Chapter 2
Bibliotherapy as a Method of Treatment

Introduction

The idea of healing through books is not new; it can be traced far back, to the first libraries in ancient Greece. Use of the term "bibliotherapy" goes back to the beginning of the twentieth century, when Crothes (1916) labeled it as such. Most of us recognize the power of therapeutic reading. We find ourselves entering the world described in the pages of a good book or appearing in the scenes of a good movie, and we become involved with the characters. We feel happy or sad, we cry with the character who suffers, we want the good ones to cope and the bad ones to be punished; we really care. We usually end up gaining new insights and ideas for our own lives as well. Just reading high-quality literature, then, is a healing process that can enrich our selves.

The use of books for treatment purposes received special and widespread attention following World Wars I and II. With many soldiers returning from battle with posttraumatic disorders or symptoms, bibliotherapy was considered a cost-effective treatment. Since then, the use of bibliotherapy has expanded and is currently employed in nearly every helping profession, with every age group, and with multiple populations. Bibliotherapy is used by school counselors (Gladding, 2005), social workers (Pardeck, 1998), mental health nurses (Frankas & Yorker, 1993), teachers (Kramer & Smith, 1998), and librarians (Bernstein, 1989).

A wide range of issues and problems are addressed through bibliotherapy. Many use books in character-education programs (Kilpatrick, Wolfe, & Wolfe, 1994); others use them for more specific difficulties, such as death and dying (Todahl, Smith, Barnes, & Pereira, 1998), and divorce (Kramer & Smith, 1998). Treatment of aggression in this manner, however, has not been researched earlier, and perhaps is being introduced for the first time in this book.

The term bibliotherapy is made up of two words: *biblio*, originating from the Greek word *biblus* (book), and *therapy*, referring to psychological help. Simply stated, bibliotherapy can be defined as the use of books to help people solve problems. *Webster's Dictionary* (1985, p. 148) defines it as "guidance in the solution of personal problems through reading." Berry (1978) provides a more comprehensive definition: "a family of techniques for structuring interaction

between a facilitator and a participant … based on their mutual sharing of literature." Baker's (1987) definition is more clinical; he suggests that bibliotherapy is the use of literature and poetry in the treatment of people with emotional or mental illness.

All the above definitions share one common thread: Bibliotherapy requires some form of reading. But not all agree if the reading should be fiction or nonfiction (Pardeck, 1998), and there is a clear split among therapists regarding the amount of therapy required and therapist involvement. The amount of therapy falls on a continuum, from self-help books at one extreme, in which the book is the major therapeutic agent and the involvement of a therapist is minimal, to bibliotherapy as an adjunct to therapy, in which the therapy process is the major therapeutic agent of change, with the book serving as a helping tool, and the involvement of a therapist is critical. These differences in the amount of therapy in bibliotherapy treatment have been influenced mostly by the theoretical orientation of the therapists. Indeed, this difference in theoretical orientations is responsible for the split between two major schools of bibliotherapy: "cognitive" and "affective."

As cognitive therapists perceive learning processes as the major mechanisms of change, nonfiction written material for educating individuals has been elected as the form to treat people. It can be a written program, even a computerized program, as long as it guides individuals to improve their functioning and to solve their problems (Tallman & Bohart, 1999), and it is usually administered as a self-help therapy, with no therapist involved or with minimal therapist contact.

In contrast, affective bibliotherapy originates from psychodynamic theories that can be traced back to Freud. It refers to the use of written materials to uncover repressed thoughts, feelings, and experiences. It is assumed that while the character works through a problem, readers are emotionally involved in the struggle and ultimately achieve insight into their own situation (Shrodes, 1957). Strong emphasis is placed on the promotion of emotional responses through identification with the experiences that the literary figures undergo. To permit such identification processes to happen, fictional literature is needed—fiction of literary merit, so that it can mirror a person's dilemmas, and help him or her to connect to the emotions and pain with minimum fear (Gersie, 1997; Gladding, 2005). High-quality literature is essential, as a poorly written novel with stereotyped characters and simplistic answers to complex questions is probably worse than no reading at all. As affective bibliotherapy deals with deep emotions and experiences, it cannot be a self-help treatment and definitely requires the involvement of a therapist.

Cognitive Bibliotherapy

It is not surprising that cognitive bibliotherapy is getting so much attention nowadays. We are functioning in a world in which cognitive-behavioral therapies dominate the field of psychology. This is particularly because they produce

more empirical data, thus establishing them as evidence-based therapies—which is sought now, more than ever (Norcross, Beutler, & Levant, 2006).

Cognitive bibliotherapy is an old practice that started at the beginning of the 20th century, with psychiatrists and librarians cooperating in efforts to help clients with psychological problems. They would offer patients' books that fit their unique difficulties, assuming that these people would learn from the process and apply it to their own lives. This could be the sole treatment or in conjunction with medication. It could also be completely self-help or followed by occasional meetings to discuss the book. However, the main focus was on the content presented in the book and its relevance to a person's difficulties or problems.

