

# **Bibliotherapy: Its Processes and Benefits and Application in Clinical and Developmental Settings**

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## **Abstract**

This article discusses the historical development of bibliotherapy and how books can be used in the treatment of a range of minor mental health treatments. The article provides a brief historical account of how books have been used in institutions through the centuries and how the bibliotherapeutic process works through the use of texts from which the reader gains an insight into their personal situation by identifying with a character experiencing similar problems. Bibliotherapy as both clinical and community-based treatments are discussed through a number of case studies from the critical literature, in particular the Ayrshire Read Yourself Well Scheme and the Reading Well / Books on Prescription Scheme. The results of a medical trial on the benefits of reading a novel based on MRI scans of readers are then discussed.

Keywords: Bibliotherapy, reading-therapy, literary-therapy, mental health, healthcare, well-being, bookshops

## **Introduction**

Bibliotherapy, or Reading Therapy as it has more often been called in the UK, is being taken up enthusiastically up by a range of healthcare professionals, libraries, bookshops, local government departments and universities who see value in providing guided reading materials to help people deal with mild to moderate mental health issues.

At its most simple, bibliotherapy is the directed use of books or other media for the resolution of human ills and conditions. The word 'bibliotherapy' is derived from Greek *biblion* meaning Book and *oepatteid* meaning Healing. Alternative suggested names have included biblioguidance, literary therapy, biblio-counseling and library therapeutics (Rubin 1978 : 6). Descriptions are varied: 'A programme of activity based on the interactive processes of media and the people who experience it. Print or non-print material, either imaginative or informational is experienced and discussed with the aid of a facilitator' (Rubin 1978 : 6), 'Uncovering personal insight - co-creating meaning' (NHS Scotland) while the bibliotherapists and authors of the book *A Novel Cure* describe it as 'the prescribing of fiction for life's ailments' (Berthoud & Elderkin 2013 : 1), although the treatment need not be limited to fiction. The Arts Therapy Network describes it as '...a discussion process, guided by a facilitator, using literature as the catalyst to promote insight, normal development or rehabilitation' (Arts Therapy Network). Bibliotherapy today has applications in a wide variety of settings and although the range is huge some examples include; children's feelings about self-esteem, the experience of living with a chronic condition, anxiety, problem drinking or relationship problems.

## **The Power of Reading**

There are numerous testimonials to the power of reading and most are personal and emotional statements to its merits. Reading and thinking are kindred operations and we probably instinctively understand and empathise with that view. Stories affect human emotions, and books can serve as models for development, furthermore the effect of books on the emotions has been recorded throughout history (Pehrsson & McMillen 2007). There are many testaments to the value of reading, such as those by Emily Dickinson ('There is no frigate like a book, to take us lands away') or CS Lewis ('You can never get a cup of tea large enough or a book long enough to suit me') are considered cherished sentiments by people who enjoy reading (Rubin 1978 : vii). The power of books for life enhancement is a widespread factor in many human cultures and if we ever want to question the potency of reading we just need to consider the traditional rebuttal to the power of the written word - state censorship.

## **Historical Development**

One of the main misconceptions about bibliotherapy is that it is a new phenomenon when its concepts and practices have a long history (Tivnan & Curzan 2008). It is understood that the Ancient Greeks used their tragedies to consciously produce catharsis in the audience and the Romans believed that orations could be read by patients to improve their mental health (Rubin 1978 : vii). The library at Thebes, constructed in 1250 BC, had the words ‘This is medicine for the Soul’ or ‘Healing Place for the Soul’ inscribed over the entrance and this presents the notion of a library as a ‘kind of intellectual pharmacy stocked with remedies for every type of emotional disorder’ (Weimerskirch 1965 : 519). The Al-Mansur hospital in Cairo which was founded in 1272 AD provided readings of the Koran as part of the medical treatment, this approach being a feature of Islamic culture which has a tradition of caring for the body as well as caring for the soul (Muslim Heritage). The Al-Mansur hospital was divided up according to different ailments and as well as reading, music therapy was used as a treatment for psychiatric patients. The hospital served 4,000 patients for free, daily, and on discharge the patient was given food and money for compensation for being out of work during his hospital stay (Muslim Heritage).

