The Library in the Institution

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Institutions, whether they are called hospitals, schools, prisons, treatment centers, nursing homes, or rehabilitation centers, are artificially created environments. Far too often they are located in the geographical isolation of rural areas and the human isolation of enclosed "microworlds" separated from the rest of society. They have been referred to, quite accurately, as "monuments to failure" and those who reside in them are seen as the rejects of society, persons whose behavior or appearance mark them as "different" in a world that places a very high value on sameness and conformity. In this setting there is an ever-present danger that the institution itself may become as deviant as those in its care, thus further dehumanizing the entire process of care and treatment.

In librarianship, as in society in general, there is a growing awareness of the dehumanizing effects of large, isolated institutions on people, and of the fact that the rehabilitation and treatment programs of such institutions are not succeeding, in spite of the vast amounts of money and human effort that have been poured into them. "Mainstreaming"—keeping people in their home communities or returning them there from institutions—is a trend that has the support of many health care and social service professionals, but the process moves slowly. Meanwhile, many persons remain in institutions, and some will always need the care and security provided by a sheltered environment.

Though there have been over a period of many years a number of more and less successful efforts at providing library services for the institutionalized, it has been in the decade since the passage of Titles IV-A and IV-B of the Library Services and Construction Act that there has
been a widespread effort in the United States to develop effective library services in institutions, especially at the state level. Much has been accomplished and much has been learned.

This essay will discuss the human, organizational, and physical environments and administrative structures within which the library in an institution operates, and how the institution librarian works with and through these environments to provide user-oriented library and information services. Primary emphasis will be on libraries in state and federal institutions for the developmentally disabled, the mentally ill, the physically handicapped, and the elderly. Service to general hospitals and nursing homes, for the most part provided through public libraries, will only be touched upon here. Major emphasis will be on services for residents of institutions. Major emphasis will be given to the human aspects of the total institution environment and how these relate to the role of the library in the institution. This aspect, the crux of effective institutional library service, has been only meagerly treated in the library literature. Bits and pieces must be gleaned from articles on other subjects, and often almost as much must be inferred from what is not said as from what is said.

THE PHYSICAL ENVIRONMENT

An ample number of citations in the library literature attest to the fact that library architecture and buildings are topics of considerable interest to librarians. Few articles, however, are addressed specifically to the needs of hospital and institution libraries. Most of the pertinent information must be culled from books and articles describing library programs for special groups of users. Baskin and Harris point out that the physical plant provides the setting within which the library program functions, with the structural components serving as enabling or limiting factors. They identify five critical factors in the total physical environment of the library: size, layout, functionalism, comfort, and ambience, i.e. the degree to which the library is an inviting, stimulating place.

The “ideal” institution library would probably have all or most of the following features:

Central location on the ground floor, easy to find and convenient for book cart service to wards
Open, flexible floor plan, and uncluttered appearance
Sturdy, comfortable furniture, informally arranged
Clear signs and labels, color-coded and in large print or Braille if needed
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Adequate and pleasing lighting
Air conditioning
Sound control, through such features as acoustical ceiling tile and draperies
Carpeting
Adequate storage, work, and office space, separated from public service areas
Areas for quiet study, for both groups and individuals
Space for group activities such as storytelling, psychodrama, puppet shows, and discussion groups, preferably with large comfortable floor cushions or carpeting to sit on
Space for a variety of audiovisual materials and equipment—films, filmstrips, phonorecords, cassette tapes, video—and TTY if there are deaf users
Electric-eye or double-swing doors
Shelving not higher than six feet, against the walls or angled at forty-five degrees to the walls, with aisles five feet wide
Round tables at which chairbound persons can sit comfortably
Pleasant view, preferably with a garden or patio adjacent
Posters, art prints, and craft work attractively displayed
Revolving paperback racks
Growing plants
Aquarium or fish tank (or, for the more adventurous, gerbils, hamsters, chameleons, or a resident cat)
Noninstitutional appearance and homelike atmosphere
Therapeutic environment

A few institution libraries appear to have achieved a setting approaching this ideal. The library at the Human Resources School, an institution for physically handicapped children in Albertson, Long Island, for example, is a comfortable, centrally located room easily reached by the students. A fireplace and a patio provide pleasant backgrounds for story-hours. Wide aisles, low bookshelves, lightweight doors, and round tables make the library readily accessible to the many students in wheelchairs. Through these features, says librarian Ruth Velleman, the library “avoids being a confining enclosure by offering an open atmosphere—a feeling which is important to children who spend much of their time confined at home.”

