



**BIBLIOTHERAPY IN THE PUBLIC LIBRARY:
AN ANALYSIS OF THE CONCEPT AND RECOMMENDATIONS FOR PRACTICE**

MARIA WIDEMAN

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DECLARATION

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Following normal academic conventions, I have made due acknowledgement to the work of others.

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ABSTRACT

Bibliotherapy, generally understood as the use of literature to support mental health, is practised in various ways in different settings. In the United Kingdom, the public library is the primary facilitator of bibliotherapy. The practice has wide applicability across a range of health issues, as well as many enthusiastic advocates. However, the literature is riddled with confusion regarding various issues, including what is and what is not bibliotherapy, who it is meant for, and what kind of materials should be used in the practice. The ambiguity of the term, 'bibliotherapy', and the divergent ways the term is used, further exacerbate the confusion. The literature also lacks clarity as to the role of the public library in the provision of bibliotherapy.

This extended literature review seeks to address the confusion, firstly by investigating different definitions and conceptualisations of 'bibliotherapy', and secondly by exploring the role of the public library in bibliotherapy provision. To gain a comprehensive understanding, academic literature from various disciplines is reviewed, key issues and oppositions are identified and analysed, and multiple perspectives are incorporated into a critical narrative.

Analysis revealed that 'bibliotherapy' has been defined and conceptualised in a multitude of ways. Restrictive conceptualisations often limit its use to clinical/formal settings, while the most inclusive conceptualisations allow it to be used by anyone, anywhere. Bibliotherapy was found to be an expansive concept, encompassing a wide variety of practices and approaches. Literature used ranges from fairy tales and poetry to informative self-help manuals; from multimedia to service users' own writings. All approaches and types of literature have their uses. Experiences of bibliotherapy have been predominantly positive, yet there are some concerns to be aware of. Depending on perspective, bibliotherapy may be seen as supportive and empowering, or as a means of shifting responsibility from the society to the individual.

The public library can offer a wide array of bibliotherapy services, ranging from casual reader guidance to reading groups. However, to be able to serve as wide a population as possible, the public library needs to collaborate with health care professionals. When facilitating bibliotherapy in the public library, awareness of service users' needs is key. Different approaches and different types of literature should be adopted and used, and service users' circumstances and needs must be considered with compassion and understanding. Awareness needs to be promoted to reduce stigma and prejudice.

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I would like to thank all the authors who inspired me in the process.

That book is good
Which puts me in a working mood.
Unless to thought be added will
Apollo is an imbecile (R.W. Emerson).

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1 INTRODUCTION

The term 'bibliotherapy' has its roots in the Greek *βιβλίον* ('book') and *θεραπεία* ('healing') (Rubin, 1978b). Generally, the term is used for the practice of reading to support mental health and wellbeing. Literature's aptitude for conveying beneficial psychological effects has been recognised at least since the days of Aristotle, who, in his *Poetics*, presented the notion of catharsis (Hynes and Hynes-Berry, 2012; Pehrsson and McMillen, 2005). Engravings along the lines of "Healing Place for the Soul", discovered on the entrances of ancient libraries in Alexandria and Thebes, suggest that libraries have long played a role in cultivating the potential mental health benefits of reading (Canty, 2017; Jack and Ronan, 2008). However, bibliotherapy, as it is presently practised – both within and without the library – has emerged during the past century, with the term itself having been coined in 1916 (Brewster, 2018). McNicol outlines the aims of 21st century bibliotherapy as "improving social and emotional wellbeing and increasing confidence and self-esteem" (2018, p.23). Bibliotherapy thus understood has applicability across a wide range of issues, and the potential to help a great many people (Canty, 2017; Duffy, 2010; Pehrsson and McMillen, 2005).

A wealth of literature has been written on bibliotherapy. As a field of study, its theory and practice have been influenced by a host of academic disciplines and professions, including psychology, literature, healthcare, education, and library and information science (McNicol and Brewster, 2018; Rubin, 1978a). As this truly interdisciplinary field has been discussed from various perspectives, often with little to no effort to reconcile differing views, the literature is riddled with confusion and controversy, disagreeing on such fundamental questions as how bibliotherapy is to be defined, how it should be practised, and what kind of literature would best serve its aims. Varied and inconsistent use of terminology further exacerbates the confusion (Cohen, 1994; Jack and Ronan, 2008; Wenger, 1980). The literature also lacks clarity as to what role the public library and its librarians should perform in the facilitation of bibliotherapy (Brewster, 2009; Hannigan, 1962; Jones, 2006; Wenger, 1980).

This extended literature review seeks to address the confusion, firstly by examining different definitions and conceptualisations of bibliotherapy, and secondly by investigating how public libraries can facilitate bibliotherapy. The analysis follows an interdisciplinary approach, identifying underlying tensions within the reviewed literature in order to produce a more comprehensive understanding of what bibliotherapy is, and how the services provided by the public library may be mapped onto this understanding.

Analysis of the literature shows that 'bibliotherapy' is a complex concept, realised in several ways in a variety of settings (Jack and Ronan, 2008). Breaking the concept into its component parts, 'biblio' and 'therapy', and teasing out the tensions related to each component, we come to understand the variety of ways that bibliotherapy has been understood and practised. While bibliotherapy is offered by many public libraries, lack of recognition and awareness by staff, inconsistencies in the terminology used and insecurities concerning the public library's role in bibliotherapy facilitation render coherent and consistent promotion difficult (Jack and Ronan, 2008; Walwyn and Rowley, 2011). As Brewster states, "bibliotherapy is a concept of which many librarians may have heard, but not completely understood" (2008, p.115).

Nevertheless, the public library is an ideal setting for bibliotherapy. As an institution, the public library is expected to serve the myriad needs of its patrons. In the current economic climate, as the public library's *raison d'être* is constantly being questioned, it is especially vital to be alert and responsive to patrons' needs. As the Scottish Library and Information Council's (SLIC) 2015-2020 national strategy for public libraries states,

The library promise, their social contract with the public, now needs to be refreshed and updated. The best libraries are changing their model from safeguarding and lending information to *actively helping citizens improve their wellbeing by pursuing their interests, aspirations and potential* (Scottish Library and Information Council, 2015, p.2, emphasis added).

It would seem, then, that bibliotherapy fits tremendously well with the model SLIC are advocating for; the aims of bibliotherapy are mutually compatible with the aims of the public library. Moreover, since patrons often consult public libraries for information about the challenges they encounter, the library is well placed to provide and promote

bibliotherapy. Crucially, when bibliotherapy is offered in the public library, the needs of the public are better served. Bibliotherapy can support the public library in realising its societal role, thereby delivering on the above mentioned “library promise”, and warranting its existence amid increasing financial pressures.

Therefore, to encourage the facilitation of bibliotherapy in the public library, this dissertation offers clarifications and recommendations in relation to bibliotherapy provision and promotion; it is hoped that these will help increase understanding and awareness of the varieties and subtleties of bibliotherapy among public librarians, and so allow them to offer and promote it to patrons with confidence. While the dissertation does not provide definitive definitions, it further clarifies the issues involved in the confusion, thus echoing the call for clearer definitions that pervades the literature (Brewster, 2008; Cohen, 1994; Jack and Ronan, 2008; McArdle and Byrt, 2001).

The dissertation is set out as follows. Chapter two provides an introduction to bibliotherapy, outlining its historical evolution and recent practice in the United Kingdom, and highlighting some of its typical objectives. Chapter three presents the research questions, objectives, and deliverables of the dissertation, and introduces the interdisciplinary approach. Chapter four describes the literature search strategy and the methods used in analysing and synthesising the literature. Chapters five and six present the main findings. Finally, chapter seven concludes the dissertation with discussion, recommendations, and closing remarks.

A note to guide the reader: several of the themes and topics discussed are intertwined and overlapping; some issues will therefore be discussed in several places. The difficulty in organising the dissertation mirrors the widespread ambiguities and overlaps in the field of bibliotherapy.

2 BIBLIOTHERAPY PRIMER

2.1 Origins and evolution of bibliotherapy

Even though many cultures have utilised the psychological benefits of reading for millennia (Canty, 2017; Detrixhe, 2010), most authors have dated the beginnings of bibliotherapy proper to 1916, when Samuel McCord Crothers coined the term 'bibliotherapy' in his article 'A Literary Clinic' (Brewster, 2018; Rubin, 1978a). Around the time when Crothers, an American Unitarian minister and essayist, wrote his depiction of a fictional bookshop operating as a prescription clinic, new approaches to mental illness were gaining traction (Brewster, 2019). Where once the mentally ill had been branded as lunatics and moral reprobates to be locked away into asylums, those affected by mental health problems were beginning to be seen as ill and deserving of compassionate care (Brewster, 2018; Jack and Ronan, 2008). The 19th century asylum reforms had replaced callous treatments, restraints, and incarceration with increasingly humane approaches – amongst these, recommended reading (Brewster, 2018). Although these reading recommendations had not been referred to as bibliotherapy, Crothers' term was soon adopted to the practice of hospital librarianship, spurred on by vast demand in the wake of the First World War, which eventually led to the popularisation of patient libraries (Brewster, 2018; Jack and Ronan, 2008; Miller, 2018).

After the war, patients in the Veteran's Administration (VA) hospitals required treatment for considerable mental trauma alongside their physical injuries; additionally, hospital stays were often lengthy, and wholesome pastimes were in demand (Brewster, 2018). Hospital librarians, tasked with the responsibility of reading provision, were considered part of the "therapeutic community" (Hannigan, 1962, p.189). VA hospital librarians pioneered the bibliotherapy approach, promoting reading to patients via recommendations or group discussions, and sometimes involving them in the daily operation of the library (Brewster, 2018; Fanner and Urquhart, 2008). The literature used was typically not focussed on recovery; it was used primarily as source of distraction (Brewster, 2019). Usually, no feedback sessions were facilitated; it was simply assumed that the readings were beneficial (McCulliss, 2012). Generally, bibliotherapy at the time was practised in hospitals and institutions, and seen primarily

as a way to alleviate patients' suffering (Lenkowsky, 1987; Rubin, 1978a). One famed psychiatric institution utilising bibliotherapy at the time was the Menninger Clinic run by the brothers Menninger (Rubin, 1978a).

From the 1920s onwards, modern psychotherapy became fascinated with bibliotherapy, seeing it as a potential tool for psychoanalysis (Brewster, 2018). Both Sigmund Freud and Carl Jung had utilised literature extensively in creating their psychological models (McArdle and Byrt, 2001; Pehrsson and McMillen, 2005; Shrodes, 1978). The interest from psychotherapy led to the beginnings of a more formalised phase in bibliotherapy's history, with psychologist-librarian Alice Bryan's 1939 article raising the question, "Can there be a science of bibliotherapy?" (Brewster, 2018). Advocating for a more scientific approach, Bryan "answered her own question in the affirmative" (Rubin, 1978a, p.4), and produced her own psychological theory of bibliotherapy, in which she associated bibliotherapy with the aim of self-understanding (Brewster, 2018). It should be noted, however, that the endeavour to establish bibliotherapy firmly as a science is still ongoing (Jack and Ronan, 2008).

Another notable work combining bibliotherapy and psychotherapy was Caroline Shrodes' 1949 doctoral thesis 'Bibliotherapy: A Theoretical and Clinical-Experimental Study', cited copiously to this day (Canty, 2017; McCulliss, 2012). In Shrodes' psychodynamic model, the psychological experience of reading was analysed into the phases of identification, transference, catharsis, and insight (Shrodes, 1978); undergoing these experiences was thought to produce the bibliotherapeutic effect (McCulliss, 2012). Through Shrodes' work, the aesthetic experience took centre stage in bibliotherapy (Czernianin, Czernianin and Chatzipentidis, 2019). Her psychoanalytic model laid the foundations for several subsequent theories and revisions (Canty, 2017; Cohen, 1994; Pehrsson and McMillen, 2005; Pettersson, 2018).

The 1960s and 1970s saw a further expansion of interest in bibliotherapy, as mental health treatments were becoming deinstitutionalised (Brewster, 2018), and the so-called "whole man model of medicine", which viewed the human being as a complex combination of physical and mental needs, was gaining ground (Wenger, 1980, p.134), alongside "the idea of a team working together with one goal, the cure of the patient" (Hannigan, 1962, p.189). The re-conceptualisation of mental health as a "continuum or spectrum" (Brewster, 2018, p.7), that could be aided in various ways depending on

where one found oneself along the continuum, was calling conservative ideas of so-called normalcy into question (Alston, 1978). In 1962, a special issue of the *Library Trends* journal edited by Ruth Tews focussed solely on bibliotherapy; the articles explored topics such as the relationship between psychotherapy and bibliotherapy, and the librarian's role in bibliotherapy facilitation (Brewster, 2018).

In 1978, two seminal works, *Bibliotherapy Sourcebook* and *Using Bibliotherapy: A Guide to Theory and Practice* were published from Rhea Joyce Rubin. The former is an anthology of various authors' writings; the latter presents Rubin's own theoretical and practical understanding of bibliotherapy (Rubin, 1978a; 1978b). Both works have often been utilised in subsequent literature (McCulliss, 2012). In her theory, Rubin divided bibliotherapy into three categories based on different "settings, leaders, participants, techniques, and goals": institutional, clinical, and developmental (Rubin, 1978b, p.3). Institutional bibliotherapy took place in the mental institution, and aimed primarily at providing information and recreation (Rubin, 1978b). In clinical bibliotherapy, individuals with mental health problems were treated in groups within the community or the mental institution, in order to inspire understanding and/or behavioural changes (Rubin, 1978b). Developmental bibliotherapy was used with "groups of 'normal' individuals", to support and sustain mental health (Rubin, 1978b, p.5).

As bibliotherapeutic approaches were becoming increasingly detailed, many librarians began to classify the books they recommended according to specific diagnoses and issues (Brewster, 2018; Bryan, 1978). In 1986, another influential book in the field, *Bibliotherapy - The Interactive Process*, appeared from professional bibliotherapist Arleen McCarty Hynes and her daughter Mary Hynes-Berry (McCulliss, 2012). Now in its third edition, republished as *Biblio/Poetry Therapy - The Interactive Process* (Hynes and Hynes-Berry, 2012), the book is still frequently cited. Hynes and Hynes-Berry emphasised the role of facilitation in bibliotherapy, considering the "therapeutic interaction between participant and facilitator" the key to healing (2012, p.3). A recent notable addition to the literature was Sarah McNicol and Liz Brewster's (2018) *Bibliotherapy*, an edited book presenting various theoretical approaches and practical applications. As a lecturer in medical education and researcher in information and library science, Brewster in particular has in recent years become a "key figure in research into bibliotherapy and UK public libraries" (McLaine, 2010, p.145).

Beginning from the early twentieth century, “the emergence of the reader” led to the growth of “civic enlightenment and personal development” as common aims for readers (Richardson Lack, 1985, p.27). In tow with this development, the so-called “self-help revolution” (Neville, 2013, p.19) led to the development of self-help literature into a “multimillion dollar industry” (McCulliss, 2012, p.30) and a category of literature used commonly in bibliotherapy (Canty, 2017; McCulliss, 2012). As a coinciding development, group therapy, originating from the early 1900s, became popularised as a treatment method, partly as a response to the growth in demand for mental health support caused by the Second World War (Rubin, 1978a).

Even though bibliotherapy originally became popular in clinical settings amongst hospital librarians, it has since spread to a variety of settings and been adopted by several professions, such as psychologists, school counsellors, educators, and social workers (Jack and Ronan, 2008; Pehrsson and McMillen, 2005); more recently, public libraries have taken the lead in offering bibliotherapy (Hutchinson, 2014). In the UK, the public library has become the most prominent provider of bibliotherapy (Brewster, 2009). Jack and Ronan have noted that the expansion of bibliotherapy over time has broadened its definition to such extent that it is causing “considerable confusion within the field as to what is and what is not, bibliotherapy” (2008, p.162).

Over the decades, a constant in the academic discussion has been the demand for scientific research and verifiable results (Brewster, 2018; Lenkowsky, 1987). Much of the literature is still subject to criticism for relying on anecdotal or personal statements regarding the value of reading (Canty, 2017; McDonnell, 2014; Pehrsson and McMillen, 2005). In recent years, however, the quality of research has improved considerably, and many have deemed the evidence for bibliotherapy convincing (Canty, 2017; Fanner and Urquhart, 2008; Jack and Ronan, 2008). Randomised controlled trials (RCTs) and meta-analyses have shown bibliotherapy to be effective, for example, in the reduction of depression and anxiety disorders (Sharma *et al.*, 2014).