The basic assumption of cognitive-behavioral therapies is that all behaviors are learned, and therefore can be relearned with proper guidance. These theories, thus, rely on learning as the ultimate catalyst of behavior change. Along these lines, cognitive bibliotherapy is the process of learning from high-quality written material (not necessarily literature) for therapeutic benefit (Glasgow & Rosen, 1978). This is perceived as an educationally oriented form of intervention, in which mastering information and acquisition of skills are the main goals. In principle, cognitive bibliotherapy is a self-help intervention in which the absence or minimization of the therapist is a major characteristic. It can be a no-contact intervention, which mirrors what happens in the real world of the reader, or it can be a minimal-contact intervention involving telephone calls or occasional visits to a clinic, with the understanding that the major therapeutic work is to be done by participants on their own (Glasgow & Rosen, 1978). There are thousands of self-help books on the market and many consumers use them, but not every self-help book is considered bibliotherapy. Only when a specific program or treatment exists is it considered bibliotherapy material (McKendree-Smith, Floyd, & Scogin, 2003).

Studies of Cognitive Bibliotherapy Treatments

A major area of cognitive bibliotherapy practice is in the treatment of depression. When treating depression, it is crucial that clients learn to understand and modify their cognition and behavior. A book that is often used with depressed clients is *Feeling Good* (Burns, 1980). This is an informative book, and the assumption is that clients will be guided by the knowledge presented within it. Indeed, most of the empirical work on cognitive bibliotherapy was conducted with clients with depression, using this particular book. The first study (Scogin, Jamison, & Gochneaur, 1989) compared three groups: Experimental (clients read *Feeling Good*), placebo (clients read *Man's Search for Meaning*; Frankl, 1959), and no treatment. The first group improved significantly more in terms of reduction of depression symptoms. Two additional studies (Floyd et al., 2004) compared cognitive bibliotherapy treatment with 15 sessions of individual treatment and

with wait-list participants (control group). In both studies, bibliotherapy was found superior to control, with no differences between the treatment types. A follow-up measurement 2 years later indicated that treatment effects were durable and there was no decline in scores from posttreatment to follow-up. However, in the bibliotherapy treatment, participants had significantly more recurrences of depression during the follow-up period.

The comparison of bibliotherapy with individual treatment is important, as it points to the effectiveness and cost effectiveness of the former intervention. If we can replace 15 sessions of treatment with a self-help book, that is impressive. But the first study (Scogin, Jamison, & Gochneaur, 1989) is even more important, as it argues that not every book can be helpful. Even an inspiring book like Frankl's had a lessened effect on participants. This supports the basic assumption of cognitive bibliotherapists that the book has to be informative and directly relevant to the difficulties of the treated persons. More importantly, it suggests that the book itself makes a unique contribution to the healing process. Despite the less stable effect of bibliotherapy, the general conclusion of these studies is that cognitive bibliotherapy is an efficacious method of treatment, particularly with issues of depression in adults (see review by McKendree-Smith et al., 2003).

Other areas in which cognitive therapy has been investigated include smoking and drinking, but the effect of bibliotherapy in these areas is less clear. In a review of the literature, Mains and Scogin (2003) conclude that treatment of depression via cognitive bibliotherapy is supported more than habit-control problems. However, these results pertain to an adult population, actually elderly patients. The results cannot be generalized to children and adolescents.

There is one study that was conducted on adolescents with depression symptoms (Ackerson, Scogin, McKendree-Smith, & Lyman, 1998), using the same book (*Feeling Good*) read in the previous studies. Compared to a delayed-treatment control condition, the treatment adolescents improved more on depression symptoms, and this effect was sustained at the 1-month follow-up. However, no change in actual behavior, as assessed by parents, was found. Moreover, 8 of the 30 participants did not complete the study. Thus, although the researchers conclude that cognitive bibliotherapy is a promising avenue for treatment of adolescent depression, this must be stated with reservations.

With the exception of the work produced by Scogin and colleagues, which indicated positive results of cognitive bibliotherapy, existing reviews of the literature on self-help bibliotherapy show mixed results (for a review, see Pardeck, 1998; Riordan & Wilson, 1989). Several studies suggest that self-help books were effective in changing ineffective adolescent behavior, while others did not find improvement in the very same areas of functioning. What resounds more loudly than the outcomes is the drop-out rates of self-help treatments. Glasgow and Rosen (1978) reported a drop-out rate of 50% of the patients. Zeiss (1978) went much further, reporting that none of the self-help treatment patients completed the program in his study. This is a major concern for therapists who treat children and adolescents.

Drawbacks of Cognitive Bibliotherapy

Self-directed treatments place more of the treatment responsibility on the client. Thus, the ability to utilize written materials and work independently is critical. Indeed, poorly educated clients had higher rates of discontinuation, and those with higher levels of learned resourcefulness did much better (Scogin, Hamblin, & Beutler, 1989). Moreover, individuals with an externalizing style of coping did worse in the self-directed treatment (Beutler et al., 1991). This method is also unsuitable for individuals with extensive interpersonal problems, emotional avoidance, and severe symtomatology (Mains & Scogin, 2003).