This was the start of a pattern which saw the inception of libraries in institutions, with religious dedication often the motivation behind the provision of books in hospitals and prisons until the middle of the 19th century. In the late 17 and 18th century the Humanists, notably Samuel Tuke in England, Philippe Pinel in France and Vincenzo Chiarugi in Italy, sought to improve the treatment of the mentally ill and argued for the humane treatment of patients, treatment which considered the importance of reading to patients and making books available to patients. Prior to this enlightened attitude mental health conditions had been seen through the lens of superstition and patients were treated harshly (Brewster 2008).

This progressive thinking spread to America with Benjamin Rush recommending reading for the mentally ill in 1810 (Weimerskirch 1965 : 511) and in 1853 the American physician John Minson Galt wrote an essay entitled 'On reading, recreation and amusements for the insane' which listed five reasons why reading was beneficial to mental patients. The first reason is that it occupies the mind ‘to the exclusion of morbid thoughts and delusions’, secondly it passes the time as is a source of comfort for the clinically insane, thirdly it imparts instruction and Galt says

that directed reading might be more beneficial than reading of a 'desultory nature'. The fourth reason is that by providing reading material it allowed the officers in an institution to show kindness towards their charges. This issue of expressing kindness was developed by Galt in an 1843 annual report in which he wrote: 'books also offer a mode of exhibiting our good feelings to a patient by the mere act of lending them to him'. The fifth reason for providing reading materials to patients was that it kept them occupied and content and therefore more manageable (Weimerskirch 1965 : 517-8). The Patients' Library in Virginia has records dating from 1843 authorizing the purchase of books, periodicals, musical instruments, and other means of amusement for its patients. Galt noted that the most requested and read book was the bible and he recommended a copy for all patients would could read as '..the mere act of reading is in itself beneficial, as a mode of occupation' Weimerskirch 1965 : 522). The outcry in 2014 over the UK government's decision to ban prisoners receiving books in jail can be seen as more recent evidence of our belief in the healing power of the written word in institutions (BBC)

Bibliotherapy received a significant boost during World War I when librarians and laypeople, notably the Red Cross and its volunteers, began installing libraries in army hospitals and it is during the war in 1916 that the term 'bibliotherapy' first appeared in an article written by the Unitarian Minister Samuel Crothers in the American journal *The Atlantic Monthly* (Jaquinta & Hipsky 2006). The concept and practice of bibliography begins to develop from the 1930s onwards and there is an accompanying academic interest in the subject and its development as a field of study, particularly in the disciplines of library science and psychology. (Rubin 1978 : 20).

### **What to read?**

With no agreement on what constitutes bibliotherapy there is not surprisingly a wide range of reading material which can be used - from literary fiction, poetry, essays to autobiographies, reference manuals and self-help books. Whatever the genre used, the common purpose is helping someone gain understanding, insight and self-development through reading, reflection and taking action. The type of books used fall into two categories, imaginative literature which is used to

foster an imaginative response from the reader and includes fiction, poetry, fables, and drama, and didactic literature which is non-fiction and is instructive (Marlboro College, NCBI).

Self-help books, now celebrated as an iconic feature of modern culture, can be used by professional in physiological treatments and are an example of didactic literature (Starker 1990, Marlboro College). For people not under professional medical supervision, self-help books arguably appeal to the weakest defence of narcissism by seducing the reader and playing up their ability to determine the course of their lives (Adorno 1994 : 53). Here thought patterns are meant to be transformed by the reader from the negative to the positive by saying out loud dictums rather than just reading them, such as ‘I am a positive person’ ‘I am an excellent mother/father/son etc.’ (Cherry 2008 : 344). The popularity of the self-help book as a publishing category has seen an accompanying body of critique which has problematised self-help books and it argues, the sector has deluded the reading public as it makes its members co-dependent and reliant on the self-help book rather than helping them, although ironically this critique has made self-help writers reaffirm their opinions and in so doing continues the popularisation of this genre (Cherry 2008 : 338).

The use of self-help books in medical and professional contexts emerged in the 1970s and therapists and psychologists have since normalised their use in health care practice, and although this has largely been an American practice (Cherry 2008 : 338) there are growing examples in the UK and the self-help book now occupies a position in professional practice, such as in the Oxford Stress and Trauma Centre which uses self-help books to help its patients understand the psychological processes of problems which might include Post Traumatic Stress Disorder or recovery from child abuse (Collard 2010 : 191).

