

Librarians may think of BT as a type of RA but it is, in fact, a very distinct practice.



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My previous article [On Dangers of Reading](#) argued that reading is not necessarily good for all readers, highlighted the importance of distinguishing readers' advisory (RA) from bibliotherapy (BT), and prepared the ground for understanding BT in the context of library practice. This article deals with BT in detail.

What is Bibliotherapy?

Librarians may think of BT as a type of RA but it is, in fact, a very distinct practice. BT, or reading therapy, may refer to two main types of activity:

Psychotherapy which relies on books to improve a person's mental and physical well-being; and

The use of books to help a person solve life dilemmas and problems in non-medical settings

The first type is often called clinical BT and the second -- developmental BT. Clinical BT involves readers with recognized mental health problems, and developmental BT is intended for healthy populations.

Most librarians would agree that clinical BT is outside of their purview unless they work in special libraries as part of a multi-professional team, hand in hand with therapists, doctors, and counselors. Confusion arises with regard to developmental BT because, just like RA, it is aimed at mentally healthy individuals. Yet, there is a difference between advising (allowing the reader to take the lead and suggesting something that s/he wants) and therapy (identifying a person's needs, which even s/he may not fully understand, and recommending some reading that s/he needs).

"Can you recommend a good book about immigrants?" is a perfectly legit RA question, and there is no shortage of stories to suggest, from historical to contemporary, from poignant and philosophical to humorous and lighthearted. This is certainly a question that a trained readers' advisor can answer. The reader may or may not be an immigrant and may have a multitude of reasons for wanting such a book. But here is a spin-off on this scenario: "I left my country many years ago but I still don't feel at home in America. I have trouble fitting in and I feel depressed. Can you recommend a good book that'll help me cope?" Naturally, as sympathetic and helpful professionals engaged with readers, librarians may be tempted to suggest a 'good book' that will alleviate loneliness, dispel a sad mood, provide encouragement, and give the strength to cope. But let us pause. The latter question is the question of BT. The reader is looking for help coping with a lingering life transition, and librarians (or books) may not be the best sources of help.

The fact that some books turn out to be 'healing' for librarians themselves does not mean that they are free to suggest these books as 'therapeutic' to other readers. If we extend

the reading as medicine metaphor, then the following analogy is inevitable: you don't share your medicine with strangers even if it brings relief to you personally.

By extension, therapy is not in the book.

Nor is it in the act of reading. Therapy is in the subsequent discussion, guided by a skilled therapist. Moreover, there is a clear danger in putting topical, problem-solving novels in the hands of people in distress, teens, and children, hoping that it will solve their issues: "[L]ibrarians should not consider attempting bibliotherapy in the library by putting topical novels in the hands of troubled children," writes Chatton (1988, p. 337). Children and youth may not have sufficient cognitive and emotional capacity to process this material independently under duress, nor do they have enough life experience.

There are no 'therapeutic books,' per se.

As powerful as books may be, their therapeutic capacity should not be exaggerated. Books on abuse, addiction, and depression are not automatically 'therapeutic'; they are just that -- books on a specific topic. That is to say, the proliferating 'lists of therapeutic books' are essentially misleading: they are topical, subject-specific books that have no inherent therapeutic value. Whether or not they turn out to be healing or aggravating depends on how they are used. For all we know, they can even pose the danger of 'over-identification' and become harmful to readers.

One BT called "**Bibliotherapy Booklists: Helping Young Children Cope in Today's World**", is an example of a responsibly compiled source. Its creators emphasize that these books are typically used by "[e]xperienced therapists" and that the "titles recommended are not intended to replace professional counseling."

BT is a serious practice and cannot be simplified; it is distinct from information provision and RA.

"Who is the therapist: the book or the person directing the reading?" This question illustrates the issue at hand; that bibliotherapy, whether clinical or developmental, is not about doing a subject search in a library database, compiling a bibliography on a therapy issue, and then handing over a book. [Developmental bibliotherapy] involves education of the issues, age appropriate titles and the proper methods for engaging students in a discussion conducive to facilitating problem solving and coping skills. It also calls for the sensitivity to recognize when or whether or not an issue should be discussed at all" (Catalano, 2008, p. 21).

Implications for Librarians

Developmental or not, the keyword in BT is 'therapy.' Focusing on this keyword is crucial in helping librarians not to overstep their professional boundaries. Another crucial factor is awareness of their professional limitations. What can librarians not do?

