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Bibliotherapy: Practice and Research.

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Abstract

Recent years have witnessed an upsurge in the therapeutic use of books. With its initial roots in psychodynamic theory, available models emphasize features of the relationship between the personality of a reader and the cognitive and affective experience offered through literature. This article explores the historical development of bibliotherapy focusing on its use in therapeutic practice and associated ~~the~~ research ~~including a summary of recent meta-analyses~~. The current authors suggest that the field of bibliotherapy is in need of development with regard to more methodologically stringent forms of validation, notwithstanding meta-analytic findings in some areas. Additionally, coherent taxonomies and theory-driven practice models are particularly needed to underpin increased rigor in answering scholarly questions. With these caveats in mind, and in light of findings in recent years, bibliotherapy does hold promise as a useful adjunct for the busy practitioner and client. Highlighted throughout the article are the suggested benefits of bibliotherapy as well as a call for practitioners to consider the value of pragmatic evaluation of bibliotherapy within the context of managing their own local practice.

Keywords: Bibliotherapy, Therapeutic Practices, Efficacy

Bibliotherapy: Practice and Research.

Almost since the beginning of time, humans' have used verbal and written materials to guide and teach others how to live and behave socially, ethically, spiritually, and to foster emotional wellness (Myracle, 1995; Hawley & Spillman, 2003). The spoken word (e.g., parables, myths, fables, and legends) and the written word have been used and are believed to be two of the most influential tools to heal and change the human condition (Cornett & Cornett, 1980). Stories first told by word of mouth were passed from one generation to another. These stories carried with them the heritage of their ancestors as well as a code of conduct for their lives. In terms of the written word, the ancient practice of inscribing statements on the entrances to libraries provides a historic example of the early recognition of how books were believed to help meet human needs. An epigraph on the library founded in Alexandria about 300 B.C. read: "Medicine [or remedy] for The Mind". The library at Thebes in ancient Greece was dedicated to the "Healing of the Soul" (Rudman, 1995).   From these very early times, humans have been fundamentally influenced by written words (Cornett & Cornett, 1980).

This article provides an examination of both the early and current literature associated with the practice of using books as a therapeutic tool. The literature has been examined within a two pronged approach: (1) the historical events that have stimulated interest in the concept of bibliotherapy as a therapeutic practice tool and (2) early and current day research that has attempted to investigate the efficacy of bibliotherapy.   Although these areas have been examined separately, they of course are not separate from each other. Taking these two elements together, the main aims of this review is to provide the reader with a clear understanding of the beginnings of bibliotherapy, its therapeutic applications, and research, including summarising recent meta-analyses. Given no such comprehensive review currently

being available in the literature, this article is intended to provide a platform for advancement of the field. In short, this article allows the reader to look backwards, at the present, and into the future.

<div align="center">The History of Therapeutic Reading</div>

The term bibliotherapy is of recent origin. However, the use of reading as a means of producing change in human behaviour was recognised and used in early times. Throughout history, significant developments have occurred, each one of these developments reflecting a growing interest in bibliotherapy as a therapeutic tool.   Although the published literature on bibliotherapy is today quite extensive, few articles have been written that describe its therapeutic history (e.g., McDaniel, 1956; Beatty, 1962; Tews, 1970), with none being done in the last 20 years.   Further, to the knowledge of the current authors, none have provided review of this history in its entirety.

This section brings together the major currents which form the backdrop to practice of today's bBibliotherapy.   This section proposes the argument that the definition of bibliotherapy has broadened considerably from its original intent, and that this has produced a variety of therapeutic practices. It is argued that such a broadening has caused considerable confusion within the field as to what is, and what is not, bibliotherapy.   As an advanced organizer to the content of this section of the article, Figure 1 provides a brief overview of the historical developments of bibliotherapy, with specific reference to therapeutic practices and the primary theorists.

The prescribed use of books to heal the human condition appears to have started in institutional, medical and correctional facilities in the Middle Ages to help people cope with mental and physical ailments. It appears that the rationale for the prescription of books was borne out of an attempt to maintain moral foundation (McDaniel, 1956), and this continued throughout the early centuries (Rubin, 1978a, 1978b). One of the earliest records of the use

of books for treatment purposes appeared in 1272. At this time, the Al-Mansur Hospital in Cairo provided readings from *The Koran* as a part of their patients' treatment.

In the latter part of eighteenth century Europe, the practice of therapeutic reading became more institutionalized. People began to advocate for humane methods of treating those who were, using the language of the times, 'mentally insane'. Two broad treatment categories were proposed, physical and moral. It seems that the 'moral' method of treatment was everything that was not physical or medical and primarily involved various forms of employment and recreation. Included in this latter category, reading was apparently one of the most popular means of recreation prescribed.   As this type of therapy prescription increased by the end of the eighteenth century, libraries were being established in many psychiatric hospitals in Europe (Weimerskirch, 1965).

