

Bibliotherapy in the Helping Professions: A Heuristic Model for Intervention Design

A Thesis Submitted to
The Faculty of the College of Arts and Sciences
In Candidacy for the Degree of
Master of Arts in Professional Writing

By
Natalie M. Haney
December 11, 2022

Liberty University
College of Arts and Sciences
Master of Arts in Professional Writing

Student Name: Natalie M. Haney

Dr. Tess Martinus

Thesis Chair

Date

Dr. Ernest Enchelmayer

Reader

Date

Abstract

I propose a new approach to examining bibliotherapy's usefulness in the community-based care of individuals with serious mental illness (SMI), focused on producing a heuristic that benefits helping professionals who offer non-clinical and non-psychiatric services. Meant for writers designing bibliotherapy interventions in the helping professions, I conceptualize bibliotherapy in a model against the backdrop of community-based care's history. A model has the potential to allow each writer to conduct situation-specific inquiry, invent bibliotherapy intervention designs suited to the unique needs of the profession's help-seekers, and reflect on knowledge generated for intervention reiteration. Referring to Dewey, Rosenblatt and Barnlund to create a cohesive theoretical framework, I hypothesize that before bibliotherapy can be reliably operationalized in real-life settings, it must be conceptualized with fidelity to the processes of reading and communication. Departing from empiricism, I select multi-grounded action research as a pragmatic methodology for solution design that mirrors the writing process.

Keywords: professional writing, intervention design, helping professions, bibliotherapy, Dean Barnlund, John Dewey, Louise Rosenblatt, serious mental illness, moral therapy, multi-grounded action research, heuristics

Dedicated to my mother, Barbara for teaching me to be a reader and lover of God's Word,

And to my father, Roger for never doubting that I would make a full recovery.

Acknowledgements

First, I am immensely grateful to Dr. Tess Martinus for guiding this research with an open hand, bravely allowing me to follow my curiosity wherever it happened to lead. Thank you, Dr. Tess for being supportive, inquisitive, and believing that we all must write to learn. I am also indebted to Dr. Ernest Enchelmayer for engaging with my research with genuine interest and offering thoughtful and productive reader responses. Also, many thanks to my friends Aila, Bonnie, Ellen, and Phillip (names changed to protect their privacy and the privacy of their help-seekers). My inquiry into bibliotherapy would not have gone anywhere without their willingness to share their own experiences as help-givers who use books to serve the needs of their help-seekers. Lastly, I must acknowledge the patience of my husband, David and that of my daughter, Clementine during these last sixteen weeks. My warmest thanks to each of these named for helping me reach this long-cherished goal.

We would allow the champion of poetry – men who do not practice the art themselves, but are lovers of it to offer a prose defense on its behalf, showing that poetry is a source not only of pleasure, but also of benefit to communities and to the life of man.

-- Plato, Republic 10, 607d

The Psalms are like a stone polished in the mouths of believers for thousands of years ... There is something to say about a body of words, sentences, and books, written on the hearts of men, passed down from one generation to the next, that has outlived the greatest of empires. I will build my life on those words.

-- Anonymous

Table of Contents

Preface.....	9
Chapter One: A Problem in the Helping Professions.....	10
Terminology: Helping Professions, Help-givers, and Serious Mental Illness (SMI).....	11
Problem Statement: Bibliotherapy is Unhelpful in the Helping Professions.....	14
In Vivo: Help-givers Use Shared Reading.....	15
Literature Review: Taxonomies of Bibliotherapy.....	23
Six Helpful Questions to Conceptualize Bibliotherapy.....	27
Chapter Two: Significance.....	32
Personal Significance as a Christian Scholar.....	32
Historical Significance: From Confinement to Community-based Care.....	34
Social Significance: Bibliotherapy as Moral Therapy.....	36
The Significance of the Soul and Self-help.....	42
Significance to Bibliotherapy Research.....	49
Chapter Three: Solution.....	51
The Argument for a Theory-based Model.....	52
A Pragmatic Methodology for a Heuristic Model.....	54
Multi-grounding Steps and Conceptual Refinement Questions.....	56
Chapter Four: An Emerging Model of Bibliotherapy.....	62
Theoretical Matching.....	63
Internal Grounding.....	80
In Vivo: Help-givers Use Efferent and Aesthetic Texts.....	98
Conceptualizing Bibliotherapy.....	104

Chapter Five: A Heuristic Model for Intervention Design.....	106
Workbook: How to Use The Heuristic Model of Bibliotherapy Worksheets.....	107
Workbook: Tables for Reference.....	108
Workbook: Worksheets.....	110
Conclusion.....	118
References.....	121

List of Figures and Tables

Figure 4.1: The Situation, the Environment, and the Experiences.....	81
Figure 4.2: Communication Between the Reader, the Text, and the Referents.....	87
Figure 4.3: The Private Environment, Stances, and Habits.....	91
Figure 4.4: Communication Between the Readers.....	96
Figure 4.5: Bibliotherapy's Total Situation.....	97
Table 5.1: A Heuristic Model of Bibliotherapy: Probable Approximate Truths.....	108
Table 5.2: A Heuristic Model of Bibliotherapy: Conceptual Refinement Questions.....	108
Table 5.3: A Heuristic Model of Bibliotherapy: In Transactional Terms.....	109
Table 5.4: A Heuristic Model of Bibliotherapy: Habits of Bibliotherapy.....	109

Preface

Bibliotherapy is a winsome term. The etymology evident in the concocted, compound word suggests that books are therapeutic, which seems like a truism to be taken for granted. In 1916, *The Atlantic* ran an essay by Samuel McChord Crothers, that blended references to professional ministry and psychotherapy as analogous to humoral medicine in an effort to artfully review the achievements of various literary classics. Crothers (1916) describes a book as “a literary prescription put up for the benefit of someone who needs it” (p.293). Using the medical model of balancing humors as a reference, Crothers (1916) shows how literature balances excesses in the soul. Though Crothers’ aim seems to have been to extol the value of literary art forms, his cultural contribution of the term *bibliotherapy* has captivated the imaginations of helping professionals who are interested in leveraging reading to help their clients overcome psychological obstacles. However, after 106 years of trying to empirically study bibliotherapy as a mental health intervention, researchers have yet to find a description of bibliotherapy that is useful for operationalization and validation -- a complaint most clearly articulated by Sarah J. Jack and Kevin R. Ronan in their 2008 historical overview of bibliotherapy. Bibliotherapy has in effect floated on the periphery of science as interdisciplinary jargon without a phenomenon.

Chapter One: A Problem in the Helping Professions

Helping professions outside of the mental health fields provide a variety of support services to help-seekers with serious mental illness (SMI) due to the *community-based care* model used in the United States. Community-based care is an alternative to in-patient care (hospitalization and/or institutionalization) and allows individuals with SMI to remain in their home communities while receiving out-patient treatment to manage their illnesses (Urff, 2004). In the course of their work within the community, help-givers serve help-seekers with SMI but might not have the training or experience to deliver their services effectively to this special population. These help-givers need non-clinical interventions that are within their scope of practice and can be incorporated into their service offerings so that they can be part of a broader helping network that might successfully facilitate community-based care.

Bibliotherapy is a non-clinical mental health intervention that has been studied for its potential to benefit psychological well-being. However, as a phenomenon, bibliotherapy is elusive to categorize, define, and test. Though intuitively a connection between reading and psychological benefit seems obvious, and anecdotal reports seem to support an assumption of benefit, empirical evidence regarding the nature of that connection and the mechanism of that benefit is less conclusive; thus, guidelines for best practices are difficult to construct and validate. In this research, I will explore how help-givers can use the technical process of writing bibliotherapy interventions to verify what bibliotherapy is, where it exists, its context, its function, its origin, and its related terminology (Goldkuhl & Cronholm, 2010). Help-givers can engage the writing process to solve problems in their profession using bibliotherapy interventions and simultaneously address the existing problems with defining bibliotherapy.

Obstacles, opportunities, and a roadmap to knowledge generation related to bibliotherapy will be charted to support help-givers and the help-seekers that they serve.

Terminology: Helping Professions, Help-givers, and Serious Mental Illness (SMI)

In *Discourses of Helping Professions*, professions are categorized as helping professions based on their shared objectives and primary service modality (Graf et al., 2014). The shared objectives of the helping professions are “to nurture the growth of, or address the problems of a person’s physical, psychological, intellectual or emotional constitution” (Graf et al., 2014, p.1). According to the authors, the identifying modality that warrants a profession’s inclusion in the helping profession category is interpersonal communication (Graf et al., 2014). Graf et al. (2014) assert that “the helping profession is constituted in and through the particular verbal and non-verbal interaction that transpires between the participants” (p.1). By this two-point rubric, all professions, institutions, organizations, and individual company departments that deal with human services, human resources, and human flourishing can be considered a helping profession.

Researcher José Grégoire (2015) broadly defines helping professionals as “facilitators of psychological change” (p.59). However, an intention to impact help-seekers’ psychology does not dictate that helping professionals be psychology professionals. The helping professions employ *facilitators of psychological change* that might be licensed mental health professionals, paraprofessionals with limited mental health training, professionals from fields other than psychology and psychiatry, peer specialists, general staff, and volunteers that are unaffiliated with mental health fields. The inclusive definition of *helping profession* indicates that helping professionals likely come from all manner of personal and professional backgrounds. *Helpers*, as explained by Richard Nelson-Jones (2016) in his book, *Basic Counselling Skills: A Helper’s*

Manual, are individuals that use counselling skills as part of their jobs or volunteer positions, though they are not licensed psychotherapists. Nelson-Jones (2016) gives a careful exposition of the differences in roles, duties, and scope of practice for psychotherapists, counsellors, and helpers. According to Nelson-Jones (2016), psychotherapists and counsellors once fit into the *helper* classification, but as therapy and counselling have become more specialized, it is now appropriate to separate these two professions from the broader, and now often paraprofessional, *helper* designation.

Nelson-Jones (2016) contends that there are individuals other than psychotherapists and counsellors who use counselling skills in their daily professional duties that must be resourced to provide psychological support despite their non-licensed status. This means that there can no longer be an assumption that a person working in the helping *professions* is a helping *professional*. Nor can it be assumed that a helping professional is necessarily a *mental health* professional. Someone providing counselling or other *facilitation of psychological change* (Grégoire, 2015) in the helping professions might be a mental health professional, a professional from another field, or a non-professional. Adding to the complexity of the terminology are the facts that while the helping professions are fields that aid in human development and human development is an aspect of psychology, these professions are not always directly related to mental health, as has been established.

