

10-1-1979

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Recommended Citation

O'Bruba, W. S., & Camplese, D. A. (1979). Beyond Bibliotherapy: Tell-A-Therapy. *Reading Horizons*, 20 (1). Retrieved from https://scholarworks.wmich.edu/reading_horizons/vol20/iss1/6

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BEYOND BIBLIOTHERAPY: TELL-A-THERAPY

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"A book," stated Dr. Samuel Johnson, "should help us either to enjoy life or to endure it."

Many years later such an intriguing idea began to grow in the minds of educators, ministers, psychologists, psychiatrists and persons in contact with a world reaching in many directions for answers to their problems. The last half century has seen the utilization of books for therapeutic purposes grow from an idea to an accepted practice bordering on a science. Pierre Janet, a French psychiatrist, interested in this topic of therapeutic reading believed that one could inspire or stimulate patients into making a better life adjustment through reading assignments. Teachers and ministers had intuitively believed this for literally centuries, but until this time, no psychiatrists had accepted the theory.

The word bibliotherapy first appeared in 1930, in an article by G. O. Ireland in *Modern Hospital*. Other names applied to this therapy have been biblioprophyllasis and therapeutic reading. In the United States, the Menningers were among the first to foster interest in this new aid to healing. In 1937, Dr. Will Menninger wrote *The Prescription of Literature* and later Dr. Karl added *A Guide to Psychiatric Books*.

Providing a case for bibliotherapy, Dr. Karl notes that Robert Downs issued *Books That Changed the World* and states, "Since we know that many books have in many different ways changed the thinking of the world, we can easily believe that many an individual can and does have his life changed directly through the experience of reading a book."

Karl Menninger in his book, *Human Mind*, which was written for, but not accepted by, medical libraries, stated, "The whole matter of bibliotherapy for the relief of suffering by the psychological processes induced by reading is a field in which we have little scientific knowledge. But our intuition and our experience tell us that books may indeed 'minister to a mind diseased' and come to the aid of the doctor and even precede him."

Bibliotherapy was first used primarily as one type of individual therapy with those who were emotionally ill. The assumption underlying this was that a patient's mind would turn from his illness and then, from vicarious experiences, develop insights concerning others with similar problems. From this point one could begin to plan ways of resolving his own conflicts. It followed that such a measure might well be used in a preventive manner as well as to help those emotionally disturbed to develop better

attitudes and be prepared to make more satisfactory adjustments to their problems and their world.

Schools, perhaps are in the best position to work with bibliotherapy in a preventive approach against mental illness. In America, schools are founded on the principle that reading experience would affect not only a child's attitude, but also his behavior. The first book published in America, the New England primer, contained both religious and secular material, and who would deny the far reaching influence of the McGuffey Reader on the mind of America. Although there is little tangible evidence supporting the claim that reading does influence and change one's behavior, those involved in fostering the learning of others must continue to assume this is true—that reading of good books positively influences the way one thinks, feels, and acts. In the past few years the thinking of many of our educators and psychologists have reflected the inadequacy of our present education system to meet the needs of the "whole child." Jersild expresses the idea that there is a need for the child to understand himself and others even on a nursery school level. He states that problem facing is not realistic in the classroom. Educators need to promote wholesome understanding of self revelation instead of self-defense. Let the child be himself.

Arthur Combs in explaining the school's function in promoting a more self actualized personality says, "Disillusionment and despair in human relationships are the product of inaccurate assessment of what people are like and what can be expected of them. A clear conception of possibilities and limitations is more likely to produce more realistic goals. These in turn provide the bases for success, experience and good morale." The students should also through exploration, come to see that people change their way of doing things only when they see new or different and better ways of doing them. In this way they may learn that meanings are individual and that the differences in behavior among their classmates and others may be accounted for because of the meaning each sees in the situation. This, in effect can change a student's attitude of blaming the person for his behavior to one of understanding this concept, the student is able to deal more effectively with his own problems. Since ways of perceiving are learned, can they not be taught? Although there is no one solution to the way of bringing about these changes in a student's behavior and picture of himself, perhaps bibliotherapy is in a position to make a healthy contribution toward this goal. In a program of bibliotherapy one would not experience just an intellectual or academic, didactic approach, but the process of developing self-understanding involving all of the growing persons' faculties for feeling, cognition, or recognition. What other agency in our society is in a more crucial position to help bring about these necessary conditions than the public school system? Yet, how many teachers know what the word bibliotherapy means?

Bibliotherapy as a preventive approach is concerned with the technique in which a teacher attempts to solve a child's problem by bringing him a similar experience vicariously through books. Through recognition of the problem and its solution in literature, the individual gains insight into his

own problems and presumably is then able to take a step toward solving it.

The theory of preventive bibliotherapy can be expressed in three points.

1. All children and adolescents face certain types of problems.
2. By reading and developing a sane attitude, youngsters are better prepared to make a satisfactory adjustment when similar problems arise.
3. A little vicarious injection of experience with a problem in a book is to prevent a bad case of this same kind of experience in the young readers' development.

Dr. T. V. Moore of the Catholic University of America believes that psychiatry and psychology have put too little emphasis on the importance of intellectual ideals in determining human conduct. It is his view that the intellect has a great deal to do with determining conduct. "If we can give children and young people proper principles of conduct, we can alter their behavior and make it more desirable. One of the best ways of implanting desirable ideas is gained from books. Children need a discussion of books to see the application of the situation in these books to their own problems." If we take this emphasis on the intellectual element in bibliotherapy, it is easy to justify a kind of preventive bibliotherapy which might well be practiced by teachers, librarians, and guidance officers.