Motivation is another key factor in treatment success with self-help books. One really needs to want to overcome the difficulties, long-term habits, and temptations in order to make use of what the written material teaches. This precondition is unlikely to hold in the treatment of aggression. Motivation to change is low, as aggression often serves the aggressor as a vehicle for catharsis. Moreover, the aggressor is likely to perceive giving up aggression as surrendering power, a main component of the aggressive behavior.

Another difficulty with cognitive bibliotherapy is that comprehension of the written material requires intellectual and emotional maturity, and distortion of perceptions may result. Even the reading level may be a problem for some. Mains and Scogin (2003) indeed recommend that cognitive bibliotherapy of a self-help type be best seen as a "first step" in the provision of mental health services.

Another criticism raised against self-help bibliotherapy is the quality of the books. *Feeling Good* was the book most frequently used, and the conclusion regarding this particular book is that it is effective and does not harm readers. Yet, many books lack adequate validation, and some of them may even be dangerous, claims Rosen (1981). We don't know yet how readers are affected by a certain book—positively, negatively, or no change. We also don't know which books are effective and which are not.

Because of the disadvantages outlined above, most therapists prefer some type of contact with clients, and this is particularly true in working with children. Indeed, very little pure self-help cognitive bibliotherapy has been used with children and adolescents. Instead, most of the cognitive bibliotherapy relevant to children has been targeted to training the parents of children with problems, such as conduct disorder (Webster-Stratton, Hollinsworth, & Kolpacoff, 1989), rather than the children themselves. This is quite understandable. Children may not have the cognitive and emotional ability to learn from reading on their own. They often do not have the motivation to change, and they have not yet developed a strong enough ego that can help them control their behavior. Monitoring by a therapist is required to help them gain the most out of their reading materials. It is recommended, therefore, to use bibliotherapy in the treatment of children and adolescents only as an adjunct to the therapist's treatment, and not as a replacement (Elgar & McGrath, 2003; Gladding, 2005; Holman, 1996).

Affective Bibliotherapy

Most of the existing literature on bibliotherapy with children is of affective bibliotherapy (Gladding, 2005). Affective bibliotherapy uses fiction and other high-quality literature to help the reader connect to emotional experiences and human situations through the process of identification. In contrast to cognitive bibliotherapy, affective bibliotherapy relies on psychodynamic theories, some tracing back to Sigmund and Anna Freud. The basic assumption in affective bibliotherapy is that people use defense mechanisms, such as repression, to protect themselves from pain. When such defenses are activated often, individuals become disconnected from their emotions, unaware of their true feelings, and therefore unable to resolve their problems constructively. Stories are helpful in offering insight into personal problems (Forgan, 2002) through the creation of a safe distance, bringing the child and adolescent indirectly to the edge of sensitive issues, issues that are threatening, and probably too painful to face directly (Corr, 2003/4).

Another assumption of affective bibliotherapy is that identifying, exploring, and reflecting on emotions are important components of the therapeutic process (Greenberg, 2002; Hill, 2005). Through identification with literary characters, individuals are exposed to a wide range of emotions, of which they can recognize something in themselves, thus reconnecting to their own emotional world. Experiencing is enhanced through the richness of human life, characters, situations, and problems that the literature presents.

There is a great amount of psychological wisdom incorporated in such books. Yalom (1998) argued that psychology started long before the advent of science methods, with novelists such as Tolstoy. As Kottler (1986) stated, "Without Shakespeare's plays, Dostoyevsky's novels, or James's short stories, our knowledge of anguish and conflict would be hollow, our self-revelation would be one-dimensional" (p. 35). High-quality literature presents a wide range of human thoughts and emotions that readers can identify with, learn from, and apply to their own lives. Such literature goes beyond fictional stories. For example, a great deal of poetry expresses subtle and overt psychological insights about life situations that clients may come to personalize into their own lives. Similarly, films exhibit psychological situations, dilemmas, and conflicts that people can easily identify with.

Benefits of Affective Bibliotherapy

True self-knowledge and a greater understanding of the world may emerge following interaction with literature. Clients realize that their problems are universal, as well as unique. They learn that they share a connectedness with many other people and cultures, which provide comfort and legitimizes their feelings and thoughts (Gladding, 2005). Listening to or reading stories

addresses a basic human need to discover the truth, to understand, to find an explanation for painful experiences, and even to challenge injustice or lack of meaning.

In the process, the reader or listener is believed to pass through three stages: *identification* with the character and events in the story; *catharsis*, where the reader becomes emotionally involved in the story and is able to release pent-up emotions under safe conditions; and *insight* resulting from the cathartic experience, whereby readers may become aware of their problems and of possible solutions for them. When people read or listen to a story or poem or watch a movie in which human beings display their vulnerability, weaknesses, and strengths, they tend to identify with the characters' experiences, suffering, and pain, as well as their happiness. Through this identification process, the individual shares feelings and conflicts with the characters and experiences catharsis. These stories enhance understanding of the human situation and increase empathy for the suffering of others, which eventually may help individuals understand themselves better.

