

Holly Lipschultz
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Bibliotherapy: A Literature Review

Introduction

Bibliotherapy is widely used to treat mental illnesses and to promote healthy psychological development in both adults and children, but there is a good deal of debate about its efficacy. It's generally acknowledged to be beneficial, but researchers are still studying how bibliotherapy works, how much it works, what books are good candidates for therapeutic use. In addition, there are philosophical and ethical discussions about who is qualified to prescribe therapeutic books. Despite these questions, many people continue to prescribe books and put their faith in the healing powers of books.

History of Bibliotherapy

People were aware about the power of stories, both spoken and written, at least as far back when people began to make written records. People "have used verbal and written materials to guide and teach others how to live and behave socially, ethically, and spiritually and to foster emotional wellness," and the "spoken word, (e.g. parables, myths, fables and legends) and the written word have been used and are believed to be two of the most influential tools to heal and change the human condition," (Jack & Ronan, p. 161, 2008). Many articles quoted an inscription over the door of the ancient library at Thebes, "Healing place of the soul," (Pehrsson & McMillen, 2004), (Detrixhe, 2010). There are also reports of a hospital in Cairo in 1272 providing copies of the Qu'ran as part of patients' treatment, and this method of reading books during hospital stays continued throughout the Middle Ages (Jack & Ronan, 2008) There was evidence that the colonists in the New World were using spiritual books to provide comfort as they adapted to the strange

environment in the 1600s (Pierce, 2011). This gave way to genre of self-help books in the 1800s (Pierce, 2011). Reading was a common therapeutic intervention, second to physical therapy during that time, and many patients' libraries were formed at hospitals and mental institutions (Pehrsson & McMillen, 2004) (Jack & Ronan, 2008).

World War I created a huge need for bibliotherapy, and the tradition of patients' libraries were expanded to help soldiers recover from the trauma of war (Jack & Ronan, 2008), and it was around this time that Samuel Crothers coined the term, "bibliotherapy," a combination of the Greek words for "therapy" and "books," in 1916 (Pehrsson & McMillen, 2004) (Detrixhe, 2010). The American Library Association ran the War Service effort, and at its peak, they provided library service to nearly four thousands military service points and employed 170 librarians in hospitals (Pehrsson & McMillen, 2004) (Jack & Ronan, 2008). This is widely considered to be the start of modern bibliotherapy, or at least, the point when bibliotherapy became more widely used (Jack & Ronan, 2008) (Dysart-Gale, 2007). Librarians were merely the facilitators and assistants at that point. In the 1930s, Dr. William Menniger, of Menninger Clinic, expanded bibliotherapy to include treatment of mild mental or alcohol problems (Pehrsson & McMillen, 2005) (Jack & Ronan, 2008).

There have been some effort to train librarians to become more qualified to be bibliotherapists between the 1920s and 1950s, but the call for training seems to have largely died out as more people have come to accept the generalization of bibliotherapy (Pehrsson & McMillen, 2004). Librarians have continued to take on a greater role in bibliotherapy. Currently, the role of bibliotherapist are often filled by parents, teachers, and even the patient him or herself. The popularity of the self-help genre greatly increased with the democratization of bibliotherapy, and many children's books have been written to address various issues that children might face (Lowe, 2009) (Pehrsson & McMillen, 2004) (Detrixhe, 2010) (Pierce, 2011).

Ethics of Bibliotherapy

Some have called bibliotherapy an extension of readers' advisory services, but Jennifer Burek Pierce (2010) wonders if some librarians are practicing bibliotherapy without a license since they are not professionally trained therapists. She compares it to similar issues with tax and medicine where librarians should only help patrons find informational material and not actually provide tax or medicinal advice. Similarly, librarians should be cautious when providing help with bibliotherapy (Burek Pierce, 2010).

Despite the dearth of professional training, librarians sometimes play a key role in the bibliotherapeutic process anyway. Catherine Morris, a librarian in Great Britain, teamed up with a few other coworkers to create a bibliotherapy program at their local library in Kirklees. They hired three part-time workers to act as bibliotherapists, and made connections with general practitioners, nurses, and psychiatric care workers. Doctors or nurses could write a "prescription" for a specific type of book and patients would then take it to their local library in order to "fill" the prescription (Bowen, 2000) (Morris, 2000). Another "inner-city" program functioned similarly, with the added element of a pre-vetted list of specific books for specific issues, easing the process for both the physician and the librarian (Robertson, Wray, Maxwell, & Pratt, 2008). Having a formal program with referrals, and especially an established list of approved bibliotherapeutic books, could help keep librarians from overstepping their ethical boundaries.