Bibliotherapy can also take the form of non-fiction and an example of a hybrid book is what is known as the *‘Big Book’*, the manual read and referred to by all members of Alcoholics Anonymous which contains the 12 steps to recovery and starts with the confession ‘We admitted that we were powerless over alcohol—that our lives had become unmanageable’. This best-selling book is a multi-authored collection of personal stories, advice and reflections which

although updated contains much original material and this self-managed system for recovery is arguably the most successful treatment for alcoholism (Loder 2009).<sup>1</sup>

## **The Bibliotherapy Process**

How does bibliotherapy work? Whether reading fiction or nonfiction, there are three key stages people pass through when reading for bibliotherapy treatment. In a seminal work in 1950 C. Shrodes, a Professor of English with a background training in psychology laid the groundwork for much of the current theory of bibliotherapy with a model based on identification, catharsis and identification and many writers have continued to use the original constructs of her thesis (Howie 1983, Pehrsson & McMillen 2007, Marlboro College, Schrodes 1950).

***Identification or Involvement***— during the initial stage readers attempt to identify with a character in a book or with someone experiencing a similar condition or facing a similar set of problems. In non-fiction, say, autobiographies readers can ask about turning points in the subject's life, who influenced the subject, what experiences does the reader share with the subject? Students might identify with characters of the same age and who are experiencing similar circumstances (Allen Heath et al 2005).

***Catharsis*** —The essential point about this stage is that about a release of tension or purification of emotion and the reconnection of feelings and experiences that occur during the identification stage is what allows catharsis to occur (Shechtman, 1999). This is the 'lightbulb moment' when readers feel like declaring 'I get it!' (Stanley 1999). This emotion might be more subtle if reading non-fiction but there should still be an awareness of how the subject's life has lessons for the reader.

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<sup>1</sup> For further reading on this see: *Fetching Good out of Evil in AA: A Bormannean Fantasy Theme Analysis of "The Big Book" of Alcoholics Anonymous*. Ford, Leigh Arden. *Communication Quarterly*, 1989, Vol.37(1), p.1-15 and *"Sizing up" codependency recovery*. Messner, Beth. *Western Journal of Communication*, Spring 1996, Vol.60(2), p.101

**Insight** - in the final stage everything is put in place for action. Readers might be encouraged to make a list of the solutions the main character or the character the reader most closely identified with, to deal with their problems and this list can be used as the basis for a strategy for dealing with problems in a practical sense. A simple example is someone who is worried about money who identifies with a character having similar problems, and then the reader vows to cut back on spending - that is a solution - with the strategy being to save money by going out to dine less often for example. The point is that the more concrete the strategies the easier they will be to perform.

Steps in the Bibliotherapy process:

*Learning about self and others (identification)*

- 1.) to develop an individual's self-concept
- 2.) to increase an individual's understanding of human behaviour or motivations
- 3.) to foster an individual's honest self-appraisal
- 4.) to find a way for a person to find interests outside of self

*Fostering cathartic experiences (catharsis)*

- 5.) to relieve emotional or mental pressure

*Identifying steps in problem resolution (insight)*

- 6.) to show an individual that he or she is not the first or only person to encounter such as problem
- 7.) to show an individual that there is more than one solution to a problem
- 8.) to help a person discuss a problem more freely
- 9.) to help an individual plan a constructive course of action to solve a problem

Table 1. Steps in the Bibliotherapy Process

**Bibliotherapy - Art or Science?**

The literature reveals two distinct approaches to bibliotherapy, the *clinical* approach based in institutions on one hand, and the *developmental* or community based approach on the other (Cook et al 2006 : 91, Pehrsson & McMillen 2007), although we can detect a coming together of these two with the community increasingly supporting the clinical in the intervention of treatment and bibliotherapy schemes in the UK are typically run in partnership between public libraries and healthcare professionals (Brewster et al 2012 : 18).

There is a growing evidence base examining the value of reading in self-help with research conducted in medical journals looking at issues such as brain connectivity, mind theory and how reading novels can retain memory. Early bibliotherapy schemes had little formal evaluation and success particularly in developmental practice was based on anecdotes and case studies but there is increasingly quantitative evaluation becoming the norm using statistical evaluation (Macdonald et al 2012 : 858-9).