Nevertheless, there are still considerable limitations to the body of research. In most trials, the literature used has been self-help nonfiction (Brewster, 2018), in other words, “specific how-to books and manuals as distinct from fiction or inspirational literature” (Riordan and Wilson, 1989, p.507). Besides, even within the same category, different books produce different effects, meaning that research conducted on specific

books has very little generalisability (Brewster, 2018). Reading being a subjective experience, even the same books can produce very different effects in different individuals: “the aesthetic experience in bibliotherapy is never uniform” (Czernianin, Czernianin and Chatzipentidis, 2019, p.81), and “individual reactions to a given work will never be identical” (Pehrsson and McMillen, 2005, p.50). Research is also inconclusive on issues such as how successful bibliotherapy is in the long-term, and whether it is suitable for the treatment of severe mental illnesses (Fanner and Urquhart, 2008).

It might be questioned, however, whether it is realistic to expect the benefits of bibliotherapy to be entirely discoverable and identifiable, “using the rigorous testing methods developed for assessing the effectiveness of medication” (Brewster, 2018, p.8). As Brewster explains, bibliotherapy occupies a somewhat ambiguous space, “at the edge of medical practice”, which has “led to a desire to assess bibliotherapy as a medical intervention” (2018, p.8). The effects of bibliotherapy – especially using fiction – however, are often not measurable or quantifiable (Bate and Schuman, 2016; Hynes and Hynes-Berry, 2012). Walwyn and Rowley note the “difficulty of collecting clinical evidence that can adequately capture the variety of emotional, psychological, and health benefits offered” (2011, p.304). Furthermore, it is difficult to isolate the impact of bibliotherapy, as it is often used as a complement to other treatments (Fanner and Urquhart, 2008; Pehrsson and McMillen, 2005; Riordan and Wilson, 1989), and it is impossible to control the myriad issues that may impact on research participants’ mental health (Menninger, 1978); for example, differences in “life experiences and innate attitudes” may significantly alter the course of treatment (Czernianin, Czernianin and Chatzipentidis, 2019, p.82).

As Riordan and Wilson point out, “most writers agree that bibliotherapy does not have to wait for scientific evaluation to be useful”; however, the counselling and medical professions require “empirical research to support the inclusion of bibliotherapy in their practice” (1989, p.506). In the context of this dissertation, it bears noting that even though evidence-based librarianship is a rising trend, “few schemes and interventions, if any, delivered in libraries are tested in RCTs” (Brewster, 2018, p.15). As this dissertation will discuss, approaches to bibliotherapy range from informal to formal; arguably, then, the less formalised the approach, the less formal the evidence supporting it needs to be.

2.2 Recent practice in the United Kingdom

Throughout its history, the status of bibliotherapy has fluctuated (Brewster, 2019), and each period of popularity has realised the ideas behind bibliotherapy in its own ways; the approach currently practised in UK public libraries originated in the early 2000s (Brewster, 2018). From the early 2000s onwards, the public library, responding to “a systematic push to deliver these services from a more community-based perspective” (MacDonald, Vallance and McGrath, 2013, p.859), has become the main provider of bibliotherapy in the UK (Brewster, 2009). The aforementioned “push”, in turn, was produced by a number of interrelated factors and developments in healthcare, such as: “increasing demand for treatment from patients with mental health problems” (MacDonald, Vallance and McGrath, 2013, p.858), “a patient-centred approach to patient care” (Fanner and Urquhart, 2008, p.237), “the promotion of healthy living and self-care, the emergence of the expert patient concept and the need for effective use of resources” (Turner, 2008, p.56). Amidst great financial pressures and growing demand for treatment, bibliotherapy, a cost-effective and accessible nonmedical intervention, “enables public libraries to contribute to this broad well-being agenda” (Brewster, Sen and Cox, 2013, p.570).

The bibliotherapy offering in public libraries has mainly been channelled through different bibliotherapy schemes.¹ The majority of the schemes are of the Books on Prescription type: “patients are prescribed suitable books covering information about their conditions by doctors, which they can collect at the library” (Walwyn and Rowley, 2011, p.302). As the description suggests, these schemes are mostly targeted at patrons with mental health diagnoses, and the main focus is on providing access to informative literature to support treatment (Brewster, 2018; Turner, 2008). The prescribed literature is typically selected from a collection of titles composed by mental health professionals, and stocked by the public library (McDonnell, 2014; Turner, 2008). Most of the listed titles are self-help books that typically employ a cognitive behavioural

¹ For a more comprehensive up-to-date overview of bibliotherapy schemes and actors in the UK, see Brewster, 2019.

therapy (CBT) approach to mental health issues (Brewster, 2008), offering “strategies to deal with emotions” (McDonnell, 2014, p.128).

However, some schemes also promote reading to support mental health in a more general sense (Brewster, 2018). Schemes such as the Reading and You Service (RAYS) and Get into Reading organise reading groups that are usually “open to anyone in need of support”, although some participants may be referred by health care professionals (Walwyn and Rowley, 2011, p.304). Instead of self-help literature, these schemes predominantly use fiction, recognising that the “cognitive and emotional qualities” of novels, short stories and poetry have bibliotherapeutic value, too (McDonnell, 2014, p.128). RAYS organises read-aloud discussion groups, individual sessions, and activities such as creative writing (Brewster, Sen and Cox, 2013). Contemporary fiction, classics, short stories and poetry are used flexibly to promote RAYS’ aims: “increased public library use, enjoyment of literature, and awareness of the well-being benefits of reading” (Brewster, Sen and Cox, 2013, p.572). Get into Reading, on the other hand, focusses only on canonical literature (Brewster, Sen and Cox, 2013; McLaine, 2010). The idea is to promote the reading of literary classics with the public, as these are believed to involve “narratives to which all can relate” (Brewster, 2009, p.405). Classics are often perceived as challenging reads; reading them together is meant to make them more accessible, inspiring self-improvement and confidence in the participants (Brewster, 2009; Brewster, Sen and Cox, 2013).

Bibliotherapy schemes have been criticised for accessibility issues in terms of the literacy levels required for participation (Brewster, Sen and Cox, 2013). In particular, Get into Reading’s focus on the literary canon is said to imply value judgements that are not necessarily helpful to readers, who may feel inadequate if they find themselves unable to appreciate the readings (Brewster, 2009). Other common criticisms concern inconsistencies in the way the schemes are operated, and the lack of user-centred design and evaluation (Brewster, Sen and Cox, 2013).

2.3 Objectives of bibliotherapy

A multitude of objectives have been listed for bibliotherapy. While the promotion of health and wellbeing is always the overarching aim, the objectives change over time as theoretical and practical approaches evolve (McNicol, 2018). Within any approach, the focus of objectives depends on who the potential users are conceived to be: only patrons/patients with mental health problems, or everyone. The former conception is evident in *The Gale Encyclopedia of Mental Health*:

The goal of bibliotherapy is to broaden and deepen the patient's understanding of the *particular problem* that requires treatment. The written materials may educate the patient about *the disorder* itself or be used to increase the patient's acceptance of a proposed treatment. [...] the opportunity to read about *their problem* outside the therapist's office facilitates active participation in their treatment and promotes a stronger sense of personal responsibility for recovery. In addition, many are relieved to find that others have had the same *disorder or problem* and have coped successfully with or recovered from it (Fitzgerald and Wienclaw, 2012, p.194, emphasis added).

Per this view, bibliotherapy is delegated to a secondary role in the treatment of specific problems and disorders. As part of a treatment program, bibliotherapy serves two supportive functions: an educational/informative function, and a reassurance function. In a UK survey of 21 bibliotherapy schemes, the majority expressed a similar view: "For 14 of the schemes, the main area of concern was the early stage management of mental health conditions" (Chamberlain, Heaps and Robert, 2008, p.30). When bibliotherapy is used in the treatment of diagnosed mental health problems, it is typically considered a supplementary technique, adjunctive to the "physical treatment model" which retains its primacy (Wenger, 1980, p.134).

More inclusive conceptions regarding the potential users of bibliotherapy are reflected in the following list of intended outcomes and objectives compiled by Rubin, based on her reading of some of the earlier literature:

bibliotherapy can offer vicarious experiences and situations which the reader may not have had, or may wish to relive; can help the reader to achieve emotional and intellectual insights; can provide opportunities for identification, compensation, and abreaction; can increase self-worth and reinforce values; can provide a link to the external world and contacts with

reality; can arouse new interests in the readers; can dispel isolation; and can reinforce cultural and behavioural patterns (Rubin, 1978b, p.30).

According to this view, bibliotherapy can benefit anyone, eliciting a variety of potential responses based on each individual's personal experiences and circumstances. In similar vein, although more succinctly, Canty states: "Whatever the genre used, the common purpose is to help someone gain understanding, insight, and self- development through reading, reflection, and taking action" (2017, p.34). Likewise, McNicol's objectives, "improving social and emotional wellbeing and increasing confidence and self-esteem" (2018, p.23), exemplify an inclusive view of who bibliotherapy is meant for. This view is reflective of a broad conceptualisation of mental health, according to which "everyone [...] has mental health and wellbeing" (Brewster, 2019) – and correspondingly, "some psychopathology is present in every one" (Alston, 1978, p.145).

At one extreme, then, there are objectives associated with the conception that bibliotherapy is aimed exclusively at people with specific, diagnosed mental health problems; at the other extreme, there are objectives associated with the conception that bibliotherapy is aimed at anyone who may be interested in an increased sense of wellbeing. So which conception is correct? As this dissertation will show, the answer to this question depends on the setting and type of bibliotherapy being offered: while the former conception is applicable to formal (institutional/clinical) bibliotherapy, the latter conception holds true for informal (developmental) bibliotherapy.

3 RESEARCH FRAMEWORK

3.1 Research questions

The extended literature review attempts to answer the following questions:

1. How has 'bibliotherapy' been defined and conceptualised?
2. What are the main issues arising from the literature on bibliotherapy?
3. What role can the public library perform in bibliotherapy?
4. What should be taken into account when facilitating bibliotherapy in the public library?

3.2 Research objectives and deliverables

The aim of the literature review is to produce and promote understandings of bibliotherapy and its provision in the public library. Specifically, the objectives are to:

1. Compare and contrast definitions and conceptualisations of 'bibliotherapy'.
2. Identify and analyse key issues arising from the literature on bibliotherapy.
3. Investigate the role (actual and potential) of the public library in the facilitation of bibliotherapy, as discussed in the literature.
4. Consider the implications of what has been learned from the investigation to the provision of bibliotherapy in the public library.

The dissertation will deliver a breakdown of the term 'bibliotherapy', showing how its component parts, 'biblio' and 'therapy', contribute to its meaning. The dissertation will deliver recommendations for public libraries' involvement in bibliotherapy provision. An improved understanding of bibliotherapy will aid library and information professionals in designing, organising, and promoting bibliotherapy effectually. The dissertation will also propose potential avenues for future research in the area, and encourage further discussion on bibliotherapy. Bibliotherapy has the potential to help a large number of people, so there is great value in promoting its facilitation in the public library.

3.3 Interdisciplinary approach

As a field of study, bibliotherapy is truly interdisciplinary (McNicol and Brewster, 2018; Rubin, 1978b). The term itself ties together books, the specialty of literary studies and librarianship, and therapy, the specialty of psychology and psychiatry, and by extension, healthcare and medicine; additionally, disciplines such education and philosophy have shown interest. As bibliotherapy thus transcends the traditional borders of conventional disciplines, an interdisciplinary approach is suited for this investigation (Repko, 2008). Interdisciplinary research has been defined as:

a mode of research by teams or individuals that integrates information, data, techniques, tools, perspectives, concepts, and/or theories from two or more disciplines or bodies of specialized knowledge to advance fundamental understanding or to solve problems whose solutions are beyond the scope of a single discipline or area of research practice (National Academy of Sciences, 2005, p.39).

In this review, therefore, bibliotherapy is explored as a concept, irrespective of disciplinary concerns (Repko, 2008). The interdisciplinary research process consists of pinpointing areas of conflict and consensus betwixt various perspectives, investigating where these arise from, and uncovering “common ground” upon which interdisciplinary understandings can be built (Repko, 2008, p.xvi). As the differences in the terminology used for bibliotherapy cause considerable confusion (Jack and Ronan, 2008), the interdisciplinary aim of this literature review is also “to bridge the language used across fields” (Randolph, 2009, p.3).

4 RESEARCH METHODS

4.1 Narrative literature review

In a narrative literature review, a number of documents are analysed so that a well-informed opinion can be formed, or alternatively, if the issue is found to be inconclusive, a knowledge gap can be established (Jesson, Matheson and Lacey, 2011). The narrative approach, allowing for reflection and exploration of ideas, is good for developing arguments and insights (ibid). The approach is apt for this interdisciplinary investigation, wherein various viewpoints will be explored and integrated into an organised narrative.

The main criticism against narrative literature reviews is that they are unavoidably affected by the author's subjective interpretations, which may be partial or biased (Jesson, Matheson and Lacey, 2011; Randolph, 2009). Particularly in cases where methodological issues, such as the inclusion and exclusion criteria used in the literature review are not explained, it is impossible to determine whether the result is a balanced representation of existing literature; one-sided representation may lead to the exclusion of conflicting views and ideas (Jesson, Matheson and Lacey, 2011). To increase transparency, therefore, the literature search strategy and research methodology used in this dissertation are explained next. Since the intention of this review is to explore differing conceptions of bibliotherapy, one-sidedness can hopefully be avoided.

4.2 Literature search and selection strategy

Due to time constraints, the aim of the review was not extensive coverage, but rather relevance and diversity of insight. The selection method was akin to purposive sampling, in which the researcher uses their own judgment in deciding what to include; the main weakness of the method being that this can result in a biased review (Randolph, 2009). While subjectivity cannot be entirely avoided, consideration and explication of search procedures increases reliability.

In order to gain an interdisciplinary understanding, the literature search was not restricted to specific databases. Instead, the University of Strathclyde's SUPrimo

discovery tool was used, independently and in tandem with Google Scholar, to retrieve documents across a variety of academic disciplines. To ensure accessibility and increase relevance and reliability, Google Scholar was linked to the SUPrimo tool via the library links function. For exposure to diverse perspectives on bibliotherapy, moderately uncomplicated searches were conducted. No date range was employed, as a historical understanding was sought. The literature search log is provided in appendix 1. On it are recorded the resources and search terms used, number of retrieved documents (hits), documents selected for analysis, and notes on the process.

The documents retrieved in the searches were screened by title, relevant metadata, and abstract, and the decision to include or exclude was made according to inclusion/exclusion criteria. The criteria, configured iteratively (as recommended by Randolph, 2009), is presented in table 1 below.

INCLUSION CRITERIA	EXCLUSION CRITERIA
In English	Not in English
Full text accessible/available	No full text accessible/available
On topic: bibliotherapy, generally and/or specifically in public libraries	Off topic, or focussed solely on a specific patron group
Reliable	Unreliable
Academic (preferably peer-reviewed), or particularly relevant/seminal	Non-academic (unless particularly relevant/seminal)
Published in or after the year 2000, or particularly relevant/seminal	Published before the year 2000 (unless particularly relevant/seminal)
<50 pages long, or particularly relevant/seminal	>50 pages long (unless particularly relevant/seminal)
Useful (preferably unique) perspective/insight/contribution	Repetition (e.g. discussing the same study, unless from a different perspective)

Table 1: Literature inclusion and exclusion criteria (shaded criteria non-negotiable)

For an up-to-date review, prominence was given to relatively recently published literature; older materials were excluded unless they were identified as seminal works, or seemed otherwise particularly pertinent. For example, Hannigan’s 1962 article ‘The Librarian in Bibliotherapy: Pharmacist or Bibliotherapist?’ and Richardson Lack’s 1985 ‘Can Bibliotherapy Go Public?’ were included because they addressed the issues under investigation. Generally, historical significance was gauged from the literature.

The literature search resulted in the selection of thirty sources. Two of these, Rubin’s *Bibliotherapy Sourcebook* (1978a) and McNicol and Brewster’s *Bibliotherapy*

(2018) were edited books; a total of ten individual chapters from these were included according to criteria. Reviewing the documents and their references led to eight further sources via citation chaining. Additionally, two e-journal provider recommendations, and a CILIP (the UK library and information association) webinar focussing on bibliotherapy, were deemed pertinent. To avoid the review process becoming interminable, the total number of analysed documents was limited to fifty. The full list of analysed documents is available in appendix 2.

4.3 Processing the literature

While all documents were read with an open mind, older sources were reviewed with the awareness that some of them are, in certain aspects, outdated. Nevertheless, even in articles that may have “gone out of vogue” decades ago (Rubin, 1978a, p.4), some food for thought was found. The literature analysis was carried out iteratively, with the approach becoming more defined as understanding grew. NVivo 12 software, provided by the University of Strathclyde, was used to support the coding process. Often, several codes appeared relevant to the same pieces of text, so simultaneous coding, “appropriate when the data’s content suggests multiple meanings”, was employed (Saldaña, 2013, p.80). For example, the codes, ‘reading groups’ and ‘facilitation’ would often co-occur, as reading groups are typically facilitated. Moreover, some themes would belong to more than one broader category. For example, the term ‘self-help’ can refer to a specific genre of literature, or self-directed independent therapy generally (although the latter will often utilise the former).

