

Bibliotherapy

Its processes and benefits and application in clinical and developmental settings

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<abstract> This article discusses the historical development of bibliotherapy and how books can be used in the treatment of a range of minor mental health conditions. The article provides a brief historical account of how books have been used in institutions through the centuries and how the bibliotherapeutic process works through the use of texts from which the reader gains an insight into their personal situation by identifying with a character experiencing similar problems. Bibliotherapy as both clinical and community-based treatment is discussed through a number of case studies from the critical literature, in particular the Ayrshire Read Yourself Well scheme and the Reading Well/Books on Prescription scheme. The results of a medical trial on the benefits of reading a novel based on MRI (magnetic resonance imaging) scans of readers are then discussed.

<keywords> *Keywords:* bibliotherapy, reading therapy, literary therapy, mental health, healthcare, well-being, bookshops

Introduction

Bibliotherapy, or ‘reading therapy’ as it has more often been called in the UK, is being taken up enthusiastically by a range of healthcare professionals, libraries, bookshops, local government departments and universities who see value in providing guided reading materials to help people deal with mild to moderate mental health issues.

At its most simple, bibliotherapy is the directed use of books or other media for the resolution of human ills and conditions. The word ‘bibliotherapy’ is derived from Greek *biblion* meaning ‘book’ and *oepatteid* meaning ‘healing’. Alternative suggested names have included

‘biblioguidance’, ‘literary therapy’, ‘biblio-counselling’ and ‘library therapeutics’ (Rubin, 1978, p. 6). Descriptions are varied: ‘A programme of activity based on the interactive processes of media and the people who experience it. Print or non-print material, either imaginative or informational is experienced and discussed with the aid of a facilitator’ (ibid., p. 6); ‘Uncovering personal insight—co-creating meaning’ (NHS Scotland); while the bibliotherapists and authors of the book *A Novel Cure* describe it as ‘the prescribing of fiction for life’s ailments’ (Berthoud and Elderkin, 2013[Q2], p. 1), although the treatment need not be limited to fiction. The Arts Therapy Network describes it as ‘a discussion process, guided by a facilitator, using literature as the catalyst to promote insight, normal development or rehabilitation’ (Arts Therapy Network, n.d.). Bibliotherapy today has applications in a wide variety of settings and, although the range is huge, here are some examples: children’s feelings about self-esteem; the experience of living with a chronic condition; anxiety; problem drinking; relationship problems.

[B] The power of reading

There are numerous testimonials to the power of reading and most are personal and emotional statements as to its merits. Reading and thinking are kindred operations and we probably instinctively understand and empathize with that view. Stories affect human emotions, and books can serve as models for development; furthermore, the effect of books on the emotions has been recorded throughout history (Pehrsson and McMillen, 2007). There are many testaments to the value of reading, such as those of Emily Dickinson (‘There is no frigate like a book, to take us lands away’) or C. S. Lewis (‘You can never get a cup of tea large enough or a book long enough to suit me’), which are considered cherished sentiments of people who enjoy reading (Rubin, 1978, p. vii). The power of books to enhance life is a widespread factor in many human cultures and if we ever want to question the potency of reading we just need to consider the traditional rebuttal to the power of the written word—state censorship.

[B] Historical development

One of the main misconceptions about bibliotherapy is that it is a new phenomenon when in fact its concepts and practices have a long history (Tivnan and Curzan, 2008). It is understood that

the ancient Greeks used their tragedies consciously to produce catharsis in the audience, and the Romans believed that orations could be read by patients to improve their mental health (Rubin, 1978, p. vii). The library at Thebes, constructed in 1250 B.C., had the words ‘This is medicine for the Soul’ or ‘Healing place for the Soul’ inscribed over the entrance and this suggests the notion of a library as a ‘kind of intellectual pharmacy stocked with remedies for every type of emotional disorder’ (Weimerskirch, 1965, p. 519). The Al-Mansur hospital in Cairo, founded in A.D. 1272, provided readings of the Koran as part of the medical treatment, and this approach is a feature of Islamic culture, which has a tradition of caring for the body as well as caring for the soul.¹ The Al-Mansur hospital was divided up according to different ailments; as well as reading, music therapy was used to treat psychiatric patients. The hospital served 4000 patients for free, daily, and on discharge the patient was given food and money as compensation for being out of work during his hospital stay.²