This in itself can be a corrective emotional experience; such experiences are necessary for people who did not have enough positive emotional experiences in their lives or who suffered from tragic events. Particularly in situations of crisis, people become so involved in their pain that they see no meaning or resolution to their situation. The literature provides a context to explore that pain from a distance (Gersie, 1997). Looking at life's circumstances at arm's length may help individuals to deal with the complexity of their situation with less defensiveness, allowing understanding, and insight to grow. This is not merely a cognitive understanding, but rather an experiential one, based on the opening of internal-communication processes and touching repressed experiences.

> I once worked with a group of teachers, using a story about a father who had overly high expectations of his 4-year-old son to excel academically. His expectations were beyond the ability of such a young child, and although he was usually proud of his son's achievements, he also used threatening methods of education when the child did not meet his expectations. One day the father decided to test the child in telling time. His son figured out the logic of the small hand showing the hours, but had a hard time grasping the function of the large hand that showed the minutes. When he failed the test, his father became very frustrated and hit the child.

As soon as I finished reading the story, Cheryl, a group member, said:

> It is just like in my home. I work intensively with my kids on their homework and I get very frustrated when they disappoint me. I get angry at them in a very mean way, you know. I scream, I threaten, and sometimes I even hit them. . . .I can now see the horror in their eyes, and I am so ashamed of myself.

This was already an emotional experience, through which Cheryl understood how unconstructive her behavior was, but also did not feel good about herself. To turn it into a positive experience for her, the discussion had to be directed such that she would better understand why she behaves that way (develop insight), and this

needed to occur in a therapeutic context, with no criticism or blame. We went on discussing the possible reasons for the father to act as he did, even though it was illogical. Cheryl interpreted his behavior as the need to show off, to show how successful he and his family is. Later, she made the connection to her own life, saying: "I teach in the same school that my kids attend. My fellow teachers know me as a very strict and demanding teacher; I cannot afford less than excellence on their part." The group's understanding and acceptance of her feelings made her reconcile her behavior at home, as her response reflects: "My children do not have to pay the price of my ambitions; I do not like what I do to them."

As we see in this illustration, the distance from the individual's problems created by the literature also nurtures constructive thinking and a basis for creative problem solving. This is one reason that legends and fairy tales make particularly good materials to help children, says Bettelheim (1977), being extremely distant from reality makes them a particularly safe ground for the exploration of one's own feelings. They also offer unexpected resolutions to serious problems, thus providing hope in extremely difficult situations, as well as alternative solutions. The next example is drawn from my experience with fairy tales.

> I once worked with Randy, a 6-year-old boy who was on probation for adoption into a family that had already adopted his older brother. He seemed to have some learning disabilities and the family was not sure they could cope, so they took him in for a one-year trial period and provided him with plenty of academic and emotional support. This poor child had six teachers and therapists, each working on a different area. But Randy was so anxious that he could hardly cooperate with any of them. He was extremely withdrawn and depressed and it was hard to communicate with him. In response, a student therapist decided to use bibliotherapy, and she read to him the story of Cinderella. When she got to the place where Cinderella worked so hard to clean and cook, Randy whispered, "it's just like me." This was the first time he could talk about his anxiety, referring to his fears that, despite all the effort he was investing, he would eventually be placed back in a foster home. He was afraid of failing the test and having to separate again from his brother.

The Need for a Therapist

Arguably, these processes of identification with literary characters, followed by cathartic experiences, insight, and action, may occur in everyday experiences without therapy. Bennett (1998) points to two things good stories provide: A code of conduct (honesty) and good examples. Books provide a ground for moral judgment and comparison, and help children sort out right and wrong. They help them develop a sense that alerts them when something is morally wrong. Books also provide models for identification. Bettelheim (1977) observed that, for a child, the question "Who do I want to be like?" is more important than "Do I want to be good?" (p. 10). Identifying with a positive model is thus an important step in child development.

However, because the process does not rely on cognitive learning alone, but rather seeks to uncover repressed or unconscious materials, the presence of a

therapist is crucial. The infinite richness of complexity, which is an advantage of affective bibliotherapy, may be overwhelming, threatening, and anxiety pro-voking. Moreover, books may also model undesirable behavior. Finally, the information conveyed to the reader may be misunderstood, misinterpreted, and even distorted, particularly when children and adolescents and other high-risk populations are involved.

For example, we read a poem to groups of children who have suffered loss. In this poem, the character deals with the dilemma of being happy when she is expected to be sad. She feels guilty and ashamed for forgetting her father. This is a powerful poem, which presents the emotional dilemmas of mourning and also allows for a cathartic experience around the sense of loss. However, some children may identify with the literary character and conclude that they should literally not forget and never be happy. This is not the conclusion we want them to reach. Rather, we want to tell them that, at the initial stage of mourning, people feel that they will never be able to get back to normal life. This is a normal feeling that fades with time. We also want them to know that it is alright to feel happy sometimes, that having fun does not mean they have forgotten their loved one. Moreover, when it is a parent who died, we may want to tell the child that he or she would have liked to see the child happy. We also want to clarify to the children that people around them do not expect them to be sad all the time, and even if they do (as is the norm in some cultures), they can choose to reject this norm.