They cannot diagnose. Therapy implies diagnosis. Talking to a reader one on one or dealing with readers in a reading group, librarians may think that they work with healthy readers going through life transitions whereas, in fact, they will be dealing with mental illness. Some mental disorders are tricky and extremely difficult to pinpoint even for experienced clinicians.

They cannot deal professionally with possible negative consequences of reading, be it a negative emotional response (e.g., crying, anger) or a negative behavior (yelling, damaging property). This is particularly relevant to working with readers in book clubs and reading groups. Some librarians moderating read-aloud groups choose to dub them BT groups and market them as a service to people coping with life transitions, abuse, and illnesses. These librarians choose to call themselves 'bibliotherapists' despite the lack of appropriate qualifications. If readers' negative emotions and experiences, bottled up for a long time, come out as a result of reading meetings, do librarians have the means, the skill, and the appropriate setting to follow up and support readers with adequate and timely psychological guidance? The answer is a resounding 'no'!

They cannot recommend books that they did not read personally cover to cover. Providing reading advice, we often rely on publishers' blurbs, book reviews, other readers' opinions, and additional external sources; in other words, we can suggest a book that we have not read ourselves. In BT, it is crucial that librarians have a first-hand experience with each and every book because they not only need to know the content but also should be able to gauge the effect of a book on readers.

The summary table below can be instrumental in sorting out differences between BT and RA:

| Practice | Clinical BT | Developmental BT | RA |
|---|--|---|--|
| Definition | psychotherapy which relies on books to improve a person's mental and physical well-being | the use of books to help a person solve life dilemmas and problems in non-clinical settings | suggesting books and other materials for leisure, entertainment, and possibly self-education |
| Main activity | therapy: identifying a person's needs, which even s/he may not fully understand, and recommending some reading that s/he <i>needs</i> | | reading advice: allowing the reader to take the lead and suggesting something that s/he <i>wants</i> |
| Intended audience | individuals with mental health issues | mentally healthy individuals experiencing some dilemmas or problems | mentally healthy individuals who may or may not experience dilemmas and problems at the moment |
| Can be practiced by librarians? | yes, but only as part of a multi-professional team, in collaboration with therapy professionals (doctors, social workers, psychologists, etc.); BT training may be desired or required | yes, if properly trained; alone or in collaboration with therapy professionals or educators | yes |
| Builds on librarians' expertise in | reading materials and the reading experience | | |
| Can librarians suggest a book that they have not read personally? | no | no | yes |

The formula for librarians wishing to practice BT is therefore simple:

"Know the boundary between advising and counseling. Patrons deserve the best librarians can offer, but librarians must not let hubris overcome humility. Librarians should not engage in therapy without a qualified license, and they should remember that the librarians' word for therapy is "referral!" (Sturm, 2003, p. 177).

Alternatively, librarians can pursue training. In the US, specifically, there is an option for librarians to become certified as CAPF (Certified Applied Poetry Facilitator):

A certified applied poetry facilitator brings to training a unique background, blending love and knowledge of literature and writing with an understanding of basic psychology and group dynamics. Although the CAPF's training is geared to working with healthy populations, the CAPF must be able to recognize the difference between "normalcy" and pathology, and must be able to determine when a distressed individual needs to be referred to a mental health professional. <http://www.nfbpt.com/summary.html>

A trained librarian, also certified in BT, can work with healthy populations or under the supervision of a therapist or a doctor, as part of a multi-professional treatment team. Under these conditions, there is ample opportunity for librarians to successfully engage in BT without inadvertently complicating readers' lives.

Under the circumstances, librarians will do well offering the service they can excel at: RA. RA, including individual interactions and reading groups, is a valuable and powerful practice in itself. It does not have to be recast as BT for greater importance. As readers' advisors, librarians can make a difference in readers' lives without playing the role of a therapist. If they do decide to engage in BT, they should have a clear understanding of the required qualifications and responsibilities involved. Similarly, they should be able to recognize their unique contribution and potential to the practice of BT as experts on reading matters and the reading experience.

There are risks in reading like there are in life. Yet we don't deny ourselves a bike ride because we may crash or a savory meal because we may get a food poisoning. As private individuals, we take a risk because we want to have an experience. As professionals, we can open a world of reading experiences to our readers. We can give them that proverbial bike but we can't promise them they won't crash. We can certainly recommend a suitable book, but we can't predict the outcome of reading. We can't

guarantee that the book will make them feel better because we know it may do just the opposite. It's up to the reader to take risks; we can only facilitate the experience.

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