This was the start of a pattern that saw the inception of libraries in institutions; religious dedication was often the motivation behind the provision of books in hospitals and prisons until the middle of the 19th century. In the 17th and 18th centuries, humanists such as Samuel Tuke in England, Philippe Pinel in France and Vincenzo Chiarugi in Italy sought to improve the treatment of the mentally ill and argued for the humane treatment of patients, including treatment that considered the importance of reading to patients and made books available to them. Before this enlightened attitude arose, mental health conditions had been seen through the lens of superstition and patients had been treated harshly (Brewster, 2008).

This progressive thinking spread to America, Benjamin Rush recommending reading for the mentally ill in 1810 (Weimerskirch, 1965, p. 511) and in 1853 the American physician John Minson Galt wrote an essay entitled ‘On Reading, Recreation and Amusements for the Insane’, which listed five reasons why reading was beneficial to mental patients. The first reason is that it occupies the mind ‘to the exclusion of morbid thoughts and delusions’, secondly it passes the time and is a source of comfort for the clinically insane, thirdly it imparts instruction, and Galt says that directed reading may be more beneficial than reading of a ‘desultory nature’. The fourth reason is that [Q3]by providing reading material it allowed the offices in an institution to show kindness towards their charges. This issue of expressing kindness was developed by Galt in an

1843 annual report in which he wrote, ‘books also offer a mode of exhibiting our good feelings to a patient by the mere act of lending them to him’[Q4]. The fifth reason for providing reading materials to patients was that it kept them occupied and content and therefore more manageable (Weimerskirch, 1965, pp. 517–518). The Patients’ Library in Virginia has records dating from 1843 authorizing the purchase of books, periodicals, musical instruments, and other means of amusement for its patients. Galt noted that the most requested and read book was the Bible and he recommended a copy for all patients who could read, since ‘the mere act of reading is in itself beneficial, as a mode of occupation’ (Weimerskirch, 1965, p. 522). The outcry in 2014 over the UK government’s decision to ban prisoners from receiving books in jail can be seen as recent evidence of a belief in the healing power of the written word in institutions.

Bibliotherapy received a significant boost during World War I when librarians and laypeople, notably the Red Cross and its volunteers, began installing libraries in army hospitals. It was during the war, in 1916, that the term ‘bibliotherapy’ first appeared in an article written by the Unitarian Minister Samuel Crothers in the *Atlantic Monthly* (Jaquinta and Hipsky 2006). The concept and practice of bibliography begins to develop from the 1930s onwards and there is an accompanying academic interest in the subject and its development as a field of study, particularly in the disciplines of library science and psychology (Rubin, 1978, p. 20).

[B] What to read?

With no agreement on what constitutes bibliotherapy, there is not surprisingly a wide range of reading material that can be used—from literary fiction, poetry, essays, to autobiography, reference manuals, and self-help books. Whatever the genre used, the common purpose is to help someone gain understanding, insight, and self-development through reading, reflection, and taking action. The books used commonly fall into two categories: imaginative literature, which is used to foster an imaginative response from the reader and includes fiction, poetry, fables, and drama; and didactic literature, which is non-fiction and is instructive.³

Self-help books, now celebrated as an iconic feature of modern culture, can be used by professionals in physiological treatments and are an example of didactic literature.⁴ For people

not under professional medical supervision, self-help books arguably appeal to the weakest defence of narcissism by seducing the reader and playing up their ability to determine the course of their lives (Adorno, 1994, p. 53). Here thought patterns are supposed to be transformed by the reader from the negative to the positive by speaking dictums out loud rather than just reading them, e.g. 'I am a positive person', 'I am an excellent mother/father/son etc.' (Cherry, 2008, p. 344). The popularity of the self-help book as a publishing category has seen an accompanying body of critique which has problematized self-help books and argues that the sector has deluded the reading public by making its members co-dependent and reliant on the self-help book rather than truly helping them. Ironically, this critique has made self-help writers reaffirm their opinions and in so doing sustains the popularization of this genre (ibid., p. 338).