It was recognised that in categorising data, certain themes may be grouped together, “not just because they are exactly alike or very much alike, but because they might also have something in common – even if, paradoxically, that commonality consists in differences” (Saldaña, 2013, p.6). Oppositions within the literature were thus pinpointed by categorising together views that, whilst conflicting each other, addressed the same questions (for example, whether bibliotherapy need be facilitated or not). This type of categorising is apt for identifying patterns within a body of literature (Saldaña, 2013).

5 BIBLIOTHERAPY CONCEPTUALISED

5.1 Approaching the term

'Bibliotherapy' is a complex term composed of two more or less abstract concepts, the meanings of which are not always clear. Nonetheless, it is the most commonly used term in professional indexes (Hynes and Hynes-Berry, 2012), and across academic literature (Pehrsson and McMillen, 2005). It is therefore useful to break the concept into its component parts and evaluate some of the issues related to each part.

5.1.1 Reader beware: ambiguity ahead

Over the decades, the practice of bibliotherapy has expanded, eventually exceeding "its original theoretical and definition base" (Jack and Ronan, 2008, p.178). Consequently, there is no definitive definition of bibliotherapy (Brewster, 2008; Wenger, 1980), nor any clear definition or qualifications for practising as a bibliotherapist (Pehrsson and McMillen, 2005; Turner, 2008). Acknowledging the ambiguity, Jack and Ronan refer to bibliotherapy as a "somewhat miscellaneous collection of techniques and practices in which literature is used in some way" (Jack and Ronan, 2008, p.172), while Brewster argues it is best understood as an "umbrella term for related ideas for using books to help people with mental and physical health problems" (Brewster, 2008, p.115). Contrariwise, Hynes and Hynes-Berry insisted that "bibliotherapy should not be considered an umbrella term for all activities in which books are used for self-improvement" (2012, p.4). For them, the healing process in bibliotherapy is centered not on reading or books *per se*, but on the "therapeutic interaction between participant and facilitator" (Hynes and Hynes-Berry, 2012, p.3).

Recognising the multiplicity of meanings and considerable "overlap in interpretation, definition and utilization" (Lenkowsky, 1987, p.124), is helpful when approaching the topic. As Richardson Lack complains, many authors fail to explain what they mean by the term, "leaving the reader to guess which type of bibliotherapy is being discussed" (Richardson Lack, 1985, p.28). Still further confusion is caused by the fact

that the term 'bibliotherapy' is often used interchangeably with various other terms (Jack and Ronan, 2008); some of these will be discussed in the next section.

Several terms related to the field are also used ambiguously. 'Nonfiction' as a label is rather unfortunate, defining the genre by what it is not (nor is there agreement on its spelling: nonfiction/non-fiction co-occur). 'Fiction' is also a somewhat imprecise label, sometimes used for all imaginative literature (including poetry, plays, etc.), sometimes used more specifically for imaginative prose. The term 'imaginative literature', on the other hand, is used to refer to "all types of fiction, play scripts, and poetry" (Usherwood and Toyne, 2002, p.34). The designation 'literary texts' is also sometimes used, to distinguish texts that serve a literary function instead of say, an informative or didactic one (Silverberg, 2003). These are often fiction/imaginative literature, but may also be, for example, biographies. 'Self-help' is yet another ambiguous term: typically used for a genre of didactic nonfiction literature, it can also be used to refer to the practice of self-directed therapy. While self-help literature is of course often used in self-directed therapy, the genre can also be utilised in therapy with a professional (Canty, 2017). Self-help as self-directed therapy, on the other hand, can refer to any therapeutic techniques used independently.

Moreover, the distinction between nonfiction and fiction is not as clear-cut as is often thought; for example, fictionalised autobiographies, poems and stories based on true events, and self-help books containing fictional examples fall somewhere in between. For simplicity, the main categories employed in this dissertation are 'nonfiction' and 'fiction', as these terms, even though ambiguous, are most commonly used in everyday language. However, alternative and overlapping terms will also be used as and when they arise from the literature.

5.1.2 A note on synonyms, or related terms

The literature comprises several terms that are often used (seemingly) synonymously with 'bibliotherapy'. The most popular alternative, particularly in the UK context, is 'reading therapy' (Canty, 2017; Fanner and Urquhart, 2008; McCulliss, 2012). Using the term 'reading therapy' – or 'therapeutic reading' (Cohen, 1994) – seems to shift the emphasis from what is being read to the act of reading. The terms are not necessarily

synonymous, since 'bibliotherapy' encompasses a range of activities, not just reading. Likewise, another common term, 'literary therapy' (Canty, 2017), is too restrictive to be a true synonym, as the literature used in 'bibliotherapy' would often not be considered 'literary' – informative nonfiction is also used. 'Poetry therapy' is considered a less inclusive near synonym by Hynes and Hynes-Berry (2012), while others view it as a separate discipline (McArdle and Byrt, 2001).

The term 'self-help', also used synonymously with 'bibliotherapy' (Jack and Ronan, 2008), is subject to a similar criticism: focussing only on the self-help genre excludes all other types of literature. Moreover, 'self-help' is often used to refer to the genre of literature itself, and this can cause further confusion. The term 'guided self-help' is a less ambiguous alternative, while 'prescription-based reading' is specific to Books on Prescription type bibliotherapy (MacDonald, Vallance and McGrath, 2013). 'Book therapy' (McCulliss, 2012), on the other hand, appears to be a mere English translation of the term. The strikingly archaic 'mental hygiene literature' appears in some sources (Jack and Ronan, 2008; Menninger, 1978), and appears to correspond roughly to what nowadays is commonly called 'self-help literature'. Other terms encountered by Pehrsson and McMillen are 'bibliopsychology', 'guided reading', and 'bookmatching' (2005, p.48).

Arguing that the word 'therapy' is too restrictive, some authors have suggested broader alternatives, such as 'biblioguidance', 'bibliocounseling', and 'library therapeutics' (Rubin, 1978b, p.6). Conversely, considering 'bibliotherapy' too broad a term, others have proposed "narrower terms such as 'bibliodiagnostics' for assessment, or 'biblioprophylaxis' for the preventative use of literature" (ibid). However, none of these suggestions appear to have taken root.² Perhaps, then, it is the ambiguity, however often contested, that has made the term 'bibliotherapy' relatively popular, allowing as it does for a great variety of interpretations and applications.

On consideration, supposed synonyms for 'bibliotherapy' often turn out to be related, broader, or narrower terms. Confusion is caused when people use related yet divergent terms unaware of the differences in their meanings.

² On 12 August 2019, a Google search of these terms produced 3,170, 4,390, 373, 57, and 143 results respectively, as compared to approximately 594,000 results produced for 'bibliotherapy'.

5.1.3 Definitions of 'bibliotherapy'

For McNicol and Brewster, "the basic premise of bibliotherapy is that information, guidance and solace can be found through reading" (2018, p.xiii). In *Bibliotherapy*, they employ Howie's definition: "The therapeutic use of books and other materials with individuals or with groups of people" (Howie, cited in McNicol and Brewster, 2018, p.xiii). The premise and definition both allow for very wide scope. It might be argued that they are too vague to offer much in terms of clarity. Considering that 'reading' *per se* is a mode of communication, the premise seems a truism. The definition, then, does very little to specify what is to be read or by whom: "books and other materials" is a bit of a catch-all, as is "with individuals or with groups of people".

An example of a more specific definition is Canty's "the directed use of books or other media for the resolution of human ills and conditions" (2017, pp.32-33). This definition specifies that bibliotherapy is to be directed; in other words, facilitation is required. "Books or other media", however, is another catch-all. A similar definition, sans facilitation requirement, is used by Fanner and Urquhart: "the use of written, audio, or e-learning materials to provide therapeutic support" (2008, p.237). An example of a relatively restrictive definition is found in *The Gale Encyclopedia of Mental Health*: "a form of therapy in which structured readings are used as an adjunct to psychotherapy" (Fitzgerald and Wienclaw, 2012, p.194). According to this, the reading materials have to be structured, and bibliotherapy is to be used to complement conventional therapy. McCulliss considers bibliotherapy:

an important clinical tool for mental health professionals who may prescribe reading (fiction, nonfiction, and poetry) or audio-visual material including films, in addition to engagement in discussion, an art activity, or writing, in their work with patients for the purpose of reflection, healing, and personal growth (McCulliss, 2012, p.23).

This definition shows a combination of restrictive and inclusive tendencies: whilst bibliotherapy is delegated exclusively to the use of mental health professionals working with patients, the materials and techniques used can vary. MacDonald, Vallance and McGrath's "the systematic provision of selected self-help texts and other written materials", conversely, restricts the reading to written materials (2013, p.857). Similarly,

Brewster, Sen and Cox's "the use of written materials (fiction, nonfiction, or poetry – typically in book form) as psychosocial support or psychoeducational treatment" (2013, p.569), specifies the use of written materials, whilst allowing for a supportive as well as a treatment function. Lenkowsky's "the use of reading to produce affective change and to promote personality growth and development" similarly implies that the materials are to be readable, whilst emphasising another, developmental function (1987, p.123). Miller's "intentional use of reading for the promotion of mental and emotional health" mentions that bibliotherapy has to be intended, whilst allowing for use outwith the traditional therapeutic context (2018, p.17).

In 1980, having reviewed a range of definitions of bibliotherapy, Wenger identified a number of issues, "the librarian is left wondering about", appearing across various definitions of bibliotherapy (1980, p.135). Wenger's list sums up the main uncertainties regarding definitions of bibliotherapy, still relevant nearly 40 years later:

interaction with the literature seems important;
there is always a role explicit or implied, for another person, (librarian, therapist, friend);
the problems involved are likely to be emotional ones (but not necessarily so);
whether the material has to be in traditional book format is not dealt with;
the use of fiction or non-fiction material is not specified
(Wenger, 1980, p.135).

Underpinning the definitions is the question of how the readers are conceived. Opinions vary from the all-embracing: "people in institutions as well as outpatients and with healthy people who wish to share literature as a means of personal growth and development" (Jack and Ronan, 2008, p.172), to the more exclusive: "a treatment method for mental health disorders" (Czernianin, Czernianin and Chatzipentidis, 2019, p.79). While some believe that bibliotherapy is suitable for anyone, others consider a diagnosis "the starting point as well as a prerequisite to the therapeutic process" (ibid, p.78). Typically, bibliotherapy is used for mental health support, but some authors are keen to emphasise that it may be useful for assisting people with physical health conditions too (Hutchinson, 2014; McLaine, 2010).

Whether bibliotherapy is aimed at only those with specific mental health conditions or at anyone interested, in turn, depends on the prevalent conception of

mental illness, a complex issue in its own right: “questions occur as to the nature of mental health and therefore, by default, what ‘deviance’ from health consists of” (McDonnell, 2014, pp.3-4). As stated by Neville, “the concept of mental illness and the categorisation of sufferers of mental illness are heavily contested constructions” affected by “political, social, cultural and economic factors” (2013, p.21). With the recognition of mental health as a “continuum of good mental health and poor mental health”, it is believed that everyone can benefit from mental health support (Brewster, 2019); in Alston’s words, “some psychopathology is present in every one” (1978, p.145). As Brewster (2019) notes, bibliotherapy “allows us to contextualise mental health slightly differently: we don’t necessarily have to be based in a hospital or clinical setting to be able to think about what it means to live well”. This way, “the term ‘mental illness’ gradually gives way [...] to ‘mental health’ within an ethos of recovery and well-being” (McDonnell, 2014, p.5).

5.2 The ‘biblio’ in bibliotherapy

Since there is “no agreement on what constitutes bibliotherapy”, a wide variety of materials have been used: “from literary fiction, poetry, essays, to autobiography, reference manuals, and self-help books” (Canty, 2017, p.34); “film, and participant’s creative writing, and song lyrics”, as well as “posters and comic strips also have been used successfully” (Richardson Lack, 1985, p.29). Recently, digital media, audio, video, and computer-aided interventions have also been employed (MacDonald, Vallance and McGrath, 2013; McCulliss, 2012). While some have insisted that the materials be in written form, in practice, the term ‘biblio’ – ‘book’ – is often used as a catch-all for any materials considered suitable for use. Hynes and Hynes-Berry, for example, recommend the use of literature “in the broadest possible sense” (2012, p.6).

5.2.1 Definitions of 'book': form v content

So what is a 'book', exactly? The *Oxford English Dictionary* entry on 'book'³ sheds light on the confusion around what can be used for bibliotherapy. The noun 'book', in fact, is so ancient that its etymology is uncertain. However, a generally accepted theory is that the Germanic base of the word derives from 'beech', via association to "the use of wooden writing tablets". Over time, the meaning of the word evolved, from 'material for writing on' to 'writing, book'. Currently, the noun has a myriad meanings, some mainly concerned with material/form, others with content. The most relevant definitions in the context of bibliotherapy are:

- 1a. A portable volume consisting of a series of written, printed, or illustrated pages bound together for ease of reading.
- 1b. A written composition long enough to fill one or more such volumes.
- 2a. A number of sheets of blank writing paper bound together to form a volume in which notes may be kept.
- 5. Book learning, scholarship; study, lessons, reading.
- 7. Any of various items resembling a book, esp. in being composed of leaves or plates joined or hinged at one edge.

Definitions 2a and 7 are concerned with form only: the book (possibly without contents) as an object. Definition 1a adds content to the book, whilst also specifying the form. Definition 1b shifts the focus to content: the book as the 'composition' filling the volume. A book may thus simultaneously be understood as an object, and as the composition presented within the object. Definition 5 introduces a different, abstract level of meaning. Thus, the multiple meanings of 'book' allow for a variety of materials to be used in bibliotherapy. A scope note under 1b concerning modern usage also extends the reference to audiobooks and electronic books.

The sometimes fuzzy association between form (the book as a mode of delivery/communication) and content (the narrative or story) is evidently a part of the confusion around conceptualisations of bibliotherapy. Bearing in mind the core aim of supporting (mental) health, what matters is that what works best is used. Usually, the content – or the method of delivery (as distinct from mode) – is what makes a

³ "book, n.", *OED Online*. <https://www.oed.com/view/Entry/21412>

difference; “A book’s design plays a secondary role and is important mainly for children and those with special needs” (Czernianin, Czernianin and Chatzipentidis, 2019, p.79). However, even content may not be as important as might be expected: some have found that “randomly selected literature” may work “just as well as carefully selected material in bibliotherapeutic activities” (Pettersson, 2018, p.128). In a study by Cohen, for example, “participants reported identical experiences whether they read fiction, nonfiction, poetry, or spiritual literature”, thus, “the crucial element in reading seemed to be recognition of self, not how literature was classified” (1994, p.435). The most helpful interpretation of ‘biblio’ may thus be Monroe’s: “book, film, recording or other created and authored analysis of human experience”(1978, p.257).

5.2.2 Nonfiction v fiction

Different types of literature “function somewhat differently in the bibliotherapeutic process; each type, however, has an important role” (Monroe, 1978, p.260). In the reviewed literature, the categories of nonfiction and fiction were typically employed, with nonfiction generally understood as didactic/instructive/informative literature, and fiction as imaginative/creative literature. Rubin explained: “imaginative literature represents human behavior and emotions whereas didactic literature explains them” (1978b, p.70). Shiryon identified “three major avenues of perception”, through which therapy could function: “1) the use of logic – the reasoning one; 2) the use of fantasy – the imaginative one; 3) the emotional reaction – the experiential one” (Shiryon, 1978, pp.160-161). In the context of bibliotherapy, it would seem that generally speaking, nonfiction would primarily operate via reasoning, fiction via imagination, whilst both would ideally trigger therapeutic emotional experiences.

Research has focussed primarily on nonfiction (typically CBT self-help books). Riordan and Wilson, evaluating the state of research in 1989, concluded that the evidence for self-help is “clearest and most consistent” (p.507); this appears to still stand (Canty, 2017; Detrixhe, 2010). By far, the most commonly used nonfiction are self-help books; the self-help genre will be discussed in more detail in the following section. Other subtypes of nonfiction that have been found helpful are, for example, travel books, used by some readers “to relive memories about their earlier lives, or to fantasize

about visiting these places” (Walwyn and Rowley, 2011, p.308), “biographies of persons who, despite their physical disability or disease, were optimistic and led an active life” (Czernianin, Czernianin and Chatzipentidis, 2019, p.83), and philosophy books, “as they are conducive to maintaining inner peace and contentment” (ibid, p.84).