The majority of libraries in institutions, however, still fall far short of the ideal, and libraries are likely to be located in space that is cramped,
poorly located, shabby, and not functional in layout. The space has more often than not been adapted from such uses as closets, basements, gymnasiums, storage areas, offices, classrooms, hallways, or patients' rooms. The first library for patients at Western State Hospital, Fort Steilacoom, Washington, was set up in an unused portion of the institution's morgue!

Paint, curtains, new or revamped furniture, improved lighting, growing plants, artwork, and a great deal of ingenuity and perseverance on the part of institution librarians have done much to convert unprepossessing quarters into attractive, inviting, functional library facilities. While the impact of the recent regulations for Section 504 of the Rehabilitation Act of 1973 is yet to be fully felt, it is to be hoped that this will provide an added impetus for achievement of completely accessible physical environments in libraries.

The institution library should provide an environment that will promote self-help skills and independent use of materials and equipment. Obstacles to independent functioning should be removed by modifying the facility, adapting furniture and equipment, changing procedures to fit users' needs, or by supplementing and improving residents' abilities through the use of appropriate aids. Residents' capabilities and limitations in terms of reaching, bending, lifting, carrying, hearing, viewing, and mobility will need to be considered.

Specific needs of users need to be assessed carefully in deciding what manipulations of the physical environment are needed to make the institution library safe, accessible, and therapeutic. If, for example, there are users in wheelchairs or braces, on crutches, or who use walkers, there should be fewer chairs in the library, and table heights may need to be adjusted. Floor covering should probably be tightly woven carpeting, glued to the floor rather than used with a pad. A hard surface, nonslip flooring may, on the other hand, be preferable for the blind as it may help them to "read" their environment. Phinney points out that some chairbound persons, especially if they lack strength in their arms and shoulders, also prefer a hard, smooth floor surface.

There will often be more stringent requirements for lighting, temperature control, and sound control. For example, persons with low vision may need as much as 150 foot-candles of light, more than twice the amount that is adequate for those with normal vision. As Velleman points out, temperature control may become critically important where there are residents who are highly susceptible to respiratory illnesses. Good sound control will be helpful to those with impaired hearing. It may also be an important factor with some retarded persons, who tend to be easily dis-
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ttracted and need a setting which will help them to focus on the one activity being directed to them. Central Wisconsin Colony in Madison uses carpeting on walls and floor, acoustical tile ceilings, draperies, and shelving extending into the room as barriers to help contain sounds in the areas in which they are produced.9

The amount of space needed is an area that merits further study, especially as it relates to its effects on behavior. Common sense dictates that where many of the users are in wheelchairs or where group activities are a major element in the library's program, more space than usual will be needed. Yet how many librarians are aware that a blind reader needs sixty square feet as opposed to the guideline of twenty-five square feet suggested by the Veterans Administration?10 Or that some psychiatric patients appear to need more "life space" than other persons, or that to some emotionally disturbed children, the stimulation of a large, open space may rouse their need to act out their impulses?11

Color is an element that has received insufficient attention in the planning of institution libraries. Robertson says only that colors should be "happy but calming."12 Margaret Liebig, describing the library at Central Wisconsin Colony, goes further when she states that in that institution, all redecorating projects "are designed to promote greater sensory-perceptual experiences through the use of appropriate colors, textures, and composition."13 Hyperactive children may need rather dull colors and monochromatic color schemes, while the retarded may need the stimulation of a variety of bright colors, and the elderly may need high tone contrast on such features as stairs and handrails to help counteract the flattening effect that can be a result of impaired vision due to aging.

There is some disagreement about how supportive the institution library environment should be. Normal standards for the surroundings are often advocated for the blind, on the theory that they must learn to adapt. Velleman14 contends that physically disabled children do not need extensive adaptations of the normal environment in order to function successfully, while Phinney15 says that normal environments may prove frustrating and difficult for the newly disabled.

In summary, as Wineman points out in his very fine article on the effects of the institution on the person,16 such things as spatial arrangements, kinds and amounts of equipment, the structuring of time, and exposure to certain physical props are aspects of the institution environment that do have an impact on people and must therefore receive attention from the staff.
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THE ORGANIZATIONAL ENVIRONMENT

Barbara Johnson states that, organizationally, hospitals may be classified according to five factors: (1) pattern of financial support, (2) size, (3) average length of stay, (4) whether or not there is a formal teaching program, and (5) whether or not the hospital primarily serves one segment of the population, such as women, children, or the mentally ill. To this list, which is applicable to all of the types of institutions under discussion here, might be added such factors as whether there is a staff development or in-service training program, whether there is a formal education program for residents, and whether the institution is part of a larger department or has formalized cooperative arrangements with other institutions or agencies. Wineman additionally refers to such organization-related factors as basic social structure, behavioral regulations and group rituals, activity structure, "traffic" regulations, and behavioral management systems.

