The Role of the Occupational Therapist as Related to Bibliotherapy

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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-

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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,
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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
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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

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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


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ADDITIONAL REFERENCES


