapy. The milieu in which he works or, rather, the complex of doctors, nurses, occupational therapists, and others will to some extent govern what he does, even if his only assignment is to provide recreation.

The author is Director, Division of Librarianship, Emory University, Atlanta, Georgia.

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If the results of reading are therapeutic, the elements by means of which the results are achieved will be the same regardless of whether the reader be a patient or simply a library patron. In either case, if the librarian's knowledge of personality is more than superficial, he will recognize that he has some guiding theories in regard to the developmental process by means of which organism becomes individual.

The interpersonal theory of Harry Stack Sullivan seems a promising context in which to consider the role of reading. The organism which becomes reader brings into the world little more than a bundle of potentialities. To what extent these potentialities are limited by native endowment is uncertain. The organism will seek satisfaction in ways that are determined by the culture. The self which emerges is the result of approval and disapproval by significant others: mothers, fathers, siblings, etc.: "Tendencies of the personality not approved by these others, tendencies strongly disapproved, are disassociated from the awareness of the child." A tension in the body of an anxious parent is a rejection as well as a verbal rebuke or an act of punishment. And the result in the child is organic: "Throughout life the pursuit of satisfactions is physically determined by an increased tone in some unstriped muscles." If an individual, and particularly a gifted individual, disassociates a large number of motivational systems, tensions are created by wants of which he is unaware, and he is likely to experience difficulties. One becomes what he is by interaction with the interpersonal situations of which he is a part. Life is a patterned sequence of these.

If significant others were not limited by being human, the possibility of the healing acceptance of books might not be such an important means of transcending these limits. In Sullivan's conception the book itself may be a significant other: "In general, any frame of reference, whether constituted by real people, imaginary people existing only in books, . . . along with one other real person, can make up an interpersonal situation." On this basis one may propose that the variety and richness of books are means of counteracting the meagerness of the environment and the limits of those who are parts of interpersonal situations. This provides a rationale for considering the role of the book in the prevention of alienation both from oneself and from others. Rollo May has stated that, "The common, objective aspect of these neurotic problems [of our times] is that the individual . . . cannot experience himself as a self in his own right." Unless one has
a real and valid attitude toward the self, he will be unable to experience others as valid and real. "It is not that as you judge so shall you judge others, but as you judge yourself so shall you judge others. Strange but true so far as I know and without exception."

What elements are involved when bibliotherapy, be it implicit or explicit, preventive or curative, takes place? Alice I. Bryan noted the relevance of the mind-body relationship in 1939. This stresses the unity in the biological world which insures that changes at one level will produce changes at another level. As Whitaker and Malone put it,

physical changes have very clear psychological effects, and presumably the reverse is also true: the interpersonal changes the psychological; the psychological changes the physiological; and the physiological changes the anatomical.

In the human organism, one finds much the same continuity of functional levels. In keeping with recent developments in biological theory, thought and ideation are viewed as highly integrated feeling, feeling as highly integrated emotion, emotion as highly integrated physiological change, and physiological change as simply a highly integrated electro-chemical change.

A book which arouses emotion will in turn bring about physical changes.

One analysis of the literature of bibliotherapy is interesting for its critical scrutiny of medical literature. Dewey Carroll, to whom this paper is greatly indebted, has found the mechanisms involved to be insufficiently described to be useful for testing. The majority of those described fall into three categories:

Those through which the reader identifies himself with characters and experiences in the reading materials and abreacts repressed unconscious affects in regard to the material absorbed; those through which the reader integrates the intellectual understandings and emotional experiences contained in the reading material into combined intellectual and emotional insights into his own personality and life situation; and those through which the reader vicariously expresses or sublimates his instinctual impulses in a socially acceptable manner and effects their redirection toward socially acceptable goals.

Carroll also concludes that no serious effort toward a conceptual analysis has been made outside of the framework of psychoanalysis,
Two studies which he suggested for further consideration are interesting.

On the basis of a study by Ericson,\textsuperscript{11} Kaufman and Taylor\textsuperscript{12} propose that a writer creates and resolves a conflict in the reader. By means of this the reader resolves his own conflict. Ericson reports the cure of one neurosis by the resolution of another which he induced hypnotically. The fiction for Kaufman and Taylor constitutes an artificial neurosis. Lee,\textsuperscript{13} in the second of the two studies, attempted to understand the therapeutic effects of reading in both psychological and aesthetic terms. The creativity of the author is the result of his need to make restitution for the destruction of some object toward which he is ambivalent. The reader who experiences the form which the author creates as beautiful identifies himself with the subject matter. The appeal of the subject matter is unconscious and due to his resolution of the Oedipal conflict in some pregenital stage of his development. Since the creation of the artist is beautiful, the reader is able to recognize his unconscious tendency projected upon the work of art. This process involves both recognition of the attitudes of the artist and his ability to impose form upon materials.

Two studies to which Carroll did not have access provide some evidence in regard to dynamics. Caroline Shrodes\textsuperscript{14} has found a unifying rationale for the effects of reading imaginative literature in psychoanalysis, field theory, and aesthetics. In this context it should be remembered that Sullivan may be considered a field theorist. These effects, she holds, are the dynamics. In one case study, and in several less fully reported instances, she found that three processes were present which correspond to phases of psychotherapy: identification, including projection and introjection, catharsis, and insight. Identification is an adaptive mechanism by means of which the reader, largely unconsciously, increases his esteem for himself by affiliating with another person or persons. In projection the reader attributes his own motives and emotions to theirs. Miss Shrodes uses the words \textit{catharsis} and \textit{abreaction} synonymously to denote the "uncensored and spontaneous release of emotion."\textsuperscript{15} Insight is the emotional awareness of motivation. The aesthetic experience facilitates psychodiagnosis while at the same time it provides experiences by means of which the reader grows. While didactic literature may have therapeutic effects, imaginative literature makes possible an emotional experience without which therapy cannot take place. Esther Hartman\textsuperscript{16} offers additional evidence of identification and some evidence of abreaction.
The reactions of Miss Hartman's subjects with characters and situations in stories tend to correspond with their own experiences in interpersonal situations. The reactions among younger persons tend to be intensified when characters whom they have read about are of their own age level. Parents respond in two ways to the characters in one story, both as parents and as children.

The human tendency toward symbolization which Sullivan recognizes utilizes the Freudian mechanisms of identification, projection, and introjection. The distortion of symbols, which may facilitate psychodiagnosis, is the mechanism which Freud calls transference, "whereby emotion is directed at a given stimulus in terms of a previous affective experience." Apparently in reading one is able to incorporate materials by means of responses in which identification, projection, and insight are involved. The way in which the reader organizes his field, of which the literature under consideration is a part, depends upon that field, but is also structured by what the reader brings to the situation. His use of literature is facilitated by elements that attract him although he may be largely unaware of these elements. What, in this process, has become of the vital presence of the therapist?

Is the book, itself, therapist? Is it possible that a particular book may offer to a particular reader the kind of acceptance that Rogers believes to be necessary in the therapeutic situation? Miss Shrodes, as has been seen, found evidence of effects analogous to early stages of therapy. However, it seems dangerous to substitute books for persons. Sullivan suggests that one other person must be present in the situation when the book becomes the significant other. Perhaps it is in this context that we should consider the role of the librarian.

Only as he functions in his role of bibliotherapist, a particular and limited kind of therapist, may the librarian be considered in that capacity. Yet the relationship between reader and librarian may be a relationship in which the growth of one or both participants is fostered or inhibited. Two kinds of therapy have been recognized—explicit and implicit. For explicit therapy one goes to a psychotherapist. Implicit therapy, however, is a resource of the culture, present under some circumstances for those who can find and make use of it. The hospital librarian is frequently involved in the provision of the first kind. Philosophy, purposes, and techniques are to some extent set by the clinical situation of which he is a part. The reader's adviser may provide guidance in the implicit sense. Neither adviser
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nor reader will always be aware of when such guidance takes place. Under some limited circumstances the adviser may function as a bibliotherapist in the explicit sense. In either case the dynamics are the same, and insofar as personal characteristics are concerned, desirable attitudes on the part of the librarian are similar.

The librarian must, of course, know books and readers as well as the effects of bringing the two together. Possible dynamics have been specified. As yet we know little of effects. The librarian puts his knowledge of books at the disposal of the reader who has sought help for purposes of his own.

Rogers' discussion of the characteristics of the helping situation might well be digested by all who provide reading guidance. This is a relationship in which one of the participants intends "that there should come about in one or both parties, more appreciation of, more functional use of, the latent inner resources of the individual." Basic to all such relationships are (1) the ability of the helper to be fully what he is at any moment; (2) his ability to form a helping relationship with himself; that is, to be positively aware of and acceptant of one's real feelings; and (3) the capacity to experience warmth, interest in and liking for another. An attitude of evaluation will hinder the relationship.

While knowledge of bibliographic sources is indispensable to this librarian, he must have a tremendous first-hand knowledge of books. There is good reason for this knowledge in a situation with therapeutic potentialities. The practice of individual book selection is likely to remain an art although there is no reason that it should not eventually rest upon scientific foundations. This practice, by the way, is also true of the ministration of a doctor to a particular patient. As an art, book selection requires imagination. Titles that occur spontaneously in response to an expressed need may sometimes be the best selections. There are occasions when selections will be based upon careful and serious study.

It will be necessary to know as much as possible of the person because his response to material is determined by his predispositions. In a clinical setting this information may be supplied. When it is not supplied, as in the situation of the reader's adviser, considerable skill in interviewing may be requisite, along with the ability to respond honestly and warmly to another person. Selections of books should provide a variety of choices among which the reader may make his own decisions. This kind of guidance may take place on
many levels from the most casual to one of considerable depth. The importance of the casual contact as a beginning should not, however, be overlooked. While imaginative literature is promising, there are times when carefully planned courses designed to provide a more formal learning experience will be required. Situations in which the individual reader may interact with others are desirable.

Discussions of books in which the librarian as well as the patron may grow and change are important. In private conversations or in groups, provided that the nonevaluative atmosphere is maintained, the effects may be as therapeutic for the librarian as for the reader.

It is possible that the librarian's perception of his own need and his desire for these effects may be requisite. An examination of a number of therapies, in particular those of Fromm, Rogers, Whitaker and Malone, and Rollo May reveal the presence of this wish and need on the part of the therapist involved. Librarians who do not wish to participate in these processes may not function as effectively as those who do.

The ends for which bibliotherapy or guidance is exercised will vary. The adviser or bibliotherapist may attempt to show the reader that others have met problems very similar to his own, that more than one solution is possible. The adviser may also attempt to provide insight into motivation, necessary facts of choices among values tending toward those that are human rather than material. These are specific objectives and should be viewed within the context of ordering and guiding conceptions which take into account the purposes of therapy or of guidance. These vary among schools of thought. The therapeutic effects of reading must be viewed as part of a larger question: What are the effects of reading? As yet we know little of these. The fusion of field theory, psychoanalysis, and aesthetics attempted by Miss Shrodes seems promising as an approach. The conception of the book as the field, or as part of the field, points to more studies of content in terms of symbols, situations, characters, and conflicts presented. As yet we lack descriptions of the voluntary reading of different personality types. Does it vary with type? The descriptive survey might be a beginning, but case histories and perhaps depth analyses in which reading can be seen in relation to the organization of personality and within the context of life itself would be most revealing. Experience suggests that a book with the same theme as another will appeal to one reader but not to another. For instance, both Flannery O'Connor and Charles Williams have been
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deeply concerned with salvation, but the symbol systems of the two writers are so different that those who respond with pleasure to one are often repelled by the other. Although reactions of distaste may tell a physician something, it is doubtful that abreaction and identification occur if the individual refuses to read the book. Fantasy may be more effective with one type of reader or realism with another, but with what kinds? Do neurotic persons tend to prefer fantasy? These questions are among those that need to be answered. Librarians are, it would seem, sufficiently equipped to explore some of them. Depth analyses are, of course, beyond librarians. Students of literature, librarians, and therapists all will be involved if we obtain the kinds of answers that are necessary.

One final question: Are librarians equipped to provide bibliotherapy, either implicit or explicit? Some of them may be good implicit therapists. Some have learned to contribute as bibliotherapists. This is an area now somewhat neglected by library schools. In the future the continuing education of librarians should provide opportunities for students to consider and discuss books in interpersonal situations in which helping relationships are possible. Where are substantial courses available which are devoted to adult reading guidance, let alone a substantial course in bibliotherapy? The education of some librarians should also include advanced courses in psychology and literature.

When one considers the shortage of persons who can provide some kind of help for those who need it, librarians trained to provide help both implicitly and in explicit situations seem to be a resource too valuable to ignore.

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10. Ibid., pp. 30-31.
17. Shrodes, op. cit., p. 111.
The Bibliotherapy Program: Requirements for Training

MARGARET M. KINNEY

The contents of books can and do have a long-lasting influence, for they not only engage current attention but also provide a source of recorded fact, words and roots of the past and present, which assist both generally and therapeutically in dealing with the stresses and strains of everyday living.

