Reading to heal: bibliotherapy with children

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Abstract
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READING TO HEAL: BIBLIOTHERAPY WITH CHILDREN

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Kimberly Ann Wilkin
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Reading to Heal: Bibliotherapy with Children

Books are generally used for entertainment, leisure, education, learning, and information. Another way books are utilized is in counseling to help a person resolve problems, referred to as bibliotherapy or bibliocounseling (Pardeck & Markward, 1995).

There are several definitions of bibliotherapy. One definition simply stated bibliotherapy as using books to solve problems (Pardeck & Pardeck, 1985), yet some definitions are more detailed such as “guided reading that helps individuals gain an understanding of the self and environment, learn from others, or find solutions to problems” (Schrank & Engels, 1981, p.143). Likewise, Riordan and Wilson (1989) defined bibliotherapy as a method where individuals “gain understanding or solve problems relevant to therapeutic needs” (p.506). Moreover, Calhoun Jr. (1987) indicated bibliotherapy “is a process by which positive or negative change in attitude, behavior, or self is manifested” (p. 939). According to Doll and Doll (1997) the overall purpose of bibliotherapy is to help individuals gain insight and better understand themselves. Regardless of the simplicity or complexity of the definition, bibliotherapy aims to help an individual with problems through the means of reading, or reading to heal.

Using books to heal dates back to ancient Greek. According to Schrank and Engels (1981) ancient Greeks treasured books because of their belief that books could heal the soul. However, it was not until early 1900s that bibliotherapy became acknowledged as a formal therapeutic intervention (Riordan, Mullis, & Nuchow, 1996). Samuel Crothers is
noted as the creator of the term, bibliotherapy, in the year 1916. Also, doctors Karl and William Menninger are reported to have been early advocates for bibliotherapy as a treatment technique (Pardeck & Pardeck, 1989). Bibliotherapy was first promoted by the American Library Association (ALA). The association set up libraries for hospitals and mental institutions to help with the various problems of patients. Today, bibliotherapy is widely used as a treatment technique by mental health professionals, psychologists, psychiatrists (Pardeck & Markward, 1995); school counselors, medical doctors (Pardeck & Pardeck, 1993), and social workers (Calhoun, Jr., 1987).

The effectiveness of bibliotherapy has been a debated topic for several years. Those who support the treatment technique see value in the application and process, as well as the results. On the other hand, those who caution the use of bibliotherapy contend that it should not be the sole treatment approach and warn that the technique will not work for certain individuals.

Although bibliotherapy is used with adolescents and adults as a treatment technique this paper focuses on bibliotherapy with children twelve years and younger because this is the population the author has the most experience working with and has occasionally utilized bibliotherapy with children of that age. The author would like to study the application, process, and effectiveness in more detail. In gaining more knowledge of bibliotherapy, the author hopes to strengthen her insight, consequently be better prepared to assist clients.
Books have been used in therapy to heal for a long time, yet the question still lingers. Is bibliotherapy a useful intervention with children? Several professionals agree that it is a useful intervention if used alongside other techniques. It appears the benefits outweigh the limitations. It is a technique which children seem to benefit from because of its indirect method and creativity. Furthermore, it is easy to apply with just a few guidelines to consider and minimal preparation.

Bibliotherapy is a useful tool if used in addition with other techniques for the treatment of children (Pardeck, 1990; Pardeck, 1995; Pardeck & Markward, 1995; Pardeck & Pardeck, 1985; Riordan & Wilson, 1989; & Schrank & Engels, 1981). Children are not always able to verbalize their thoughts and feelings because their verbal skills are not as mature as adults, therefore, the routine “talk” therapy is sometimes difficult. Perhaps then, a more indirect therapeutic approach needs to be tried. Such indirect methods can include play, art, and bibliotherapy. When bibliotherapy is used children do not have to “own the problem,” they can deal with problems at “arm’s length” and can decide when and how to fit it into their own experiences (Bauer & Balius, 1995, p.26). Furthermore, children may find their thoughts and feelings are expressed in the chosen books, thus opening a door for discussion and insight (Pardeck, 1990).

