This document describes a literature search on bibliotherapy, discusses historical development and current trends in bibliotherapy, details the educational aims of bibliotherapy, and explores the part librarians should play in bibliotherapy, particularly when working with children and adolescents. Also included are a selected, annotated bibliography of bibliotherapy, a list of bibliographies of bibliotherapy, and a sample of books used in bibliotherapy under the following categories: ethnic groups, family relations, peer relationships, accepting oneself, adoption, adjusting to change, broken home, death, lacking confidence, overcoming fear, plumpness, poverty, positive self-image, recognizing one's abilities, and religion. (JM)
Bibliotherapy
An Overview and the Librarian's Role

Sherry P. Chadbourne
Independent Study L893
Advisor: Dr. Rosemary Weber
Drexel University
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The purpose of this literature search was to take a general look at the field of bibliotherapy—the therapeutic value of books and reading—and to draw some conclusions as to the role of the librarian in a bibliotherapeutic program, particularly when working with children and adolescents.

The initial steps in searching for information on the topic of bibliotherapy began with a computer search of the data bank at the Educational Resource Information Center (ERIC) and a search of the card catalog at Drexel University. Eric produced a long print-out of journal articles pertaining to the various aspects of bibliotherapy while the card catalog produced very little. This was the first clue to the fact that there have been many articles written on the subject of bibliotherapy but very few books. Subsequent searches were made of the card/book catalogs of the libraries at the University of Pennsylvania, University of Kansas and Kansas State College; as well as the Free Library of Philadelphia and the public libraries of Kansas City, Kansas, and Kansas City, Missouri. No additional books on bibliotherapy were found.

The nature of the articles found through ERIC led to the searching of not only Library Literature (Wilson) for additional material, but also the subject index to Current Index to Journals in Education (CIJE) (MacMillan) and the Education Index (Wilson). All three had an entry for "bibliotherapy" and the list of journal articles began to grow.
Psychological Abstracts (American Psychological Association) also includes an entry covering articles on bibliotherapy found in journals of psychology and sociology. However, the Reader's Guide to Periodical Literature, checked for the last ten years, offered no entry for bibliotherapy.

Articles on bibliotherapy can also be found in medical journals by searching Index Medicus, but this area was not searched beyond reading articles cited in other papers. Many of the articles on bibliotherapy from the medical field come out in Medical Library Association literature and are included in Library Literature.

In searching for Master's theses and Doctoral dissertations on the subject of bibliotherapy it was discovered that there have not been as many written on the subject as one would think, due to the lack of scientific study in the area; consequently there is very little special data from investigations and experimentation from which one can report or compare in a paper. The early 1950's saw a few dissertations written on the theory of bibliotherapy and the need for further investigation; by the 1960's the trend had switched to papers written on bibliotherapy in school settings -- centering on the library or classroom.

The best source of dissertations on bibliotherapy is Doctoral Dissertations on Bibliotherapy: An Annotated List by H.L. Narang (ED 110961), but trying to locate one of these unpublished papers for reading is not an easy task. Both Doctoral Dissertations in Library Science -- Titles Accepted by Accredited Library Schools, 1930-1972 (Eyman, David H. compiler. Ann Arbor: Xerox University
Microfilms, 1973) and Library Science Dissertations, 1925-1972 -- AN Annotated Bibliography (Sohlachter and Thomison. Littleton, Colorado: Libraries Unlimited, 1974) list only one dissertation on the subject of bibliotherapy and that having to do with the effect of bibliotherapy on the attitudes of adult inmates in two correctional institutions.

Bibliotherapy is not being explored only in America but there is interest in developing bibliotherapeutic programs in other countries as well. Foreign programs and theories were not investigated for this paper because of the lack of available sources of pertinent literature as well as the language barrier.

The time span for this search was first set at ten years but after getting into the literature on bibliotherapy it was decided to do away with a time limit altogether. Many of the newer articles on bibliotherapy simply "rehash" and cite much earlier articles and it was felt some of these first articles on the subject must be read in hopes of getting a clearer picture of the development of bibliotherapy.

A "sameness" prevades many of the articles written on bibliotherapy -- a brief definition and history of the development of bibliotherapy is given; the author's theory of the value of bibliotherapy in either a clinical or library/classroom situation is presented; and in some, the special training of the bibliotherapist along with criteria for selection of materials is discussed.

All material examined conveyed the idea that the importance and future significance of bibliotherapy should not be underestimated; although most articles included a note of caution and some even discussed possible adverse effects of administering bibliotherapy to
mentally and emotionally disturbed patients.

The general feeling while making this search was that I was "off in all directions" and needed to pull everything together; that may have been the case, but after completing the search I decided it is bibliotherapy that is off running in all directions and needs to be pulled together and given structure.
Bibliotherapy: An Overview of the Librarian's Role

Before taking a look at the historical development and current trends in the field of bibliotherapy, if it is indeed a field, it is necessary to define exactly what is meant by the word "bibliotherapy."

Say the word to the average man on the street, or even to many librarians and members of the medical profession and they will look at you as if you have just arrived from another planet. It is not difficult to analyze the word "bibliotherapy" and come up with the meaning "book therapy" but what exactly is meant when we talk about the therapeutic value of books? Are we practicing bibliotherapy on ourselves when after a hard day we crawl into bed with a light novel in order to relax and bring on sleep; or is there more to this business of bibliotherapy?

