

## Patient Education for the Mentally Ill

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LOUISE HARDING RUSSELL

IN 1904, McLEAN HOSPITAL in Belmont, Massachusetts, became recognized nationally in hospital library circles for organizing its patient reading material to exclude "morbid, gruesome and unwholesome literature" in an effort that "might be decided help towards recovery in cases of mental illness...."<sup>1</sup> This philosophy was explained in detail in the June 1922 issue of *The Modern Hospital*. The article by Edith Jones noted that patients in a general hospital are, for the most part, confined for short periods of time, and their choice of reading material is primarily for the diversion usually found in light fiction.<sup>2</sup> In the best interest of the mental patient, however, the article made some distinctions: "mental cases, on the contrary, stay in the hospital for weeks and months and years. Their minds are often alert, their physical condition good, and time hangs heavily on their hands....Mental patients are as much interested in the outside world as any one; they want maps, atlases, dictionaries, reference books of all sorts...."<sup>3</sup>

In discussion of book selection, the article refers to the therapeutic value of books as "misleading," for "in general their influence is so subtle as to be almost incalculable," and more emphatically, the article declares: "It is only when a systematized attempt is made to exclude all possibly harmful literature and to supply certain types of books to individual patients that the library can be termed a positive therapeutic factor."<sup>4</sup>

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The list of books not considered wholesome and to be excluded includes:

stories having insane, degenerate, epileptic or otherwise mentally affected characters; stories in which suicide is accomplished or attempted, especially if the means to suicide are carefully described (as in Wells' "History of Mr. Polly"); morbid or depressing novels, tales which deal with unhappy childhood, marital infelicities, physical deformities which warp a man's nature (like "Sir Richard Calmady"), or which end unhappily; sex problem or erotic novels, though they be numbered among the very best sellers; "physic," psychological or self-analytical stories, however well written; ghost stories, because they never can have satisfactory endings and they haunt [one]; stories which have gruesome or bloody details or which depict horror (Stevenson's "The Merry Men" and Conan Doyle's "The Hound of the Baskervilles" are examples). In addition to this taboo fiction, discard most if not all books on psychology, religious discussion, law, medicine and mental hygiene; never give a patient any books on these subjects without the approval of the physician in charge.<sup>5</sup>

All these "taboo" subjects constitute what those at McLean now consider patient education, that is, the exploration and discussion of stimuli directly or indirectly affecting a person, leading to increased understanding as to how and why these stimuli resulted in altered thinking or behavior. At McLean patient education is an integral part of each patient's interaction with each member of his or her treatment team, from the mental health worker to the physician in charge. For example, a patient with a limited work history and who is anxious about job interviewing can address these fears with his therapist, deal with concrete, direction-oriented planning with a rehabilitation counselor, and refer to someone in the library for specific information, such as bus schedules and résumé formats. Certainly each step in the process can create additional anxieties, which in turn are dealt with by any, or all, of the members of the treatment team. It is important to remember that the team approach to treatment places each member of that team in a position to interact with and educate the patient, thereby influencing the entire therapeutic process.

What has brought about such a change? In the fifty years following the publication of Jones's article, public education on mental illness has made great strides in demystifying the origins of treatment and the rehabilitation of mental illnesses to the benefit of patients, their families and the community at large. Changes in treatment modalities, advancements in neurobiological research pinpointing chemical origins of some illnesses, the proliferation of published research material, "pop-psych" books and articles, "how-to" manuals, self-help programs such

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as transcendental meditation and EST, the impact of television and movies such as *The Three Faces of Eve* and *One Flew Over the Cuckoo's Nest* (certainly viewed as unwholesome by early twentieth-century "experts")—all of these have brought issues concerning mental illness out of the closet and into the realm of public awareness.

Often the best providers of these data are the patients themselves who have been allowed and encouraged to take major responsibility for their recovery and future, using the reference tools available to them while hospitalized. Through their active roles in rehabilitation, patients may be able to gain and display increased self-awareness and esteem concerning their illness and progress, a catalyst to their deinstitutionalization and reentry into the community.