By the nineteenth century, the use of books for treatment purposes had spread into the United States. During this century, advocates of reading began to recommend that the type of literature purchased for hospital libraries should be expanded to include 'amusing and interesting' books and not to be restricted to religious and moral readings alone (McDaniel, 1956). In 1802, Dr. Benjamin Rush was among the first Americans to recommend reading as part of a medical patient's treatment plan. In 1810, Rush extended this treatment for use with mentally ill patients. Rush recommended two categories of reading. One was intended to provide entertainment (e.g., travel books, novels); the other, knowledge (e.g., philosophical, moral, religious subjects, current events). In the treatment of the mentally ill, Rush recommended several reading strategies to his patients, believing that these strategies would enhance the therapeutic effectiveness of the reading material. Rush recommended reading with an audible voice, copying from manuscripts, and committing to memory interesting passages (Weimerskirch, 1965).

Although it is known that Rush was one of the first Americans to recommend reading, Dr. John Minson Galt II, was apparently the first to write an article on the use of books for treatment purposes. With his first publication in 1846. Galt was best known for his essay published in 1853 entitled *On Reading, Recreation, and Amusements for the Insane* (cited in Rubin, 1978a, 1978b; Weimerskirch, 1965).   In that article, Galt listed five reasons why reading was believed to be beneficial to mental patients: (1) in the short term, it occupies the mind to the exclusion of morbid thoughts and delusions; (2) it serves to pass the time; (3) it imparts instruction; (4) it gives the officers of the hospital a chance to show the kindly disposition they have towards their patients; and (5) by keeping the patient contented and occupied, it renders them more manageable (Weimerskirch, 1965). Galt put forward general rules governing patients' reading and book selection. For example, he recommended that patients should never be given reading material which would corroborate their 'warped ideas' or excite volatile emotions. The most suitable works were believed to be those which were interesting but not too intellectually demanding. The attending physician should also have complete knowledge of the reading of each patient (Weimerskirch, 1965). Underpinning this rule was the modern belief that two of the most important aspects in the application of reading were assessing the patient's needs and supplying reading materials that met those needs. Tews (1970) wrote, "These two physicians [Rush and Galt] did much to bring bibliotherapy into intimate apposition to methods of treatment" (p. 173).

By the 1900s, libraries and librarians were becoming established components of 'mental hospitals', serving the ill as intellectual and emotional pharmacies, stocked with a wide range of 'remedies' (Cornett & Cornett, 1980). Early in the twentieth century, the American Library Association (ALA) recognised and gave its support for the reading of books as a therapeutic tool, and thus an accepted aspect of librarianship. This recognition was facilitated in 1904 by the first trained and specifically qualified, librarian (Kathleen

Jones), to use books for the mentally ill, being appointed to take charge of the patients' library at MacLean Hospital (a private psychiatric hospital) in Boston.   However, a reluctant partnership with psychiatry resulted, a relationship that was not readily or fully accepted by either practitioners of medicine or by professionals in the library field (Tews, 1970). The origins of this apparently contentious partnership appears to relate to role clarity between the medical professional and the librarian (i.e., who is the bibliotherapist?). Despite tension, the concept of the library and the librarian as therapeutic agents continued to develop (Hannigan, 1962).

In 1916, Rev. Samuel McChord Crothers wrote an influential article in the *Atlantic Monthly* describing a 'bibliotherapeutic process' in which specific literature, both fiction and non-fiction, were prescribed as medicine to adults for a variety of ailments (e.g., depression related to employment). The idea here was that adults would read prescribed material and then return to discuss the content and its impact on their well being with their therapist. In his article, Crothers offered the term 'bibliotherapy' (/biblio/ being the Greek word for book) to give the process a name. This label has remained and many since Crothers have used, explored and written about the potential of bibliotherapy (e.g., Menninger, 1937; Bryan, 1939a, 1939b, 1939c; Moore, 1944a, 1944b).

During this time and following World War I, the therapeutic use of books received a large boost with several strands in the development of book therapy appearing and finding vocal spokesperson's (Beatty, 1962). As stated by McDaniel (1956) "Bibliotherapy … is unquestionably a war baby. It is a hospital library baby of World War I" (p. 586). During the war itself, librarians and laypersons (e.g., Red Cross, Salvation Army) assisted in the establishment of libraries in Army hospitals. The belief of those who participated was that "this heterogeneous group of men bore their hardships more easily by reason of reading

matter that either diverted or nourished them in some mysterious way" (McDaniel, 1956, p. 586).

Following the war, during the decades of 1920 and 1930, national and local library organisations in the United States and many other countries became more actively involved in the practice of bBibliotherapy. Hospital library committees were established and standards for hospital libraries and librarians were proposed (McDaniel, 1956). In 1923, Sadie Peterson-Delaney, a librarian, instituted a formal bibliotherapy process at a VA hospital for the first time (Tews, 1970). Later, in 1938, she wrote an article which outlined this development, emphasising the need for adequate reading records. Her article was entitled *The Place of Bibliotherapy in a Hospital.* Reading materials, prescribed to soldiers by the librarian, were used to assist them in rehabilitation (e.g., developing living skills, and bolstering self-esteem), knowledge development, entertainment, and stimulation in attempts to relieve the mind from malady and worry. Peterson-Delaney (1938) speculated that the majority of people never have the time to read until a period of hospitalization. She reasoned that this opportunity to read could also assist in healing. Along with Peterson-Delaney, others used and wrote about book therapy in VA hospitals. Other developments during this post-war era included Dr. Josephine Jackson publishing an article in 1925 entitled *The Therapeutic Value of Books;* and in 1927, Elizabeth Pomeroy, an article entitled *Book Therapy in Veterans' Hospitals*.