Within each institution, the administrative pattern into which these factors are organized varies considerably. Most institutions, in addition to administrative and support services, have all or most of the following: occupational therapy, recreation, industrial or work therapy, education (if appropriate to the resident population, there may be a separate adult education department), and clinical or treatment services. The latter vary according to the kinds of residents and the treatment and management philosophies of the administration.

Atascadero State Hospital, California, for example, has the following program or clinical units: admissions, acute intensive psychiatric, combined psychiatric, aggressive behavior management, assertive skills training, interpersonal communication skills, family interaction skills, sex offenders, predischarge, and medical-surgical. This list illustrates several criteria commonly used in establishing service units: division by progression through a total program (admissions, predischarge), by diagnosis (acute psychiatric, medical-surgical), by personality or character groupings (aggressive behavior, sex offenders), or by types of skills the residents need to acquire (assertive skills, communication skills, family interaction skills). The salient fact here for librarians is that they need to know what these organizational arrangements are, and to understand how and why they came about in the ways that they did—and to know where and how the library fits into the scheme. To learn these things and to use this knowledge to make the library an integral part of the institution's total program is perhaps one of the most frequent admonitions in the literature on institution libraries. Tews has stated well the obvious fact that, what-
ever the administrative structure and organizational patterns, “the smooth efficient working of an institution is built on effective interaction within its organization.” She and others advocate less rigidity and more flexibility in organization, more free-flowing patterns, more creative thinking that looks beyond the traditional to organizational patterns allowing more freedom of interaction among people, and the melding of libraries and other agencies through cooperation.

Such concepts as total patient care, deinstitutionalization, multidisciplinary treatment teams, and the whole continuum of consumer health information-patient education are affecting not only program content but also organizational patterns in institutions, including the libraries. It is essential that librarians be aware of and knowledgeable about these concepts. It is also well to be aware that professionals in relevant fields are not necessarily in agreement on these topics. Even more important is the need not only to recognize, but to acknowledge in our administrative and organizational structures, that: “The user... does not care about the organizational structures... his concern is with service, service which is good or bad depending solely on whether it meets his needs.”

Given the reality of the organizational structure of the institution, and assuming knowledge and understanding of it, how then is it decided where the library fits into the scheme? How can the institution librarian or the consultant manipulate the organizational pattern to ensure for the library the place within the structure that will offer the best opportunities for the provision of user-oriented services? There is general agreement that the library should be an integral part of the institution, and preferably with the status of a department, reporting directly to the institution administrator or his designated representative. Some examples will illustrate variations on this theme.

The Veterans Administration, an acknowledged leader in the field of institution libraries, has a well-developed network of hospital libraries serving both staff and residents. The library functions as a department of the hospital, and all Veterans Administration libraries operate within the framework of the network, with some support and policy functions supplied through or coordinated by the central office in Washington, D.C.

In general hospitals the library, where it exists at all, may be a department of the parent institution or may be under another department. Except for some of the large hospitals in urban centers, service is likely to be limited to staff, and sometimes to the professional medical staff. Service to patients, if provided at all, is most likely to be considered a responsibility of the public library and, in any case, is probably done by volunteers.
Service to local long-term care institutions, such as nursing homes and retirement homes, is also most likely to be offered through the public library, most often through a special outreach department, as in Detroit or Cleveland. In some cases, however, service is integrated into the system and delivered through member libraries or branches, as in the Nassau Library System, New York. Service is often provided for residents with only token services for staff.

In state institutions, services for residents and services for staff are usually separate. The library is probably still struggling for department status within the institution, and there is wide variation in specific organizational patterns. A common thread, however, is that of a strong leadership role at the state level, a result not only of passage of LSCA Titles IV-A and IV-B, but also of the recommendation in the American Library Association’s 1963 version of Standards for Library Functions at the State Level. This recommendation states that an official relationship be established between state libraries and institutional libraries for the purpose of establishing library services in those institutions. In the 1970 revision, the role of the state library agency is described as one of “supplying supplementary resources and services” and of coordinating a state-wide program.