Such is the basis for the philosophy of the Rehabilitation Services Department at McLean, which includes patient education and the patients' library. Rehabilitation treatment efforts concentrate on experiences which highlight reality issues bridging the hospital environment with the community. As part of these rehabilitation efforts, the patients' library serves this philosophy through the inclusion of materials related to the many aspects of treatment, rehabilitation and community reentry. As former McLean psychiatrist George O. Papanek states, "We are trying to help patients take charge of their lives and I believe that an informed consumer is a better consumer."<sup>6</sup> Rehabilitation-focused resources represent approximately 10 percent of the total collection. There is little overlap with the medical library, where the focus is more on technical information for the professional.

After a patient is admitted to McLean, and a workup and evaluation prepared of psychiatric, medical and family histories, work begins almost immediately on helping the patient to understand his own illness. A simultaneous assessment of short- and long-range goals takes place, which may by necessity include alternatives in therapeutic approach, living arrangements, social networks, family interaction, educational advancement, and job opportunities, as well as leisure and recreational pursuits. While each patient is encouraged to take an active role in this planning, the pathology itself and the anxiety often associated with being hospitalized can inhibit this process.

The current laws of the Commonwealth of Massachusetts prohibit censoring the reading material of patients who use the patients' library. According to Arthur Rosenberg, civil rights officer at McLean, some reading material restrictions may be placed on the patients while they are restricted to their hall, but "we have no right to interfere with a patient's right to information about himself or his environment."

Rosenberg notes that the existence of a patients' library does not fall under the criteria of patients' rights; it is the hospital's choice to provide such a facility.<sup>7</sup>

Many McLean patients visit the patients' library at least once, whether to read one of the daily newspapers or numerous magazines, or check out one of over 4000 books representing many areas of general escapist reading. For some patients it may be their first off-hall, unescorted privilege. Other patients visit at the suggestion of a member of their treatment team to explore some aspect of their treatment. Included are reference materials on alcohol use and abuse, drug addiction, psychopharmacology, psychology, sex education, child abuse, educational opportunities (including over 150 catalogs representing high school equivalency programs, two- and four-year colleges, vocational schools, graduate schools, adult education courses), prevocational material, résumé writing, and an area directory listing volunteer opportunities. In addition to want ads from the daily newspapers, we receive and post the job listings from Harvard and Boston universities. Since it is an open area of the hospital, staff, patients, and their families may use the library at any time. Couples and/or family therapy is often part of the therapeutic process at McLean, and participation of the family is seen as extremely important, as the patient will often be returning to the family structures.

It is wrong to assume that patients and their families usually ask the therapists for a suggested reading list dealing with an illness diagnosis. Therapists often offer such a list, but patients may not follow through in using it, sometimes fearing that they will find out more than they want to know. If independent reading is done by patient and family, the treatment team may find itself addressing questions based on this library information, some of which may be disturbing because it is not presented in easily understood terminology or it is taken out of context.

An example is in the use of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III).<sup>8</sup> For instance, a woman wants to know more about her husband's diagnosis of pathological gambling. She refers to DSM III and notes the shaded areas describing the diagnostic criteria. She reads as follows:

- A. The individual is chronically and progressively unable to resist impulses to gamble.
- B. Gambling compromises, disrupts, or damages family, personal, and vocational pursuits, as indicated by at least three of the following:
  - (1) arrest for forgery, fraud, embezzlement, or income tax evasion due to attempts to obtain money for gambling

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- (2) default on debts or other financial responsibilities
- (3) disrupted family or spouse relationship due to gambling
- (4) borrowing of money from illegal sources (loan sharks)
- (5) inability to account for loss of money..., if this is claimed
- (6) loss of work due to absenteeism in order to pursue gambling activity
- (7) necessity for another person to provide money to relieve a desperate financial situation

### C. The gambling is not due to Antisocial Personality Disorder.<sup>9</sup>

As part of an elaborate defense mechanism, the wife may find it difficult to see these words in print as applying to her husband. She may see the words "chronically and progressively" as indicating hopelessness. She may not accept the issue of family disruption as applicable, primarily because, in addition to her own denial, she may have developed a complex system of compensation for the negative effects of the gambling on the family, by covering it up, defending her husband's "work problems," inventing excuses to cover financial instability, finding employment for herself, etc., and therefore to *her* there has been no such family disruption. She may assume that because her husband has not been arrested for forgery, fraud or embezzlement, the diagnostic label is entirely obviated, not having noticed that arrest is but one possible signal or outcome in a list from which at least three criteria must be satisfied (not necessarily including arrest); or conversely, she may assume that he must have been arrested if arrest is on the list, and that therefore he has been lying to her.