In reviewing the literature of this time, it becomes evident that the proportion of contributing medical professionals, as compared to librarians, was quite small. One explanation for this could be that some medical professionals did not widely or fully accept this therapeutic approach as the equal to other forms of treatment and therefore were not sufficiently interested.

However, there were notable exceptions. Dr William C. Menninger reported in 1937 on an attempt to evaluate bibliotherapy as a subsidiary method of treatment.   He operationalised the responsibilities of both the physician and the librarian in the treatment program. The physician was responsible for: (1) the contents of the library and must approve the books before they were purchased; (2) approving the weekly list of readings assigned to the patients; (3) prescribing the first reading assignment after having interviewed the patient; (4) holding weekly conferences with the librarian regarding problems and results; (5) communicating historical data and psychological status of each patient, along with the patient's reading habits and interests; and (6) carrying on discussions with the patient on the therapeutic readings. The librarian was responsible for: (1) the mechanics of purchasing, maintaining and distributing the books, (2) having personal knowledge of the books loaned to patients, (3) interviewing patients regarding their reactions to the prescribed reading, and (4) writing reports of the patients' comments on the reading for the physician.

Menninger (1937) suggested parameters for the use of bibliotherapy with particular patients, with reference being made only to didactic materials. He stated:

It is perhaps conservative to avoid prescribing or recommending mental hygiene reading to any individual whose situation or understanding is such that he may distort the ideas so gained to meet his own unconscious aggressive or self-destructive desires … In general, we have found it inadvisable to permit psychotic patients or individuals with obsessional neuroses and anxiety states to have such books. It is not advised for psychoanalytic cases under treatment. In the milder neuroses, it is tolerated. (p. 273)

In 1939, Alice Bryan reviewed developments up to that time and offered six objectives of bibliotherapy. These were: (1) to show the reader they are not the first to have

the problem, (2) to permit the reader to see that more than one solution is possible, (3) to help the reader see the basic motivations of people (including themselves) involved in a particular situation, (4) to help the reader see the values involved in experience in human terms, (5) to provide facts needed for the solution of a problem, and (6) to encourage the reader to face their situation realistically (Bryan, 1939c).

A major step in the history of bibliotherapy was the appearance, for the first time, of a definition in Dorland's Illustrated Medical Dictionary in 1941. This definition read as follows: "the employment of books and the reading of them in the treatment of nervous diseases" (cited in Rubin, 1978b, p. 1). Since this early definition, several definitions have appeared. For example, Webster's Third New International Dictionary (1961) defined bibliotherapy as "the use of selected reading material as therapeutic adjuvant in medicine and psychiatry; and, guidance in the solution of personal problems through directed reading." Bailey (1964, cited in Cornett & Cornett, 1980) defined bibliotherapy as "… therapeutic reading in which children find duplications of their own problems and observe how children similar to themselves face their difficulties" (p. 9). Berry (1976) defined bibliotherapy as "a family of techniques for structuring an interaction between a facilitator and a participant … based on their mutual sharing of literature …" (p. 186). Riordan and Wilson (1989) defined bibliotherapy as "the guided reading of written materials in gaining understanding or solving problems relevant to a person's therapeutic needs" (p. 506).

A few themes appear to run through various definitions. One is of guidance; the therapeutic support of the reader. Another is related to post-reading discussion. Bryan (1939a) stated that "if guidance is to be more than a very superficial service, the reader must be understood as a whole personality, and his reading planned in terms of his personal needs, goals, frustrations, and conflicts" (p. 10). Echoing Galt's earlier beliefs regarding the application of bibliotherapy, Menninger (1937) stated that "It is the established attitude that

reading is a treatment method and as such, must be directed by the physician" (p. 16). Gottschalk (1948) stated that "the wisest rule for the therapist to remember in using any collection of books for therapeutic reasons is to know each book and understand its action as thoroughly as the physician seeks to know the ingredients and actions of a medical prescription" (p. 54). Along a similar theme, Briggs (cited in Horne, 1975) cautioned that bibliotherapy should be prescribed as carefully as medications. More recently, Cornett & Cornett (1980) stated that the application of bibliotherapy requires skills. In terms of post-reading discussion, Brown (1975) proposed that discussion between patient and therapist is of utmost importance and that this cannot be over-emphasised. Rubin (1979) stated "… the assignment of reading material is not bibliotherapy. Bibliotherapy … requires a discussion component" (p. 32). Orton (1997) emphasised that effective bibliotherapy should include reading accompanied by discussion.

Such statements appear to align with the thought that the application of bibliotherapy should be at the direction of the professional who administered it and that 'correct' book selection is imperative (i.e., based on the patient's identified problems).