Because of this complex semantic entailment, individuals who work or volunteer in public settings that require them to engage in helpful behaviors that effect help-seeker well-being will be referred to throughout this research as *help-givers*. The term *help-givers* encompasses licensed and non-licensed individuals who are professionals, paraprofessionals, and laypersons from all fields working in the helping professions. The designation *help-givers* is intended to

avoid overattributing or under attributing professional status to these roles. Some examples of help-givers include social workers, community organization workers, ministers, and peer specialists (Nelson-Jones, 2016). To further clarify the distinctive role of non-licensed help-givers whose positions necessitate the use of counselling skills within a limited scope of practice, Nelson-Jones (2016) explains:

The goals of helpers can both overlap with, yet differ from, those of counsellors. The primary purpose of counselling and psychotherapy is to help clients address psychological issues in their lives, for example, becoming less depressed or anxious, and to work through decisions and crises that have a distinct psychological dimension to them. Sometimes such psychological issues are central to helping. On other occasions, helpers use counselling skills to assist people to deal with goals where the overt psychological dimensions may appear secondary, if not irrelevant, to the recipients of the services. (p.9)

While help-givers might work in positions that require them to have some capacities in nurturing the development of others, it is inappropriate for them to address psychopathologies. However, scope of practice limitations does not preclude untrained help-givers from engaging with individuals who experience *serious mental illness* (SMI) as incidental to carrying out services in community settings.

Serious mental illness itself is not a definitive concept, according to a recent metanalysis of SMI definitions that were recorded for regional public policy purposes (Gonzales et al., 2022). Gonzales et al. (2022) found that “SMI has substantial variability as a construct within the empirical literature” and that “SMI status is context-specific” (p.4). However, 69.6% of the policy documents reviewed by Gonzales et al. used the Substance Abuse and Mental Health Services Administration (SAMHSA) definition, which was cited as being “someone over 18

having (within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities” (SAMHSA, 2022, as cited in Gonzales et al., 2022, p.1). Most help-givers might feel comfortable interacting with populations that experience mild mental health complaints, however, when serving individuals with SMI these same help-givers may appropriately feel unqualified and under-resourced. Help-givers might not know what services they can offer to individuals with SMI, and what services they should not. The blurred boundaries around what constitutes SMI further complicate any effort to provide adequate and appropriate resources to help-givers who provide *community-based services* to individuals with SMI. The nature and emergence of community-based services as a reversal of previous treatment norms will be detailed in Chapter 2.

Problem: Bibliotherapy is Unhelpful in the Helping Professions

Some help-givers have limited means to accommodate individuals with SMI within their organizational programs or private service offerings. If a taxonomy and practice model (Jack & Ronan, 2008) can be developed, bibliotherapy has the potential to be operationalized by help-givers to increase their ability to serve and support help-seekers with SMI. In this research, I will focus on the need for a practice model as a first step toward research that might lead to a taxonomy of bibliotherapy in the future. My objective is to establish a heuristic model that can act as an entry point for situational inquiry and will allow all help-givers to invent bibliotherapy interventions.

When help-givers engage in inventing bibliotherapy interventions they become writers regardless of whether their specific job titles designate them as writers. Potential audiences that can benefit from this research include: writers constructing texts to be used in bibliotherapy,

writers who are creating interventions for the community organizations where they work or volunteer, help-givers who want to facilitate one-on-one or group bibliotherapy, managers who want to use bibliotherapy to promote mental health and cohesion in their workplaces, ministers who want to use bibliotherapy in a community care ministry, teachers who want to incorporate bibliotherapy into their curricula, and researchers who would like to design studies that observe bibliotherapy. Each of these potential audiences are help-givers, yet the obvious variation in their professional duties, roles, credentials, and service objectives suggests that for a heuristic model to be useful to all these audiences it must isolate bibliotherapy's *inherent formative principles*.

The classicist, Christian Wildberg (2021) describes “an inherent formative principle” as a phenomenon’s “genetic code” or “logos.” The available research on bibliotherapy does not provide a theory of bibliotherapy that has an *inherent formative principle* to guide and order its internal logic. My argument is that bibliotherapy is a *total situation*, it is *transactional*, and it depends on both *reading* and *communication processes*; these four aspects are bibliotherapy’s *inherent formative principles*. Therefore, a heuristic model based on existing transactional theories of reading and communication will best conceptualize the dynamic operations of bibliotherapy for writers’ inquiry and invention. These four *inherent formative principles* are universally applicable to bibliotherapy regardless of cultural and professional context; their nature will be analyzed in Chapter 4.

In Vivo: Help-givers Use Shared Reading

To get a glimpse of whether there is a possibility that bibliotherapy could be a resource to help-givers in their interactions with help-seekers experiencing SMI, I spoke informally with four individuals who work in the helping professions: a university campus pastor, an assistant director of student veteran and military services at a multi-campus public university, a marriage

and family therapist, and a volunteer services manager in a multi-state hospital system. During these conversations, I asked questions related to the goals of each profession, the objectives each help-giver has for the help-seekers he or she interacts with, how each currently uses books in the context of his or her services, and how each help-giver interacts with help-seekers experiencing mental health distress. Their answers give insight into the diversity of goals, objectives, and needs within the helping professions, and exemplify that a one-size-fits-all definition of bibliotherapy is likely to continue to fail as a guide to designing impactful interventions.

Aila and her husband are full-time university campus ministers. Her role in ministry involves ministering to female students, many of whom participate in the Greek (sorority) system at a large public university. According to Aila, these students are typically young women who have been raised in the church but have not developed a personal and active faith. The mission of her ministry is to help young women make the choice to place service to the Lord and the work of the Gospel at the center of their decision making throughout their adult lives. She describes her help-giver role saying:

I am usually just trying to help them, like counsel them in relationships, maybe with the opposite sex or just in their friendships, things like that... And I'm giving advice, kind of a mentoring situation. I lead a Bible study for those student leaders that I'm investing in. And so, we're getting in God's word together. And I'm trying to help them make observations, make applications from the Word. Also, they come and are just a part of my life and kind of just see what it looks like to be a mom and a wife. And I just try to pass on – you know -- life skills. And I just kind of try to be a good example for them. So that's what my specific role looks like now in college ministry. (personal communication, September 6, 2022)

Aila focuses on the relationship-building facet of *facilitating psychological change*. She relayed to me that in terms of mental health, her students deal mostly with sexual trauma that causes anxiety and depression, as well as stress from performance pressure and a drive for significance. She emphasized that she has referred many of her students to counselling; though, after referral she continues to focus on being a listening ear and leading her students in reading about healthy boundaries and finding their significance in God. Aila described how she leverages the expertise of book authors who might be highly trained ministers or Christian psychologists. She recognizes that though she might not have knowledge and training to provide direct psychological assistance, she can recommend reading, and share reading, with a student help-seeker. Aila's strategy for using books in her ministry is to add expert knowledge to the helping relationships she is in by assigning books to students and reading with them.

Bonnie is an associate director of veteran and military student affairs in a multi-campus, public university system. She works across campuses and engages with faculty, staff, and students in the course of her daily duties. While much of her position involves managerial tasks, she personally leads two programs for students: a food pantry and a student orientation class for veterans who are the first in their families to attend college. In the orientation class that she teaches, she has started a semester-long book club that helps students explore personal development topics with the purpose of helping students transition from military culture to academic culture and on into professional life. She explains her role as a higher education professional saying:

When I think of myself ... I think in broad terms of what I do as being a higher education professional and I just happen to work with student veterans and military affiliated students. So, [because] there's a lot that I do under that umbrella -- like helping with

[special programming], running some programs – [I provide] broader support for students. I am primarily working with the directors or program managers of the veteran offices on each one of those campuses. So, no day is ever the same, which is what I like a lot. But we work on a lot of things, like making sure that [directors and program managers] are doing what's best for the students on their campus. All the campuses are very unique, and they have unique student populations ... So, we have different programs for the different types of student populations, so [I help directors and program managers] figure out what's best for their students. There's lots of communication and collaboration on how we do what's best for our students. (personal communication, September 8, 2022)

Bonnie's description of her day-to-day tasks demonstrates that many help-givers serve in roles not immediately related to their primary job description. Though Bonnie's main work deliverables are to connect faculty, staff, and students to school resources through effective communication, the intangible work of her role involves providing "broader support" to students. Notice that through her oversight of other directors and managers, Bonnie promotes a culture within her organization that keeps in perspective the uniqueness and specific interests of the populations her team serves. In this instance, Bonnie is *facilitating psychological change* without directly engaging in therapeutic tasks.

Bonnie's experience shows that the helping professions tend to entail a psychological aspect even when the profession's tasks are not directly within the realm of psychology. She expounds on this psychological aspect as she describes how she has chosen to use assigned, shared reading in a book club format in her classroom, saying:

We did introduce the book club and we chose Brené Brown's *Dare to Lead* ... I found that [book] after going through leadership books and self-help books, and things that

were going to be relevant topics for [students] -- self-help in personal growth and development, trying to tie in leadership and growth together. So, I came to Brené Brown ... I thought this may challenge them a little bit and this may push them past their comfort point, but it's going to be good for them in the end. And surprisingly, they all really dove into the book. (personal communication, September 8, 2022)

Bonnie has chosen to bring psychological well-being into her class discussions. Her objective in starting a book club as part of her class was to push students to think about personal development in a more emotionally intelligent way than they might have in the past. In our interview, she went on to share how she has begun teaching *the eight dimensions of wellness*. The *eight dimensions of wellness* is a popular concept that emerged out of a SAMHSA wellness initiative according to an article by behavioral health professionals, Manderscheid and Kobau (2017). The original initiative has now been archived by SAMHSA, but Manderscheid and Kobau (2017) report that the *eight dimensions of wellness* are “key personal and public dimensions of life” that relate to an individual’s happiness, health, and well-being (p.24). In addition to teaching the *eight dimensions of wellness*, Bonnie introduces students to the mental health resources available to them on campus in the first week of her class by having licensed mental health personnel guest speak. She also mentioned how being available (having an open-door policy) and being vulnerable about her own psychological well-being is how she interacts with students regarding their mental health. As a professional concerned with student success, Bonnie uses books to bridge the gap between the concepts of leadership and holistic, psychological wellness for her students.