A leading dictionary, *Webster's Third New International Dictionary*, defines bibliotherapy as "the use of selected reading materials as therapeutic adjuvants in medicine and in psychiatry; also guidance in the solution of personal problems through directed reading".1 Another definition and the one most quoted in the literature is a composite definition of bibliotherapy based on a questionnaire sent to doctors, psychologists and librarians by the Committee on Bibliotherapy, while doing a study for the Association of Hospital and Institutional Libraries (a branch of the American Library Association).

Bibliotherapy is a program of selected activity involving reading materials, planned, conducted and controlled as treatment under the guidance of the physician for emotional and other problems. It must be administered by a skilled professionally trained librarian within the prescribed purpose and goals. The important and dynamic factors are the relationships which are established, the patient's reactions and responses, and the reporting back to the physician for interpretation, evaluation and directions for follow-up.2

This second definition of bibliotherapy represents the medical aspects and seems to be searching for the development of an exact scientific procedure; while the definition in Webster's Third is broader and places bibliotherapy on two levels, the first being reading associated with medicine and psychiatry and the second suggesting the non-medical aspects such as reading guidance by teachers, counselors, social workers, correctional institution officials, librarians or other "qualified" individuals striving to help others solve their personal problems through reading. This brings up the question that prevails throughout the literature on bibliotherapy --- Should bibliotherapy be considered a "science" or an "art"?

As a "science", bibliotherapy would be concerned with prescribing selected reading in the treatment of actual mental or physical illness by a trained bibliotherapist; whereas the attempt to remedy personality defects or help an individual solve personal problems through reading suggestions by a librarian, teacher or other individual outside the medical profession would be considered the "art" of bibliotherapy.3

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The cooperative effort on the part of doctors, nurses and librarians is required in the "science" of bibliotherapy, while the "art" of bibliotherapy could be practiced by almost anyone who understands people, has a wide knowledge of books and is sympathetic to human needs.

Both levels of bibliotherapy are being practiced and investigated. Unfortunately most of the literature on bibliotherapy is theoretical and anecdotal. There has been very little testing of the effectiveness of bibliotherapy and without research bibliotherapy will not be given serious consideration by the scientific community. In "Bibliotherapy: A Critique of the Literature", Armando R. Favazza says, "Most of the literature on bibliotherapy has been non-scientific because of the too broad use of the term 'bibliotherapy'." Everyone seems to be jumping on the bibliotherapy "bandwagon" — doctors, nurses, psychologists, teachers, counselors, social workers and librarians; consequently bibliotherapy is off in all directions. Perhaps we need to limit the term "bibliotherapy" to the medical aspects dealing with emotionally, mentally and physically ill persons and find another name or a program designed to fill developmental needs and promote critical thinking in general problem-solving. As long as these two completely different programs are lumped together under the single term "bibliotherapy", confusion will remain and a clear, concise definition cannot be given.

With definition unclear it is easy to assume that bibliotherapy is some new Americanism that is still in its infancy. Bibliotherapy as a science is definitely still in its infancy but the idea of the therapeutic value of books dates back beyond Christianity to pre-Christian Egypt. Over the entrance of the library at Alexandria is a Greek inscription meaning, "Medicine of the Mind". Even Shakespeare refers to the therapeutic value of reading when he writes:

"Come and take choice of all my library,
And so beguile thy sorrow."6

Bibliotherapy in America was probably born in religious endeavor. In 1811, in Boston, Massachusetts, the Corporation of the Massachusetts General Hospital met to draw up the rules and regulations for the hospital. It was decided that patients in each ward would be supplied with Bibles and other suitable religious books. Religious groups throughout the country continued to donate religious literature and small libraries or "reading rooms" could be found in many hospitals. Using all kinds of books as therapy was not really known in America until the 19th century. In 1815, Benjamin Rush and in 1853, John M. Galt, both physicians, recommended reading in hospitals as part of a patient's therapy. Book therapy was recognized as an aspect of librarianship in 1904 when a trained librarian became head of the library at McLean Hospital for the

6Ibid. Titus Andronicus, Act IV, Sc. 1, 1.34.
mentally ill in Waverly, Massachusetts and started a program combining psychiatry and library science.  

Bibliotherapy, the pseudo-quasi-scientific field that we think of today was, however, undoubtedly a war baby. The military, hospital-library baby of World War I and the Red Cross, the Salvation Army, and the Veterans Administration, all played a part in its birth. Recovering soldiers seemed to bear their hardships more easily when supplied with reading materials that either diverted or gave them strength in some way.

The first known written use of the actual term "bibliotherapy" appears in an article in the August 1916 issue of *Atlantic Monthly*, written by Samuel McCord Crothers. In this article Crothers describes the "Bibliopathic Institute" of a friend, a Dr. Bagster. Dr. Bagster is quoted as saying, "Bibliotherapy is such a new science that it is no wonder that there are many erroneous opinions as to the actual effect which any particular book may have." The same statement could be made about bibliotherapy today.

The Menningers used bibliotherapy in their psychiatric clinic in the 1930's and the advent of World War II furthered the interest of the Veterans Administration and in 1952 they produced a bibliography of books to be used in practicing bibliotherapy.

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In the years that followed much writing was done on the subject of bibliotherapy, but due to the uncertainty of the concepts, theories far exceeded practical applications and studies. In the early years bibliotherapy was attempted by psychiatrists and librarians remained in the background except for some work carried on in V.A. hospitals.