The use of self-help books in medical and professional contexts emerged in the 1970s and therapists and psychologists have since normalized their use in health care practice. Although this has largely been an American practice (ibid., p. 338), there are growing examples in the UK. The self-help book now occupies a position in professional practice, such as in the Oxford Stress and Trauma Centre, which uses self-help books to help its patients understand the psychological processes of problems such as post-traumatic stress disorder (PTSD) or recovery from child abuse (Collard, 2010, p. 191).

[Q5]Bibliotherapy can also take the form of non-fiction and an example of a hybrid book is what is known as the 'Big Book', the manual read and referred to by all members of Alcoholics Anonymous, which contains the 12 steps to recovery and starts with the confession, 'We admitted that we were powerless over alcohol—that our lives had become unmanageable.' This bestselling book is a multi-authored collection of personal stories, advice, and reflections that, although updated, contains much original material [Q6]. This self-managed system for recovery is arguably the most successful treatment for alcoholism [Q7](Loder, 2009).⁵

[B] The bibliotherapy process

How does bibliotherapy work? Whether one is reading fiction or non-fiction, there are three key stages people pass through when reading for the purposes of bibliotherapy. In a seminal work in

1950, C. Shrodes, a professor of English with a background training in psychology, laid the groundwork for much of the current theory of bibliotherapy with a model based on identification, catharsis, and identification. Many writers have continued to use the original constructs of her thesis.⁶

[C] *Identification or involvement*

During the initial stage, readers attempt to identify with a character in a book or with someone experiencing a similar condition or facing a similar set of problems. In non-fiction, say, autobiography, readers can ask about turning points in the subject's life, about who influenced the subject, about what experiences the reader shares with the subject. Students may identify with characters of the same age who are experiencing similar circumstances (Allen Heath et al., 2005).

[C] *Catharsis*

The essential feature of this stage is a release of tension or purification of emotion. The reconnection of feelings and experiences which occurs during the identification stage is what allows catharsis to occur (Shechtman, 1999). This is the 'lightbulb moment' when readers feel like declaring, 'I get it!' (Stanley, 1999). This emotion may be more subtle if one is reading non-fiction but there should still be an awareness of how the subject's life has lessons for the reader.

[C] *Insight*

In the final stage, everything is put in place for action. Readers may be encouraged to make a list of the solutions discovered by the main character (or the character the reader most closely identified with) to deal with their problems. This list can be used as the basis for a strategy for dealing with problems in a practical way. A simple example might be that someone is worried about money and identifies with a character having similar problems, and then the reader vows to cut back on spending—that is a solution—the strategy being to save money by going out to dine less often. The point is that the more concrete the strategies, the easier they will be to perform.

[Box begins]

Steps in the bibliotherapy process:

Learning about self and others (identification):

1. to develop an individual's self-concept;
2. to increase an individual's understanding of human behaviour or motivations;
3. to foster an individual's honest self-appraisal;
4. to find a way for a person to find interests outside themselves.

Fostering cathartic experiences (catharsis):

5. to relieve emotional or mental pressure.

Identifying steps in problem resolution (insight):

6. to show an individual that he or she is not the first or only person to encounter such a problem;
7. to show an individual that there is more than one solution to a problem;
8. to help a person discuss a problem more freely;
9. to help an individual plan a constructive course of action to solve a problem.

[Box ends]

[B] Bibliotherapy—art or science?

The literature reveals two distinct approaches to bibliotherapy: the *clinical* approach based in institutions, and the *developmental* or community-based approach (Cook et al., 2006, p. 91; Pehrsson and McMillen, 2007), although we can detect a coming together of these two, since the community is increasingly supporting the clinical in the intervention. Treatment and bibliotherapy schemes in the UK are typically run in partnership between public libraries and healthcare professionals (Brewster et al., 2012, p. 18).