Based on the review of the literature on school age children, eighth grade and younger, this paper will be organized and discussed according to goals, stages, application, limitations, and benefits of bibliotherapy.
Literature Review

There are mixed findings in the literature on the effectiveness of bibliotherapy. An interest seems to exist onto whether or not bibliotherapy is effective and whether or not it should be used as a treatment technique with children. Research indicated that the effectiveness varies according to particular areas. Schrank and Engel’s (1981) review of several research studies of bibliotherapy focused on academic achievement, assertiveness, attitude change, behavioral change, fear reduction, helper effectiveness, self-concepts, self-development, and therapeutic gains. Results of their review showed bibliotherapy was more effective with some problems such as assertiveness, attitudinal change, and therapeutic gains, and found mixed results on academic achievement, behavioral change, fear reduction, helper effectiveness, self-concepts, and self-development. In addition, Riordan and Wilson (1989) found just partial support for the effectiveness of bibliotherapy on attitudinal change. These authors reported some studies give support for bibliotherapy while others indicated bibliotherapy is ineffective. They concluded bibliotherapy is widely used, even though there continues to be mixed results. Riordan, Mullis and Nuchow (1996) reported similar conclusions of mixed results; however, they made an interesting point that the study of the effectiveness of bibliotherapy may not be appropriate. They viewed bibliotherapy as a “therapeutic tool, which provides another vantage point for approaching the presenting problem” (p.172). They continued, “It may not always make practical sense to isolate the tool and then judge its effectiveness and contribution to the overall scheme of therapy based
on its singular use” (p.172).

Overall, there seems to be more support for the usefulness and value of bibliotherapy rather than the belief that it is unsuitable. Some studies showed positive results while others painted a more bleak picture, yet the literature indicated that a majority of mental health professionals use bibliotherapy. When helping professionals (therapists, psychologists, and psychiatrists) incorporate bibliotherapy in treatment it is typically used as an adjunct with other interventions.

Thus, bibliotherapy is being used like “a vehicle to steer toward discussion of difficult life issues” (Sutherland & Arbuthnot, 1977 as cited in Jalongo, 1983, p. 31). In addition, Pardeck and Pardeck (1993) stated no therapy is an absolute exact science, and bibliotherapy is no exception. Any tool that can foster insight and growth is deemed useful, which in many cases bibliotherapy has seemed to accomplish. The following are some of the goals that bibliotherapy should aim to meet.

Goals

When bibliotherapy is applied, to make ascertain of its usefulness there should be certain goals. Pardeck (1994) identified several goals bibliotherapy aims to accomplish as follows:

1. To provide information about problems.
2. To stimulate discussion about problems.
3. To provide insight into problems.
4. To communicate new values and attitudes.
5. To bring attention that others have dealt with similar problems.
6. To provide solutions to problems.

Moreover, Riordan, Mullis, and Nuchow (1996) referred to the “Six
E’s,” identified by Adlerian practitioners, as goals of bibliotherapy. They are:

1. Educate
2. Encourage
3. Empower
4. Enlighten
5. Engage
6. Enhance

More specifically, according to Riordan et. al. (1996) Adlerian practitioners aim to provide knowledge, encourage clients through particular inspirational and motivational books, and empower toward goal-setting. Also, they aim to inspire awareness about self and others, involve clients with the social world, and reinforce lifestyle changes.

Perhaps, the most important goal of bibliotherapy is to enhance insight and self-understanding, possibly then the client has a good start toward growth (Doll & Doll, 1997). For the goals to be accomplished, clients will need to move through stages.

Stages

The bibliotherapy process is divided into stages, also referred to as phases. These stages include:

1. Identification and Projection,
2. Catharsis and Abreaction, and
It is hoped that clients will move through all of the stages. Young children though may find it difficult to move beyond the first stage due to their limited cognitive development.

Identification and Projection

The first stage, identification and projection, is an important step in the bibliotherapeutic process. Here, the reader needs to experience similarities between themselves and the book characters, this is accomplished by selecting appropriate books to match the child. A lot depends on whether or not children see the similarities; it is crucial for the helping professional to point them out. Likewise, in the identification and projection stage the helping professional needs to help children understand the motives of the story character(s) and clarify the relationships among the characters as well as assist the reader to speculate about the meaning of the story and apply this meaning to the problem confronting him or her (Pardeck & Pardeck, 1985). In addition, when identification and projection occur children should perceive a character, setting or situation as real (Bohning, 1981) and according to McInnis (1982) should express some emotion which will lead to an “investment, enabling the child to identify with the character” (p. 155).