Modern therapy stresses the treatment of the total personality, the whole man, and is directed toward reorientation of the individual's relation to himself as well as toward his disturbances in relation to others. Its main emphasis is upon understanding. It seeks to lead the person out of neurotic development and to make available to him resources which lead toward healthy growth. Its ideal is liberation and utilization of those energies and forces which may lead to a patient's effective communication and self-realization.

Like other types of therapy, bibliotherapy has its aim, values, and goals. As new knowledge concerning the individual is acquired and new theories are evolved, it will advance. Like any other type of therapy, other than that which is purely clinical, it involves the person and his growth, or in this case, it is aimed at growth of the personality. It then attempts to foster growth in values and in ability to communicate in a positive manner within one's self, to others near one, and more generally in the social structure as a whole. Bibliotherapy shares with all aspects of rehabilitation and education an affirmation of the growth of spirit which results in a desirable change from a sociological as well as an individual viewpoint, through the insight gained from the values and emotional experiences of reading. It is directed toward causing the individual to become aware of his own worth and dignity and to have some realization of the intangibles

The author is Chief Librarian, Veterans Administration Hospital, Bronx, New York.
that give meaning and savor to his life, as well as the spiritual values which will make him feel secure.¹

The scope of bibliotherapy includes the aims of the field of adult education and also the skills, knowledge, understanding, appreciations, and insight which affect the reader culturally, vocationally, intellectually, and spiritually. In a clinical setting it is the process of using reading material in a way that will help the reader want to get well, help him to get well, and help him to sustain his health upon his return to the community.

The approach of bibliotherapy need not be limited to any one age group. It requires only that the individual will have reached the age of ability to read or to understand, for the literature used in bibliotherapy exists at all ages—pre-school, elementary school, pre-teen, adolescent, and adult. It encompasses the reading materials prepared for all age levels, including the very artistic, well designed picture books for the pre-reader which can assist in inculcating an acute sense of form and design at an impressionable age, a sense which may become the foundation of future appreciation and performance.

Literature has been used as bibliotherapy by some who have been working with problem children and juvenile delinquents.² Psychologists recognize the importance of such material in the verbalization and language expression which is so vital in the development of the personality. Reading materials have been used by psychologists and psychiatrists, over a long period of time and upon many occasions, more often than not with the librarian rendering advice and guidance concerning the choice of titles to be used.³, ⁴

With the increase in emphasis upon gerontology which accompanies the growing number of senior citizens in our society, skillful use and guidance in reading can be a current and potential source of satisfaction in the lives of the aged. It is well known to geriatricians that much of what is diagnosed as senility is due to lack of mental stimulation.⁵ At this level bibliotherapy can be adjuvant therapy which combines reading techniques, educational procedures, and retraining skills and which develops new forms of recreation and hobbies, new interests, and new reactions for continuous, fruitful motivation in living.⁶ In addition, much can be done to foster the creation and use of reading aids for the older or handicapped reader.

The value of reading materials in work with the blind is nationally recognized in the program of the Library of Congress, which under special appropriation provides gratis all kinds of reading materials and aids for use by the blind.

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The bibliotherapist, then, views a large horizon, which includes both the general field and the specific case. On the one hand, he uses reading materials and reader interest and abilities to assist individuals of all ages with varying needs and drives to adjust to a rapidly changing culture and technology. On the other hand, he uses them to assist in alleviating mental discomfort brought about by physical or mental symptoms, to aid in removal of the cause of the discomfort, to help in healing and strengthening the ego, and to give direction toward integrative values which will enable the person to withstand further stresses and strains of either a physical, mental, or emotional nature.

To become a bibliotherapist, an individual needs the personal qualities, the emotional stability, the physical well-being, the character, and the personality necessary for him to work successfully with people. This work includes supervision and instruction of other personnel and co-workers, as well as a thorough understanding of the community. The demands of his work require a willingness to recognize the misfortunes of others and to react with sufficient facility to be of help. In addition, such a specialist has to understand the goal desired in each instance, be willing to accept responsibility for action taken, and be able to assume authority whenever necessary. Furthermore, it is necessary for the therapist to recognize and control personal prejudices, to be receptive to new learning, and to direct and channel personal feelings in a manner that would not impair his helpfulness to others. As a bibliotherapist such a person needs to assume responsibility for the selection of reading materials; his selections would be based upon the understanding of cause and effect as they relate to the physical, emotional, and cultural factors related to the reader.

An understanding of and a feeling for what goes on when one person talks and another listens are of primary importance to anyone undertaking this aspect of librarianship. A thorough knowledge of disturbances in communication, whether distortions in perception (listening) or in transmission (speaking), and an ability to communicate with and feel a real interest in the other individual are of great value.

The bibliotherapist must recognize that the reader may be a suffering being, and he must try to reach within the patient for what is basically growing and resourceful. In addition, the therapist must have his own personal problems reasonably worked through, at least to the point that they will not interfere with his constructive relationship with others. Along with the foregoing, he must believe in man's inherent ability to change and to grow toward self-realization; he
must have a feeling for the process of changing, a knowledge of the reader's possible fear of it, and sufficient skill to handle effectively the defenses against it. Again, he must be sympathetic and use this attribute to express warmth, understanding, sincerity, and respect for the reader's own wishes and rights.

Further, as a therapist, the librarian needs a code of ethics which would include recognition of the contributions of other professions, regard for the confidential nature of the responsibilities assumed, loyalty to the principles of sound personal practices, belief in basic democratic concepts, understanding of the dynamics of human behavior and of individual growth and change, respect for and understanding of the total personality—physical, emotional, intellectual, cultural, and social—and, finally, recognition of the importance of early and current environmental factors as they are pertinent to the reader's needs.

At present no formal courses devoted solely to the subject of bibliotherapy are described in the catalogs of any of the professional library schools. In schools of education and psychology, graduate and undergraduate courses in reading are limited primarily to skills, techniques, interpretation of the language, and the meaning of the writer. A majority of courses in the library schools are content courses which are directed toward information search and retrieval, literary content, reading level, and descriptive and subject bibliography. In many instances there is little emphasis on the effect of reading upon the individual. Although the library school curriculum is still oriented toward traditional librarianship and devoted to training as large a proportion of the student body as possible in accordance with existing standards, these curricula are generally changing with the needs and pressures of the social structure of the community and are accepting the interdisciplinary approach to many aspects of the curriculum.

In this consideration, one of the fundamental trends of our technological society becomes increasingly apparent: even as plans are organized and administered in the present, what were intended to be plans for the future need almost simultaneously to be put into operation as the future arrives sooner than anticipated. Bibliotherapy may well be considered part of the wave of the future. It represents thinking not yet acceptable to many librarians. Although when queried most librarians express great interest in the subject, an important majority seem to feel that librarians would do well to tend to their traditional gardens and not venture off into related fields. This re-
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action is similar to that expressed when documentation and use of machine indexing were first introduced; much of the opposing or dubious opinion has changed somewhat with the demonstration of the success of some aspects of mechanization. In this area an interdisciplinary approach is already being accepted.

Bibliotherapy, too, represents the need for an interdisciplinary approach. Much knowledge of the psychological foundations of personality and behavior now exists. The effect of the mental attitude upon sickness and health, the influence of unconscious behavior upon conscious behavior, and the discovery that there are certain drives that motivate behavior are among the generally accepted tenets of modern psychology. Frustration, rationalization, and insight, for example, are now words in the everyday vocabulary of laymen and specialists alike. Concepts which were not so long ago laboriously evolved and carefully discussed are now accepted as part of ordinary conversation.

The need for sustaining mental health in an effort to prevent an increase in the number of persons being treated for mental illness is currently recognized by the community, the state, and the nation. Because the inexorable march of statistics reveals an increase in the number of patients entering mental institutions and in the instability of many outside, research people have undertaken studies of the factors which relate to insecurity, over-dependence, loneliness, and dissatisfaction with living. As the statistical figures mount, the need for additional psychiatrists and psychologists is intensified.

A reconsideration of the values, insights, and personality is needed; for many the key to such reconsideration may well be buried in the mass of recorded wisdom, knowledge, and learning already available. Although librarians are generally aware of the existence and organization of this material in all its forms, their knowledge could be extended toward a deeper usefulness.

Training for bibliotherapy should be on the basis of the graduate program. The basic courses now given in the graduate library schools—cataloging, classification, reference, and bibliography of all kinds—along with the experience of working with a library public, would still be required. The bibliotherapist is primarily a librarian who goes further in the field of reader guidance and becomes a professional specialist.

It is necessary that the individual possess a basic, broad academic background plus the widest possible acquaintance with all types and
kinds of literature suited to all reading levels. As deep a reading knowledge as possible is also necessary. In the library school curriculum the traditional intensive courses of the kind which require the annotation of titles read, particularly of current reading material, provide this kind of depth and scope. Courses in children’s literature and literature for young adults are also necessary since the bibliotherapist must be aware of the needs of all reading levels for which he might be expected to offer advice and guidance.

In addition, it is necessary that the bibliotherapist have an understanding of the principles of clinical psychology and learn some of the basic skills of the psychologist, for the bibliotherapist must know both the reader’s clinical status and his abilities and interests. It is imperative that the bibliotherapist be able to evaluate the emotional significance of the patient’s responses, to relate reading assignments to the patient’s mental and emotional needs, and to make valid interpretations of his reactions to reading.

Particularly in the clinical situation, the bibliotherapist must work very closely with the physician. Indeed, he must recognize that here the overall responsibility rests primarily with the physician. Therefore, it is necessary that communication be established with the doctor, which would mean the need for a wide knowledge and understanding of medical, psychological, and psychiatric terminology so that the bibliotherapist could confer effectively with medical colleagues.

The bibliotherapist administers the reading program, evaluates capacities, assigns specific reading, makes progress reports, initiates requests for psychological evaluation when indicated, and constantly reviews and evaluates the program. Therefore, the curriculum should also include elementary psychiatry, psychology of the physically handicapped, the psychology of reading, techniques of rehabilitation, techniques of diagnosis and counseling, medical and social problems of illness, basic anatomy and physiology, rehabilitation of the aging, principles of motivation and remotivation, and the rehabilitation of different kinds of patients as well as the psychology of different kinds of ethnic groups. Courses in the techniques of clinical psychological testing should be included for background knowledge of this field, along with training in the interpretation of test results.

Training is also needed in statistics, report writing, and group dynamics. The bibliotherapist would follow-up as well as secure information regarding the nature of the individual’s problem, the
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contributing factors in etiology, the physical and psychological duration of the illness, the tendency to relapses, the chemotherapy being used, and the like.

Experts in rehabilitation agree that up to this time the therapeutic process itself cannot be demonstrated to the student directly and cannot be reproduced experimentally, that many facets of the intricate human relationships which make up psychotherapy cannot be adequately presented to the trainee in a classroom setting. For this reason, field service training would have to be an important part of the bibliotherapy training program. Such a program would have to be organized in a manner similar to the practical work of social service, the supervised training in hospitals and clinics of clinical psychologists, and other on-the-job training.

This part of the bibliotherapy training program would be designed to provide experience and to assist in the integration of principles learned in the more formal manner already discussed. Such a practical approach would be imperative for the realistic acquisition of medical, psychological, and psychiatric viewpoints. Much of what has been discussed as necessary for the practice of bibliotherapy could be learned and reinforced as a result of this part of the program. This kind of participation would provide an opportunity to realize at first hand what the task is, what knowledge is required, how the program can be developed, and how to put into effect the necessary information received in the formal courses.

Such a program could be organized in cooperation with medical and mental hygiene clinics and hospitals. The administrative and medical staff of these institutions would have to be persuaded of the value of the program and the ability both of the training body and the student to carry out the objectives outlined. In the beginnings of such an experimental project, the institutions most likely to be receptive would be the hospitals and clinics in the area around the school or university, especially those adjacent to the campus, where the student would simultaneously be taking interdisciplinary courses in the various professional schools. It should be stressed here that, even though the bibliotherapist may not propose to work in a hospital situation at all times, these arrangements will provide the most concentrated and valuable training.

After the prospective bibliotherapist has spent time in the clinical setting, he would find of great value the same kind of field work in readers' advisory service in the children's, young adult, or adult de-
partment of a large public library. Perhaps two or three days or parts of days during each week for one semester should be devoted to this kind of training. The cooperation of interested and sympathetic physicians would be needed for any kind of success in such a program since expert knowledge and supervision are essential for this kind of a learning situation.

In addition to providing an opportunity to acquire needed experience and knowledge, the trainee situation as described can also be useful as a place to weed out at an early stage those who do not measure up, through lack of judgment, character problems, or insensitivity.

Careful thought should be given to the selection of participants in such a program, particularly in a new field such as this. Because the program of bibliotherapy would be in a crucial stage of development, the need for academic achievement would be most desirable. Much time and thought must be given by those conducting and supervising the program to exploring with participating psychologists and physicians the structure and possible needs of future courses, the personality of students judged to be most successful, and the integration into the course material of various aspects of other disciplines.