Up to the mid 1930s, the therapeutic use of bibliotherapy was primarily intended for use (education, recreation, treatment) with adults (Ouzts, 1991). It was not until 1936 that bibliotherapy was written about specifically for use with children. Bradley and Bosquet (1936) were the first to advise physicians on the use of books for children presenting with behavioural and personality disorders. To assist, they offered a bibliography of useful materials and suggested four therapeutic functions. These were: (1) overcoming resistance (e.g., to schooling), (2) developing specific interests and hobbies (e.g., sports), (3) informal schooling (e.g., where regular school is unavailable due to illness), and (4) supervised activity (e.g., reading between treatment interviews).

Echoing the opinion of Bradley and Bosquet (1936), Dr Thomas Moore (1944a), in his book entitled *Personal Mental Hygiene,* advocated for the use of books with his child patients. Moore (1944a) stated:

> Some time ago it occurred to me that children might be helped by giving
>
> them a book to read which would touch upon their specific problem and
>
> illustrate principles of conduct that they might absorb and be guided by in
>
> the determination of their behaviour. (p. 178)

At this time, Moore spoke to Clara Kircher, a staff member at a public library, about his idea of book therapy. Following this discussion, Kircher prepared a bibliography of children's literature, classified into school grade, with a subject index giving captions that designated various foci to the behaviour of children and adding the principles or solutions which they may contain for children reading them. This bibliography was published and carried the titled *Character Formation Through Books: A Bibliography* (Kircher, 1945). Kircher (1945) emphasised the dynamic character of the reading process and its guiding function for children's emotional adjustment. She believed that the reading of literature could have both immediate and delayed effects, with solutions potentially drawn upon a significant time after the reading.

At this point, it is important to put in context the early history of children's literature. Up until the middle of the nineteenth century, books written for the young were intended to be didactic. That is, they were written to instruct children in religious matters and to lead them away from the temptations of the material world (Myracle, 1995). It wasn't until the 1850s that fiction stories were written specifically for the pleasure of the young (Cline & McBride, 1983). Still, however, parents, educators, and professionals back then apparently worried about the impact of such books on their young reader. In response came the publication of censorship guidelines that indexed acceptable books for children and

adolescents and the specific moral values that a child would gain through reading a particular book (Myracle, 1995). Edwin Starbuck published the first of these guidelines in 1928 entitled *Guide to Children's Literature for Character Training* (cited in Rubin, 1978b; Myracle, 1995). In the indexing of these moral values, the early seeds of bibliotherapy for children can be seen (Myracle, 1995).

In terms of the administering professional, up to the middle of the 20th Century most bibliotherapy practices were carried out by medical and librarian fields (Tews, 1970). From the mid 1940s, an increase in the number of articles linked to bibliotherapy, written by people in different fields, became evident (Beatty, 1962). By the 1950s and 1960s, the field had broadened considerably to psychologists, counsellors, social workers and educators. (Tews, 1970). In a review of the literature, Coville (1960) noted that in the previous decade, 80 percent of the authors had been in fields outside of medicine. Ten years later Tews (1970) commented, "… bibliotherapy was no longer confined to the traditional clinical setting in hospitals and institutions" (p. 176).

As a testament to its growing popularity, the journal publication *Library Trends* held a symposium in 1962 on the bibliotherapy topic and devoted an entire issue to it with contributing authors from a variety of professions. The ALA followed up with a three-day workshop in 1964 (Horne, 1975) that was attended by physicians, occupational therapists, psychologists, librarians, educators, and chaplains. The most important accomplishment of this workshop was the consensus conclusion that there were three major requisites for bibliotherapy to develop as a field: (1) bibliotherapy training courses [i.e., skills required], (2) outcome research, and (3) a standard nomenclature (Tews, 1970).

Another advance in the development of bibliotherapy in the 1960s was the publication of a book by Zaccaria and Moses (1968), two educational psychologists, entitled *Facilitating Human Development Through Reading: The Use of Bibliotherapy in Teaching and*

Counseling. They presented bibliotherapy as an adjunct to processes in education. They considered bibliotherapy as a technique which could be applied by both teachers and counsellors as a therapeutic medium in the mental health of students. In their view, bibliotherapy is an expression of an educational stance which focuses upon both academic learning and psychological maturity.

In an attempt to add increased scope to the therapeutic uses of bibliotherapy, Rubin (1978b) adopted a three-pronged approach to the classification of bibliotherapy according to participants, goals, settings and leaders. The three types of bibliotherapy were classified as: (1) institutional, (2) clinical, and (3) developmental. Institutional bibliotherapy was referred to as "the use of literature – primarily didactic – with individual institutionalised clients. It includes the traditional medical uses of bibliotherapy in which mental hygiene texts are recommended …"(p. 3). Clinical bibliotherapy referred to "the use of literature – primarily imaginative – with groups of clients with emotional or behavioural problems" (p. 4). The goals ranged from insight to change in behaviour. Developmental bibliotherapy referred to "the use of both imaginative and didactic literature with groups of 'normal' individuals" (p. 5). The goals were to promote 'normal' development and self-actualisation, or to maintain mental health. Rubin highlighted a common characteristic of all three types to be discussion of the material after reading to consolidate benefits.