Pardeck and Pardeck (1989) indicated that the first stage can be helpful to assist children with minor adjustment problems and with developmental changes. They both reported positive outcomes such as:

1. The child can develop an attachment or bond with characters read about.

2. A child can be taught helpful and optimistic ways to think.

3. Reading can encourage discussion of the problem.
4. The child can be assisted in examining attitudes and behaviors.

5. Reading can help a child resolve a problem.

6. Through reading, the child can see similarities between one's own problem and those of others.

7. Alternatives to handle the problem can be offered.

When identification and projection have happened, the next stage should follow, catharsis and abreaction, though Pardeck and Pardeck (1989) stated that one can focus mainly on identification and projection and still have useful outcomes.

**Catharsis and Abreaction**

The second stage, catharsis and abreaction, is where children will be able to acknowledge that others have problems like their own and because of this acknowledgement they will have an emotional release, either verbally or nonverbally. Again, the helping professional is crucial during this stage, in fact it is stated that the involvement of the professional during this time is what sets bibliotherapy apart from normal reading. The helping professional needs to monitor the child's reaction to the book and the characters, specifically the character that the child identifies with (McInnis, 1982; Pardeck & Pardeck, 1985). By monitoring the child's reaction(s) the helping professional can gather information which can prove helpful to enhance understanding and growth for the client.

**Insight and Integration**

The final stage of the bibliotherapeutic process is insight and integration. Here, children realize something can be done about a
problem and many solutions exist. The reader gains insight by learning of the moral or lesson in the story and with guidance can integrate new ways to deal with problems (Bohning, 1981; McInnis, 1982; Pardeck & Pardeck, 1985). It is hoped at this stage, resolution of the problem can happen.

**Application**

It is important within the practice of bibliotherapy certain guidelines and criteria are met. Just because the content of the book is a sensitive, emotional topic, will not guarantee that it is good literature and appropriate for bibliotherapy; thorough preparation is also necessary.

**Selection of an Appropriate Book**

Clearness of the writing style, appealing characters, fitting illustrations, similarity with the child’s experiences and problem(s), and non-stereotypical (Jalongo, 1983; Pardeck & Pardeck, 1985) represent selection criteria important to adhere to. Other selection guidelines essential to consider are the following:

1. Attractive illustrations.
2. Interesting story content.
3. Useful information equivalent to the child’s understanding.
4. Broad humor, fairly obvious for the young child.
5. Surprise elements, to create suspense and sustain interest.

Similarly, books with animal characters are useful selections for bibliotherapy (Peller, 1962 as cited in Pardeck & Markward, 1995;
Pardeck, 1990). Animal characters allow children the chance to focus on the content of the story because the characters do not have a sex, age, nor race. On the other hand, it is reported that children will be most interested in reading about realistic characters their own age, and about modern, ordinary children (McInnis, 1982). It is also important to note that in the selection of books that the child’s developmental needs be considered and not necessarily the developmental needs of the child’s chronological age, but rather his or her own specific needs (Pardeck & Pardeck, 1989).

To sum, when selecting a book for bibliotherapy the helping professional needs to consider whether or not the child can identify and understand the content, setting, dialogue, and characters; whether or not the book has accurate information without stereotypes and with similarities of the child’s problem; and be appealing and interesting (see Appendix for suggested books on different childhood problem areas). When the preceding criteria have been met and a book is chosen, then a few introductory guidelines should be addressed.

Introductory Guidelines

The first introductory guideline to consider is to be familiar with the book. It is recommended that the helping professional read the book and become familiar with the overall content, characters, feelings, attitudes, and values expressed before reading it with the child. Becoming familiar with the book will allow the helping professional to incorporate an accurate level of pitch, tone of voice, and pace which will contribute to an appropriate mood. Next, an introduction or purpose for the story should be developed. It is suggested to make these remarks brief, yet stress the
importance of the story. The final guideline is to formulate ahead of time questions to be interspersed throughout the story to focus on areas for assessment and discussion, and to help relate the story to the child's experience, and help the child identify with characters (Jalongo, 1983; Pardeck & Pardeck, 1989). If the given introductory guidelines are met then it is time to present the book.

