Bibliotherapy Use By Welfare Teams In Secondary Colleges

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Abstract: Bibliotherapy – the use of books to heal – is a concept that dates back to the time of the philosopher Aristotle who believed that literature had healing effects and that reading fiction was a way of purging illness. But how is bibliotherapy practiced now in secondary schools? This study investigates bibliotherapy use in a regional Australian city with adolescents who have chronic illness. It explores the responses of members of welfare teams (welfare co-ordinators, school nurses and teacher-librarians) within secondary schools to questions on how books are used with students experiencing issues. Findings indicate that although bibliotherapy practice is not a formal process within schools, its central phenomenon of a reader forming a relationship with a book and then changing in some significant way as a result is a concept that most participants understood and attempted to utilize with the students in their care.

Introduction

'We read to know we are not alone.' C.S. Lewis

This study investigated if and how books were used by welfare teams in secondary colleges to help adolescents who were experiencing issues related to chronic illness. It was undertaken in an Australian regional city with a population of 100,000. A purposive sample of participants was sought from those involved in student welfare (including school nurses) as well as teacher-librarians. Eight participants agreed to take part in the study: two teacher-librarians, two welfare co-ordinators and four school nurses.

What is bibliotherapy?

Bibliotherapy is, literally, 'healing through books', the term arising from its Greek etymology of *biblion* (books) and *therapeia* (healing). Bibliotherapy's central process has been described by Bonnycastle as the formation of a relationship with a book, with the reader changing 'in some significant way as a result of this engagement' (Dysart-Gale, 2008). The aim of bibliotherapy practice is to elicit change in the attitude or behaviour of the reader, to enhance their problem-solving skills and therefore increase their resourcefulness. It aims to show readers that *they are not alone.*

By considering bibliotherapy as having a range of definitions, and therefore of processes, it has been practiced in a number of ways by different facilitators or 'helpers', whether they be health professionals or educators. For some facilitators, the interaction between reader and book is viewed as an *intuitive and useful* occurrence that will spontaneously assist people to better management of problems they may be experiencing. For

others, the interaction needs to be *guided* to be therapeutic, and this would include facilitating the process with discussion about the book and its impact on the reader. Both guided and unguided bibliotherapy still needs to begin with the correct selection of reading material for the reader. Cook, Earles-Vollrath & Ganz (2006) state that reading materials must be systematically matched to the 'unique needs of the learner to facilitate student achievement and development' (p. 91), and Samuel Crothers (Heath, Sheen, Leavy, Young, & Money, 2005) reports on the need for 'prescriptive use of books' (p. 563) to help people understand their problems. Ultimately, the intended outcome of bibliotherapy is the cognitive restructuring of a difficulty or problem the reader is experiencing for the benefit of that person.

Students with chronic illness

This study focussed on how bibliotherapy was used with students who presented to the welfare team because of issues arising from their experience of chronic illness. Adolescents with chronic illness (an illness that is permanent or lasts a long time that affects a person's quality of life) can experience great complexities in managing their health concerns. Not only do they have to tackle the journey of transition to adulthood - with its physical, social and emotional pathways - but also have a chronic illness journey to travel as well. One participant in this research study eloquently described chronic illnesses as 'savage' for their effect on these adolescents and, as around 10-15% of children under the age of 18 years have one or more chronic health conditions that limit daily activities or cause disability (Callahan, Winitzer, & Keenan, 2001; Creedy, Ludlow, Collis, & Cosgrove, 2005), a lot of children have much to manage. Contemporary adolescents experience greater rates of behavioural and mental disorders than in previous decades, and there are now increased numbers of adolescents with diabetes, cancer, chronic inflammatory bowel disease, allergy and obesity (Sawyer, Drew, & Duncan, 2007).

The effects of chronic illness on adolescents are manifold and can greatly influence their coping mechanisms to normal adolescent stressors. The experience of chronic conditions in childhood has a significant effect on the amount of behavioural and psychosocial issues that can manifest in adulthood. Schmidt, Petersn, & Bullinger (2003) write that:

> early adopted strategies of coping with chronic disease may serve as a buffer against these disease-related consequences, even if a certain stability of coping strategies across situations and developmental stages cannot be assumed. (p. 63)

The development of coping strategies is a combined effect of the interpersonal environment and disease-related factors with the ultimate goal of creating a dynamic process that allows coping capacities to grow. The type of intervention used to assist an adolescent with chronic illness to form relevant coping strategies is dependent on a number of factors including normal growth and developmental considerations. 'Adaptive coping' is 'more than simply a strategy, it is a cumulative history of interactive processes that are embedded in developmental organization' (Schmidt, et al., 2003). Bibliotherapy is an 'adaptive coping' intervention that has been demonstrated to be effective in assisting children (Ackerson, Scogin, McKendree-Smith & Lyman, 1998; Forgan, 2002; Montgomery, Bjornstad & Dennis, 2007; Pardeck & Pardeck, 1984; Tolin, 2001).