Concomitant with such specialization is a need for recognition and status. The library schools and the university campus need to supply not only the milieu for the necessary courses and supervision but also the acknowledgment of the specialty as such. Some kind of an accrediting agency would be needed. In the case of bibliotherapy, this could also be the agency that initiates the program and works closely with the library schools and the trainee in the clinical situation. This agency would need to have the authority of the profession behind it in order to recognize and sustain specialization in bibliotherapy. Such an agency in other professions is a national association; in this case it would be a national library association. In other professions such an association assumes accreditation authority. In this case, if such a responsibility were to be assumed, there would have to be a sufficient number of members of the national association who were alert and ready to proceed along the lines discussed above.

Much more study needs to be done in the field of the psychological effects of reading and the motivation of the human personality. However, much work has already been accomplished. Based upon this, bibliotherapy could very well be an important part of and an assistant to psychotherapy, specializing in reading counseling and guidance.
The Bibliotherapy Program: Requirements for Training

References


ADDITIONAL REFERENCES

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For many years hospital administrators have recognized that the library and its program have a definite place in the hospital and that it is essential for the hospital to conduct a well organized library having books and other media accessible for patients with trained librarians in charge. It is generally accepted that the utilization of books and other reading materials serves as an adjunct to therapy. The importance of the hospital library and the awareness of its conspicuous place in the overall hospital program are evidenced by the many articles that have been written on the subject. Over the years, the articles appear not only in library literature, but also in psychiatric, hospital, rehabilitation, and other related medical journals.

This paper will survey the literature in this area with emphasis upon the use of bibliotherapy with the mentally ill. It shall purport finally to indicate current practices, studies, trends, and needs as evidenced in the literature.

In 1959 a study by Artemisia Junier analyzed the literature which had been written on bibliotherapy from 1900 through 1958. The study included a comprehensive bibliography of 601 items published on the subject as directed toward hospital library service to patients. It analyzed these articles by dates published, types of publication in which the articles appeared, authors, and subjects of articles, and it included a subject index. Since some of the material covered at that time seems pertinent to an overview of the literature, portions of the study will be summarized here.

An attempt was made to classify the articles under broad subject headings. Because many of the articles included information about Mrs. Junier is Assistant Chief Librarian, Veterans Administration Hospital, Tuskegee, Alabama.
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more than one subject, it was difficult to place some of them strictly into one category. The predominant subject area was the basis for the selection. It was found that 21 articles discussed hospital library administration; 55, book selection; 120, service to different types of patients; 35, librarians and their approaches and attitudes toward patients; 27, research in bibliotherapy. Twelve were concerned with the objectives and standards of hospital libraries; 19 were bibliographies; 64 articles were general descriptions of libraries and their activities; 93 elaborated upon the therapeutic values of reading; 50 were concerned with the need for and value of hospital libraries; three presented reading as a counseling technique; and 100 were general in content. These 100 articles covered several aspects of hospital library service, and because no one aspect was particularly dominant and because they did not fit specifically into any of the above categories, they were classified as general.

Over the 58-year period from 1900-1958 there were 35 articles that discussed the librarian in a hospital library. These articles stressed the need for trained librarians, as well as the need for the librarian to have adequate knowledge of books and to understand personalities so that he might apply this knowledge and adequately serve the patients. As described by these articles the hospital librarian must also have a pleasing personality and certain other traits such as sympathy, patience, and warmth in order to be able properly to approach the patients. Many of the articles pointed out the need for hospital librarians to have specialized training in applied psychology, as well as a knowledge of conducting and interpreting surveys and of establishing standards. Because librarians are influential in the mental life of the patient, they should be equipped with the understanding of the significance of human behavior.

Most of the 55 articles on the selection of books agreed that well chosen books and guided reading are helpful in restoring mental health. They also agreed in most instances that the librarian, with the help of the physician, must fit these selections to the patients and that their educational, social, and environmental backgrounds as well as the nature of the illness and their reading preferences must be considered. Some of the articles discussed the types of books that are read by different types of patients. Mystery stories, poetry, travel books, biographies, westerns, scientific books, and religious and humorous books are a few of the specific types of materials mentioned.

There was indication in some of these articles that certain types
of patients preferred a certain type of reading material; however, not all patients of one type agreed in their preferences with other patients of approximately the same type. It was generally indicated, however, that each book must be selected on an individual basis in accordance with the patient's background and reading preference.

Fifty articles dealt with the functional value of hospital libraries. These articles corroborated the importance of organized libraries in hospitals, the relation of the library to the hospital, the accomplishments of hospital library service, the values of hospital library service operated through the extension departments of the public library, the necessity of convincing medical and hospital authorities that no well conducted hospital can afford to be without library service, and the importance of hospital libraries to the hospital as a whole.

The 93 articles that were classified under reading as therapy agreed for the most part on the theory that reading can be used as therapy and treatment or at least that it has therapeutic value and is an adjuvant to treatment. There were no articles, however, agreeing upon definite techniques that would make bibliotherapy a science, and thus enable one to prescribe certain books for certain patients with certain known results. The hospital library was considered a therapeutic agent in which books were needed to train the patient's attention, to interest and instruct him and to alter his attitudes.

Sixty-four articles were devoted to descriptions of specific hospital libraries. In the descriptions of the services and activities in the specific libraries some of the topics covered were the number of years the library had been in operation, the number of persons on the library staff, the type and number of patients served, the number of books, descriptions of ward visits, circulation figures, descriptions of the location and the physical arrangements of such libraries, rules and regulations, and special projects of the libraries.

Income and expenditures, administrative organization, physical arrangement of quarters, equipment, publicity, and public relations were treated in 21 articles. In this category of articles there were discussions of weeding the materials collections and of the amount of time staff members needed to spend in actual service to patients in hospital wards.

There was only one article that specifically considered bibliotherapy as a counseling technique. This article, written in 1947 by a professor of psychology, gives impetus to the need for those working with maladjusted people to use various methods and techniques to
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understand people and their problems. This paper is not strictly devoted to hospital bibliotherapy; however, it is a valuable example of the use of books for therapy and of the tremendous power of the printed word.

Two other articles support the contention that bibliotherapy as a technique of guidance can be used to give insight and aid in the solution of personal problems. The author of these two articles was a consulting psychologist at the School of Library Service of Columbia University.

In 1949 the first doctoral dissertation on the subject of bibliotherapy was written, reporting on a clinical-experimental study exploring the theory and practice of bibliotherapy. A master's thesis was written in the same year. An article about Columbia University's School of Library Service's embarking upon a long-range bibliotherapy study was also written in this period.

In 1951 a dissertation, "Imaginative Literature as a Projective Technique," was added to the literature of bibliotherapy. There were 17 theses in the 1950-1958 period. The American Library Association Bibliotherapy Committee was responsible for four articles which described its progress in this area. Two other articles giving the contributions of research in bibliotherapy and the language-arts program were written by an educator.

There were 19 bibliographies found on bibliotherapy. Most of these were selective lists; however, six of them contained short annotations. Only two of the bibliographies were comprehensive at the time they were published.

Joint efforts of committees of the American Library Association, Special Libraries Association, and the Medical Library Association were responsible for three of the 12 articles in the area of objectives and standards. The articles considered the number of staff, books, and beds in the hospital and related the standards for a hospital library to these factors.

Many of the earliest articles discussed the value of and need for library service to patients in hospitals, along with descriptions of particular libraries and implications of the therapeutic value of reading. This practice has not decreased in more recent years. In the literature of the field there is added emphasis upon analysis, techniques, and devices that attempt to give verifiable knowledge to the truth of these earlier theories. However, no method has been devised that has proved bibliotherapy to be a science.
Schneck's work in this area is well known. In a report of two cases, he observed that bibliotherapy had definitely been advantageous in treating these particular patients. He mentioned the educational and recreational merits of bibliotherapy and its aid in eliciting conflict material, and he felt that treatment time was abbreviated as a result of its use. In addition, the prescription of reading matter enabled treatment to continue during the patients' absence from the therapist. In reviewing the literature in 1945, Schneck found a marked deficiency in the number of organized plans or programs of bibliotherapy, and in judging from the literature alone, he felt that much of what had been done seemed to be in many instances unorganized and haphazard. This author arrived at a similar conclusion after reviewing articles for this paper.

The Veterans Administration was very early interested in bibliotherapy. Any number of Veterans Administration hospital librarians, physicians, and others have reported in this area. Elizabeth Pomeroy found, as a result of a study which she made, that it was generally agreed that well chosen reading helps all patients who engage in it to be more contented. Based upon information contained in 1,538 case reports from hospital librarians, a study revealed that travel topics ranked highest in patients' interest while useful arts and biography were also popular. Ruth E. Rodier reported on her efforts with one patient in stimulating him to read and of the beneficial effect which this activity had upon him. Nina Johnson reported on the therapeutic value which various library programs had for mentally ill patients at the Veterans Administration Hospital in Augusta, Georgia. She concluded that "usually after some four months of effort, the groups of patients show definite progress in response and interest." Mrs. Peterson-Delaney has described many library activities with patients in her work at Tuskegee. Mental patients in the bibliotherapy programs are observed for study and their progress evaluated by psychologists and psychiatrists. From a survey which she conducted of reports from hospital librarians to the V.A. Central Office Louise Sweet concluded that the reading inclinations of patients are generally wholesome and uncomplicated. For the most part, says Alice Crosby, the literary tastes of neuropsychiatric patients are similar to those of other patients with similar backgrounds. Many statements have been made which indicate that librarians and others working with the mentally ill have found books and library activities to be helpful to the patient. These generalizations have not been substantiated by scientific research techniques.
Funds were made available by the Veterans Administration for a project by Powell and others in which patients were followed simultaneously in reading and psychotherapy, in an experiment conducted with patients of the psychiatric clinic of Johns Hopkins. Three collaborators—one from education, one from psychiatric social work, and one from psychiatry and group therapy—followed nine patients concurrently in group therapy and group reading. The investigators found that both types of groups had value for different of the patients and that neither group by itself will produce complete therapeutic balance for all patients in the group. This type of study is an example of the team approach in patient treatment.

The attitudes of patients with regard to certain types of reading were studied by Robert Morrow and Margaret Kinney. In the report the authors outline their methodology to make it possible for others who attempt the same study to ascertain whether or not results are similar. This practice is a step toward the use of standard research techniques in conducting studies.

Lorna Swofford has reported a continuing research project with four groups of chronic schizophrenic patients at the Veterans Administration Hospital in Topeka, Kansas. Because a report has not been published, no details of the project are available at this time. There is some indication, as Baatz has pointed out, that librarians are beginning to examine bibliotherapy from a scientific viewpoint and to evaluate its position in total therapy. He and Gartland agree that from studies in the Veterans Administration hospitals, bibliotherapy appears to offer a method by which the patient may be helped to overcome difficulties in interpersonal relationships.

Bickel and a group attending a 1957 workshop in New York have given concrete suggestions for making the library experience a therapeutic one for patients in a psychiatric hospital. Their suggestions include reading aloud to groups of patients in closed wards, discussion groups in wards, the employment of patients in the library, and the inclusion of trips, movies, slides, and lectures as special non-book therapeutic parts of the program. This article is a good summary of the many and varied activities that can be part of a hospital library program.

In the light of the literature, a number of points are indicated. First, there is need to arrive at a consensus on the meaning of the term bibliotherapy. It is possible that much of the difficulty in acquiring an accurate concept of the scope of the problem lies here. The Bibliotherapy Committee of the American Library Association
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is working to arrive at an acceptable definition through a recent questionnaire to librarians and others interested in the subject.

In reading and attempting to group the many articles found in the literature, one can see the diversified topics under discussion and the variety of activities that fall into the category of bibliotherapy within the hospital library where work is being done with the mentally ill. There is a need to determine what hospital library activities should be included in the practice of bibliotherapy. The question remains of whether, in our final determination, this subject will include everything that is done in hospital libraries or only those practices that attempt to measure the benefit which reading has upon the patient.

There is need to decide upon a measurement by which to determine who is educationally equipped to provide bibliotherapy—whether it should be provided by librarians, psychiatrists, or psychologists, or by their joint effort. We must also settle upon the question of who is qualified to teach those interested in learning the techniques of bibliotherapy and, of course, what these techniques are.

Margaret Kinney stresses the need for librarians to have specialized training in applied psychology, in addition to a knowledge of conducting and interpreting surveys and establishing standards, if they are to practice real bibliotherapy. Graham asserts that the requisites of a librarian working in a hospital for the mentally ill are three-fold: he should have proper insight into abnormal reactions, patience, and a never-flagging interest. In working with the mentally ill, individually or in groups, one must have some basic knowledge of the behavior of the mentally ill even though, as Schneck has pointed out, “rarely is one person sufficiently well versed in general literature and experienced in psychiatric work to permit him to bear full responsibility in a program of bibliotherapy. A team of workers is more effective.” Librarians could not be expected to be good librarians, to know books, and to be versed in all other necessary areas. Perhaps what is needed is a coordinator whose duty would be to correlate the work of the librarian with that of the psychiatrist, the psychologists, and others in setting up studies and interpreting the results. This person would be the bibliotherapist.