Fillip is a volunteer services manager in a multi-state hospital system that includes five hospitals, 50 clinics, and volunteers serving in 90 departments. Phillip oversees volunteers that

deliver a variety of patient care services, such as pet therapy, music therapy, and spiritual care. Phillip also delivers a story time program, where volunteers read to patients. Phillip described his primary duties as volunteer recruitment and training as well as developing relationships between the hospital and local organizations. Phillip believes that his program serves the community, the patients, and the hospital's nurses and doctors. Out of all the help-givers I interviewed, Phillip engages books most directly. His program is dedicated to reading as the singular service modality. Yet, the process of reading and the content of the books are of secondary importance to Phillip, as he explains:

[Volunteers are] bringing in a story, but the goal is something other than this story. Yeah, I think the goal -- the best way I can put it -- the goal is friendship with the patient. The goal is to connect at the quality level with the patient. So, because [sic] a lot of the nurses would love to be able to have this kind of quality time with patients but don't necessarily have it, you know. And so really, we're coming not with quantity but with quality.

(personal communication, September 16, 2022)

Phillip described the psychological component of the story time program as being that the reading volunteers offer friendship to patients that might be estranged from family members or do not have friends to visit them. He said that in terms of direct involvement with mental health issues, he and his volunteers, "see [themselves] as part of a larger team" (personal communication, September 16, 2022). If volunteers on Phillip's team recognize a mental health issue, they will let a charge nurse or chaplain know that that patient might need more services. However, Phillip specified that his volunteers do not serve all patients. Below, Phillip explains that when he requests information for patients who might want to be read to, he says to the charge nurse:

“OK, we need you to cross out all the COVID patients, all the airborne communicable disease patients.” So, think of tuberculosis, meningitis, Ebola. “We need you to cross out the ... you know, any, any violent patients, any psychotic patients.” We don't allow volunteers to go into those rooms. (personal communication, September 16, 2022)

Phillip recognizes that even in offering a service that is as universally deliverable as the story time program, there are limits around what types of patients it is appropriate for his volunteers to serve. He is aware of scope of practice and the specialized training and licensure that are needed to provide direct services to individuals with SMI. Phillip trains his volunteers to recognize when psychological or spiritual needs are brought to the surface during the conversations sparked by reading. Volunteers are expected to report these needs to the trained professionals within the larger hospital team, not to address psychological or spiritual needs themselves. It might never be appropriate, or helpful, for a volunteer-facilitated bibliotherapy intervention to operate in hospital departments where patients experiencing acute mental health crisis are being treated. However, it is possible that Phillip's story time program could be adapted for use by nurses, certified nurse aids, and chaplains to benefit patients in acute condition. Nurses, certified nurse aids, and chaplains are already help-givers in a helping profession who might be able to add bibliotherapy to their bank of care resources.

Ellen is a marriage and family therapist (MFT) in private practice. She is the only help-giver I interviewed who is licensed as a professional in the field of psychology. In discussing her professional habits, she describes the different skill levels that exist among trained counselors. She explains that because she has training in family systems as an MFT, she would be comfortable counseling more than one member of a family, where a licensed clinical counselor (LCC) would not have such training and would find it to be a conflict of interest to counsel

multiple related individuals. Ellen explains that even amongst help-givers trained in psychology there are instances where a lack of specific training would require a professional “to refer out” (personal communication, September 15, 2022). Referral is a theme across my interviews with the four help-givers. Recognizing the threshold of one’s training is a key sensitivity in the helping professions. However, those referrals are made only for the specific psychological or situational component that is beyond the help-giver’s scope; a relationship and services continue between help-giver and help-seeker in the capacity appropriate to each help-giver’s training.

Ellen further described the intricate boundaries that define therapist-patient relationships in her analysis of whether and when books should be used in therapy. She said that she is very careful about recommending reading to clients. In fact, she nearly always reserves the act of recommending books for cases involving children who would otherwise have difficulty understanding their own psychological experiences. She names the “power dynamic” between therapists and their clients as the reason for her discomfort with recommending (or assigning) reading except in extraordinary circumstances (personal communication, September 15, 2022). Ellen describes her approach to counselling as “what is called client centered ... So, I kind of let the client direct the session and try to follow them and then provide help according to what they're looking for -- what they're needing” (personal communication, September 15, 2022). Ellen conveys that bibliotherapy could diminish the client-orientation that is the basis of trust in her modality of therapy. She says:

Suggesting reading material, because I don't want to get into sort of a cycle of suggesting reading material -- there's already [an aspect] of having to be aware of the power dynamic in the room. Where if I make a suggestion to do something, or ask them to do something and they don't do it, it's easy for them to kind of feel shame about that, you know? ... I

think that sometimes assigning books or suggesting books ... It can kind of come across like you're trying to fix a problem, and that's not really what I view my role as a therapist as -- as like a fix. (personal communication, September 15, 2022)

Ellen's analysis uncovers the possibility that of all help-givers, therapists might need bibliotherapy as a resource the least. Therapists do not necessarily need books to deliver therapy, because the therapist delivers therapy. This insight calls into question whether researching bibliotherapy as belonging to the fields of psychiatry and psychotherapy is misguided. It could be that bibliotherapy inherently belongs to helping fields that address psychology as an ancillary facet of the primary, non-psychological services delivered like ministry, higher education, and hospital patient care, as Aila, Bonnie, and Phillip demonstrate. However, in the wake of COVID, with the rise in cases of SMI and the severe shortages of clinical care providers across America, psychology and psychiatry researchers have been motivated to investigate bibliotherapy as one way to spread out the disease burden that SMI puts on the health care system (Monroy-Fraustro et al., 2021).

Literature Review: Taxonomies of Bibliotherapy

As seen by the variety of ways that help-givers currently use books to support the mental health of the help-seekers they serve, if bibliotherapy is a phenomenon separate from common reading, it must be adaptable to innumerable situations. This literature review presents a sampling of bibliotherapy's characterizations drawn from a variety of research conducted both domestically and internationally to demonstrate that bibliotherapy lacks a universal theory for conceptualization and operationalization. Current taxonomies define bibliotherapy either too broadly or constrain it too tightly to its uses in psychotherapy and psychiatry; or these taxonomies misrepresent bibliotherapy as synonymous with the self-help, spirituality, and

personal development genres. The confusion with genres is most likely because self-help, spirituality, and personal development are some logical genres to use in bibliotherapy. However, as Crothers' (1916) original context of the term *bibliotherapy* suggests, the mechanism that makes bibliotherapy impactful is likely the aesthetic (Rosenblatt, 1978/1994) quality of literature. Self-help, spirituality, and personal development books are not generally thought of as aesthetic. Throughout this thesis, the descriptor aesthetic, which to Rosenblatt (1978/1994) meant *experiential*, will be crucial to the meaning of *literature*. When not referring to scientific research, the term *literature* will be used to refer to aesthetic written works with enduringly acknowledged merit of form (Oxford Advanced Learner's Dictionary, n.d.; Merriam-Webster, n.d.). For all subsequent references to books, writings, documents, and readings, the term *text* will be used.

The use of text, literature, or specific genre names as synonyms for bibliotherapy is a synecdoche that lends itself to the obfuscation of the whole. For instance, in their exposition of bibliotherapy, Riordan et al. (1996) assert that "the simplest and richest form of written materials for the therapist can often be handouts" (p.173). In this case, *text* is being used interchangeably with the term *bibliotherapy* in a way that reduces bibliotherapy as a whole down to the informational content of the reading. Examples of defining the parts as the whole of bibliotherapy are rampant in the empirical studies. Riordan et al. (1996) say that "bibliotherapy is simply a therapeutic tool" (p.172). In reality, the text used within the bibliotherapeutic setting is a tool; bibliotherapy itself is more than the text. At minimum, bibliotherapy is a complex and dynamic rhetorical situation.

An additional problem in current depictions of bibliotherapy is that attention has been preferential toward the relationship between the *bibliotherapist* and the help-seeker with little

consideration for the relationship between text and reader. Further, it also seems insinuated in the literature that the bibliotherapist is always a psychologist or a psychiatrist. The tendency to identify the nature of bibliotherapy as being defined by the ways that psychologists use bibliotherapy comes from the errant belief that bibliotherapy has “its initial roots in psychodynamic theory” (Jack & Ronan, 2008, p.161). This seems to be historically inaccurate. Psychodynamic theories originate in the early 1900s with the work of Freud and Jung (Taylor, 2009). Bibliotherapy is likely more associated with the *moral therapy* (or *moral treatment*) that emerged in the late 1700s. Recall my interviewee, Ellen, and her discomfort with assigning reading. It could be that Ellen’s training as an MFT would have been in psychodynamic therapy. In *The Mystery of Personality: A History of Psychodynamic Theories*, Eugene Taylor (2009) crystallizes the nature of psychodynamic theories as being the convergence of “conceptions of personality, models of the unconscious, and systems of psychotherapy” (p.1). Ellen’s testimony highlights that there are differences in the underlying philosophies of psychodynamic therapy and *moral therapy*. Bibliotherapy might not fit well into the objectives and practice models of individuals who adhere to psychodynamic therapy because bibliotherapy is likely a *moral therapy*.

The historical argument for a more accurate origin story of bibliotherapy will be made in Chapter 2, but it must be noted here that the faulty assumption that bibliotherapy originated in psychodynamic theory has resulted in incoherent and narrow taxonomies of bibliotherapy. These taxonomies give a specialized definition of bibliotherapy for each of its psychodynamic uses. It is common in psychology journals to read that there are three types of bibliotherapy: *clinical*, *development*, and *creative arts* (Stip et al., 2020; Sevinc, 2019). Dysert-Gale (2007) refers to bibliotherapy as “patient reading as treatment modality” (p.33). Dysert-Gale’s use of the words

patient and *treatment* imply a definition of bibliotherapy that is constrained to the medical field. Yet, it is obvious that bibliotherapy is applied by help-givers in many fields that do not have any concern for the *clinical* uses of bibliotherapy that language like *patient* and *treatment* call to mind. Wootton et al. (2018) describe a clinical phenomenon called “bibliotherapy-administered [cognitive behavioral therapy]” (p.565). In the education field, “pedagogical” bibliotherapy is a designation, which is an example of a definition dependent on bibliotherapy’s *developmental* use (Lutovac & Kaasila, 2019, p.483).

