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Bibliotherapy : background, application and research

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Bibliotherapy : background, application and research

Abstract

This paper examines bibliotherapy in several aspects. Bibliotherapy is using books to help with client's problems or for developmental adjustment and growth. Bibliotherapy has a long history, dating back to early man. However, it was not until this century that scholars began studying it further. In 1949, the process of bibliotherapy was developed which is discussed in this paper. Research support for bibliotherapy has been mixed and speculation as to why is also discussed. There are many limitations of bibliotherapy which are important to consider if a therapist is interested in bibliotherapy. This paper allows the critics of bibliotherapy to discuss its limitations. Lastly, this paper looks at how a school psychologist or school counselor might use bibliotherapy in their practice.

Bibliotherapy: Background, Application and Research

By:

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**Submitted in Partial Fulfillment
of the degree**

**Masters of Arts in Education
General Educational Psychology**

**University of Northern Iowa
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This Research Paper by: **Carla Marie Eich**

Entitled: **Bibliotherapy: Background, Application and Research**

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research paper requirement for the Degree of

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Abstract

This paper examines bibliotherapy in several aspects. Bibliotherapy is using books to help with client's problems or for developmental adjustment and growth. Bibliotherapy has a long history, dating back to early man. However, it was not until this century that scholars began studying it further. In 1949, the process of bibliotherapy was developed which is discussed in this paper. Research support for bibliotherapy has been mixed and speculation as to why is also discussed. There are many limitations of bibliotherapy which are important to consider if a therapist is interested in bibliotherapy. This paper allows the critics of bibliotherapy to discuss its limitations. Lastly, this paper looks at how a school psychologist or school counselor might use bibliotherapy in their practice.

Introduction

Merging the fields of education and psychology, bibliotherapy offers an opportunity to professionals in both fields. Bibliotherapy in its broadest sense consists of suggesting a carefully selected book to a person who is experiencing a situation similar to the characters in the suggested book. The book may offer solutions to the problem or just provide the person with the comfort that they are not alone in their feelings.

This paper examines the background, application and research on bibliotherapy and consists of six chapters. The first chapter provides a general overview, focusing on the definition of bibliotherapy, purposes and the theoretical foundation. Chapter two provides the historical background. Both bibliotherapy and a background on children's literature are provided. The third chapter entitled, "Best Practices/Applications" speaks on several key areas. The principles of use are discussed first. Settings and clients for bibliotherapy, book selection, and the process and implementation are all covered in chapter three. Research support and research studies are the focus of chapter four. This is followed by the chapter on limitations and ethical considerations. Finally, chapter six gives special attention to how school psychologists and other school personnel may employ bibliotherapy into their practices.

Chapter I

Overview of Bibliotherapy

Definition of Bibliotherapy

Bibliotherapy has a rather elusive definition. On the surface level, it is easy to know what it basically is. Bibliotherapy combines two Greek words, *biblio* meaning book and *therapeio*, meaning healing. However, academics studying bibliotherapy have been trying to agree on the exact definition. The most widely accepted definition, reported in the literature, is Caroline Shrodes's definition. In her classic, 1949, dissertation, she defined bibliotherapy as a "process of dynamic interactions between the personality of the reader and literature as a psychological field which may be utilized for personality assessment, adjustment and growth" (32). Using this definition, she explained the dynamic process of bibliotherapy which is still present in the literature today. Other clearer definitions also prevail. Webster's dictionary defines bibliotherapy as, "the use of selected reading materials as therapeutic adjuvants in medicine and in psychiatry; guidance in the solution of personal problems through directed reading" (Babock, 1961, p. 212). This definition makes it clear that bibliotherapy is an adjectival therapy and should not necessarily be considered useful on its own. Another definition provided by Cornett and Cornett, (1980) reduces bibliotherapy to "getting the right book to the right child at the right time about the right problem (9)." However, bibliotherapy is a bit more complex than this definition. Cornett and Cornett (1980) provide another definition of bibliotherapy saying it is "psychology through literature-reading that is used to solve or prevent problems." This definition comes with two assumptions, first that a need is unmet and secondly that the reader will personally identify with the character in the book used.

Another way to look at how bibliotherapy is defined is by looking at what bibliotherapy is not. It does not cure deep psychological neuroses, it is not a substitute for

long-term counseling and it is not just a casual book recommendation made to a friend or acquaintance (Cornett and Cornett, 1980).

To help further clarify what bibliotherapy is, Rubin (1978) identified three general categories of bibliotherapy. She named them institutional, clinical and developmental bibliotherapy. Institutional bibliotherapy is mostly informative literature to educate, such as a patient in the hospital learning about their illness or possible treatments. Clinical bibliotherapy is using imaginative literature for the goal of changing behavior or having insight into their behavior. Lastly, developmental bibliotherapy is either imaginative or informative literature used to promote normal development and maintain mental health.

Taking these three categories further, the literature has grappled with whether bibliotherapy is defined as a science or as an art. The science of bibliotherapy is basically the prescription of reading for treating medical problems. This would be Rubin's institutional category. This view requires several key factors. First, the medical professional must analyze the needs of the patient and have excellent rapport with the hospital librarian. The librarian must have rapport with the patient and have a large selection of books and other reading materials (Brown, 1975). The science of bibliotherapy was what started the trend toward using books with patients. According to Pardeck (1998), the informational purposes of bibliotherapy can be helpful for patients who are experiencing clinical problems that are unfamiliar to them. This literature may help them change things in their lives.

The art of bibliotherapy is when a professional uses a book to help their client or patient solve a problem. This requires a person knowledgeable about books, a large collection of books and good rapport between the counselor and client (Brown, 1975). This is the type of bibliotherapy that most professionals are familiar with using. Rubin (1978) placed this in the clinical category of bibliotherapy.

A third area that bibliotherapy has moved into, is using books for preventative aspects. This is the developmental category from Rubin (1978). Anticipating

developmental milestones or problems and using a book to make that transition go smoothly is the hallmark for preventative bibliotherapy (Cornett and Cornett, 1980). This type of bibliotherapy is very useful in the schools.

For the purposes of this paper bibliotherapy will be described in two senses, as an art or the clinical uses and in the preventative or developmental sense especially when dealing with young children. The definition of bibliotherapy for this paper combines two current definitions, for problem-solving and developmental purposes. As noted earlier, Webster's third dictionary said it was the "guidance in the solution of personal problems through directed reading," (Babock, 1961, p.212) and Pardeck and Pardeck (1986) add that it is the use of literature to help children with developmental changes, growth and adjustment. This definition focuses on both using it to solve problems and for developmental purposes.

Purposes of Bibliotherapy

The literature has identified numerous objectives for bibliotherapy when it is used properly. These objectives or purposes provide some insight into why bibliotherapy can be such a powerful tool in a therapeutic settings. It has been noted that one objective for bibliotherapy is that will allow clients to think and reflect between sessions and analyze their own behaviors. Overall, bibliotherapy helps with adjustment of personal and social values along with developing empathy (Zaccaria, Moses and Hollowell, 1978).

These two sets of objectives overlap a little but together they provide a rather complete picture of what bibliotherapy can provide for a patient or client. On a specific level, Rubin (1978) shared nine objectives of bibliotherapy:

1. Show the reader they are not alone
2. Show possible solutions to the problems
3. Help the reader see the motivations of people in particular situations
4. Help to see the values in human experiences
5. Change attitudes or values

6. Encourage the reader to face their situation realistically
7. Provide tools to more freely discuss uncomfortable topics
8. Provide facts and information needed for solutions
9. Relaxation and diversion

Lindeman and Kling (1968) provide another set of objectives for bibliotherapy,

“(a) information and instruction; (b) courage to enter therapy by reading about it; (c) the opportunity to discuss a situation in a book rather than the situation as it applies to himself; (d) greater insight into problems; (e) the acquisition of language and ideas with which to communicate his problems; (f) the opportunity for him to focus attention outside of himself; (g) skills in socialization; and (h) relaxation and diversion (p. 37).”