Today there is a vast amount of literature on the topic of bibliotherapy, written by a wide range of professionals including psychiatrists, psychologists, social workers, and librarians. The largest body of available literature reports on the application of bibliotherapy for preventative, remedial, and/or development goals within a wide range of areas. For ease of examination of this literature, Lenkowsky (2001) suggested three 'category applications': (1) general, (2) specific problem, (3) and special education.

Within the categorisation of general application there are many articles explaining the interactive therapeutic process inherent in bibliotherapy (i.e., identification and projection, catharsis and insight), as well as articles describing variations in implementation (Hynes, 1987). This literature suggests that bibliotherapy can be carried out by a range of professions including social workers, librarians, and teachers. Under the guidance of such 'bibliotherapists', people can then experience bibliotherapy-related gains, including in relation to their overall emotional health (e.g., Ouzts, 1991). Available reading materials can be suggested for annotated bibliographies provided, and caution and advice on literature evaluation and implementation for teachers and others is offered (e.g., Gould & Mignone, 1994).

In terms of specific problem application, descriptions of bibliotherapeutic programs applied to different types of problems are addressed. This category emphasizes bibliotherapy for targeting a particular problem. In this service, many provide annotated bibliographies. For example, problems related to divorce (Kramer & Smith, 1998), the difficulties of alcohol / chemical dependency (Pardeck, 1991) or alcoholic parents (Manning & Manning, 1984; Pardeck, 1998), abuse (McDaniel, 2001; Pardeck, 1990), fear of the dark, monsters (Barclay & Whittington, 1992), and death/grief (Ayyash-Abdo, 2001) are just a few of these applications.

With regard to the special education category, descriptions of bibliotherapy usage applied to different types of needs are provided. For example, special challenges and needs of gifted children (Hebert & Kent, 2000; Jeon, 1992), tension relief and adjustment for emotionally disturbed children (Olsen, 1975), helping learning disabled children gain interpersonal competence, improve their concept of self, and meet unique personal/social needs (Anderson, 2000), support in the development of social – emotional skills (Sullivan & Strang, 2002), overcoming anxieties associated with specific curriculum areas, (e.g.,

mathematics, Furner & Duffy, 2002) and anxieties associated with beginning school (Rich & Bernstein, 1975).

There is no question that the practice of bibliotherapy has grown over time. It has expanded to include self-actualisation, self-analysis, self-help and education, and problem-solving applications, often termed limited-contact therapy approaches, as well as more didactic and instructional techniques (Lenkowsky, 2001). Books used can be fiction or non-fiction, elaborate poetry, or self-help manuals. Self-help books have proliferated and many have become bestsellers over the past quarter century (Rubin, 1979). Reading can take place in a variety of conditions ranging from guidance in the library or classroom, to formal psychotherapy, to groups, to private, independently-directed, or purely accidental self-help. Bibliotherapy is used by accident or intention, with people of all ages, with people in institutions as well as outpatients, and with healthy people who wish to share literature as a means of personal growth and development. ~~As~~ Tews pointed out in the 1970s~~,~~ that even then it was "now a multi-media communication therapy" (p. 179).

In summary, the practice of bibliotherapy can be traced to origins in medical and mental hospitals. It appears further that the seeds of bibliotherapy were sown as a function of religious practices. The practice of bibliotherapy grew and became increasingly formalised during and following World War I. It seems that war effectively popularised the establishment of patient libraries and of some of the potential inherent in bibliotherapy. Today, the use of bibliotherapy has moved out of hospitals and into a wide variety of therapeutic, educational and community settings. It is currently positioned as a sensitive, non-intrusive method of guiding people towards problem solving and coping in their personal lives (Mohr, Nixon, & Vickers, 1991), a technique that can be used to stimulate discussion about a problem which otherwise, at least in some cases, might not be discussed because of fear, guilt, or shame (Gottschalk, 1948).

This section has highlighted the growth in interest in bibliotherapy as a therapeutic tool over time.   It appears now that bibliotherapy is a somewhat miscellaneous collection of techniques and practices in which literature is used in some way. Thus, one problem faced is definition, another is its boundaries. The term bibliotherapy is currently being used interchangeably with many other terms including self-help. Future theory and research will clearly benefit from increased definition and precision. We now turn to the question "does bibliotherapy work?" in the number of areas in which it has been used.?

Research: The Therapeutic Effects of Bibliotherapy

'Reading is important and helpful'; few would deny this statement (Beatty, 1962). Beatty (1962) suggested that the basic progression in thinking in the history of bibliotherapy could be labelled as 'enthusiasm', 'an art', and 'a science'. In 1916, Samuel Crothers referred to bibliotherapy as a new science.   More vigorous advocacy for a scientific basis began in the 1930s (e.g., Menninger, 1937). Pomeroy (1927) appears to be one of the first to acknowledge directly that there was no scientific evidence.

