Using Literacy Conversations for Healing: The Significant Conversationalists

Cindy Gillespie Hendricks, James E. Hendricks, Lessie L. Cochran

The therapeutic value of reading has been recognized from ancient times as its concept, reading is conducive to mental health, can be traced back to the Greeks and Romans. An inscription on a library in Alexandria, Egypt, found around 300 B.C. translates to “the nourishment of the soul” (Cornett & Cornett, 1980). Bibliotherapy has even been traced to Shakespeare, “Come, and take choice of all my library, And so beguile thy sorrow” (Cardenas, 1980, p. 4).

By the end of the eighteenth century books were being used to treat the mentally ill in France, England, and Italy. “Most of the better mental hospitals of Europe had established libraries...Pinal in France and Chiaruru in Italy included reading as an important part of the recreational program for the insane” (Salup & Salup, 1978, p. 2). Libraries had become a part of nearly all European mental hospitals by 1900.

It is clear that bibliotherapy, the systematic use of books to help people cope with their mental and physical needs, has its roots not only in Europe, but also in the fields of library science and psychology. How did bibliotherapy become established in the United States? Who were the proponents of bibliotherapy and what were their contributions? The purpose of this paper is to identify significant conversationalists who were instrumental in using literacy conversations for healing (bibliotherapy) in the United States as well as the significant contributions made by each conversationalist.

Although Benjamin Rush is considered to be among the earliest North American advocates of bibliotherapy (defined as recommended reading, including fiction, the Bible, and other religious materials. for the sick and the mentally ill), John Minson Galt II, a physician, appears to be the first United States citizen to write about the therapeutic benefits of literature in treating the mentally ill. His best-known work is an essay entitled “On Reading, Recreation, and Amusements for the Insane,” published in 1853. This article identifies the benefits of reading to mental patients.

In 1904, two women were breaking ground in the use of bibliotherapy. The first was E. Kathleen Jones, a library administrator at McLean Hospital (Waverly, Massachusetts). Jones became the first qualified and trained librarian to use books in the treatment of the mentally ill. Jones also served as editor of Hospital Libraries. Also breaking ground was Alice S. Tyler, secretary of the Iowa Library Commission. Tyler convinced the Iowa library committee to provide materials and a supervisor for state institutions. This became the start of organized library service to state institutions (Association of Hospital and Institutional Libraries, 1971). These two women significantly contributed in making bibliotherapy an important aspect of librarianship.

The term bibliotherapy was not used until 1916 when Samuel Crothers referenced a Bibliopathic Institute and referred to biblio-therapeutics as a new science: “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” (Crothers, 1916, p. 295). In a discussion about the use of literature, Crothers (1916, p. 202) commented, “Here we have a stock of thoughts in such a variety of forms that they can be used, not only for food, but for medicine.” Regarding the type of books to be used during bibliotherapy, Crothers (1916) stated:

    I don’t care whether a book is ancient or modern, whether it is English or German, whether it is in prose or verse, whether it is a history or a collection of essays, whether it is romantic or realistic. I only ask, “What is its therapeutic value? (p. 292)

In 1919, Elizabeth Green (a librarian) and Sidney Schwab (a neurologist) wrote “The Therapeutic Use of a Hospital Library.” This article discussed the library’s obligation to its readers and provided concepts of bibliotherapy which are still being used today.

Sadie P. Delaney (1938) instituted bibliotherapy at the VA Hospital in Tuskegee, Alabama, in 1923. She earned an international reputation based on her work with delinquent boys and girls, the blind, and the foreign born.

In 1930, Dr. Karl Menninger published a book, entitled The Human Mind, a “mental hygiene book for laymen” which was used by physicians with their patients (Rubin, 1978b, p. 14). In his publication, Menninger reflected about bibliotherapy: “Our intuition and our experience tell us that books may indeed minister to a mind diseased and come to the aid of the doctor and even precede him” (1930, p. ix). Together with his brother, Dr. William Menninger, he founded the Menninger Clinic which became a center for researching and practicing bibliotherapy. Bulletins about bibliotherapy were published regularly from the Menninger Clinic.

Elizabeth Pomeroy (1937) also contributed significantly to the growth of bibliotherapy. She was one of the first to study bibliotherapy empirically. Pomeroy ascertained the reading interests of over 1500 patients in 62 VA hospitals, a sample size rarely matched today.