Zaccaria et al (1978) cited unique and useful objectives or goals for children engaged in bibliotherapy. Through its use, bibliotherapy with children can increase understanding of self and others, make children feel competent and achievement-oriented, provide a feeling of belonging, provide an escape and help form ethical values. Bibliotherapy with children can also stimulate adult/child discussion of significant topics, encourage the child to make connections between school experiences and daily life and legitimize the child’s emotional responses to situations (Jalongo, 1983).

Watson (1980) adds to this by providing a rationale for bibliotherapy in the schools,

“A counselor may effectively involve the child with an emotional and psychological attachment to a literary character. The child can then participate vicariously in incidents that are developed in a well-written story. These vicarious experiences... may arouse psychological processes. The child may gain new insights into personal problems and may even find a solution (p.205).”

These objectives and the rationale are important because they show that bibliotherapy can be an effective tool in both the schools and for use in counseling adults.

Theoretical Foundation

The primary theoretical basis for bibliotherapy lies within psychoanalytic theory. Freud believed that through identification we come to understand people who are similar to oneself. This is an unconscious process that inadvertently helps us to understand ourselves. Shrodes (1949), believes that “bibliotherapy is grounded on the theory that there is an integral relationship between the dynamics of the personality and the dynamics of the aesthetic experience (323).” The aesthetic experience she is referring to is literature. The processes she identified is similar to the events that take place during long term psychoanalytic therapy. There are four concepts that Caroline Shrodes (1949) identified in her dissertation that together make up the process of bibliotherapy. These concepts are identification, projection, catharsis, and insight. This orientation has been widely accepted in the literature as the foundation and process of bibliotherapy (Rubin, 1978; Zaccaria, Moses, and Hollowell, 1978; Cornett and Cornett, 1980; Pardeck and Pardeck, 1986; Cianciolo, 1965). To illustrate this new conceptualization, Shrodes included a case study of “Elsa” and how she moved through each of these stages over the course of bibliotherapy.

Identification and projection is when the client transfers his/her own needs on to the character or to the author of the book in bibliotherapy. Identification is the feelings the person has toward the character, whether he/she agrees or disagrees with the opinions and choices of the character. It may be a real or an imagined affiliation toward the character. With identification, clients often become concerned about the character’s fate and they take pleasure in the fact that they are like that character. Projection is a similar concept but with more emphasis on the interpretation of the relationships between the character and their motives. Shrodes (1949) supported this with an example from her case, “...in the manner in which her own life experiences interacts...in the process of identification and projection she transfers her own needs, loves, hates and hopes to the characters or to the author (253).”

Catharsis is a release of feelings or an abreaction of feelings. There is a definite evidence of emotions such as guilt, sadness or anxiety. Memories of the client may be stirred; there may be transference and feelings of aggression toward the character (Shrodes, 1949).

Insight can be both direct and indirect. It is defined as an emotional awareness of one's own motives and emotions and often is a result of catharsis. It is a sort of self-recognition and a recognition of others through understanding, tolerance and acceptance. Through insight a client incorporates and integrates new values and goals (Shrodes, 1949). This was supported with the case when "...Elsa's responses suggest that the literature has become sufficiently effective as a catalyst to effect a re-structuring of the psychological field and hence a change in her cognition of reality (255)."

With preventative bibliotherapy, Pardeck and Pardeck (1986) offer a different theoretical perspective. Piaget's developmental stages come in to use because it is important to understand the developmental needs of the child. These developmental stages include the sensorimotor stage, preoperational stage, concrete operational stage and formal operations. Books focusing on the child's developmental stages, such as dressing by oneself or toileting are particular examples. Knowing a child's cognitive abilities, and psychosocial crises helps book selection become easier for bibliotherapy.

Kohlberg's theory of moral development (1984), also provides a theoretical background for preventative bibliotherapy. The theory states that children move through three stages of moral development. The first stage is the preconventional level from ages zero to seven. At this level, children respond to immediate consequences to their actions. Their actions are either good or bad based on the consequence. In books, the child looks for whether the character's actions are good or bad. At the conventional level, the second stage, years seven to eleven, children value family and societal norms. They seek to be normal and like their friends. They respect authority. Books can reflect this by showing children what is acceptable and how to follow the rules. The final level, is the post

conventional stage, where an individual can make rational and independent judgments. Books can help the reader along by pointing out the proper ways to make decisions and solve problems (Russell, 1997).

These theoretical orientations all offer a foundation for bibliotherapy. Psychoanalytic and developmental thinking can help make clear the process of bibliotherapy and provide it a scientific framework.

Chapter II

History of Bibliotherapy and Children's Literature

The roots of bibliotherapy began very early. In the stories told around campfires, primitive man learned to see their problems from another perspective (Cornett and Cornett, 1980). Early Greeks had an inscription over their library entrance, that when translated meant, "Healing Place for the Soul" or "Medicine for the Soul" (Brown, 1975; Rubin, 1978; Zaccaria et al, 1978). The early Greek legends brought feelings of joy, pity and fear which was supposed to produce healing effects (Zaccaria et al, 1978). The early Romans also saw value in books, especially when dealing with their mentally disturbed population (Brown, 1975). Aristotle used reading to heal his emotions and his student's emotions (Cornett and Cornett, 1980). In 1272 the Koran was part of medical treatment in Cairo, Egypt (Rubin, 1978). The medieval Abby library of St. Gall in Switzerland has the inscription "Medicine Chest for the Soul," (Cornett and Cornett, 1980, p 11). All of these examples show that bibliotherapy has a deep history and that even in the early centuries humans saw the use in books for healing what ailed them.

The use of books in therapy became more evident in the 1900's in Europe. Books were used for psychotherapy and were seen only as secondary in efficacy to outdoor exercise. By the eighteenth century, in Europe, most mental hospitals included a library. America was farther behind, not implementing libraries in their mental hospitals until the middle of the nineteenth century. This addition of libraries was a result of the advocacy of

Pinal in France, Chiarugi in Italy and Tuke in England for the more humane treatment of mental patients. The standard literature in a mental hospital's library included history books, biographies, travel books and the standard fiction (Brown, 1975).

Dr. Benjamin Rush is said to be an early pioneer for the bibliotherapy we have today. He said that "when there is no relish for the simple and interesting stories contained in the Bible, the reading of novels should be recommended to our patients (Brown, 1975, p.13)." In 1850, some basic criteria for book selection was established. In 1853, John Minson Galt wrote in his book, The Treatment of Insanity, and in an essay entitled, "Reading, Recreation and Amusements for the Insane" about how to develop a mental health library for the treatment of mental patients. This was the first book of its kind that gave an overall view of bibliotherapy use. (Brown, 1975).

In August of 1916, Samuel McChord Crothers coined the actual term "bibliotherapy" in an article he wrote for the Atlantic Monthly (Brown, 1975). This term has been used ever since then. The term came after Samuel Crothers read several case histories of his friend, Bagster, using bibliotherapy. He called his friend's clinic the "Bibliopathic Institute." His friend 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" (Beatty, 1962, p. 106). This sentiment is still around many years later.

During W.W.I. the use of bibliotherapy increased. The American Red Cross added libraries to many of the army hospitals. At the end of the war, the United States Veterans Bureau became in charge of these hospitals and so a large amount of bibliotherapy research and literature was provided from the Veteran's Administration (Rubin, 1978). Sadie Peterson Delaney is also said to be a pioneer of bibliotherapy research and use. She was the chief librarian at the U.S. Veteran's Administration Hospital in Tuskegee, Alabama. She provided bibliotherapy to physically and mentally disabled African-Americans and developed the art of bibliotherapy. She built up the hospital's

library and circulation. She felt that these W.W.I. patients needed assistance because they had been exposed to the horrors of war and she wanted to help them return to a “normal” life. Her ideas have reached worldwide recognition, she has trained others to use bibliotherapy and has written several brief and anecdotal articles about her practice of bibliotherapy (Gubert, 1993).