There is a growing evidence base examining the value of reading in self-help. Research in medical journals looks at issues such as brain connectivity, mind theory, and how reading novels can sustain memory. Early bibliotherapy schemes had little formal evaluation. Success, particularly in developmental practice, was based on anecdotes and case studies, but quantitative

evaluation using statistical evaluation is increasingly becoming the norm (Macdonald et al., 2012[Q8], pp. 858–859).

[B] Clinical bibliotherapy

In the clinical setting bibliotherapy is a hybrid field of psychology and library science, using media—such as books—and a discussion of the media as a therapeutic modality. Research suggests that 90 per cent of all people with mental health problems only receive treatment in primary care. Yet bibliotherapy, as a therapeutic interaction that can be used for people with mental health problems, is an important strategy to improve outcomes in this part of the health service (Brewster et al., 2012, p. 185). The main therapeutic model used in clinical bibliotherapy is based on cognitive behavioural therapy (CBT) (Macdonald et al., 2012, p. 858). CBT is a talking therapy that can help people manage their problems by changing the way they think and behave. CBT cannot remove problems, but can help them to be managed in a more positive way, since it encourages people to examine how their actions can affect how people think and feel[Q9]. Talking and changing behaviour can change how people think (cognitive) and what they do (behaviour). [Q10]CBT has been shown to help with problems such as anxiety, depression, PTSD, eating disorders, and drug misuse.

Bibliotherapy is an adjuvant therapy in that it is related to other therapies practised by doctors, psychiatrists, and psychologists, and treatment is conducted diagnostically and evaluatively, often in group sessions. [Q11]One might assume that in bibliotherapy there is always one person doing the reading but it could be that the patient need not read—instead the therapist may tell stories to the patient as a basis for discussion and insight, although when working with children this must not be seen as ‘story time’—it is a process that has a plan, an opening, a discussion, and a closing (Cook et al. 2006, p. 94).

The growth of clinical bibliotherapy reflects a number of trends in health care, including: increased patient access to information about their condition to enable them to take a participatory role in their treatment; a ‘stepped care’ model of provisions with interventions stepped up for more complex problems and stepped down when appropriate; and, lastly, steadily

increasing demand for treatment from patients with mental health problems (Macdonald et al., 2012, p. 858). It is important to note that patients may or may not participate voluntarily [Q12] and the setting could be an institution such as a hospital, or, increasingly, in the community, with doctors working with library and information professionals.

There is growing medical evidence that clinical bibliotherapy is effective: research has proved the successful use of books in treating depression and mood disorders. There is evidence that reading a novel causes measurable changes in the resting-state connectivity of the brain (Floyd, 2003, p. 187). The effect of reading was measured in a 2011 study in which 21 participants between the ages of 19 and 27 were given the novel *Pompeii* by Robert Harris to read over a 19-day period. The researchers chose a novel over a short story because the length of a novel would afford a set of repeated engagements with associated, unique stimuli (sections of the novel) set in a broader, controlled stimulus context that could be consumed between several scanning periods [Q13] (Berns et al., 2013). *Pompeii* was chosen because, although it is written as fiction, it is based on historical fact and has a compelling narrative arc. After reading sections of the book the previous evening, participants underwent MRI scans that revealed increased brain arousal ratings among the participants as the story developed and that culminated with the final chapter of the book, the explosion of volcano and the destruction of Pompeii. The results of the MRI scans suggested that novels strengthen the language processing regions of the brain, although how long the effects last remains unknown (ibid.).

[B] Developmental bibliotherapy

Developmental bibliotherapy is practised by librarians or booksellers or other helping professionals in community settings such as libraries, schools, colleges, and bookshops and is used for healthy populations (Dali, 2014). Community and library shared-reading groups such as those run by the Reader Organisation,⁷ a British charity that uses shared reading to improve well-being and combat isolation, can demonstrate wide-ranging impacts including improved health, well-being, and quality of life [Q14] and stronger communities through social participation. A number of community-based reading schemes and practices are discussed below.

