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SPECIAL COMMUNICATION

Bibliotherapy: The therapeutic use of didactic and literary texts in treatment, diagnosis, prevention, and training

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The term *bibliotherapy* has been defined by Russell and Shrodes as "a process of dynamic interaction between the personality of the reader and literature—an interaction which may be used for personality assessment, adjustment, and growth." In the clinical setting, the dynamics that promote change in a patient-reader can include identification, projection, introjection, catharsis, and insight. Clinicians may use bibliotherapy as a tool for patient treatment, medical diagnosis, and the prevention of illness related to psychosocial dysfunction, allowing for gradual and mutual insight into patient complaints over time. Bibliotherapy may display efficacy on intellectual, psychosocial, interpersonal, emotional, and behavioral levels.

The author identifies two basic types of resources that are useful to clinicians administering bibliotherapy: didactic texts, which are instructive, and imaginative literature, which can be a literary text, biography, or autobiography and fosters an imaginative response from the patient-reader. The author identifies the advantages and risks of using bibliotherapy and explores its possible applications in osteopathic medical education, encouraging osteopathic medical educators to familiarize themselves with this treatment modality.

(Key words: bibliotherapy, literatherapy, osteopathic medical education, osteopathic medical practice, psychosocial growth)

Russell and Shrodes[1] define the term *bibliotherapy* as "a process of dynamic interaction between the personality of the reader and literature—an interaction which may be used for personality assessment, adjustment, and growth." The goal of bibliotherapy is to promote behavioral change in a normative direction. Bibliotherapy can be done without, or with very little, intervention and with didactic or literary texts. Alternatively, *literatherapy*, combining literary texts with psychotherapy, refers to the direct and intentional use of literary texts in conjunction with psychotherapy. A practitioner of literatherapy uses the discussion of literary texts and devices (eg, metaphor, simile, and allegory) to facilitate and enhance the efficacy of psychotherapy.

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Background

As early as first-century Rome, reading and medicine were associated, but bibliotherapy as a treatment modality was unknown in the United States until the 19th century.[2] In the mid-1800s, Benjamin Rush, MD, and John Minson Galt II, MD, recommended the act of reading in the hospital as a part of patients' therapy and treatment.[2] Bibliotherapy was recognized as an aspect of librarianship within that discipline in 1904.[1] In that year, a trained librarian became head of the library at McLean Hospital in Waverly, Mass. A program combining psychiatry and library science ensued. The Menningers, a family of renowned psychiatrists and authors, used bibliotherapy in their Topeka, Kan, clinic in the 1930s (see *http://www.menninger.edu/about/heritage.html*), giving a librarian the role of "bibliotherapist."[3]

Bibliotherapy took a major step in 1941 when its definition appeared in the 11th edition of *Dorland's Illustrated Medical Dictionary*. In the following decades, though much was written on the topic, theories exceeded practical applications. During this time, psychiatrists and psychiatric social workers were the first to apply bibliotherapy in clinical settings. In the 1960s, with the flourishing of the social and behavioral sciences, the ability of the act of reading to produce a change in attitude and behavior became widely recognized.[4]

Process and dynamics

The internal dynamics that occur during a successful treatment with bibliotherapy can be divided into two types. In this process, a positive outcome is sparked by the *mechanisms of change*. Alternatively, stasis or a negative outcome is a result of the patient-reader's *defense mechanisms* being aroused by this treatment modality. In bibliotherapy, the mechanisms of change expand the patient-reader's awareness, unmask and offer insight into latent personal issues, and suggest solutions that have helped others cope with feelings and situations similar to their own—including separation or loss caused by human interactions. For example, David D. Burns' *Feeling Good: The New Mood Therapy* (1980) has given a number of my patients insight into strategies for feeling better when suffering mild

