Bibliotherapy and the Clinical Psychologist

JOHN S. PEARSON

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.[1] 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 remedying 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

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.[2] 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-

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" [3] 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.[4] 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.[5]

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

1. Richards, T. W. *Modern Clinical Psychology.* New York, McGraw-Hill Book Company, Inc., 1946.

2. Smith, Donald E. P., and Carrigan, Patricia M. *The Nature of Reading Disability.* New York, Harcourt, Brace, 1959.

3. Ruch, Floyd L. *Psychology and Life.* 5th ed. Chicago, Scott, Foresman, 1958.

4. Strong, Edward K., Jr. *Vocational Interests of Men and Women.* Stanford University, Calif., Stanford University Press, 1943.

5. Anastasi, Anne. *Psychological Testing.* 2d ed. New York, The Macmillan Company, 1961.