Caroline Shrodes's doctoral dissertation at the University of California in 1950 was entitled, "Bibliotherapy: A theoretical and experimental study". It explored the theory and practice of bibliotherapy and created a new wave of interest in bibliotherapy.

The 1960's saw the development of the social and behavioral sciences and the use of reading to produce changes in attitude and behavior was recognized by the library field. This was also when educators became interested in the theory of bibliotherapy and articles began appearing in educational journals as well as those of the medical, psychological and library professions.

Library Trends held a symposium on bibliotherapy in 1962 and devoted an entire issue to the subject with contributions written by professionals from the fields of nursing, occupational therapy, psychology, psychiatry, as well as papers by leading librarians in the hospital and medical fields.

The American Library Association followed with a Bibliotherapy Workshop held in St. Louis in June of 1964. An entire issue of the Association of Hospital and Institutional Libraries Quarterly...

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10Ruth Tews, ed: "Bibliotherapy". Library Trends (October 1962)
(Summer 1964) is devoted to the proceedings of this workshop. Representatives from the fields of psychiatry, social work, nursing, occupational therapy, psychology and library science are included in the position papers from this workshop. As a result of this workshop the Association of Hospital and Institutional Libraries became interested in bibliotherapy and in their A.H.I.L. Quarterly there is a section called "Bibliotherapy Clearinghouse".

Interest in bibliotherapy continues to grow but so does confusion as to exactly where bibliotherapy belongs—the medical, the educational, or the library world. Current trends and theories about bibliotherapy in each of these fields follows.

For the most part the medical field looks at bibliotherapy as a clinical phenomenon within a psychiatric setting, although there has been some interest in using bibliotherapy to help patients cope with physical problems—often physical and mental or emotional problems go hand-in-hand.

Bibliotherapy is seen as of little or no value in acute forms of illness but more for the treatment of chronic disease. Reading during an acute illness is usually done for entertainment only, seldom to gain understanding about the disease. Chronic illness will often produce emotional patterns quite different from those of an individual who is suffering from an acute illness or is in good health. Failure to recognize these emotional, immature reactions in chronic diseases is one of the reasons why bibliotherapy

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Association of Hospital and Institutional Libraries Quarterly IV no. 4 (Summer 1964).

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often fails and has adverse effects.\textsuperscript{12}

The general feeling about bibliotherapy from the field of medicine is one of cautious optimism. Psychotherapy and treatment facilities are being directed more toward therapeutic utilization of the environment and away from traditional psychoanalytic procedures. Psychotherapy is basically just personal influence exerted by one person on another; and in bibliotherapy, books are merely substituted for people. Bibliotherapy in a clinical situation would be the joint effort of the physician, a specially trained librarian and the patient. In this case the librarian would probably be playing the role of the "pharmacist". Therapeutic books would have to be prescribed with the same care as other drugs. When using drugs in the treatment of disease it is necessary to know the indication for the use of the drug; the contra-indication to its usage; the dose and how long to use the drug; when to stop the drug and possible adverse effects from the drug. Bibliotherapy has the same requirements but they are much harder to measure.\textsuperscript{13}

Bibliotherapy can have adverse effects when the wrong literature is selected or when there is a misunderstanding of the material. Bibliotherapy must be individualized and the therapist must not only consider the disease or need but the patient's ability to accept bibliotherapy and to use it successfully in understanding

\textsuperscript{12}John F. Briggs. "Adverse Effects from Bibliotherapy." \textit{Hospital Progress} (July 1964):123.

\textsuperscript{13}Ibid.
his condition. Emotionally immature patients usually can not respond constructively to bibliotherapeutic reading because they fail to apply the material to their own case and can not grasp the ideas brought out in the material. On the other hand, patients with delusions or paranoid ideas will read their own delusions into the material given them.

Most adverse effects are the result of the wrong understanding of the material by the patient; therefore, the post-discussion between the patient and the therapist is very important. During this discussion the bibliotherapist can attempt to clear up any misunderstanding if it is apparent; too often patients will hide their true reactions and feelings. Dr. John Briggs, in his article, "Adverse Effects from Bibliotherapy", illustrates with several case histories where feelings of guilt or depression were strengthened rather than relieved when the bibliotherapist failed to recognize misunderstanding by the patients of the literature. Two patients developed obsessions concerning their heart disease after reading in this field and their conditions worsened. One became so obsessed with a fear of too high cholesterol rating that he literally starved himself. 14

Mentally ill patients require even more caution. Reading a murder mystery may serve a would-be murderer with a nonviolent vicarious outlet for his compulsion or it may inspire him to commit murder. 15 It is impossible to know another's mind completely.

14 Ibid., p. 124.

Psychiatric and medical personnel are not going to accept bibliotherapy fully until it is considered a "science" and will remain skeptical about its potential until there is more research done in the area. There have been numerous experiments and case studies but the results have often been inconclusive because it was not possible to isolate the bibliotherapeutic treatment from other surrounding factors and conditions. Even though there have been no systematic coordinated programs of bibliotherapy there have been five basic types of research. They are as follows:

1. Exhortatory studies (not true research). These present the general uses of bibliotherapy and recommend more extensive use.

2. Attempts to relate bibliotherapy to other aspects of practice. (Theoretical research) This may be a historical approach or the role of a specific practitioner, a taxonomy of problems and a bibliography of pertinent books for individuals having these problems.

3. General descriptive research. This type describes how bibliotherapy has actually been used in a particular type of work setting: classrooms, neuropsychiatric hospitals, juvenile delinquency settings or private practices of counselors, psychiatrists, psychologists, librarians, etc. Detailed description of techniques are given and results cited.