Louise Rosenblatt (1938) was one of the first to identify perceived benefits of bibliotherapy. She stated that prolonged contact with personalities in books may lead to increased social sensitivity; enable one to put him/herself in another’s place; enable one to feel the needs, sufferings, and aspirations of others; help one to assimilate the cultural pattern by acquainting him/her with the attitudes and expectancies of his/her group; and releasing the adolescent from provincialism by extending awareness beyond his/her own family, community, and national background. Rosenblatt (1938) also acknowledged the preventive value of literature: “Literature may prevent the growth of neurotic tendencies through vicarious participation in other lives. . . Frequently literature is the only means by which he can discover that his own inner life reflects a common experience of others in his society” (p. 243).

Alice Bryan (1939) also identified a list of the perceived benefits of bibliotherapy:
develops maturity, nourishes and sustains mental health, gives one the feeling that he or she is not the first to encounter the identified problem, permits one to see that there is more than one solution to his or her problem, helps one to see the basic motivation of people in similar situations, helps one to see values, provides facts needed to solve a problem, and encourages one to plan and execute a constructive course of action.

Sister Mary Agnes (1946) is credited as being the first to apply bibliotherapeutic techniques with children. She published the first study on bibliotherapy for socially maladjusted children. In her article, she stressed the use of bibliotherapy to aid children in overcoming their problems rather than use it to develop a particular value or character trait in children. Teachers then began to use bibliotherapy in the schools. Salup and Salup (1978, p. 5) claimed, “Bibliotherapy is compatible with certain educational goals in a developmental or preventive rather than remedial sense: education for psychological maturity, life adjustment, and character development.” In 1948, Nila B. Smith (1948) also published a study in which she asked students to identify literature which had changed their thinking or their attitudes.

Caroline Shrodes’ dissertation (1949), entitled Bibliotherapy: A Theoretical and Clinical-Experimental Study, is considered a landmark publication in the field of bibliotherapy, as she expanded the theoretical framework of the field. Shrodes described the human response to literature:

A portrayal of a personal relationship, a conversation, a reflection of mood, a traumatic experience, an act of aggression, presented in literature may become... a symbolic equivalent of a personal relationship, a conversation, a mood, a traumatic experience... As such it must evoke, at least in part, the same affective responses as did the original experience. (as cited in Rubin, 1978b, p. 36)

In her dissertation, Shrodes identified two types of literature to consider for bibliotherapeutic use. Didactic literature (instructional and educational literature designed to facilitate a change within the individual through a more cognitive understanding of the self) and imaginative literature (dramatic presentation of human behavior through fiction, poetry, plays, and biographies). Shrodes maintained that imaginative literature has greater potential to effect change because it is more likely to produce an emotional experience necessary for effective therapy. Additionally, Shrodes’ identified phases of bibliotherapy which correspond to the major phases of psychotherapy: identification, projection, abreaction and catharsis, and insight.

Shrodes continued her significant contributions to the field with a 1950 publication co-authored with Russell. They defined bibliotherapy as “a process of dynamic interaction between the personality of the reader and literature--interaction which may be utilized for personality assessment, adjustment, and growth” (p. 335). According to Russell and Shrodes the definition suggests that bibliotherapy is not:

A strange, esoteric activity but one that lies within the province of every teacher of literature in working with every child in a group. It does not assume that the teacher must be a skilled therapist... Rather, it conveys the idea that all teachers must
be aware of the effects of reading upon children and must realize that, through literature, most children can be helped. (1950, p. 335)

In this publication, Russell and Shrodes (1950) identified three phases of bibliotherapy: Identification, catharsis, and insight.

Darling suggested the notion of preventive bibliotherapy (1957). “There is little difference between bibliotherapy... and teaching in the classroom and reading guidance in the library. Certainly it is mental hygiene but it lacks the basic requirement of therapy which seems to require that an illness be present to treat” (p. 295).

Ruth Tews edited the October, 1962, issue of *Library Trends*, which was devoted entirely to bibliotherapy. Many significant articles were written in this themed edition and are referenced frequently when historical aspects of bibliotherapy are cited. Authors included William Beatty who called for the need to keep accurate records, Mildred Moody who advocated bibliotherapy, and Margaret Kinney who outlined the basic characteristics needed of those who wanted to become bibliotherapists.