From the literature another area of deficiency is to be noted in that there was no mention of training courses in this aspect of hospital librarianship. The particular type of training which is needed must be determined, and then library schools may help by providing
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for these needs in formal courses in their curricula. Even in a recent article on education for hospital librarianship, no courses akin to bibliotherapy were listed.

Miss Swafford has reported on a training course called "Group Bibliotherapy With Long Term Patients" that is now in progress at the Veterans Administration Hospital, Topeka, Kansas. She is the leader, and Dr. Ethel Bonn is psychiatrist and bibliotherapy consultant. The membership of the class includes five administrative or supervisory nurses and two ward nurses. It would be interesting to know more of the subject content and the aims of this training course, as well as how and why the members of the class were selected.

A number of articles indicate a need for research, but the problem seems to be one of how this research should be conducted. In 1959 the interdisciplinary committee of the American Library Association set up the following procedure for a bibliotherapy research project. Through a mutual exchange of information and method this committee (with appropriate subcommittees) would aim to (1) summarize available literature; (2) define researchable areas in the effect of reading upon patients in hospitals and institutions; (3) suggest usable research techniques for study and analysis; (4) determine priority in problems to be attacked; and (5) recommend necessary initial surveys and studies to secure base-line data.

Proposals for carrying out the above procedures by way of a grant in the amount of $18,331 have been submitted to the National Institute of Mental Health, but have not been approved.

We have to understand the problems connected with research in this area. As Miss Tews has pointed out, the most obvious limitation of reading as a tool in treatment is its intangibility. The patient must have mastered the mechanics of reading and be able to understand what he reads and be intelligent enough to transfer from his reading to his difficulty. Other factors limit this transfer when it is to be attempted with the mentally ill. Because librarians in hospitals are responsible for the library service to all the patients in the hospital, the time which they can spend on special research projects is limited.

We need to know in detail what happens to the reader when he is involved with ideas in books, not just what categories of patients read what varieties of books. Oathout also suggests that the categories that are utilized, both of patients and of reading matter, are much too broad and often meaningless. Very close and almost imme-
diate observation of the patient involved is imperative if the therapist is to be able to attach that patient's reactions to some idea which he has read in a book.

There are some ways and means from which assistance or participation in research might come. Goldhor \(^3\) has suggested six areas for research in librarianship, some of which could apply directly to research in bibliotherapy with the mentally ill patient. Candidates for the master's or the doctoral degree in library schools could select subjects of this nature and make valuable contributions in helping to supply ground-work information. For technical assistance, we might turn to the associations of other professions, philanthropic foundations, and universities.

Hospital librarians are likely to be the best and most promising source for future bibliotherapists if a research program of any great magnitude is ever to develop, simply because there are more of them than of any other group and because they are in the best position to collect the needed data and observations. For any research project there must be guidance and control. The American Library Association, through the Bibliotherapy Committee, is the logical agency to initiate and guide a planned program of research on a national scale.

In spite of the many articles that have been written the literature seems not to have presented any new ideas in the last several years on work with the mentally ill. It is interesting to note that in a recent list by Kraus \(^3\) of 18 recommended titles there were only four which had been written in 1960. Two of these were concerned with reading with children, and one was a psychiatric dictionary. There were only two articles on the list which had been published in 1958, and one in 1957. Seven out of the eighteen articles were written before 1957. These figures seem to indicate that no new trends or ideas are in print, and that in introducing newcomers to the field we must rely upon articles written more than five years ago.

Can there be a science of bibliotherapy? Miss Bryan \(^3\) asked this question in 1939, and 23 years later we have few answers. There seems to be a trend toward studies of a more scientific nature, but there are fewer articles being published. From the literature one would observe that very little definitive work has been done. Either hospital librarians are not conducting research studies, or they are not reporting these studies in the literature. One feels that perhaps everyone is waiting for something, possibly a goal, some new ideas, or maybe for some direction.
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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.

Miss Moody is Librarian, Glen Lake State Sanatorium, Oak Terrace, Minnesota.
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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,
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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.
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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 overprotective 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.
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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-
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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-
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tendance at the conference, and their prominence, point up the li-
brary's responsibility for improving service to this segment of the reading public. The extensive knowledge of gerontology now avail-
able, 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 serv-
ervice 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 outpa-
tients, 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 Con-
tinuation Study, University of Minnesota, November 30-December 2, 1961,7 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
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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." 13

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 14 for the White House Conference on Children and Youth, by Margaret G. Strassler in Library Journal,15 and by Edith Cohoe in the NEA Journal.16

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 re-
mains 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 rehabili-
tation, and a reference collection which will be adequate for an ex-
tensive adult education program are essential parts of such a col-
lection.

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 treat-
ment. 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. One definite conclu-
sion emerged, that books quarantined by storage in a dry area for
one month are rendered safe. This rule is still held to be valid, al-
though 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 resi-
dence, 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 turn-
ers, 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

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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

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EDWIN F. ALSTON, M.D.

This paper has to do with the possible uses and values of bibliotherapy in the treatment of emotional and mental illness. The discussion will be introduced with brief considerations of personality development, psychopathology, concepts of mental and emotional health, and psychotherapy from standpoints of goals, principles, techniques, and problems. We shall also want to review the rationale for thinking of bibliotherapy in connection with the treatment of the mentally ill. Such a background is necessary before we can see clearly the possible roles of bibliotherapy in the present treatment of psychological disorders.

The development of a human personality is an extremely complicated process. Here we shall not attempt to describe the details; rather we shall emphasize the diversity of factors that are involved in the growth and development of a human personality. At birth the individual exists largely as a potential. His very survival is dependent upon those who care for him; his future development is shaped first by the start they give him and subsequently by all of the experiences which he has on his way to adulthood. Physically and psychologically the individual will go through different phases of growth and development.\(^1\)\(^2\) In each phase different needs and activities are prepotent. For instance, in the earliest months, eating, eliminating, and sleeping are dominant activities. Subsequently different periods are characterized by the special prominence of learning to walk, talk, control sphincters. As the years go by, at different stages, the individual will be especially involved in developing the nature of his relationships with people, of acquiring basic knowledge and skills. His sexual interest, curiosity, and activity will go through complex phases of development.

Dr. Alston is Visiting Lecturer in Psychology, University of California, Berkeley (1961-1962); Consultant in Psychiatry, Letterman Army Hospital; and Clinical Instructor in Psychiatry, University of California Medical School.
For optimal physical development, the individual requires adequate food, shelter, clothing, sleep, exercise, and protection from adverse elements such as disease. Likewise, for psychological development, there are basic requirements: adequate contacts with people, example and instruction, help from others, and independent activity. However, it is not sufficient simply to list the needs and activities essential for growth and development. The quality, intensity, timing, order of prominence, sequence, and associated experiences all relative to his stage of development will be important factors in determining the formation of the individual's personality structure. The point to be emphasized here is that orderly growth and development is not assured by any means, but rather is dependent upon a great number of variables. The successes and failures, the gratifications and frustrations which the individual meets in each stage of development will determine how well he is prepared to handle subsequent stages. Anywhere along the line, the individual may become stuck or fixed either because of failure or because of excessive gratification.

The outcome of growth and development in the human being usually leaves much to be desired. There is always some psychopathology. This fact is easy to understand when one considers the complex processes of growth already referred to. Specific deficiencies occurring in the growth process may be very subtle and not directly observable. They are likely to occur throughout the course of development despite the wisest efforts and best intentions of everyone concerned. These deficiencies will be manifest in the failure to develop the capacity for global integration of the personality. A chain is no stronger than its weakest link. In order for one to evaluate the integrity and health of a personality, it is necessary to consider its weakness and dissociations as well as its strengths. The inevitability of psychopathology may be clearly seen in terms of an analogy cited by Salter: "Parents, and everyone else, are doing the best they know, but just as there is only one way for a wrist watch to run correctly, and hundreds of ways for it to get out of order, so is there only one way for children to be psychologically sound and a multitude of ways for them to develop psychological troubles. Consequently, probability is against mental health, all of which is deplorable, but quite patent." 3

Psychopathology may be described in terms of "disability, distress, and dread," to use the terms of Whitehorn 4 or "stupidity, misery, and symptoms," to quote Dollard and Miller. 5 It is manifest in physical complaints, mood disturbances, defects in motivation, unrealistic self
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attitudes, disturbances in relationships with other people, or diminished capacity for gratification. Anxiety and tension of mild or great degree and reactions to them are present in all psychopathology. Psychopathology can be viewed as unstable, fragmented, fixed, and maladaptive personality structure. The essence of psychological illness is conflict or disassociation of various tendencies within the individual and conflict between the individual and the world outside himself. It can be conceptualized as incomplete development or as regression resulting from undue stress or lack of essential maintenance. It appears in all degrees of severity from that of personality structure which is extremely disorganized and conflicted to that which is barely evident. The most severe and disabling disorders are usually seen in psychoses; less crippling are the neuroses, as a rule; and least noticeable is the psychopathology occurring in so-called normals. When one considers the multiple ingredients that go into the development of the human personality, it is not difficult to understand that some psychopathology is present in every one. No one is perfect.

Because psychopathology is seen in palpable reality while mental health is more of a concept and cannot be demonstrated for all to see, psychopathology is easier to see, define, and understand than is mental health. Ideas of mental health will differ from one person to another. It has been conceptualized in a variety of ways. It can be defined in terms of freedom from symptoms, or as statistical normality; it is sometimes thought of as being related to a sense of well being. Jahoda has summarized a number of dimensions referred to by most writers on the subject as criteria for evaluating mental health. These include capacities for self-awareness, self-actualization, integration, autonomy, reality perception, and reality mastery.

Having referred to some of the qualities of psychopathology and a few of the concepts of mental health, we can recognize that the possible goals of psychotherapy are numerous and varied. The goals may be very explicit, or they may be very vague; they may be modest or extremely ambitious. The goal in any particular therapeutic program will, of course, depend upon considerations of time and money. In addition, the goal in therapy will be determined by the patient’s psychopathology, psychological mindedness, motivation, age, intelligence, behavior and affect states; the goal will also be influenced by the therapist’s experience, skill, philosophy, and various personal factors. Some categories of goals are (1) custodial care, (2) long-term support, (3) relief of symptomatology, (4) management through situ-
ational stress, (5) recovery of premorbid personality state, and (6) total reconstruction of the personality through the development of insight and reeducation. The goal, of course, will determine the form of treatment to be applied.

Psychotherapy involves, above all, a relationship between the therapist and the patient (or group of patients). Important categories of influence in all therapies include the therapist's personal impact (direct and transference) upon the patient and the approach to and content of the material dealt with. Within limits, what is said is of secondary importance to the interest, integrity, authority, and confidence which the patient sees in the therapist. In other words, the intense experience of a developing interpersonal relationship, perhaps very different from any other that the patient has known, seems to be the *sine qua non* of progress in therapy. This is evident in the fact that skillful therapists of diverse theoretical orientations employing widely different approaches seem to secure comparable results.

Depending upon the goal of therapy, the character and content of treatment can assume various forms. Therapy may be primarily reinforcement and support. This form means that the therapist will listen to the patient's problems, give him reassurance and support, and offer occasional advice or suggestions. This form of therapy is sometimes indicated in situations of acute stress or in cases where the patient is so fragile that this is all that he can tolerate. Otherwise this form of therapy is likely to be insipid and endless. If and when it is terminated, the patient is probably no better off than he was when he started. Another form of therapy has to do with reeducation and training. Here the therapist acts as something of a pedagog and attempts to impart new attitudes and skills to the patient. The trouble with it is that it may leave untouched or even enhance the opposing trends within the patient. This is a sort of patch work, and yet it may have a real value when there is not the need, indication, or realistic possibility of an all-out reconstructive effort. The third major form of psychotherapy is so-called deep therapy or insight therapy, represented primarily by psychoanalysis. Here the emphasis is upon a process devoted to the patient's actually *experiencing* the fullest possible knowledge of himself. This is hardly possible except in an appropriate relationship to another person, since it is all but inevitable that every person is going to have blind spots with respect to himself. It is a profoundly pertinent observation that "the problem of
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self-analysis is the counter-transference.” Exhaustive self-knowledge is an essential condition for total personality synthesis when some trends of feelings, thoughts, and actions have failed to become incorporated into a global personality structure or have become dissociated from one another. It is not until the individual becomes capable of a wholeness within himself that he can achieve an occasional oneness with the world and some of the people outside himself with maximal chances for effectiveness and gratification with them.