4. Case Study research. Case studies are used to illustrate principles, or to describe the use of specific types of literature, the effectiveness of various types of bibliotherapy with particular types of people or problems, unique problems of a given individual and the specific use of bibliotherapy for that individual.

5. Experimental research studies (Genuine research)
   a. Before and after studies --- one group measured twice
   b. Controlled experimental studies. Two matched groups, measured to be sure they are similar. One group (the experimental) receives the normal experience
plus a bibliotherapeutic experience. The other, or control group, receives only the normal or typical experience. Both groups are tested before and after the prescribed period of time encompassing the bibliotherapeutic experience.  

Despite the inconclusive evidence of studies, and the recognized limitations of bibliotherapy, there does seem to be the feeling that there is sufficient evidence to support the theory that carefully selected reading for the right subjects does have therapeutic value and that it at least warrants further research of a scientific type. Studies which will show 1) the effects of various types of books on various types of individuals under scientifically controlled conditions; 2) the relation between individual reading background and personality adjustments; 3) methods of measuring behavioral change effected by bibliotherapy and 4) the possibility of writing books for a specific type of patient.  

While searching for standards for a program in bibliotherapy it is also necessary to decide who should be the bibliotherapist and what training should be necessary and required before practicing bibliotherapy. The question is often raised as to whether the bibliotherapist should be a librarian trained in clinical methods or a clinician of another discipline trained in library work. The most common assumption is that a librarian with special training is the most likely bibliotherapist. With the exception of institutional librarians in mental and Veterans Administration

16 Ibid., pp. 345-46.

hospitals who have worked closely with it, librarians have not been quick to accept bibliotherapy as an "art" or a "science".

Margaret M. Kinney writes in her paper for the October 1962 issue of Library Trends that "The bibliotherapist is primarily a librarian who goes further in the field of reader guidance and becomes a professional specialist." A bibliotherapist librarian must have greater training in the selection of library materials. The bibliotherapist must have an understanding of the principles of clinical psychology along with the basic skills of psychologists; a wide knowledge and understanding of medical, psychological and psychiatric terminology; elementary psychiatry; psychology of reading; techniques of rehabilitation; and techniques of diagnosis and counseling medical and social problems of illness. This could take years of training to say nothing of the field's service experience that would be needed before becoming proficient.18

Louis Rongione writing in his article, "Bibliotherapy: Its Nature and Uses" (1972) agrees with Margaret Kinney's view of the educational needs of the bibliotherapist and also includes personal qualities and skills that are necessary for the bibliotherapist. Personal qualities and skills which the bibliotherapist should possess or cultivate include:

1. A balanced personality showing emotional stability, physical well-being and mature judgment.
2. The ability to work with people, and instruct and supervise other personnel.
3. Ability to cooperate with others in a therapeutic team.

4. A willingness to recognize the misfortunes of others and the ability to provide help.

5. The ability to make valid interpretations of a person's reactions to reading.

6. The competency to evaluate and assign specific books and to administer a suitable reading program.

7. The ability to discard the erroneous and irrelevant and draw only warranted and valid conclusions.

8. A sincere and abiding interest in other people as individuals.19

It seems unlikely that any librarian would possess all these qualifications and personal traits, but the point being made is that the bibliotherapist should be a librarian who goes beyond reader guidance and becomes a specialist as a part of a therapeutic team. There must be a coordination of effort on the part of the physician, the psychiatrist, the nurse, the sociologist, the physiotherapist and the librarian if bibliotherapy is to be beneficial and effective.20

It is generally felt that the bibliotherapist should be a librarian trained in clinical methods instead of a clinician trained in library methods because the knowledge of books is an indispensable ingredient for a successful program of bibliotherapy, and the wide knowledge of books required by the bibliotherapist cannot be picked up in a few semesters of work but must be the product of many years of reading. It is thought library people are more "bookish" than clinicians. For this reason, library schools are


20Ibid., p. 497-98.
viewed as the most logical place to train bibliotherapists.\textsuperscript{21} This view is held by almost everyone interested in bibliotherapy except most library schools.

The medical field will continue to treat bibliotherapy with caution until it proves itself as a more scientific procedure backed by research; the library world recognizes that books under the right conditions can be therapeutic but is hesitant to take on the responsibility in training bibliotherapists for a para-medical position that is clouded by inconclusive research and can have adverse effects; the world of education is perhaps the most enthusiastic about bibliotherapy at the moment.

Traditionally, reading materials have played an important role in both the instructional and guidance aspects of the educational process. Bibliotherapy is viewed by proponents in the field of education as a means of satisfying personal and social needs of children and adolescents through reading. Bibliotherapy is not viewed as a clinical process by this definition but as an activity within the reach of every teacher, counselor or librarian familiar with children's literature and the developmental needs of children. There is reluctance in some corners to calling this program of meeting developmental needs "bibliotherapy". The underlying assumption to this type of bibliotherapeutic program is that when

\textsuperscript{21}Brown, \textit{Bibliotherapy and Its Widening Applications}, p. 286.

children read they bring their own needs and problems to the reading experience. The author's words are interpreted in light of their own experience. Readers can attain a better understanding of themselves by identifying with characters in literature. Bibliotherapy can be used to help students deal with social, emotional, and psychological problems that if not taken care of could retard the student's socialization and education.23

The bibliotherapeutic process includes three stages --- identification, catharsis and insight. First, the student identifies with a character in the book and as a result of this identification he may be able to experience a release of emotion called catharsis; and finally, because of this tension release, gain insight into his problem.24

Bibliotherapy has a preventive side also and can help children "try life on for size" without being immediately faced with the problem themselves.