On the other hand, if librarians respect their professional boundaries, they could still provide some basic bibliotherapy without fear of accidentally harming the client. A public librarian spoke of her personal experience with using a book in a therapeutic manner after her dog passed away as a segue into the topic of bibliotherapy. She then invited parents to make use of the library's children books collection to help their children through some issues, such as a loss of a pet, she wisely made a disclaimer statement that bibliotherapy is *not* a substitute for a therapist if one is needed (Pierce, 2011).

Such disclaimers appeared frequently in articles about librarian-administered bibliotherapy. Most were conservative, suggesting that bibliotherapy could be used as a temporary measure until the patient can see the psychiatrist or therapist, (McKenna, Hevey, & Martin, 2010) (Morris, 2002) (Bowen, 2000) (Fanner & Urquhart, 2008) This sentiment is shared by other researchers, hedging their bets when it comes to purely self-administered bibliotherapy by instead focusing on bibliotherapy as an adjunct to other forms of therapy (Abdullah, 2002) (Briggs & Pehrsson, 2008) (Jack & Ronan, 2008) (Campbell & Smith, 2003) (Detrixhe, 2010). One article, in contrast, took a more democratic view of bibliotherapy, saying that bibliotherapy “may be used as a self-prescribed and self-administered treatment, providing a very cost-effective substitute for professionally delivered therapy,” (Redding, Herbert, Forman, & Gaudiano, p. 537, 2008). Simply put, patrons should be aware of when books aren’t sufficient for what they may need, and when they should seek out a psychiatrist or a therapist.

Bibliotherapy Guidelines

The single most important and shared opinion by many researchers is that the bibliotherapist should thoroughly know the contents of a book before recommending it to someone, so not to cause accidental harm. (Jack & Ronan, 2008) (Campbell & Smith, 2003) (Vare & Norton, 2004) (Briggs & Pehrsson, 2008) (Abdullah, 2002) (Redding, et al., 2008) (Strunk, 1972). It could be argued that people who prescribe a book that they have not personally read are behaving unethically (Adams & Pitre, 2000).

In light of all the cautionary statements, some researchers put together guidelines regarding the administration of bibliotherapy. Bibliotherapists must understand that it is not a simplistic treatment for complex problems, and that the reading of a book shouldn’t be coerced (Vare & Norton, 2004). Bibliotherapists should take the time to identify the needs of the client, (Abdullah, 2002) (Levitt, Rattanasampan, Chaidaroon, Stanley, & Robinson, 2009), and try to find as similar of

a book as possible to the client's situation so they can better identify with it and see the connection (Vare & Norton, 2004) (Lowe, 2009) (Abdullah, 2002) (McKenna, Hevey, & Martin, 2010) (Levitt, et al. 2009). The books chosen should have accurate information and be of good quality (Vare & Norton, 2004) (Abdullah, 2002) (Redding, et al, 2010) (Pehrsson & McMillen, 2005). In the clinical setting, or with developmental bibliotherapy, the bibliotherapist should follow up with the client and discuss the story to ensure that the client is appropriately helped (Abdullah, 2002) (Campbell & Smith, 2003) (Detrixhe, 2010) (Levitt, et al., 2009).

How Bibliotherapy Works

There is debate as to where the therapeutic effect of bibliotherapy comes from--does it come from the story itself, or does it come from the mere act of reading? Research seems to indicate that the effects comes from both. One study reported that reading (in this case, technology articles) is just as calming and effective as humor and yoga in reducing stress (Rizzolo, Zipp, Stiskal, & Simpkins, 2009). Another study indicates that the descriptive language used in stories, particularly fiction, activates a wide variety of areas in the brain, exercising many parts of it at once (Paul, 2012). Most bibliotherapy researchers seem to focus on the interactive or reactive processes of readers with the stories, which consists of three steps. First is universalization, where the reader identifies with the protagonist and sees that others have also experienced what they are experiencing. The second step is catharsis, where the reader empathizes with the story or the protagonist. Third, the reader develops insight through self-reflection, applying the problem-solving skills to their own situation (Lowe, 2009) (Jack & Ronan, 2008).

Oddly enough, though researchers focus on the effects of stories on the readers, the vast majority of them don't specify what book or books that they had clients read (Adams & Pitre, 2000) (Higgins, 2005) (Levitt, et al., 2009) (Fanner & Urquhart, 2008) (Dysart-Gale, 2007). One researcher commented that studies that don't specify the book used are like studies that test the efficacy of a

type of medicine without specifying which medicine was studied (Dysart-Gale, 2007). It doesn't automatically disqualify past research and case studies that don't specify the titles used or their findings, since researchers have been able to draw an impressionistic picture from them (Dysart-Gale, 2007) (Jack & Ronan, 2008). The same researchers have called for additional, and more thorough, studies of bibliotherapy and specific therapeutic titles to try to rectify this flaw.

