

The Use of Bibliotherapy as a Therapeutic Intervention by Mental Health Professionals

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ABSTRACT

Bibliotherapy is a program 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, p.2). This study employed a qualitative approach to explore the use of bibliotherapy as a therapeutic intervention by mental health professionals. Detailed semi-structured interviews were conducted with thirteen psychologists based in Mumbai, India. Thematic analysis of data revealed several codes which were then grouped to form primary, secondary and finally tertiary themes: how bibliotherapy fosters growth, acts as a support system, is a knowledge repository and dynamics of bibliotherapy. Themes were viewed in light of participant responses and research in the field to address three research questions: What is the role of fiction and non-fiction reading material in professional therapy currently offered in counselling and therapeutic settings? What are the diverse techniques and mechanics of bibliotherapy practiced by mental health professionals? What are some of the therapeutic processes involved in bibliotherapy according to the mental health professionals who use it as a tool?

Keywords: *Bibliotherapy, Therapeutic adjuncts, Counselling techniques, Tools for psychologists*

Avid readers have probably always experienced the power of books intrinsically. They have believed in the potential of literature to heal, provide comfort, lead to insight and be a tool for catharsis. This phenomenon of using books and literature as a modality for healing has also been explored in a scientific manner. The term bibliotherapy was coined by Samuel McChord Crothers in an article that appeared in the Atlantic Monthly in 1916, where it referred to the use of books within therapeutic contexts (Crothers, 1916). At the core of bibliotherapy, there is the therapeutic use of books. However, the practice of bibliotherapy dates back to ancient times. Preliminary readings on the history of bibliotherapy take us right back to the ancient Greeks who envisioned libraries as repositories for ‘medicine for the soul’. In a detailed account provided by Rubin (1978) one can trace the use of books and literature as a tool for catharsis and insight right from post-World War one times to the current times. In the post-world-war years, bibliotherapy gained impetus.

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Bibliotherapy is a program 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, p.2). Pehrsson & McMillan (2005) outline a few major synonyms of Bibliotherapy, namely, bibliocounselling, bibliopsychology, book matching, literatherapy, library therapeutics, guided reading and biblio guidance.

The definitions of bibliotherapy vary from simple ‘treatment through books’ to more nuanced and sublime ones such as that provided by Caroline Shrodes (1955) who defined bibliotherapy as “the process of dynamic interaction between the personality of the reader and literature under the guidance of a trained helper”.

How bibliotherapy serves to promote change depends on the therapeutic orientation of the mental health professional using the intervention. Broadly speaking, bibliotherapeutic interventions have been split along lines of the psychodynamic approach on one hand, and the cognitive behavioural approach on the other (Pehrsson & McMillan, 2005).

A notable work that combined bibliotherapy and psychotherapy was Caroline Shrodes’ 1949 doctoral thesis ‘Bibliotherapy: A Theoretical and Clinical-Experimental Study’. The psychodynamic model provided by Shrodes iterates that the vicarious process induced by reading includes identification (including projection and introjection), transference, catharsis and insight. First is the process of identification wherein the reader recognizes their own feelings in the character. In a sense the reader empathizes with character. “Shock of recognition” may occur when the reader becomes aware of parallels between their own life and life presented in text. Secondly, catharsis occurs and the repressed or conflicted feelings begin to surface. This could be seen as the peak of identification. The reader releases pent-up emotions under safe circumstances. The reader is secure because they are not the actual person involved in the specific emotional circumstance. Finally, similarities between characters’ and readers’ lives allow readers to gain new perspectives on their problems. Thus, under the guidance of an able counsellor the second stage gives way to the third, which is insight. The process of bibliotherapy is likened to ‘deep therapy’ which offers an emotional experience to the client (Shrodes, 1955).

This model is primarily relevant for fiction material and imaginative literature that is explored within therapeutic settings under the guidance of the mental health professional. The psychological experience of reading was thus analysed into a bibliotherapy model that laid the foundations for subsequent theories and revisions.

Another framework for the bibliotherapy process is found in the cognitive-behavioural therapy orientations. The Interactive model proposed by Hynes & Hynes-Berry is a good example. “Bibliotherapy uses literature to bring about a therapeutic interaction between the participant and facilitator. In interactive bibliotherapy, a trained facilitator uses guided discussion to help the clinical or developmental participant(s) integrate both feelings and cognitive responses to a selected work of literature, which may be a printed text, some form of audio-visual material, or creative writing by the participant.”(Hynes-Berry & McCarthy-Hynes, 2012, p. 10). This model marks a bibliotherapeutic intervention as a form of socio-therapy and as a specific branch of art therapy, where art is reduced to the creative usage of language and literary forms (Bálint & Magyari, 2020).