Much of the beginning research and experimental studies on bibliotherapy are a result of the work of Karl and William Menninger. The brothers were strong proponents of bibliotherapy and implemented it in their clinic. Dr. Karl Menninger read his paper on bibliotherapy before the American Psychiatric Association and talked about the improvements in their patients from bibliotherapy. By that time, it was already used for five years at the Menninger clinic in Topeka, Kansas (Brown, 1975).

In 1939, Alice Bryan asked if there could be a science of bibliotherapy. She believed with a more precise definition and more studies, a science of bibliotherapy could emerge. This need for a scientific framework was answered by Caroline Shrodes' doctoral dissertations, Bibliotherapy: A Theoretical and Clinical-Experimental Study in 1949 (Brown, 1975; Beatty, 1962).

Throughout the 1950's bibliotherapy was still in its experimental stages. Ruth Tews, the hospital librarian at the Mayo clinic, wrote several articles on bibliotherapy's use after observing and participating in bibliotherapy at the Mayo clinic working with several leading physicians. By 1964, the first national bibliotherapy workshop was held. It was sponsored by the American Library Association and funded by the National Institute of Mental Health (Rubin, 1978). Since then there has been numerous research articles, theses, and dissertations to help further progress knowledge about bibliotherapy.

History of Children's Literature

In order to fully understand the history and development of bibliotherapeutic books, especially for children, the following history is offered.

The earliest stories, of course, dated back to the oral traditions. Those oral tales were told around campfires. Storytellers passed these stories along from generation to generation. The earliest stories were classical myths such as Homer's Illiad and Odyssey and Virgil's Aeneid. These imaginative stories were popular for many centuries and are still popular today (Russell, 1997).

In the Middle Ages, education was still reserved for the upper echelon of society. There were very few books to read, because they all had to be handwritten. Children still enjoyed listening to the classics and medieval epics such as Beowulf. Stories of adventure and romance grew increasingly in popularity with Robin Hood and King Arthur which both started out as oral traditions. By the thirteenth century fables with animals and morals attached emerged in Europe (Russell, 1997).

The European Renaissance brought about the printing press invented by Guttenberg in the fifteenth century. In 1483, the Fables of Aesop, was a popular book printed in England. John Comenius's book Orbis Sensualium Pictus was the earliest children's picture book printed in 1658. This was basically a Latin vocabulary book. By the sixteenth century, English children were enjoying works by Daniel Defoe (Robinson Crusoe) and Jonathan Swift (Gulliver's Travels) (Russell, 1997).

By the eighteenth and nineteenth century publishing of children's books became more common. John Newberry was one of the first to publish children's books. Jean Jacques Rousseau emphasized the use of books for moral development and using books to teach how to be a good human being (Russell, 1997). Some of the first American school books, such as the New England Primer and McGuffey Reader were not only used to teach students to read but also to develop character, positive values and improve adjustment (Pardeck and Pardeck, 1985). About this time folktales also emerged. Stories like Cinderella, Sleeping Beauty, and Little Red Riding Hood became popular favorites. Grimm's fairy tales and Hans Christian Anderson added to the repertoire of children's

literature. In 1865, Lewis Carroll wrote and published Alice in Wonderland, which was of the first books for children that was strictly for enjoyment purposes (Russell, 1997).

By the twentieth century, publishers, readers and writers appreciate the quality of books by awarding Newberry honors or Caldecott awards in America. These books are merited for their outstanding story or remarkable illustrations respectively. Russell (1997) believes that “the best writers are fully cognizant of human behavior. They are keenly aware of the problems, fears, hopes, and dreams of children as they move through childhood” (p.29).

Chapter III

Best Practices and Applications

In order to practice and use bibliotherapy, a professional needs to know the basic principles of bibliotherapy use, the setting and clients it is typically used with, how to select books and the cognitive processes the client goes through. Each of these are addressed at length in this chapter. The final section in this chapter speaks to implementation.

Principles of Use

Zaccaria et al, (1978) offered twelve principles that lay the foundation of bibliotherapy use. These principles are important to consider when doing bibliotherapy because they help the process run smoothly. The twelve principles and explanations of them follow.

Principle #1 “Understand the nature and dynamics of bibliotherapy and incorporate the theoretical aspects of bibliotherapy into a functional theory (89).” This principle states that the therapist much have working knowledge of research and theory in order to conduct bibliotherapy effectively.

Principle #2 “Possess at least a general familiarity with the literature which the student will use (90).” The therapist needs knowledge of the student's age, gender, problem (whether it is developmental or remedial), reading level, past experiences and reading preferences. Also within the literature, the therapist should consider the genre, the reading difficulty, the characters in the book, the length of the book and the overall general appropriateness.

Principle #3 “Bibliotherapeutic reading can be encouraged and facilitated through the use of prompting techniques (91).” In a classroom, having suggested book lists or attractive book displays may help encourage reading of therapeutic books.

Principle #4 “Readiness is an important factor to be kept in mind when utilizing bibliotherapeutic techniques (91).” The therapist and client need to think about the problem and establish a good relationship with one another before bibliotherapeutic techniques should be implemented.

Principle #5 “Books should be suggested rather than prescribed (92).” The therapist should suggest several different titles that may be helpful and the client should have the ultimate choice of which books he or she would like to read.

Principle #6 “In general, reading materials that are concise and to the point are more preferable to lengthy pieces of literature (93).” With shorter readings, it is more likely that the client will be able to accomplish the reading and the therapist will be able to pinpoint the main idea to the client easier if it is a shorter segment. Sometimes reading a few chapters in a book instead of the entire book is appropriate.

Principle #7 “The practitioner should be sensitive to physical handicaps of the individual which may dictate the necessity of using special reading materials (94).” For example, considerations such as largeness of type and darkness of print are important for those with sight difficulties.

Principle #8 “Bibliotherapy appears to be most effective with individuals of average and above-average reading ability (95).” The rationale for this principle is that

individuals with high levels of reading ability are very comfortable with reading books. They also have the ability to take the reading to a higher level. It is important to note however, that bibliotherapy has been shown to be successful with low readers too (Lenkowsky, Barowsky, Dayboch, Puccio and Lenkowsky, 1987).

Principle #9 “Several personality characteristics of the individual should be considered in the selection of materials to be read (95).” Factors such as the individual’s age, reading ability and reading preferences should be considered. Also, whether the problem is developmental or situational in nature could be helpful in book selection.

Principle #10 “The reading of the literature by the individual should be accompanied and/or followed up by discussion and/or counseling (96).” The impact of bibliotherapy is enhanced with a follow-up discussion. Discussion helps to reorganize the reader’s thought patterns. In a discussion the focus can be on the reaction to the reading, whether the reader agrees or disagrees with the character’s decisions, what insights the reader gained from the reading and the meaning of the reading to the individual.

Principle #11 “Bibliotherapy is an adjunct to other types of helping relationships rather than an alternative or independent form of therapy (97).” Bibliotherapy can be a helpful adjunct to classroom procedures or to counseling. Bibliotherapy alone is not often extremely effective in the long-term.

Principle #12 “Although bibliotherapy is a useful technique, it is not a panacea (97).” Teachers and counselors agree on its usefulness and some research concurs but clients can still rationalize away their problems or try to avoid them completely. Bibliotherapy cannot help all individuals.

These twelve principles relate to professionals how to vaguely perform bibliotherapy. They also point out the possible weaknesses. The principles focus on how to how to make it work, but bibliotherapy serves a wide population as the next section describes.

Setting and Clients

Although bibliotherapy is a relatively new discipline, it has already been implemented in a variety of settings with a diverse group of clients. Medical hospitals, mental hospitals, correctional institutions, nursing homes, and educational settings have all used bibliotherapy to gain some success in their clientele. This section will speak to the unique needs present in each setting that bibliotherapy has been used.