Most state library agencies now have institutional library consultants who oversee the spending of LSCA funds and work toward gaining local support for the establishment of well-planned, adequately funded, ongoing programs of library service in state institutions of all kinds. While LSCA funds have been used to demonstrate quality library service — including the provision of trained staff, development of collections of a wide variety of print and nonprint materials, and the purchase of equipment — there is still a great deal of reliance on LSCA monies to fund ongoing operating expenses. There is thus a long way to go to establish a firm financial base of “hard” money.

The area of perhaps greatest disagreement among institution librarians is whether services for staff and residents of institutions should be integrated. The traditional view has kept the two separate, and has often further separated libraries for the medical or professional staff from those for nurses and other employees. The rationale for separation has been well stated by Barbara Johnson, librarian at Detroit’s Harper Hospital:

Technical service to technical personnel is indirect service to the laity; therapeutic service to hospitalized patients ... is direct service. No librarian alive can put both first, and both ... have their necessary place in hospitals. The two needs must be coordinated so that
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each section knows what the other is doing, and so that each is aware of the importance of the other's function. But... a hospital librarian can no more be expected to wear two hats than can any other person.25

She also expresses the traditional viewpoint that patients must not have direct access to technical medical literature, but should receive such information only as approved and interpreted by the physician.

Geraldine Matthews, on the other hand, expresses a different point of view when she deplores the tendency to categorize people and services, and makes a plea for an information services department with a director "responsible for knowing and translating the total needs of the hospital into workable information services."26 The treatment-of-the-total-patient concept and the growth of the patients' rights movement are factors helping to bring about a fairly widespread swing toward the model recommended by Matthews.

The information center concept fits comfortably into the growing trend toward networking and multitype library cooperation. The medical library network is an early and successful model of the machine-readable data base supplying current information to its users almost instantaneously. Most programs of library service to state institutions involve formalized cooperative arrangements, of a much more basic who-will-provide-what nature. The following examples will illustrate how such cooperative arrangements work and some of the reasoning behind them.

Ohio, in a pattern common to the majority of states, has used LSCA funds for consultant services, in-service training programs, and incentive grants to develop and upgrade institution library collections. Operating from a philosophy of "pay your fair share" and not relying on federal dollars to provide basic library services, institutions must provide a 35 percent local match; these funds generally come from such sources as commissary profits or school budgets (in juvenile institutions). The local match cannot include salaries, nor are LSCA funds used for this purpose. By March 1977, Ohio institutions had established a total of fourteen professional library positions. LSCA funds have primarily been used for materials, and the program does not include service to institution staff. Some Ohio institution libraries have joined or are interested in joining multicounty library cooperatives, from which they can receive such services as telephone reference, interlibrary loans, and books-by-mail.27

Arizona, following basically the same pattern as Ohio, asks for a 50 percent match from the institution. Philosophically, cooperation between institution and public libraries is encouraged, but implementation of
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cooperaive projects is slow, because many of the state's public libraries, especially in sparsely populated rural areas, are not themselves well-developed.28

Florida also asks institutions to provide a 50 percent match, which may not include salaries or indirect costs. The Florida State Library has successfully used grants as a "carrot" to get institutions to establish professional library positions by means of a policy of not granting funds to an institution until that institution has established and funded a full-time position for an MLS-level librarian to provide service for residents.29

In Washington the plan for institutional library services developed along rather different organizational lines. Starting in 1965 with the goal of providing good library service to both staff and residents of state institutions, a cooperative plan was developed in which the institution provided space and furnishings for the library. Personnel for institution libraries were on the state library payroll. Materials and equipment for staff libraries were provided directly by the state library, and service for residents was provided by means of contracts with public libraries.30 The rationale for this pattern of service was stated in a 1970 progress report:

The institutional library becomes in effect a branch of the local library. Remote or small institutional facilities receive either bookmobile, deposit or mail service as would other similar communities located within the public library's service area. This...makes it possible for residents both to have access to large collections as well as to provide another link with the communities in which they are located.31

This pattern was also, and correctly, perceived as a stimulus to public libraries to reach out to develop programs of service to local institutions and users with specialized needs. The validity of this approach is borne out by the fact that Illinois and Montana, among others, have incorporated elements of Washington's plan into their programs, and that the programs of a number of other states—Arizona, Minnesota, and Ohio are examples—have made, or are moving toward, formalized cooperative arrangements with public libraries.32

A particular strength of Washington's program has been that, from the beginning, it has not relied heavily on federal dollars. By latest estimate, less than 8 percent of the total budget for institutional library services comes from LSCA funds.33 In 1972 library personnel in state institutions were transferred to the payrolls of contracting public libraries. While the reasons for this were mainly political and financial, it was felt to
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be a move that would further strengthen cooperative ties with public libraries. In a very recent move (effective July 1, 1977) occasioned primarily by legislative concern over the large number of state dollars going into service contracts with other agencies, personnel were pulled back to the state library's payroll and contracts with public libraries canceled; the state library will assume direct administration of the program. While this development appears to be a step backward for cooperation, it is too soon to assess how it will work out in practice.