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The model suggests specific steps for preparation, selection, application, facilitation and follow-up (Hynes & Hynes-Berry, 2012). Since this framework is wider it provides for inclusion of both fiction and non-fiction material for inclusion in the bibliotherapy intervention. Preparation includes both relationship building and assessment of client interests and reading skills. Selection, informed by the assessment, involves matching material with clients. Applications vary from client-initiated to counsellor-initiated, structured to unstructured, directive to non-directive and more-facilitated to less-facilitated. The trained facilitator may use guided discussions to help integrate both feelings as well as cognitive responses to a selected work of literature, which may be a printed text, some form of audio-visual material or creative writing by the participant. Measures of client growth and material effectiveness are included in follow-up.

The model also outlines the mechanics of how change occurs within its framework. There are a series of steps that include recognition, examination, juxtaposition of feelings and ideas culminating with an application to the self. These four steps can be seen as catalysts in behavioural as well as emotional change. Recognition would broadly refer to a feeling of being intellectually or emotionally touched or engaged by the text. Examination refers to the deliberate intellectual act of thinking. This would involve scrutinising and understanding the primary experience. Then, there is juxtaposition which involves a comparison and contrast of the primary experience with the examined experience. In case the therapy has been delivered in the context of a group, this would also include the reflection of others in the group. Then is the step of application to the self, which happens after this kind of evaluation. There is a new level of recognition and understanding, or insight (Hynes & Hynes-Berry, 2012, p.33-40).

Abstraction is another process relevant in the mechanics of bibliotherapy. When it comes to literary narratives, these are abstractions of real-world experiences that are also substantially less simple than other more explicitly didactic representations of social information. The idea of a simulation space, or “the world of the imagination,” appears to be closely linked to our subjective experience while reading narrative fiction. Literary narratives are thus ways of understanding ourselves in the social world. The function of fiction then is to abstract and simulate the social world. This also includes fantastical books that may present psychological realism. This abstraction condenses complex information regarding interactions and evokes, through various mechanisms that depend on imagery and literary language, a simulative experience. This allows for extending our understanding of selves in the social world (Mar & Oatley, 2008). Adler et al.(2013) studied sudden gains (SGs) in psychotherapy as a function of meaning-making and abstraction.

From gleaning the available literature it is observed that although bibliotherapy is spoken of as a singular term, in practice, it is not. What is evident though is a general premise that solace can be found in books, and that there is a potential for harnessing the power of literature and the medium of books by qualified therapists to bring out therapeutic value for a diverse range of clients. Over the years, bibliotherapy has emerged as an evidence-based technique and has a wide variety of potential applications as a therapeutic adjunct across myriad age groups and psychological concerns.

It also emerges that bibliotherapy research in India is at nascent stages. While there exist a handful of studies exploring evidence for its effectiveness, the researcher could not find an India-based study that explores how individual psychologists use bibliotherapy in therapeutic practice. Hence the rationale for the current research.

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Sample

The sample for the study included mental health professionals, that is clinical and counselling psychologists who were currently practising counselling and therapy. A preliminary screening was done prior to choosing the participants. The inclusion criteria was as follows: Participants had a Master's degree in psychology, had at least five years of professional experience and professed to having used or currently employing use of bibliotherapy as one of the therapeutic tools for their clients. Participants who met these criteria were approached for a detailed semi-structured interview. Purposive sampling and the snowballing method was used for the study. The saturation point was reached at 13 interviews.

Instrument

A semi-structured interview was employed for the purpose of this research. An interview schedule was constructed. Whilst providing more flexibility, and the scope of eliciting more information, semi structured interviews provided a structure over focused interview.

Procedure

The purpose of this study was to investigate the following research questions:

1. What is the role of fiction and non-fiction reading material in professional therapy currently offered in counselling and therapeutic settings?
2. What are the diverse techniques and mechanics of bibliotherapy practiced by mental health professionals?
3. What are some of the therapeutic processes involved in bibliotherapy according to the mental health professionals who use it as a tool?

The researcher identified the participants based on the aforementioned inclusion criteria. Semi-structured interviews using a preconstructed interview schedule were used for conducting the interviews. The interviews were conducted in real time and recorded for mental health professionals. Each interview lasted for between 20 to 45 minutes. The researcher assumed that the accounts described by the participants authentically represented their views and experiences. The recordings were then transcribed. Transcripts were analysed using thematic analysis (Braun & Clarke, 2006).

The first step of the analysis involved reading and re-reading transcripts to understand the data and also develop a comprehensive overview of the same. The researcher carefully read the data line by line and abstracted codes which were noted in the margins. The codes were collated into tentative subthemes in the context of the research questions.