Bibliotherapy began in medical hospitals and when teachers and librarians picked it up, it became more mainstreamed. However, all early development of what we now recognize as bibliotherapy is accredited to hospitals, particularly Veteran's Administration Hospitals. They had many short-term patients and when implementing bibliotherapy their focus was on recreational reading, externalization and education. For their longer-term patients who might have been chronically ill, the readings focused more on self-acceptance, insight and dealing with death issues (Rubin, 1978). In other hospitals, bibliotherapy was used similarly, to provide insight and to develop introspective thinking. Still others found group readings and discussion especially with the disabled and handicapped beneficial. In a cohesive group like that, group members can understand each others frustrations and experiences while seeing how others in the group have coped and overcome their obstacles (Brown, 1975). Pardeck (1998) believes that group settings of bibliotherapy enhance communication, enhance learning, provide insight, allow for expression, and helps others stay focused. He believes that self-esteem can improve and new coping behaviors may emerge as a result of group bibliotherapy work.

For children in a medical hospital, bibliotherapy can help ease fears. Often they have a sense of abandonment because they are all alone or they have irrational fears about being in a hospital. Educational books about what is happening to them may help to alleviate these fears, if the correct book is picked. The book could talk about the work of doctors and nurses and how they work together to make the child feel healthy again

(Brown, 1975). Titles such as Doctors and Nurses, What do they do? (Green, 1963) and A Visit to the Hospital (Chase, 1958) are appropriate books for children on this topic.

Mental hospitals do bibliotherapy for many of the same reasons as medical hospitals, for the purposes of gaining insight or for recreation. A unique aspect of bibliotherapy in mental health settings is that many books are censored because of their nature (Rubin, 1978). Sometimes the wrong book may be damaging and not therapeutic at all. Book selection is key in this setting. Group sessions are also important especially for patients who are depressed, apathetic and withdrawn (Brown, 1975). A common book to talk about may draw out those patients.

Bibliotherapy in correctional institutions is, unfortunately, plagued with many problems. In group sessions, residents do not feel they can speak freely because they think it could be used against them later such as in a parole hearing. The session may also be stilted, because of attempts to please the therapist. There are a number of security risks when instituting bibliotherapy. There is a new therapist to be concerned about and residents are in a group meeting where there are no guards present. The content to certain books can be considered a threat to security. Another problem is that in many institutions there is no library at all or only a few books that have passed the censorship parameters. Even with all these problems, correctional institutions have found some utility for bibliotherapy. It has been found that residents in correctional institutions enjoy discussing something new and basically enjoy any social activity. A therapist would have a "captive" audience and the residents have ample time to reflect on their reading. Since there is often such hostility and anti-social attitudes, bibliotherapy can help that be expressed. Administrators of these institutions like it because it brings out the rehabilitation aspect that should be present in such a facility (Rubin, 1978). On a similar note, working with delinquent adolescents can be just as challenging. Often, they have low academic skills, severe emotional and behavioral problems and difficulty in socializing with others. The first obstacle to overcome is their frustration with reading because they often have been

unsuccessful in the past with reading. Books with socially-minded themes might interest these young adolescents (Brown, 1975 and Rubin, 1978).

Nursing homes have also used bibliotherapy. In nursing homes, the patients frequently need to be read to because they often have poor eyesight resulting in making it difficult to read. Also, they are lonely and if someone is there to read to them that can alleviate their loneliness. Reading interests in nursing homes might include local history, religious material, and books about faraway places. The men also enjoy westerns and women enjoy light romances (Brown, 1975).

Since the 1940's, educators have been using bibliotherapy in schools. There are some unique advantages to doing bibliotherapy there. First of all, the students are already in an environment conducive to reading and verbalization. Second, the student or group of students could meet with the therapist as many as five times per week if necessary. Third, the therapist can observe the student(s) in other interactions which may be helpful. Fourth, the therapist would have access to the teacher and possibly to school records if they so needed. Last, a library/media center is usually close and available (Rubin, 1978).

In schools, bibliotherapy can be especially useful to students who are struggling with forming an identity, lacking adjustment to society and students who want to find their niche in the world. For example, a book about the effects of drugs and alcohol could be much more effective than just a lecture on the same topic. The use of bibliotherapy in the school setting could prevent students from going down the road to delinquency.

Lindeman and Kling (1968) identified five problems that bibliotherapy in schools could really help overcome; peer relations, family issues, failure, economic issues and physical differences. They also identified specific issues by grade level. For elementary students books covering responsibility to family, emotional conflicts, group/peer relations and achievement may be particularly helpful. In middle school, books that address issues about adjusting to school, not-belonging, insecurity and facing responsibility may be welcomed. At the high school level, books that could be helpful center around new

relationships with males and females, emotional independence, selecting occupations and being socially responsible. For exceptional students, like the gifted and mentally challenged, bibliotherapy could also be useful. Gifted children especially enjoy reading, so a book addressing their needs may easily help them adjust. Mentally challenged students, if given the right book, might gain a positive attitude toward reading and enhance their learning as a result (Lindeman and Kling, 1968).

Zaccaria and Moses (1968) concur with the classroom application of bibliotherapy in their book Facilitating Human Development Through Reading: The Use of Bibliotherapy in Teaching and Counseling. They found that in the 1960's few guidance counselors were actually using bibliotherapy. They state that it is useful for issues like insecurity, peer relations, family relations, failure, physical problems, economic problems, to meet emotional needs and to learn proper conduct. These areas are very similar to the issues put forth by Lindeman and Kling.

Bibliotherapy can be very different from setting to setting. In some settings, issues of censorship are important, in others book selection is just as important. Ultimately, no matter the setting, book selection is vital, which is the next topic.

Book Selection

Selecting the correct book is a major part of the bibliotherapeutic process. Without the proper book, the bibliotherapy process is useless. Dr. William Menninger said in 1937, regarding choosing books that "in considering the basis for the prescription of reading we have taken into account three factors: the present therapeutic needs, the background of the individual and the symptomatic picture" (Rubin, 1978, p. 67). Since then other factors have come into play. Some of these are the structure of the story, the conflict and outcome, the characters presented and author's treatment of them, the goals of the characters and the opinions and ideas of the characters are all important considerations.

The author's bias is also something to be cautious about during book selection. If it seems like one gender or one age group is constantly belittled, that type of book should be avoided. The book does not necessarily need to be current or famous, it just needs to be one that is appropriate to the situation and one that can be used as an outlet for emotions. The concept of emotional parallelism is also something to consider. The concept means that the literature is real for the client and reflects the client's own emotional experiences (Rubin, 1978).

Pardeck (1998) adds a few more considerations that a therapist should look at before choosing the appropriate book. First, the book should cover a number of issues. Pardeck feels the more issues the better because it will more likely parallel the client's life experience. The therapist should also look at the quality of the advice offered through the book. A number of solutions should be given for the client to work through. The problem the book portrays should be realistic and provide a balanced perspective. Finally, the overall emotional tone should be considered. The book should be non-judgmental and possibly possess elements of humor to keep the reader going.

In choosing books particularly for young children there are other important factors to consider. Jalongo (1983), warns that books on sensitive issues are not automatically good literature. Books need to have a sense of timeliness. She continues saying that books need several qualities. The child must be able to identify with the plot, setting and characters. The book should use correct terminology and offer sound explanations. Emotional reactions in the book should be explored by the author. Individual differences and positive coping strategies should be presented. Last, the book should portray crises in an optimistic surmountable fashion. Pardeck and Pardeck (1986) add a few more qualifications especially when doing bibliotherapy in preschool or kindergarten. Illustrations in the book must be eye-catching and appealing. It must be an interesting story. Obvious humor and surprises should be interspersed in the story to maintain the attention of the child. The information in the story should be at the child's level of

understanding. When possible, appealing, recurring refrains that contribute to familiarity will add to the story's appeal.

When selecting books for young children, the therapist must understand the specific child's developmental stage. For example, a three-year-old that has already mastered toilet training will not be interested in listening to a story about it. The therapist should also try to pick a book that is personally enjoyable to themselves. This will enhance the reaction from the listeners because it makes reading the book aloud easier and more interesting to the therapist.