[B] Bibliotherapy in practice

[C] *The Ayrshire Read Yourself Well (RYW) project*

Local bibliotherapy schemes have been running in the UK for a number of years, but the Ayrshire scheme has been evaluated clinically—unlike earlier studies that concentrated on treatment issues from the service provider’s point of view, such as whether sufficient books were available for the patients, and other practical matters.

The Ayrshire RYW project was a bibliotherapy scheme delivered by a local library service in conjunction with local doctors and social service agencies and through self-referral.

The scheme developed after Ayrshire library staff became aware that there was little community-based support for people suffering mental health problems. They set up the RYW scheme and appointed a bibliotherapist who was qualified in CBT. The bibliotherapist recommended materials and provided support by telephone. The self-help reading covered depression, anxiety, self-esteem, and other problems.

The project invited 22 local general practices to participate and 19 took part. Patients were recruited either through the National Health Service (NHS) (referral by their doctor), or through referral by social services or another agency or a charity, or were self-referred where individuals had made direct contact with the project.

At the start of their treatment, all patients completed a questionnaire and an assessment of their condition. The bibliotherapist then recommended suitable reading materials from the local library. A second appointment was made to monitor progress during the three-month treatment, and further materials were then recommended for the patient. At the end of the treatment, clients completed a final questionnaire which asked them about the state of their condition and this was followed by an exit interview with the bibliotherapist.

In total, 356 patients participated in the RYW project between 2005 and 2008, 71 per cent female and 29 per cent male, and 157 consented to participate in the evaluation project. The study monitored library use by individuals from the library management system. Clients were asked to

name the problem that had led them to seek help from the RYW scheme. The measures used to assess mental health status all showed improvements by the end of the intervention process, and the evidence from the project supports the use of bibliotherapy to treat minor to moderate mental health issues (Macdonald et al., 2012, p. 864).

[C] *The Reading Well/Books on Prescription scheme*

In 2010, the Reading Agency and Loughborough University conducted research for the Museums, Libraries and Archives Council (MLA) which revealed there was a huge amount of health and well-being advice and activity in libraries, 90 per cent of libraries organizing reading groups for therapeutic purposes, but there was no coherent strategic framework for delivery. This the Reading Well scheme attempted to address.⁸

Launched in 2013 by the Society of Chief Librarians and the Reading Agency and with £20 000 financial support from the UK Arts Council, the Reading Well Books on Prescription scheme was the first national scheme for England which built on local best practice to create a quality-assured and consistent national model. By 2017, the scheme had reached over 635 000 people.⁹ The Reading Well scheme has two strands: **[Q15]**Books on Prescription, which has Reading Well Books on Prescription for common mental health conditions, Reading Well Books on Prescription for dementia and Reading Well for young people and a new scheme for people living with long term conditions and their carers launched in July 2017, and Mind-boosting Books of uplifting titles for all reading ages.¹⁰

In the scheme, doctors are advised to direct patients to a list of 30 self-help books for adults, assessed by the Royal College of General Practitioners as beneficial in alleviating common mental health conditions such as anxiety, eating disorders, stress, and bereavement.¹¹ All books are made available free of charge from public libraries. Recommended texts include *Overcoming Relationship Problems* (Crowe, 2005), *How to Stop Worrying* (Tallis, 2014), *Feel the Fear and Do It Anyway* (Jeffers, 2007), and *The Feeling Good Handbook* (Burns, 1990**[Q16]**) for self-esteem. This being the most recent scheme to be launched, many of these books are also available as ebooks and it is worth noting that Amazon has a special Books on Prescription section on its website and in its Kindle store.

[C] *Bibliotherapy in bookshops*

The bookshop Mr B's Emporium of Reading Delights in the Georgian city of Bath takes a reading guidance approach to bibliotherapy. Clients are invited into the 'reading spa' in the bookshop and discuss their reading interests with a bookseller, who will then bring up a range of recommended reading. An alternative service is a 12-month book-mailing service in which a book a month is sent to a client after they have completed a comprehensive questionnaire in which they are asked about a range of lifestyle issues.