The transcripts were read multiple times as deemed necessary to ensure that the essence of the content was conveyed authentically. Through the coding and thematic labelling process three levels of themes were identified. Primary themes were grouped together into secondary themes, which were grouped together to form tertiary themes. The process required a constant reference to the transcripts and the themes were continually refined until the organising thematic structure that authentically conveyed the participants' experiences was derived from the data.

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This structure has been presented as the thematic map.

Tertiary themes	1. FOSTERS GROWTH			2. SUPPORT SYSTEM			
Secondary themes	Emotional growth	Cognitive skill building	Facilitates Psychoeducation	Beyond session support	Wellbeing	Applicability	
Primary themes	Developing insight and Self-awareness Flexibility and adaptability	Development of skill sets Applying knowledge Facilitates imagination and expression	Equip with information Body-mind connect	In-between session Post termination	Self-care Spirituality	Widely used Rarely used Counsellor factors	
Tertiary themes	3. KNOWLEDGE REPOSITORY			4. DYNAMICS OF BIBLIOTHERAPY			
Secondary themes	Building blocks	Counsellor's Toolkit		Appropriateness of use	Underlying processes and mechanics	The therapeutic relationship	Evaluating bibliotherapy
Primary themes	Choosing material Types and genres Multiple modalities	Psychologists creating content Authenticity Finding the right fit		Client factors Stage of counselling Language and culture	Validation Psychodynamic processes Reinforcing activities	Counsellor-client exchange Furthers therapeutic alliance	Scope and challenges Synergies with other interventions

Figure 1: Thematic map for The Use Of Bibliotherapy As A Therapeutic Intervention By Mental Health Professionals

DISCUSSION

1. What is the role of fiction and non-fiction reading material in professional therapy currently offered in counselling and therapeutic settings?

The results of the study indicated that bibliotherapy fostered growth within the therapeutic setting. In terms of emotional growth, fiction and non-fiction reading material was used to facilitate increased insight and self-awareness. As the data set showed, the access to multiple perspectives made possible through these materials gave the clients different ways of looking at the issue at hand and also provided multiple frames of reference through which they could view their concerns. This led to a kind of flexibility and adaptability in the client. Indeed, in a detailed account provided by Rubin (1978) one can trace the use of books and literature as a tool for insight right from post-World War one times to the current times, thus corroborating the role of insight. Counsellors perceive that clients gained perspectives on the presenting issue, often being able to see the consequences of their actions, or understanding someone else's perspective and looking at situations from different viewpoints, when bibliotherapy was employed (Bergqvist and Punzi, 2020).

Fiction and non-fiction reading material was used by the participants for cognitive skill-building, developing skill sets, facilitating application of knowledge and concepts and encouraging imagination and creative expression. The skill-building and application of knowledge was facilitated by choosing specific material for the purpose. This material was mostly informative. Fiction was employed in facilitating imagination and creative expression in children. The role of non-fiction reading material came out most strongly in the arena of psychoeducation, more specifically, the mind-body connection.

Both the fiction and non-fiction reading material formed part of the knowledge repository, the aggregation of the resources that enabled the counsellor and the client to harness bibliotherapy. Recommendations as well as personal vetting by counsellor to determine client-material fit were crucial.

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Commonly used genres included autobiographical writing, autobiographies, fiction, short stories, informative articles, school textbooks, motivational books, personal narratives, fantasy fiction, non-fiction, self-help books, poetry, picture books for children, informative texts, Indian literature, popular fiction and videos. Various modalities were used to access bibliotherapy and these included books and texts, PowerPoint presentations, old-school books, audio books, websites and links to articles, multimedia and audio-visual resources and animated series. This seems consistent with research. Books are indeed one of the most common components of the literature used in bibliotherapy. However, the format of written work used encompasses magazines, pamphlets, research papers, poetry, quotes, blog, etc (Gillette, 2022).

Reading material also forms a part of the counsellors toolkit as was highlighted in this study. The Counsellor's toolkit described the resources that are an integral part of the arsenal of the counsellor. It included books by other psychologists as well as curated legitimate material. What came out most strongly was the fact that counsellors wanted a repertoire of resources that were curated.

2. What are the diverse techniques and mechanics of bibliotherapy practiced by mental health professionals?

One of the techniques is using it as a support system for the client. It provided support to the client beyond session time. It was a source of support in between counselling sessions where clients could access resources at their own pace, develop further insights and clarify or reinforce certain concepts. It was also a source of support after termination of the counselling relationship.

It also acted as a support system in that it contributed to client wellbeing. One way in which it contributed to wellbeing was as a self-care activity. Another way was by the use of spiritual literature and material which also contributed to the wellbeing of the client and led to it becoming a kind of support system for the client, if the client was inclined towards spirituality in the first place.

Reinforcing activities on the part of the counsellor worked to enhance, augment and optimise the impact of books. These assumed the form of follow-up activities such as improvising on content and aspects such as teaching clients about mindful reading.