In 1939, Alice Bryan asked, *"Can there be a science of bibliotherapy?"* Bryan (1939c) answered this question in the affirmative, putting forward the proposition that bibliotherapy was capable of achieving a more secure place among the social sciences. Bryan observed that:

> …so far most of the work in bibliotherapy seems to be based upon untested assumptions rather than upon systematic scientific observation and controlled experimentation. … If we are to have a science of bibliotherapy we must pass beyond the anecdotal stage in formulating principles and proceed to scientific experimentation. (p. 775)

Bryan went on to identify that one of the essential requisites here was "the accumulation of a body of experimental data from which conclusions may be legitimately drawn and general principles established" (p. 775).

Since these early statements, there has been a continuing debate in the literature as to whether bibliotherapy is in fact an art or a science. Although the research literature has grown over time, there is a wide variation in the type and quality of research methodologies used. In fact, it is concluded here that such variability contributes to a difficulty in establishing strong conclusions regarding the therapeutic effectiveness of bibliotherapy. The following section outlines and describes both early and current research. It also highlights that bibliotherapy has had difficulties in attempting to become classified as a science.

Back in the 1960's, Zaccaria and Moses (1968) described five types of research related writings evident in the bibliotherapy literature: exhortatory studies, theoretical research, descriptive studies, case studies, and experimental research. Exhortatory articles advocate for the use of bibliotherapy and emphasise the need for research. Theoretical research relates bibliotherapy with other practices and attempts to explain the dynamics of the field and to emphasise its usefulness. Descriptive research and case examples are similar in that they describe the use of bibliotherapy in a particular setting. Techniques and suggestions are offered but little specific detail is given (Rubin, 1979). The two types of experimental research evident in the bibliotherapy literature appear to be simple before-and-after, one group pretest-posttest studies and controlled studies.

In attempting to establish a 'science' of bibliotherapy, case studies appear to have been the first to appear. Of course this type of research is not considered to be conclusive. Heitzmann & Heitzmann (1975) commented that the case study approach "… is weak in generalizability offering little in terms of direction to others" (p. 122). Nonetheless, such case descriptions provided a starting point, suggesting promising techniques that could be

further validated, and are now briefly described. It is worth noting that early case studies were uncontrolled (i.e., no use of a specific single case methodology).

Moore (1944b) described two cases, both boys, who were described as having 'problem behaviours' (e.g., inability to follow direction and accept correction, laziness at school, not wanting to attend school). Reading was used following a number of play therapy sessions, and the books were initially self selected by the boys from among a number. Following the reading of the selected books, discussion between the boy and Moore, about the books content and what the boy had 'got out of it', would occur. Moore concluded that "the data … presented gives us a glimpse of a technique of great therapeutic importance" (p. 232).

Also in 1944, Dr. Jerome Schneck began research into bibliotherapy while at the Menninger Clinic and published a series of four articles on his work. Schneck (1946) used a case study approach to his research, presenting two adult cases that included the application of bibliotherapy as an adjunct. In the first case (depressive episodes), bibliotherapy using non-fiction materials was incorporated into psychotherapeutic interviews. In the second (somatic complaints), fiction materials were used as an adjunct to hypnotherapy. Though presenting no hard data, Schneck (1946) concluded that bibliotherapy was advantageous in treating both of these patients, citing educational and recreational merits. He did conclude that scientific experimentation was needed to evaluate more systematically its effectiveness.

Sister Mary Agnes (1946) stressed the use of bibliotherapy to help children overcome problems. Using a case study approach, Agnes (1946) described the use of books with five "socially maladjusted" children displaying problem behaviours (e.g., negative self-beliefs in relation to academic abilities; an idolised child by parents and peers; disliked by peers; defiance; in need of attention). In three of the cases, the 'causes' of the maladjustment were stated as environmental and of parent origin. In the other two cases, the causes of the

difficulties were stated as being "more obscure" (p. 10).   Two criteria were used in governing the selection of these cases. As stated by Agnes (1946):

> The purpose of determining whether beneficial results could be obtained from reading alone, without complicated treatment or recourse to a physician or a psychiatrist, necessitated the selection of cases in which a single symptom of maladjustment was involved. The second consideration … the therapist must gain the confidence of the patient before recommending books. (p. 11)

To meet this criterion, Agnes selected children who had an already established relationship with an adult (e.g., mother, aunt, sister, or teacher), and who was willing to act as an intermediary in the study (i.e., receiving and ensuring the books were read).   Agnes (1946) described some improvement in the conduct and attitudes of four of the five children after their reading of three to five prescribed fiction books and discussion of the books read with their identified intermediary.   However, only one of the five children apparently made a connection between their problems and those of the characters in the books. Unfortunately, Agnes (1946) did not describe how these improvements were measured.