Although the empirical evidence for fiction in bibliotherapy is lacking, anecdotal evidence supports its use (Fanner and Urquhart, 2008), and “it appears to be effective in reducing stress levels” (Harwood and L’Abate, 2010, p.62). Moreover, fiction offers endless opportunities for vicarious experience (Duffy, 2010); a reader can “experience the life of another and relate these experiences to their own life” (Harwood and L’Abate, 2010, p.62). For this reason, the classical view of bibliotherapy, in the tradition of Shrodes, is geared towards fiction (Brewster, 2009; Cohen, 1994; Wenger, 1980). The Shrodesian psychodynamic model describes how the reader undergoes the bibliotherapeutic process by identifying with a character in a story, experiencing catharsis, and gaining insight into their own situation through this identification (Canty, 2010; Detrixhe, 2010; Shrodes, 1978). The experiences of identification and catharsis are commonly thought to be more potent when reading fiction (Canty, 2017; Wenger, 1980), because literature serving the artistic function will typically elicit a more powerful aesthetic experience, which in turn will produce a more powerful psychological and emotional effect (Czernianin, Czernianin and Chatzipentidis, 2019; Silverberg, 2003). As Duffy notes, fiction-based bibliotherapy “may resonate strongly with clients because fiction taps into emotions, which appears to draw people to this type of text as compared to a self-help book” (2010, p.3). Reading fiction is often also considered a source of pleasure, and enjoyment as such is beneficial to mental wellbeing (Czernianin, Czernianin and Chatzipentidis, 2019; McNicol, 2018; Pettersson, 2018).

Moreover, in an evaluation of therapeutic reading groups organised by public libraries, Walwyn and Rowley found that “much pleasure was gained from texts that created alternative, imaginative worlds, far removed from those of the participants” (2011, p.309). In a state of heightened imagination, readers were able to reconstrue their own life experiences; “Discussion about the text then allows readers to approach issues obliquely, reducing inhibitions so that they can express, share, and address anxieties” (Walwyn and Rowley, 2011, p.303). The text being imaginary can thus help participants feel more comfortable to disclose their personal experiences; as theorised

by Shrodes, fiction “permits the reader, paradoxically, both an illusion of psychic distance and immediacy of experience” (Shrodes, 1978, p.80). This idea inspired Shiryon (1978) to develop ‘literatherapy’, a form of psychotherapy that utilised literature. Shiryon’s reasoning was that utilising literature in psychotherapy could help a person relax their defences as their personal problems were not confronted directly, and this could aid the therapeutic process.

Contrary to the above discussed assumption, however, nonfiction can also elicit identification and catharsis (Cohen, 1994). When reading an autobiography, for example, “readers can ask about turning points in the subject’s life, about who influenced the subject, about what experiences the reader shares with the subject” (Canty, 2017, p.35). Some people may find it easier to relate to a real person than a fictional one (Usherwood and Toyne, 2002). It is often thought that the more similar the character, the stronger the identification will be (McNicol, 2018). Ideally, the character should share similar characteristics and circumstances with the reader (Canty, 2017; McNicol, 2018). For literal types, this may be more likely to occur with realistic literature.

While fictional stories are often used with children and adolescents, some consider them too simplistic for capturing the real, pressing, and complex problems that adults are faced with (Detrixhe, 2010). Although it might be argued that many “novels of great psychological depth and complexity [...] suggest otherwise”, it is nevertheless conceivable that some patrons may feel their problems are being trivialised if reading fiction is suggested to them as therapeutic method (Detrixhe, 2010, p.63), finding it “insulting and distressing [...] feeling that they are being patronised and that the depth of their despair is not being appreciated” (Czernianin, Czernianin and Chatzipentidis, 2019, p.83).

In an evaluation of bibliotherapy schemes, Brewster, Sen and Cox found that ill mental health sometimes affected patrons’ ability to engage with informative nonfiction. At particularly difficult times, participants preferred literature suited for escapism; one patron, for example, chose to read books that “engaged her attention without challenging her emotional state” (2013, p.578). Some patrons even turned to children’s literature when experiencing anxiety or depression, so as to avoid being

challenged by “difficult emotional content” or “the big themes, like love and death and people having intense emotional traumas” (Brewster, Sen and Cox, 2013, p.578).

This would also suggest that the literary classics recommended by schemes like Get into Reading would not be suitable for these patrons; impaired ability to engage with challenging literature – and “the big themes” – would likely ruin the experience. As Czernianin, Czernianin and Chatzipentidis state, “if an aesthetic experience is to have a therapeutic value, it must be derived from an understanding of the aesthetic values of a literary work” (2019, p.80). If readers are unable to comprehend a text, they are unlikely to get much enjoyment or therapeutic value from it, while “reading a suitably selected book may lead to an understanding of their condition, by developing an empathic response to the book’s characters” (ibid).

However, this does not mean that only texts that are simple and easy to understand and relate to should be used. In fact, the requirement that readings should be directly relatable to readers has been criticised for over-simplifying and streamlining the process: when the connections between the reader and the subject are too obvious, the vital step of making connections even where none are instantly apparent – and thus exercising emotional intelligence – is thwarted, and bibliotherapy cannot have its full effect (Detrixhe, 2010). It is also important to note that what is most suitable to a reader evolves over time, as their health conditions develop and personal circumstances change. For example, when a patron’s mental health begins to improve, they may find themselves able to engage with self-help information they had previously not been able to process (Brewster, Sen and Cox, 2013). In a study investigating readers’ responses to reading imaginative literature, Usherwood and Toyne (2002) also found motivations and habits regarding reading to be ever-changing. Moreover, not only different books, but also different bibliotherapeutic approaches may work best for an individual at different times in their life (McNicol, 2018).

5.2.3 Information and self-help

The information and advice provided by nonfiction can help readers understand and better manage the health problems they are facing (Brewster, 2008). Didactic literature is focussed on “the provision of information, decision making, and problem solving”

(Harwood and L'Abate, 2010, p.62). The didactic/informative approach to bibliotherapy is suited for a variety of health conditions (Brewster, 2008). For example, one project, ran in partnership with Macmillan Cancer Support, aimed "to improve the resources about cancer available in the library" (Turner, 2008, p.58). 'Information prescription' is a term used to refer to "the provision of a prescription of information from a clinician to a patient in any format" (Chamberlain, Heaps and Robert, 2008, p.24). Clearly, this is similar to Books on Prescription type bibliotherapy (Turner, 2008), but conceptually information prescriptions differ from bibliotherapy. Whereas an information prescription could conceivably be fulfilled with, for example, a leaflet containing information about a health condition, few would consider such leaflets true bibliotherapy. Moreover, bibliotherapy serves a wider range of purposes than mere information dissemination.

It is important to note that sometimes information may be overwhelming to patrons, especially ones with health concerns. Fanner and Urquhart caution that more information may be unhelpful to some individuals, who "may be confused by the information supplied, with adverse effects on their compliance with a treatment regime" (2008, p.238). It may also be questioned whether mere information provision is true bibliotherapy. It seems that when the aim is only to provide information, the literature is reduced to a medium – and any other medium could be used in its stead. Although, reading for themselves, at their own pace, may for some individuals be a more agreeable and effective way to take in information than, for example, hearing it from a physician or therapist (Neville, 2013).

The main advantage of self-help books is that they make therapeutic advice and techniques available for people who might not otherwise be able to access such help. They are suited to a wide range of situations, as they offer "self-paced direction" and address a multitude of topics (McCulliss, 2012, p.30). Self-help can be read at a time, pace and place convenient to the individual, and "the expertise and knowledge contained within the various texts are also deemed to offer them a blueprint for their recovery" (Neville, 2013, p.26). Many have also noted the empowering nature of self-help, as it provides an alternative to individuals who are adverse to medical treatment (Brewster, 2018).

However, self-help literature has been criticised extensively (Canty, 2017). One disadvantage of self-help books is that they often demand a level of concentration and motivation that people suffering with ill mental health often lack (Brewster, Sen and Cox, 2013). Another potential danger is that in some cases, self-help may be used when professional help would be more appropriate; “the absence of [...] treatment delivered by qualified professionals in favor of questionable approaches, such as books written by celebrities” may be harmful (Harwood and L’Abate, 2010, p.60). Professional treatment must not become trivialised “in favor of supposedly miraculous cures” (ibid). Menninger warns about potential dangers to some rare readers who, through solitary reading of mental hygiene literature may “find corroboration of their introspective doubts and fears”, and consequently “support their self-destructive or aggressive tendencies by distortion or misapplication of the material they read” (1978, p.14). A further criticism argues that self-help makes readers “co-dependent and reliant on the self-help book rather than truly helping them” (Canty, 2017, p.34).

In her critical review of Irish bibliotherapy schemes, Neville puts forward a particularly piercing criticism against the prescription of self-help for people with mental health issues. Questioning the motives behind the introduction of self-help schemes, she argues that “ideological inconsistencies” underpin the practice (Neville, 2013, p.28). While self-help is claimed to empower individuals with mental health problems, the movement on closer scrutiny appears to be aligned with “an individualistic and neo-liberal construction of mental illness and well-being” (ibid, p.19). Neville problematises “the notions of ‘choice’, ‘agency’ and ‘empowerment’ articulated in this discourse” (ibid, p.27), arguing that adherence to these ideals is reconfiguring the concept of mental health: “mental health becomes a project, an activity that requires energy, determination, agency and knowing” (ibid, p.22). This way, full responsibility for one’s mental wellbeing is placed onto the individual: “the self-help book reader is made solely responsible for their recovery from, or continued failure with, their mental health problems” (ibid, p.28). Mild to moderate mental health problems are thus individualised and depoliticised (ibid, p.29), arguably for the benefit of the “national health care systems and its constant demand for capital savings” (ibid, p.19).

5.2.4 Imaginative literature

Reading imaginative literature is “regarded as a special activity which serves to satisfy a wide variety of needs”, including but not limited to escapism, relaxation, distraction, and personal development (Usherwood and Toyne, 2002, pp.33-38). Instead of information and instruction, imaginative literature, in bibliotherapy, is “used to foster an imaginative response from the reader” (Canty, 2017, p.34). Advocates of the use of this genre believe that the human thought expressed in works of imaginative literature is valuable and relevant across time, “mediating our experience and offering a model of human thinking and feeling” (McLaine, 2010, p.142), and “giving us models of behavior to look at, to examine, to value, or to disregard” (Richardson Lack, 1985, p.27).

Some consider canonical literature especially apt for the task; this is the reasoning behind the Get into Reading scheme’s preference for classics (Brewster, 2009). On similar vein, the ReLit Bibliotherapy Foundation holds the view that “attentive immersion in great literature can help relieve, restore, and reinvigorate the troubled mind” (Bate and Schuman, 2016, p.743). Others have noted that myths and fairy tales can be great sources of “symbolic stimulation” (McDonnell, 2014, p.134). Fairy tales, commonly used to support development in children, can thus hold benefits for adults too (McDonnell, 2014).

Still others regard poems as the bibliotherapeutic form *par excellence*, praising “the deeply symbolic quality of poetry, the way in which it can encapsulate complex experiences” (McDonnell, 2014, p.138). Poetry commonly addresses the author’s “internal experiences, insights, and convictions” (Czernianin, Czernianin and Chatzipentidis, 2019, p.87), and the absence of rules governing grammar allows for “freer range of expressions and an unlimited potential to reinvent the self” (McDonnell, 2014, p.138). For Bate and Schuman, poetry is “language in its most condensed, portable – and memorable – form”, and recommending pieces of poetry is “far more practical [...] than a lengthy Victorian novel” – although they admit that “poetry can at times confuse, irritate, and alienate” (Bate and Schuman, 2016, p.743). Facilitating Midlothian bibliotherapy groups, Bailey encountered some negative attitudes towards poetry: “it was seen in some households as frivolous and in some classrooms as purely

for critique” (2018, p.98) To bypass preconceptions about reading poetry, it was necessary to clarify that group members were not expected to critique the poems (ibid).

Approaches associated with Freudian psychoanalysis and Jungian depth psychology hold that all stories are, in a sense, retellings of the same eternal story, expressed through the themes, allegories, symbols, and metaphors found in literature (Duffy, 2010). Often, it is particularly easy to detect these in myths and fairy tales (McDonnell, 2014). Carl Jung believed in the existence of a collective unconscious, which is something akin to “a bubbling undercurrent that pervades all human culture, manifesting itself in everything that we do and experience” (Wideman, 2017, p.1). The collective unconscious is populated by archetypes, “deep structures or patterns” existing “*a priori* in the human mind” (Duffy, 2010, pp.4-5). Examples of the archetypes are the self, the shadow, and the hero’s quest (Duffy, 2010). In literature and art, it is thought, “archetypes are clothed in modern dress for our learning and integration” (Richardson Lack, 1985, p.27). Archetypes can be employed in therapy, because becoming aware of how one’s personal experiences relate to the shared human experience is often therapeutic (Duffy, 2010). Therapy itself, in the developmental context, can be regarded “as a process that mirrors the hero’s journey”, as the patient gradually learns to navigate life’s challenges (Lawson, 2005, p.140). Metaphors are often used in therapy, as they enable the patient to “recast the problems as external and manageable” (Lawson, 2005, p.141).

Mythologist Joseph Campbell worked with the archetypes, focussing especially on the hero’s quest: “a universal story of personal development and transformation, which is full of all the adventure, hardships, and vicissitudes of life” (Duffy, 2010, p.6). Relating one’s own problems and challenges to the heroic quest is a way to creatively reframe them (McDonnell, 2014), rendering them a normal part of the human experience, and potential “opportunities for growth” (Duffy, 2010, p.7). The quest can be thought of as “a psychological framework, schema, or paradigm that can guide the decisions of people and help them form a sense of self-identity” (Duffy, 2010, p.8). The heroes can also become “literary role-models”, providing “examples of adaptive behaviours” (Czernianin, Czernianin and Chatzipentidis, 2019, p.83).

Employing Jungian and Campbellian ideas, Duffy proposes a new form of therapy: “hero’s quest bibliotherapy” (2010, p.1). The practice, drawing on the concepts

of the collective unconscious, archetypes, and the hero's quest, aims to help the reader re-conceptualise their problems, in a way that "de-stigmatizes, normalizes, and returns control of the situation to the client" (Duffy, 2010, p.8). While research in this area is lacking, Duffy's case study of the practice is encouraging. Lawson has also had success utilising "the hero's journey as a developmental metaphor in counseling" (2005, p.134).

5.2.5 Alternative formats

Writing about bibliotherapy in 1985, Richardson Lack noted that "the rapid growth of technology" meant it was necessary "to recognize media other than books" (1985, p.28). In the past three and a half decades since, a plethora of new technologies and media have emerged. There is growing interest in and demand for the use of digital media (audio and video) in information provision (MacDonald, Vallance and McGrath, 2013). Utilising alternative formats such as audiobooks, electronic books, and online reading can increase the accessibility of bibliotherapy considerably, making materials widely available and convenient to use (Czernianin, Czernianin and Chatzipentidis, 2019). Moreover, "technology can provide access to literature for partially sighted, blind and illiterate service users" (ibid, p.80), for whom traditional bibliotherapy is inaccessible (Chamberlain, Heaps and Robert, 2008). Books on Prescription type schemes in particular have been criticised for not providing alternative ways to access the texts (Turner, 2008) – Neville goes so far as to call them discriminatory (2013, p.31).

However, many practitioners have also incorporated new media, expanding bibliotherapy's reach and introducing further options for its use (McCulliss, 2012). For example, online self-help materials, providing an "amalgamation of audio and visual cues", are expected to "prove to be an exceptional tool in relieving levels of depression, not only in patients but in the population at large" (Harwood and L'Abate, 2010, p.60). Further examples of innovative forms used in bibliotherapy are custom-made treatment manuals and computerised training programmes (Fanner and Urquhart, 2008).

Detrixhe (2010) criticises prior research for a failure to specify the media that was used, as this seems to suggest that there are no differences in the process when using different formats. It seems likely that there are some unique issues to be aware of when using, for example, films, music, or the internet; reading digitally may also

impact the reception and effectiveness of texts (Canty, 2017). As most of the literature and research on bibliotherapy has focussed on print materials (ibid), research is needed to establish the use of alternative formats in bibliotherapy (MacDonald, Vallance and McGrath, 2013; McCulliss, 2012), especially as evidence suggests that a stronger sense of relaxation may be linked to reading than to watching television or using other technologies (McNicol, 2018).

5.2.6 Writing

In some cases, bibliotherapy encompasses not only reading texts, but also writing them (McNicol, 2018). Various techniques, as well as other forms of art may be used in tandem to elicit responses in the patient, according to their needs and preferences (Duffy, 2010). Creative journaling is an example of a popular technique, which can be used to “log, chart and reflect upon experiences [...] or simply just to maintain a record for future reference” (McDonnell, 2014, p.124). Expressing the thoughts and emotions reading evokes through writing or other creative means can enhance the effects of bibliotherapy, helping the reader process what they are learning (McDonnell, 2014). Recently, newer formats, such as blogging, have also been used for this purpose (ibid).