Although her state of mind while reading this material is unknown, it can be assumed that the material will have some impact on her perception of her husband's illness and its effect on her and the family. What she does with her new-found information is important: Will she share it with her husband or confront him individually? Will she do so in the "protective" atmosphere of couples therapy? Will she call the therapist without her husband's knowledge? Or will she do nothing?

Does the independent reading done by patients and their families outside of therapy inhibit the therapeutic process and thereby impede the patient-therapist relationship? Francis de Marneffe, M.D., director of McLean, thinks that while this treatment-oriented curiosity may make the therapist's job more difficult: "It is part of our job and it's what treatment is all about. Patients need to be exposed to facts and reality. We are not in the business of withholding information—that is not in keeping with my treatment philosophy." While de Marneffe acknowledges that some issues, whether discussed in therapy or discov-

ered elsewhere may be upsetting and misunderstood, "At McLean we are here and available to help them understand and to work through their reactions to the information." He states that there is a tendency on the part of patients to be mistrustful of the therapist and that reading material representing alternative treatment philosophies, for example, may increase a patient's doubts and skepticism about the therapist:

but helping the patient to understand that there are differences of opinion is part of the job of the therapist. We must be able to admit to the patients that their illness is not black and white or devoid of treatment controversy. I recognize that some physicians do not share my philosophy and may discourage patient access to certain material because it may force the staff to work harder by working through the confusion resulting from the outside reading.<sup>10</sup>

The clinical impact of outside reading is not limited to issue-oriented material but may be nonetheless significant. I interviewed a middle-aged female whose work behaviors and skills were to be assessed in the patients' library under my supervision. From the referring rehabilitation counselor, I knew that in addition to being treated for chronic alcohol addiction, she bore an "undetermined" degree of guilt for the death of her mother some years ago. (The mother died as a result of an overdose of pain medication which she required as a result of serious burns. The patient had lived with her mother and had been responsible for administering the medication.) The patient's treatment, in addition to that for alcoholism, focused on relocation from her home to a cooperative living arrangement, and the return to her job of twenty-four years. She never voluntarily addressed the issue of her mother's death, but following our interview she asked, "Do you have a book here on Lizzie Borden, and wasn't she acquitted?"—a reference to the infamous Massachusetts ax murderer. In reporting this to her counselor, I discovered that it was the first indication during this hospitalization that the patient was addressing her mother's death, however indirectly.

Subjects which are thought to be "questionable" in some patient libraries include books dealing with marital problems, sex education, drug manuals, and diagnostic and research findings—some of which are donated to our library by McLean-affiliated authors. What follows is a discussion of the most frequently recommended resources on these topics.

Robert S. Weiss's *Marital Separation*<sup>11</sup> has been useful for many patients, not just those contemplating divorce. For patients who have been separated or divorced for many years but for whom the adjustment reaction has been unsatisfactory, *Marital Separation* provides readers

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with a comprehensive outlook of the entire process, including issues dealing with children, loneliness, and the law. *Our Bodies, Ourselves*,<sup>12</sup> with its excellent visual aids to the text, is the most popular book in the library for the younger population. (It is also the book most frequently stolen.) Resources dealing with chemical use and abuse are sought often and, as a result, are well frayed. *The People's Pharmacy*<sup>13</sup> is useful as it not only discusses the use and contraindications of various substances, but also includes easy-to-understand commentaries on the broader application of drugs, including the interaction of prescription drugs with vitamins and over-the-counter remedies. For the patient concerned with child abuse, we have literature provided by the Massachusetts Society for the Prevention of Cruelty to Children, which although distributed by a local service agency, has been read by patients living outside the agency's service area.

Locally published resources provide excellent data on programs and services of interest to patients making the transition into the community, and there are similar publications in other cities. Boston-based pregnancy and abortion counseling groups provide us with their literature. The *Boston People's Yellow Pages*<sup>14</sup> concentrates on the immediate geographic area. It is organized by such categories as aging, disability, education, gay and lesbian issues, health, and work, and it includes the name, address and telephone numbers of each service, in addition to days and hours of service and a description of charges for services provided.