Irrespective of the form of psychotherapy, there are a number of therapeutic instruments which may be used. In various forms, they will be used with different combinations, emphasis, and purpose. Therapeutic instruments may be used either for “curative” effect or for “technical” purposes in service of the total therapeutic process. Common to all psychotherapy is respectful listening to the patient’s description of his problems, feelings, thoughts, and behavior. Such attention, of course, is essential not only to understanding the patient, but also to establishing contact with the patient. For the patient, the very act of attempting to communicate with another person about matters of personal concern may help him toward greater clarity and psychological expansion by improving his powers of association, discrimination, and synthesis. The description of personal experience in public language may provide him with some leverage against inner fixations. The feeling that another person has listened, understood, and tolerated may diminish the patient’s sense of loneliness and isolation. Thus, listening without any other intervention may itself have considerable therapeutic value.

A second type of therapeutic intervention is that of suggestion which in a broad sense includes advice, counseling, guidance, instruction. It can be said that the effect of suggestion is always present in any therapeutic relationship whether or not it is recognized or used directly as such. Suggestion of a general character is more likely to have enduring value than concrete specific suggestion. The latter is likely to have a deceptive value in providing an immediate solution while neglecting increase of the patient’s spontaneity and self-sufficiency. Two major dangers of suggestion include introducing something foreign to the patient’s personality (making even more difficult the task of synthesis) and increasing the patient’s dependency.

Manipulation involves nonverbal or indirect handling of the patient’s problems. It may involve manipulating aspects of the milieu in which the patient lives; it may be directed specifically toward the
patient. In manipulation the patient is relatively passive and the therapist is more active. As a therapeutic vehicle, it shares some of the values and limitations of suggestion.

Clarification has to do with restructuring the material offered by the patient. In clarification per se there is little emphasis upon "digging" more deeply but more upon dealing with what is at hand in terms of comparison, discrimination, and organization.

Interpretation is directed toward bringing into awareness a conscious knowledge of feelings, ideas, wishes, or memories which have been repressed and split off from consciousness. By bringing repressed material into awareness, interpretation offers the first step by which repressed material can be blended or fused with other contents of consciousness. If successful, interpretation leads alternately to a greater unity of the personality. Interpretation, of course, is inferential, based upon the therapist's general information and experience and his knowledge of the patient. It is subject to error in form, content, and timing, and in this sense it has some of the liabilities of suggestion and manipulation. One difficulty with interpretation resides in the fact that the same mechanisms responsible for repression in the first place will also stand against the return of the repressed material into consciousness. For this reason, attention has to be directed first toward the repressing mechanisms, the patient's defenses and resistances. When repressed material is successfully brought into consciousness, there will be a resulting anxiety which, if severe, may again evoke the repressing forces or lead to acting out. Accordingly it is necessary to anticipate the amount of anxiety the patient can tolerate and to make interpretations in such a way as to avoid crippling anxiety.

In psychoanalysis one uses all of the therapeutic instruments referred to above. Interpretation, however, is the ultimate vehicle of psychoanalysis, and all of the other instruments are used not for their curative value so much as for leading up to and otherwise serving the process of interpretation. By contrast to psychoanalysis, Rogers' client centered therapy places major emphasis upon reflection and clarification, minimizing the other techniques. More eclectic therapies will use all of the therapeutic instruments for curative as well as technical value. It should be said that when suggestion and manipulation are used for curative purposes, the field becomes clouded and the opportunity for clear, effective interpretation is minimized.
In addition to the use of the therapeutic instruments mentioned above in psychotherapy proper, adjunctive activities may be prescribed. These include occupational therapy, art therapy, music therapy, bibliotherapy, etc. Ordinarily such activities are not prescribed for the patient in psychoanalysis. Rather, efforts are largely confined to interpretative activity, and otherwise the patient is left to his own devices. The adjunctive therapies are utilized largely to provide the patient with interest, activity, outlets, structure; to develop new attitudes and skills; and to occupy the patient's time. They are used mostly with hospitalized patients.

Having considered the therapeutic devices used by the therapist, one may refer to the role of the patient in the therapeutic process. In a broad sense, the patient must think, feel, and act. In the therapy he must give and receive, and he must put into action the understanding, skills, and attitudes which he has developed. It is not enough for the patient and therapist to be talking in the same room. Each must strive for a meaningful encounter with the other. The patient must be able to postpone gratification, to endure frustration and tension which are inevitable accompaniments of growth and development. If he has to leave the field of therapy because of inevitable frustration and anxiety, he will obviously forsake any possibility of benefit from it. As stated above, it is not sufficient for the patient to acquire new knowledge, understanding, and attitudes. To obtain a firm grasp and value he must be able to apply these acquisitions in daily living. The patient has to be prepared to tolerate initial ineptness, failure, and adverse reactions and to persist until he has developed mastery, effectiveness, and gratification.

Psychotherapy, old as humanity itself, is nevertheless relatively stagnant as an art and science. In all the centuries of human history, few really important advances have been made. Psychoanalysis is a major exception to this statement, but even so, it has to be said that there simply are not innovations in psychoanalysis whose breadth and magnitude and effectiveness compare with innovations in other fields of medicine, education, art, and science. Failure of development probably has to do with the intensity of feeling that human beings have about the behavior of human beings, a feeling that constitutes a powerful resistance to experimentation and change. Major problems and challenges facing psychotherapy have to do with the effectiveness and breadth of application.

With respect to effectiveness there are not only problems of in-
creasing effectiveness, but also problems of defining and evaluating effectiveness. Psychoanalysis, client centered therapy, hypnotherapy, "eclectic" psychotherapy, reciprocal inhibition therapy, experimental therapy, personal construct therapy, assertion-structured therapy, Gestalt therapy, and the other therapies too numerous to mention here,12 make their claims for success but have to admit their failures and inability really to predict the probability of success. There is no way yet really to evaluate success. No therapy today helps as much as must be possible. For comparable time and effort there may not be much real difference between one approach and another. The chances are that improvements or innovations in psychotherapy necessary to bring about significant measurable changes in effectiveness will have to be really drastic in nature. There is also little doubt that drastic innovations, if and when they are made, will meet with the same—or greater—abhorrence and opposition that originally confronted psychoanalysis and still does to some extent. Psychotherapy probably remains relatively ineffective because it is still limited to half measures. The breadth of applicability of psychotherapy, at present, is probably a secondary matter. If a really effective psychotherapy is ever developed, then will be the time to devise the means of making it more widely applicable. As it stands, the current psychotherapies are for the most part expensive and time consuming. Therapists are few in relationship to the needs. And the existing therapies are of little value for the most disturbed patients; they have their greatest value for those whose need is least.

There are many reasons for thinking that bibliotherapy might be of some value in the treatment of patients with psychological disturbances.18, 14 Throughout centuries of history, the written word has acquired an increasing, fantastic time- and space-binding significance for man. Man, in papers, pamphlets, and books, has recorded something, at least, about every conceivable aspect of his existence—his interests, aspirations, and activities. For information, instruction, inspiration, understanding, and entertainment, an individual today need not rely only upon his own life experience nor upon that of those immediately around him. In the poetry, fiction, or non-fiction of the world, a person can find broad coverage of the individual human situation in all times and places; he has immediate access to the recorded feelings, knowledge, ideas, desires, and activities of all kinds of men and women. In the world literature there is plenty to meet every need and taste. It is easily and widely available, to every-
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one, at relatively little cost. A helpful or favorite book, unlike a passing conversation, relationship, or experience, can be referred to time and again in the full and original form it had for the reader. The written word, which one can take or leave, is not as intrusive as the spoken word, nor is the written word likely to have been as associated with demands and prohibitions and other anxiety-provoking experiences as the spoken word. Accordingly, many people can approach a book with minimal defensiveness and maximal accessibility. For many people, the written word has an exceptional authority and authenticity. Finally, in actuality, many if not most literate people can mention at least one or two books which have affected them profoundly, opening up new vistas, new directions for growth and development.

A striking example of the extent to which people in general look to books and pamphlets for help with personal problems is seen in the experience of the Metropolitan Life Insurance Company over the last decade with its educational pamphlets. Since 1947, this company has been issuing booklets on various aspects of physical and emotional illness. The response of the public gives an indication not only of the need and demand for help with personal problems but also of the interest and hope invested in the written word. In a personal communication, George M. Wheatley, Medical Director, writes:

Perhaps some indication of the interest in our booklets relating to mental health can be gauged by the following figures. For example, from 1958 to 1961, our booklet, 6 to 8—Years of Discovery, was requested by 1,689,514 persons; there were 906,450 requests for Nine to Twelve in 1961; 6,640,190 requests for Understanding Your Young Child from 1947 to 1961; 4,277,150 requests for Understanding Your Teen-Ager from 1953 to 1961; 3,500,000 requests for Emotions and Physical Health from 1954 to 1961 and 2,200,000 requests for Stress and What It Means to You from 1958 to 1961. We have had numerous letters from individuals, PTA's, child study groups, physicians and others, telling us how useful our materials are to them, and how glad they are to receive them.

Dr. Wheatley also makes reference to a film: "Since its release in 1956, our film on mental health, Mr. Finley's Feelings, has had a total attendance of 21,215,128. The purpose of the film was to stimulate questions and comments and provoke an exchange of ideas about the ways of meeting stress situations and handling day to day relationships with people. Through the response we have had, as well as the
requests for further reading materials, we feel confident that Mr. Finley’s Feelings is fulfilling its purpose.” Hardly any statement could exemplify more clearly the extent to which people look to written material for help in the solution of personal problems and concerns, the tremendous demand for such help, and the response that occurs when specific universal problems are discussed and the material is made easily and widely available.

Some people, perhaps quite a few people, are profoundly influenced by books where they find not only amusement and instruction but also understanding and inspiration. This basic fact lends hope to the idea that books may be useful in the treatment of psychiatric patients. But the matter is not as simple as it seems. While it is undoubtedly true that a few people can and do find in books a powerful stimulus for problem solving and further development, a probable fact is that most people are not so deeply affected. Some people simply do not read; others do not get much out of what they read.

As discussed above, really significant change in a person requires not simply a powerful incitement, but the incitement must be of appropriate form and content and has to develop in a proper order from initial contact to a peak of significance. It is difficult to imagine how such a process can be organized primarily around the reading of books. Books are not written with the individual patient in mind, and certainly no book will completely fit any one patient. By its very nature, the patient’s psychological illness may preclude his discrimination between what applies to him and what does not; and his psychological illness may make it impossible for him to integrate effectively into his own particular situation what he has learned and felt. Activity is an absolutely essential condition to growth. Reading without active, critical participation and application can hardly be expected to have any significant effect. Finally, there is no book that can possibly substitute completely for a vital, give-and-take exchange between two people. Unless such a relationship is somewhere in the background, whole libraries of books will be of no avail. For those of us who are interested in bibliotherapy, it may be well to keep these reservations in mind, lest we be carried so far away by our enthusiasm that we seek more than it has to offer and derive from it less than what is possible.

The various purposes for which reading can be used by the patient and the physician have been treated quite extensively in the literature. It is relevant to summarize some of them here. Ob
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violently books may be of value for information and instruction, as
guides in the development of new skills. Often patients will find
courage to enter therapy or discuss a particular problem after read-
ing about it. Occasionally a patient will be able to discuss something
that he has read when he cannot at the moment talk about the same
matter as it applies directly to himself. Thus, the discussion of a book
is sometimes helpful as an introduction to more personal topics. Books
may be used to help the patient obtain greater insight into his prob-
lems or to acquire language and ideas with which to communicate
his problems.

They may help the patient focus attention outside himself and to
find new interests. The reading of books may assist the patient in the
processes of socialization by providing him something which he can
share and talk about with other people. Often people can find new
directions and attitudes in books. The knowledge to be acquired from
books that other people have similar problems may give the pa-
tient greater courage to face his own problems, and a lesser sense of
isolation and loneliness. Finally, although too much should not be
made of it, there is the therapeutic value of relaxation and diversion
to be found in books. Books may be and often are used for escape
purposes, but this use should not cause us to overlook the possibili-
ties of having our worries, concerns, and problems too much with us.
Books may be used by the patient to take his mind off his problems
for a bit so that he can eventually return to them with refreshed and
new points of view.

Patients may derive from reading some definite therapeutic gains
such as those listed above, but reading and its results may also be-
come deterrents to therapeutic progress. It is possible to acquire
erroneous information and misunderstanding from books. Reading
may be used as a way of avoiding the personal issues of therapy or of
achieving further withdrawal and isolation. False hopes and expecta-
tions may be engendered, or the patient may be discouraged, or de-
pressive trends may be enhanced. In response to reading, the patient
may attempt to use ideas and facts that do not apply to him. Some
patients become overwhelmed or especially anxious from reading.
Obsessive-compulsive tendencies may be enhanced. In short, reading
may become a resistance to therapy, especially if the reading is not
accompanied by appropriate critical discussion. Some writers on
bibliotherapy suggest general contraindications to some types of read-
ing for patients belonging to certain diagnostic categories. For in-

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stance, remarks are sometimes made about what a depressed or obsessive-compulsive patient should be allowed to read or prevented from reading. While these may be some fairly useful rules of thumb, one might also question any prescription of reading based upon Kraepelinian diagnostic categories. The indications and contraindications for bibliotherapy and the material recommended should be based upon an estimate of what the patient needs for therapeutic purposes at the moment and upon expectations of how he will use and respond to the material being considered.