When deciding who should have the ultimate choice in selection of the literature, whether it be the client or the therapist, bibliotherapy professionals have not agreed. With young children, the therapist should choose two to three books and let the child pick the one they would like read because then they will feel they have some investment in the process (Pardeck and Pardeck, 1986). Some believe clients should have final choice while others think it should be the therapist's choice. The problem is that clients often choose material that is not challenging. They want to stay in their comfort zone. Furthermore, the book must be well-selected otherwise the process will not be effective (Rubin, 1978). However, if the therapist picks the book, the client feels like he/she has had no say in the process.

In choosing the literary genre used, there are several considerations. First, there are gender differences. Girls often prefer fiction over other genres. Boys, however, move from liking fiction, especially science fiction, in their early years to preferring more and more non-fiction. When choosing books, gender may be a factor in deciding what is preferred. Biographies as a genre are a popular form of literature. In bibliotherapy they are used for identification with specific figures. However, with children, the biography may not be a good choice for several reasons. Children are not able to accept the role of an adult and live vicariously through the story. The quality is often poor and dull. Lastly, a biography is usually written about people who were successful despite the obstacles.

This could provide the client with unrealistic expectations. Instead with children the genre of fairy tales and fables is suggested. They both communicate in a relatively sophisticated fashion on many different levels. The portrayals of children's problems are simple and do not belittle (Rubin, 1978). Watson (1980) adds that fiction works well with young children because the effect is immediate and not reasoned. Images and feelings occur while reading because it is a more direct experience.

Book selection brings up a number of issues. There are both developmental and literary characteristics to consider along with selecting the correct genre. The book is what makes bibliotherapy work effectively. The right book can really help a person but the wrong book, of course, can be detrimental to the client and to the therapeutic relationship.

Process of Bibliotherapy

For the actual process of bibliotherapy to occur, there are four major steps for the therapist to take in preparing for a bibliotherapy session. After those steps, the process that Shrodes described in her dissertation may begin occurring. Cornett and Cornett (1980) outlined these steps. First, the therapist must identify the student's needs. This can be done through the observation of the child or the examination of school records. Both of these can reveal patterns in behavior and the child's strengths and weaknesses. A school record may also show their special interests and extracurricular activities. A conferences with the child or other adults who are concerned may help pinpoint their need. Last, student writings, such as autobiographies and journals, if available, can provide good profiles of their thinking processes.

The second step is to use the information gained from step number one to match the student with the appropriate materials. It is much harder than just picking up a book about divorce because the child just experienced it. The book, as discussed in the previous section, should try to reflect how the child is feeling about it and most importantly be a high qualified book for bibliotherapeutic use.

The third step is to decide on the time, setting, introductory and follow-up activities to be used. For example, if the book is lengthy, perhaps the sessions should be broken up into fifteen to twenty minutes segments. It is important to discriminate between which books will lose their intensity if broken up and which ones will stimulate the reader's thoughts when broken up.

The final step is to prepare all the materials for bibliotherapy, such as the book going to be used and any materials needed for the introductory and follow-up activities.

In her dissertation, Shrodes (1949) clearly defined the process that bibliotherapy takes clients and therapists through. It is similar to the process of psychoanalytic therapy. The four part process of identification, projection, catharsis and insight have gone relatively undisputed for a greater part of a half of a century.

A client's needs, wishes and desires are important to the process. Shrodes (1949) believes that the needs of the reader are expressed through the reading. The reader's wishes and desires are made evident through the processes of identification, catharsis and insight.

During the process, the first thing that takes place is an identification to the reading. This can be either unconscious or conscious. If the major character that they identify with is admired that will lead to higher self-regard. If the major character is not admirable, the therapist should see how that relates to the client's life. When the major character works out his/her problem, the reader should be incorporating problem-solving techniques. If the reader identifies someone who reminds them of someone else in his/her life, that can be useful also and provide valuable insight into what that other person is feeling. The major advantage of identification is that it provides the reader with the opportunity to talk about a character instead of himself in the context of a situation similar to their situation. It provides accessibility to sometimes taboo or difficult topics.

Identification may some times lead to projection, other times it leads straight to insight. A word or two about projection is merited. Projection is when the reader

scapegoats his/her own feelings or motives on to others. In therapy it is important to make this known because it is an important step in integrating the unconscious and conscious motives the reader possesses.

Catharsis is the next process which is a release of emotion through what Shrodes (1949) calls "symbolic gratification (39)." This is especially important when the displaying of emotions is socially unacceptable. The literature and the process of bibliotherapy can break through defense mechanisms and offer a channel for impulses.

The last step in the process is called insight or what Shrodes called the "reeducation of one's emotions (173)." Insight develops after accessibility is increased and the reader continues to develop insight while he/she reads more. The reader is still developing insight between interviews with the therapist.

Pardeck and Pardeck (1986) state that with the developmental needs approach to bibliotherapy the identification and projection stages are sufficient. The advanced stages of insight and catharsis are not needed. They state that with those two stages the child still becomes emotionally involved with the character. The child is also taught solid thinking patterns and still has the freedom to talk about the problem. They can think about their attitudes and behaviors, find solutions, and see they are not alone which leads to acceptance of their problems. With the developmental needs approach the bibliotherapist seeks to "cognitively restructure a developmental problem (3)." Rubin (1978) agrees that the process is different with children because of their limited speech capacity, limited experiences and smaller vocabulary.

The process of bibliotherapy is dependent on the client. It depends on how well the client identifies with the book and from there more deeper levels of insight and catharsis can be reached. The preparation for bibliotherapy is also important so the therapist has a clear grasp of the child's needs.

Implementation

When actually carrying out bibliotherapy, the bibliotherapist should try to motivate the client or group with the introductory activities. The purpose of this is to capture the readers interests and create a positive atmosphere. The therapist should expect the child to enjoy the book and not see it as a chore. It is also important to give the readers examples of questions to think about when they are reading the story or having the story read to them (Cornett and Cornett, 1980). This helps to begin the process and enhances discussion.

Rubin (1978) discussed the merits of reading aloud especially with children. One advantage is that through the reading the reader can express empathy toward the characters through his/her emotional tone. This expresses to the listeners that they would have similar empathy to a child in a similar situation. Reading also should be unforced; if there is a message to the story, the children should get it without it being forced upon them. To enhance comprehension of the story Rasinski and Gillespie (1992) suggest having the listeners predict events. They also emphasize that is important to provide any background information necessary so that the children can follow the story. Reciprocal questioning techniques are also valuable in helping increase comprehension. Also, while the story is being read, the book could be paused for a discussion on whether the listeners agree or disagree with the course of action a particular character is taking in the story. This keeps the students thinking about the problem solving taking place in the story.

When reading, it is important to allow time for the reader to integrate and process what they are reading. After the book is read, a discussion should follow, the child's thinking should be slightly challenged. During the discussion several things should occur. First, a retelling of the events of the story should be told by a student, along with the emotions and relationships of the characters. The change that occurred in each character should be highlighted to enhance reader's identification with the story. Then, there should be an attempt to extend it into the student's experiences. Lastly, the consequences of

behaviors should be explored and how those consequences relate to real-life situations (Cianciolo, 1965). The questions during the discussion should focus on the “whys” much more than the “whats”. This allows for application, synthesis, analysis and evaluation. For example, questions like “How do you think the characters felt?” “How did the character(s) change?” “Why did they change?” “What would you have done in this situation?” “Why?” “Have you ever been in this situation?” (34)” might be asked. These questions help the child to draw conclusions and tie his/her own experiences together (Cornett and Cornett, 1980).

After the initial discussion follow-up activities should be utilized. The rationale is that some kids can respond just by being read to; others need more prompting before they respond to the literature. Pardeck and Pardeck suggest activities for young children such as making mobiles, collages or puppets. Dramatic activities could include pantomiming, role-playing or puppetry. Written responses might include a dictated journal or a chart of likes and dislikes. For older students, Rasinski and Gillespie (1992) add poetry, writing letter to characters, writing their own story or having a reader’s theater which brings out each students own oral interpretation.