Librarians have found that advisory groups are often useful in terms of gaining the institution's acceptance of the library's program. An advisory committee made up of institution staff from various disciplines can help to establish policy, evaluate programs, and provide public relations for the library within the institution. This committee may be concerned with both staff's and residents' libraries, or there may be separate committees for the two kinds of libraries. Residents should be included as members of advisory committees for residents' libraries. An alternate pattern is one in which the institution librarian serves on appropriate institution committees.

Outside advisory groups have also been found useful. Washington had an advisory committee within the state library association, and more recently has had a Special Populations Task Force of the Washington State Advisory Council on Libraries. Ohio has had an Advisory Council for Institution Libraries. It seems clear that although there are some general trends that are part of overall trends toward networking and other types of cooperative activity, specific organizational patterns for institution libraries will continue to vary, depending upon differences in funding and legal bases, and upon differences in management and treatment philosophies in the host institutions.

THE HUMAN ENVIRONMENT

Wineman identifies ten inherent features of the "social landscape" of the institution: (1) basic social structure — living arrangements, role system, pecking order, and communication network; (2) value systems of the staff; (3) behavioral rules, regulations, and group rituals; (4) impact of group processes; (5) trait clusters; (6) activity structure and the nature of constituent performances; (7) space, equipment, time and props; (8) amount and types of "seepage" from the outside world; (9) "umpiring" and intervention functions; and (10) resiliency and flexibility of the behavioral management function. Taken together, they represent a total climate and, says Wineman, the crucial question to ask regarding them is:
"Are these pieces recognized and does the staff seek, in its planning and behavior toward the residents, to control them in the resident's favor as dictated by its central philosophy of treatment?"35 Wineman's article is an excellent reference for any librarian interested in providing user-oriented services.

The "social landscape" of institutions has been in the past, and too often still is, a bleak place of isolation, sterility, inactivity, and warehousing of people who cause problems. Furthermore, as Lucioli points out: "Traditionally, provisions for these people have been in the form of philanthropy rather than as perquisites of citizenship."36 Fortunately, this human climate is changing. Bills of rights and right to treatment decisions in the courts are establishing the philosophy that the institutionalized have a constitutional right to individualized treatment that will give each of them "reasonable" and "realistic" opportunities to lead the most meaningful possible lives in the mainstream of society.

Specifically, what are some of the human factors in the impact of the institution on the person, of which the librarian will need to be cognizant in order to plan and implement effective library services? Wineman contends that even so-called open settings foster a basic relationship between institution staff and residents which is a captor-captive one, and are basically "inimical to the human condition because they jeopardize the humanity of both captor and captive."37 This position, although not stated so baldly in the literature of librarianship, appears to be widely accepted by librarians, who describe the person in an institution as cut off from normal life, removed from the customary environment, and as a result, often feeling threatened, fearful, angry, powerless, anxious, and suffering from a loss of self-identity and a loss of control over personal life. In an overview of the information needs of the hearing impaired, Lee Putnam takes issue to some extent with this prevailing view; she states that many deaf children have found the residential school to be a milieu in which they could lead happy and satisfying lives.38

The effects of the person's illness or disability, plus the often sudden thrust into an alien environment and a role that is, contrary to expectation, usually subordinate and comparatively powerless, may result in a variety of behaviors that need to be thoroughly understood by the librarian. It has been widely recognized that such characteristics as low self-esteem, an apparent lack of everyday living skills, inability to concentrate, withdrawal, refusal to participate, inadequate communication skills, acting out, or chronic fatigue or drowsiness will have an effect on how the person will function in the library setting. Librarians have also demon-
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It is crucial also that librarians in institutions understand — and many do — that the institution affects those who work there, as well as those who live there. Some of Wineman's ten points, mentioned earlier, speak to this, as does the research of San Francisco psychologist Christina Maslach. As reported in National Observer, Maslach has identified a number of occupations — she does not include librarians — that are especially subject to "burnout," or loss of the ability to care. This, she says, results in treatment of people in routine, dehumanizing ways. She offers some pertinent suggestions for "recharging": sharing problems with peers, seeking outside help, restructuring jobs to allow periods away from direct client contact, humor, developing a sense of one's own worth, snarling at people when they deserve it, or, as a last resort, changing occupations.