Writing a résumé is one of the most difficult tasks faced by many patients during the transition process. We see many patients who have poor, spotty or nonexistent work histories and who have no recent or local job references, and explaining these gaps becomes an important treatment issue with rehabilitation counselors. While many résumé sources still argue for the inclusion of personal data, we recommend avoiding this whenever possible. The résumé book we recommend most often is *Writing a Job-Winning Résumé*.<sup>15</sup> It contains samples of difficult issues, such as limited or incomplete education, lack of experience, frequent job changes, handicaps, time served in prison, etc.

For older patients, hospitalization may focus on relearning independent living skills following the death of a spouse, in addition to coping with their own aging process, independence and separation from adult children, and financial problems. *Over Fifty-Five Is Not Illegal*<sup>16</sup> is a fine resource dealing with such programs and resources as the Foster Grandparent Program, Senior Employment Services, educational opportunities, legal and financial assistance, medical and social

programs, as well as providing a comprehensive listing of all chapters of the Grey Panthers. Of particular interest to our clientele has been information channeled through the American Association of Retired Persons (AARP), and the hospital has joined it as an associate member to provide patients and staff alike with the monthly newsletter, which continually updates the status of legislation dealing with elderly issues, as well as reporting the many discounts available for products and services of interest to its members.

Patients who have already graduated from high school and for whom college is not indicated at this time are encouraged to seek a volunteer or paid job, often beginning prior to discharge. This is, of course, a particularly stressful endeavor requiring careful coordination, including an assessment of scheduling, public transportation, job description, skill-level suitability, required salary, on-the-job pressures, the patient's ability to work with others, etc. The anxiety often associated with job-seeking is observed in the library as patients read the appropriate (or, in some cases, inappropriate) resource material. We encourage volunteering in a setting which coincides with an expressed patient interest. The local United Way publishes an annual directory of volunteer opportunities called *Share the Time of Your Life*.<sup>17</sup> This includes a listing by interests, such as child care, tutoring, environment, hospitals, etc. While patients are encouraged to make inquiries and arrange appointments for interviews on their own, for those who desire the "safety" of a McLean liaison, the hospital cooperates with three volunteer agencies in the community where referrals are known to their agency head as McLean-based (although not to their coworkers, unless the patient so discloses). These placements provide us with performance feedback.

Patients are also encouraged to pursue paid employment on their own through the usual resources, making use of job listings from various sources as well as personal contacts. The library has sponsored a series of guest speakers who represent different careers; they address such issues as educational and experience prerequisites, expected salary ranges, degrees of pressure in certain positions, as well as their own company's flexibility concerning employees who may need to attend therapy during working hours. Speakers have left promotional material for the library's reference area. A result of one of these presentations is a close working relationship with a nationally known temporary employment agency to which we refer qualified, work-ready inpatients to be placed competitively with the agency's corporate clients who are unaware of the hospital affiliation of their temporary employees. As

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with volunteer placements, we receive feedback on the performance of these patients through the agency. Patients can be exposed to temporary assignments which interest them enough to explore future opportunities in the field, such as manufacturing and computer science, and often begin their research using the *Dictionary of Occupational Titles*.<sup>18</sup> Provided that patients' work is satisfactory in the volunteer or paid setting, patients can obtain local and current work references as a result of these experiences—clearly an asset.

While reading in all these subjects is encouraged, the patients' library has an annual budget of only \$700 for book purchases, including materials for staff members within the department. McLean depends on donations of used books from the community to accommodate basic reading, and concentrates funds on resource material, often specific titles suggested by the staff. As mentioned previously, McLean authors donate their books, also. When a book "mysteriously" disappears, the patient or staff member, if known, is charged for the book plus a service charge. The retrieved money, however, is not credited to the acquisitions budget, but is directed to a special hospital account unrelated to the library—which makes book replacement difficult within the budgetary limitations. In addition to staff recommendations, additional titles are sought from bibliographies from professional rehabilitation journals and newsletters. College catalogs are easily obtained and usually free. Annual post card requests are sent to admissions offices, and quarterly bulk mailings of course offerings from local adult education centers are received. There is a large map highlighting the subway routes in greater Boston which was obtained through the transportation department, and current bus and train schedules are posted and distributed upon request. The library subscribes to over fifty magazines representing a broad spectrum of interests, including *Psychology Today*, and magazine or other reference material of interest to patients can be photocopied. A list of these magazine titles is included as appendix A.