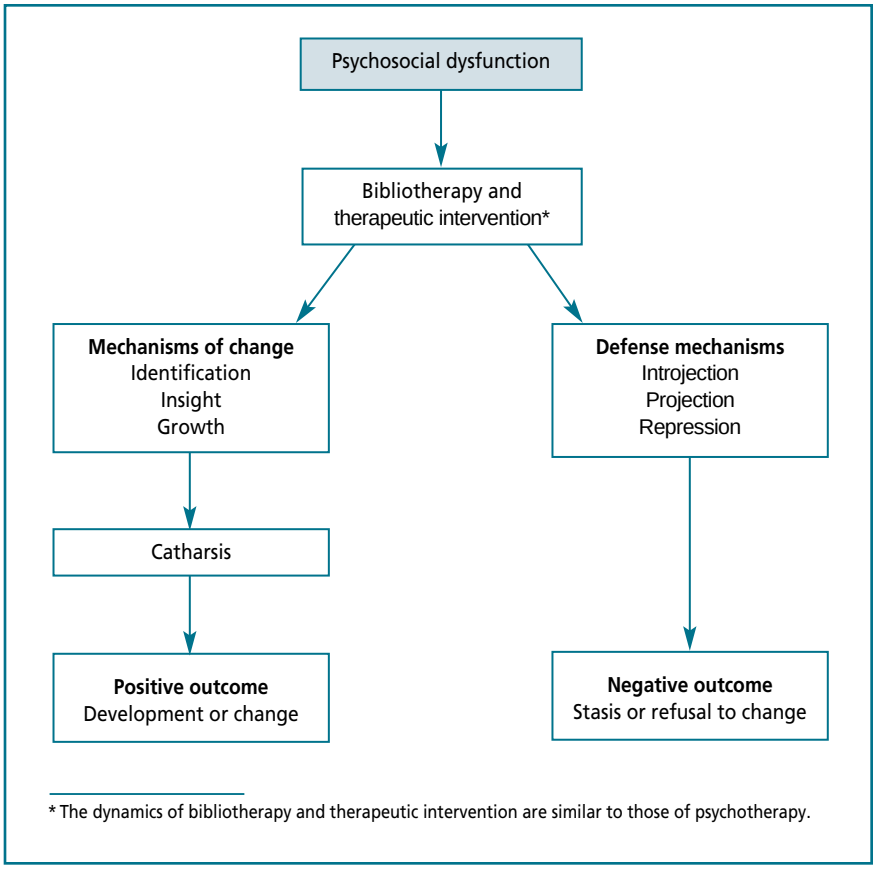

Figure 1. *The bibliotherapeutic process.*

depression. Harold S. Kushner's *When Bad Things Happen to Good People* (1981) has helped many put severe loss and grief in perspective. Dylan Thomas' well-known poem "Do not go gentle into that good night" *(see http://www.poets.org/ poems/ poems.cfm?prmID=1159)* might help an elderly patient summon his or her "fighting spirit" while recovering from surgery. The same poem could be used for a patient-reader experiencing grief, as could the W. H. Auden poem, "Funeral Blues," made famous in the 1994 film *Four Weddings and a Funeral* (see *http://www.egr.unlv.edu/~rho/interests/other/poems/ w.h.auden/ funeral.blues.html*). In fact, Auden's poem "September 1, 1939" (see *http://www.poets.org/poems/poems.cfm? 45442B7C000C07060072*) helped many people in the United States process their grief after the events of September 11, 2001.[5]

Movie clips are used extensively in family practice education to help initiate discussion of topics and afford insight. As an introduction to taking a social history, an osteopathic medical educator might use a small vignette from the popular 1990 film *Pretty Woman*, in which Vivian Ward, played by Julia Roberts, obtains significant information about Edward Lewis, played by Richard Gere, and his life during the first 5 or 10 minutes of their initial encounter. This scene provides a good example of how a history can be obtained in a relatively short meeting.

Bibliotherapy is made possible by the process of recognition, which occurs when the patient-reader experiences a sense of familiarity or self-recognition while reading. The experience of self-discovery prompted by bibliotherapy may or may not be dramatic. The patient-reader remains in control of the degree of identification he or she experiences. Personal insight into problems can occur at any pace. Because use of this treatment modality in the outpatient family practice setting has been established, family physicians should consider suggesting bibliotherapy as adjunctive treatment for their patients with more common complaints.[4,6]

Short stories, drama, and prose excerpts have been used successfully to address topics such as adolescence, alcoholism, anger management, compassion, courtship, family, fear, self-identity, justice, life and death, loneliness, love, marriage, parent-child relationships, revenge, self-image, and sexuality.[7,8] Children use stories, tales, and fables as a means of finding parallels to their problems and needs even before they can read.[9-11]

Open communication between adults and children is vital to developing successful long-term relationships, yet such communication is often difficult. By using books as a point of entry to discussion, adults encourage intellectual and emotional contact with children and make important steps

toward establishing healthful relationships with them. While bibliotherapy is particularly well-suited for children showing symptoms of psychosocial dysfunction or maladjustment, it should also be considered as a vehicle for presenting challenging ideas, promoting the growth of important concepts, and fostering the development of personal insight for all children.