Presenting the Book

Presenting and reading the book is an important aspect within the bibliotherapy process which should involve active participation by the child. It is recommended that the child use "motor skills, cognitive tasks, and verbal skills" (Pardeck, 1990, p. 1046) to gain the most. As mentioned above, helping professionals need to develop questions to be interspersed throughout the story. Likewise, one should be prepared to read aloud and observe the child's responses. According to Pardeck, a child will "better benefit" from a story that is read aloud to them (p.1046). In addition, children will display various emotions, expressions, and/or state different comments throughout the story. These could prove influential, thus, the helping professional needs to closely observe the child's responses. Value judgments may be made by the child, or certain behavior(s) condemned or praised which may be significant for further discussion. It is crucial in the bibliotherapeutic process for the helping professional to keep track of the child's responses because these responses could assist in therapeutic growth and insight (Pardeck & Pardeck, 1989; Pardeck, 1990).

Time and effort is necessary for an appropriate book selection as well as a thorough preparation for introductory activities and presentation of
the book. Some helping professionals may overlook the importance of the various guidelines and criteria for the application of bibliotherapy; however, it can not be stressed enough that the utilization of the guidelines and criteria will greatly enhance the outcomes of the bibliotherapeutic process.

**Follow-Up Activities**

"It is a well-known fact that children learn best by doing, and because of that, it is helpful to follow up the presentation of a story with some type of activity" (Kramer, 1999, p. 35). Follow-up activities should aim to assist the child in the awareness of certain changes in the character's feelings, relationships, or behaviors, help the child become aware of similarities in their life and the story, and facilitate the understanding of consequences of behaviors. In other words, follow-up activities should encourage further understanding and learning (Kramer, 1999).

Several activities have been suggested as helpful to follow-up the reading of a book. Possibly, the most traditional follow-up activity is discussion questions. Bauer and Balius (1995) alluded to sample questions that may be appropriate such as: What was the lesson of the story? What was the problem that needed to be solved? How did the characters solve the problem? How have you felt in similar situations?

However, direct follow-up questions may not be as helpful for some children because of the child's age, cognitive functioning, or personality; therefore, other activities need to be sought. These activities may include, art, drama, role-play, puppetry, and creative writing (Pardeck & Markward, 1995). Art activities such as drawing and painting allows a child to express their reactions nonverbally and gives the child a
valuable expressive outlet. Other art activities include having the child make a collage or mobile with pictures, words, or photographs. For instance, a mood collage can be helpful to help the child better understand the moods expressed in the story. Involving the child in a drawing of pictures in sequence of important events in the book, developing a map of the story's events, drawing a family tree, or constructing clay figures of story characters all could be incorporated into follow-up activities.

Drama activities may include pantomiming. Some children may really enjoy this activity because they do not have to think of dialogue. Other drama activities include holding a mock trial, or having the child take a part of a character in the story and play out a key event.

Role play is another helpful follow-up activity. A child can role play an incident in the story or role play a different ending. Puppetry is yet another activity that has proven to be helpful. Having children make puppets of story characters and then use them to play out a story event can be less threatening for some children.

Finally, having children partake in creative writing can be an effective follow-up activity. Encouraging the child to write a different ending for the book, composing a letter from one character to another, developing two time lines - one of the story's events and another of events in the child's life are all suggested activities (Pardeck & Markward, 1995). Other creative activities consist of developing a summary of the book, creating a diary for a character, composing a "Dear Abby" letter, or writing a news release regarding an event in the book (Pardeck & Markward, 1995; Pardeck, 1995; Pardeck & Pardeck, 1989).
There are numerous suggestions for follow-up activities that involve discussion, art, drama, role-play, puppetry, and creative writing. Regardless of whether or not the helping professional engages the child in a suggested activity or creates his or her own follow-up activity, it is necessary that the activity try to enhance further insight and therapeutic growth.