As an example of a definition aligned with the *creative arts* category, Martinec et al. (2022) say that:

Bibliotherapy is a modality of expressive arts-therapies that involves the planned use of reading material (prose, poetry, fairy tales, myths, legends) and literary devices (metaphors, comparisons, allegories, rhymes, rhythms) in therapy in order to encourage awareness and processing of various emotional, cognitive, and interpersonal problems in individuals with different types of psychosocial distress. (p.87)

In this definition, Martinec et al. misrepresent bibliotherapy in five ways. They constrain bibliotherapy to the field of psychiatry and psychology by presenting it as treatment for individuals with a specific category of psychological needs, which excludes individuals without *psychosocial distress* that seek psychological change. Within the field of psychology, Martinec et al. limit bibliotherapy to *arts-therapies*, though bibliotherapy can also be *clinical* and *developmental*. Martinec et al. also restrict the possible texts usable in bibliotherapy to secular, aesthetic texts, leaving out other texts commonly used in bibliotherapy such as educational texts, self-help genres, and scripture. Also, Martinec et al. provide a myopic plan for implementing bibliotherapy as a facet of their definition, namely discussion centered on specific literary

devices when texts can be discussed without them. Finally, Martinec et al. assume that the purpose of bibliotherapy is *awareness* and *processing*, but in other contexts, the objectives for engaging in bibliotherapy could be teaching, informing, community building, or even entertaining help-seekers. Martinec et al. demonstrate what an overly specialized definition of bibliotherapy looks like and how a definition that is biased to one field precludes other reasonable applications of bibliotherapy from being considered. The peer-reviewed literature on bibliotherapy is rife with definitions like Martinec et al.'s, which complicate rather than generate knowledge about bibliotherapy.

Six Helpful Questions to Conceptualize Bibliotherapy

Categorizing bibliotherapy by its field-specific uses does little to elucidate what bibliotherapy *is*. The issues uncovered in regard to bibliotherapy's taxonomy reveal an issue with bibliotherapy's ontology. If bibliotherapy is categorized as a redundancy of a professional use, a literary genre, or an interpersonal relationship, there is a possibility that it does not exist as a discrete phenomenon. In fact, such habits of misclassification justify the question posed in Lucy Warner's (1980) article, "The Myth of Bibliotherapy" – does bibliotherapy "[elevate] a pleasurable pastime or release of feelings to the ranks of therapy?" (p.107). A model of bibliotherapy should transcend the many uses of texts and describe a complex, dynamic, highly contextualized, total situation. Bibliotherapy's *total situation* is made up of layered historical, cultural, and immediate contexts, facilitator and reader participants who interact with each other and bring diverse points of reference to the text and to the discussion, as well as the public and private cues provided to each participant by the text. A detailed explanation of exactly what is meant by *total situation* (Barnlund, 1962/1963) will be provided in Chapter 4.

It must be noted that some of the scientific literature available about bibliotherapy does give hints as to what a *total situation* view of bibliotherapy might include by providing glimpses of bibliotherapy that are more global and flexible. Levin and Gildea (2013), who are each subject matter experts of library information science, helpfully place bibliotherapy into the “moral therapy movement” (p.90). *Moral therapy* (to be discussed at length in Chapter 2) is a psychiatric philosophy and an enduringly influential method of rehabilitation that came about as the incarceration of the mentally ill ended in eighteenth-century France (Foucault, 1965/1988). Riordan et al. (1996) contribute that bibliotherapy is “helper-guided reading of selected written materials for therapeutic purposes” (p.169). Monroy-Fraustro et al. (2021) call bibliotherapy “the process of reading, reflecting, and discussing literature to further a cognitive shift” (p.1). Jack and Ronan (2008) point out “the relationship between the personality of the reader and the cognitive and affective experience offered through literature” (p.161). Ewa Tomasik (1994) has provided one comprehensive picture of bibliotherapy’s unique function in community-based care, which is its ability “to fulfil [sic] rehabilitative, re-socializing, prophylactic, and developmental aims for people from varying social backgrounds, in different age [sic] with diverse needs” (as cited in Kasperek-Zimowska et al., 2021, p.278). Tomasik’s description of bibliotherapy is compelling because according to a recent European study on factors that mediate help-seeking behaviors, issues with psychosocial functionality are the main driver of help-seeking for SMI (Michel et al., 2018).

In this literature review, I have narrowed my view to delineate only the presumptive definitions that empiricists have given to bibliotherapy as presuppositions to their own studies. However, two issues beside the issue with defining bibliotherapy do appear in the existing literature. First, in the reviewed literature, authors who acknowledge Samuel McChord Crothers

(1916) as the source of the term *bibliotherapy* (Jack & Ronan, 2008; Martinec et al., 2022) fail to acknowledge that Crothers' essay is a satirical commentary on the roles of religion, medicine, art, and psychology in the context of his day. The satirical piece was particularly relevant when Crothers wrote it considering that the field of *psychology* was still being established and defined (Taylor, 2009). Crothers wrote his essay at the beginning of the twentieth century, in a culture where *naturalism* had birthed Darwin's alternate view of biological origins and Marx's alternate view of social origins relatively recently, with *alternate view* meaning an alternative to the Christian view (Sire, 2020). The aforementioned ideological shifts that had occurred in the last half of the nineteenth century were accompanied by the professionalization of the medical field, and doctors' objectification of the body as a way of knowing about humanity (American Medical Association, n.d.; Foucault 1973/1994). Also, psychology as a clinical practice had emerged under William James only three decades before Crothers' essay (Taylor, 2009), and James' was a paradigm for understanding the soul that had been purged of Christian theism (Sire, 2020). In the essay, Crothers (1916) seems to ask what role each of the four fields (religion, medicine, art, and psychology) have in society and whether any of them are becoming redundant. In the end, it seems that Crothers' opinion could have been that of the four subjects under consideration art is the most significant to both man as an individual and to mankind within social communities and that medicine and psychology have made religion redundant.

The second issue, beside definitional issues, that appears in the existing literature is that the authors who name Aristotelian *catharsis* as the mechanism of bibliotherapy's effect reduce the process of *catharsis* to an emotional release through the personal relevance of a text to a reader (Martinec et al., 2022; Stip et al., 2020). This simplistic formula decontextualizes both Plato and Aristotle's highly action-oriented and moral philosophies of *catharsis*, leading to a

misconception that the meaning of *catharsis* in Aristotle's *Poetics* has an equivalent meaning to that of contemporary language. In contemporary English, *catharsis* means "the process of releasing strong feelings, for example through plays or other artistic activities, as a way of providing relief from anger, mental pain, etc." (Oxford's Advanced Learner's Dictionary, n.d.). *Catharsis* in ancient Greek language, and to Plato and Aristotle, had a philosophical meaning that entailed social responsibility as well as personal healing; this fuller meaning and its consequences for a useful theory of bibliotherapy will be explicated in Chapter 2 of this research.

Finally, whether as an analogy in the case of Samuel McChord Crothers (1916) or attempted in practice by psychiatrists, psychologists, and researchers, the belief that there can be a relationship between texts and medicine has spanned centuries and permeated a multiplicity of settings. While previous research has assigned various definitions to bibliotherapy as signposts toward categorization and observation, my approach to the subject is to assume taxonomical ignorance as a roadmap toward conceptualizing and operationalizing bibliotherapy. In pursuit of finding the *inherent formative principles* of bibliotherapy, I will address the following conceptual refinement questions created by multi-grounded research theorists Goldkuhl and Cronholm (2010) to generate knowledge about dynamic phenomena:

What is [bibliotherapy]?: content determination

Where does [bibliotherapy] exist?: determination or ontological position

What is the context of [bibliotherapy]?: determination of context and related phenomena

What is the function of [bibliotherapy]?: determination of functions and purposes

What is the origin of [bibliotherapy]?: determination of origin and emergence

How do we speak about [bibliotherapy]?: determination of language use. (p.195)

My pursuit of bibliotherapy knowledge generation is pragmatic; meaning that it is aimed at application in real-life intervention design. As demonstrated in the literature I have chosen to review, taxonomical study has not proven to be a reliably productive foundation for optimizing bibliotherapy's potential to solve problems in the helping professions. One such problem is that help-givers must support individuals with SMI in various professional and community settings without adequate intervention resources. An alternate methodology to validating bibliotherapy as a mental health intervention is warranted, and a practice model based on bibliotherapy's *inherent formative principles* must be developed.

Chapter Two: Significance

This chapter discusses the context and significance of bibliotherapy as a mental health intervention with the potential to be used by non-clinician help-givers. This discussion includes my personal testimony of experiencing mental health crisis and witnessing the limitations and gaps in American mental health infrastructure. This chapter discusses how, in recent history, local community organizations, like churches, have come to be in a position where they might have to provide more community-based care than they are resourced to offer to individuals with serious mental illness (SMI). A selected historical overview of mental health intervention is explored to provide a basis for understanding the breadth and variety in philosophies on psychology and psychiatry. I focus this history particularly on the development of *moral therapy* because an argument could be made that *moral therapy* is a philosophy foundational to community-based approaches to mental health treatment and to bibliotherapy.

Personal Significance as a Christian Scholar

When I experienced a psychotic break, in 2009, at the age of 23, and became a first-time mental health care consumer, I found a startling gap between the biomedical treatments of psychiatry and the cognitive and emotional interventions of psychotherapy. There did not seem to be a helping professional dedicated to assisting people like me in managing the practicalities of life. I also found that it was my daily functioning that seemed to need therapy the most! It was my disorientation regarding self-management of the many dimensions of my life that seemed to stymie the effects of medication and the gains from therapy. I turned to books to help me navigate my recovery. Some of these books were spiritual, some informational, some inspiring, and some practical, but they were all lifelines to recovery and better psychosocial functioning.

After six years of navigating self-management with nothing but a library card as my rudder, I completed an International Coach Federation approved coach training program (ICF-ACTP) and received an institutional certification in life coaching from Erickson College (now Erickson Coaching International) in 2015. While training as a life coach, I partnered with individuals living with SMI and their family members in setting actionable goals that targeted only the lifestyle aspects of their well-being. I became a help-giver. My scope of practice is limited, but within my small skill set, I believe that I can offer some support to other individuals who experience SMI. Because I used books as the core of my recovery process, I am eager to explore the possibility that in the future bibliotherapy could become a verifiable and reliable help-giving resource for non-licensed help-givers like me.