Based on his own case studies, Dr. Louis A. Gottschalk (1948), presented six benefits of prescribed, supervised reading by a trained therapist. Gottschalk also made several recommendations regarding which patients are most amenable to this therapeutic process. Based on case study findings, the six benefits were as follows: (1) increasing the understanding of their own psychological and physiological reactions to frustrations and conflict; (2) increase understandings of some of the terminology used so that communication between the therapist and patient may be facilitated; (3) support the verbalization of problems which they ordinarily find difficult; (4) stimulate thinking constructively between therapy sessions and to analyze and synthesize further their attitudes and behaviour patterns; (5) reinforce, by precept and example, social and cultural patterns and inhibit infantile patterns of

behaviour; and (6) stimulation of imagination, afford vicarious satisfactions or enlarge the patient's sphere of interests.

As a result of experience in using mental-hygiene literature, rather than imaginative literature, the most amenable patients to supervised bibliotherapy as stated by Gottschalk (1948) were patients who (1) independently seek help, (2) ask if there is some reading material that will help, (3) are in the habit of reading and with good intellectual ability, and (4) have only mild psychoneurotic disturbances. Gottschalk (1948) concluded that the value of bibliotherapy, in conjunction with other types of psychotherapy, is "undeniable" (p. 54).

Although the descriptive case study approach appears to be the most common early methodology, during the 1940s, studies began to appear that used more sophisticated methodologies. For example, Jackson (1944) investigated the possible effects of reading fiction on the attitudes towards a specific ethnic group (i.e., African-American) of a group of southern white children (Atlanta, Georgia). The methodology here involved two matched groups of junior high school children (i.e., sex, intelligence, chronological age, and socioeconomic status), an experimental group, reading fiction presenting the African-American race in a sympathetic light, and a control group who were involved in no reading, measurement of attitudes pre-and-post treatment, and measurement after a fortnight to ascertain if change produced by reading was lasting. The Hinckley scale for measuring attitudes was used. Jackson (1944) stated that this scale consists of two forms: A (administered pre-reading intervention) and B (administered post-reading intervention). Both the experimental and control groups completed the two forms. A specific story had to be written for the prescribed fiction story as a story could not be sourced from the current books in circulation which meet certain selection criteria. The experimental group was asked to read the story in a twenty-five minute period. Although there was no formal discussion

following the reading of the story, questions were allowed.   The reading and the two testing times all fell within an hour.

Jackson (1944) reported the following results; experimental group pre-reading mean attitude score of 6.54 and post-reading mean attitude score of 7.49; while the control group pre-reading mean attitude score was 6.23 and post-reading mean attitudes score of 6.25. Jackson (1944) stated that the scores "represents a small but significant change in the attitudes of the experimental [group]" (p. 52). However, at the end of two weeks, when form A of the measurement scale was again administered, the gain had been lost.

Other studies during the 1940's emphasised different methodological advancements. In 1947, Sister Mary Agnes conducted research into the effects of reading on behaviour.   Her study aimed to measure the effect of 'free reading' on the expressed racial attitudes of one hundred adolescent girls who attended a large city Catholic high school. Agnes (1947) employed a twenty-seven item questionnaire to measure the girls' racial attitudes. The questionnaire was distributed to one hundred white girls whose library records documented that they had borrowed, during the past year, at least two books by or about an ethnic group (e.g., African-American) or dealing largely with ethnic life. A matched control group of seventy girls were given the same questionnaire. The control group reported no reading in relation to ethnic issues. In comparing the two groups, Agnes found more favourable ethnic attitudes within the 'reader group'. However, Agnes acknowledged that it was difficult to conclude that reading itself was the primary factor responsible for the differences found between the two groups as other social factors (e.g., radio, movies, and parental attitudes) were not controlled.   Nonetheless, the use of an identified measurement procedure, combined with a control group, represented methodological advances.

A few years later, Dr Lou Hirsch (1952, cited in Oathout, 1954) advocated a set of techniques that would assist bibliotherapy research to approximate the procedures of the basic

sciences. His advocacy incorporated the principles of hypothesis, accumulation of empirical

data, and the weighting of evidence by statistical criteria. Like Hirsch, Oathout (1954)

advocated for more scientific evidence. Despite these research directions, Ryan (1957)

continued to assert that owing to a lack of such recommendations being implemented,

bibliotherapy was still an 'art' and was not yet a science.

Since these early admonitions on the value of research, there has been slow, but

progressive, movement. For example, several published quantitative examinations of the

bibliotherapy literature emerged during the later part of the 1970s and the 1980s (e.g.,

Glasgow & Rosen, 1978; Schrank & Engels, 1981; Stevens & Pfost, 1982; Craighead,

McNamara, & Horan, 1984; Tillman, 1984; Riordan & Wilson, 1989). Unfortunately, as

these reviews demonstrated, the availability of empirical research at that time was limited in

number and scope. In addition, the evaluation of bibliotherapy has primarily concentrated on

specific self-administered self-help books and manuals with adult populations and many of

the studies have been unpublished works (e.g., doctoral dissertations). Collectively these

reviews reported 'mixed' results for the effective use of bibliotherapy.

Despite these mixed results, survey research, at the time, suggested that practitioners

were increasingly prescribing self-help books as counselling adjuncts (Starker, 1986, 1988).