Chapter IV

Research Support

Scholars agree that research on bibliotherapy is limited. Pardeck (1998) says that virtually all of the helping therapies have limited research and scientific support. Bibliotherapy is included in this. It is a skill to know which book to use for a client’s problem and this may be why there is such limited research support.

The literature in psychology about bibliotherapy centers around its use with adults for various mental health issues, such as depression, weight loss or coping techniques. An example of this is by Register, Beckham, May and Gustafson (1991). They examined the short-term effects of stress-inoculation bibliotherapy on anxiety and academic

performance. They found that college students who read information on stress inoculation procedures like coping and relaxation reduced their self-reported anxiety more than those college students who did not receive bibliotherapy. This is an excellent example of how bibliotherapy is depicted in the psychology literature. Bibliotherapy has been used for a variety of things in the psychology literature; to increase assertion, for marital enrichment, to bring about behavioral change and to increase helper effectiveness (Schrank and Engels, 1981). This literature review seeks to focus on the use of bibliotherapy with children who are in school, so much of the psychology research, with its focus on adults, is not useful in terms of this review.

Much of the work about bibliotherapy in the educational journals focuses on the “how to” aspect. Also, many articles and whole books have offered lists of recommended children’s books that speak to children about sensitive issues. The actual research and empirical support for bibliotherapy is mixed. There is no affirmative “yes” that bibliotherapy works, and there is not enough research to support that it does not work. Bibliotherapy can address so many issues; it depends on what books are chosen, the effectiveness of the therapist and the age and personality characteristics of subjects as to whether bibliotherapy will work or not. It is easy to see why the research has been mixed because of the many variables involved. Subjects in the research have ranged from high school students all the way down to preschool age. The first focus will be on the high school use, moving down to preschool.

Research with adolescents focused on improving self-concept, reducing aggressive behaviors and finding adaptive ways to deal with a bereaved classmate. The first study used learning disabled, emotionally handicapped adolescents to see if bibliotherapy would help improve their self-concept. Students were tested with the Piers-Harris Child self-concept scale prior to the treatment and after the treatment. Results found that the bibliotherapy groups significantly improved their self-concept. The authors suggest that

adolescents have a need to discuss other people's problems because it difficult to discuss their own (Lenkowsky, Barowsky, Dayboch, Puccio and Lenkowsky, 1987).

Another study using adolescents who were emotionally disturbed and behaviorally disturbed found bibliotherapy to be effective. Schechtman and Nachshol (1996) used bibliotherapy to reduce aggressive behavior in males between thirteen and sixteen years old. The treatment was fifteen books and videos regarding aggression toward peers and teachers. The results indicated that aggression was reduced in the second year of the study. The authors propose this as an intervention to reduce aggressive behaviors, control attitudes about aggression and to promote adjusting behavior.

The last study with adolescents found that bibliotherapy was less effective than the alternative. Klingman (1995) sought to determine whether bibliotherapy or a stimulation game would be more effective in death education. Ninth graders were assigned to either the bibliotherapy group or the stimulation game group. A pretest and post-test was given to determine which one was more effective. For these tests, students were to write down ten statements they would make to a bereaved classmate. They were rated by judges on their degree of quality. Both groups showed significant improvement, however the stimulation game showed more. The measurement in this study was not based on actual behavior change, but on written responses. Also, the stimulation game is much more costly than books for bibliotherapy. A cost-benefit analysis may find that bibliotherapy is still the better alternative.

Research using younger subjects is more prevalent in the educational literature. These studies have focused on very broad, vague concepts such as improving overall personality development to focusing on more narrow concepts, like increasing sharing in preschool. Bibliotherapy has been the focus of several doctoral dissertations and Master's theses, which have provided an excellent springboard for fuller research.

Appleberry (1969) used bibliotherapy in her doctoral dissertation to determine the effect of it on normal classroom situations. Twelve third grade classrooms participated in

the study and were pretested with the California Test of Personality. The experimental group then picked from a group of pre-selected books known for their bibliotherapeutic value. The control group had normal access to the library. Nine weeks later, an alternate form of the California Test of Personality was given. The results indicated that the experimental group had positively improved in their mental health as measured by the personality test. IQ and gender were not significant factors in the effectiveness of bibliotherapy. Children were also asked to rate all the books on a continuum of good to poor. The children in the experimental group rated nearly all the books as "good." This shows that children do enjoy reading bibliotherapeutic books.

Disturco (1984) performed a similar study using second graders. The rationale for this study was to determine if bibliotherapy would effect personal and social development. Again, the California Test of Personality was used as the pre and post test. The treatment lasted for twelve weeks and books were read followed by discussion four times a week. The results found that there was significant differences between the pre and post test scores. The hypothesis that there would be no significant improvement in the test scores on personal and social adjustment was rejected.

Continuing on the same theme, Borders and Paisley (1992) hypothesized that there would be significant differences between fourth and fifth grade subjects in a bibliotherapy based group versus those subjects in a story-based group. Subjects were measured using the Paragraph Completion Test which measures changes in development associated with conceptual level. The treatment included twelve sessions, where stories were read aloud, followed by discussion and journal writing. Students wrote about how the story made them feel and how it reminded them of their own lives. Results produced a significant effect with developmental growth in the experimental group exceeding those in the control group. The authors believe this research makes a case for how bibliotherapy can be used for classwide developmental interventions.

King (1972) had more specific hypotheses on what the effect of bibliotherapy would be on the fourth graders in her study. The hypotheses were that those in the experimental bibliotherapy group would have larger gains in reading comprehension, vocabulary, reading attitude and reading self-concept than their control counterparts. Forty-eight male Caucasian fourth graders who were under achieving in reading were used in this study. The treatment lasted for ten weeks, with fifty minute sessions twice a week. The books in the treatment featured a male protagonist and during bibliotherapy the group of students probed into the character's feelings, identified similar incidents in their own lives and came to personal conclusions. All four measures (reading comprehension, vocabulary, reading attitude, and reading self-concept) yielded significantly higher results on the post test. It was noted in the discussion that some subjects showed no improvement and that this study only generalizes to this population. The study is very limited in terms of gender and race.

In this era of inclusion, some work has been done to see if bibliotherapy can help change attitudes of students toward their handicapped peers. Beardsley (1982) conducted a study on this because until then research on this topic was non-existent. The hypothesis was that fictional literature would positively influence attitudes of students toward their handicapped peers in the classroom. Sixteen third grade classrooms from a small Midwestern school district took part in this study and were pretested for their initial attitudes. From that information three classes were picked, one with a negative attitude, one with a positive attitude and one with a neutral attitude toward their handicapped peers. Each class had contact with handicapped peers. The treatment was bibliotherapy with seven different books and discussion was not included. The dependent variable was their scores on a self-report attitude questionnaire. The results found no support for bibliotherapy to change attitudes.

Despite this work, Bauer (1985) asserts that books can change attitudes toward the handicapped. She believes that books and contact with handicapped children can send

positive messages to young children to enhance their perceptions of handicapped persons. Books talk about issues like courage, fairness and understanding which are values universal to all children. She states that attitudes are formed early and cites a study by Berg-Cross and Berg-Cross to support that attitudes can change if done early.

The study by Berg-Cross and Berg-Cross (1978) does not try to change attitudes about handicapped children. They focused on attitudes about sex-role stereotyping, friendship, death, and risk-taking. Subjects were middle-class, Caucasian children, ages four to six. There were five groups, each were individually read one book about one of the issues listed above. There was also a control group that listened to a neutral book. Each child was asked five questions prior to listening to the story and then asked the same five questions worded differently after the reading. The results were very significant, finding that attitudes changed significantly across all four stories. The experimental subjects changed over half of their answers from pre to post test. In the discussion, the authors state that the ages of four to six are very malleable and they don't have any set opinions or attitudes. Therefore, it is difficult to generalize this vast change to ages much beyond preschool. Bauer may have been erroneous in stating that attitudes can be changed in children based on this research because it does not adequately generalize to other age groups.