The numbers of students in secondary schools with a chronic illness is estimated to be increasing and staff members within these environments are well-placed to observe and to respond to the effects of long term illness on the students in their care. They usually have ready access to a range of literature for children and young adults. Despite this, there are few

studies that investigate how books are used in the school environment in order to assist students experiencing difficulties.

The Study

The participants in this study (welfare team members and teacher-librarians) were interviewed individually or in small groups. The interviews were semi-structured and allowed interviewees to provide educational and personal views on bibliotherapy and its practical use for assisting adolescents with chronic illness. They also explored how participants felt about reading and books in general, with the thought that these personal views may influence the use of books with their students. Interviews were transcribed by the author and analysed for themes. During analysis, the data was not divided into occupational groupings as the study related to the overall use of bibliotherapy in these schools rather than how it was used by the different groups of participants. The people interviewed were assigned pseudonyms for confidentiality when the results were reported.

Three broad themes emerged from the analysis of the interviews: student presentation to the welfare team; intervention strategies regularly used by welfare team members; and bibliotherapy practice as an intervention strategy.

Ethics approval was sought and approved from LaTrobe University Education Faculty Human Ethics Committee; the Department of Education & Training, Office of Learning and Teaching, Victoria; and the Department of Human Services Victoria Human Research Ethics Committee

Student presentation to the welfare team

The number of students with a chronic illness in any one school was not known to participants. Issues of privacy and confidentiality meant that staff in general was not told of students' health conditions unless they were in need of direct care from that member of staff. Schools ranged in size from a population of 600 to 1750, meaning that, theoretically, many students at any one time could be coping with chronic illness. Participants could only estimate how many students in their school may have a chronic illness:

…just thinking statistically, we know that 1 in 4 young people experience a mental health issue so there would be hundreds of students in this school.

It was generally reported that the most common 'visible' chronic illnesses they encountered in students were psychological or emotional difficulties, with specific causes often unknown. For example:

…the chronic illness I most see kids with is depression.

We've got a run on at the moment with eating disorders.

Participants commented that they assumed that many adolescents were involved in supportive networks outside school either through their families, friends or healthcare avenues, but they also considered that their students had well-defined and easily accessed pathways to school welfare teams if needed. Indeed, many commented that schools in general were no longer just academic institutes but increasingly involved in the health and wellbeing of their students. Although all schools that participated in this study had dedicated welfare teams (even if members of the team had other school roles as well), participants acknowledged that teachers outside these teams were often actively involved in student wellbeing.

Welfare teams' intervention strategies

A number of strategies to assist those students presenting to them with issues were reported. The approach taken often depended on the role of the participant in the school generally and the amount of time allocated to direct student welfare. Intervention strategies included referral to other services, networks and professionals; physical modalities like Tai Chi and relaxation; existing programs, books and websites; information brochures and books, audio-visual material and Internet information; peer education; personal stories and anecdotes from the participants or invited guests; props (teddy bears, balls, balloons); and a change of environment for consultations with students.

Different strategies were utilised according to how welfare team members viewed their usefulness for a particular student. The limits of participants' roles were continually acknowledged: there were no reported difficulties referring students on to other supportive health teams or networks both within and outside of school. Linkages to other services were utilised as the need arose, particularly if the scope of the issue was felt to be beyond the participants' experience:

> We refer kids off all the time: to (other health services). Part of my role and everyone's role is to refer kids on to the particular agencies.

This referral or consultancy process appeared to be limited to other health or wellbeing networks; a factor that may have restricted bibliotherapy practice in schools.

Bibliotherapy as a management strategy in secondary schools

For some participants, the power of the written word - and the effect of story - was evident in their interviews. Some reported to be 'great readers', enjoying reading as a way of enhancing their own lives. One person described reading as a very personal experience, and that a reader needed to find:

> …the book that's going to connect with you.

This belief assisted this welfare team member in understanding bibliotherapy as an intervention: an understanding more evident in some participants than others.

Knowledge of young adult (YA) and children's literature was varied, as was accessibility to books. The amount of knowledge about children's literature did not strictly depend on the participant's occupation as some participants working away from school libraries still managed to access, and had knowledge of, contemporary YA books. Some had awareness of the range of books available, but were not necessarily knowledgeable about the content, plot or structure. No participant reported that they read much YA fiction even if it was within their job role.