> We once read this poem to a group of adolescent girls, one of whom was an Ethiopian immigrant to Israel. Mira's mother had died while giving birth to her on the long journey to Israel; hence, her birthday was also her mother's memorial day. The group was talking about birthday parties when Mira mentioned that she has never celebrated her birthday. She didn't think it was appropriate; her father was so sad on that day that she felt it was only expected of her to join him in mourning. Following the discussion of this poem, a psychodrama was played out with another girl playing her mom. In her talk with Mira, her mom told her how proud she is of her, begged her to be happy in her life, and promised to continue watching her. In the next session, Mira reported to the group that she had celebrated her birthday with a few close friends and that it was the happiest day in her life. She also brought a cake to celebrate her birthday with the group. Without the therapist's intervention, a poem like this might have reinforced Mira's sadness despite the cathartic experience that she might have had as a result of identification with the literary figure.

It is the therapist's role to encourage the identification process, to alleviate emotions and express them, and to help the clients discuss and understand these emotions in a nonjudgmental way. An accepting attitude toward a literary figure conveys an important message to the client—namely, that emotions are accepted and understood. This in itself is therapeutic, as at the same time it legitimizes the client's feelings. When the discussion becomes more personal, the therapist also sends a direct message of acceptance to the client. These processes lead to a corrective emotional experience that allows for cathartic experiences and reflection on these experiences.

> In a group of teacher trainees we read a poem about an indecisive person who finds himself in a dead-end situation. The group brought up feelings of confusion,

frustration, and helplessness on the part of the literary character, and discussed reasons that led him to this situation. Issues such as a high sense of responsibility, the need to be compliant, and fear of being judged or rejected came up.

Sarah was particularly active in this discussion, providing insight into the situation, and later admitted that she identifies with the person in the poem. She then disclosed that she has a hard time in her practicum experience; she does not get along with her supervising teacher, who is extremely judgmental and belittling. This had been going on for 6 months.

I was quite surprised to hear this from a relatively older student, one of the best students in class. As I was also in charge of the program, I asked her "Why haven't you said anything for such a long time?" Her reaction was "I was ashamed that I can't get along with an authority figure. But when you expressed understanding and acceptance of that person in the story, I felt you would understand me, too." In this case, it was clearly the literature that brought up the emotions and the understanding, but the therapist was also an agent in this triangle of client, literature, and therapist, helping the client through acceptance of the literary figure.

The therapist's intervention in the interaction between participant and literature is particularly important when working with children and adolescents. The counselor is responsible for the safe climate of the bibliotherapy process, as in any other therapy, and must ensure that the literature is well understood and not distorted through the young reader's private experiences. The therapist must also sustain the reader's curiosity in the complexity of life and encourage participants to encounter and challenge life events. Therefore, I recommend using bibliotherapy as an adjunct to therapy, in which a triadic connection is fostered between the literature, participants, and counselor. The distance between the client and his or her problem created by the literature helps the therapist to guide the child to deal with troubling issues with more safety and less defensiveness and resistance.

Levels of Projection and Forms of Bibliotherapy Materials

The literature produces projection of thoughts and feelings by participants, but there are differences in the level of projection, depending on the materials involved. The story form is a powerful structure used to organize experiences. The sequence of events generally includes a beginning that sets out what is happening and what has led to the events. The middle of the story often adds complexities in the relationships among the characters, raising thoughts and feelings, while the ending ties up the feelings and events of the story (Teglasi & Rothman, 2001). Stories, therefore, are quite directive in channeling the client to a specific theme and set of emotions.

> A story of an abusive father was read to a group of elementary-school children. Roger
> seemed to be extremely hyperactive and was acting out, and at a certain point rushed

out of class angrily. He then came back to the counselor during the break, pleading to remain in the group. He apologized to her for his disrupting behavior and explained that the story brought up emotions that he could not handle in the group without crying, which he did not want. Roger disclosed his horrible secret of being abused by his father, following which the counselor took legal action. In this situation it is clearly the story itself that brought up all those strong emotions. It was good that a therapist was there to provide a holding environment for the child, as well as to offer instrumental help.

Poetry therapy is another method to help people deal with their emotions and conflicts. "It has the kind of variety and indeterminacy, richness, and flexibility that could make it privileged ground for experiencing with human potentialities and responses, redeeming the past, assimilating the present, and projecting the future" (Mazza, 2003, p. 3). In contrast to stories, poems are more ambiguous, and therefore less directive, makingit is easier to project different thoughts and feelings on them.

A poem was read to a group of children who had each suffered the loss of parent. One of the lines in the poem was: "As long as I live, I will never forget and I will never forgive." Some children interpreted it as anger expressed toward God, while others understood it as anger expressed to the deceased person. Both interpretations are, of course, correct, depending on the child's particular experiences.