A “ground-breaking” book on the use of bibliotherapy in teaching and counseling was written by Zaccaria and Moses (1968). “Bibliotherapy is compatible with the goals of contemporary education which include, fostering development of a whole, adjusted personality able to deal with today’s world” (Zaccaria & Moses, 1968, p. 245). The authors suggested that not only are there problems with other types of therapy, so, too, are there problems with bibliotherapy which may include raising additional defenses, tending to believe that merely reading materials solves all problems, rationalizing or intellectualizing problems, ignoring coping behaviors which are needed, and reinforcing fears and anxieties. In spite of potential problems, Zacharia and Moses (1968) stated that not a single study in a substantial body of research found bibliotherapy to be ineffective in a school situation.

In a 1970 article, Sclabassi reviewed the literature on bibliotherapy and classified the research into four broad professional fields: General medical (bibliotherapy applied in the medical field, by a skilled hospital librarian or by a librarian in conjunction with other medical professionals), psychiatric (bibliotherapy applied in hospitals and clinics used in conjunction with other treatment techniques), education (bibliotherapy used for various purposes and at all levels of education), and corrections (books used with violators by corrections researchers). Sclabassi also categorized bibliotherapy intervention into four levels: intellectual, social, emotional, and behavioral. Sclabassi raised two basic issues concerning the research on bibliotherapy. The first was that although the term bibliotherapy implied treatment, the technique was also utilized for diagnostic (bibliodiagnosis) and preventive (biblioprophylaxis) purposes. Distinctions between the types was not clear in the research. The second problem, she claimed, was that most of the published works were descriptive rather than experimental.

The first attempts at developing classes and programs were made by several literacy-for-healing conversationalists. In 1970, Reverend Louis Rongione of Villanova taught one of the first classes on the theory of bibliotherapy (Salup & Salup, 1978). In 1973,
Arleen Hynes developed a comprehensive training program. Her 2-year training program included a minimum of 448 hours; students spent the first year as a trainee and the second as an intern (Rubin, 1979).

One of the first notable attempts at identifying appropriate materials for bibliotherapy was by Huck (1976, p. 264):

A book may be considered as suitable for bibliotherapy if it tells an interesting story and yet has the power to help a reader (1) acquire information and knowledge about psychology and physiology of human behavior, (2) learn what it means to “know thyself,” (3) find an interest outside himself, (4) relieve conscious problems in a controlled manner, (5) utilize an opportunity for identification and compensation and (6) illuminate difficulties and acquire insight into his own behavior.


The most noted and perhaps the most frequently cited contemporary conversationalist on the subject of bibliotherapy is Rhea Joyce Rubin. She has three significant publications related to bibliotherapy: *Bibliotherapy Sourcebook* (1978a), *Using Bibliotherapy* (1978b), and a journal article published in 1979. In her text, *Using Bibliotherapy*, Rubin (1978b) identified what she considered to be the one vital common characteristic of bibliotherapy: discussion of the material after reading. Rubin (1978b) expanded Monroe’s (1978) matrix for the analysis of literature to be used for bibliotherapy. To clarify the field of bibliotherapy, Rubin (1978b, 1979) categorized bibliotherapy into three types: institutional (the reading of didactic literature [usually] by individual institutionalized clients who discuss the readings with the doctor or medical team which may include a librarian), clinical (the reading of imaginative literature by clients with emotional or behavioral problems who discuss the readings with a librarian-bibliotherapist working in consultation with a doctor or a mental health worker), and developmental (the reading of both imaginative and didactic literature with individuals or groups of “normal” individuals in a crisis situation who discuss the readings with librarians, teachers, or other helping professionals to promote normal development, self-actualization or to maintain mental health. Rubin (1979) also attempted to professionalize the field of bibliotherapy by developing a multi-level certification proposal based upon intended use. The categories of use include: Institutional bibliotherapist, institutional bibliotherapist, clinical bibliotherapist, and developmental bibliotherapist.