The aim of bibliotherapy in an educational context is to get children together with books that reveal ethical values, and to promote identification with characters faced with problems similar to their own and to encourage evaluation of the character's solution.25


Bibliotherapy has for the most part dealt with problems of human relations, but other concerns such as vocational guidance and improving the self-esteem of minority groups are now being studied.

The degree to which reading can and does influence personality is a debated issue. In a study made by Russell and Shrodes 73 studies and professional articles concerning the value of bibliotherapy were reviewed. They concluded that both present research evidence and opinion does not support the undue claims of the bibliotherapeutic process. There is no hard evidence that a particular piece of literature will influence a certain child or, if the influence does exist, that it will be in the desired direction.26

In trying to draw some conclusions about bibliotherapy it is very difficult not to jump on the "bandwagon" and agree that, even with its limitations, it has great potential as a therapeutic tool and should be researched and explored to the fullest. It can not be denied that what a person reads can have a powerful impact on his life and even cause behavior and attitude changes. However, since there seems to be no effective means of controlling this influence there is a great deal of danger in prescribing books, particularly for physically, mentally or emotionally ill persons.

First of all, we know very little about the mind and how it works. Even a book specially written for a certain type of problem could affect two patients, who seem to have the same problem, quite differently. There is no way to x-ray another's mind.

26Ibid., p. 215.
For the present librarians should stay out of the medical field in any capacity other than providing regular library service in hospital libraries, or as an extension public library service to the physically, and perhaps, mentally handicapped and aged.

Research of a scientific nature should be continued in the area of bibliotherapy but it must be done with organization and direction, not in the "hit or miss" fashion of the past. The studies conducted so far seem inconclusive, with the results filled with phrases such as "may have a profound effect but". Perhaps a research center for bibliotherapy should be established at one of the country's leading universities, funded by a foundation grant or by the government. A National General Bibliotherapy Association could be established to coordinate the activities of all those interested in developing bibliotherapy. Such a group might include physicians, psychiatrists, neurologists, psychologists, librarians, nurses, administrators of institutions, counselors, social workers, etc. The American Library Association does have a Bibliotherapy Committee but it does not include members of other professions.\textsuperscript{27} Bibliotherapy should not be practiced until it has a firmer foundation backed by substantial research findings.

Bibliotherapy for emotionally or physically handicapped children is completely out of place in schools whether presented by the librarian, teacher or counselor. Trying to satisfy social and developmental needs of children and adolescents should not be

\textsuperscript{27}Brown, Bibliotherapy and Its Widening Applications, p.349.
called "bibliotherapy", but be such an integral part of the total educational program that it needs no separate "name".

The current trend of realism in books for children and adolescents is good in that they can see that they are not alone in their problems and get a view of life as it really is, without being sugar-coated. One of the primary objectives of librarians and teachers should be to develop a desire and love of reading in their students. If too much emphasis is put on the therapeutic and literary value of what is read, the pleasure of reading could be destroyed. If the material is available and is made attractive to the students, they will select and fill their own "reading needs". Good library service instead of "bibliotherapy" is the answer.
Selected Bibliography on Bibliotherapy

Artides:


This study was designed to investigate the influence of bibliotherapy on self-esteem and to look at the relationship between the levels of empathy, respect, and genuineness offered by a librarian using bibliotherapy. A program of bibliotherapy involving 18 pupils in grades four and five was conducted over a four-month period. Before starting the program, students completed the Self-Esteem Inventory and teachers responded to the Behavior Rating form for these children. At weekly interviews, Group A was involved in bibliotherapy, Group B had access to the same reading resources and Group C was the control group. Both tests were re-administered at the conclusion of the program, and analysis of the variance revealed no significant differences in the three groups. A multiple regression analysis was used to study the relationship between the levels of empathy, respect, and genuineness offered by the librarian and the change in self-esteem. This analysis indicated that all the levels were below that deemed necessary to facilitate personal growth.


Counselors in the past have overlooked the possibilities of using bibliotherapy in the school situation, due partly to a lack of understanding of the bibliotherapeutic process. This process consists of three stages—identification, catharsis, and insight. First the student identifies with a character in the story and then he experiences an emotional release of psychological tension called catharsis. Because of this release of tension and with the guidance of the counselor, the student might be able to achieve additional insights into his problem.

The authors of this article see the ideal bibliotherapist as a counselor/librarian combination and although bibliotherapy has its limitations it has potential that should be explored. Included also is a sampling of books available for bibliotherapy organized around the seven common problem areas of: delinquency, divorce, handicaps, being orphaned, death or sickness, family relationships and peer relationships. These books are coded according to reading difficulty.
Bogard, Howard M. "Bibliotherapy ---For Whom and: by Whom." AHIP Quarterly (Fall 1965):11-17.

This address was given by the author, who at the time was the Chief Psychologist at Queens Hospital Center, before the Committee on Patients Libraries. The focus of the address was on the therapeutic implications of bibliotherapy; that is, bibliotherapy as a clinical phenomenon within a psychiatric setting. Bibliotherapy, even though it has been known and referred to for many years, must still be considered to be in its infancy. Research upon which an effective program could be built is significantly lacking.