In what has been termed ‘client-developed bibliotherapy’, the reader re-creates parts of the stories read, for example by making alterations to storylines, involving themselves in the stories, or writing letters to/from characters, so that “a different, imaginative ending to a story” is created (McCulliss, 2012, p.31). Client-developed bibliotherapy is thus akin to narrative therapy, in which “clients reauthor the stories of their life to recast the problems as external and manageable” (Lawson, 2005, p.141). Poetry therapy, which has variously been considered either identical to (Hynes and Hynes-Berry, 2012), a variation of (Rubin, 1978b), or distinct from bibliotherapy (McArdle and Byrt, 2001), is specialised in using the writing of poetry as a form of therapy (Rubin, 1978b). Writing poems is used as a way to express the internal experience; the free form of poetry may encourage “the articulation of the client’s unique personal voice”, potentially enabling them “to reinvent the self” (McDonnell, 2014, p.138). The boundaries between various therapies are blurry; in bibliotherapy, it

seems it is possible to incorporate elements from many other modalities, utilising art and expression in different yet overlapping ways.

5.3 The ‘therapy’ in bibliotherapy

5.3.1 Definitions of ‘therapy’

Part of the puzzlement surrounding bibliotherapy is caused by the latter element, ‘therapy’, in the term (Rubin, 1978b). The *Oxford English Dictionary* entry on ‘therapy’⁴ offers two definitions:

1. The medical treatment of disease; curative medical or psychiatric treatment.
2. As the final element in words denoting treatment by means expressed in the first element.

It seems understandable, then, that many librarians unqualified to practise medicine or psychiatry have concerns about facilitating such ‘treatments’ (Brewster, 2009; Jones, 2006; Rubin, 1978a; Wenger, 1980), while some patrons – especially ones with no official diagnosis – feel hesitant to approach such services due to the stigma attached to mental illness (Fanner and Urquhart, 2008; Hutchinson, 2014; Richardson Lack, 1985).

To embolden librarians to acquaint themselves with bibliotherapy, it needs to be clarified that within bibliotherapy, there is room for different levels of expertise and experience. Following a broad conceptualisation of bibliotherapy,

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 (Jack and Ronan, 2008, p.172).

⁴ “therapy, n.”, *OED Online*. <https://www.oed.com/view/Entry/200468>

The ‘therapy’ in bibliotherapy is thus not necessarily a formal treatment. In fact, much bibliotherapy occurs in informal, everyday interactions between individuals who, although not qualified to deliver formal treatments, are able to offer each other advice and/or solace via reading recommendations and/or literature discussions (Jones, 2006).

5.3.2 Approaches to therapy

Per counselling theory, there are three main approaches to therapy: psychodynamic, person-centred, and cognitive-behavioural; the differences between these are “based on contrasting ideas of what constitutes a person, the origins of distress and the most effective means of relieving it” (McDonnell, 2014, p.130). Although within bibliotherapy, there is a considerable psychodynamic tradition associated with the Shrodesian method, and the humanistic perspective of person-centred counselling seems compatible with bibliotherapy (Hynes and Hynes-Berry, 2012), the cognitive-behavioural approach has recently been the most commonly used in bibliotherapy (MacDonald, Vallance and McGrath, 2013). This is especially the case for Books on Prescription type schemes, while practices using fiction are often more concerned with the reading experience (McNicol, 2018), and thus more in line with the psychodynamic approach – utilising the Shrodesian model, for example.

Cognitive-behavioural therapy (CBT) is exceptionally conducive to being delivered via books or other media “because the active ingredient is thought to be program content, not interaction with the therapist” (Detrixhe, 2010, p.60). CBT is based on a number of techniques designed to teach the patient healthier thinking and coping mechanisms, and these techniques can be taught using instructions and exercises in book form (Cohen, 1994; Detrixhe, 2010; McNicol, 2018); typically these CBT-based books are examples of the self-help genre (Pehrsson and McMillen, 2005). Consequently, advocates of the CBT approach have been particularly active in developing bibliotherapy, “particularly in the development of individualized treatment protocols, including workbooks, for specific disorders” (Fitzgerald and Wienclaw, 2012, p.195). Partly because, “behaviourally oriented materials are more amenable to empirical scrutiny”, the CBT approach has also been the focus of most research, producing the most convincing evidence (Riordan and Wilson, 1989, p.507).

5.3.3 Categories of bibliotherapy

From the literature, “no agreed classification emerges” (Brewster, 2009, p.400). However, following Rubin’s (1978b) categorisation (institutional, clinical, developmental), a common way to categorise bibliotherapy has been to distinguish between clinical and developmental bibliotherapy (Hynes and Hynes-Berry, 2012). It seems that Rubin’s category ‘institutional’ has been merged into the category ‘clinical’. According to Richardson Lack, “clinical bibliotherapy is a mode of intervention in aiding persons severely troubled with emotional or behavioral problems”, while “developmental bibliotherapy is the personalization of literature for the purpose of meeting normal ongoing life tasks” (Richardson Lack, 1985, p.29).

Clinical bibliotherapy “involves the treatment of specific disorders or problems that are the foci of treatment” (Harwood and L’Abate, 2010, p.62). It is generally recommended that this type of bibliotherapy is “monitored closely and brought up in session on a frequent basis - bibliotherapy should be part of the formal treatment plan” (ibid). Hynes and Hynes-Berry list “the main populations a clinical bibliotherapist might expect to work with”: “emotionally disturbed persons”, “correctional institution residents”, and “chemically dependent persons” (Hynes and Hynes-Berry, 2012, p.7). Developmental bibliotherapy is “a way to help all kinds of people in their normal growth and beneficial development” (Hynes and Hynes-Berry, 2012, p.8). The main populations to use this approach are: “adolescents and children”, “senior citizens”, “support groups”, “disabled individuals”, “dying patients”, and “public library patrons” (Hynes and Hynes-Berry, 2012, pp.8-9). Some authors have made a distinction between “the science of bibliotherapy” and “the art of bibliotherapy” (Jones, 2006, p.25); these seem to correspond to clinical bibliotherapy and developmental bibliotherapy, respectively.

Another popular way to categorise bibliotherapy is based on the type of materials used, distinguishing between self-help bibliotherapy and creative bibliotherapy; the former uses self-help literature, the latter fiction and poetry (Brewster, 2009). For Brewster, “these concepts represent a synthesis of models from the literature and reflect current practice in the UK” (Brewster, 2009, p.400). Creative bibliotherapy has “a therapeutic aim for people who take part, although the concentration is not necessarily about the discussion of issues and problems, as in self-

help bibliotherapy” (Brewster, 2008, p.116). The approach emphasises “engagement with literature that contributes to their wider mental health and wellbeing, and does not just help them to deal with particular issues or patterns of behaviour” (ibid). Both self-help approaches and creative approaches may be employed in clinical and developmental settings.

5.3.4 Facilitated v independent

Within the literature, the expectation regarding the role of facilitation in bibliotherapy ranges from non-existent (e.g. independent self-help), through peripheral (e.g. independent reading of a book recommended by a librarian), to central and essential (e.g. ongoing individual/group bibliotherapy sessions). Some authors argue that reading sans ongoing facilitation is not bibliotherapy at all (e.g. Rubin, 1978b), some are satisfied with feedback (e.g. Harwood and L’Abate, 2010); others accept bibliotherapy with or without facilitation (e.g. Jones, 2006). For Richardson Lack, it depends on the individual reader: while solitary reading serves “thoughtful readers”, who are adept at drawing parallels, “other readers may welcome some assistance in making connections between the book and their own lives” (Richardson Lack, 1985, p.28).

Regarding bibliotherapy, Miller argues that “careful curation of reading material by an authoritative professional is essential in affecting this cure” (2018, p.21), and Pehrsson and McMillen claim that “it is the additional work that goes on in the group or between the therapist and client that leverages the potential benefits, not just exposure to the literature” (2005, p.50). Lenkowsky notes “the need for caution in the use of self-directed bibliotherapeutic interactions” (1987, p.125). Harwood and L’Abate warn about the potential harm caused by unfacilitated self-help bibliotherapy: “the book, without corrective feedback, could increase the severity of the presenting problem” (Harwood and L’Abate, 2010, p.6). For severe problems and conditions, and in cases where social support is lacking, it is therefore, “inappropriate to assign bibliotherapy without an appropriate level of therapist support” (ibid).

Moreover, self-help books demand a level of motivation, concentration, and commitment that those affected with illness may not be able to sustain without support and encouragement (Harwood and L’Abate, 2010; Neville, 2013). Bibliotherapy has

often been found more effective when facilitated “by a therapist or other professional or para-professional” (Brewster, 2018, p.9). Facilitation for complex and/or severe cases may comprise of:

a review of self-help materials, an exploration of how bibliotherapy applies to the patient and their presenting problem, periodic monitoring of patient status/progress, determining if a higher step in a stepped-care approach needs to be implemented, and recommending evidence-based materials (Harwood and L’Abate, 2010, p.59).

For sub-clinical issues, “bibliotherapy may constitute a pure form of self-help” (Harwood and L’Abate, 2010, p.76). However, a professional assessment is the safest way to determine whether this option is suitable in the first place, and reassessment should be conducted to ensure the individual’s condition is improving (ibid).

More generally, Walwyn and Rowley believe that “the inter-subjective reassurance offered by a book is re-enforced when it is read in the company of others, and points of recognition shared and discussed” (2011, p.303). According to Pettersson, “research on culture and health has shown that verbal reflection on cultural activity conducted during the activity itself improves that activity’s health-enhancing results” (Pettersson, 2018, p. 130). Additionally, facilitation in the form of group bibliotherapy offers unique advantages (Pehrsson and McMillen, 2005); these will be discussed next.

A potentially helpful distinction between facilitated and unfacilitated bibliotherapy was suggested by Hynes and Hynes-Berry: ‘interactive bibliotherapy’ and ‘reading bibliotherapy’ (Cohen, 1994). Interactive bibliotherapy, defined as the use of “literature to bring about a therapeutic interaction between participant and facilitator” was Hynes and Hynes-Berry’s preferred method, as they believed that the beneficial effect of bibliotherapy mostly arose from this interaction (Hynes and Hynes-Berry, 2012, pp.3-4). Reading bibliotherapy, defined as “a process in which an individual reads a book selected specifically for its therapeutic potential for that person” (ibid, p.4), is considered an “outgrowth” of “the traditional role of the librarian as provider of reader’s advisory services”; while this type of bibliotherapy can “serve therapeutic ends”, for Hynes and Hynes-Berry, it lacks the crucial component of interaction between reader and facilitator (the interaction, then, occurring only between the reader and the work) (2012, p. 4). Interacting with a facilitator, they believe, is crucial, as it assists the

reader in “the cognitive process of first recognizing feelings and then sorting out and evaluating the feeling-responses” (Hynes and Hynes-Berry, 2012, p.5).

5.3.5 Group bibliotherapy

In their evaluation of therapeutic reading groups organised by public libraries, Walwyn and Rowley describe group bibliotherapy thus:

Therapeutic reading groups are characterized by novels, stories, or poems read communally, in group time, aloud, and by group members, rather than in the group members’ own time, as in traditional reading groups. Discussion occurs spontaneously at intervals, and may be initiated by a group facilitator, usually a member of the library’s staff (Walwyn and Rowley, 2011, p.303).

Based on the literature, this description seems a typical example of bibliotherapy groups in operation. Group bibliotherapy has often been found to “offer individuals a distinctive range of benefits, deriving from their unique structure and combination of reading and conversation” (Walwyn and Rowley, 2011, p.311). Hannigan (1962) recognises benefits arising from two sources: the bibliotherapy itself and the group interaction. While bibliotherapy *per se* can help stimulate interest in reading and offer readers respite from their problems and worries, groups also serve further aims, “such as socialization, communication [...] and an increase in attention span (Hannigan, 1962, p.194).

A distinct benefit of bibliotherapy groups arises from socialising. For example, in a Swedish study investigating user perspectives of group bibliotherapy, “all study participants were clear that it was important for their well-being to come into the social sphere and take part in social activities, and the reading circle was an important impetus” (Pettersson, 2018, p.130). Participating in group discussions helped respondents build confidence, while interpreting readings collectively enhanced their understandings of the literature read (Pettersson, 2018). Similarly, in Walwyn and Rowley’s study, participants appreciated the “value of the groups in providing companionship, friendship, support, and advice” (2011, p.308), and by way of the confidence-boosting effects, participating in the group was found “to be ‘the first step’

[...] in a sequence that led to greater independence and integration within the wider community” (Walwyn and Rowley, 2011, p.310). Bailey also found that reading groups, to some participants, functioned as “a gateway to other groups”, as well as “other local facilities, like the gym” (2018, p. 100).

Reading groups also offer an alternative way to enjoy literature for people who might not otherwise be able to access the texts due, for example, to visual impairment, low literacy, difficulty concentrating, or comprehending the text (McNicol, 2018). The access provided in these cases is “valuable in promoting equal opportunities” (Walwyn and Rowley, 2011, p.310). Reading groups can thus offer access not only to literature, but to society – both literally, and figuratively: “By reading, thinking, and exchanging ideas and feelings about literature, members of a group obtain better insights into human values” (Richardson Lack, 1985, p.28).

A potential problem with bibliotherapy groups that operate independently of any healthcare professionals is “their lack of a formal procedure with which to follow up group members’ problems, and their inability to recognize when they are presented with a serious illness requiring medical treatment” (Walwyn and Rowley, 2011, p.311). As no official standards are in place, reading groups may be organised in very different ways (Chamberlain, Heaps and Robert, 2008), and “depend very much on the individuals running them” (Brewster, 2008, p.118). Walwyn and Rowley therefore recommend that “where possible, groups should incorporate the presence of a healthcare professional” (2011, p.311).

5.3.6 Formal v informal

Across the literature, the level of formality required by different authors ranges from low to high. At the lowest level of formality, bibliotherapy is thought to occur when any person reads or gives another person a reading recommendation, with an intention and/or outcome that is in some way bibliotherapy-like (Jones, 2006). At the highest level of formality, only trained professionals can offer bibliotherapeutic recommendations – often then termed ‘prescriptions’ (Hannigan, 1962). Discussing a research project in bibliotherapy, Brewster explains that “the concept of informal bibliotherapy emerged”, as “the difference between formal schemes set up specifically to help people with their

mental health problems, and the ordinary work of the library was a common theme” (Brewster, 2008, p.116). Fanner and Urquhart describe the informal mode thus: “bibliotherapy may be unstructured, an informal, but informed recommendation by a librarian or health professional to some reading materials that should have a therapeutic value for the individual” (2008, p.238).

From this perspective, it seems that “libraries tend to subscribe to the principles of bibliotherapeutic work”, even if they do not define it as such (Brewster, 2008, p.116). Examples of informal bibliotherapy occurring commonly in the library are: “Reading groups, recommendations from staff and library users, the use of displays in the library to promote certain themes” (ibid). This understanding of bibliotherapy was supported in Brewster, Sen and Cox’s (2013) evaluation of service providers’ and users’ experiences of bibliotherapy: The study discovered a discrepancy between how bibliotherapy was conceived by providers, and how patrons understood and practised it, with providers considering it a more formalised practice than users. Outwith the organised bibliotherapy schemes, patrons used reading in a multitude of ways to support their mental health (ibid).

The formalised/institutionalised model of bibliotherapy has also been criticised, however. In fact, Miller, in an exploration of the origins of the term ‘bibliotherapy’, argues that McCord Crothers, the essayist commonly credited with the coinage of the term, did not intend his tale about a book prescription service to inspire such practice; on the contrary, while he was an advocate of the beneficial properties of books and reading as “a practice of self-cultivation aimed at stimulating the will”, his intention in the essay was to object to “the reduction of the reader-as-patient to a passive consumer of texts prescribed to him by some external, expert authority” (Miller, 2018, p.29). According to Miller’s interpretation, McCord Crothers’ view is that,

Rather than promoting healthy readers, the institutional model of bibliotherapy that the clinic represents produces deluded invalids. In this limited model, the consumption of texts is based on a doctor’s prescription, in which the patient-reader is rendered a passive object of medical power in order to be readjusted to modern life, and the book and its author are correlatively reduced to an instrumental use-value (Miller, 2018, p.27).

McCord Crothers, a Unitarian minister, was criticising the way mental health was being reconceptualised: “the church has been turned into a clinic [...] the parishioner into a patient [...] and the troubled soul into an ill person [...] morality is henceforth to be thought through in terms of physiological and psychological health” (Miller, 2018, pp. 24-25). Bate and Schuman (2016) have also recognised that McCord Crothers’ intentions in writing the essay were not quite what later practitioners of bibliotherapy have thought. According to their view, McCord Crothers was poking “fun at the very idea of matching a book to a particular patient or ailment”, whilst simultaneously satirising “the 20th century’s glut of emerging alternative therapies, such as homeopathy” (Bate and Schuman, 2016, p.742).