The therapist may use the patient's interest and responsiveness to books in several different ways. He may use reports that the patient makes about his reading to further analyze and understand the patient. By and large, in insight therapy, it is seldom that a book is actually prescribed for a patient. The emphasis is more upon the patient's learning directly and specifically about himself. But when the patient reports that he has read a particular book, valuable insights may develop from analyzing his choice, what he got out of the book, his responses, etc. Whereas books are seldom prescribed in analytic therapy, probably most analytic therapists are quite attentive to what the patient reports about his reading and his attempt to relate this to other material which the patient is producing. In analysis as well as in other forms of therapy, the patient very often refers to his reading and very often reports having gained from it. A quick review of this writer's patients now in therapy shows that about seventeen out of twenty-one patients have not only reported their reading of books, but have also made assertions about increased understanding, new points of view, etc. Also in analytic therapy, there is often a tendency on the part of the patient to choose and discuss books as a way of avoiding more direct discussion of himself. However, even this tendency can be used for the purposes of therapy when it can be pointed out that the patient is reading to divert himself from the work of analysis and when attempts can be made to infer what the patient is trying to avoid.

Reading of books, pamphlets, and articles can also be definitely prescribed for the patient. In such an instance, of course, the therapist as a rule will have a definite purpose in mind, tailored to the individual at the time he makes the prescription. He will probably encourage the patient to discuss what he has read and examine the ways in which this applies to the patient's situation. This essentially is the use that has been made of bibliotherapy in the two cases reported

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by Schneck, and in "Objective Psychotherapy" described by Karpman. Prescribed reading may be for any of the therapeutic purposes outlined above and may make use of fiction or nonfiction. When the therapist prescribes a book in this way, he should not only know what he is attempting to accomplish, but he should also be fairly sure of what is in the book in order to know that it is suited to his purpose. Very probably, any therapist who intends to recommend books should have in mind a small number which he can use for definite purposes and which he himself can know quite thoroughly. It is probably a futile gesture for the therapist to recommend books when he does not have a relatively fresh and recent knowledge. No one can keep fully in mind a large number of books sufficient for therapeutic purposes, and a busy therapist will seldom have time to examine many books for their therapeutic potentiality. A therapist who intends to make extensive systematic use of bibliotherapy would be well advised, therefore, not only to have his own list of well known reliable books but also to have the collaboration of someone such as a librarian who is able to pay more attention to books for therapeutic purposes.

There is another manner in which bibliotherapy can be employed. There is the possibility of designing a course of therapy using books as the principal focus and starting point of therapy and discussion. Powell, Stone, and Frank experimented with having patients in two groups, one therapeutic and the other for discussion of a prescribed reading list. (They chose Declaration of Independence, Benedict's Patterns of Culture, Epictetus' Discourse, Farrell's Young L regain, Wolfe's Look Homeward Angel, Augustine's Confessions, and Plato's Republic.) They found that their therapy and reading groups offered different opportunities to different patients. In some patients the reading may afford a means of diminishing anxiety, of increasing self-esteem to the point of being able to function more freely in the therapeutic group. They also found that a given patient's success in either the therapeutic or reading group significantly enhanced his ability to make full use of the other group.

Wilson has reported on a single case for whom twelve books were selected and prescribed over a period of more than two years. Several prolonged conferences and about eight report conferences were held with the patient. In the report conferences, the discussions were centered primarily around what the patient had read and how it pertained to him. At the end of each conference, after a book had

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been prescribed, it was left up to the patient as to when the next meeting would occur. There were intervals of many months between conferences. Wilson had the patient tested before and after the course of bibliotherapy and concluded that the patient had made substantial gains. The patient reported being satisfied with what he had achieved. Wilson feels that such bibliotherapy is useful when time is at a premium and is more especially useful in problems of attitude.

Reading material has also been put to use in "remotivation," a technique developed by Dorothy Hoskins Smith, and widely used in State and Veterans Administration Hospitals. Training and demonstration of this technique across the country have been supported by a grant from Smith, Kline, and French Laboratories and sponsored by the American Psychiatric Association. The technique consists of twelve meetings of patients under the leadership of a trained remotivation therapist. After the therapist has helped to create an "atmosphere of acceptance" the next step consists of reading a poem. A basic concept underlying the technique is that even very withdrawn people can be aroused into talking about subjects outside their emotional tensions. However, "definitely barred are sex and marriage problems, financial worries, racial questions, and matters concerning religion and politics." A poem or other piece of literature presenting rhythm and evocative images of perception and motion is likely to attract the attention of withdrawn people and provide the nucleus around which more nearly normal conversations can be developed in the group. Having awakened interest in the patients by reading of literature, the remotivation sessions continue with stages referred to as "sharing the world we live in," "appreciation of the work of the world," "the climate of appreciation." These different steps have to do with the introduction into group discussion of different subjects having concrete interest chosen for variety, the elicitation of personal interests from patients, and eventually the expressions of thanks to the patients for their participation. It is said that "a mere series of 12 group conversations about such objective topics as fishing, railroads, cotton, rock gardens, or cooking, conducted in an atmosphere of friendliness and approval, can give mental patients a strong thrust toward recovery."

Obviously, the use of bibliotherapy in private practice is going to be very much different from that which is possible in a hospital setting. Only rarely in private practice will there be the possibility of a
sufficiently close working relationship between the therapist and a librarian to provide the basis for a team approach to bibliotherapy. It is questionable whether or not such a team approach would justify the difficulties of setting it up, especially if it required preference over other therapeutic approaches. If a private therapist were to set up a course of therapy with bibliotherapy as the central point of departure, as in the work of Wilson, he might well request consultations with a librarian and other experts to develop an appropriate reading list. For the most part, however, the main use to be made of bibliotherapy by therapists in private practice will probably continue to be examination of the patient's various reactions to books which he reports having read. It will undoubtedly include occasional suggestions on the part of the therapist that a patient read some special book. The basis of the selection here will probably be books that are quite familiar to the therapist and which he feels will be of help to the patient at the moment in furthering the course of his understanding and therapy.

In the hospital setting there is, of course, opportunity for a much closer working relationship between the therapist and librarian, and the facilities are often such that more extensive use can be made of bibliotherapy. The physician and librarian can collaborate in the development of reading programs for any given patient, and they can confer with one another about their observations for evaluation and for determination of the succeeding steps. The physician and librarian will each have his own contributions to make to such a program. The physician may impart to the librarian something about what he hopes to achieve by prescribed reading for a patient. It may be helpful to the librarian if the therapist can summarize some of the patient's basic psychological mechanisms and indicate the type of books and subject matter that he has in mind for the patient. The physician may also wish to indicate what would be contraindicated for the patient in his therapy. The physician will doubtless want to follow up on his recommendations with discussions and observations of the patient's reactions. The librarian will probably want to have available a relatively limited list of books which might be used more frequently in bibliotherapy and a readily available knowledge of the contents, plots, problems treated, etc. From these the librarian should be able to make recommendations that would fulfill the physician's prescriptions. The librarian's interest and enthusiasm can be an ad-

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ditional and very important personal contact for the patient, and his observations about the conduct and reactions of the patient may be of considerable value to the therapist.

In summary, books may be of great value for some patients. With others, bibliotherapy is simply not going to be applicable, or there will be other preferred adjunctive measures. Bibliotherapy is likely to be more useful in psychotherapy oriented toward support re-education and training, and of much less value in analytic or insight therapies. It may be that a relatively systematic program of bibliotherapy along the lines indicated by Wilson, Karpman, and others can be developed to have some positive but limited value for some patients. This is an area for further investigation and development, although perhaps not one of top priority. Short of such a procedure, bibliotherapy is always likely to be adjunctive in nature to a broader program of therapy, and being adjunctive it may not be susceptible to standardization and precise evaluation. The use of bibliotherapy will always be more helpful for some than for others. To some it is doubtful that a highly standardized, precise form of generally applicable bibliotherapy can ever be developed. On the other hand, for any given therapist-patient situation, there may be times when the examination of a patient’s reactions to a book or the recommendation that a patient read a book will be of real value in the overall program. This will probably have to remain an individual affair of the moment dependent upon the patient and the therapist. It is probable that bibliotherapy will remain a science and an art as applicable to the individual patient rather than to the patient population. Some therapists will always make more use of books than others; some patients will respond more to books than others. There are times that contact or understanding may be accomplished by way of a book as the vehicle. The science and art of bibliotherapy will be the matching of the therapist, patient, moment, and content, where a book is likely to be of more value than anything else.

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32. McCormick, op. cit., p. 45.


It is evident from the other papers in this series that definitions of bibliotherapy are many and varied even among authorities who use or participate in the use of techniques designated by that name. This paper will not attempt to offer still another definition in terms of what "bibliotherapy" means to the psychologist. Rather, it will seek to describe some ways in which the methods and findings of the psychologist may be helpful to librarians or bibliotherapists of any other professional background.

The bibliotherapy team is as yet flexible in composition and definition of roles. In some settings, notably correctional institutions, schools, and some guidance centers, clinical psychologists currently direct whatever structured programs exist for psychotherapeutic treatment. In this type of setting, the psychologist may initiate bibliotherapy and involve the librarian only tangentially. More often, however, the general role of the psychologist is to provide specific information about individual patients which may help others select appropriate reading material and otherwise conduct bibliotherapy.

The goals of psychological science and practice center about description, prediction, and modification of behavior. Clinical psychology deals with individuals whose behavior is in need of modification because it is distressing, either to the individual himself, to others in his environment, or most often, to both. An appraisal by a psychologist of the problem presented by an individual patient involves description of the patient's personality in terms of his capacities, motivations, and modes of emotional control. Psychological evaluation includes assessment of the patient's strengths and liabilities and of the personal, family, and social influences which helped to shape his adaptive responses. It also involves some estimate of the probabilities that one or another outside influence, such as psychiatric treatment, may alter

Mr. Pearson is with the Section of Psychiatry, Mayo Clinic and Mayo Foundation, Rochester, Minnesota.
those responses in the desired direction. In short, clinical psychological evaluation involves a "stock taking" of the individual: where he is, psychologically speaking, and where he may reasonably be expected to go under specified conditions. In this respect the aims and objectives of the psychologist closely parallel those of the bibliotherapist when the latter attempts to select the particular combination of printed words and pages embodying ideas of various authors which will be right for a particular patient. Of necessity both the psychologist and the bibliotherapist begin with some sort of estimate of where the patient is psychologically. Both must accept him as he is and strike a balance between what they might like him to become and what they may reasonably expect of him in the future. It is in the assessment of present status that the psychologist's techniques afford some distinctive or unique advantages, and it is in this area that the skills of the psychologist may be most helpful to the librarian or to anyone else seeking to use bibliotherapy.

The use of reading material to modify behavior presupposes some level of reading ability on the part of the patient, and in spite of all the public attention in the past few years to the question as to whether Johnny can or can't read and why, individual differences in this important ability are frequently underestimated or overlooked. For some librarians who are moving for the first time from a public or school library setting to that of a hospital, it comes as a distressing surprise to learn how many people have failed to develop even the basic skills and habits of reading, let alone the love and respect for books, or the knowledge of how to use library facilities which characterizes the majority of people who do use them. Some means of assessing an individual's reading ability is essential if one is to avoid errors in directing the patient in the selection of reading material which is neither too difficult nor too elementary to suit his skills and capacities. While the expressed interests of a patient, his educational attainment, and his general demeanor may generally give valid evidence as to whether Dick and Jane or Plutarch's Lives would constitute a more appropriate reading suggestion, still upon occasion these indicators may be grossly misleading as illustrated by the following example:

A man, aged 43 years, was admitted to a psychiatric hospital for help in overcoming his addiction to drugs originally prescribed for pain in his left leg. This ailment had followed an accidental injury
which involved litigation and compensation. Although repeated medical examinations had failed to disclose sufficient organic reason for the pain, he had undergone several surgical procedures and had become disabled to the point of giving up his work as a salesman.

In the hospital he impressed other patients and staff alike with his charm and intelligence. Although his personal selections of reading material favored *Life* and *Look* and occasional comic books which he purchased, he gratefully accepted the assistance of the hospital librarian on her visits to the psychiatric unit, selecting books with her help and later commenting appreciatively upon their relative merits and demerits in helping him better to understand his problems.