Some researchers have taken a tiny step toward evaluating books for their therapeutic values by breaking it down into categories such as self-help, non-fiction, and fiction, and sometimes spirituality, and providing results based on the rough categories (Redding, et al., 2008) (Mohr, 2006) (Campbell & Smith, 2003). A great deal of attention has been given to self-help and other non-fiction books (Redding, et al., 2008) possibly because non-fiction books could be perceived to be more beneficial because of their reality. Some thought has been given to fiction books (Detrixhe, 2010), but they are considerably more difficult to evaluate because of its inherent subjectivity. However, such broad evaluation may not be specific enough to help practitioners in determining what titles are most useful for different needs. Only one article examined specific self-help titles to determine their quality and accuracy for bibliotherapeutic use (Redding, et al., 2008). It would be beneficial if more researchers conducted a similar survey of other popular bibliotherapeutic titles.

Efficacy of Bibliotherapy

There are three main types of bibliotherapy: institutional, especially in mental hospitals; clinical, for patients with emotional or behavioral problems; and developmental, to promote normal development (Jack & Ronan, 2008) (Abdullah, 2002). The latter two types are often discussed as if they were one thing, since helping patients with mental problems promotes healthy development. Researchers pay the most attention to clinical and developmental bibliotherapy.

Current bibliotherapeutic research seems to indicate that books are most effective for healthy people going through life changes, or for people with mild mental illnesses such as depression (Morris, 2002) (Fanner & Urquhart, 2008) (McKenna, et al., 2010) (Levitt, et al., 2009) (Robertson, et al., 2008). This could be biased since developmental and mild clinical needs are prevalent in society and relatively easy to treat, making it ideal for researchers to study. However, it's also very useful for therapists and for the patients themselves, since it can maximize the benefits of therapy when budgets are limited. Bibliotherapy can also help with mild alcohol abuse, while severe alcoholics and those with severe mental illnesses derive little to no benefit from it (Levitt, et al., 2009) (Adams & Pitre, 2000). The effectiveness increases for both mild and severe issues if bibliotherapy is used in conjunction with psychotherapy (Fanner & Urquhart, 2008) (Campbell & Smith, 2003).

The discussion about bibliotherapy focuses heavily on mental illnesses or psychiatric disorders, but attention should also be given to the use of books for people facing physical therapy. Just as the hospitals of the past provided books to recuperating patients, some hospitals today incorporate arts therapy into a patient's recovery regimen (Pehrsson & McMillen, 2004). The rationale behind it is the arts' "assumed ability to affect the whole self, psychologically, emotionally and spiritually, in ways which promote well-being," (Higgins, McKeivitt, & Wolfe, p.1391, 2005), a thought modified to emphasize spirituality and echoed by The Reverend Ian Morrison (2008) and Mohr (2006). For example, reading to stroke patients lifted their spirits, engaged their minds, and provided welcome diversion from the grind of physical therapy, helping them be more positive about their recovery (Higgins, et al., 2005).

Bibliotherapy is also commonly used for children struggling with issues, like divorce or sickness, and for developmental purposes, such as sensitizing them to diversity and disabilities, (Lowe, 2009) (Pehrsson & McMillen, 2004) (Pehrsson & McMillen, 2005) (Dysart-Gale, 2008) (Detrixhe, 2010) (Pierce, 2011). It has been used to good effect for LGBT teens (Vare & Norton,

2004). For many people, interventions involving the written word, arts, and movement helps them through grief and loss. Essentially, creative therapy provides a means of recreating meaning by telling their stories or identifying with other stories, (Briggs & Pehrsson, 2008). A common theme is that some books can offer the grieving person opportunities for emotional catharsis (Briggs & Pehrsson, 2008) (Morris, 2002) (Lowe, 2009).

Book prescription programs, which involve partnerships between the libraries and the physician or nurse seemed to provide some help to the community. The program in Kirklees had no official follow up study, but in general the reaction of the public seemed positive (Bowen, 2000), (Morris, 2002). The effects of a different book prescription program, according to interviews with clients, showed generally positive experiences. Some clients were reluctant to accept bibliotherapy as a treatment option, however, and reported negative or neutral reactions to the books. Others, who were strongly motivated by being actively involved in their treatment plan or motivated to avoid medication, reported positive effects (McKenna, et al., 2010).