The criticism of the formalisation of mental health, as it occurs in clinical bibliotherapy, finds an echo in Rubin’s discussion regarding the “politics of therapy” (1978a, p.10). Rubin argues that “librarians and all others who participate in any activity labelled ‘therapy’ must understand the possible use of therapy for social control” (ibid). Therapy always involves a “power relationship between people – one up, one down; helper and helped” (Glenn, cited in Rubin 1978a, p.9). Particularly in modern society, “built on individualism and competition”, this is problematic (ibid). Neville’s criticism of self-help, discussed above, is also concerned with similar themes; thus, a critical perspective on bibliotherapy emerges.

To this may be added a questioning of the motives of writers arising from a discussion on the psychological aspects of reading by Bryan (1978). Writing in 1939 and anxious about propaganda, Bryan deemed it important to be cognisant of the different stances of writers, which,

may range all the way from the avowed indifference of the narcissistic artist, creating solely to express his own ego, to the calculated objectivity of the advertiser or propagandist whose only purpose in writing is to sell a reader a product or an idea. Between these extremes are the countless, more or less purposeful attempts to evoke in the reader some emotional or intellectual reaction (Bryan, 1978, p.22).

It seems, thus, that in bibliotherapy, there exists a power relationship not only between the reader and the therapist/facilitator, but also between the reader and the writer. This may be especially worth noting in relation to self-help literature; the motivations

of writers (e.g. celebrities) involved in this “multimillion dollar industry” (McCulliss, 2012) may in some cases be called into question (Harwood and L’Abate, 2010).

5.3.7 Explicit v implicit

A further question the literature appears to disagree on is how intentional a process bibliotherapy needs to be in order to be acknowledged as such. Does the reader need to be aware that they are receiving/practicing bibliotherapy? Does the facilitator? Does it need to be labelled as such? What of a reading group that discusses poetry just for poetry’s sake, but some participants’ low moods are lifted as a result? What about a person who reads – purely for pleasure – a book, recommended to them by a perceptive librarian, that is alleviating their anxieties?

Most people would probably not consider these examples bibliotherapy; however, the borderlines are blurry. For Jones, such acts as “teaching problem-solving skills to a third-grader by working through a book”, or “giving a person struggling with depression a self-help book”, are valid examples of bibliotherapy (2006, p.24). Rubin offers a possible delineation: according to her, “self-motivated individual reading, personal interaction of a librarian or therapist with a user or client, and the concept of the library as a neutral and comforting center – while they may be therapeutic – are not bibliotherapy” (1978b, p.2). Supposedly, at least one party has to have intentions that involve a therapeutic intent, for an interaction to be considered bibliotherapy. Whether or not this person also has to be aware that bibliotherapy is taking place for it to truly be bibliotherapy, is another question, perhaps too abstract to have much practical value. It might be more useful to accept, following Rubin (ibid), that certain things can have ‘bibliotherapeutic’ qualities, and whether or not these qualities are intentionally used for bibliotherapy is what makes the difference. Conscious intent (in at least one party) thus seems to be the key – although for Jack and Ronan, bibliotherapy can also be used by accident (Jack and Ronan, 2008).

On the formal – informal axis, formal bibliotherapy would typically involve conscious intent in both parties; while in informal bibliotherapy, only one party might be aware of the intent. When intent is clear to all involved, the bibliotherapy can be said to occur explicitly; otherwise what is taking place may be termed implicit bibliotherapy

(Jones, 2006; Rubin, 1978b). For example, Burt contrasts “the ‘explicit’ therapy of the hospital librarian” with “‘implicit’ therapy, in which anyone dealing with books and using this as a means of communication is a bibliotherapist” (cited in Wenger, 1980, p.134). Pettersson, discussing a bibliotherapy group, explains that even though they group had no “explicitly stated bibliotherapeutic goal [...], because the circle was arranged with individuals with psychological illnesses in mind, it qualifies as bibliotherapeutic” (Pettersson, 2018, p.125).

Many have noted that readers may often not be consciously aware of the emotional or psychological needs that are propelling them to read, and yet those needs may find fulfilment (Bryan, 1978; Usherwood and Toyne, 2002, p.34). However, Alston argued that “reading without active, critical participation and application can hardly be expected to have any significant effect” (1978, p.151). Following his view, it would seem that the reader has to actively engage with the text. Engagement is perhaps the key to bibliotherapy, whether or not the reader is aware of what is driving them to engage.

On a similar note, Alston points out that “listening without any other intervention may itself have considerable therapeutic value” (1978, p.147). It would seem, thus, that outside formal bibliotherapy sessions, much bibliotherapy – or at least bibliotherapeutic effects – can occur in conversations about literature between any individuals. Usherwood and Toyne’s study investigating readers’ responses to imaginative literature also uncovered examples of bibliotherapeutic use of reading outwith any explicit or overt bibliotherapy practice:

Participants in most of the focus groups also described how they used imaginative literature to distract them from how they were feeling and to alter their mood. [...] Several referred to reading as a preferred and more successful way of dealing with their depression than medication. For them the world of fiction provides a refuge in which they are distracted from their own circumstances. It provides them with release from their painful real world experience (Usherwood and Toyne, 2002, p.35).

Simply put, literature (and related activities) can have (biblio)therapeutic effects with or without any facilitation; when these effects are facilitated, bibliotherapy occurs.

6 THE PUBLIC LIBRARY AND BIBLIOTHERAPY

6.1 The public library as a setting for bibliotherapy

6.1.1 Ethos

As stated by Brewster, “libraries are associated with philanthropic and self-improving tendencies”, “public libraries represent the values of liberal democracy, open access to knowledge and equality” (2014, p.94), and “the use of books for enjoyment, education and information has long been seen as the function of the library” (2008, p.117). Moreover, public libraries have a central role in “in ensuring everyone has access to resources, information, and knowledge, particularly those groups in society that might otherwise be disadvantaged” (Walwyn and Rowley, 2011, p.302). For example, Bailey, in her discussion of bibliotherapy groups operating in Midlothian, an area of “considerable socio-economic disparity”, explains how “the library services perform a vital social inclusion, regeneration and lifelong learning role in communities”, and how, for the reading groups, “the library setting provides a sense of freedom and promotes a sense of wellness” (2018, pp.94-95). Promoting social inclusion is one of the key responsibilities of the public library, and providing services to people with mental health issues is an important part of performing this role (Brewster, 2008).

6.1.2 Space

According to Czernianin, Czernianin and Chatzipentidis, “the safe and comfortable ambience of the library can be favourable for bibliotherapeutic activities” (2019, p.90), and according to Turner, “bibliotherapy highlights the public library as an inclusive and nonthreatening community space with resources for lifelong learning” (2008, p.60). The public library and bibliotherapy thus seem a mutually beneficial fit. In the library setting, “people of diverse backgrounds feel free to come together” and participate in “informal learning” (Richardson Lack, 1985, p.28). Indeed, “the infrastructure of bibliotherapy

schemes is already present in the day to day operation of a public library service” (Brewster, 2008, p.115). In Brewster, Sen and Cox’s study, library staff considered the library an ideal example of the types of “accessible and nonthreatening environments” that are suited for bibliotherapy (2013, p.577).

In a study investigating how patrons with mental health problems perceived public libraries, interviewees felt that the public library as a space was “familiar, open and welcoming”, “comforting and calming”, and “empowering” (Brewster, 2014, p.96). Due to these positive qualities, the public library was considered “a space of safety”, often visited when feeling stressed, depressed, or unhappy (ibid). The fact that the public library is “open to all” meant that patrons were afforded “the anonymity of sitting reading or browsing, with a lack of obligation to disclose information about the self” (ibid, p.98). These findings led Brewster to regard public libraries as “therapeutic landscapes” (ibid, p.94).

6.1.3 Functions

Hannigan considered there to be three ways that bibliotherapy can be offered by the library: “(a) readers’ advisory service, (b) individual and/or group therapy, and (c) special library activities” (1962, p.185). Via the readers’ advisory service, patrons are recommended suitable texts based on a conversation with a librarian, with the aim to encourage interest in reading. The librarian makes their recommendations taking into consideration “requests, needs, reading habits, physical condition, and educational, social and occupational and language background” (ibid). Individual and group therapy consist of organised and directed reading (ibid, p.186). Special activities at the library are organised to stimulate “initiative, self-reliance, and confidence” and to assist adjustments; activities can be, for example, projects, displays, or study groups (ibid).

While Hannigan’s perspective was that of a 1960s hospital librarian, these three functions seem a useful way to understand how the public library can – and indeed does – participate in the provision of bibliotherapy. From the above functions, readers’ advisory and special library activities are a natural fit to the public library’s ordinary operations. However, these could be organised with a deeper awareness of the potential bibliotherapeutic effects. Individual and/or group therapy, as understood by

Hannigan (1962), requires medical expertise; this, however, may be due to the fact that the patrons in a hospital library would likely be especially vulnerable. In a public library, a librarian with an in-depth understanding of bibliotherapy may well facilitate reading groups with bibliotherapeutic intent, as long as the participants mental health difficulties range only from non-existent/mild to moderate.

Several authors have considered bibliotherapy a “natural outgrowth of the other readers’ services (reference and reading guidance) provided by librarians” (Rubin, 1978a, p.255). In a study by Hutchinson, public librarians “described the bibliotherapy schemes as a formalisation of what library staff have been doing for years” (2014, p.100). Staff commented that due to the library being open to all “handling queries from those with mental health problems” was a common occurrence (ibid).

For Richardson Lack, bibliotherapy goes beyond traditional readers’ advisory or guidance. While a reader guidance transaction is a “horizontal transfer between patron and librarian”, proceeding from the patron making a request to the librarian selecting the material, a bibliotherapeutic transaction is more akin to a partnership between the librarian and patron, aiming to “achieve some synthesis between the materials and the person” (1985, p.30).

6.2 The public librarian as bibliotherapy facilitator

6.2.1 Potential roles

Hannigan envisioned two potential roles a librarian could assume in bibliotherapy provision: “as a pharmacist filling the reading prescriptions of the physician or as a consultant bibliotherapist prescribing reading and filling his own prescriptions” (1962, p.197). Hannigan discussed these roles from the point of view of a hospital librarian, and argued that when providing bibliotherapy, the librarian must work in consultation with medical professionals, regardless of the role they are acting in.

Within the public library, it seems that the extent of the librarian’s potential role depends on the level of formality required, in turn depending on the circumstances and needs of the patrons. In the case of clinical bibliotherapy, the formality level is high and

the primary provider (the person prescribing the reading) must be a mental health professional; the librarian can thus only act as a secondary provider – the ‘pharmacist’. In the case of developmental/creative bibliotherapy, the formality level, depending on the context, may be comparatively low, and the bibliotherapy-aware librarian can act as the primary provider – the ‘consultant bibliotherapist’.

6.2.2 Desirable characteristics

To be able to facilitate bibliotherapy safely and skilfully, the librarian must recognise “the range and potentialities of individual reading” and possess “intuition and insight into the problems of others” (Hannigan, 1962, p.193). Put more precisely and practically, the following skills and qualities are required:

an interest in the patient as a person, an understanding point of view, an unhurried manner, and skill in conveying to the patient ideas which he should know about reading and the library and in obtaining needed information about his interests, reactions to reading, and any attitudes which might affect the guidance of his reading (Hannigan, 1962, p.193).

This list covers most of the issues that the literature agrees on. Richardson Lack emphasises that “much self-knowledge” as well as “knowledge of human development and group dynamics is necessary”. The librarian as bibliotherapist should ideally be perceptive of patrons’ needs – even ones they may not verbalise; “you must also begin to develop the skill of hearing both spoken and unspoken implications, feelings, and nuances” (Hynes and Hynes-Berry, 2012, p.11). In dealing with patrons, “a warm and friendly manner” is also crucial (Richardson Lack, 1985, p.31). When running bibliotherapy groups, leadership skills also become important, as well as “the ability to enthuse the participants” (Pettersson, 2018, p.129). Since groups often “depend very much on the individuals running them” (Brewster, 2008, p.118), the facilitator’s aptitude for the role is crucial for the success of the group.

6.2.3 Training required – or not?

Opinions diverge on whether specialist training is required for public librarians participating in the facilitation of bibliotherapy. Czernianin, Czernianin and Chatzipepidis argue that “it is essential for bibliotherapy to be effective that books are knowledgeably selected, and that the librarian is equipped with expert bibliotherapeutic training” (2019, p.91). Training ensures that the librarian is able to consider all important aspects related to book selection: “the needs of the patient-reader”, “the appropriate level of comprehension, interests, and type of the illness of the patient”, as well as “thorough knowledge of the reading stock” (ibid). McNicol highlights the importance “for those managing the activities to develop an understanding of theories underpinning the intervention” (2018, p.36). Further, Chamberlain, Heaps and Robert argue that staff “require tailored and appropriate training on how to work with vulnerable and distressed adults and also to develop a general sense of value in the service being offered” (2008, p.32).

Regarding guided self-help bibliotherapy, a number of reviews “concluded that there is no need for high level specialist knowledge on the part of the person providing the support” (MacDonald, Vallance and McGrath, 2013, p.858). Generally, the level of specialist training required depends on the style of bibliotherapy offered, with “more sophisticated services” demanding a higher level of training (Fanner and Urquhart, 2008, p.248). Relating this back to Hannigan’s (1962) two roles, the bibliotherapist acting as the pharmacist would require less (if any) special training than the bibliotherapist acting as a consultant bibliotherapist.

6.3 Collaboration

Tews (1978) promoted a collaborative approach to bibliotherapy, insisting that it was vital to establish a well-functioning interdisciplinary team for the delivery of bibliotherapy. Hannigan stressed that when providing bibliotherapy, the librarian must collaborate with experts in mental health, such as “a physician, counselor, psychologist, or an interdisciplinary team” (1962, p.196). Likewise, Czernianin, Czernianin and

Chatzipentidis emphasise that “collaboration between public library services, health libraries and clinicians is essential for the successful functioning of bibliotherapy programmes” (2019, p.92). In their evaluation of the Read Yourself Well bibliotherapy scheme run by the library service in East Ayrshire, MacDonald, Vallance and McGrath found that “a key feature of the intervention was that it involved a range of stakeholders including GP practices, community-based NHS staff and the local library service” (2013, p.857). In Brewster, Sen and Cox’s study, fruitful partnering of library and health care staff – “two areas of expertise coming together” – was considered crucial for the success of bibliotherapy schemes (2013, p.577).

Collaboration is mutually enriching, since in many instances “the psychologist is limited to the choice of a comparatively small collection of books, while the librarian is limited to dealing with a comparatively small area of problems” (Bryan, 1978, p.30). To avoid confusion or over-extension by individual members, the team roles must be well defined (Tews, 1978), and for collaboration to run smoothly and effectively, each party must be capable of working with others in a considerate manner and cognisant of the interdependence of their roles (Hannigan, 1962). Hannigan (1962) considers it the responsibility of the librarian to find the guidance required in order to be able to provide bibliotherapy in an appropriate way.

Envisioning the future, Canty, expects that “multi-agency knowledge networks will continue to emerge, [...] bringing together clinical practitioners and community providers such as libraries and bookshops” (2017, p.39). Chamberlain, Heaps and Robert highlight the value of developing collaborations “as a positive end in itself”, viewing these as “building blocks for a more cohesive and community-based approach to patients and community health information in the future” (2008, p.34).

6.4 Cautions and precautions

6.4.1 Harm caused directly by reading

The idea that literature can cause serious harm is commonly thought of as a laughable 18th century worry (Bate and Schuman, 2016). However, as Brewster (2019) points out,

if we believe that reading can have positive effects on an individual's mental health, we are forced to concede that it can also cause negative (iatrogenic) effects. Logically, "arguments that books can be harmful are by their nature premised on the assumption that reading alters mental states and influences behaviour" (Bate and Schuman, 2016, p.742). Philosophically, whereas Aristotle promoted the catharsis found in literature, Plato, concerned about the "unhealthy emotions" induced in the public, had recommended that "poets should be banished from the ideal republic" (ibid). In discussions around bibliotherapy, the possibility of poorly selected reading "producing counterproductive or negative effects" (Silverberg, 2003, p.134), is often noted – even warned against (e.g. Pehrsson and McMillen, 2005; Silverberg, 2003). Worry about unintentionally causing harm with a bibliotherapeutically intended reading recommendation is also a major reason why many librarians prefer to steer clear of bibliotherapy (Jones, 2006).