When participants reported that they used books to assist adolescents with issues, the books they used were spread over many genres: fiction, non-fiction, fantasy, picture books, comics and magazines. The use of fictional books was considered a personal management strategy that would not be used by everyone. One participant was introspective about this:

> …it all depends on your own interest levels and how you learn from books yourself. What you get out of books.

Another reported that she often used fictional books as a strategy with her students to assist in their understanding of particular issues. She reported that she would take a book into the classroom and read it in order to generate discussion. She also stated that she had read to students one-on-one, even though this took an extended time (a lunchtime per week over two terms), as a bibliotherapeutic strategy.

Although it was acknowledged by one welfare team member that reading stories was important for assisting students presenting with issues, he suggested that it was a type of strategy that required time for reflection:

> I don't mind if kids (keep my books). In the past I've found that kids appreciate that because it's something they can do privately. I think they can interpret the messages they get without any pressure on them. Take the story on board and the message.

Participants were asked about their use of books and written material as management tools for assisting students specifically with chronic illness issues. They talked more about their strategies with books for students with issues generally, reporting that the turbulence of adolescence created problems for some students whether or not they had a chronic illness.

> That's really why the whole genre of young adult fiction and children's books came about: to help kids deal with the issues that are going on in their life…a lot of the teenage fiction deals with the emotional and physical changes that happen at this time anyhow so people with chronic illnesses then have that on top of all that other change…books are a fantastic element in assisting teenagers in general. If it works for teenagers in general it should work for those with chronic illnesses as well.

When asked whether students accessed books themselves as a type of 'self-help' strategy, participants found it difficult to comment. Many books that might have been considered useful for bibliotherapeutic purposes may have been borrowed to assist students with their studies. Participants could only comment on their own practise of using books among their professional toolkit of strategies. Books that were used by participants are listed in Table 1.

Books			
Subject	Title	Author	ISBN
Sexuality	Hot Hits	Bernie Monagle	978 073 440 3216
	Hot Hits Remixed	Bernie Monagle	978 073 440 4763
	Two weeks with the Queen	Morris Gleitzman	978 033 027 1837
Emotional Issues	The Huge Bag of Worries	Virginia Ironside	978 007 500 26390
	The Big Book of Love	Tracey Moroney	978-1-74124-899-9
	The Blue Day Book	Bradley Trevor Greive	978 009 184 2055
	Chicken Soup for the Soul	Jack Canfield and Mark Victor Hansen	155 874 262X
	I had a black dog	Matthew Johnstone	033 042 1832
	The Red Leaf	Shaun Tan	978 073 440 1724
Being Different	The Wrong Stone	Russell Deal	978 095 801 8906
Puberty	Mummy Laid an Egg!	Babette Cole	82 03 16 8418
Philosophy	Sophie's World	Jostein Gaarder	82 03 16841 8
Eating Disorders	Eli's Wings	Eli Best	978 014 100 4600
Clinical handbooks	Mental Health Handbook	Trevor J. Powell	978 0863 883 309
Bullying	The Chocolate War	Robert Cormier	978 014 131 2514
Death and Disease	'The Ellie Chronicles'	John Marsden	various
	After the First Death	Robert Cormier	057 502 6650
	'The Chronicles of Tom Covenant'	Stephen Donaldson	various
	Tide Flying	Unknown	unknown
Adolescent Issues	White Ute Dreaming	Scot Gardner	033 036 3379
	By The River	Steven Herrick	174 114 3578
Social issues	Memorial	Gary Crew and Shaun Tan	085 091 9835
	The Rabbits	John Marsden and Shaun Tan	085 091 8782

Table 1: Books used by study participants

Bibliotherapeutic pathways

In exploring how books were used as an assistance strategy for adolescents with chronic disease, the definition and practice of bibliotherapy was considered. The term 'bibliotherapy' was new to all participants although this did not mean that books were *not* among the many strategies utilised by the research participants to assist students. Familiarity with particular books, an affinity to reading and personal experience of the ways in which books can affect people's lives were contributing factors to how and when books were recommended to, or used with, students. By their reported use of books, some welfare team members were already taking an intuitive bibliotherapy pathway that increased their connections with the students that presented to them.

How books and written material were used was linked to how they, as individuals, valued reading as an activity. Participants who reported themselves to be 'readers', i.e. read regularly regardless of what other activities were occurring in their lives, seemed more likely to use books when assisting their students. It may be that these people had experienced within themselves Bonnycastle's central phenomenon of bibliotherapy: engagement with a story that elicited change within themselves.