To meet the objectives of bibliotherapy, two distinct types of source material are commonly used: didactic and imaginative. *Didactic texts* are instructional and educational, similar to textbooks used in the traditional educational process. A didactic text can be found for nearly any topic a clinician may wish to address with the patient-reader, including child rearing, marriage and sexuality, personality conflicts, and coping with stress (eg, self-help books). The purpose of didactic texts is to facilitate a direct change within the individual through a cognitive understanding of self. Conversely, *imaginative literature* refers to the dramatic presentation of human behavior through fiction, poetry, drama, biography, and autobiography.

Applications and terminology

Bibliotherapy has been used in the psychiatric, educational, correctional, and general medical fields.[12] This technique has been an effective intervention for children with psychosocial dysfunction related to short stature and diabetes mellitus, for whom it was proven to be a powerful and invaluable communication tool, as it allowed the children to engage in open discussion with their families and their healthcare providers.[9,13,14]

Although the term *bibliotherapy* mainly suggests a treatment modality, when the technique is employed for diagnostic or preventive purposes, some practitioners prefer the use of other terms. For example, the term *bibliodiagnostics* is applied when bibliotherapy's techniques are used for assessment. *Biblioprophylaxis* is used when the discipline is used for prevention. Bibliotherapy can be prescribed by a family physician as a "medication" to promote *health education* and it can be used in treating patients for numerous conditions, including *psychosocial conditions* (eg, depression; the effects of physical, emotional, or sexual abuse; grief and loss; and marital or sexual dysfunction) and *medical conditions* (eg, diabetes mellitus, hypertension, smoking, obesity, heart disease).[4] Then a librarian, an allied healthcare system, or another appropriate person could act as the "pharmacist."

Outcome

Scientific evidence indicates that imaginative literature has the potential to bring about change within an individual because it is more likely to produce an emotional experience—an essential element for effective therapy.[11] The effects of bibliotherapy may occur on intellectual, psychosocial, interpersonal, emotional, and behavioral levels.[15] A positive outcome can be achieved with didactic texts as well as imaginative literature.

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Figure 2. Additional resources.

When a literary text is adopted for clinical applications, the patient-reader's response and reaction lead from the general and universal to the specific and personal. This pattern is similar to that found in individual psychotherapy (*Figure 1*). When a psychotherapist uses literatherapy, the selected texts are closely related to the immediate context of the patient's therapy session. This process allows the patient-reader to look at how others might perceive or interpret the issues and situations they face. For example, reading Doris Grumbach's *Coming into the End Zone: A Memoir* (1991) may help a retiring professional focus on feelings of impending solitude, perhaps preventing depression by developing the patient-reader's coping skills. Grumbach writes,

> When I was young I made sure I heard everything, listened in on every conversation, as though widening my sphere of sound would permit me entry into the larger world. Losing a good part of my hearing reduced my avidity. Now I am grateful for hearing less, being left alone with my own silences, away from the raucous world of unnecessary talk, loud machines, the shrill chatter of cicadas in our American elm tree, the unending peeps of baby sparrows that nest under the air conditioner outside the bedroom window, the terrified nightmare screams of the neighbors' child through our wall at three o'clock in the morning. I am ready to begin the end.

Through stories and characters, a patient-reader can "try out" solutions in a less emotionally threatening environment. Perceiving these issues from a distance—or "away from the raucous world," as it were—the patient-reader can approach given situations with less perceived risk and embarrassment than discussing a similar situation related expressly to himself or herself.