It is repeatedly stated in the literature that the key factor in the provision of effective library services in the institution is the staff. It is possible to compose a rather overwhelming list of qualities that institution librarians must have:

- Empathy
- Ability to listen actively and in an uncritical manner
- Warmth and sincerity
- Objectivity
- Informed awareness
- Good judgment
- Honesty
- Poise
- Emotional stability
- Commitment to service
- Good health
- Ability to establish rapport and trust
- Common sense and maturity
- Alertness to nonverbal communications
- Sensitivity
- Intuition
- Good judgment
- Initiative
- Understanding of how it feels to be different
- Flexibility and openness to change
- Ability to respond in an individualized way to the totality of each person
- Ability to communicate effectively with words, silence, or touch
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It is becoming increasingly accepted that the qualities that make a person an effective member of a helping profession come "out of life experience and to a much lesser degree out of any kind of specialized training." In this context the research of Arthur Combs and his colleagues has relevance for librarians. In a series of research projects at the University of Florida, Combs examined the belief systems of workers in helping professions—teachers, counselors, professors, nurses, and clergymen—and was able to identify a set of beliefs that characterize effective workers in these fields. These beliefs may be summarized under five categories:

**Beliefs about his/her subject** — Knowledge alone is not enough; the effective helper must discover the personal meaning of knowledge and convert it to belief.

1. People are able and have the capacity to deal with their problems and find solutions.
2. People are essentially well-intentioned, friendly, and nonthreatening.
3. People are worthy, important, and possess a dignity and integrity which must be maintained.
4. People are creative and dynamic, and their behavior develops from within.
5. People are essentially trustworthy and dependable.
6. People are potentially fulfilling and enhancing, and an important source of satisfaction.

**Beliefs about what people are like** —

1. People are able and have the capacity to deal with their problems and find solutions.
2. People are essentially well-intentioned, friendly, and nonthreatening.
3. People are worthy, important, and possess a dignity and integrity which must be maintained.
4. People are creative and dynamic, and their behavior develops from within.
5. People are essentially trustworthy and dependable.
6. People are potentially fulfilling and enhancing, and an important source of satisfaction.

**Beliefs about his/her own self-concept** — Helpers see themselves as:

1. A part of all mankind, identified with rather than apart or alienated from others.
2. Basically adequate, and as having what is needed to deal with problems.
3. Trustworthy, dependable, and reliable; having the potential for coping.
4. Essentially likable, attractive, wanted, and capable of bringing forth a warm response in others.
5. Persons of worth, consequence, dignity, integrity, and worthy of respect.

**Beliefs about purposes** — Helpers perceive their purposes as:

1. Freeing rather than controlling people; the helping task is one of assisting and facilitating.
2. More concerned with large rather than small issues, viewing events in a broad perspective.
3. Self-revealing; willing to be themselves.
4. Involved with the people they work with and willingness to interact.
5. Concerned with furthering processes rather than achieving goals, and with facilitating the process of search and discovery.

6. More oriented toward aiding and assisting other people than attending to narcissistic goals.

Beliefs about approaches to the helping task — Their approaches are:

1. Directed more toward people than toward objects, events, rules and regulations, and the like.

2. Likely to be subjective, and more concerned with perceptual experience than with objective facts.\(^{44}\)

Combs and others go beyond this basic value system to the idea that the helper's primary tool is himself/herself, and that the first step to creative use of the self in helping others is self-knowledge and personal growth. Increased self-knowledge, personal growth, and the creative use of self provide skills which can be effectively applied to the processes of problem-solving and decision-making.

As a number of authorities point out, this process of self-growth is neither easy nor painless.\(^{45}\) Some doubts and apprehensions are inevitable. It is demanding and requires breaking old habits and coping with different patterns of behavior. It means becoming aware of one's own humanity.