Finally, pictures tell a story without words. The more abstract or ambiguous pictures are, the less directive they are, and hence the less restrictive to projection. Thus, not only do they allow for individual reactions, but they are also highly effective in analyzing a child's problem.

> I often use a picture of a child lying in bed with a grownup standing next to her. I once used it in a group of elementary-school girls from a very disadvantaged background. Several children thought that it was the mother standing at the bed, saying goodnight to her daughter. But Kathy insisted that the girl is in the hospital and it is the nurse who is coming to give her a shot. She then explained that she was recently hospitalized and that her mom never came to visit or tuck her in; only a nurse stayed by her side. It is obvious that Kathy projected her experiences on the picture, but she also increased her experience through the reactions of the other girls in her group.

Included in the category of pictures are therapeutic cards. Therapeutic cards are a special genre of games based on association and communication. "They serve as a springboard into imagination and creativity, a tool for learning and a catalyst with potential for directing its players into intense communication about themselves" (Kirschke, 1998, p. 11). This is an interactive game between the player and his or her cards, in which the individual associates with or projects onto the cards. These cards do not have an objective meaning; whatever each player sees in them is valid and should not be interpreted by others.

> In the first session of a group of adolescent at-risk girls, participants played with therapeutic cards. Carol selected a card with a forest on it, while Beth selected a card with a boat on a stormy sea. Carol elaborated on her choice, saying that the girl on her card feels quite confused and disturbed. She also shared her feelings of being unclear about her own goals. Beth felt that the girl in her picture has a difficult life and that she

does not believe she will make it to shore. She also shared with the group that the picture reminds her of how shaky her own life is. The two girls, as well as others in the group, projected their difficulties in life on the chosen pictures and started communicating about their problems.

In short, in affective bibliotherapy the therapist has the same role as in any other affective therapy; first and foremost, he or she is responsible for the therapeutic alliance and emotional bonding created with the client (Hill, 2005; Horvath, 2005; Prochaska, 1999). The therapist must lead the client to positive and corrective experiences in the therapy process. However, in bibliotherapy, the literature itself may provide opportunities for corrective positive experiences, through the identification process with characters in the literature. The combination of the literature and the therapist's responses turns the experience into a powerful one.

Research Supporting the Contribution of Affective Bibliotherapy

Compared to cognitive bibliotherapy, affective bibliotherapy has been less rigorously investigated, as are, in general, humanistic therapies compared to cognitive-behavioral therapies. In the case of bibliotherapy, research is especially problematic, because the literature is used as an adjunct to therapy. Researchers argue that it is hard, perhaps impossible, to separate the unique contribution of the particular bibliotherapy intervention from the effect of therapy in general (Reynolds, Nabors, & Quinlan, 2000).

The reviews that do exist show mixed results regarding the effectiveness of affective bibliotherapy. Pardeck and Pardeck (1984), in their literature review, found 24 studies supporting the positive use of fiction books in changing attitudes of clients, increasing client assertiveness, and changing behavior of clients. In another review, Riordan and Wilson (1989) point to inconsistent results, concluding that "Fiction, poetry and inspirational sources for bibliotherapy remain essentially unvalidated" (p. 507). A more recent review (Heath, Sheen, Leavy, Young, & Money, 2005), based on unpublished dissertations, also reports mixed results. They conclude that affective bibliotherapy is helpful when working with children and families dealing with loss and transition, in helping adopted children to adjust to their new families, and in enhancing interpersonal relationships, but it is not effective in improving social skills, in changing attitudes toward individuals with mental disabilities, or in decreasing test anxiety. Most of the studies that showed nonpositive results used bibliotherapy as a single method, rather than as an adjunct to therapy.

As an adjunctive method to treatment, two studies using bibliotherapy were performed by Hedy Teglasi. She used a classroom-based program called STORIES, targeting children with social skill deficits and a tendency to act aggressively. The focus of the intervention was on social problem-solving skills and social information processing. Stories such as "Secret of the Peaceful Warrior"

(Millman, 1984) were used to discuss children's behavior in situations of social conflict. In the first study (Teglasi & Rothman, 2001), fourth- and fifth-graders were divided into 12 small groups, and the story form was used as a vehicle to discuss issues of aggression, bullying, victims, and bystanders. The researchers found, based on teacher reports of externalizing behavior, a decrease in externalized and antisocial behavior only for the children not identified as aggressive. Although, when compared to a wait-list group of children, those identified as highly aggressive showed significantly more favorable scores, their scores on aggression nevertheless *increased* following the classroom intervention. Thus, it cannot be concluded from this study that bibliotherapy has a positive impact on aggressive children.

In the second study (Rahill & Teglasi, 2003), processes and outcomes of STORIES (bibliotherapy) were compared with a skills-training program called Skillstreaming (McGinnis & Goldstein, 1997). The advantage of this study is that it compares bibliotherapy to another treatment that does not use books and so can shed light on the unique contribution of literature in the therapy process. Results indicated more favorable outcomes for STORIES and higher-cognitive levels and changes across sessions, compared to the Skillstreaming program, but not differences in behavioral responses. In other words, the children gathered information and cognitive understanding when books were used, but they were unable to apply the gathered knowledge to real-life situations.