As a Christian scholar, researching bibliotherapy is an attempt to uncover how Christian writers can design reading-centered programming that speak to the needs of the body, soul, and spirit simultaneously. It is fitting to me that Samuel McChord Crothers (1916) cast a minister in the role of the original bibliotherapist. The premier bibliotherapy treatment will always be an encounter with the Holy Spirit in God's Word. In 2018, I began writing a devotional blog about the intersection of mental illness and spiritual formation. I found that as a writer I could help people find hope for the day, like I had when coaching. Also, in the few years that I was writing the devotional blog, I found that just as there is a gap in mental health care between psychiatry's address of the brain and psychotherapy's address of the mind, there is a gap in Christian ministry between care of the spirit and care of the soul. This is a gap I feel compelled to fill.

Christian leaders often point to a concern about scope of practice as the origination of their discernible avoidance of becoming actively involved in the mental health of their community members – with scope of practice being a valid concern. My goal, in this thesis and

in my career, is to find and promote non-clinical interventions that allow all members of all communities, within their aptitudes and scope, to partner with their neighbors in better health -- body, soul, and spirit. Bibliotherapy is a promising candidate for being one such non-clinical intervention. As Christians, we can speak to those who are suffering about recovery, social functioning, and community reintegration from the perspective of the redemption narrative. My desire to understand what bibliotherapy is, how it might work, and how to tailor it to the specific needs of a variety of helping professions comes from my calling to strengthen professional and lay ministers in their ability to include individuals with SMI in their help-giving efforts.

Historical Significance: From Confinement to Community-based Care

In 1975, the U. S. Supreme Court ruled on *O'Connor v. Donaldson*, which ended the custom of confining non-violent, *mentally ill* persons to asylums and created a nascent culture of community-based mental health care (Annas, 1976). Confinement, in the context of psychiatry, refers to involuntarily detaining individuals in in-patient care settings, such as *insane asylums*. The Supreme Court ruling established that confinement on the grounds of mental illness alone is unlawful if the *mentally ill* person is “harmless” (*O'Connor v. Donaldson*, 1975). This ruling led to the decline of *insane asylums* until community-based care became mandated by the Supreme Court in 1999, at which time, Justice Ruth Bader Ginsberg established in her opinion on *Olmstead v. L. C.* that confinement of individuals who could reasonably care for themselves in community situations violated the Americans with Disabilities Act (Appelbaum, 1999). In her decision opinion, Ginsberg expresses that “institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life” (*Olmstead v. L. C.*, 1999, p.600). Ginsburg continues by saying that “confinement in an institution severely diminishes the

everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment” (*Olmstead v. L. C.*, 1999, p.601). I am immensely grateful, as a person who experiences bipolar disorder, for how these decisions secure for me due process rights and protection from medical discrimination.

However, the implications of a blanket rule for the “least restrictive alternative” to confinement -- which *Olmstead v. L. C.* established -- has meant the steady decline of critical care available for the mentally ill (Appelbaum, 1999, p.1271). The number of hospital beds for people in psychotic relapse or first episode psychosis has never recovered from the downflow of these decisions in 1975 and 1999; in fact, the number of hospital beds available for people experiencing mental health emergencies has decreased by 96% in the last three decades (Fuller et al., 2016). According to a recent article in *The Journal of the American Medical Association*, 45% of Americans live in “an area with a shortage of mental health professionals” (Kuehn, 2022, p.2179). So, in the case of acute need, help-seekers are likely to be unable to find clinical care. However, the even more startling weakness in American society’s mental health infrastructure is that in the absence of *asylums* and adequate room for in-patient care at local hospitals, those with mental illness depend on “the help of willing and responsible family members or friends” (*O’Connor v. Donaldson*, 1975). Yet, our community institutions – associations that can be counted from a social perspective as *family and friends* as well as *least restrictive* care providers -- have not adequately developed preventative and recovery care strategies that promote wellness and protect people from acute mental health events. I believe that through bibliotherapy, non-clinician help-givers have potential to provide vital preventative and recovery support to individuals living with mental illness who do not have adequate access to clinical care.

Social Significance: Bibliotherapy as Moral Therapy

Over the course of modern history, treatment approaches for the *mentally ill* have undergone multiple iterations. One approach that emerged in the late eighteenth century was *moral therapy*, also called *moral treatment* and *humane treatment*. *Moral therapy*'s history begins in sixteenth-century France with the onset of government policies that dictated the confinement of the *mad* (Foucault, 1965/1988; Scull, 2015). The confinement of the *mad* was replaced in the nineteenth century with *humane treatment*. In his seminal work, *Madness and Civilization*, French university professor, Michel Foucault – who is primarily remembered as a philosopher but whose academic discipline was psychology (Gutting & Oksala, 2022) -- argues that *madness* is not an objective condition but a subjective, culturally imposed phenomenon that emerged from the moral needs of a rational society and justified inhumane treatment of the mentally ill for four centuries. Foucault contrasts the relative lack of concern about *fools* through the Middle Ages to the subsequent, and sudden, preoccupation with isolating *fools* from the general population during the Age of Reason, which arose in the sixteenth century. *Fool* had been, during the Middle Ages, a designation applied to individuals suffering from delusions and intellectual incapacitation alike. These individuals were cared for from the community coffer and free to roam the countryside, according to Foucault's (1965/1988) reporting of this history. Foucault (1965/1988) sees a stark shift in sentiment toward the *mad* with the diminishing role of spirituality that occurred with the rise of reason during the Age of Reason. Prior to the Age of Reason, spiritual causes of *insanity* were assumed (Foucault, 1965/1988).

Throughout his work, Foucault (1965/1988) unpacks the rational human's need to project fear onto a scapegoat. Foucault (1965/1988) conveys that as reason took hold as society's orienting force, these human fears began to include life's absurdity, unreason, and the

annihilation of consciousness, making the *mad* a perfect referent for the culture's new disgust for disorder. Foucault (1965/1988) believes that the scapegoat of the Middle Ages had been lepers. According to Foucault's (1965/1988) analysis, because leprosy, which had travelled Westward with returning Crusaders, disappeared when the Crusades ended, society needed to reappropriate both leper houses and the lepers who had been the designated keepers of the collective's fears. Foucault (1965/1988) calls the actions associated with this scapegoating: "formulas of exclusion" (p.7) and "rites of purification" (p.3). Leprosy is a cultural referent that calls to mind impurity of the body; this reference to impurity was transferred to the soul (*psyche*) as referent when leprosy declined as a public health issue.

Foucault (1965/1988) reports that leper houses transformed into places of confinement for the *insane*. Prisons did also. Until the nineteenth century, the largest institutions of confinement were prisons where, in an effort to create a moral, orderly society, beggars and the insane were, along with criminals, consigned to the care of wardens (Foucault, 1965/1988). It is reasonable to question whether this co-confinement began the cultural assumption that mental illness leads to a propensity toward homelessness and criminality in a person. Foucault (1965/1988) asserts that *madness* is a social construct that "gives access to a completely moral universe. Evil is not punished at the end of time, but only fault and flaw" (p.27). *Madness* had long been considered a spiritual phenomenon -- a sacred illness to the Greeks or the displeasure of God to the Hebrews (Scull, 2015). In fact, priests were the primary practitioners who addressed manifestations of abnormal psychology into the eleventh century (Scull, 2015). Yet, *madness* transitioned from a condition of the spirit to a condition of the soul (*psyche*) during the Age of Reason.

In Orthodox Christian theology, conditions of the spirit can only be resolved by *salvation by grace through faith* (*English Standard Version Bible*, 2001, Ephesians 2:8-9). But conditions of the soul fall within the purview of the human *will* for moral action, personal responsibility, and the possibility of recovery through behavior reform – remedies that if applied to the spirit, Christians consider *salvation by works*. Foucault (1965/1988) asserts that the shift in attribution, attitude, and treatment of the insane proved that the message of the Cross had become diminished when classical (16th – 19th century) Christianity replaced Renaissance Christianity, saying:

The great theme of the madness of the Cross, which belonged so intimately to the Christian experience of the Renaissance, began to disappear in the seventeenth century. Or rather, it subsisted, but changed and somehow inverted its meaning. It was no longer a matter requiring human reason to abandon its pride and its certainties in order to lose itself in the great unreason of sacrifice. When classical Christianity speaks of the madness of the Cross, it is merely to humiliate false reason and add luster to the eternal light of truth. (pp. 78-79)

Here, Foucault uncovers the sixteenth-century decline of spirituality in Christianity, and its replacement with morality. He contends that as Christians accepted more rational explanations for the phenomena around them, their discomfort and revulsion toward unreasonable and disordered things, such as their *insane* neighbors, led to inhumane and exclusionary actions toward the mentally ill.

When in 1793, Phillippe Pinel, an early practitioner, if not originator of psychiatry, began his work as the physician of Bicêtre, a “hospital for the reception of lunatics” (*Pinel, Traité sur l’alienation mentale*, 1803), he began a detailed inquiry into the nature of insanity as he observed

his patients (p.161). Pinel adopted a medical explanation of *madness* and instituted what he called *moral therapy* (Huneman, 2017), also known as *humane treatment* and *moral treatment*. The philosophical assumptions that underpin Pinel's *moral therapy* are that manifestations of *madness* are symptoms of physical illness and a disordered environment (Sprafkin, 1977). Pinel believed that *madness* was a mental illness brought on by a "disturbance in the animal economy" of a person (Huneman, 2017 p.155) and that *insanity* was curable (Sprafkin, 1977). His most notable reformation to the medical treatment of the *insane* was to establish the model for "an orderly asylum away from the disorder of society" (Sprafkin, 1977, p.162). His ideas proliferated Western society (Europe and America) within a decade.

Pinel believed that the serenity and regimented environment created in asylums would heal those whose fragile *animal economy* led them to become mad in the tempests of society, and he believed that the superiority of the asylum environment would be an exemplar of order to chaotic, post-Revolution France (Huneman, 2017; Sprafkin, 1977). These asylums were staffed by paraprofessionals who were to provide "relief, comfort, and friendship" and to role model the values of moral education, such as "rationality, self- control, discipline, mental stimulation, and propriety" (Sprafkin, 1977, p.165). Pinel's belief was that once the task of perfecting a peaceful, humane societal microcosm was complete -- the asylum being a humane societal microcosm vs. the prison being an inhumane societal microcosm -- the task of correcting the mind could ensue. Sprafkin (1977) notes that within 75 years Pinel's *moral treatment* declined in influence due to the high expense of maintaining asylums and diminishing optimism that mental illness was curable. But in America, the decline of *moral therapy* was accelerated when local governments began requiring asylums to house "social deviants," referring to "criminals, alcoholics, violent persons, paupers, chronic patients" and "large numbers of recent immigrants (the term *foreign*

insane pauperism was used almost as a diagnostic category)” as well as people who were genuinely *mentally ill* (p.165). This misuse of asylums made carrying out the peaceful and orderly practices of *humane treatment* untenable. American local governments seemed to have forced the regression of the asylum environment back into something akin to the environment of a prison.