Joni Bodart’s article (1980) reviewed bibliotherapy’s past as well as its present. Bodart (1980) acknowledged that bibliotherapy is not a panacea but, in conjunction with other forms of therapy, can be of great value. Bodart recommended a formal arrangement for discussion during bibliotherapy sessions. Bodart also discussed the qualifications of practicing bibliotherapists, identifying two basic qualifications: (1) possess the basic personality characteristics of any helping professional and (2) be a “book person.”
In a 1980 Phi Delta Kappa fastback, Cornett and Cornett attempted to clarify the field of bibliotherapy. They said bibliotherapy has been found to have both affective and cognitive effects on readers. Cornett and Cornett (1980) stated that although bibliotherapy may be used, it is not intended for deep-seated psychological problems that call for long-range therapeutic intervention by a specialist. Similarly, casual book recommendations to friends cannot be considered bibliotherapy. Bibliotherapy is a deliberate intervention with definite goals that are identified at the outset: “In other words, a need must be identified, a book must be selected specifically for the need and the particular person in need, and a presentation and follow-up plan must be designed and implemented in order for reading to be called bibliotherapy” (Cornett & Cornett, 1980, p. 10). They also developed a rating system for selecting books for use in bibliotherapy. Cornett and Cornett also clarified that for bibliotherapy to achieve its goals, the reader must experience all the stages (Shrodes and Russell, 1950): “Often the reader stops at a superficial identification with a character. This may be the fault of the author, the condition of the reader or setting, or the methodology of the bibliotherapist” (p. 18). Cornett and Cornett (1980, p. 20) also identified steps to follow in preparing for bibliotherapy sessions, and basic qualifications (knowledge, skills, attitudes and values) for practitioners.

Mildred Tietjen (1980) conducted a survey of American Library Association accredited graduate library school programs to determine availability of library education opportunities in bibliotherapy. Only one school, Catholic University of America, offered a formal bibliotherapy course. Eight indicated that bibliotherapy was handled as a unit within a broader course; six noted that students could elect to pursue bibliotherapy through independent study or special projects and three reported offering short courses or workshops involving bibliotherapy. Tietjen also discussed the notion of preventive bibliotherapy: “Literature may offer the young reader an opportunity for identification with a model hero or heroine -- it could provide the reader of any age with the guidance to pattern oneself after a person who has dealt with reality effectively” (1980, p. 1).

Another clarification article appeared in 1980. In their review of research, Rakes and Buchanan summarized the research related to the methodology used with bibliotherapy. Rakes and Buchanan (1980) suggest that effective practice involves knowledge of the methodology of the process (preventive or therapeutic), techniques of implementation (determining problems, selecting students, locate materials, record-keeping system, conducting sessions), how-tos (discussion groups, procedural issues, group strategies, individual strategies), and evaluation of the effectiveness of bibliotherapy.

The most prolific advocate of bibliotherapy during the present decade is John Pardeck (Pardeck, 1990a, 1990b, 1991; Pardeck & Pardeck, 1984, 1986), a strong advocate of a team approach to bibliotherapy, “As with any therapy, there are precautions and limitations. . . bibliotherapy. . . should not be viewed as a single approach to treatment but rather as an adjunct to other therapies” (Pardeck, 1990b, p. 1048). Pardeck (1990a) stated:

Bibliotherapy is a novel, but potentially very useful. . . approach for helping
abused children. . . treatment of child abuse encompasses an interagency and multidisciplinary approach that involves not only the child but also the various systems that influence the child’s social functioning. Bibliotherapy should be viewed as an integral part of the total treatment process. (p. 229)

With respect to the actual process of bibliotherapy, Pardeck (1990a, p. 231) stated:

It is imperative that the therapist guide and support the child during the cathartic experience. Involvement of the therapist is the critical element that distinguishes bibliotherapy from the normal reading process. The therapist must monitor issues such as the child’s reaction to the literature, the degree of similarity between the child’s own emotional experience and the problem being considered, and the emotional experiences of the child through his or her identification with the story character.

Pardeck (1990a) stated that a child must be able to identify with the victimized character. Books should reflect the child victim’s familial situation and other critical circumstances as nearly as possible; similarities between the reader and the book character must be evident to the child.

Although they have changed the term from bibliotherapy to life guidance in their book, Life Guidance Through Literature, Lerner and Mahlendorf (1991) claimed:

Insightful contemporary writers are keen observers of others, of their age, of their society, and of themselves. . . If we learn to read them well, we can benefit from their insights. . . experts in psychology and literature who use literature in their counseling and therapy with patients and clients help the reader learn to read well so that the reader can more fully understand works of fiction and learn from them to question his or her own life situation and its meanings. (p. vii)

Lerner and Mahlendorf continued:

It is our emotional involvement with fictional characters that causes them to influence us with lasting motivations. By affecting us emotionally and intellectually, they [literary works] allow us to feel, give us understanding of our and others feelings, and make us more sensitive to these feelings and ourselves. In this way, we gain an emotional awareness that transforms us and gives us the motivation to change ourselves. (pp. ix-x)

When issues regarding who should practice bibliotherapy began to surface, Rudman, Gagne and Bernstein (1993) responded:

Some feel that bibliotherapy should only be undertaken by those well versed in psychodynamics, neurosis, and psychotherapy. Others, such as ourselves, feel that it can be and is safely undertaken by those with less sophisticated expertise in human nature: teachers, librarians, doctors, lawyers, parents, and others. . . adults. . . need not and should not feel embarrassed by their inadequate backgrounds in psychology. .
adult guides should try to meet other obligations. knowing how and when to introduce the materials, being sufficiently familiar with the materials, and knowing each child’s particular situation.