Interviewees called upon their own knowledge of particular books and titles as appropriate bibliotherapy resources for students rather than consulting with others. They chose books known to them through personal experience – and this was *not* occupation dependent - whether this knowledge came from indirect sources of what was available (like hearing the names of books other people had recommended to students), to using books that they had read and found elicited strong responses in themselves. Overall, this led to a limited title selection dependent on participants' knowledge and experience.

On the basis of their self-reported practices, welfare team members who selected books for students were not aware of the main bibliotherapeutic stages and didn't necessarily follow up the reading of the book with facilitated discussion. Some books were personally returned by students, giving a chance for follow-up – but most often books were returned without discussion or, in some cases, not returned at all, as one participant noted. He indicated that he felt the loss of these books - which came from his home library - was not necessarily a negative outcome, as other students may then be reading them and being 'assisted' as well.

Discussion

The welfare team members generally viewed that the reading of the book *was* the bibliotherapeutic practice. That the books would be useful to those students who received them – in an unidentified but positive way - was a type of 'tacit hope' that participants appeared to believe in because of their own experiences with reading and literature. There was a strong collective impression from the interviews that members of the welfare team were doing the best they could with their available resources, and that their strategies typically met the needs of the student in their care.

It is clear from this study that some participants believed that books have a therapeutic benefit and should be used as an intervention strategy to assist these students – and therefore books are selected and given out in an informal bibliotherapeutic practice. One person, however, reported that she felt that students were too busy with school work to read anything else and another also commented that she was careful not to recommend reading extra books unless the student was on holidays. Both these welfare team members worked with students in the latter years of their secondary education. Bibliotherapy as a management strategy may be restricted by a helper's perception that students have no time to read anything other than

school texts: a reflection, perhaps, that the usefulness of bibliotherapy is restricted to those students who have more time to give the strategy justice. It may also mean that in the view of particular participants, the use of books for therapeutic purposes in secondary schools is peripheral to the real business of student life: study, meeting academic requirements and examinations.

Choice of books

In-depth knowledge of texts is necessary if bibliotherapy practice is to be used most effectively for, without this, selection of appropriate material for an individual student's needs cannot be made. Participants preferred to use books that they knew well, even if most of these were written in years ago. Obviously, much has changed in the last few decades: is the use of books written possibly before the current generation of students were even born justified? Classical books survive many generations and their content can be just as applicable to readers today as then, but *engagement* – and the bibliotherapy stage of *identification* - is crucial to the process of bibliotherapy. Ediger (2004) states that 'literature books must be written anew in keeping up with the times in a demanding school and societal environment' (p. 374)and certainly young adult literature is written today in a context that differs, naturally, from even ten years ago.

Engagement with a text, though, is an individual occurrence. Gilles (2000) comments that there are particular things that will 'draw us in' (p. 78) in certain books, and that these things relate to any reader: compelling language, a story that prompts curiosity, a story that leaves behind its essence and a story that is universal. This may mean that books written decades ago may still be relevant for some students.

Whether the books used in bibliotherapy are based on real life or are fictional, a book serves to allow some distance between the person experiencing issues and the issue itself. As Corr (2003) writes, bibliotherapy serves to 'Bring… a child or adolescent indirectly to the edge of sensitive issues, possibly too threatening and painful to face directly' (p. 338).

Participants generally did not work collaboratively when it came to choosing books for bibliotherapeutic use, preferring to use what they already knew well without asking others for more appropriate material even though expressing the view that 'others' (school librarians, colleagues or learning experts) had better knowledge of literature. Some acknowledged that they had never thought to ask school librarians for their advice on suitable literature. The process of referral – reported to be used willingly if participants viewed that a student's experience or presenting issues reached beyond their professional realm - would seem to only extend to other practitioners more experienced in a disease or clinically problem-orientated process. Extended collaboration to other types of professionals outside the direct welfare team may need to be considered if using bibliotherapy as an intervention strategy – this may involve asking the book experts – teacher-librarians – about appropriate books.

Creative strategies by welfare teams

Working with adolescents requires a creative, communicative approach. The range of management interventions in a practitioner's toolkit needs to be vast in order to fit the strategy to the individual needs of the student. Most participants readily identified a list of strategies that they used regularly, indicating that they were aware of the need to be creative and adaptive and not to exclusively use mainstream means of assistance. To use bibliotherapy effectively or strategically with students, it is clear that the helper must know the student well

and be able to match that particular person with an appropriate text, following through with the facilitation of the bibliotherapeutic process. These factors appear to be more important than the *occupation* of the helper. Rubin, cited in Gestier (1999), reports that, for bibliotherapists, '…their professional background should be less important than their current capabilities' (p. 25). A helper, though, may need to be collaborative in their approach to bibliotherapy, seeking expert advice in the selection of text or about the facilitation process.