Though Sprafkin (1977) says that the demise of *moral therapy* in America was complete by end of the Civil War (May 13, 1865), in 1884, only 20 years after the Civil War ended, John Dewey published “The New Psychology” in *Andover Review* (Hildebrand, 2021) and his *Lectures on Psychological Ethics* in 1898 (Brinkmann, 2011), confirming himself as a voice in the psychology field. In 1899, Dewey became the eighth president of the American Psychological Association (Brinkmann, 2011, p.305; APA, n.d.). Between 1884 and 1949, according to a list compiled by Hildebrand (2021), Dewey published no less than 70 individual works on the nature of psychology, the mind, meaning, consciousness, thinking, habits, experience, and the self (Hildebrand, 2021; Brinkmann, 2011). Dewey believed that the self was social not individual and that the mind emerged from an individual’s environment, meaning the self is a “mind-body” constantly subject to modification by transacting in its milieu (Brinkmann, 2011, p.311). Though Pinel’s dream of the asylum as a therapeutic *city on a hill* that all societies could aspire to imitate might have died for Americans in 1865, Dewey’s ecological view on psychology carried Pinel’s underlying philosophy of mental health care well into the mid-twentieth century. Manifestations of *moral therapy* in the twentieth century included an expectation that patients are capable of “‘normal,’ responsible living” and reintegration into the community was anticipated (Sprafkin, 1977, p.165). These assumptions echo in Ruth Bader Ginsburg’s *Olmstead v. L. C.* decision opinion. Recall that she said, “institutional placement of

persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life” (*Olmstead v. L. C.*, 1999, p.600). *Moral therapy* is rooted in an assumption that recovery from mental illness is not only possible but likely under the right environmental conditions, which is an assumption that certainly did not die at the end of the Civil War; it continued with John Dewey’s philosophies, as will be explored in Chapter 4.

Pinel believed that there is a division in the mind of the *mad* that allows part of the mind to be subject to pathology and the other part to retain function, and that the *will* is member to the part of the mind that is left unaffected by brain pathogens (Huneman, 2017). While Pinel’s primary meaning of the descriptor *moral* in *moral therapy* was directed toward the empathetic morality of the professionals who treat those with mental illness (Weiner, 1992), it also pertains to the autonomy of the patient’s *will*. Earlier physicians had concentrated on the *mad*’s faulty judgment, errant reason, deranged imaginations, false beliefs, and *fixations* as symptoms of “epistemic pathology” and “moral pathology” (Huneman, 2017, p.151). Pinel rejected the idea that epistemic or moral faults caused mental illness, considering epistemic and moral faults to be subjective and socially normative (Huneman, 2017). Yet, he forbade patients to read religious material (*Pinel, Traité sur l’alienation mentale*, 1803). In 1803, *The Edinburgh Review* (*Pinel, Traité sur l’alienation mentale*, 1803) published a summary of Pinel’s opinion, demonstrating the international attention that Pinel’s ideas had attracted by the beginning of the nineteenth century. The summary said:

Insanity from excess of devotion, and from fanaticism, has been found extremely difficult of cure in France, as well as in the country. Dr. Pinel suggests a plan, which seems to deserve attention, where the situation will admit of it; to separate the fanatics from the

rest of the patients, and place them in a spot where they can be employed in agriculture; to excite them to work by some prospect of reward; to remove every object of religious worship from their sight; to engage them in philosophical pursuits; and to contrast the characters of ancient philosophers, or compare acts of humanity and patriotism with the ineffective piety and fanciful dreams of saints and hermits: in short, to suggest those things calculated to excite the imagination in a contrary direction to their chimerical notions. (p.166)

Pinel, whose career blossomed after the French Revolution (Foucault, 1965/1988), seems to have included his preferred social norms in his prescription for the imagination: a mentally healthy individual eschewed religion and was a productive citizen who was dedicated to the civic needs of France's newly formed and secular republic. It seems implied that Pinel viewed one's choice of reading – religious or philosophical – as an influence on that person's mental health. Pinel's secular bias in diagnosis is apparent and justifies Foucault's (1965/1988) insistence that mental illness is a social construct. However, Pinel did not use his normative standards to exclude but rather he pioneered methods to treat, reform, and reintegrate the *mentally ill*. Though Pinel hoped that *asylums* practicing *moral therapy* would develop norms that would be an exemplar of rationality for society, the lasting contribution of *moral therapy* has been the belief that individuals with SMI can recover, reintegrate, and be cared for in the context of their communities without isolating and restrictive treatments.

The Significance of the Soul and Self-help

Accepting the existence of a human soul (*psyche*) and using moral instruction as purification of the soul (*catharsis*) pre-date Christianity. Plato used the term *catharsis* to mean “a clearing away” of anything in the soul that would lend itself to the obstruction of learning

(Nussbaum, 1992 as cited in Solbakk, 2006a, p.57). For this reason, Plato abhorred poetry for “purveying unworthy moral and educational values and for engendering wayward emotional responses and illegitimate pleasure” (Crittenden, 1990, p.15). Plato believed in “universal truth and eternal moral goodness,” and so, to Plato, poetry was a lie (Crittenden, 1990, p.15). Plato espoused two kinds of virtue: virtue based on knowledge and insight and virtue attained through the habitual action of reaching for the ideal (Petrucci, 2017). Petrucci (2017) conveys that Plato felt that poetry did not aid in this habitual action and therefore did not better the individual nor the *polis* (the city-state). Plato held Athens up as having the potential to be the ideal state (Petrucci, 2017). Recall that Pinel’s intention in developing moral asylums was for those asylums to be a model of an ideal, orderly society and of the healing effect such a society would have on its most vulnerable populations. Pinel’s aspirations for the asylum mirror Plato’s aspirations for Athens.

Plato’s pupil, Aristotle, however, departed from Plato’s thinking about poetry, finding cathartic value in how poetry imitated truths about reality without being true to reality – what he called *mimesis* or literally, imitation (Crittenden, 1990). Plato prescribed cleansing for the soul to remedy two diseases: *wickedness* and *ignorance* (Solbakk, 2006a). In his exposition of Plato’s view of *catharsis*, Solbakk (2006a) explains that *catharsis* was the correction of a person’s false beliefs through cross-examination and was meant to cleanse the soul of both technical and willful ignorance. Plato’s *catharsis* was didactic dialogue, where Aristotle’s *catharsis* was mimetic drama. It seems that Aristotle had a greater regard than Plato did for the non-ideal states that human beings experience in life. Aristotle believed that the soul needed to be cleansed of negative emotions, namely *pity* and *fear* (Solbakk, 2006b). Aristotle felt that empathizing with

the characters in a drama allowed fear and pity to be aroused and then abated producing a cathartic effect:

Tragedy, then, is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form of action, not of narrative; through pity and fear effecting the proper purgation of these emotions. (Aristotle, ca. 350 B. C. E./1907, p.23)

These disparate visions of *catharsis* as an agent of healing for the soul -- one vision intellectual, the other emotional -- disrupt attempts to define bibliotherapy. In Chapter 1, I pointed out that rather than providing one cohesive concept of bibliotherapy that delineates its *inherent formative principles*, bibliotherapy researchers and practitioners have routinely fragmented its characterization along its three main uses: developmental, clinical, and creative. Characterizing bibliotherapy as developmental, clinical, and creative does not provide any knowledge that might resolve the disagreement about the moral value of poetry that began with Plato and Aristotle. Note that neither Plato nor Aristotle was discussing reading in his respective philosophy. Plato promoted didactic dialogue as the *catharsis* for wrong thinking and Aristotle promoted drama as the *catharsis* for strong emotions. The disagreement between Plato and Aristotle's philosophies comes down to the question of whether it is activities that are *aesthetic* or activities that are *efferent* that add value to a person's psychological well-being. *Aesthetic* to Aristotle roughly meant the pleasurable effect of poetic standards (Crittenden, 1990). *Efferent*, connoting instrumentality was not a term used by Plato; it was used by Louise M. Rosenblatt (1978/1994) in her Theory of Transactional Reading. Yet, the term *efferent* intimates a meaning equivalent to what Plato would have considered didactic and *true*. The *aesthetic-efferent*

continuum in reading is a subject that Louise M. Rosenblatt explored during her career, which will be fully explicated, along with the definition of *efferent* in Chapter 4.

Whether *aesthetic* or *efferent*, a literary depiction of moral resiliency in a text can qualify that text to be used within the context of *therapeia* (treatment or healing [Solbakk, 2006a]) and *catharsis* (clearing away, purification [Solbakk, 2006b]) for the soul. The text in Plato's *catharsis* was didactic and removed ignorance, while Aristotle's cathartic text was dramatic and removed negative emotions. However, Aristotle did not abandon himself to emotionalism. Remaining faithful to his teacher's moralism, Aristotle argued that the heroes of poems, or dramas, should be ethical, or morally developed (Crittenden, 1990). Core to the effectiveness of Aristotle's *mimesis* (meaning the poetic imitation of real life) was that poetry's characters exercised their *wills* and made "deliberate moral [choices]" (Crittenden, 1990, p.19). For Aristotle, a poem was only a tragedy when the circumstances of misfortune that befell a character were outside of their control and were not a result of faulty moral choices (Crittenden, 1990). In Aristotle's assessment of what makes for a tragedy, one sees that Aristotle did not shrink from making moral judgments in favor of a romantic notion of empathy, but did in fact, exhibit his own version of moralism.