Spiritual Bibliotherapy

Interestingly, even though many pastors suggest books to people, there is surprisingly little written about clergy-prescribed books as either bibliotherapy or as a form of religious counseling. As previously discussed, stories and parables have long since been used in a therapeutic form to teach and guide people. According to Mohr “[a]ll major world religious traditions have some type of text or writing that their followers view as holy and that they use as a source of comfort, insight, wisdom, and guidance...The stories and narratives in these writings can be a solace and inspiration for patients,” (p.180, 2008). Similarly, spiritual writings by other authors may also be comforting to some people, such as works by Thomas Merton or the spiritual exercises of Ignatius of Loyola. Unsurprisingly, elements of spiritual care shares most of the same elements in bibliotherapy, such as providing purposeful activity (reading), using spirituality (or spiritual books) as a way of easing

into therapy, and provide a way for the clients to make meaning from their experiences (Culliford, 2002) (Mohr, 2006).

The Reverend Orlo Strunk, Jr., in his 1972 article, provided practical advice to pastors regarding bibliotherapy. He said that pastors should not suggest books to their clients if he himself dislikes reading. It should be a natural extension of their pre-existing style of pastoral care, and not mechanically administered. The pastor should also explain the purpose of the book, why the client should read it, and how it might help him or her. Also, pastors should be well aware that bibliotherapy can be useful for personal growth in addition to the more typical psychotherapy uses (Strunk, 1972). Another pastor, Rev. Morrison, didn't specify bibliotherapy or even books specifically, but noted that some "patients have indicated a desire to explore spiritual issues; spiritual frameworks formed through discussion may help them to make sense of the experience of becoming mentally unwell," (p.3, 2008). This quote, in conjunction with the research previously discussed, seems to indicate that pastors could very well suggest books to their clients to aid the clients' spiritual growth in light of their illness.

Potential research question

Because of the dearth of publications relating to spiritual bibliotherapy, I want to look into that general area. Specifically, I would like to look at two related questions. What books do pastors frequently suggest to people, for what purpose and why those particular books? Next, I would like to examine the books in a way similar to Redding, et al., and see whether the books are useful or potentially harmful (i.e., could the book possibly be misconstrued and used to reinforce bad thought patterns?). This research would result in a list of books that could serve as a selection tool for church libraries or even as a resource for newly-ordained pastors.

Conclusion

Even though the healing power of stories have been known since ancient times, bibliotherapy as it is understood today began in earnest in the early 20th century, when researchers began to take it more seriously. Its use has grown considerably as bibliotherapy became a popular way to treat minor mental illnesses or aid in normal development. Librarians have especially taken a liking to bibliotherapy, as some see it as an extension of readers' services. Others are more cautious about bibliotherapist qualifications, preferring to have a clear expectation of how much librarians can do, and when the clients should seek the counsel of a psychiatrist or therapist. Similarly, many are cautious about how effective bibliotherapy actually is, in comparison to actual therapy or to medication, since bibliotherapy research studies are often not quite rigorous enough for some physicians' tastes. Even though there are similarities between spirituality and bibliotherapy, surprisingly few articles have been written on the use of books in pastoral care. Despite all of these concerns, bibliotherapy has been and probably will continue to be quite popular as either a replacement or supplement to therapy.

Works Cited

- Abdullah, M. (2002). Bibliotherapy. *Eric digest*, 177, n.p. Retrieved from <http://www.eric.ed.gov/ERICWebPortal/detail?accno=ED470712>
- Adams, S., & Pitre, N. (2000). Who uses bibliotherapy and why? A survey from an underserved area. *The Canadian journal of psychiatry*, 45, 645-649. Retrieved from <http://psycnet.apa.org/>
- Bowen, J. (2000). *A spoonful of Dickens: British doctors prescribe 'bibliotherapy' for the stressed-out and depressed*. Retrieved from: <http://www.salon.com/2000/08/08/bibliotherapy/>
- Briggs, C., & Pehrsson, D. (2008). Use of bibliotherapy in the treatment of grief and loss: A guide to current counseling practices. *Adultspan journal*, 7(1), 32-42. Retrieved from <http://www.ebscohost.com/>
- Burek Pierce, J. (2010). A feeling for books: Therapeutic connections to library practice. *American libraries*. Retrieved from <http://americanlibrariesmagazine.org/columns/youth-matters/feeling-books>
- Campbell, L., & Smith, T. (2003). Integrating self-help books into psychotherapy. *Journal of clinical psychology*, 59(2), 177-186. doi: 10.1002/jclp.10140
- Culliford, L. (2002). Spiritual care and psychiatric treatment: an introduction. *Advances in psychiatric treatment*, 8, 249-258. doi: 10.1192/apt.8.4.249

Detrixhe, J. (2010). Souls in jeopardy: Questions and innovations for bibliotherapy with fiction.