### **Clinical Bibliotherapy**

In the clinical setting bibliotherapy is a hybrid field of psychology and library science, using media - such as books - and a discussion of the media as a therapeutic modality. Research suggests that 90% of all people with mental health problems only receive treatment in primary care and bibliotherapy, as a therapeutic interaction that can be used for people with mental health problems, is an important strategy to improve outcomes in this part of the health service (Brewster et al 2012 : 185). The main therapeutic model used in clinical bibliotherapy is based on Cognitive Behavioural Therapy (CBT) (Macdonald et al 2012 : 858). CBT is a talking therapy that can help people manage their problems by changing the way they think and behave. CBT cannot remove problems, but can help them be managed in a more positive way as it encourages people to examine how their actions can affect how people think and feel. Talking and changing behaviour can change how people think (cognitive) and what they do (behaviour). CBT has been shown to help with problems such as anxiety, depression, post-traumatic stress disorder (PTSD), eating disorders and drug misuse.



Bibliotherapy is an adjuvant therapy in that it is related to other therapies practiced by doctors, psychiatrists and psychologists and treatment is conducted diagnostically and evaluatively, often in group sessions. One might assume that in bibliotherapy there is always one person doing the reading but it could be that the patient need not read - instead the therapist may tell stories to the patient as a basis for discussion and insight, although when working with children this must not be seen as ‘story time’ – it is a process that has a plan, an opening, a discussion and a closing (Cook et al 2006 : 94).

The growth of clinical bibliotherapy reflects a number of trends in health care including increased patient access to information about their condition to enable them to take a participatory role in their condition, a ‘stepped care’ model of provisions with interventions stepped up for more complex problems and stepped down when appropriate and lastly, steadily increasing demand for treatment from patients with mental health problems (Macdonald et al 2012 : 858). It is important to note that patients may or may not participate voluntarily and the setting could be in an institution such as a hospital, or increasingly in the community, with doctors working with library and information professionals.

There is growing medical evidence that clinical bibliotherapy is effective, with research proving the successful use of books for treating depression and mood disorders and evidence that reading a novel causes measurable changes in the resting-state connectivity of the brain (Floyd 2003 : 187). The effect of reading was measured in a 2011 study in which 21 participants between the ages of 19 and 27 were given the novel *Pompeii* by Robert Harris to read over a 19 day period. The researchers chose a novel over a short story because the length of a novel would afford a set of repeated engagements with associated, unique stimuli (sections of the novel) set in a broader, controlled stimulus context that could be consumed between several scanning periods (Berns et al 2013). *Pompeii* was chosen because although it is written as fiction it is based on historical fact and it displayed a compelling narrative arc. After reading sections of the book the previous evening, participants then underwent MRI scans which revealed increased brain arousal ratings among the participants as the story developed and culminated with the final chapter of the book, the explosion of volcano and the destruction of Pompeii. The results of the MRI scans suggested

that novels strengthen the language processing regions of the brain, although how long the effects last is still unknown (Berns et al 2013).

## **Developmental Bibliotherapy**

Developmental bibliotherapy is practised by librarians or booksellers or other helping professionals in community settings such as libraries, schools, colleges and bookstores and is used for healthy populations (Dali 2014). Community and library shared reading groups such as those run by The Reader Organisation, a British charity that uses shared reading to improve well-being and combat isolation, can demonstrate wide-ranging impacts including improved health, wellbeing and quality of life and stronger communities through social participation (thereader.org). A number of community-based reading schemes and practices are discussed below.

## **Bibliotherapy in Practice**

### **1. The Ayrshire Read Yourself Well (RYW) project**

There have been several local bibliotherapy schemes running in the UK for a number of years but the Ayrshire scheme has been evaluated clinically, unlike earlier studies which concentrated on treatment issues from the service providers point of view, such as were there sufficient books available for the patients and other practical matters.

The Ayrshire Read Yourself Well project was a bibliotherapy scheme delivered by a local library scheme in conjunction with local doctors, social service agencies and through self-referral. The scheme developed after Ayrshire library staff became aware that there was little community based support for people suffering mental health problems and they set up the Read Yourself Well scheme and appointed a bibliotherapist who was qualified in CBT. The bibliotherapist recommended materials and provided support by telephone. The self-help reading covered depression, anxiety, self-esteem and other problems.

The project invited 22 local GP practices to participate and 19 took part. Patients were recruited either through the NHS (a referral by their doctor), a referral by social services or another agency or charity, or patients self-referred with individuals making direct contact with the project.