While the library staff does not seek any physician's permission regarding patient reading selections or photocopy requests, the hall staff is contacted on occasion if the material is considered to be of clinical interest. For example, a patient faced with her impending disassociation from a religious order had evidenced suicidal behavior on the hall. While in the library, she checked out Elisabeth Kübler-Ross's *On Death and Dying*.<sup>19</sup> The hall staff was notified and incorporated this information into their data.

Philip G. Levendusky, psychologist in charge of McLean's Behavior Therapy Unit, considers the question of reference accessibility to be

complex, although for his own unit, "no censorship would be required." For patients with a "more significant degree of psychopathology," Levendusky feels that material review "should likely be undertaken," although he suggests that "material dealing with sensitive issues [be] available in one location so that it can be more closely supervised, rather than needing to 'censor' it,"<sup>20</sup> a practice to which the library conforms. All of the educational and vocational reference material is shelved in one area, with the exception of those books considered most likely to "disappear" permanently; such materials are kept in the coordinator's office with access by request and may be read only in the library.

Classification of these resources, as with all books in the patients' library, is by color code. The rationale for use of color coding is based on three criteria. First, as part of the hospital's Clinical Vocational Assessment Program, some patients are referred to the library for an evaluation of work readiness prior to discharge. There are from one to six patient assistants per day who usually "work" for one hour each. To teach classification such as the Dewey Decimal system would be overly time-consuming, and would be impractical in view of a high patient turnover rate. Second, the effects of medication on some patient patrons can make locating a book difficult. Some visual impairment may affect the ability to decipher numerical codes on spine labels and the catalog cards. Finally, there can be little supervision, because the present staffing pattern consists of the patient coordinator/librarian, an assistant one full day per week, and an occasional volunteer. There is no professional librarian. The coordinator's responsibilities go beyond those involved with library administration: they include the supervision of evaluations in the library, management of the clerical training program, and the coordination of paid clerical and volunteer placements in the community.

Due to this combination of factors, the coordinator's visibility is limited, and an "honor system" for book check-out is relied on much of the time (although the coordinator is available to assist patients during part of every day). Patrons refer to a master color chart displaying the twenty-three color categories (see appendix B). Each shelf has a color designation, and each book within the classification has a corresponding  $\frac{3}{8}$ -inch colored sticker on the spine. Cards in the card catalog, as well as all check-out cards, are similarly coded for easy identification, location and reshelving. Cards are cross-filed by title and author, with a separate subject catalog by color designation.

Lack of staff visibility has disadvantages which go beyond the use of a color-code system, the most obvious being the absence of direct,

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ongoing assistance to the clientele, particularly in the selection process. While the check-out procedure is posted at the desk, some patrons expect and require more help than is currently available. This leads to a second regrettable circumstance—theft. While some pilferage is deliberate, some results from an assumption that an implied permission exists to borrow freely if no one is present to assist or supervise.

Patient library assistants are encouraged to participate in patron assistance, which is often an important part of an evaluation of their interpersonal skills. However, the degree of patient assistants' functioning may change daily, or the assistants may not be present at all. Staff members are prohibited from delegating responsibilities to patient assistants which they could not perform themselves should the patients be absent. There is a decided need for additional staff to provide constant supervision and patron assistance.

Patient access to McLean's medical library is somewhat more limited than to the patients' library. Medical library access is available to patients with the written permission of their therapists, and while such permission is often for a specific article or journal, patients may check out a book. Some therapists frequently recommend use of the medical library, although as de Marneffe suggests, there are differences of opinion on the effects of such accessibility. Hector Bossange, director of professional libraries, notes that doctors often confer about specific patients and treatment issues within the medical library, and the risk of breaching confidentiality is too great to allow free access within the existing setting.<sup>21</sup>

McLean Rehabilitation Counselor Judy Taylor speaks from her own experience with patients whom she encourages to read independently, often in the patients' library:

I would not be in favor of any kind of censorship in the patients' library, as I believe patients have a right to the same choices they would have in any library. Generally, the books patients speak to me about in our sessions, if they bring up any at all, are the ones on coping with depression, new treatments for manic-depressive illness, books such as *Moodswings*,<sup>22</sup> first-person accounts of coping with alcohol or drugs, etc.—in short, an attempt to get some perspective on what they themselves are facing. The effect of this reading seems to be somewhat useful or possibly neutral; but I have never observed any destructive consequences from reading a particular book or article.<sup>23</sup>

While it is possible to obtain everything from fairy tales to the therapeutic, toxic and lethal dosages of medications and different methods of assaultive and self-destructive behaviors, the patients' library has never received an inquiry or complaint from the professional

staff questioning the availability or consequences of material found on the shelves.