Present day psychotherapy and treatment facilities are directed more towards therapeutic utilization of the environment and away from classical, individual, long-term psychoanalytic procedures. Books, people, learning and thinking are all important aspects of everyday life and should be used in the treatment of the mentally ill. Dr. Bogard also discusses whether the bibliotherapist should be a librarian trained in clinical methods or a clinician of another discipline trained in library methods.


The author, a Clinical Professor of Medicine at the University of Minnesota, illustrates through the use of case studies how bibliotherapy can be harmful when misapplied. Dr. Briggs feels that bibliotherapy should be a joint effort of the physician, librarian-therapist and the patient. Bibliotherapy, like other forms of therapy, must be individualized. Books must be prescribed with the same care as other medications. The bibliotherapist must not only consider the disease but also the patient's ability to accept this type of therapy and to utilize it successfully in improving his condition.

Bibliotherapy, when properly indicated and prescribed and properly supervised, can be a valuable adjunct to other forms of treatment; but when improperly used it can do much more harm than good.


This article is interesting because it is the first known use of the word "bibliotherapy" in writing. The author describes the "Bibliopathic Institute -- Book Treatment by Competent Specialist" clinic of his friend, a Doctor Bagster. A dialogue between the author and Dr. Bagster explains the system of bibliotherapy used at the clinic. Dr. Bagster's feelings were that a book is going to do something for you; whether it be a stimulant, a sedative, an irritant or a soporific, and you should understand and be aware of what that something might be.

This article centers around the idea that what a child reads will help shape his self-concept. The right kind of reading may promote worthy ambitions and have a healthy result, while the wrong kind may lead to fantastic or unwholesome conceptions of reality. Bibliotherapy provides the opportunity to know one's self better, to understand human behavior and to develop interest outside the self while promoting the socialization of the individual.

Bibliotherapy should not be used on children with deep-seated emotional problems in a school situation but educators must become more aware of the kinds of books children need that will help them understand themselves and life. The child should have freedom to select those books that best fill his immediate needs. A teacher/librarian can be instrumental in increasing the child's sensitivity to what he is reading.


For the most part literature on bibliotherapy has been nonscientific, because of the broad use of the term "bibliotherapy". For the sake of the literature bibliotherapy should be defined as a program of selected activity involving reading materials which is planned, conducted and controlled under the guidance of a physician as treatment for psychiatric patients; which, if needed, uses the help of a trained librarian. Bibliotherapy should fall into three categories: books prescribed for a patient; books selected by a patient; and group discussion of books.

The author sees bibliotherapy as possibly being helpful by facilitating abreaction, projection, narcissistic gratification, verbalization, constructive thinking between interviews and reinforcement of social and cultural patterns. Bibliotherapy offers no miracle but with proper scientific study may help many patients.


The author, who at the time of the article was the clinical psychologist at the Detroit House of Correction, sees the prisons of the future as educational institutions where society will send its members who go astray, because life failed to give them the chance to grow up to be harmoniously functioning men and women. This new type of educational institution will be responsible for re-educating these individuals and make up for what society failed to accomplish earlier. The library, with a specially trained correctional librarian, would be a focal point in the whole treat-
ment organization. Psychotherapy is basically personal influence exerted by one person on another but in bibliotherapy, books are substituted for people. The author sees several advantages of bibliotherapy over psychotherapy: (1) A book can present ideas in a more orderly and organized manner; (2) One may lay aside a book or pick it up as mood and need indicate. The correctional librarian would work in closest collaboration with other members of the professional treatment personnel.


While bibliotherapy has not achieved the status of a science, because of methodological research problems, there are considerable amounts of information from research studies and anecdotal articles about the area. This article cites, without much discussion, some of these studies and articles. The authors see bibliotherapy as a potentially powerful tool to achieve emotional and behavioral change, available to the librarian, reading specialist and the classroom teacher. The fact that reading materials stand as the most common way of transmitting and acquiring knowledge and that bibliotherapy is one of the few systematic methods to deal with attitudinal change assures the future importance and significance of some type of bibliotherapeutic technique.


Bibliotherapy is discussed as a teaching technique that is readily adaptable to the elementary classroom. The bibliotherapeutic process---identification, catharsis and insight---is discussed along with procedures and who will best benefit from bibliotherapy.

Problems in human relations have been the focus of bibliotherapy but other areas, such as attitudes toward occupational information need to be explored. The idea that specific attention directed to the developmental and personal needs of a child through models in literature and follow-up activities could do little harm is presented throughout the article.


The author views bibliotherapy as having tremendous potential as therapeutic treatment in a clinical situation. Even though bibliotherapy is lacking in several areas that keep it from becoming a scientific procedure---there are no standardized techniques; no special data from investigations and experimentation; not
even an adequate theory of bibliotherapy, librarians should work for the establishment of bibliotherapy as an important part of a patient's treatment. A specially trained librarian, by representing the non-institutional world, quite possibly would be seen by the patient as a non-threatening figure and be able to establish a closer relationship.

Bibliotherapy should not just include prescribed reading and discussion groups, but employment of patients in the library, reading aloud, play reading and developing a relationship between patient and the therapist are all valid aspects.


The author discusses the "educational therapy" program at the Adolescent Unit School of John Umstead Hospital in Butner, North Carolina. This program of therapy is directed toward appropriate expression of emotions and needs. The "drug" used to turn on these students is the self-expanding drug of communication using the channels of pleasurable and competent reading, writing and verbal skills. The staff strives to extend to these disturbed adolescents a convincing invitation to "turn on" to their problems through literature, "tune in" to realistic solutions for them and "drop in" to class to benefit from educational therapy. This program is called "educational therapy" instead of bibliotherapy and is based on Daniel Fader's program for getting teenagers "hooked on books". (Fader, Daniel. Hooked On Books. New York: Berkley, 1968).