Some days after admission he was scheduled for a psychological examination. The first test presented was a routine paper and pencil measure of general intelligence in which the patient was asked to read the directions aloud as a rough screening measure of his reading ability. The psychologist was markedly surprised when the patient suddenly went ashen, hung his head, and muttered, “I can’t read.” He could, in fact, neither read nor write except to recognize and sign his own name. The importance of this deficiency to his whole psychiatric problem was quickly evident. His entire life had come to revolve around maintaining the elaborate deceptions he had practiced from boyhood to conceal from everyone else (including his wife) the fact that a traumatic childhood with unstable itinerant parents had deprived him of the motivation and opportunity to secure even a rudimentary education. By the time he was fully aware of the importance of “book learning,” pride and habit were sufficient to keep him from admitting and remediying his deficiency. The variety of plausible excuses he had developed for getting someone else to do the reading necessary for his daily activities was truly amazing. His list of reasons ranged from broken spectacles (he carried a shattered pair as a prop) to acute eyestrain attributed to hours of poring over contracts the night before. The particular excuse was always appropriate to the immediate situation, and he had managed to fool completely his closest associates and employers.

Once the secret was divulged, his behavior in the hospital changed rapidly. At first he begged the psychologist not to report the finding or at least to ensure its confidentiality within the professional staff. When it was pointed out to him, however, how much of his psychological energy was devoted to maintaining his façade and how central this matter was to his entire psychiatric problem, he did a quick
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turnabout and for a time compulsively "confessed" his inability to read to everyone who would listen. Gradually, the realization dawned that others were genuinely sympathetic and could accept him as a worthwhile individual even though he could not read. He continued for a time in group psychotherapy sessions and elsewhere to overwork his new-found freedom to talk about illiteracy, but gradually he became more relaxed and matter-of-fact about this aspect of his problem.

Meanwhile, psychological testing had confirmed the clinical impression that the patient was of better-than-average general intelligence and that there was no evidence of strephosymbolia, or other of the defects in visual-motor coordination which cause or contribute to so many cases of specific reading disability. When a program of tutorial reading instruction was arranged for him, the patient entered the world of books with great enthusiasm.

Follow-up some weeks after the man left the hospital indicated that the total experience had effected a dramatic change in his whole life. Learning to be honest with himself and others in the matter of his inability to read, plus the steps necessary to learn, had altered his entire outlook on life. He found a new job, and both his leg pain and his dependence upon drugs ceased to be problems, at least for the time.

The point in presenting the foregoing case history is to illustrate a familiar psychological principle known as the "error of central tendency." The illustration is also meant to show how the methods of the psychologist may help one to avoid this common pitfall in assessing the behavior of other individuals. We all tend to use ourselves as standards in judging what other people are like and what they ought to be like. The question asked by Professor Henry Higgins, "Why can't a woman be like me?" in My Fair Lady bespeaks the impatience and annoyance we all feel at having to make allowances for individual differences in abilities, attitudes, likes, and dislikes. Lacking any outward evidence to the contrary, we assume that we are "average" and, consequently, that other people should respond in much the same way we do. The librarian, especially in moving from the self-motivated clientele of an ordinary library to that of the clinical setting, often assumes that patients naturally share his love and respect for books, a similar general intellectual level, and an essentially similar educational background. Like other professional peo-
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ple, the librarian is likely to forget that the median educational level of adults in the United States is still less than the twelfth-grade level. He is likely to judge "average intelligence" in terms of an increasingly restricted circle of social and professional acquaintances who are not at all representative of the general population. Worst of all, the librarian-bibliotherapist may not make any sort of objective check on his assumptions with respect to the patient's reading skills and general intelligence, and thus frequently misjudges people, occasionally with unfortunate results.

In conducting a psychological evaluation, the clinical psychologist makes a minimal number of such assumptions about the individual apart from the impressions that he acquires from talking with the patient. Patients expect psychological tests to probe these important aspects of personality and are generally quite willing to divulge information to enable objective judgments which would otherwise be difficult to obtain. The psychologist's tests are simply samples of behavior which are obtained under controlled conditions and which relate meaningfully to behavior in the wider environment. Such tests, which are characterized by objective standards of scoring quantitative results, are norms for comparing an individual's standing in relation to specified populations. Such norms will generally provide a much safer basis for predicting a patient's behavior than will someone's impressionistic appraisal based upon a projected image of himself as an average standard of judgment.

Psychological tests also help one to avoid the "halo effect" evident in the case history presented above. Part of the assumption that the patient would be able to read as well as most people was based upon his favorable appearance and glib conversation, which generated a "positive halo effect." The negative kind may be more familiar, for example, in the ill-kempt, overall-clad library patron who surprises one completely by his selection, understanding, and keen appreciation of philosophical or scientific treatises. The admonition not to judge a book-user by his cover is certainly as pertinent for a bibliotherapist as for anyone else.

Motivation is a much more difficult aspect of personality for the psychologist to evaluate than is the capacity dimension. Still, some progress has been made both in understanding the deeper needs or goals of the individual and in assessing his more obvious likes and dislikes. In particular, the results of various standardized vocational-interest inventories may give clues to direct the selection of reading
material for an individual patient; these clues may open new avenues of vocational or avocational interest which had not previously been recognized. Also, it may be helpful in securing a patient's interest in a particular reading program to assure him that the material is selected in part on the basis of the therapist's objective assessment of the patient's own expressed interests.

Psychological testing also has a recognized place in the appraisal of emotional control. Available to the psychologist are a large number of objective and projective techniques which afford a sound basis of comparison with conclusions based upon clinical data, social history, and other information. Other tests available to the psychologist include measures of special abilities and disabilities, reading problems, artistic judgment, art and musical ability, intellectual deficit and the like.

Under optimal circumstances, findings of psychological tests would be integrated with other information in a bibliotherapy team conference, in which each professional discipline represented would contribute a particular point of view. These contributions would eventually lead to a consensus in answer to specific questions about an individual patient and an individualized therapeutic reading program. In practice, such optimal circumstances are seldom enjoyed. More frequently an individual acting as bibliotherapist is forced to glean what specific suggestions he can from a psychologist's written report prepared to serve a variety of other purposes. Often, bibliotherapy is conducted in settings where only sketchy psychological test data are available, or where there may be none at all. Even under these circumstances, however, the bibliotherapist may increase his effectiveness by bearing in mind two of the psychologist's basic principles in evaluating his patients: (1) one should not trust clinical impressions as a basis for assumptions with regard to reading skill or understanding; and (2) he should attempt to avoid the "error of central tendency" and "halo effect."

References

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The Librarian in Bibliotherapy: Pharmacist or Bibliotherapist?

MARGARET C. HANNIGAN

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 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, 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." 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."  

The author is Public Library Adult Services and Hospital Library Consultant, Library Extension Division, New York State Library.
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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 1952,8 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:

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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.9

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, 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.\textsuperscript{11}

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
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." In a recent article, Dr. Karl Menninger 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 . . ." and of the librarians
who help maintain "the total therapeutic effectiveness of the hospital" by rendering "daily, patient, unobtrusive work of incalculable value." 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; *Research Conference on Therapeutic Community*, edited by Dr. Herman C. B. Denber; and *The Patient and the Mental Hospital*, Contributions of Research in the Science of Social Behavior, edited by Dr. Milton Greenblatt. All, while giving insight into the problems of introducing flexibility and new ideas into the rigid, traditional organiz-
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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,\textsuperscript{19} 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,\textsuperscript{20} 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 authoritianism; 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."\textsuperscript{21} Dr. Henry Brill\textsuperscript{22} 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." 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." 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.23

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, 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
of the potential of bibliotherapy and its cumulative effect in a form
that can be readily consulted. The Fidlers' 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 biblio-
therapist will find the entire chapter useful, especially this paragraph:

Current literature contains some information about the required con-
tents of progress notes; and much concern seems in evidence in re-
gard to the therapist's making evaluations, drawing conclusions, and
generally playing the role of psychotherapist. The occupational ther-
apist is a professional worker, and with this designation goes the
responsibility for making certain intelligent evaluations. The psychi-
atrist expects professional, intelligent evaluations and observations,
and would find fault only when these observations are neither profes-
sional 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. How-
ever, if the therapist has an understanding of psychiatry and under-
stands what is going on in the clinical situation with the patient, it is
a duty to make evaluations and record observations. There is a differ-
ence 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.26

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 ac-
tivities 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 hos-
pital 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 Redl27 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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7. Ibid., p. 455.
9. Ibid., pp. 3-4.
15. Ibid., p. 319.


Bibliotherapy: Its Use in Nursing Therapy

DOROTHY MERENESS

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. 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 interpersonal relationship with the patient. Some terms which nurses may use instead of bibliotherapy in their professional literature include "remotivation therapy," "group discussion," "resocialization," and

Miss Mereness is Associate Professor of Education and Director of the Psychiatric-Mental Health Nursing Curriculum, Department of Nurse Education, School of Education, New York University.
"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.

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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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ADDITIONAL REFERENCES


The Role of the Occupational Therapist as Related to Bibliotherapy

INEZ HUNTTING

From experience and from a survey of the literature one might recognize the role of the occupational therapist in relation to that of the bibliotherapist as comparable to that of an elder sibling as well as that of a fellow clinician. Both disciplines are concerned with the welding of the art and the science of treatment; the emphasis in each is upon helping people to help themselves.

The changes that have taken place in the United States during this century have affected every aspect of life, including the procedures and methods used in caring for the physically and mentally ill. In some instances, a procedure has been recognized, used, discarded, and brought back with improvements, or in a new form. In his book *American Notes*, Charles Dickens describes his visit to an insane asylum and notes his observations of patients performing tasks, participating in recreational pursuits, and reading.¹ During the nineteenth century these activities seemed a part of the institutional atmosphere; however today such are considered a part of the patient's treatment. The patient's involvement in a part or all of these facilities is planned for him individually with concern for the rehabilitative effects; this planning has been termed occupational therapy and bibliotherapy.

As medical science has extended the life of the human being and brought about what seems to be miraculous cures for bodily ills, the emotional suffering of man has become more obvious. It is from this awareness and the desire to alleviate this suffering that occupational therapy and bibliotherapy came into being. Gradually we have learned that the art of medicine includes treating man's ego as well as his body; that a strong ego must fulfill the need to create (to pro-

¹ The author is Director of Occupational Therapy, Cleveland Psychiatric Institute and Hospital.

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duce) and the need to expand intellectually (to learn). Just as the patient with a maimed body needs the assistance of medically-trained persons in regaining the functions of the body, so his ego needs the aid of understanding and psychiatrically trained people to help the patient to regain his desire to learn and create.

Since 1900 many medical and library journals have carried papers and articles about the use of literature in treating the acutely or chronically handicapped person. The subject matter includes descriptions of the personality type most effective as a patient librarian, the physical plant of a patient library, the structuring of services, and the method of book selection. Librarians and others have written of their fruitful experiences in serving hospitalized patients through books. Individual physicians, occupational therapists, chaplains, nurses, and psychologists have supported, and do support, the hospital librarian in pointing out the need of this service for the patient. In most hospitals, administrations have provided library space and have included salaries for librarians in the budget, as well as a fund to maintain the patient library.

Since the need for bibliotherapy is recognized and to a greater or lesser degree (depending upon the financial condition of the institution) is provided for, why does the bibliotherapist often experience considerable difficulty in establishing a program? Occupational therapy as a profession is older than bibliotherapy; yet, frequently it too has difficulty in becoming established as an integral part of treatment. Occupational therapists have recognized a number of reasons for this, the most common and perhaps most superficial of which is that of the profession's youth. Since bibliotherapy is experiencing some of the same struggles, the occupational therapist may be of some assistance to this even newer profession.

By definition, occupational therapy is "a program of selected activity conducted as treatment under medical direction for physical and psychological problems. The occupational therapist is professionally skilled by selection and education to administer the program to meet prescribed objectives. The activity undertaken by the patient, the atmosphere in which he performs, and his relationship with the professional staff are the dynamic factors in occupational therapy." In the absence of a patient library service and by the nature of the definition of the profession, the occupational therapist has often had the patient library delegated to his department. This responsibility may mean providing library service through acquiring reading materials
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(often by soliciting donations), setting up and maintaining a simple book loan service, providing book cart service to confined patients, or procuring specific books for individuals either by request from the patient or from his physician. Upon occasion the occupational therapist may, through knowledge of the patient's illness and his individual needs, use literature as a treatment medium.

As the number of librarians working directly in the hospital increases, the occupational therapist finds not only that he is relieved of providing a service that he is not satisfactorily equipped to handle but also that a professional person with similar interests and concerns has been added. In fact, he has a new associate. This increase is very important; in the hospital community many clinical services have limited personnel. Departments that have common functions and problems often improve their forces by combining some facets of their programs. The two services that we are primarily concerned with at this time may work together on a referral basis by sharing specific sessions and through supplying particular materials that assist the other discipline.

When the physically handicapped person gains in strength, his total energy is no longer needed for fighting pain or disease; the hours between treatments become a burden to him and the need for interest stimulation becomes evident. The occupational therapist is frequently the first person to be cognizant of this need since his treatment medium creates intensification of the patient's interest outside himself. It is at this point that the patient is fortunate who is in a setting where there is good relationship between the library and the occupational therapy department personnel, for the latter will help facilitate the service of the librarian as early as possible. The occupational therapist also may be of help to the patient and the librarian by supplying reading devices designed to provide therapeutic aid for the individual patient.