To ensure harmful effects are avoided, Silverberg recommends that the bibliotherapist must be "well versed in the recommended texts and patient narratives" and have a good comprehension of the needs, problems, and literacy level of the reader (2003, p.134). Pehrsson and McMillen add an understanding of the theoretical framework and therapeutic context, to the concerns that should be "weighed in the decision of book-to-client fit" (2005, p.52). To assist counselling students in the selection of books, they created "a tool to systematically evaluate literature for therapeutic use" (ibid, p.48). They recount that the "development of the Bibliotherapy Evaluation Tool (BET) emerged from an extensive review of the mental health and education literature" (ibid, p.52). In the evaluation tool, several aspects of books were considered, including: "general format/structure, subject matter, reading level/suitability, text and pictures, developmental level, context/environment or situation/use, and therapeutic use" (ibid). Even though the BET was designed for counselling students, a similar tool might be useful for librarians too.

6.4.2 Interference with other treatments

Apart for the reading directly causing negative effects, the most concerning issue is that it can, in some instances, interfere with other treatment modalities. As discussed, self-

help, for example, can offer the promise of “miraculous cures” (Harwood and L’Abate, 2010, p.60), making conventional medicine unappealing by contrast. Medical advice can become trivialised, and hence ignored (Harwood and L’Abate, 2010).

On the other hand, if therapy is ongoing, unfortunate readings can trigger a response that interferes with the therapeutic process – despite Shrodes’ (1978) and Shiryon’s (1978) belief that literature offers a safe distance conducive to therapy. To explain how this might happen, an understanding of how the bibliotherapeutic process may proceed when it succeeds – and when it fails – is helpful. According to Silverberg’s (2003) model (figure 1 below), there are two main routes that the bibliotherapeutic intervention can take, one leading to positive outcome, the other to a stasis or negative outcome. In a successful intervention, the “mechanisms of change” are activated in the reader; identification, insight and growth produce catharsis, leading to development or change (2003, p.131). In an unsuccessful intervention, defence mechanisms are activated in the reader; introjection, projection, and/or repression produce stasis, or a refusal to change (ibid). The Shrodesian model (identification – catharsis – insight) is thus expanded on, in order to acknowledge that things may also go awry.

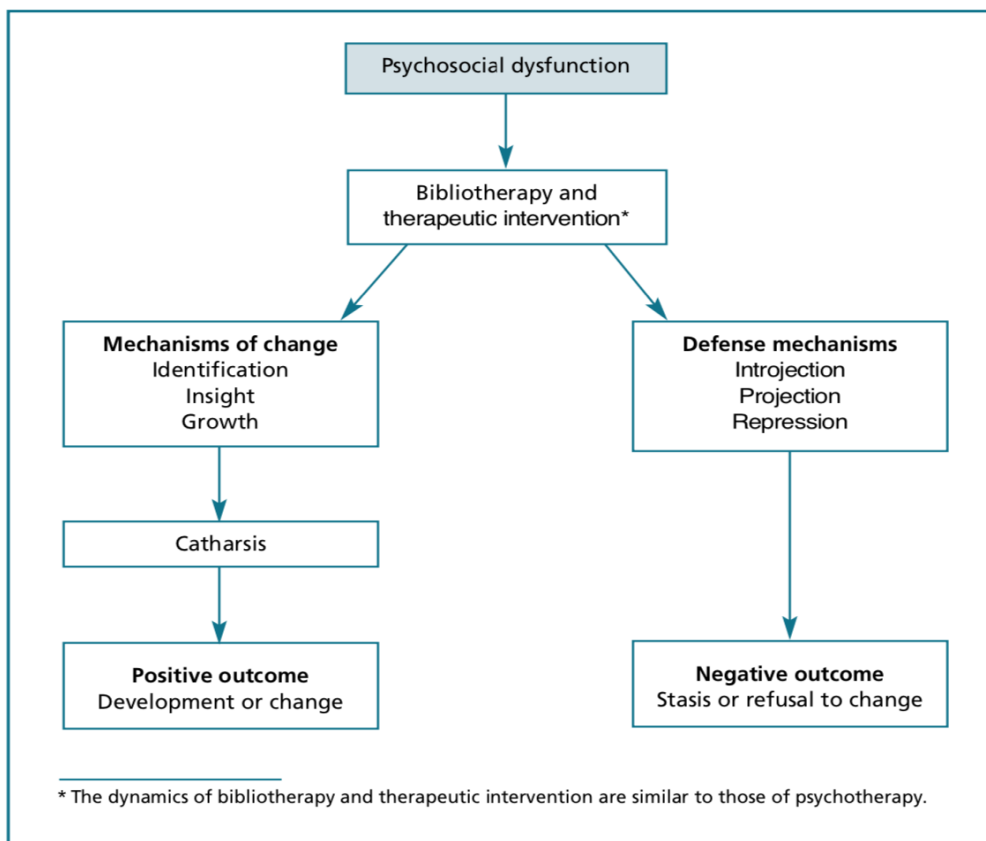


Figure 1: The bibliotherapeutic process (Silverberg, 2003, p.132)

6.4.3 Encountering severe mental health issues

Fanner and Urquhart's systematic review of bibliotherapy provision for mental health service users identified "the need to train library staff to deal with the unusual or disturbing behaviour exhibited by some mental health service user" (2008, p.247), and as Walwyn and Rowley state, self-help groups often "lack of a formal procedure with which to follow up group members' problems, and [...] recognize when they are presented with a serious illness requiring medical treatment" (2011, p.311). Wenger suggests that "libraries might consider writing [...] guidelines to provide some information and guidance to staff who find themselves in what is really a counselling situation rather than a reference situation" (1980, p.136). Regarding group bibliotherapy, Richardson Lack emphasises the importance of having a trained leader, "able to note individuals who appear to be deeply troubled and may refer such individuals to mental health professionals" (1985, p.32).

Staff prejudice against perceived "problem patrons" may also cause issues (Fanner and Urquhart, 2008, p.247), and make patrons with mental health issues feel stigmatised. To counter this issue, "public library staff should receive training on mental illness in order to reduce the preconceptions held by staff" (ibid). For example, Turner, discussing bibliotherapy schemes run in Essex, explains that staff received training to disperse "preconceived ideas about mental health which would influence how they dealt with anyone bringing in a prescription or asking about any of the books" (2008, p.60)

6.5 To be considered

6.5.1 Patrons' views and expectations

Brewster, Sen and Cox (2013) evaluated bibliotherapy provision in UK public libraries. Based on an analysis of interview and focus group data, they concluded that librarians as service providers did not fully comprehend patrons' views and expectations regarding bibliotherapy, and this resulted in a "potential gap between service provision

and service user needs” (2013, p. 569). On the whole, it was found that facilitators were more concerned with the type of text used than bibliotherapy users were; for patrons, the main concern was the objective (improved mental health) – not how it was reached. Some bibliotherapy schemes’ focus on specific types of texts may thus limit the potential of bibliotherapy unnecessarily. Compared to the facilitators, the bibliotherapy users interviewed in the study had a “wider conceptualisation of bibliotherapy” (ibid, p.582). The conclusion is therefore that “in-depth research influenced by user-centered design principles, may help to improve services in practice” (ibid, p.569).

The perception of bibliotherapy may also be affected by credibility issues. In a study of the bibliotherapy schemes offered by public libraries in Dublin, it was noted that “promotion needs to be adopted by the health professional partners as well as the library services in order to make a bibliotherapy scheme more visible and trustworthy” (Hutchinson, 2014, p.99). It was concluded that unless bibliotherapy schemes have “legitimate support from professional health care workers”, the schemes offered in the public library may be seen “as amateur and as such patrons may be less willing to avail of them” (ibid). Conceivably, the credibility of bibliotherapy schemes also affects how willing health care providers are to recommend them.

6.5.2 Concerning stigma

The stigma surrounding mental health issues affects some service users experiences of bibliotherapy – and even prevents some from seeking out services. In their review of UK bibliotherapy services for people with mental health issues, Fanner and Urquhart found “users frequently commented that they would not consider borrowing from a public library because of the stigma attached to mental illness” (2008, p.245). In Hutchinson’s study of bibliotherapy programmes in Dublin, “the problem of stigma associated with mental health was a concern frequently referenced by the public and health librarians” (2014, p.102).

Concerns regarding stigma, in many ways, affect the way bibliotherapy is offered, packaged, and promoted. Stigma-aware librarians have to carefully consider, for example, how to shelve the literature used for bibliotherapy. Some prefer to keep these materials “as a separate closed collection, to ensure that copies are always

available” (Brewster, 2008, p.118), considering it important to “prioritize the needs of those prescribed the books” (Brewster, 2009, p.403). Implementing a very different strategy, a bibliotherapy scheme in Essex chose to display bibliotherapy materials “in a prominent position, in a display bin with an attractive header” (Turner, 2008, p.57). The comments received from service users “praised the idea of the collections and their location” (ibid).

However, both these options (closed collection or prominent display) may cause some patrons to feel stigmatised. Hutchinson explains, quoting an interview with a health librarian:

if bibliotherapy items are kept behind the desk, away from other borrowers: “books for children with dyslexia... if you put the books in that section the parents know where to go but at the same time you’re saying to that child, you’re different” (Hutchinson, 2014, p.98).

While it is important that books are findable and available for those who need them, separating these materials into a closed collection or display may make some service users feel uncomfortable (Brewster, 2009). Recognising this issue, some librarians have “inter-filed their collection to allow for subtle browsing of the section (Hutchinson, 2014, p.98). Providing open access to the materials for all also allows other patrons to use these books, whether or not they have sought support for mental health issues through the health care system (Brewster, 2009).

Another issue discussed in the literature is the charging of fines for overdue items. Some librarians have chosen not to impose fines on bibliotherapy materials, “as it is considered to undermine the whole scheme” (Hutchinson, 2014, p.98). Others, however, believe it best not to give any “special treatment to those borrowing items from the collection”, to avoid singling out these service users (ibid).

It is important to allow the service users to choose how much they disclose about their circumstances. Even though a Midlothian bibliotherapy group’s promotion was targeted at people with mental health issues, participants were free to decide “whether they wish to openly identify with a mental health difficulty or not” (Bailey, 2018, p.94). For those group members who did not wish to disclose mental health issues, “the library setting and the literary material can offer handy euphemisms” (ibid, p.101).

Based on a case study of public libraries in Dublin, Hutchinson (2014) recommended that the context of bibliotherapy schemes could be expanded to include physical health issues, as opposed to only focussing on mental health conditions. The idea was that including physical health conditions “would reduce the stigma attached to the schemes as they would be addressing all areas of health and not be limited to psychological problems” (2014, p.102). Library staff, as a result, would “view it as a mainstream product within the library services”, rather than “a specialised service”, thus the stigma would be decreased (ibid).

6.5.3 Best practice v tailored services

Many have noted the lack of agreed upon standards regarding the facilitation of bibliotherapy (Brewster, 2009; Chamberlain, Heaps and Robert, 2008; Hutchinson, 2014). According to Brewster, the differences in the ways bibliotherapy schemes are being implemented in the UK has led to a situation wherein “there is no consistency of service across the country” (2009, p.403). Issues such as “appropriate book subjects, loan periods, reservations, waiving of fines, and whether or not public library membership is needed to borrow the book” are handled differently by different authorities (ibid).

In Hutchinson’s review of public library bibliotherapy schemes in Dublin, “respondents suggested that services could be improved if there was communication between the different authorities and a pooling of ideas” (2014, p.101). Together, service providers could “support one another, and develop a best-practice approach for any services wishing to implement a bibliotherapy programme” (ibid). Hutchinson envisions all public libraries offering bibliotherapy “in the same manner”, so that “a brand could be developed whereby all material relating to bibliotherapy would look similar including the booklists and promotional items” (ibid). Chamberlain, Heaps and Robert have also suggested that “by examining lessons learnt and the evidence-base” the development of “a flurry of further small scale projects developing in isolation” could be avoided (2008, p.25).

Arguably, however, a branded best-practice approach to bibliotherapy may not best serve the users. It is generally recognised that different readers respond to books

very differently (Bate and Schuman, 2016; Czernianin, Czernianin and Chatzipentidis, 2019; Pehrsson and McMillen, 2005), and different styles of bibliotherapy suit different people (McNicol, 2018) – “there is no one-size-fits-all approach” (Bailey, 2018, p.98). As Bate and Schuman emphasise, “the individual nature of each person will mean that we could never, and would never wish to, match poems to pathologies” (2016, p.743). Therefore, each reader must be approached as a unique individual, “his reading planned in terms of his personal needs, goals, frustrations, and conflicts” (Bryan, 1978, p.28), and “bibliotherapeutic materials and their application must be tailored to suit the needs of the individual patient” (Czernianin, Czernianin and Chatzipentidis, 2019, p.82). Developing a unified brand may not allow for the variety and tailoring required for bibliotherapy to be as appealing, inclusive, and effective as is possible.

6.5.4 A note on nomenclature

Labels and names are significant. As Miller explains, once bibliotherapy was named, “the name itself helped coordinate a new discursive configuration of thoughts and actions aimed at using reading as a form of therapy” (2018, p.21). While understandings of bibliotherapy vary, the name has a meaning – even if just as an “umbrella term” used for a variety of associated things (Brewster, 2008, p.115). However, as Hynes and Hynes-Berry bemoan,

bibliotherapy is a somewhat problematic term. If nothing else, the polysyllables are cumbersome, and *bibliotherapy* does not communicate an immediate general impression in the way that the names of other creative therapies, such as art therapy or dance therapy, do (Hynes and Hynes-Berry, 2012, p.3).

Indeed, ‘biblio’ is not a familiar or instantly recognisable word in English, and so is not necessarily meaningful to the general public. Thus, it likely does very little to reassure those patrons who are reluctant to approach anything labelled ‘therapy’ due to the attached stigma. Rubin, also critical of the term, notes that “it appears to be the nomenclature which alienates people, not the activity of using literature for insight” (1978a, p.10).

Rubin therefore recommends that “librarians should approach bibliotherapy much as recreational and occupational therapists view their work – as an activity which is therapeutic and can be part of a medical program, or as one possible path toward self-actualization” (1978b, p.10). Considering promotion to service users, Chamberlain, Heaps and Robert, insist that “the importance of a good project title cannot be underestimated. [...] It needs to be short, catchy and meaningful to both partners and recipients” (2008, p.30). They report that while many providers have adopted the name ‘Books on Prescription’, some have invented their own names (ibid). Some examples are: ‘Wellbeing’ (Tyneside), ‘Self Health at Your Library’ (Stockport), ‘Well Read’ (East Sussex), and ‘Self-Help Books on Referral’ (Stoke) (ibid). Bailey (2018) discusses a bibliotherapy group in Midlothian. Named by the participants as ‘Braw Blether’⁵, the group is also often referred to by members in generic terms such as ‘the book group’ or the ‘library group’; this has helped sidestep the stigma some people might associate with participating in a ‘support group’ (2018, p.101).

In naming bibliotherapy activities, it is therefore necessary to note two things: the name needs to be instantly recognisable and meaningful to potential participants – yet, in many circumstances it might be best not to use labels such as ‘(biblio)therapy’ or ‘support group’. In some cases, using such labels for books or practices may make them less appealing to readers – especially ones who are not explicitly looking for bibliotherapy, but might benefit from these books/practices. As has been established, bibliotherapeutic benefits may be found by accident as well as intention (Jack and Ronan, 2008); conceivably, unfortunate labelling may prevent some happy accidents from happening.

⁵ Scots: ‘braw’ – “fine or pleasant”; ‘blether’ – “a lengthy chat between friends” (Bailey, 2018, p.104).

7 DISCUSSION AND RECOMMENDATIONS

7.1 Recommendations regarding formality/explicitness

The analysis revealed that different understandings of bibliotherapy vary in their requirements regarding the level of formality in bibliotherapy, and practices range from informal to formal. On the continuum of formality, the public library and librarian's role can be situated somewhere along the informal (e.g. casual book recommendations) to moderately formal (e.g. reading groups for people with no severe mental health problems, possibly in consultation with health professionals) range; fully formal being reserved to prescribed/institutional bibliotherapy. Bibliotherapy in the public library can be either implicit or explicit, depending on user's and provider's intentions and awareness. This dissertation suggests that there are two opposite strategies the public library may follow, in order to promote bibliotherapy and address the stigma associated with it:

1. Explicit – the aim is to raise awareness (of bibliotherapy and of mental health)
2. Implicit – the aim is to avoid labelling (books, practices, or people)

In an extreme sense, using the first approach means committing to the active promotion of bibliotherapy – and by extension, mental health. This might involve promotional materials, events, displays, clear labelling/signage, and sharing information, so that bibliotherapy becomes a familiar concept, awareness about mental health grows, and service users – hopefully – can feel more comfortable using the services. Conversely, using the second approach means discarding all labelling/signage, and allowing service users to find bibliotherapy discretely – perhaps, unintentionally/accidentally.