Some other considerations in the interactive process between helper and client should be mentioned. Taylor states that the match between client and therapist is of considerable importance if effective interaction is to occur.\(^{46}\) One is reminded that it is sensitivity to the other's needs that sets the therapeutic process in motion,\(^{47}\) but also that one's own role performance will affect and be affected by both the ingredients of the setting and the role performances of others.\(^{48}\)

How does the institution librarian make creative use of self and of other human aspects of the institutional environment to provide library services that will effectively meet the needs of users? First, there will need to be an assessment of several factors related to treatment philosophy. For example, is the objective to be long-term custodial care, or eventual return to the community? Are specific treatment objectives stated in terms of opportunities and choices offered to the residents, or in terms of what the institution can do for the resident? What specific therapeutic techniques are used in the institution (e.g., individual psychoanalysis, group therapy, drugs, structured activity)? Is there consistency between philosophy and practice? Is the treatment philosophy one which recognizes that everyone has good days and bad days and that everyone, no matter how ill or how disabled, has certain strengths still available and usable?\(^{49}\) ("To
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build on and perfect what is not impaired, and to play down the importance of what is irrevocably damaged is,” says Prudence Sutherland, “the height of facing human reality.”\(^{50}\) Are all institution staff considered to be “licensed” to practice therapy, and thereby liable for possible damage to residents? This is an issue that has not been dealt with in the library literature. Lois Hinseth, a nurse as well as a librarian, takes a first step in her brief article on contracting in bibliotherapy.\(^{51}\) Librarians must differentiate between that which is “therapeutic” in the broad sense of “helpful” and the more specific term “therapy.”

Standards and overall plans for institutional library services state that libraries should be an essential and integral part of the institution’s total program, and should contribute to its rehabilitative and therapeutic goals. The Illinois plan outlines the general model for institutional library service, describing it as: “an active planned program. It should be diversified; it should be designed; and it should include a variety of materials.”\(^{52}\) The program should operate on standard library principles and should reach out to all residents, nonreaders as well as readers, with a wide variety of materials and formats to meet the needs of individual users and offer them choices.\(^{53}\) It should also be flexible and always ready to accept the challenge of change.\(^{54}\) The librarian should be seen as a member of the treatment team and the library program should have the same status as other programs in the institution — a large order!

The librarian’s creative use of his or her capabilities is the key because, as Lucioli says, “inadequate people will never convince administrators of the value and role of the library within the institution program.”\(^{55}\) Both Ohio and Washington found it effective to involve institution administrators in establishing goals for institutional library services.\(^{56}\) Regular distribution of library reports to administrators and other staff will help maintain their awareness.

Lucioli advocates good library service to all institution employees as an effective method of achieving and maintaining acceptance of library programs for residents.\(^{57}\) In an atmosphere where “new concepts and techniques in all of the helping professions are being developed and created at a rapid pace,”\(^{58}\) this makes sense. As with service for residents, the librarian must reach out to establish interpersonal relationships and build confidence in the library’s ability to provide current information in answer to the research, teaching, self-development, and clinical needs of the staff. Services will need to be diverse in order to meet the needs of all staff, from the custodian to the superintendent.

If institution libraries are to fulfill their treatment potential, they
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must be seen as an accepted part of life and the place to which all clients can turn in any information-seeking situation.59 “Talking up the library” by residents who use it or work in it is one effective and widely used technique. One Arizona juvenile institution promotes reading by means of a twice-daily 20-minute “reading break,” during which everyone from the superintendent on down stops whatever they are doing and reads something.60

The personal, one-to-one interaction is the basis for effective library and information service. The librarian who is client-oriented rather than book-oriented61 and who can accept people as they are and encourage them “to express choice, to discuss, to describe, to reject, to request”62 is the librarian who will have an effective library program. It will also be helpful if the librarian is flexible enough and persevering enough to change a procedure or restructure a program if that will better meet a patron’s need,63 or to try something else, but not to give up.64

A sampling of institutional program activities will illustrate applications of the concepts discussed. The librarian providing service in a nursing home, by taking time to engage an elderly patron in a brief, adult conversation, has made the person feel important for a little while, and thus reinforced his sense of self-worth, something many persons have lost in the dead-end atmosphere of most nursing homes.65

Many librarians have recognized that it may be less threatening to talk to puppets or live animals than to other people, and therefore use them to help create a nonthreatening atmosphere in the library. The librarian will need to check to see whether live animals will present problems because of health considerations.

Music may have a cathartic effect or a calming one. It can also provide a means of self-expression that may be less threatening than direct conversation. A selection of phonorecords, cassette tapes, a guitar, or a piano invitingly open and supplied with music will offer choices to meet individual needs.