Much of the procedure in occupational therapy which is necessary for the patient may be in itself uninteresting to him. The therapist may not be able to engage the patient's interest in the activity medium required, and thus the curative effect of treatment may be diluted. The service of the librarian is of great consequence through its ability to stimulate and broaden the patient's interest in literature or study. An example of such cooperation is shown in the instance of a patient who needed sustaining finger and wrist exercises which could best be obtained by molding clay. The patient did not like the damp,
sticky substance and felt sure that he could not produce an acceptable product. However, accomplishment was very important to him. The hospital librarian was able to draw this man into reading and learning about clay, the various methods of creating shapes and forms, and the part which ceramics has played in history. Not only did she enrich the patient's life through helping him to develop a new interest, but she also aided in the treatment by alleviating his frustrations and resistance.

The authors of the literature concerning bibliotherapy directly or by implication indicate that it falls into the category of psychological medicine. With this in mind, let us look at some possibilities for cooperative work between the bibliotherapist and the occupational therapist in the field of psychiatry.

Again turning to published papers on the therapeutic use of literature, we find several references to the values of group reading. One of the purposes of such is that it provides a means of assisting patients to interact more easily and become a basis upon which to form relationships. The bibliotherapist usually takes an active role in this group reading and participates freely. An occupational therapist who is trained in making clinical observations is the logical choice as the observer for such a group. In addition to knowing how to observe and report observation of patient performance, he is familiar with or can quickly become familiar with the bibliotherapist's techniques; he is understanding of and sympathetic with the goals of achievement. If the same group of patients receive treatment from both disciplines and the bibliotherapist and occupational therapist collaborate by comparing individual patient reactions and performances, their reports can be of assistance in determining further treatment and/or discharge planning.

Frequently the occupational therapist may have a permanent treatment area adjacent to the patient quarters while the librarian may work from a central unit that is some distance from the patient areas. When such is the case, the two disciplines can advantageously plan a combined group program using the occupational therapy facilities.

One plan of this nature was worked out by a hospital librarian and an occupational therapist in the following manner. The librarian spent one and half days in a psychiatric section that had a 40-bed capacity. She spent the half day taking the book cart to patients in their rooms, visiting with them, and later comparing impressions of individual patient needs with the occupational therapist. The full day
Role of the Occupational Therapist As Related to Bibliotherapy

visit consisted of two group sessions and an issuing of books from a central location in the occupational therapy clinic.

The first, or morning, session was held for patients who received daily psychotherapy and occupational therapy. This was a discussion meeting with the topic of discussion based upon reading that the group had chosen the previous week. The librarian acted as a leader-moderator. Frequently members of the medical staff joined the group. At times one or more of the members would, because his or her doctor was present, attempt to change the focus of the discussion, usually trying to use this time as an opportunity for a “gripe” session. The librarian contrived to give the spokesman some freedom, but would steer the discussion back to the original subject. To create a relaxed climate and an atmosphere of easy friendliness, the group would set a buffet table with coffee and cookies. Patients from the group were responsible for this preparation; the food had been baked in occupational therapy the previous day.

The second, or afternoon, session was held for patients who were receiving occupational therapy daily as well as electric shock therapy or drug therapy. The approach used by the librarian and the therapist differed considerably for this group. In order to help the patient to become oriented to the change in pace, the program was much more formalized. As the group entered the occupational therapy area one of the patients presided at a tea table serving tea, coffee, or some seasonal beverage. Usually the hostess was the individual who had baked the cake or cookies that were served at the large table where members of the group gathered after receiving their beverages. While the group was eating, the librarian started to read aloud. The subject matter for reading had been chosen the previous day so that it would be appropriate for the mood of the majority of those present. The librarian found that travel and human interest stories of a historical nature were usually the most meaningful to the majority of patients. Following a twenty-minute to a half-hour reading session, the group briefly discussed the content of the story and then talked of their own experiences that the reading helped them to recall. Before leaving the area, the patients checked out books from the book cart, which was left near the door, or requested the librarian to bring specific books on her next visit.

In both groups the value of these sessions was not so much the food, either for mind or body, but that of having a time that was clearly set aside for open discussion around a central theme where the
patients were respected as individuals for their opinions and contributions. The success was due not so much to the material presented but to the manner in which the session was handled. Some of the important points were the regularity of the session—patients knew they could depend upon the meetings; the preparations the day before gave them something to look forward to; although the session was for all patients, attendance was elective; and most important was the easy way in which the librarian and the occupational therapist handled their roles. During the serving of food the librarian mingled with the patients, often letting them show her the work which they were doing during their occupational therapy sessions, or perhaps through conversation she would lead a shy person into an active circle while the occupational therapist was being a helper to the hostess or host. During the discussion period, the occupational therapist helped to draw individuals into the conversation or would perhaps instigate discussion by involving some member at the far end of the table. Patients of both groups usually were loathe to leave the area at the end of the session. Although the librarian and occupational therapist elected to clean up the serving table following the meeting, they always had ample voluntary assistance.

It was necessary to follow a general pattern for these sessions, but it was equally important that this pattern not be too highly structured so that all members were free to be themselves. By evaluating each session and comparing observations made of patient behavior, both participants were able to maintain objectivity, to learn in what areas patients needed specific assistance in regaining, or acquiring for the first time, better social attitudes. All of this was possible because the librarian and the occupational therapist had a common goal and were thus able to participate in a cooperative manner by melding their professions and personalities to that goal.

Another example of this cooperative approach might be that wherein the group reading hour is preceded by a luncheon prepared as a part of the occupational therapy homemaking training program. The library service would be involved more extensively in the project through assisting patients to use the library facilities in finding information concerning homemaking problems that could be solved in this kind of rehabilitation plan.

Earlier we have noted the assistance that the bibliotherapist can give in creating interest in the media necessary to occupational therapy for the physically disabled; such is also true in the treatment
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of the emotionally ill person. In a similar manner the bibliotherapist might receive assistance from the occupational therapist. The bibliotherapist may be attempting to channel a patient's fantasy into realistic avenues through educational media. The occupational therapist could assist in this attempt by offering the patient activities involving the same subject.

In the area of patient work assignments, the two disciplines have many opportunities to plan effective jobs in the library that will enable evaluation of a patient's readiness for community living or his need for a change in treatment, or to determine job training or educational possibilities for the patient upon his discharge.

The dependency of one discipline upon another was pointed out in 1944 by Dr. Jerome M. Schneck when he said to the Kansas Occupational Therapy Association, "rarely is one person sufficiently well versed in general literature and experience in psychiatric work to permit him to bear full responsibility in a program of bibliotherapy. A team of workers is more effective, consequently, in order to prescribe the most effective literature for the mental patient." The term "team" as used by Dr. Schneck refers to the professional personnel of a hospital or hospital unit who are responsible for planning and carrying out treatment. The leader of the team is the physician who has final responsibility for the patient; the team members receive direction from him for carrying out their treatment procedures. The contribution made by each member is enhanced by a free flow of information between persons working with the patients and has led to regular planning and evaluation sessions commonly called "team meetings." The bibliotherapist and the occupational therapist who work together can be effective team members because they can give a detailed and clear picture of a patient's progress through the continuity of planned treatment. When working cooperatively, they can more readily recognize the methods that they can use most beneficially for each patient and thus more quickly integrate their service into the overall treatment program for the patient.

Dr. John C. Whitehorn, Jr., in his Guide to Interviewing and Clinical Personality Study has pointed out man's need for directed activity. There are many other such references in medical literature; yet both the bibliotherapist or librarian and the occupational therapist are frequently frustrated by the seeming lack of serious concern given to the service which they provide the patient. Too frequently they are aware that the attitude held by the medical staff is that of looking
upon either discipline as one which offers a nice although nonessential service for the patient: it helps the patient to while away dull hours by giving him a book to read or something to do. As a result of this occupation of his time the uncomfortable patient is less likely to upset others and as a consequence does not present an administrative problem. Because there is daily proof that this contribution is rehabilitative in nature and because it is known that long before these professions were created, the curative values of reading and work were recognized, it seems logical that there should be some attempt to understand and solve this dilemma. Toward this end one might pose questions such as the following:

1. Is it not quite possible that because of the very fact that the acceptance is of such long standing, the value may be taken for granted?

2. Do we perhaps nurture the "occupy time" concept through our inability to be specific regarding the treatment aspects of the activity for the individual patient?

3. Do we concern ourselves with the medical, psychiatric, psychological, and cultural details of each patient whom we deal with as much as with the media which we use to contribute to his treatment?

4. The term "therapy" implies specific knowledge of medicine and curative agents. This term is, it seems, broadly used and has become less definitive than we may realize. Consequently, have we fallen into a trap wherein we assume that all our practices are therapy because patients seem to improve with our ministrations?

5. Do we know why the patient improves?

6. Can we repeat a procedure exactly with reasonable assurance of the outcome?

7. Have we determined what in our particular discipline is "service" and what is "treatment"?

Of the things they do both bibliotherapists and occupational therapists should be able to define clearly which ones are "service oriented" and which are "specific treatment."

Earlier in this paper it was noted that people from other disciplines, as well as librarians, have pointed out the rehabilitative effectiveness of a bibliotherapy program. Some writers have indicated what the bibliotherapist must know in addition to his knowledge of books.
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Dr. Thomas V. Moore has indicated that one must consider the type of hospital, the kind of patient to be served, and the kinds of problems that are presented. He feels that the use of bibliotherapy is "based upon the fact that the mind stores ideals and principles of conduct which in due season may have a great deal to do with conduct." He points out the emotional overlap in illness; 50 to 75 per cent of all illnesses are complicated by or precipitated by emotional conflict. Such information alerts us to the fact that the bibliotherapist must be cognizant of and understand psychological as well as physical medicine if he is to be a member of the treatment team.

In the university the occupational therapist learns the fundamentals of the use of activity media in the treatment of people suffering from many physical and emotional illnesses. It is only through experience under good direction and continuous study that he becomes professionally proficient.

The bibliotherapist, too, must have this kind of background and experience in order truly to be a therapist. If through this work the individuals of these two disciplines learn how to augment the work of the other, they will surely recognize their common interests and goals. The greatest barrier to their working together is the tendency toward isolation. Both should seek means of assisting one another and of learning from each other.

When we as individuals have learned to use our media, have acquired medical knowledge, and finally have learned to use ourselves in the therapeutic process, we shall have become therapists.

References

ADDITIONAL REFERENCES


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.
RUTH M. TEWS

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

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<th>Group 2*</th>
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</tbody>
</table>

* In Group 1, eight, and in Group 2, six did not answer this question.
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-
The Questionnaire on Bibliotherapy

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

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<tr>
<th>Answer</th>
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* 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 physican 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

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

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.

<table>
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<th>Answer</th>
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*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 dis-
cussions 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 progres-
sion 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 prob-
lem. The questionnaire was not intended to present an exact defini-
tion; 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 per-
centage 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
The Questionnaire on Bibliotherapy

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.
APPENDIX

Questionnaire Sent

ASSOCIATION OF HOSPITAL & INSTITUTION LIBRARIES
A Division of the American Library Association (Chicago)

Dear

The Committee on Bibliotherapy, of the Association of Hospital and Institution Libraries is conducting a questionnaire survey in an attempt to clarify the nature and specific purposes of bibliotherapy as interpreted by librarians, educators, psychologists, physicians and other interested individuals. Primarily, the purposes are: to obtain a consensus of what bibliotherapy is and can do; to provide a statement on the definition and use of bibliotherapy with patients in all types of hospitals and institutions.

Because of your interest in the effects of reading on people, we are asking you to answer the following questions. You are encouraged also to add your comments, qualifications or suggestions. We will be grateful for your cooperation.

Please answer yes or no to each statement below.

Bibliotherapy is:

1. any form of library service offered by a librarian to patients.
   Comment:

2. any form of reading for character formation (in hospitals, schools, etc.).
   Comment:

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

4. group reading activity with patients, conducted by a librarian in association with a member of the medical staff.
   Comment:

5. 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.
   Comment:

Kindly return the questionnaire to me immediately.

Ruth M. Tews, Chairman
Committee on Bibliotherapy
Mayo Clinic Library
Rochester, Minnesota

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Library Trends

Forthcoming numbers are as follows:


April, 1963, Financial Administration of Libraries. Editors: Ralph M. Parker, Librarian, University of Missouri; and Paxton P. Price, Missouri State Librarian.

July, 1963, Current Trends in Public Library Service to Children. Editor: Winifred C. Ladley, Associate Professor of Library Science, University of Illinois Graduate School of Library Science.

October, 1963, Education for Librarianship Abroad. Editor: Harold Lancour, Dean, University of Pittsburgh Graduate Library School.