Certain suggestions and aids have been prescribed by users of bibliotherapy which would be of benefit in such a program. If counseling or discussion follows the reading, teachers should not moralize or prescribe behavior for the child or group. This, for each child, is individual. "It must be understood that in using bibliotherapy as another way of encouraging children's use of books in influencing behavior, that most children in the classroom are not seriously maladjusted nor is the teacher a qualified therapist. But it may serve as another technique of getting close to a child, helping him to achieve a greater degree of maturity, along with developing the ability to verbalize his concerns."

Heaton and Lewis set forth steps to alter attitudes and behavior from the use of literature. These steps are:

1. A retelling of what occurred in the story itself.
2. A probe into what happened in feeling, in shift of relationship and change of behavior.
3. A stimulation to identify similar incidents drawn from the experience of the students or from other stories.
4. An opportunity to explore the consequences of certain behaviors or feelings.
5. A chance to come to a conclusion or generalization about the consequence of certain behavior or feelings.

If the chosen material is good, the theory that children will become like their heroes does no harm, "since children are past masters at pulling their own particular plums out of any pie." A child not only reads with his eyes but with his knowledge; taking his needs and problems to the reading experience and reading himself into the story. He attaches his plight to that

of one of the characters. This mirror image helps him to see his own weakness without directly affecting his ego. Through these experiences the child becomes better prepared to meet real problems or make readjustments in solving the existing ones.

One way of using bibliotherapy with special students is through telling stories which fit the developmental needs of a group of students, followed by group discussion of the social values that were found in the story.

The special teacher may retell the story so that the children may receive mental and emotional therapy through identification with a character in a book who faced a similar problem or situation. Tell-a-therapy can and often does have a marked positive or negative influence on behavior.

The following example serves to illustrate how Tell-a-Therapy can be utilized. Ernie, a polio victim, is now a ninth grader who is in a special education program. From the first day of class the teacher noticed that the other boys and girls were tripping Ernie on the way to and from class but usually catching him before he hit the floor. His teacher pointed out the hazards of this activity to no avail. Finally in desperation, the teacher read *Green Door to the Sea*—a book about the perils of a young boy who had polio and then told the story to the class. The positive behavior effects showed immediately, for nobody dared to trip or push Ernie. However, about two weeks later the principal called the teacher into his office to discuss the behavior of another of his students who had been involved in five fights during the past two weeks. This young man, all two hundred and ten pounds of him, had adopted the role of Ernie's protector. Naturally, the teacher explained to the principal that his Tell-a-therapy had worked too well and that he would remedy the situation.

This is a good example of Tell-a-therapy properly carried out. Tell-a-therapy can produce both a positive and a negative influence on the behavior of a special student. This is a situation where a model behavior was presented by the therapist and accepted by the client, but the client had no grid by which to judge his overprotective performance.

Through a story, the special student can see himself more realistically. He can see his weaknesses without threatening his ego. Through this type of identification model and problem-solving situation, the student can become better prepared to face real life problems and situations. However, in dealing with retarded individuals it seems necessary to provide a kind of grid or standard by which these individuals can judge problems and situations. Thus appropriate examples of behavior for many life situations must be given to the students so they can establish a grid by which to behave.

The writers have established four categories which may be helpful when using either bibliotherapy or Tell-a-therapy.

The four categories of useful books are as follows:

- I. Personal Appearance
- II. Physical Handicap
- III. Family Situations
 - A. Disturbing features at home

- B. Living without father
- C. Living without mother
- D. Living without either parent
- E. Living with step parent
- F. Living with relatives
- G. Living with other people

IV. School and social Problems

Bibliotherapy has had its problems trying to become a science, mainly because, "Many people read not to explore and examine with open mind and honest experience, but rather to select and reinforce their own traits, aversions, unrealities, and so to perpetuate their immaturities, or lacking concern with the issues encountered, they remain immune to any potential influence from what they read."

One must admit that each reader brings his own complex ideas, needs, and ego into the therapeutic situation. Of course these factors help determine the therapeutic effect upon the individual. Logic can easily lead one to believe that the therapeutic effect could be completely misinterpreted by an individual to bolster his own shaky ego; or that an individual's attitude may completely prevent the desired response to be coded in a meaningful manner, or to provide a response that would have an effect the opposite of therapeutic. Thus, it is almost impossible to prove that specific reading has had a certain effect in a certain case. In the fields of psychology and education, a sizable amount of research and experimentation has been done relating to bibliotherapy in the hope of supporting the theory that the use of books can influence the total development of a person. We find in clinical literature, theories of the process of bibliotherapy and leads for further research, but it contains few definitive answers for teachers, librarians, psychologists and psychiatrists. Largely, the research articles are descriptive rather than experimental.

Kircher emphasizes the view that, "We must not delude ourselves with the idea that once a moral principle gains entrance to the mind of the child it determines conduct. I have been deeply interested in observing a child acquire a good moral principle, see its beauty, and recognize its validity, but refuse to apply it to his own personal problems."

It is disappointing to read Mr. Kircher's remark, but could it be possible that his yardstick wasn't long enough. This moral principle doesn't determine conduct—maturity does. But who is to say that this same moral principle wasn't applied to his own personal problems in later years?

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