Taken together, the outcomes of these two studies provide only partial support of bibliotherapy. However, one should note that the STORIES intervention is largely based on cognitive therapy. The stories used included content that sets models and standards for appropriate behavior, which the children could use for their increased understanding of social situations. Much less of this program has been devoted to the internal world of the children, the emotional struggles, the frustrations, and the fears.

In my own work with aggressive children and adolescents, I have used an affective focus in work with books, with a great portion of the intervention devoted to the exploration of feelings, the development of insight, and action taken to change behavior. Results of outcome studies with this method will be presented in the next chapter, when I discuss the method of treatment. For now, I will provide results of the three studies aimed to evaluate the unique contribution of bibliotherapy to treatment outcomes. To achieve this goal, I compared treatments of the same theoretical orientation, where the only difference between experimental and control groups was the use of bibliotherapy as an adjunctive method. The three studies vary in terms of population, but most of the measures were identical, thus allowing for some generalization of results. I used the process of change (Prochaska, 1999) to track the stages of progress clients made, as well as the Client Behavior System (Hill & O'Brien, 1999) to evaluate clients' functioning in the therapeutic process. While both are considered process measures, they are also indicative of the progress clients make in the therapy process. These measures are of special value considering the

difficult population involved in my three studies. For such clients, children and adults alike, questionnaires may be a less reliable method of measuring progress than process measures based on observational data.

Of Prochaska's (1999) six stages of change—precontemplation, contemplation, preparation, action, maintenance, and termination—the first two are indicative of no progress, the next two do point to progress, and the last two could not be measured in this short-term treatment. Clients who have reached the stage of preparation are motivated to change, which I consider a key factor in improvement, and those who have reached the stage of action have made actual attempts to alter their behavior. Even though these attempts do not always sustain with time, clients are considered in a more progressive stage of change when they are at least considering change, or make efforts to change, as compared to a state of a lack of awareness or of awareness with no motivation to take action.

The Client Behavior System (Hill & O'Brien, 1999) includes four behaviors indicative of less productive functioning in therapy (resistance, agreement, simple request, and recounting) and four behaviors that point to more productive functioning (cognitive exploration, affective exploration, insight, and therapeutic change). According to Hill (2005), in order for the therapy process to be effective, the client must go through cognitive and affective exploration, following which insight might develop, and therapeutic change eventually takes place. The last behavior, based on the client's report of change in behavior, is particularly important, as it is more than a process variable; it actually points to outcomes based on the client's perceptions.

In the first of the three studies (Shechtman, 2006a), 61 aggressive adolescents were randomly assigned to three conditions: bibliotherapy ($n = 24$), helping sessions ($n = 24$), and control-no treatment ($n = 13$). The two individual treatments were identical in respect to the theory orientation; their only difference was the addition of bibliotherapy as an adjunct to therapy. Results pointed to more favorable outcomes for bibliotherapy in terms of outcome and process measures alike. Both treatment groups had increased scores on empathy and decreased scores on aggression, as measured by self-reports and teacher reports, compared to the children who received no treatment, but those boys in bibliotherapy showed more favorable outcomes on empathy than those receiving helping sessions alone. Moreover, counselors who worked with bibliotherapy reported higher satisfaction with the process than counselors who employed the helping-session method. In terms of Prochaska's Change Process measure (Prochaska, 1999), more boys in the bibliotherapy treatment reached the more advanced stages of change—preparation and action—than did their peers in the helping sessions. Finally, boys in bibliotherapy had higher frequencies of insight and therapeutic change, as measured through the Client Behavior System (Hill & O'Brien, 1999). The use of multiple measures, some based on observation, adds validity to these results, which, taken as a whole, suggest that bibliotherapy makes a unique contribution to the therapy success.

The finding that therapists feel more satisfied with bibliotherapy treatment is interesting. I attribute this result to the written materials used, which provided a framework for discussion, thus helping children to express themselves and therapists to navigate the discussion. When para-professionals or less trained professionals are involved in the therapy (e.g., teachers), this is a particularly meaningful advantage.

The second, more recent study (Shechtman & Effrati, 2008) provides support for the higher client functioning in bibliotherapy conditions. Whereas in the earlier study, the population was randomly divided into treatment conditions (a routine procedure in experimental research), in this study I compared the two similar treatments, within the same population and with the same therapists, thus controlling for both client and therapist variables. Children were treated in both methods—bibliotherapy and helping skills—on a rotational basis; that is, bibliotherapy was employed every other session, out of a total of eight sessions. The study included 20 boys, within the age-group of 11–16 years. We measured differences between every two sessions (e.g., session 1 vs. session 2, session 3 vs. session 4), as well as differences across the four sessions of each treatment. We also accumulated scores for the four less productive client responses versus the four more productive ones. Results indicated that, overall, the less productive responses were more frequent in the helping sessions, while the more productive responses were more frequent in bibliotherapy. These differences were found between sessions 1 and 2, and between sessions 7 and 8. More specifically, of the less productive responses, only one difference was found on recounting, while of the productive responses, differences were found in cognitive exploration and therapeutic change. Thus, it appears that clients worked more effectively in bibliotherapy treatment, as they were engaged more in cognitive exploration and reported more therapeutic changes. This last finding is particularly important, as it points to behavior change as perceived by the children.