Participants in this research study suggested that part of their job role was to help adolescents through this normal developmental stage in their lives, and to assist in the development of useful 'resources' for their students. Books were seen by these participants as providing a medium in which adolescents could improve their coping ability to normal stressors. Adding the burden of chronic illness to adolescence is to place additional stressors amongst the mix: the extent to which chronic illness becomes an issue that needs support from external networks will be reflected by the severity of impact the illness has on the individual, physically and emotionally. Participants in this research project were experienced observers of the attributes of adolescents, having chosen to have occupations within the realms of secondary schools. Their responses, based on reflections of their normal working experiences, reveal that they anticipated many students would have to work through a number of issues relating to the normal stressors of adolescence. They also acknowledged that a number of students presenting to the welfare team would have challenges based on their 'adolescent journey' and their 'chronic illness journey' in combination.

Participants were generally very respectful of the personal journeys that students with chronic illnesses were taking, ensuring confidentiality in addressing student needs and attempting to target strategies to their particular stage of that journey – which in some instances required the participant to not offer any strategy at all. Reflective strategies requiring insight into the illness as a long-term condition were not always considered to be appropriate.

Bibliotherapy and the future

As a useful adoptive coping strategy, bibliotherapy may be one of a range of many within a welfare team's toolkit of practice. Bibliotherapy itself is not generally a stand-alone strategy and may not be suitable for all students or all student needs. That some participants believed in the benefit of books and reading may mean that only particular people would take on bibliotherapy as an assistance strategy for students with issues – and this may be dependent on personal knowledge and beliefs.

Bibliotherapy practice indicates the use of an appropriate text for an individual. It may not be a process which many welfare team members could do without assistance. As with other strategies that assist adolescents with chronic illness, bibliotherapy may have to be a collaborative strategy. Knowledge of a book's content, its age-appropriateness and its engagement factor plus a detailed knowledge of the intended recipient may require more experience and knowledge than that of one member of a welfare team. The most obvious 'book expert' in a secondary school would be a teacher-librarian. The appropriate use of bibliotherapy may require that the teacher-librarian becomes more of an involved member of a welfare team.

The selection of an appropriate text is but one aspect: how best to physically link the student with the story? In the tech-savvy world of Generation Y and Z (those born into a society where the use of technology is mainstream) students may respond more quickly to material other than the printed word, however convenient to teachers or parents or welfare team members that form may be. With digital technology, 'stories' can now be told in new

ways, perhaps encouraging engagement in students who are not usually receptive to print. Alexander and Levine (2008) discuss the emergence of new forms of storytelling:

> A story is usually told by one person or by a creative team to an audience that is usually quiet, even receptive. Or at least that's what a story used to be, and that's how a story used to be told. Today, with digital networks and social medica, this pattern is changing. Stories now are open-ended, branching, hyperlinked, cross-media, participatory, exploratory, and unpredictable. And they are told in new ways: Web 2.0 storytelling picks up these new types of stories and runs with them, accelerating the pace of creation and participation while revealing new directions for narratives to flow. (p. 40)

To demonstrate these ideas, Alexander and Levine (2008) discuss storytelling with digital tools that include web page narratives with hyperlinks and animation, blogs, videocasts, podcasts, digital stories and alternative reality games. They state that new technology platforms are emerging and that Web2.0 storytelling is an emerging genre that has yet to be used widely in an educational sense.

Conclusion

This study has produced some interesting reflections on bibliotherapy in schools. Some participants practiced an informal type of bibliotherapy, using books as tools with students who presented to them. These tools aimed to assist students by showing them, through story and character development, that they *weren't alone* with their problems or difficulties, and that 'others' (story protagonists) had the resources (as might the students engaging with the story) to cope with their particular stressors. Participants were not aware of the term 'bibliotherapy' but nonetheless some viewed the use of books – fiction and non-fiction – as a tool of practice.

It is important to consider that adolescents with chronic illnesses face many additional developmental stressors compared with their healthy peers. Building their resource base and their capacity to cope with these stressors forms the foundation of utilising any tool of practice a welfare team member may use. Strategies used to assist students must be based on the individual's needs and their stage along the parallel journeys of adolescence and chronic illness. Working with the student and their needs means having a person-centred approach to their health and well-being: just as educationalists should have a learner-centred basis to teaching.

Engaging with stories, connecting with the experience of characters, and being able to understand more about your own situation would be a valued outcome of bibliotherapy for any reader. For those living with a savage illness, its experience may add to those resources needed to keep their life in balance.

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