In addition to identifying step-by-step procedure for conducting bibliotherapy, Aiex (1993) also responded to the issue regarding the qualifications of bibliotherapists:

Whether you are a classroom teacher, a librarian, or a mental health professional, be advised that bibliotherapy must be handled with great delicacy. Those who are interested, however, should possess personal stability; a genuine interest in working with others; and the ability to empathize with others without moralizing, threatening, or commanding. (p. 1)

In addition to the literacy conversationalists, two groups have been instrumental in advocating literacy conversations for healing. The American Library Association (ALA) has played a significant role in the development of bibliotherapy. In the 1930s, the ALA helped to build libraries and increase services previously provided. In 1939, bibliotherapy received official library recognition when the Hospital Division of the American Library Association appointed its first bibliotherapy committee (Rubin, 1979). Following the themed edition of *Library Trends* in 1962, the American Library Association sponsored the first workshop on bibliotherapy (Association of Hospital and Institution Libraries, 1971). Another three-day workshop was held by the American Library Association in 1964. Factors related to the advancement of the field were discussed: standard nomenclature, an educational program, and additional research (Sclabassi, 1970). During the 1966 annual conference, the ALA accepted the following definition of bibliotherapy: “The use of selected reading materials as therapeutic adjuvants in medicine and psychiatry; also: guidance in the solution of personal problems through reading” as published by *Webster’s Third New International Dictionary* (1961, p. 212; Rubin, 1978b).

Another organization which played a major role in the advancement of bibliotherapy was the Veterans’ Bureau. Following World War I, the Veterans Bureau assumed responsibility for the veterans’ hospitals and the libraries within them. Also, a great deal of research related to bibliotherapy was conducted in VA hospitals. Pomeroy’s empirical study involved 62 VA hospitals. Margaret Kinney, who outlined basic characteristics needed of those who wanted to become a bibliotherapist, was the Chief Librarian of the VA Hospital. The Veterans Administration has published a variety of annotated bibliographies. A representative sample includes: *Bibliotherapy, A Bibliography, 1900-1952* (1952), *Bibliotherapy, A Bibliography, Supplemental List, 1955* (1955), and *We Call It Bibliotherapy: 1900-1966* (1967).

Where Do the Conversations Go From Here?

In 1962, Tews discussed the limitations of bibliotherapy and associated research:

One problem seems to lie in the clarification of the needs and goals of bibliotherapy and a coordination of efforts. Confusion and uncertainty tend to cloud
many discussions of bibliotherapy. . . Another limitation should be noted: lack of well organized and controlled research projects. (p. 102)

While some advancements have been made in identifying what bibliotherapy is and is not; the waters remain muddy. Unfortunately, the realities of bibliotherapy’s yesteryears still remain: enthusiasm for the use of children’s literature to teach about issues without research data supporting it.

Although past research efforts remain plagued with inconsistencies, educators have begun to examine multiple uses of children’s literature due to present and future contemporary issues such as appearance, popularity, divorce, suicide, rape, pregnancy, homosexuality, AIDS, prejudice, discrimination, hate crimes, drugs, alcohol, social alienation and mental illness. Multiple citations in professional journals and conference programs extoll the virtues of using literature to teach children about a variety of contemporary issues in our diverse, multicultural, and multiethnic world.

Before condemning bibliotherapy as an idea without a significant empirical research base to support it, we should reflect on statements made by conversationalists Baldwin and Cardenis. James Baldwin (1964) claimed that books taught him that the things that tormented him most were the very things that connected him with all the people who were alive, or had ever been alive. Cardenas’ reflections (1980) provide additional support for continuing literacy conversations for healing: “If those who read look back into their experiences, surely they will conclude that the printed word has affected them changed them, mellowed them. They will indeed testify to the understanding and value of bibliotherapy” (p. 3).
References


Baldwin, J. (1964, June 1). Television Narrative. WNEW-TV. New York City.