Journal of humanistic counseling, education, and development, 49, 58-72. doi:

10.1002/j.2161-1939.2010.tb00087.x

Dysart-Gale, D. (2007). Lost in translation: Bibliotherapy and evidence-based medicine. *Journal of*

medical humanities, 29, 33-43. doi: 10.1007/s10912-007-9050-0

Fanner, D. & Urquhart, C. (2008). Bibliotherapy for mental health service users part 1: A systematic

review. *Health information and libraries journal*, 25, 237-252.

doi: 10.1111/j.1471-1842.2008.00821.x

Higgins, M., McKeivitt, C., & Wolfe, C. (2005). Reading to stroke unit patients: Perceived impact and potential of an innovative arts based therapy. *Disability and rehabilitation*, 27(22), 1391-

1398. doi: 10.1080/09638280500164727

Jack, S., & Ronan, K. (2008). Bibliotherapy: Practice and research. *School psychology international*,

29(2), 161-182. doi: 10.1177/0143034308090058

Levitt, H., Rattanasampan, W., Chaidaroon, S., Stanley, C., & Robinson, T. (2009). The process of personal change through reading fictional narratives: Implications for psychotherapy

practice and theory. *The humanistic psychologist*, 37, 326-352.

doi: 10.1080/08873260903113501

Lowe, D. (2009). Helping children cope through literature. *Forum of public policy online*, 2009(1).

Retrieved from <http://www.eric.ed.gov/ERICWebPortal/detail?accno=EJ864819>

McKenna, G., Hevey, D., & Martin, E. (2010). Patients' and providers' perspectives on bibliotherapy in primary care. *Clinical psychology and psychotherapy, 17*, 497-509. doi: 10.1002/cpp.679

Mohr, W. (2006). Spiritual issues in psychiatric care. *Perspectives in psychiatric care, 42*(3), 174-183. doi: 10.1111/j.1744-6163.2006.00076.x

Morris, C. (2002). Healing powers of the printed word. *Adults learning, 13*(5), 7-9. Retrieved from <http://www.ebscohost.com/>

Morrison, I. (2008). Pastoral care and mental health: An Anglican minister's perspective. *Australian journal of pastoral care and health, 2*(2), 1-6. Retrieved from: <http://www.pastoraljournal.findaus.com/pdfs/Health.pdf>

Paul, A. (2012). Your brain on fiction. *New York Times*. Retrieved from http://www.nytimes.com/2012/03/18/opinion/sunday/the-neuroscience-of-your-brain-on-fiction.html?_r=1&pagewanted=all%3Fsrc%3Dtp&smid=fb-share

Pehrsson, D., & McMillen, S. (2005). A bibliotherapy evaluation tool: Grounding counselors in the therapeutic use of literature. Retrieved from hdl.handle.net/1957/433

Pehrsson, D., & McMillen, S. (2004). Bibliotherapy for hospital patients. *Journal of hospital librarianship, 4*(1), 73-81. doi: 10.1300/J186v04n01_07

Pierce, J. (2011). *Up in heaven and other bibliotherapy books*. Retrieved from <http://www.friscolibrary.com/node/2649>

Redding, R., Herbert, J., Forman, E., & Gaudiano, B. (2008). Popular self-help books for anxiety, depression, and trauma: How scientifically grounded and useful are they? *Professional psychology: research and practice*, 39(5), 537-545. doi: 10:1037/0735-7028.39.5.537

Rizzolo, D., Zipp, G., Stiskal, D., & Simpkins, S. (2009). Stress management strategies for students: The immediate effects of yoga, humor, and reading on stress. *Journal of college teaching & learning*, 6(8), 79-88. Retrieved from <http://eric.ed.gov/>

Robertson, R., Wray, S., Maxwell, M., & Pratt, R. (2008). The introduction of a healthy reading scheme for people with mental health problems: usage and experiences of health professionals and library staff. *Mental health in family medicine*, 5, 219-228. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777585/>

Strunk, O. (1972). Bibliotherapy revisited. *Journal of religion and health*, 11(3), 218-228. doi: 10.1007/BF01532868

Vare, J., & Norton, T. (2004). Bibliotherapy for gay and lesbian youth: Overcoming the structure of silence. *The clearinghouse*, 77(5), 190-194. Retrieved from <http://www.jstor.org/stable/30189896>