The author feels even though most of the positive evidence for bibliotherapy comes from case studies instead of experimental evidence that there is a place for such a program in elementary schools. The aim of bibliotherapy is to modify children's attitudes in desirable directions and to help produce a higher degree of social and personal adjustment. The thought is that literature can help children try life on for size.

Included also are ideas on how to put a program of bibliotherapy into practice and criteria for selecting materials from children's literature.
This article explains and traces the history of bibliotherapy, which is not a radical new Americanism but has its roots in ancient history, probably born in religious endeavor as priests were required to become scholars and find inner peace through reading religious writings. Therapeutic reading probably started in America by religious groups supplying hospitals with Bibles and other religious literature. World War I and later World War II furthered the interest in therapeutic reading when the Veterans Administration recognized the value in providing hospital libraries for recovering soldiers. The McLean Hospital for the mentally ill and the Menninger Clinic promoted the medical and psychiatric involvement with bibliotherapy.

Even with the aid of the psychic disciplines, bibliotherapy remains more of an art than a science. Bibliotherapy seems to have wide acceptance on a theoretical basis but has not been scientifically established.


After giving a brief definition of bibliotherapy and the three stages of the bibliotherapeutic process (identification, catharsis, insight) the authors summarize with ten principles that they believe have evolved from the use of bibliotherapy. Included also is a short annotated bibliography of books appropriate for use with high school students and their parents in the three common areas of (1) Home and family living; (2) Peer Relationships; (3) Ethnic and Socio-Cultural Relationships.

This is an introductory article and interested readers are directed to the book by the authors, Principles and Practices of Bibliotherapy: A Resource Book for Teachers and Counselors. (Stipes, 1968).


This article reviews significant psychological theories relevant to the development of self-concept through identification; presents a rationale for the use of bibliotherapy in this process; and suggests some possible bibliotherapeutic procedures to be used by teachers of minority groups --- Negro, Puerto Rican, Mexican and Cuban.

Bibliotherapy is seen as an effective medium through which the dual goals of the development of a positive self-concept and increased literary involvement and interpretation are realized.

A brief history of bibliotherapy is given and then the objectives of bibliotherapy, as well as the necessary training of the bibliotherapist, are discussed.

The author feels despite some limitations and confusion in the literature there is sufficient evidence to support the view in favor of the therapeutic value of carefully selected reading. Individual librarians should acquaint themselves with the literature and methods of bibliotherapy and library schools should take a more active interest and institute courses, seminars, workshops and clinical experiences in that area.

Hospitals, mental and correctional institutions, as well as schools, should provide bibliotherapeutic programs, making use of people trained in bibliotherapy and bibliocounseling.


This article takes a look at classroom bibliotherapy dealing with the common problems of the adolescent. The author feels the classroom teacher will know the student better than the librarian and, therefore, perhaps do a better job of getting the right book to the right child.

The whole genre of adolescent fiction is waiting for more teachers to become familiar with it and to be used in problem-solving situations. A bibliography of problem-solving teen-age novels is included covering such problems as adoption, divorce, handicaps and family and peer relationships.


Dr. Witty examines reading as a means of satisfying developmental needs. He surveys recent thought on the subject of bibliotherapy. Dr. Witty believes caution should be exercised in using the word "bibliotherapy" but that reading instruction in the schools will become more beneficial when increased efforts are made to associate reading with interest and needs. Selection of books to meet specific or general needs will not be simple; teachers must work closely with librarians and also encourage pupils to employ self-selection in fulfilling their own special interest and needs.
Books:


This book attempts to bring together in a single volume a synthesis of opinions, developmental steps, basic considerations and techniques of the science and art of bibliotherapy. It is an overview of bibliotherapy that also includes the history, changing status and the practical applications of bibliotherapy. This book is designed for the non-technical worker, such as counselors, parole officers, social case workers, teachers and librarians, and officials at correctional institutions or nursing homes. It is a good introduction to the field of bibliotherapy but is not laden with psychiatric and other medical terminology. Each chapter contains a bibliography of articles pertaining to the area covered in that particular chapter.


This annotated book develops six themes on social and psychological problems: how it feels to grow up; the individual and the group; personal values; feelings at home; living and adjusting to change; and living as free people. Each theme or "ladder" is divided into maturity levels: primary, intermediate, senior and mature. Guides for use of reading material are included.


This book attempts to show the reader how to read for self-insight and social understanding and how to make serious reading fun. Included also are chapters for the student and teacher in the social sciences citing sources which are useful in finding literary material that explores sociological and psychological concepts and problems.

A master index to major sociological and psychological concepts which bear upon adult personality and family related problems is included. Under these concepts are listed more than 1,750 novels, dramas and other literary items. Subheadings are used to help the reader, who wishes to read for a particular purpose, select a novel, drama, or short story which comes nearest to being like some problem which he is experiencing and would like to solve or understand better.
Dissertation:


The purpose of this study was to test the group book discussion form of bibliotherapy as an effective method for changing and improving the attitudes of adult inmates in correctional institutions. Conclusions were that bibliotherapy may be a helpful aid to the correctional program for improving attitudes related to behavioral concepts for all categories of inmates, and that bibliotherapy may be effectively carried out by librarians when working with small groups of inmates.