The therapeutic relationship itself was a key factor that contributed to the working of bibliotherapy in the therapeutic context. A key element of the therapeutic relationship was the counsellor-client exchange, that is, the methods by which the counsellor and client interacted.

Discussion between the counsellor and client emerged as the key factor in the therapeutic relationship that facilitated bibliotherapy. It emerged as a base on which bibliotherapy rested. This is consistent with research on processes that facilitate bibliotherapy. The trained facilitator may use guided discussions to help integrate both feelings as well as cognitive responses to a selected work of literature ((Hynes & Hynes-Berry, 2012).

What emerged from the data set was that counsellors were aware that they had to create space within the session to talk about elements connected to bibliotherapy, and provide the space to clarify concepts, check understanding or clarify misunderstandings. The therapeutic alliance was also found to be a key factor in the therapeutic relationship. It emerged that

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bibliotherapy was practiced in congruence and alignment with the counsellor orientation, which helped further the alliance and rapport.

The applicability of use of bibliotherapy as a support system was mediated by different factors that would indicate the mechanics of how it takes place in therapy. Certain counsellor factors like reading habits influenced its use. For counsellors who were avid readers, bibliotherapy came as an extension of this preference. With respect to training, there was no formal training and it appears that counsellors used it more or less intuitively. At the moment the use is somehow ad-hoc with counsellors having their own ways of intuitively using bibliotherapy and having their own informal ways of assessing the efficacy of its use with clients.

The appropriateness of use of bibliotherapy within therapeutic settings was mediated by client factors, the stage of counselling and elements of language and culture. Counsellors emphasised on different client factors such as client inclination to read, client readiness to process information given, the psychological availability of the client and so on. Participants in the study employed bibliotherapy across a wide age group ranging from children to the geriatric population. The data also showed a vast array of potentiality in terms of the intervention's applicability across the different stages of counselling. It emerged that once rapport was established, the counsellor used the intervention at any stage of counselling, pointing to the huge potential applicability.

3. What are some of the therapeutic processes involved in bibliotherapy according to the mental health professionals who use it as a tool?

The dataset also revealed specific therapeutic processes involved in bibliotherapy according to the mental health professionals who use it as a tool. The theme of validation described how bibliotherapy alleviated feelings of isolation, recognised that the client was not alone in the experience that somehow helped acknowledge what the client felt. The feeling of isolation experienced by the client and its consequent resolution by showing them how they were not alone, came across strongly in the data set.

There are varied psychodynamic processes that play out in bibliotherapy that explain how and why it works. From the current data set the processes gleaned were catharsis, metaphors, identification. Identification with the character in the presented text worked as an underlying mechanism to lead the client to insight or present a frame of reference.

The data set and the themes pertaining to the underlying processes were supported by the psychodynamic model provided by Shrodes that iterates that the vicarious process induced by reading includes identification (including projection and introjection), transference, catharsis and insight. First is the process of identification wherein the reader recognizes their own feelings in the character, empathises with character, or experiences the shock of recognition by becoming aware of parallels between their own life and life presented in text. Then, catharsis occurs and the repressed or conflicted feelings begin to surface. The client releases pent-up emotions under safe circumstances. Finally, similarities between characters' and readers' lives allow readers to gain new perspectives on their problems. Thus, under the guidance of an able counsellor the second stage gives way to the third, which is insight. The process of bibliotherapy is likened to 'deep therapy' which offers an emotional experience to the client (Shrodes, 1955).

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Other ideas: Finally, some of the themes explored did not necessarily fall in the ambit of the research question but were nevertheless worthy of consideration. The theme of evaluating bibliotherapy was explored as well and it described the scope and challenges of this intervention as well as how it worked in synergy with other approaches. Some factors emerged that highlight how bibliotherapy may have unintended or perhaps negative consequences sometimes such as discharging clients to a book, overwhelming the client, activating certain traumas etc.

Synergies with other interventions were also considered. Bibliotherapy was a part of an eclectic approach and mostly used as an adjunct. When used with children it synergised with play therapy. Another synergy was with narrative therapy and expressive writing.

This study thus provided a qualitative exploration of the use of bibliotherapy by mental health professionals. Limitations of the study pertain to the nature of the sample (self-selected and limited to Mumbai) as well as potential bias in answers as data was self-reported. However, the study does show that there is immense potential in exploring bibliotherapy in individual practice. Further research could explore access to Indian vernacular literature and the emotional bandwidth defined by the rich indigenous languages, the cost effectiveness of bibliotherapy, potential partnerships with public libraries, and building an evidence-based and centralised resource base of useful bibliotherapeutic material in varied modes and modalities that counsellors could access.

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Conflict of Interest

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