Today, the genre most closely associated with moral decision making is self-help. Self-help is reminiscent of *moral therapy* due to its emphasis on making *deliberate moral choices*. Plato, Aristotle, and Pinel all promoted willful, moral actions as a therapeutic goal. Robert P. Sprafkin (1977) wrote that one characteristic of *moral therapy* (also called *moral treatment* or *humane treatment*) is "its use of educational methods for bringing about appropriate 'mental discipline,'" (p.161). Foucault (1965/1988) judges the *moral therapy* of the nineteenth century as unkind precisely because of its emphasis on mental discipline. Foucault (1965/1988) believes

moral therapy put an unrealistic expectation on individuals suffering with mental illness to simply learn to contain their symptoms via submission to rational instruction. Foucault (1965/1988) seems to have taken Pinel's meaning to be that with moral development the *insane* can make the choice to resist insanity and, in this way, be cured. Foucault (1965/1988) opines:

This then is the phase of abasement: presumptuously identified with the object of his delirium, the madman recognizes himself as in a mirror in this madness whose absurd pretensions he has denounced; his solid sovereignty as a subject dissolves in this object he has demystified by accepting it. He is now pitilessly observed by himself. And in the silence of those who represent reason, and who have done nothing but hold up the perilous mirror, he recognizes himself as objectively mad. (p.264)

Foucault's derision for *moral therapy* is in-line with what Cherry (2008) bemoans as the contradiction in the "ontology of self-help": that the reader is both the problem and the solution (p.337). Cherry (2008) criticizes self-help authors for implicitly promising that the act of reading the self-help text will, in itself, be helpful. According to Cherry (2008), self-help texts simply hold up the mirror (in Foucault's words) rather than helping the reader evoke a tangible benefit from anything intrinsic to the text.

It is possible that the self-help genre, which emerged in 1859 during the moralism of the Victorian Era with the publication of Samuel Smiles' *Self-help* ("Books and Art: On the Origin of Self-help," 2004), has been a carrier of one-half of *moral therapy's* intellectual sensibilities into the present day – the half that calls those experiencing SMI to reform their thought patterns and behaviors. Though Smiles can be seen as a pragmatist, having apparently adopted the pragmatists' values of experience and struggle ("Books and Art: On the Origin of Self-help,"

2004), Smiles may have been promoting the type of *individualist* concept of *self* that Dewey rejected, with Dewey's concept of *self* being thoroughly social according to Brinkmann (2011). The difference in concept between what Smiles seems to have meant by *self* and what Dewey meant by *self*, emphasizes the early origins of a philosophical rift in thinking on psychology – the rift between those who believe in a privately negotiated *self* and those who believe in a socially constructed *self*. In *moral therapy*, Pinel primarily called for the *environment* around the person with mental illness to be modified, suggesting that Pinel could have had a nascent philosophy of self-as-social.

Pinel began a centuries-long conversation about what social responsibilities a populace has to the *mentally ill* as well as what responsibilities the *mentally ill* have to society. This conversation continues to be relevant to twenty-first-century communities and public policies. On November 30, 2022 (the week this thesis research was coming to completion), *The New York Times* reported on a controversy sparked by New York City's mayor, Eric Adams, when he “announced an aggressive plan to involuntarily hospitalize people too ill to care for themselves” (Fitzsimmons & Newman, 2022). The plan, as reported, seems to target the city's homeless citizens, a population who have recently received a blanket accusation of criminality because of individual homeless perpetrators' select acts of violence being attributed to those perpetrators' untreated mental illnesses. The report states that “Mr. Adams has said that people with mental illness were largely responsible for an increase in crime in the subway, though most crimes overall are not committed by people who are unhoused, or mentally ill, and most mentally ill or homeless people are not violent” (Fitzsimmons & Newman, 2022, November 30). Though, according to Adams, most unhoused people and most mentally ill people are not responsible for crimes being committed in the city, homelessness and perceived mental illness is set to become a

pretext for detention, not only without the detainee receiving due process, but without judicial justification. Adams' proposed policy sounds eerily reminiscent of the policies described by Foucault (1965/1988) that were implemented in sixteenth-century France to clear *beggars* from the streets. The report quotes the chief executive of the National Alliance on Mental Illness of New York City, Matt Kudish, who said about the proposed policy: "Instead of using the least restrictive approach, we are defaulting to an extreme that takes away basic human rights" (Fitzsimmons & Newman, 2022, November 30). Adams' policy could scapegoat those experiencing SMI, and the policy could be perceived as a ruse that gives the appearance of addressing the social ills of deficient public health systems, poverty, and crime, while, in actuality, it will only result in an unnecessary disruption to the personal sovereignty of unhoused people.

The news report also acknowledges that this plan will be complicated to execute because "after a decades-long deinstitutionalization push that closed thousands of psychiatric hospital beds, and the loss of more beds during the pandemic, the city finds itself with a chronic bed shortage" and that "simply finding providers of outpatient psychiatric care, essential to breaking the cycle of hospitalization and jail that so many people with mental illness wind up in, is difficult" (Fitzsimmons & Newman, 2022, November 30). The problem of inadequate access to care that is a factor in homelessness will not be overcome by Adams' policy; instead, by flooding the system with involuntary help-seekers, the policy will create more hurdles to access care for both the housed and unhoused New Yorkers who experience SMI.

Another concern expressed in the article is that it is beyond the scope of police officers, who would be tasked with carrying out Adams' policy, to assess psychopathology as would be required to fulfill the plan's objectives (Fitzsimmons & Newman, 2022, November 30). This

report exemplifies that the need for a broad network of help-givers who are able to provide community-based care within the scope, capacity, and objectives of their professions is as salient today as it was in 1975, when the United States Supreme Court decriminalized SMI, and in 1999, when freedom of movement and community association became civil rights for the *mentally ill* under the Americans with Disabilities Act. Yet, those civil rights do come with the caveat of the individuals with SMI being able to care for themselves with the help of friends or family members and the support of the network of available community care (*O'Connor v. Donaldson*, 1975). Help-givers in community settings can only contribute to ensuring the rights, humane treatment, and adequate care of individuals with SMI if those help-givers can operationalize non-clinical interventions that are appropriate for them to implement, like bibliotherapy.

Significance to Bibliotherapy Research

Contextualizing bibliotherapy within the historical evolution of psychiatry and psychology should give help-givers a general understanding of the ambiguities, contradictions, and mysteries that have made -- and continue to make -- the treatment of SMI a difficult and ongoing experiment. This historical context also corrects the presumption that bibliotherapy originated in psychodynamic theories. The philosophy behind bibliotherapy predates psychodynamic theories by at least one century if its origin is traced back to Pinel's *moral therapy*. The philosophy behind bibliotherapy predates psychodynamic theories by two millennia if its origin is traced back to Plato and Aristotle's theories that *catharsis* is a *clearing away* of the obstacles to virtue and deliberate moral action within the soul.

Finally, because bibliotherapy has a possible function as an instigator of *deliberate moral action* it can be a factor in self-care and self-management of SMI symptoms. This self-discipline inducing function situates bibliotherapy as kindred to the medical and philosophical practice

models that pushed trends in SMI treatment away from confinement and to community-based care. However, as seen in the provided history of *moral therapy*, any proclaimed function of bibliotherapy is subject to, and limited by, *bibliotherapists'* prejudices -- specifically, prejudices about man's relationship to society, the locus of mental illness, moral action, and belief in a metaphysical soul. If it is presupposed that bibliotherapy is a *moral therapy* and that it does have the cathartic properties attributed to texts, its function might be to help individuals with SMI recover rationality, attain resocialization, and develop habits of moral action that help them live self-reliantly.

Chapter Three: Solution

Bibliotherapy is a term that historically has been applied to the attempts of experts to harness the cathartic effect of reading as a moral treatment for serious mental illness (SMI). Due to the range of possibilities for moral *catharsis* presented by reading, bibliotherapy should be conceptualized with as few constraints as possible. Due to breadth of ways that *catharsis* might reorder the mind toward rationality, sociability, and moral action, bibliotherapy should be operationalized with specificity, and tailored to the needs of individual helping situations. Because SMI is itself ambiguous, the problem of operationalizing bibliotherapy in the helping professions requires a solution that allows help-givers to learn and to problem solve while they plan bibliotherapy interventions. Adopting pragmatic epistemology, I assume that learning and problem solving happen fluidly during action taking; therefore, my research design is founded on the assumption that positivism and interpretivism should be used as complementary ways of knowing. I hypothesize that help-givers can learn about bibliotherapy and solve problems related to designing bibliotherapy interventions as they exercise decision making, which is inherent to the writing process.

In the writing process, the task related to learning is *inquiry* and the task related to problem solving is *invention*. These tasks are knowledge generative, leading to progressive accuracy in assessing problems and taking actions. This fluid process of interdependent learning and problem solving requires a jumping off point for questioning and interpreting what is observed. I will explore how a theoretical model can act as a heuristic for investigation (*inquiry*) and decision making (*invention*) as help-givers plan bibliotherapy interventions. I see research value in circumventing the strictures of empirical data in the short term for the sake of getting started on an intervention that can be fine-tuned and validated for reliability in the long run as

initial questions are answered, leading to more insightful questions and more precise implementation that could produce replicable results.

The Argument for a Theory-based Model

Bibliotherapy seems like a contextualized, *therapeutic process* (Hofmann, 2022) in the helping professions comprising two types of rhetorical situation, i.e., a discourse between a helper and a help-seeker and a *lived-through experience* (Rosenblatt, 1978/1994) between a reader and a text regarding meaning. Plainly, in any bibliotherapy session, both communication theory and reading theory apply because both communication and reading processes are occurring. A theory-based model that focuses on bibliotherapy as a contextualized, therapeutic process comprising at least two rhetorical situations will enable writers in the helping professions to generate knowledge about bibliotherapy that is needed to design interventions that promote wellness, recovery, and social reintegration for individuals who have been isolated by symptoms of mental ill health. Note that a contextualized process can best be described as a *total situation* – a concept to be explored fully in Chapter 4.

Criteria

1. A model of bibliotherapy will help writers in the helping professions *conceptualize* bibliotherapy.
2. A model of bibliotherapy will help writers in the helping professions *operationalize* bibliotherapy.
3. A model of bibliotherapy will allow writers to *inquire* about profession-specific bibliotherapy situations.
4. A model of bibliotherapy will allow writers to *invent* planning documents that represent profession-specific bibliotherapy situations.

5. A model of bibliotherapy will help answer important *contextual questions* (i.e., scope of practice, genre, etc.) that allow for appropriate intervention design.
6. A model of bibliotherapy will help writers *reflect on knowledge generated* by each iteration of their intervention delivery.
7. A model of bibliotherapy will be representative of established reading theory and communication theory.