Limitations

Like many techniques and interventions there are limitations and/or cautions to consider. According to Doll and Doll (1997) if a child was not capable of understanding other’s point of view, solving problems systemically, and setting personal goals then bibliotherapy may not be appropriate at that moment for the child. Another limitation may be inappropriate timing. Incorporating bibliotherapy too early may inhibit the process. Furthermore, if a child is moving toward resolution of his or her problem then bibliotherapy may not want to be sought (Pardeck & Pardeck 1985). Likewise, other cautions of bibliotherapy may include the child reading a happy ending in a book and feeling frustrated over the fact that he or she feels unable to resolve their problem. In addition, McInnis (1982), Pardeck and Pardeck (1985), and Bohning (1981) cautioned that children may intellectualize his or her problem(s) when reading about them, slowing down the identification and projection stage. Finally, a limitation reported in several articles is that bibliotherapy should be used in addition with other techniques. It is not recommended to be used as a single approach.
Benefits

Overall, the literature reported that bibliotherapy is a beneficial counseling technique. The benefits seem to outnumber the limitations. Bibliotherapy is a technique that has proven to be beneficial in assisting children with problems of death, divorce, illness, and abuse (Kramer, 1999). With a combination of supportive counseling and valuable children's literature, bibliotherapy “shows great promise as an interdisciplinary approach” (McInnis, 1982, p. 154). Moreover, other mentioned benefits and strengths of bibliotherapy is that it can be used to treat as well as prevent problems (McCarty & Chalmers, 1997); helps children see the commonality of their thoughts, feelings, and experiences, and that there is more than one way to deal with a problem (Bauer & Balius, 1995). Likewise, bibliotherapy is a simple and natural way for helping professionals to help children work through their problems in a less threatening manner than typical interventions (Muro & Kottman, 1995 as cited in Christenbury et al., 1996). In addition, bibliotherapy provides role models and models of positive and appropriate behavior (Bohning, 1981), which may also be the child's first encounter with positive and appropriate behavior. “For some abused children, books are a first introduction to calmness and love in the home” (Anderson, 1990, p. 787). There are many benefits and strengths reported in the literature. Indeed, it is encouraging to study an intervention that accounts for several positive therapeutic gains.
Conclusion

Bibliotherapy, or reading to heal, is a counseling technique used by many helping professionals. In fact, the technique has been around for a long time and even before it was officially named bibliotherapy, the ancient Greeks were reading to heal.

The author found bibliotherapy to be a useful tool in the treatment of children. Bibliotherapy allowed children the chance to deal with their problems at "arm's length." Children are found to be more at ease with reading a book similar to their problems rather than a more direct approach, and as a result a door may open for discussion and/or insight. The usefulness and value of bibliotherapy is documented in the literature, yet it is recommended to be used as an adjunct with other interventions. Despite all the strengths of bibliotherapy, there are a few limitations.

The limitations encountered in the literature included whether or not children are capable of understanding other's point of view, solving problems systemically, and setting personal goals. If children have difficulties in these areas then bibliotherapy may not be appropriate. Inappropriate timing is another limitation. Incorporating bibliotherapy too early may inhibit the process. If one chooses to utilize bibliotherapy in counseling with children, there are certain goals, stages, and guidelines one needs to abide by to make the bibliotherapeutic process the most beneficial.

The goals of bibliotherapy should aim to provide information and insight into problems, stimulate discussion, provide solutions, educate, encourage, and empower. Likewise, the stages of bibliotherapy which a
helping professional should anticipate are identification and projection, catharsis and abreaction, insight and integration.

Furthermore, when applying bibliotherapy a helping professional should properly dedicate time to select an appropriate book. In addition, the helping professional should take time to become familiar with the book and plan an introduction and questions to be interspersed throughout the story. It is also important to keep track of the child's responses while presenting the book. Follow-up activities shall not be forgotten either. The discussions, art, drama, role-plays, puppetry, writing which may all be involved in a follow-up activity may be influential in enhancing further insight and therapeutic growth.

The author believes there is power in the reading of books; the power to heal. One should not overlook using bibliotherapy in counseling with children because it can provide the avenue for great therapeutic growth.
References


Appendix

Suggested Bibliotherapy Books

**Adoption**


**Child Abuse**


**Divorce/Separation**


**Fears**


Dunn, P. *Feelings.* Mankato, MN: Creative Educational Society.


**Illness/Death**


Self-Destructive Behaviors