At the start of their treatment all patients completed a questionnaire and an assessment of their condition, and suitable reading materials were then recommended from the local library by the bibliotherapist. A second appointment was then made to monitor progress during the three month treatment, and further materials were then recommended for the patient. At the end of the treatment clients completed a final questionnaire which asked them about the state of the condition and this was followed by an exit interview with the bibliotherapist.

In total 356 patients participated in the RYW project between 2005-2008, 71% female and 29% male and 157 consented to participate in the evaluation project. The study monitored library use by individuals from the library management system. Clients were asked to name the problem that had led them to seek help from the RYW scheme and the measures used to assess mental health status were all showed improvements by the end of the intervention process and there is evidence from the project that support the use of bibliotherapy as a treatment for minor to moderate mental health issues (Macdonald et al 2012 : 864).

## **2. The Reading Well / Books on Prescription Scheme**

In 2010 The Reading Agency and Loughborough University conducted research for the Museums, Libraries and Archives Council (MLA) which revealed there was a huge amount of health and well-being advice and activity in libraries, with 90% of libraries organising reading groups for therapeutic purpose, but there was a lack of a coherent strategic framework for delivery which the Reading Well scheme attempted to address (The Reading Agency) <sup>2</sup> .

Launched in 2013 by the Society of Chief Librarians and the Reading Agency and with £20,000 financial support from the UK Arts Council, The Reading Well Books on Prescription scheme was the first national scheme for England which built on local best practice to create a quality-

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<sup>2</sup> Loughborough University now offers a range of ‘mood boosting’ books for staff and students.

assured and consistent national model. By 2017 the scheme had reached over 635,000 people (Reading Agency). The Reading Well scheme has two strands, Books on Prescription which has Reading Well Books on Prescription for common mental health conditions, Reading Well Books on Prescription for dementia and Reading Well for young people and a new scheme for people living with long term conditions and their carers launched in July 2017, and Mind-boosting Books of uplifting titles for all reading ages (Reading Well). There is a

In the scheme doctors are advised to direct patients to a list of 30 self-help reading books for adults assessed by the Royal College of GPs to be beneficial in alleviating mental health problems and common conditions such as anxiety, eating disorders, stress and bereavement (Reading Agency). All books are made available free of charge from public libraries. Recommended texts include *Overcoming Relationship Problems* (Crowe 2005), *How to Stop Worrying*, (Tallis 2014), *Feel the Fear and do it Anyway* (Jeffers 2007), and *The Feeling Good Handbook* (Burns 1990) for self-esteem. As the most recent scheme to be launched many of these books are also available in eBook formats and it is worth noting that Amazon has a special Books on Prescription section on its website and in its Kindle store.

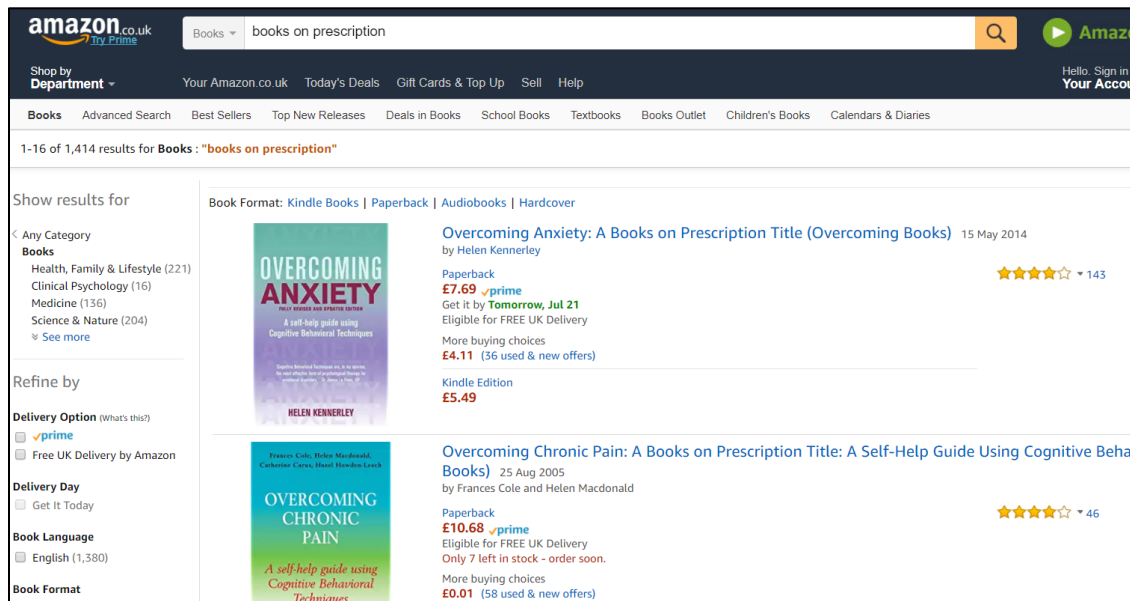


Image 1. Books on Prescription in the Amazon UK store.