Attitudes about sharing in preschool was done in another study by Shepherd and Koberstein (1989). They wanted to find out if there would be a positive change in the sharing behavior of preschool children after bibliotherapy and the use puppetry. The study included six preschoolers, one girl and five boys, ages three to five years. The treatment included reading seven books on sharing and after reading, puppets role-modeled the characters in the books. The subjects were also asked to recreate the stories with puppets and the children discussed the actions of the puppets also. Sharing was measured using direct observation and a frequency count. The results were that there was an increase in sharing frequency from the baseline. The children argued less over toys and the sharing

created a positive atmosphere in the classroom. The authors stated that the treatment with bibliotherapy and puppetry was an effective model for children to observe and subsequently imitate. They believe a similar treatment might be useful for lying, whining, talking back and stealing for preschoolers with those problems.

Much research with younger children has focused on eliminating fears. However, the results have been mixed. One of the first studies by Webster (1961) found that bibliotherapy did reduce fears in first-grade children. Eighty children were interviewed for their particular fears. Seven groups of children with five children in each group had an intense fear of the dark. One group of five children had an intense fear of dogs. The groups were read five stories, about the dark or about the dogs, depending on their fears. Three months later, 29/35 children reported less fear of the dark and all five children reduced their fear of dogs. The author believed that relearning took place and now the children pair the dark and dogs with more pleasant experiences from the books. These pleasant experiences were reinforced during group discussions.

In a doctoral dissertation, Link (1976) followed up this study using kindergarten children from Indiana. She had three groups of children with 23-24 students in each group. The experimental group had readings for eight weeks, biweekly, on fear-related subjects. Concerns were addressed through follow-up discussions. The books selected were based on recommendations by experts in psychology, elementary education and early childhood education. The first control group was read books on non-fear related topics, biweekly for eight weeks. The second control group received no treatment at all. The Link Children's Fear Scale was given as a pre and posttest. It is a twenty-four item questionnaire with yes/no questions. A sample question is "Do you like to sleep with a light on?" The scale was pretested in another kindergarten classroom and the reliability was found to be .70. The results from this study indicated that the pre and post test scores were not significantly different. Link accounted for this by stating a larger number of subjects may have produced the effect and the children should have picked the fear topics

like what was done in Webster (1961). Link suggested in further research older students should be used and working with each individual student might produced more of an effect.

Newhouse and Loker (1983) sought to replicate Link's study and make some improvements on it to see if bibliotherapy would reduce fears in second-grade children. Two groups of fifteen second graders took part in the study. The Link Children's Fear Scale was used again to measure fears on the pre and post test. The treatment group was read books on fear-related topics (death, darkness, loud noises) and this was followed by discussion. Questions focused on identification, their attitudes and their feelings. The control group had normal access to the library. The results again were not significant, although there was a slight trend toward reduction. Unfortunately, some children actually acquired more fear as a result of the exposure. The authors concluded that book selection and bibliotherapy should be used with extreme caution especially with fear-related topics.

A final replication of this study was done in 1987 by Newhouse. Again, second graders were divided into two groups of fifteen each. The control group had normal library access. The experimental treatment was one hour sessions of listening to selected books on fear-related topics followed by discussion. This was done for 56 sessions. The Link Children's Fear Scale was used. Results indicated significant differences between pre and post test of the children who received bibliotherapy. The author stated that the earlier work only included eight to twenty-eight sessions and did not produce the effect. Somewhere between twenty-eight and fifty-six is most effective. This indicates that "quick fixes" do not work in reducing fear.

None of these studies are perfect. Some have a low number of subjects which makes generalizing anything difficult. Several studies use tests of questionable quality, for example the Piers-Harris Self concept scale, Paragraph Completion Test and The California Test of Personality. Also, as Border and Paisley (1992) pointed out in their discussion, it is difficult to "isolate a single factor or intervention as being solely

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responsible for developmental growth (136).” As a result, some meta-analytical studies have been done to research the efficacy of bibliotherapy. This is important because these methodological flaws may enhance or lessen the real effect of bibliotherapy.

Riordan and Wilson (1989) performed a meta-analysis in order to update and integrate the research literature on bibliotherapy. They did PsychLit and ERIC searches to find studies between the years of 1981-1989. Their findings were mixed. In the area of attitude change, fourteen studies were found and eleven produced positive results. They found four studies that supported bibliotherapy for reducing adolescent’s inappropriate behavior. The nine studies in this analysis on self-concept also produced mixed results. Three studies found success when bibliotherapy was done with discussion. However, bibliotherapy was not successful in improving self-concept with behaviorally disordered adolescents, with adult married females or with prison inmates. In their discussion, Riordan and Wilson state that in the psychology research, bibliotherapy has focused more on using self-help didactic books rather than fictional literature. Also, in many of these studies bibliotherapy is used alone as a tool, and in reality it is only a supplement to therapy.

In 1995, Marrs did an extensive meta-analysis on bibliotherapy research. With exclusive criteria, he had seventy-nine studies in his sample. He found that bibliotherapy did have a moderate degree of effectiveness for assertion, anxiety and sexual dysfunction. It was moderately supported for depression. There was little support for weight loss, studying problems and impulse control. Marrs concluded that bibliotherapy does not work well with problems where control of immediate gratification is necessary.

Schrank and Engels (1981) summarized the research and found similar trends. They found support for assertiveness training, attitude change and moderate support on improving academic achievement. This particular meta-analysis is weak in that it has no criteria for inclusion in the study and ran no statistics on the data.

To conclude, the research is very sketchy on bibliotherapy. Some is very adequate, but ultimately the research is sparse. More needs to be completed to further decipher what types of problems this should be used for. As mentioned before, this research is difficult to generalize because there are so many factors that contribute to overall effectiveness. The books selected, the quality of discussion, the age and reading ability of the subject are difficult variables to control in each study. Action research, with professionals already doing bibliotherapy needs to be published so researchers and fellow teachers, counselors and psychologists can see how well or poorly bibliotherapy is working as a normal classroom intervention.

Chapter V

Limitations and Ethical Considerations

As was just displayed, one of the greatest limitations of bibliotherapy is the lack of empirical support. There are also many other limitations that should be taken into account before implementing bibliotherapy. A well meaning therapist can bring about a serious set-back in therapy when suggesting the wrong book or suggesting a book when a client is not ready. It is important to remember that bibliotherapy is an adjunct to other forms of therapy or at least should be used in conjunction with a discussion.

One of the first limitations, is that the client may not be able see themselves in the story (Cornett and Cornett, 1980; Gladding and Gladding, 1991). The first goal of identification is not even achieved. In addition, if the client does not recognize him or herself, projection may occur relieving them from responsibility of solving their problems, and this projection is self-serving to their perceptions (Pardeck, 1998; Gladding and Gladding, 1991). Emotionally immature clients often do not benefit greatly from bibliotherapy because of this limitation, they rarely are able to see themselves in books (Brown, 1975). Book selection can ensure identification in most clients.

A second problem area is if the therapist fails to follow-up or is inadequate in their follow-up processes. According to Brown (1975) if follow-up is lacking, the whole process is pointless. Follow-up provides closure also. If discussion follows much of the negative effects of bibliotherapy will be alleviated (Rubin, 1978). Discussion can dispel myths and misconceptions and it can further identification and insight.

The degree and severity of the problem should be considered before bibliotherapy is instituted. Zaccaria et al (1978) believe that if not done properly, the reader may gain more symptoms, like fear or anxiety from reading about their problems. For example, a person with a psychosomatic illness will increase or intensify their own symptoms if provided books about illnesses (Brown, 1975). That is why it is important to know the degree, nature and severity of the client's problem. It would be unethical to offer bibliotherapy services to a client without first understanding his or her problems.

Cornett and Cornett (1980) continue with the limitations saying that is important to consider the quality of the book and the presentation of the book. It is very important that the therapist know the client well enough in order to suggest the appropriate books and materials. Also they must know the content of the book well enough so that he/she has an idea what the client's reactions might be. The presentation of the book should not be forced upon the client. A therapist should not force a book on a client because that will turn them off to books (Brown 1975). It may also turn them off to therapy. Pardeck and Pardeck (1985) state that bibliotherapy should be implemented with someone who already enjoys reading, otherwise, if they do not it becomes a chore. As an added note, Brown (1975) suggests that if a therapist is doing bibliotherapy with a young child in the hospital, scary stories should be avoided. After the lights go out, the child has nothing to do but let his/her imagination run wild. These books would not be appropriate.