The librarian at Florida’s Sunland Center, Orlando, modifies library activities for residents who are nonambulatory, can’t speak clearly, and/or have limited use of their hands. The residents are taught to do as much as possible for themselves, and have taken Polaroid pictures, operated audio-visual equipment, and put on puppet shows.66

“Writing from Rainier”67 is a booklet of poems “written” by nonverbal children from the Cerebral Palsy Center, Rainier School, Buckley, Washington. A poet was hired with grant funds from the Washington State Arts Commission and the Junior League of Tacoma. Utilizing a list
of basic vocabulary words with which the children were familiar, he helped them to compose their poems by having them spell out words, point to words on the list, or rattle their wheelchairs to indicate which word should come next.

One of the best descriptions of a library program with more formalized therapeutic objectives can be found in "The Furious Children and the Library."68 The therapeutic aspects of the library’s role were, first, that the library was a safe piece of the outside world where the children were welcome and where they were expected to conform to the same standards of behavior as anyone else. Second, the library was “uncontaminated,” because it was not viewed as a part of the daily round of therapy on the ward. Third, it was a place where the children were made to feel important as people, and valued for their own sake, even though at first they had no real interest in books and reading. And last, it provided a refuge that was a realistic, positive way of coping with stress.

The interested librarian will find much in the literature on the subject of bibliotherapy, some of the best of it written by nonlibrarians. The point to stress in connection with institution libraries is that bibliotherapy, while it is one aspect of library service in the institutional setting, it is not the only aspect — and perhaps not the most important. There have been a few who have voiced the feeling that the very effort to prove whether a given activity is therapy or not may in fact detract from its therapeutic effect. Continued practice, discussion, and research may provide answers.

The neutral, nonthreatening aspect of the institution library — its familiar and normal atmosphere — can in itself be a therapeutic factor. It helps the library, perhaps more than any other activity within the institution, to become a bridge to the larger world outside. This ability, to let the world in safely and the institution resident out, says Margaret Hanning, “gives the library a tremendous advantage in accomplishing its aim of serving as a bridge. . . . It should never be forgotten; it should permeate everything about the library.”69 Harris McClaskey raises the further question of whether this same nonthreatening atmosphere could be possible for the library in other settings.70 This is a question that is beginning to be considered outside of hospital and institution libraries.

In 1971 Genevieve Casey, summarizing the status of library service to hospitals and institutions,71 observed that it was safe to assume that quality service was the exception rather than the rule. Although many institution libraries still fall far short of standards, much progress has been made in the intervening years. In these times of tight money, the continu-
ing struggles for establishment of adequate ongoing bases of financial support and professional positions continue to bear out her "too little too late" assessment. While it seems obvious that many librarians do possess the beliefs that make them good helpers, librarianship as a profession has not yet developed effective ways of identifying such people at the points of entry into library schools or the job market.

Just as most communities do not yet have a true climate of acceptance toward the institutions in their midst, most libraries do not yet recognize these institutions as major businesses in the community, and have not made much effort to develop library services geared to the needs of staff and residents. The staff and clients of the myriad social service agencies that tend to grow up in a community, as people move from institutions back into the community and as the noninstitutionalized handicapped become more visible, are related groups of largely unserved or underserved users.

Knowledgeable and caring librarians must come out of their isolation in institutions to provide leadership and liaison. It is time for institution libraries not only to continue the momentum they have built up over the years, but to extend it into the community at large.

References

6. Ibid., p. 239.
10. Ibid., p. 219.
12. Robertson, Patricia. "Impact of the Physical Environment on the Emotionally Disturbed and Socially Maladjusted Student." In Baskin and Harris, op. cit., pp. 7-10.
29. Information provided by Catherine Cook, Institutional Consultant, Florida State Library, Tallahassee.
32. Information provided by state library institution consultants from various states. For a list of consultants, see: ASLA President's Newsletter 7:48-52, May 1977.
33. Information provided by Keith Clement, Head, Special Services Division, Washington State Library, Olympia.
34. Wineman, op. cit., pp. 1091-95.
35. Ibid., p. 1091.
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44. Ibid., pp. 10-16.
46. Taylor, op. cit., p. 32.
47. Tews, op. cit., p. 60.
57. Lucioli, Clara E. "Bibliotherapeutic Aspects of Public Library Services to Patients in Hospitals and Institutions." In Monroe, op. cit., pp. 51-56.
59. Lucioli, "Bibliotherapeutic Aspects . . .," op. cit., pp. 54-55; and Matthews, op. cit., p. 29.
60. Information provided by James Morgan, Arizona Department of Library, Archives and Public Records.
67. "Writing from Rainier." Tacoma, Wash., Pierce County Library, n.d. (Xeroxed)
72. Ibid., p. 357.