### 3. Bibliotherapy in Bookshops

The bookshop Mr B's Reading Emporium in the Georgian city of Bath takes a reading guidance approach to bibliotherapy. Clients are invited into the 'reading spa' in the bookshop and they discuss their reading interests with a bookseller who will then bring up a range of recommended reading. The alternative service is a 12 month book mailing service in which a book a month is sent to a client after they have completed a comprehensive questionnaire where they are asked about a range of lifestyle issues.

In contrast, in London the School of Life, an organisation that seeks to improve emotional intelligence by helping people master relationships, understand their past and seek fulfilling work through classes and therapies, offers a more involved and personal service (School of Life). In consultation with a bibliotherapist, clients explore their relationship with books and they will be asked to explore new literary directions. This could be reading more of an author who's already familiar to them and they want to read further, or books to take the reader on a journey, or childhood classics to help people reconnect with the world and revive childhood memories. As with Mr B's, bibliotherapists attempt to create a tailor-made reading prescription. Bibliotherapists at the School of Life specialise in works of fiction but can also prescribe select works of philosophy, poetry and other creative non-fiction. They give one to one sessions, and run group sessions. They also host a Couples Consultation which looks at the reading histories and habits of the couple as well as discussing any specific issues the couple may have. The School of Life has launched a series of self-help books with Macmillan which explore issues relating to themes such as Love, Work, Play, Self, Family and Community (Macmillan).

Two of the bibliotherapists at the School of Life, Ella Berthoud & Susan Elderkin, wrote *A Novel Cure: An A-Z of Literary Remedies* (2005), a guide book which sets out recommended literary remedies for a variety of situations from Apathy (suggestion: *The Postman Always Rings Twice*) or Being Broke for which they recommend *The Great Gatsby*. Unlike the bibliotherapists in the Ayrshire scheme, Berthoud and Elderkin are not clinically trained and their intervention is instead guided reading and 'matching the right book to the right reader' and what they are offering is therefore reading advice (Dali 2014, The School of Life).

Although not based in a traditional bookstore, The Emergency Poet ('The world's first and only mobile poetic first aid service') is another example of a community based bibliotherapy service in the UK (The Emergency Poet). The Emergency Poet is a participatory, poetic and playful experience set inside a 1970's ambulance which travels around the country and attends events. The ambulance is set up at a venue and patients take part in a free private poetry health consultation with the Emergency Poet, and within 10 minutes will be prescribed an appropriate poem, verse or lyric. Visitors to the ambulance can also discuss any poetic ailments with 'Nurse Verse' whilst the Emergency Poet is in session and has a supply of 'poem-cetamol's' on hand to dispense to those who need them.

## **Conclusion**

This article has explored the historical development of bibliotherapy and shown that books have been used for treating people through the centuries and this is now applied in more considered ways in the contemporary world in clinical and developmental, or community, settings. There is a growing body of medical evidence that suggests that there are proven benefits of reading for treating a variety of mental health and lifestyle issues although much more work is required in this area. Multi-agency knowledge networks will continue to emerge such as those in Ayrshire and the UK Reading Well scheme which bring together clinical practitioners and community providers such as libraries and bookshops, working together to make books available to the general public seeking advice, guidance or material that will improve their well-being, and there are encouraging results emerging from these partnerships.

Much work on bibliotherapy to date has centred on texts in print or digital format and qualitative and statistical evaluations of the value of reading is in its early but it is reasonable to assume there will be a growing interest in evaluating the reception of digital texts and their effectiveness in the treatment of mental health problems in the future.

Libraries and bookshops are critical to making the knowledge, pleasure and empowerment that reading affords accessible to everyone and their effect on the wellbeing of local communities is potentially incalculable.

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NCBI The National Center for Biotechnology Information.

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