Another limitation is that clients may use literature as an escape which will further contribute to their withdrawal (Cornett and Cornett, 1980). For example, a person who is already very introspective in his/her personality could become even further withdrawn with

a book that is highly philosophical (Brown, 1975). This continues the theme of really knowing the client's problem before suggesting books.

Finally one of the biggest limitations is that clients may rationalize their problems away instead of truly thinking about them (Cornett and Cornett, 1980; Zaccaria et al, 1978). Dr. William Menninger spoke of this with his psychiatric patients. They often distort the readings to meet their own desires (Rubin, 1978). Pardeck and Pardeck (1985) believe that with young children this is not an issue. Because of their limited cognitive ability, rationalizing away a problem is unlikely. To minimize rationalization, the focus should be on identification and then the client should eventually begin thinking about themselves in the situation.

Warner (1980) wrote an article entitled, "The Myth of Bibliotherapy." In this article she stated several limitations in the process of bibliotherapy. She states that the stages of bibliotherapy, identification, catharsis, etc., are insufficient and reading should not be broken down into such a simplistic form. She further asserts that no research has found that a story about "courage and friendship" will develop strong feelings of courage and friendship in every reader. For sure, studies have not found that a book will result in courageous and friendly behavior. Warner further questions whether bibliotherapy allows for a *release* of emotions or just stirs them up for the worse. She continues saying that,

"Librarians and educators are not, either by training or often by temperament, prepared to be therapists. Despite their concern for their charges' heavy problems, they ought to tread lightly. If they choose to see themselves as agents for social and personal change, they should examine their methods and expectations carefully. A class or story hour is not a therapy group (109)."

Her argument is merited and perhaps librarians and educators would be unable without training to do an adequate follow-up discussion. This is where counselors and school psychologists can be helpful.

Warner (1980) finds that booklists that label books by the problems they address are not ethical. She states that this is not therapy, such as giving a book to a child about their physical differences, especially when the child does not consider their physical differences an issue. She believes we may be using bibliotherapy to escape from dealing with issues head on. Pardeck and Pardeck (1985) address this issue, saying that is important to consider the readiness of the child before suggesting a book. If a child seems to be resolving the issue by his/herself, don't try to fix what is not broken.

Other limitations pointed out by Gladding and Gladding (1991) are if the client fails to read the material regularly, bibliotherapy is difficult. The client may still be uncomfortable addressing the sensitive issues discussed in the book. If a point is made about the book at the client's expense that is not ethical. Last, if the client and therapist stay only at the surface level, this could limit the gains from bibliotherapy.

Other limitations of bibliotherapy are: that reading can bring about false hopes and expectations (Rubin, 1978), insight gained from reading may substitute for actually working and coping through with problems (Zaccaria et al, 1978), people who are not avid readers do not have much benefit from bibliotherapy (Pardeck, 1998), and bibliotherapy may encourage labeling of problems (Warner, 1980; Rubin, 1978).

As Zaccaria et al (1978) stated in their twelve principles, "bibliotherapy is not a panacea (97)." It comes with its own set of limitations and a therapist must address these prior to beginning bibliotherapy. This should prevent most of these issues.

Chapter VI

Implications for School Psychologists

A school psychologist paired with a school guidance counselor or teams of teachers are perhaps the ideal candidates for implementing bibliotherapy in a school. When used correctly, students can benefit from bibliotherapy in their mental health which

in turn enhances learning. Issues such as peer relations, family relationships, adjusting to school and insecurities can all be addressed with bibliotherapy.

Zaccaria and Moses (1968) spoke about the use of bibliotherapy in schools. They argued that the traditional sources of satisfaction for a child, namely the home, family and church are no longer meeting the needs of children. Sometimes, these areas are very dysfunctional. As a result, schools have assumed the role for maintaining a student's mental health. Schools have added specialists like counselors, psychologists, social workers and consultants to fulfill this role. Bibliotherapy is one way to promote this mental health role in the schools.

In the problem-solving model of school psychology, one of the service functions is counseling and skill development (Fagan and Wise, 1994). Bibliotherapy would neatly fit into this category and provide schools with an excellent opportunity to help children in a unique way. The counseling role can take place in a group or individual setting. With bibliotherapy, this means it could be implemented for an entire class or with just one student who is experiencing difficulties. A classwide approach may focus on a developmental concern, which Pardeck and Pardeck (1985) spoke about. For example, reading the book I Started School Today, (Frandsen, 1984) might help all students in a class adjust to the first day of school. This is a classwide approach to bibliotherapy. Books about sharing and getting along with peers is another example. An individual approach to bibliotherapy might take on more sensitive issues. If a child is very shy in school, bibliotherapy might begin to draw his/her out. The story Very Shy (Hazen, 1982) describes a little girl who is very quiet and shy in new situations and how she begins to overcome this. This type of bibliotherapy can help the child to see that they are not alone with their problems. It should be noted, however, that for an issue like shyness, rapport must be strong or bibliotherapy will not work.

To bring bibliotherapy into a school, there are some significant obstacles that must be overcome. Gladding and Gladding (1991) state that the connotation that comes from

the term “bibliotherapy” often immediately brings up defenses. They explain that bibliocounseling or biblioguidance may be more welcome terms. A school psychologist desiring to use bibliotherapy must explain to all concerned their intentions, what will happen to who, where, when and for how long. This will help alleviate some of the trepidation.

It is important for the school psychologist to elicit the support of the faculty, especially the school librarian and use the resources in the community. English teachers and parents may all be excellent sources on quality books (Gladding and Gladding, 1991).

School psychologist should also seek to clearly identify the goals of bibliotherapy in advance. For some groups, only identification may be sought. For other groups, a more deeper level of understanding may be expected. The setting in school to do bibliotherapy should also be a consideration. The library is a good choice since it is a neutral environment rather than a counselor’s office (Gladding and Gladding, 1991).

In order to establish bibliotherapy in the school, there are several qualifications the school psychologist or school counselor should possess. They should have strong knowledge in human development and developmental problems associated with transitions. They must possess more than a surface knowledge of children’s literature. They really need to know what books are applicable for bibliotherapy. In addition, they must keep up with the new literature that comes out and not always assign the same book without thinking first about the child’s personality, ability level, and interests (Gladding and Gladding, 1991).

In conclusion, for a school psychologist, bibliotherapy offers a cost-effective and fun alternative for schools. Students involved might enjoy discussing issues relevant to their lives and will gain insight from that discussion. Gladding and Gladding (1991) regarding bibliotherapy eloquently stated, “this type of gift enriches the life of a child and empowers him or her to think, feel and act in more productive ways (12).” Simply stated, that is a goal all school psychologists hope their students will obtain. To further make this

point, Shrodes (1949) said, “when one learns to recognize not only his individuality but the universality of his needs and drives, he is better able to accept himself and to relate himself to fellow man (327). If a child learns to accept himself that is a heralded accomplishment. Lastly this statement by James Baldwin, an African-American novelist, sums up the potential that bibliotherapy has:

“You think your pain and your heartache are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me most were the things that connected me with all the people who were alive, or had ever been alive (cited from Cornett and Cornett, 1980, p. 12).”

Concluding Statements

Based on the background information and limited research, bibliotherapy should be used with caution. It should not be considered alone as a therapy. In a classroom setting, it could be used in conjunction with discussion for developmental interventions. However, using bibliotherapy to discuss highly sensitive issues in a classroom may result in disapproval from parents and other educators. This is why caution is warranted. As an individual adjunct to therapy, bibliotherapy is a strong alternative. Trained professionals in counseling and psychology use it effectively for the purpose of gaining insight and identification. This is really what bibliotherapy was intended for originally.

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