As in the earlier study, here, too, I compared the stages of change the children underwent. Although no significant difference was found between the two types of treatment sessions, the evidence suggests that boys remained in the precontemplation and contemplation stages during the helping sessions (10 children vs. 5 in helping sessions and bibliotherapy, respectively), while more children in bibliotherapy were at the preparation and action stages (8 children vs. 4 in bibliotherapy compared to helping sessions, respectively). The lack of significant differences may be attributed to the small sample size. The fact that more children in bibliotherapy reached the two higher stages in the change process points to the unique contribution of bibliotherapy. For, other than the use of bibliotherapy as an adjunctive method, the process was based on the same theory, employed the same therapists and was provided to the same clients.

Finally, the third study (Shechtman & Nir-Shafrir, 2007) was conducted with an adult inpatient population. The effect of affective group bibliotherapy was compared to affective group therapy, in three groups of about 10 members each. Each client from all three groups participated in both treatment types, undergoing three sessions in each of the two conditions. Functioning in therapy

was assessed through Hill's and O'Brien's (1999) Client Behavior System. Results indicated that clients in the bibliotherapy condition were less resistant, used simple responses less frequently, and exhibited affective exploration more frequently than in the group therapy condition. In fact, resistance and simple response were twice as high in group therapy than in treatment by bibliotherapy. However, the greatest difference was found in affective exploration: In the first stage of treatment, clients in bibliotherapy responded with affective exploration 28% of the time, as opposed to 13% in group therapy, while in the last stage, the figures rose to 57% and 27%. These differences are highly impressive, particularly if we consider that about half of clients' responses were directed to the literature in the bibliotherapy sessions, and therefore not counted in the comparison. In other words, in bibliotherapy, affective exploration was twice as frequent in half the time.

In sum, whether in the treatment of individuals or groups, children or adults, clients in bibliotherapy seem to be more productive than in other comparable treatments. These results point to the contribution of bibliotherapy to the therapeutic process outcomes. I realize that process outcomes are not sufficient to rest the case in favor of bibliotherapy; however, as stipulated by Chambless and Cris-Christoph (2006), "Treatment methods are not where all the action is in relation to outcomes, but they are the logical place to intervene to improve care" (p. 200). Ogles, Anderson, and Lunnen (1999) conclude their review of methods with the recommendation to study the contribution of methods through process-oriented session-by-session evaluations, because they seem to provide a unique perspective for their usefulness. Outcome research follows in the next chapter.

Summary

Reading books to children and by children is a common practice that has intellectual, emotional, and social benefits. Kilpatrick and colleagues (1994) mention several reasons for using bibliotherapy for character education:

> First, because stories can create an emotional attachment to goodness, a desire to do the right thing. Second, because stories provide a wealth of good examples—the kind of examples that are often missing from a child's day-to-day environment. Third, because stories familiarize youngsters with the codes of conduct they need to know. Finally, because stories help to make sense of life, help us cast our own lives as stories. And unless this sense of meaning is acquired at an early age and reinforced as we grow older, there simply is no moral growth. (p. 18)

However, bibliotherapy goes beyond character education. Children and adolescents are vulnerable young people who often have no one to turn to for help with their everyday difficulties or more serious crisis situations. The richness of literature may be an important source to help them understand human interactions, increase their sensitivity, and enhance their empathy. In reading

literature, children identify with the character. They create an emotional bond with them and see them from the inside; they live with them, hurt with them, and learn a new respect for people. Books broaden children's minds and give them a larger picture of the world and its habitants (Kilpatrick et al., 1994). Through the imaginative process that reading involves, children have the opportunity to do what they often cannot do in real life—become thoroughly involved in the inner lives of others, better understand them, and eventually become more aware of themselves. Indeed, in their work with children and adolescents, psychologists, social workers, school counselors, and teachers all use books and films to further their well-being and improve therapeutic outcomes.

In the past, children's books were mostly of a didactic type, which made them appropriate for cognitive bibliotherapy. But modern books are different; they are complex, rich in feelings, beliefs, and values. The advantage of such literature is that it can address the various difficulties children currently face. The disadvantage is that overly rich literature may add to the confusion that children experience. To address properly the emotional complexity of the literary figures, children need assistance, supervision, and guidance. Therefore, I suggest affective bibliotherapy as an adjunct to integrative therapy. Based on my studies, there is merit to affective bibliotherapy, although further research is needed to turn this into a scientific conclusion. Such research will be further provided in the next chapter, in which the connection between bibliotherapy and treatment of aggression is discussed. The effect of bibliotherapy on aggressive behavior has not been investigated in the past. This is my own creative attempt, and that of my colleagues, to address childhood and adolescent aggression.

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