The McLean patient library and patient education program serve as a therapeutic tool which is recognized and endorsed by many therapists, if only because the staff can respond to a patient's curiosity about himself in an anonymous and nonthreatening setting, and because therapy sessions are better served dealing with the impact of material on the reader. We are successful in the educative process if, through these resources, the patient takes an active role in his or her future by exploring sensitive issues which then become part of a therapy session, a staff talk, or concrete discharge planning. If patients are capable of taking responsibility for themselves at all, and they elect to participate in overcoming what for many is fear of the unknown, then most certainly we contribute to the therapeutic and rehabilitation process.

Aside from policies, regulations and philosophies, we must remember that resourceful patients who desire certain information are going to get it one way or another, whether on the grounds, at the public library, or through friends and relatives. If we can increase the chances of patients obtaining accurate information, however technical or controversial, we are participating in the education of the consumers we serve, an essential element of the rehabilitation process. We are then in a position to encourage patients to direct their curiosity about troublesome issues within a setting where questions can be answered. De Marneffe's hypothesis for the opposing viewpoint—that the staff may have to "work harder" as a result of a patient's independent investigation—seems to be the most crucial issue with respect to illness-related information within the hospital. Rather than remain overly concerned with patients' resourcefulness and their ability to process what they read, perhaps we should be more concerned with the therapists' and treatment teams' ability to endorse, or even tolerate, outside influences on the therapeutic process.

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**Appendix A**

Magazines Subscribed to by McLean Hospital Library

<i>AARP Bulletin</i>	<i>New England Outdoors</i>
<i>American Film</i>	<i>New Republic</i>
<i>Atlantic</i>	<i>Newsweek</i>
<i>Backpacker</i>	<i>New Woman</i>
<i>Boston</i>	<i>New Yorker</i>
<i>Boy's Life</i>	<i>People</i>
<i>Brandeis Quarterly</i>	<i>Popular Mechanics</i>
<i>Calypto Log</i>	<i>Progressive</i>
<i>Consumer Reports</i>	<i>Psychology Today</i>
<i>Cosmopolitan</i>	<i>Redbook</i>
<i>Cuisine</i>	<i>Rolling Stone</i>
<i>Cousteau Society</i>	<i>Sanctuary</i>
<i>Encounter</i>	<i>Saturday Review</i>
<i>Esquire</i>	<i>Scientific American</i>
<i>Glamour</i>	<i>Seventeen</i>
<i>Good Housekeeping</i>	<i>Smithsonian</i>
<i>Harper's</i>	<i>Sports Illustrated</i>
<i>Harvard Magazine</i>	<i>Sport Psychology</i>
<i>House &amp; Garden</i>	<i>Stereo Review</i>
<i>Ladies Home Journal</i>	<i>Time</i>
<i>Life</i>	<i>U.S. News &amp; World Report</i>
<i>Mademoiselle</i>	<i>Vogue</i>
<i>McCall's</i>	<i>Washington Journalism Review</i>
<i>Money</i>	<i>Women's Work</i>
<i>Ms.</i>	<i>Working Woman</i>
<i>National Geographic</i>	<i>Yankee</i>

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## Appendix B

### Color Code Classification Used in McLean Hospital Library

Color Code	Designation
White on orange*	Religion and philosophy
Red on green	Sociology, anthropology and politics
Blue	History
Yellow	Fiction
Black	Mystery
White on purple	Science fiction
Green on red	Short stories
Blue on white	Literary criticism
Yellow on pink	Poetry
Orange	Drama and film
Green on yellow	Cookbooks
Yellow on blue	Games
Blue on green	Sports
Pink	Humor
Red on black	Children's
Yellow on purple	Biography and autobiography
Green on white	Art
Green	Education
Green on orange	Music
White on black	Psychology and psychiatry
Red on yellow	Natural science
White on blue	Crafts
Red	Schools and careers
White	Reference

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\*"White on orange" indicates that a smaller colored sticker is placed in the center of a contrasting colored sticker.

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