It seems likely that sometimes, (biblio)therapeutic experiences may make the biggest impact when encountered unexpectedly. Advertising something as therapeutic/bibliotherapy may bring in expectations, and these expectations may lead to disappointment, even resentment, if the promised “miraculous cure” is not delivered. However, some readers may require – and be comfortable with – assistance. Therefore,

the best approach for the public library is to combine both approaches: offer bibliotherapy explicitly to those who are explicitly looking for it, and implicitly to those who are not. In practice, this means:

1. use attractive labelling/signage and shelves dedicated to bibliotherapy, organise reading groups, appoint named bibliotherapist-librarians, and promote these, but also;
2. keep copies of all bibliotherapy books within the normal collection, not labelled as bibliotherapy, ensure privacy/anonymity, allow service users to browse/read discretely

It is crucial to recognise that different service users have different needs, and are comfortable with different levels explicitness in bibliotherapy; a range of services should be offered to suit different needs.

Additionally, because public librarians are not health professionals, it is necessary to collaborate with other professions so that as wide a range of needs can be catered to as possible. While informal bibliotherapy can be offered by the library itself, collaboration is needed for the provision of formal bibliotherapy. When varying levels of formality and explicitness are offered, inclusivity also increases, and service users with varying levels of awareness of and comfortability with bibliotherapy can feel welcome. If bibliotherapy is conceptualised as a continuum ranging from informal to formal – instead of categorising it into separate categories – it better links up with the concept of mental health as a continuum.

7.2 Further recommendations: awareness, inclusivity, compassion, and collaboration

As confusion around the practice of bibliotherapy, and stigma associated with it, were found to be major issues affecting bibliotherapy provision in public libraries, it is recommended that awareness of the concept – and of mental health – is promoted. Raising awareness of bibliotherapy and of the concerns discussed above will allow public librarians to serve the public more sensitively, responsively, and comprehensively.

Bibliotherapy providers should also be aware of the wider conceptualisations of bibliotherapy that some service users hold.

As it was found that for a bibliotherapeutic effect, different readers may benefit from different approaches and different types of books, and that needs and preferences change over time, it is recommended that the public library employs a flexible, inclusive approach to bibliotherapy, tailoring it to each reader's needs. Bibliotherapy facilitators should not rigidly commit to one type of literature or therapeutic approach.

As it was found that service users often reach out to bibliotherapy in vulnerable states, of mind, often unable to engage with challenging materials or cope with their issues being directly addressed, it is recommended that the public library adopts a compassionate, understanding stance towards service users. Finding a balance between showing compassion, and yet not causing service users to feel singled out, is also vital.

As it was found that the public library cannot offer all types of bibliotherapy on its own, it is recommended that interdisciplinary collaborations are sought out, and roles in bibliotherapy provision are clarified to everyone involved.

7.3 Concluding remarks

7.3.1 Answering the research questions

1. Analysis revealed that 'bibliotherapy' has been defined and conceptualised in a multitude of ways, some more restrictive than others. Restrictive definitions/conceptualisations often limit its use to clinical/formal settings, while the most inclusive definitions/conceptualisations allow it to be used by anyone, anywhere.
2. Bibliotherapy was found to be an expansive concept, encompassing a wide variety of practices and approaches. Literature used ranges from fairy tales and poetry to informative self-help manuals; from multimedia to service users' own writings. All approaches and types of literature have their uses.

Experiences of bibliotherapy have been predominantly positive, yet there are some concerns to be aware of. Unfortunate choice of literature may cause harm to vulnerable readers, so it is crucial to be sensitive to service users' circumstances and need.

Bibliotherapy has its limitations, and should not be used as a replacement for professional care, when such is required. Ideological concerns should also be noted: depending on perspective, bibliotherapy may be seen as supportive and empowering, or as a means of shifting responsibility from the society to the individual.

3. The public library can offer a wide array of bibliotherapy services, ranging from casual reader guidance to reading groups. However, to be able to serve as wide a population as possible, the public library needs to collaborate with health care professionals.
4. When facilitating bibliotherapy in the public library, awareness of service users' needs is key. Different approaches and different types of literature need to be adopted, and service users' circumstances and needs must be considered with compassion and understanding. Awareness needs to be promoted to reduce stigma and prejudice.

7.3.2 Limitations and suggestions for further study

As the term 'bibliotherapy' was used as a starting point and an inclusion criterion in the literature search, literature that may be conceptually linked to bibliotherapy without explicitly referring to it was not retrieved in the search. For a truly comprehensive conceptual analysis of bibliotherapy, literature on closely related topics should be included in the review. In addition to academic literature, policy documents, brochures, websites, etc. could also be reviewed, and the Googling of terms could be pursued to see in what contexts different terms are used; this would reveal how terms are used in practice, as opposed to in the academic literature.

Since this dissertation was concerned with what has been explicitly termed 'bibliotherapy', pre-1916 practices, sometimes somewhat anachronistically labelled as bibliotherapy, were excluded from this analysis. There would doubtless be much to explore in what might be called 'pre-theoretical' bibliotherapy that would also shed light on the coinage of the term and its original meaning.

7.3.3 One final note

According to the broad conceptualisation, bibliotherapy happens in the public library whether librarians are cognisant of it or not – whether it is formalised or made explicit or not. For a concerned librarian, the best precaution against any potential harmful effects – as well as the best way to “direct the potency” of literature (Rubin, 1978b, p.1) – is to familiarise oneself with the issues involved, to promote awareness, and to know when to ask for help.

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Bate, J. and Schuman, A. (2016) 'Books do furnish a mind: the art and science of bibliotherapy'. *The Lancet*, 387, pp.742-743.

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Brewster, L. (2009) 'Books on Prescription: bibliotherapy in the United Kingdom'. *Journal of Hospital Librarianship*, 9 (4), pp.399-407.

Brewster, L. (2014) 'The public library as therapeutic landscape: a qualitative case study'. *Health & Place*, 26, pp.94-99.

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Miller, J. (2018) 'Medicines of the soul: reparative reading and the history of bibliotherapy'. *Mosaic: an interdisciplinary critical journal*, 51 (2), pp.17-34.

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Turner, J. (2008) 'Bibliotherapy for health and wellbeing: an effective investment'. *Australasian Public Libraries and Information Services*, 21 (2), pp.56-61.

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Walwyn, O. and Rowley, J. (2011) 'The value of therapeutic reading groups organized by public libraries'. *Library and Information Science Research*, 33 (4), pp.302-312.

Wenger, K. (1980) 'Bibliotherapy: a librarian's concern'. *The Australian Library Journal*, 29 (3), pp.134-137.

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APPENDIX 1: LITERATURE SEARCH LOG

DATE	RESOURCE USED	SEARCH TERMS	HITS	DOCUMENTS ANALYSED	NOTES
22/03	SUPrime Library Collections	bibliotherapy	23	Fitzgerald, J.A. and Wienclaw, R.A. (2012) 'Bibliotherapy', in Key, K. (ed.) <i>The Gale encyclopedia of mental health</i> . 3rd edn. London: Gale, vol. 1, pp. 194-196. Harwood, T.M. and L'Abate, L. (2010) <i>Self-help in mental health: a critical review</i> . New York: Springer. (Chapter 4: "Bibliotherapy") McDonnell, R. (2014) <i>Creativity and social support in mental health: service users' perspectives</i> . Basingstoke: Palgrave Macmillan. (Chapter 7: "Bibliotherapy and reflective journaling") McNicol, S. and Brewster, L. (eds.) (2018) <i>Bibliotherapy</i> . London: Facet Publishing. Rubin, R.J. (ed.) (1978) <i>Bibliotherapy sourcebook</i> . Phoenix: Oryx Press. Rubin, R.J. (1978) <i>Using bibliotherapy: a guide to theory and practice</i> . Phoenix: Oryx Press.	23 documents screened. 6 documents selected by applying inclusion and exclusion criteria. (Most excluded documents focussed on children/adolescents.)
23/03	SUPrime Articles + Databases (Full Text Online, Peer-reviewed Journals)	bibliotherapy	4,843	Bate, J. and Schuman, A. (2016) 'Books do furnish a mind: the art and science of bibliotherapy'. <i>The Lancet</i> , 387, pp.742-743. Brewster, L., Sen, B. and Cox, A. (2013) 'Mind the gap: do librarians understand service user perspectives on bibliotherapy?'. <i>Library Trends</i> , 61 (3), pp.569-586. Canty, N. (2017) 'Bibliotherapy'. <i>Logos</i> , 28 (3), pp.32-40. Czernianin, W., Czernianin, H. and Chatzipentidis, K. (2019) 'Bibliotherapy: a review and perspective from Poland'. <i>Journal of Poetry Therapy</i> , 32 (2), pp.78-94. Detrixhe, J.J. (2010) 'Souls in jeopardy: questions and innovations for bibliotherapy with fiction'. <i>Journal of Humanistic Counseling, Education and Development</i> , 49 (1), pp.58-72. Jack, S.J. and Ronan, K.R. (2008) 'Bibliotherapy: practice and research'. <i>School Psychology International</i> , 29 (2), pp.161-182. McCulliss, D. (2012) 'Bibliotherapy: historical and research perspectives'. <i>Journal of Poetry Therapy</i> , 25 (1), pp.23-38. Miller, J. (2018) 'Medicines of the soul: reparative reading and the history of bibliotherapy'. <i>Mosaic: an interdisciplinary critical journal</i> , 51 (2), pp.17-34. Pettersson, C. (2018) 'Psychological well-being, improved self-confidence, and social capacity: bibliotherapy from a user perspective'. <i>Journal of Poetry Therapy</i> , 31 (2), pp.124-134.	100 documents screened. 9 documents selected by applying inclusion and exclusion criteria.
23/03	SUPrime Articles + Databases (Full Text Online, Peer-reviewed Journals)	bibliotherapy AND "public librar**"	334	Brewster, L. (2008) 'Medicine for the soul: bibliotherapy'. <i>Australasian Public Libraries and Information Services</i> , 21 (3), pp.115-119. Brewster, L. (2009) 'Books on Prescription: bibliotherapy in the United Kingdom'. <i>Journal of Hospital Librarianship</i> , 9 (4), pp.399-407. Brewster, L. (2014) 'The public library as therapeutic landscape: a qualitative case study'. <i>Health & Place</i> , 26, pp.94-99. Fanner, D. and Urquhart, C. (2008) 'Bibliotherapy for mental health service users part 1: a systematic review'. <i>Health Information & Libraries Journal</i> , 25 (4), pp.237-252. McLaine, S. (2010) 'Healing for the soul: the Book Well program'. <i>Australasian Public Libraries and Information Services</i> , 23 (4), pp.141-147. Neville, P. (2013) 'Prose not Prozac? The role of book prescription schemes and healthy reading schemes in the treatment of mental illness in Ireland'. <i>Health Sociology Review</i> , 22 (1), pp.19-36. Richardson Lack, C. (1985) 'Can bibliotherapy go public?'. <i>Collection Building</i> , 7 (1), pp.27-32. Turner, J. (2008) 'Bibliotherapy for health and wellbeing: an effective investment'. <i>Australasian Public Libraries and Information Services</i> , 21 (2), pp.56-61. Walwyn, O. and Rowley, J. (2011) 'The value of therapeutic reading groups organized by public libraries'. <i>Library and Information Science Research</i> , 33 (4), pp.302-312.	100 documents screened. 9 documents selected by applying inclusion and exclusion criteria.
22/06	Google Scholar (Full Text @ Strathclyde)	bibliotherapy	~20,900		Too many documents retrieved; need to refine search.
22/06	Google Scholar (Full Text @ Strathclyde)	bibliotherapy public library	6,630	Chamberlain, D., Heaps, D. and Robert, I. (2008) 'Bibliotherapy and information prescriptions: a summary of the published evidence-base and recommendations from past and ongoing Books on Prescription projects'. <i>Journal of Psychiatric and Mental Health Nursing</i> , 15 (1), pp.24-36. Hannigan, M.C. (1962) 'The librarian in bibliotherapy: pharmacist or bibliotherapist?'. <i>Library Trends</i> , 11 (2), pp.184-198. Hutchinson, E. (2014) 'Bibliotherapy programmes in Dublin public libraries: a case-study of Dublin City, Fingal and South Dublin public library services'. <i>Qualitative and Quantitative Methods in Libraries (QQML) Special Issue Social Justice, Social Inclusion</i> , 95-103. Lenkowsky, R.S. (1987) 'Bibliotherapy: a review and analysis of the literature'. <i>The Journal of Special Education</i> , 21 (2), pp.123-132. Macdonald, J., Vallance, D. and McGrath, M. (2013) 'An evaluation of a collaborative bibliotherapy scheme delivered via a library service'. <i>Journal of Psychiatric and Mental Health Nursing</i> , 20 (10), pp.857-865. Wenger, K. (1980) 'Bibliotherapy: a librarian's concern'. <i>The Australian Library Journal</i> , 29 (3), pp.134-137.	100 documents screened. 6 documents selected by applying inclusion and exclusion criteria.
					TOTAL 30 SELECTED

APPENDIX 2: LIST OF ANALYSED DOCUMENTS

DOCUMENT	HOW DISCOVERED
Alston, E.F. (1978) 'Bibliotherapy and psychotherapy', in Rubin, R.J. (ed.) <i>Bibliotherapy sourcebook</i> . Phoenix, AZ: Oryx Press, pp.143-158.	Literature search
Bailey, F. (2018) 'Long-term impacts of bibliotherapy groups: reading and writing together', in McNicol, S. and Brewster, L. (eds.) <i>Bibliotherapy</i> . London: Facet Publishing, pp.93-104.	Literature search
Bate, J. and Schuman, A. (2016) 'Books do furnish a mind: the art and science of bibliotherapy'. <i>The Lancet</i> , 387, pp.742-743.	Literature search
Brewster, L. (2008) 'Medicine for the soul: bibliotherapy'. <i>Australasian Public Libraries and Information Services</i> , 21 (3), pp.115-119.	Literature search
Brewster, L. (2009) 'Books on Prescription: bibliotherapy in the United Kingdom'. <i>Journal of Hospital Librarianship</i> , 9 (4), pp.399-407.	Literature search
Brewster, L. (2014) 'The public library as therapeutic landscape: a qualitative case study'. <i>Health & Place</i> , 26, pp.94-99.	Literature search
Brewster, L. (2018) 'Bibliotherapy: a critical history', in McNicol, S. and Brewster, L. (eds.) <i>Bibliotherapy</i> . London: Facet Publishing, pp.3-22.	Literature search
Brewster, L. (2019) <i>Bibliotherapy: what, why, and how can I use it in my context?</i> [Webinar]. Available at: https://vimeo.com/342991838 (Accessed: 18 June 2019).	Grapevine
Brewster, L., Sen, B. and Cox, A. (2013) 'Mind the gap: do librarians understand service user perspectives on bibliotherapy?'. <i>Library Trends</i> , 61 (3), pp.569-586.	Literature search
Bryan, A. (1978) 'The psychology of the reader', in Rubin, R.J. (ed.) <i>Bibliotherapy sourcebook</i> . Phoenix, AZ: Oryx Press, pp.22-32.	Literature search
Canty, N. (2017) 'Bibliotherapy'. <i>Logos</i> , 28 (3), pp.32-40.	Literature search
Chamberlain, D., Heaps, D. and Robert, I. (2008) 'Bibliotherapy and information prescriptions: a summary of the published evidence-base and recommendations from past and ongoing Books on Prescription projects'. <i>Journal of Psychiatric and Mental Health Nursing</i> , 15 (1), pp.24-36.	Literature search
Cohen, L.J. (1994) 'The experience of therapeutic reading'. <i>Western Journal of Nursing Research</i> , 16 (4), pp.426-437.	Citation chaining
Czernianin, W., Czernianin, H. and Chatzipentidis, K. (2019) 'Bibliotherapy: a review and perspective from Poland'. <i>Journal of Poetry Therapy</i> , 32 (2), pp.78-94.	Literature search
Detrixhe, J.J. (2010) 'Souls in jeopardy: questions and innovations for bibliotherapy with fiction'. <i>Journal of Humanistic Counseling, Education and Development</i> , 49 (1), pp.58-72.	Literature search
Duffy, J.T. (2010) 'A heroic journey: re-conceptualizing adjustment disorder through the lens of the hero's quest'. <i>Journal of Systemic Therapies</i> , 29 (4), pp.1-16.	E-journal provider recommendation
Fanner, D. and Urquhart, C. (2008) 'Bibliotherapy for mental health service users part 1: a systematic review'. <i>Health Information & Libraries Journal</i> , 25 (4), pp.237-252.	Literature search
Fitzgerald, J.A. and Wienclaw, R.A. (2012) 'Bibliotherapy', in Key, K. (ed.) <i>The Gale encyclopedia of mental health</i> . 3 rd edn. London: Gale, vol. 1, pp. 194-196.	Literature search
Hannigan, M.C. (1962) 'The librarian in bibliotherapy: pharmacist or bibliotherapist?'. <i>Library Trends</i> , 11 (2), pp.184-198.	Literature search
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