Bibliotherapy attempts to reshape the patient-reader's thinking, which ideally may result in a positive attitudinal or behavioral change. In identifying with a person, character, or specific situation as related in a didactic or literary text, a patient-reader may be able to purge himself or herself of repressed feelings or thoughts. The patient-reader may gain insight into his or her own behavior and problems through a strong identification with a character's impasse and thus be able to "take a step back" and accept a situation's reality more easily. Through reading, a patient can learn that a problem he or she is facing is not unique—a realization that has the potential to reduce fear of the unknown. The patient-reader gains a feeling of universality, the realization that he or she is not alone with the problem.

Caveats

As with other treatment modalities, there are risks to using bibliotherapy. Osteopathic physicians and osteopathic medical educators must become well acquainted with the subject matter and materials they recommend. A poor selection could be damaging, producing counterproductive or negative effects.

Furthermore, there is a possibility that some patient-readers may flounder if there is no debriefing or follow-up for this treatment modality. In an era of cost restraints, bibliotherapy properly used by a family physician might replace the relationship between the therapist and the patient (ie, human therapy). To avoid any adverse effects of bibliotherapy, the bibliotherapist must be well versed in the recommended texts and patient narratives—and have an intimate understanding of each patient's needs and problems, as well as his or her ability to read and comprehend written materials. For those with reading disabilities, physical impairments, or hectic personal schedules, audiobooks may be a more suitable method of administration. To avoid mistakes, would-be bibliotherapists should obtain adequate training in bibliotherapy and the psychotherapeutic process, as well as acquire a thorough knowledge of the didactic texts and imaginative literature they would adopt.[16]

Comment

New ideas or concepts and ways of looking at complex issues and personal situations are often the result of a patient-reader's strong engagement with didactic or literary texts. A positive reorganization of a person's psychosocial milieu can result from resolving difficult situations from a detached point of view.

Bibliotherapy may have significant utility in osteopathic medical training and practice in various settings. Because didactic and literary texts have proven clinical effectiveness and the positive effects of literature and video on the behavior of medical students have been well documented, osteopathic medical educators should consider using bibliotherapy to change the attitudes of osteopathic medical students, interns, and residents in desirable ways.[4,17,18]

Recent issues of the *JAOA* have discussed the need for osteopathic medical educators to dispel negative stereotypes many residents have toward their elderly patients.[19-21] Bibliotherapy may provide a valuable opportunity for osteopathic medical students to learn vicariously from the experience of others' physical disabilities, illnesses, and suffering (*Figure 2*). Such an experience may promote a more compassionate response to patients.

Literary texts and other imaginative works can provide a means through which to understand seemingly incomprehensible feelings. For example, the 2002 film *About Schmidt* starring Jack Nicholson (see *http://www.aboutschmidtmovie.com/*) or reading Arthur Miller's play *Death of a Salesman* (1949) may help young physicians begin to understand an elderly patient's frustrations with life as he or she nears retirement. Alternatively, the W. B. Yeats poem, "When You are Old" (see *http://www.poets.org/poems/poems.cfm?45442B7C000C07060F7B*), illustrates another facet of aging, one that includes dignity, hope, and an appropriate sense detachment. Other films that may be of use, many of which are based on novels or plays, include *Harry and Tonto* (1974), *Queen of the Stardust Ballroom* (1975), *On Golden Pond* (1982), *Cocoon* (1985), *Nothing in Common* (1986), *Driving Miss Daisy* (1989), and *Fried Green Tomatoes* (1991).

The addition of select elements from a liberal arts education to an osteopathic medical school curriculum might help future osteopathic physicians interpret patient stories, broaden their general knowledge of the human condition, and perhaps personally assist overburdened students, interns, and residents. For example, as a prelude to therapy, an osteopathic medical student with mild depression might be asked to read Burns' *Feeling Good: The New Mood Therapy*. Reading and discussing Gabriel García Márquez's *Love in the Time of Cholera* (1988) may help a resident avoid a potentially destructive physician-patient liaison.

When the medical arts do not present us with a ready answer—or when the answer we have to offer is too cold and "clinical" to transmit—the medical arts should look to the literary arts for answers that do credit to our common hu-

manity, giving us the language we need to speak to ourselves—and to each other—with the ring of truth but not the harshness of it. As the technique of bibliotherapy further matures, we can look forward to adding this modality to osteopathic medical training and practice as an important tool for educating and treating the whole person.

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