Journals:


This entire issue of Library Trends is devoted to presenting the basic issues, facets and limitations of bibliotherapy and to surveying the current trends, possibilities and other areas to be explored. It includes papers from the fields of nursing, occupational therapy, psychology and psychiatry, as well as articles by leading librarians in the hospital and medical fields.

Even though over ten years old, this issue of Library Trends is a good introduction to the various aspects of bibliotherapy.

Association of Hospital and Institutional Libraries Quarterly IV no. 4 (Summer 1964).

This entire issue is devoted to the proceedings of the ALA Bibliotherapy Workshop held in St. Louis in June, 1964. The twelve position papers presented at the workshop along with the highlights of the discussion sessions are given. Representatives from the fields of psychiatry, social work, nursing, occupational therapy, psychology and library science are included in the position papers. The proceedings stress the point of the lack of research in the field of bibliotherapy.

Pamphlets and Studies:


This bibliography is an updated copy of the booklist prepared for use in the workshop, Helping Children Through Books, that was
held at the 1973 Annual Conference of the Church and Synagogue Library Association. The workshop developed the point that a trained bibliotherapist is needed to deal with a seriously troubled child and the world of books. However, parents, teachers and librarians can help children with minor problems through the use of books. This is a selected list of books with many well-known worthwhile books excluded so that lesser-known books of the 70's could be included. The books on this list are briefly annotated and are grouped according to problem topics and ages.


The purpose of this study, supported by the Cooperative Research Program of the Office of Education, U.S. Department of Health, Education, and Welfare, was to determine the extent to which a planned program of reading could influence the behavior of a selected group of adolescents.

General conclusions were that significant desirable personality changes were evidenced on the part of the experimental group over the control group. Although measurable change in problem reduction was evidenced, the reduction was not statistically significant.

Data relative to truancy and disciplinary problems were gathered through the use of the Haggerty-Olson Wickman Behavior Rating Schedule but since the investigators felt the application had been biased and subject to the Hawthorne Effect no conclusions were drawn. Included also is a bibliography of the books used with the adolescents during the study.
Bibliotherapeutic Books for Children and Adolescents
Bibliographies of Bibliotherapeutic Books:


Selected Sample of Books Used in Bibliotherapy for Children

P-Primary  I-Intermediate  J-Junior
Grades: K-3  Grades: 4-7  Grades: 8-12

I. Ethnic Groups:

A. Black American:
- Vroman, Mary E. *Harlem Summer*. G.P. Putnam's Sons, 1967. (J)

B. Chinese and Japanese American:
C. Indian:
Issler, Anne Roller. *Young Red Flicker*. McKay, 1968. (J)

D. Mexican-American:

E. Puerto Ricans:
Sonneborn, Ruth. *Friday Night is Papa Night*. Viking, 1970. (P)
II. Family Relations:


Blume, Judy. It's Not the End of the World. (I) (divorce)

Reilly & Lee, 1969. (P) (middle child)


The Summer of the Swans. Viking, 1970. (J)


Corbin, William. Smoke. Coward, McCann & Geoghegan, 1967. (J)

(Dar.inger, Helen. Stepsister Sally. Harcourt, Brace & World, 1952. (I)


(differences between adolescent and family values)


(living with a stern aunt after mother's death)


(divorce)

Taylor, Sydney. All-of-a-Kind Family. Follett, 1951. (I)

(poor but happy family)


(P) (no father)


(boy wants doll)
III. Peer Relationships:

Freeman, Don. *Corduroy*. Viking, 1968. (P)
Konigsburg, E.L. *Jennifer, Hecate, Macbeth, William McKinley, And Me, Elizabeth*. Atheneum, 1967. (I)

IV. Special Areas of Concern:

A. Accepting Oneself --- Appearance, Physical Handicaps, Etc.


B. Adopted:

Hartwell, N. *Who Was Sylvia?*. Berkley (paperback) (J)

C. Adjusting To Change:

D. Broken Home:


E. Death:

Arnothy, Christine. *I Am Fifteen ---And I Don't Want to Die.* Scholastic, 1956. (J)


Lippincott, 1969. (J)


Stolz, Mary S. *By the Highway Home.* Harper & Row, 1971. (J)

Zim, Herbert and Bleeker, Sonia. *Life and Death.* Morrow, 1970. (I)

F. Lacking Confidence:


Dujardin, R. *Double Date.* Berkley (paperback) (J)

Sutcliff, Rosemary. *The Shield Ring.* Dell (paperback) (J)

G. Overcoming Fear:

Brown, Myra B. *Benjy's Blanket.* Watts, 1962. (P)


H. Plumpness:
Cavanna, Betty. *Stars in Her Eyes*. Berkley (paperback) (I) (J)
Stolz, Mary. *In a Mirror*. Dell (paperback) (I) (J)

I. Poverty:
Vroman, M.E. *Harlem Summer*. Berkley (paperback) (I) (J)
Shotwell, L.R. *Roosevelt Grady*. Tempo (paperback)

J. Positive Self-Image:

K. Recognizing One's Abilities and Limitations:
Kraus, Robert. *Leo the Late Bloomer*. Windmill, 1971. (P)
Mann, Peggy. *The Street of the Flower Boxes*. Coward, McCann & Geoghegan, (I)

L. Religion:
Graham, Lorentz. *David He No Fear*. Crowell, 1971. (P)