In contrast, in London the School of Life, an organization that seeks to improve emotional intelligence by helping people master relationships, understand their past, and seek fulfilling work through classes and therapies, offers a more involved and personal service.¹² In consultation with a bibliotherapist, clients explore their relationship with books and will be asked to explore new literary directions. This could be reading more of an author who's already familiar to them and they want to read further, or books to take them on a journey, or childhood classics to help them reconnect with the world and revive childhood memories. As with Mr B's, bibliotherapists attempt to create a tailor-made reading prescription. Bibliotherapists at the School of Life specialize in works of fiction but can also prescribe select works of philosophy, poetry, and other creative non-fiction. They give one-to-one sessions and run group sessions. They also host a Couples Consultation which looks at the reading histories and habits of the couple as well as discussing any specific issues the couple may have. The School of Life has launched a series of self-help books with Macmillan which explore issues relating to themes such as Love, Work, Play, Self, Family, and Community.

Two of the bibliotherapists at the School of Life, Ella Berthoud and Susan Elderkin, wrote *A Novel Cure: An A-Z of literary remedies* (2005), a guidebook that sets out recommended literary remedies for a variety of situations from Apathy (suggestion: *The Postman Always Rings Twice*) to Being Broke, for which they recommend *The Great Gatsby*. Unlike the bibliotherapists in the Ayrshire scheme, Berthold and Elderkin are not clinically trained and their intervention is merely guided reading and 'matching the right book to the right reader'; what they are offering should therefore be understood as reading advice.¹³

Although not based in a traditional bookstore, the Emergency Poet ('The world's first and only mobile poetic first aid service') is another example of a community-based bibliotherapy service in the UK.¹⁴ The Emergency Poet is a participatory, poetic, and playful experience set inside a 1970s ambulance that travels around the country and attends events. The ambulance is set up at a venue and patients take part in a free private poetry health consultation with the Emergency Poet and within 10 minutes will be prescribed an appropriate poem, verse, or lyric. Visitors to the ambulance can also discuss any poetic ailments with 'Nurse Verse' while the Emergency Poet is in session, and has a supply of 'poem-cetamol's' on hand to dispense to those who need them.

[Q17]

[B] Conclusion

This article has explored the historical development of bibliotherapy and shown that books have been used for treating people through the centuries and this is today being applied in more considered ways in clinical and developmental, or community, settings. A growing body of medical evidence suggests that reading has proven benefits in treating a variety of mental health and lifestyle issues, although much more work is required in this area. Multi-agency knowledge networks will continue to emerge, such as those in Ayrshire and the UK Reading Well scheme, bringing together clinical practitioners and community providers such as libraries and bookshops, to work together to make books available to the general public seeking advice, guidance, or material that will improve their well-being. Encouraging results are emerging from these partnerships.

Much work on bibliotherapy to date has centred on texts in print. Qualitative and statistical evaluations of the value of reading in a digital format remain in their infancy, but it is reasonable to assume there will be a growing interest in evaluating the reception of digital texts and their effectiveness in the treatment of mental health problems in the future.

Libraries and bookshops are critical to ensuring that the knowledge, pleasure, and empowerment afforded by reading are accessible to everyone. Their effect on the well-being of local communities is potentially incalculable.

[B] Notes

[B] References

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¹ [Muslim Heritage](#).

² Ibid.

³ Marlboro College, [National Center for Biotechnology Information \[NCBI\]](#).**[Q21]**

⁴ Starker, 1990; Marlboro College.

⁵ For further reading on this see Ford (1989) and Messner (1996, p. 101).

⁶ Howie, 1983; Pehrsson and McMillen, 2007; Marlboro College; Schrodes, 1950.

⁷ [Reader Organisation](#).

⁸ [Reading Agency](#). Loughborough University now offers a range of ‘mood-boosting’ books for staff and students.

⁹ Reading Agency.

¹⁰ [Reading Well](#).

¹¹ Reading Agency.

¹² [School of Life](#).

¹³ Dali, 2014; School of Life.

¹⁴ [Emergency Poet](#).