More recent reviews have progressed from qualitative analysis to quantitative

aggregation (meta-analysis), again primarily focusing on self-help books (e.g., Scogin,

Bynum, Stephens, and Calhoon, 1990; Gould and Clum; 1993; Marrs, 1995; Gregory,

Canning, Lee, and Wise, 2004).

These above analyses generally found positive effect sizes for the effective use of

bibliotherapy, with effect sizes ranging from .-- to --. These results seem to indicate that

bibliotherapy has the potential to be a powerful technique to achieve emotional and

behavioural change. However, it appears evident that while conclusions, particularly those

based on meta-analytic findings, do provide some optimism for practice contexts, overall they have been mixed, particularly with regard to certain problem types and populations. However, with that said, over the years the methodological quality of individual studies has most definitely improved and the methods of review have been refined and become increasingly statistically based (Gregory et al., 2004). The meta-analyses done ~~in this area and presented here~~here have generally been broad based, examining bibliotherapy across a wide variety of problem areas and primarily adult populations. Nevertheless, given this current collection of meta-analytic findings, we do conclude that quantitative summaries do provide one particularly optimistic signpost for continuing advancements. Despite this optimism, the fact is that there continues to be considerable diversity in methodologies used across studies. This includes the type of literature (imaginative vs. didactic), degree of therapist contact, client characteristics, duration of bibliotherapy, and use of bibliotherapy alone or as an adjunct. Thus, while the question "is bibliotherapy an art or a science" is now an outdated question, the field of bibliotherapy must continue to strive toward more systematic research and evaluation. This includes experimental studies using a range of control conditions and the increased use of random assignments. Correlational studies will also benefit from increased sample sizes and the use of more sophisticated analytic strategies (e.g., hierarchical linear modelling, moderator – mediator regression, structural equation modelling). Relatedly, we would add that with theoretical developments in this area stalling in the 1950s, there is much room for theoretical advancement.

<div align="center">Summary</div>

Bibliotherapy has a long and rich history. Bibliotherapy grew from the idea that reading could affect an individual's attitude and behaviour. While there appears to be wide spread enthusiasm for the potential value of bibliotherapy to influence both children and adults, such claims are somewhat subjective, assuming, but not robustly authenticating that

the therapeutic process originally theorised is operational and effective (Lenkowsky, 2001). The largely limited availability of systematic, objective, comparative research suggests that while many believe in bibliotherapy and are using it, sufficient substantiated evidence of how it works, why it works, or if it works is still incomplete in many areas.

In her article entitled *The Myth of Bibliotherapy,* Warner (1980) stated that "the professional literature on bibliotherapy is impressive only in the volume of articles" (p. 107). Smith (1989) described bibliotherapy as being a little like Cinderella's slipper, "many people try to cram a foot into it and then stand up as full-fledged bibliotherapists' based on their interpretations of the process …" (p. 241). The scope of what actually constitutes bibliotherapy now appears much broader than originally conceived. As cautioned by Warner (1980) "One might ask, 'what isn't bibliotherapy?'" (p. 108). As a result of this expansion and overlap in interpretation, definition, and use, understanding and evaluating the efficacy of bibliotherapy is difficult (Lenkowsky, 2001). It seems that the use of bibliotherapy has exceeded its original theoretical and definition base.

In conclusion, the faith that many have in bibliotherapy, in whatever form, seems to be based in some cases on less than systematic inquiry, lack of operational definition, and a lack of theoretical grounding. However, meta-analytic findings provide impetus for researchers to continue their investigations into the efficacy of bibliotherapy, using robust and rigorous methodologies to evaluate effectiveness as well as theoretical propositions. However, despite some empirical advancement, theoretical and practice developments have not been particularly forthcoming in recent years. One main question is how best can bibliotherapy be incorporated in a systematic fashion into one's practice so as to add to the benefits of therapy across a variety of client groups? To answer such a question, more systematic developments of taxonomic and practice models are a necessary complement to some of the promise suggested by meta-analytic findings.

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Figure 1. History Synopsis of Bibliotherapy

Note. Until 1970 Adapted from *Using Bibliotherapy: A Guide to Theory and Practice* (p. 20), by R. J. Rubin, 1978, London: Oryx Press. Copyright 1978 by Oryx Press. Permission pending.

Therapeutic Positioning	Timeline	Primary Theorists
	300 BC	
Library Epigraphs	300 BC	
Earliest record of prescribed reading	1272	
Libraries in psychiatric hospitals	1700s	
Dr. Benjamin Rush	1802/1810	
First aritcle written on reading for the insane (Dr. John Minson Galt II)	1846	
First professional librarian appointed within a mental hospital (K. Jones)	1904	
Samuel Crothers offeres the termbibliotherapy	1916	
Bibliotherapy implemented in a Veterans Administration hospital	1923	
Bilbliotherapy written about for the first time with children	1936	
Dr. William Menningerger	1937	W. Menningerger
	1938	L Rosenblatt
	1939	A Bryan
First dictionary definition	1941	
	1950	C Shrodes
Library Trends Symposium	1962	
ALA workshop	1964	
Increase in publications and expansions in definition and use	1970	
	present	