Thesis Statement

Because bibliotherapy is a *total situation*, a model that has grounding in existing *transactional* theories of reading and communication will best conceptualize the dynamic operations of bibliotherapy as a heuristic for writers' inquiry and invention.

Thesis Audiences

1. Writers creating texts to be used in bibliotherapy
2. Writers who work in community organizations and are designing interventions
3. Help-givers who want to facilitate bibliotherapy interventions in small groups of two (including the help-giver) or more participants
4. Managers who want to use bibliotherapy to promote mental health and cohesion in their workplaces
5. Ministers who want to use bibliotherapy in a community care ministry
6. Teachers who want to incorporate bibliotherapy into their curricula
7. Researchers who would like to design studies that observe bibliotherapy

Throughout this research, when not referred to as *help-givers*, the thesis audiences will be referred to collectively as *professional writers* to emphasize the nature of writing in the professions, which is that though an individual's position might not be explicitly described as a

writing position, the duties of the position require the individual to be a writer. This terminology is also meant to differentiate the audience members' primary roles as help-givers in their professions from their roles as writers as an incidental part of their professions' objectives. The focus of this research is instances where help-givers are operating as *professional writers* to accomplish the task of intervention design.

A Pragmatic Methodology for a Heuristic Model

Empirical grounding has had limited, if any, usefulness in helping individual professionals to design effective bibliotherapy interventions. Bibliotherapy involves reading, which is what Latham (2014) calls a *transactional experience*. Bibliotherapy involves communication, which is also *transactional*, according to pioneering communication theorist, Dean C. Barnlund (1970), meaning that bibliotherapy is a dynamic phenomenon and eludes the “Cartesian, or mechanistic, view of the universe” that undergirds empirical discovery (p.43). Through the work of Goran Goldkuhl and his various co-authors, multi-grounded action research (MGAR) has progressively evolved from grounded theory and aims to improve upon the weaknesses of pure empirical research (Goldkuhl & Cronholm, 2010). MGAR is the natural companion methodology for professional writers to use with a transactional model of bibliotherapy while they inquire and invent interventions. To observe bibliotherapy and make decisions about bibliotherapy intervention design, one must use a framework of *knowledge generation* (Goldkuhl et al., 2020), as opposed to one whose goal is the discovery of causalities, a benchmark that MGAR meets.

Because a model of bibliotherapy should be *knowledge generative* it should be designed to “replicate function” and “the forces that comprise the system and establish the direction, volatility, and relations of their influence” (Barnlund, 1970). Like Barnlund, Louise M.

Rosenblatt (1978/1994), an educator well-known for her pragmatic contribution to reader-response theory, expresses negativity toward “Cartesian dualism” (p.180). She describes the epistemological assumptions of her reading theory, saying that “truly pragmatist, my theory seeks to answer problems encountered in actual practice and evaluates solutions according to their implications or consequences for real life” (Rosenblatt 1978/1994, p.180). Goldkuhl et al. (2020), in their work conceptualizing the knowledge and process models of multi-grounded action research (MGAR), say that theirs is “practical theory” for “pragmatic inquiry” (p.130). Barnlund, Rosenblatt, and Goldkuhl, Cronholm, and Lind have developed ways of knowing in their respective fields that are purposefully constructed to serve practitioners with scaffolding for their skills rather than to provide researchers with controllable variables.

While making an argument for his own effort to visualize a model of communication, Barnlund (1970) critiqued empirical methods of studying communication saying:

When social scientists try to isolate and order all of the elements of a complex event – that is when they approach such a system analytically – the results are often unmanageable. As Ashby has observed, “If we take such a system to pieces, we find we cannot reassemble it!” (p.45)

Barnlund believed that models are heuristic. Barnlund (1970) asserts, “to this must be added the heuristic or clarifying advantage of the model...at a single glance, and with great transparency, the assumptions and properties of a new theoretical position, thus stimulating the study of alternate approaches” (p.46). Following Barnlund’s logic, this research will pursue an alternate approach from what is currently available to professional writers as they pursue knowledge of bibliotherapy. I hypothesize that a model, as a heuristic, can enable professional writers to tailor their interventions to the specific needs of their professions, their community-based care

organizations, and their help-seekers. In Chapter 5, worksheets are provided to guide professional writers in how they can easily answer conceptual questions about bibliotherapy and make educated speculations about what a successful bibliotherapy intervention would look like in their individualized contexts. Goldkuhl et al. (2020) call this type of modeling an “instrumental theory” -- one that is “considered useful for situational inquiry” (p.137). This *situational inquiry* will inform help-givers’ practical problem solving and allow them to write interventions in a way that acknowledges the complex and dynamic nature of bibliotherapy as a phenomenon that arises out of reading and communication processes.

MGAR is specified for situations that require specific solutions to general problems, rather than the empirical approach of applying general solutions to specific problems (Goldkuhl et al., 2020). Writing for bibliotherapy interventions is a general problem, but the solution to that problem will look slightly different according to the needs of each community organization's users. Rosenblatt (1978/1994) describes a *poem* as “an open-mesh ... whose total shape and pattern changes as any one part is pulled or loosened” (p.76). She exhorts readers to use self-awareness and to critique one's own interpretation of a text, all the while pursuing a sense of consensus with other readers based on a range of valid interpretations and adequate readings, as opposed to identical readings. Rosenblatt’s heuristic approach to hermeneutics in literature is analogous to how professional writers should approach situational inquiry and invention with openness to reiterations and revisions of their intervention plans.

Multi-grounding Steps and Conceptual Refinement Questions

For the professional writer, MGAR is a process of experimentation that mirrors the writing process. This cohesion between a selected experimental methodology and the writing process is important because the professional writer fills multiple roles in his or her profession.

These roles involve both experimental product invention and writing invention. When the help-giver acting as a writer engages the writing process, a written work is not the end product of their labor -- a thoughtfully designed, effective intervention is the target deliverable.

To understand multi-grounded action research (MGAR), an introduction to its evolution is necessary. MGAR is the culmination of incremental improvements on grounded theory, multi-grounded theory, and action research methodologies. Goldkuhl et al. (2020) give an exposition of the differences between grounded, multi-grounded, and MGAR modalities. MGAR emerged from design science and is used in information systems and social science research (Goldkuhl et al., 2020). MGAR seems to marry empiricism with interpretivism to gather data on phenomena that would have been difficult to analyze in the past, allowing for accelerated learning and innovation. Rather than following grounded theories empirical protocol that requires entering observation *tabula rasa*, MGAR uses data to build on established knowledge, using extant theories as a point of departure for new, or emerging, theories (Goldkuhl et al., 2020). The phrasing *multi-grounded* gives insight into the core assumption of researchers who use MGAR: that grounding an assertion of knowing on only one source of knowledge is flimsy and impractical. Goldkuhl and Cronholm (2010) argue that grounding an assumption of knowledge on multiple ways of knowing is more likely to yield cumulative and useful insight into phenomena. Goldkuhl and Cronholm (2010), in their work on multi-grounded theory (their methodology's first evolution toward multi-grounded action research), promote grounding a theory in existing theories, in empirical data, and in the "explicit congruence within the theory itself (between elements of the theory) – internal grounding" (p.192). The greatest benefit that Goldkuhl and Cronholm (2010) claim multi-grounding provides is that it creates a dialectic

between what is already known and what is being observed; it focuses one's first research questions and encourages a commitment to recursively producing even better questions.

In the same way that MGAR marries empiricism with interpretivism, true to its dialectic formulation, MGAR employs both inductive and *abductive* reasoning (Goldkuhl et al., 2020). In laymen's terms, abductive reasoning is the type of reasoning that people use every day to give a "best explanation" for what happens around them (Douven, 2021). Douven (2021) explains that abductive reasoning is best at providing a "probable approximate truth," and in science it is more useful in helping researchers select the best hypothesis from among many than it is in verifying a hypothesis. True to this explanation, Goldkuhl et al. (2020), define abductive reasoning as "the integration of previous theoretical knowledge and new experience" where "the aim is to reach a congruent and coherent theoretical outcome" (p.129). Abductive reasoning is an answer to Goldkuhl and Cronholm's (2010) complaint that inductive studies promote "unfocused" data collection because they lack "explicit research question[s] that [support] and [govern] you in data collection" (p.190). Abductive reasoning is what allows all people to make practical decisions throughout the day with an openness to adjusting their courses of action upon receiving new and more accurate information. Multi-grounded theories are theories based in both inductive and abductive reasoning; these theories are supposed solutions to real problems that can only be empirically proven by putting the theory into action, which is why Goldkuhl's *multi-grounded theory* evolved into multi-grounded *action* research.

Putting the theory into action fosters what Goldkuhl et al. (2020) refer to as "local knowledge," or situation-specific knowledge (p.138). The descriptor *emerging* accurately conveys that MGAR researchers accept their new theories as provisional. In effect, MGAR employs heuristic tactics. Heuristics are employed when a solution framework is known to be

imperfect but is used because of its helpfulness in short term decision making (Giegerenzer & Gaissmaier, 2011). Giegerenzer & Gaissmaier (2011) sum up heuristics as “strategies that ignore information to make decisions faster, more frugally, and/or more accurately than more complex methods” (p.454). Heuristics seem to be provisional conclusions to the hypotheticals that abductive reasoning selects out of all possible explanations of phenomena in a situation. The benefit of a heuristic is that when it is used iteratively not only does it allow for an immediate solution, but it also is able to be refined and made more accurate to the user’s experience with each evolution. Using an imperfect, knowledge generative model avoids the stalling in design and implementation that occurs in typical grounded theorizing when dealing with questions and problems in dynamic situations (Goldkuhl et al., 2020) such as transactional phenomena, which bibliotherapy seems to be.

It is noteworthy that current definitions and categorizations of bibliotherapy could be perceived as abductive. Because there are so many variables that occur in the transactional experiences of communication and reading, an inductive process of observation that does not consider the cumulative knowledge of existing communication and reading theories is anecdotal at best. For example, the authors of a recent study that sought to prove causality between personally relevant reading (*identification*) and remission of depression and anxiety symptoms during COVID lockdowns, asserted that regardless of the prevalent lack of sufficient evidence to support bibliotherapy’s efficacy, bibliotherapy’s “zero harm” makes it worth delivering as a therapy (Stip et al., 2020, p.3). Such acceptance of bibliotherapy’s practicality, conveyed through anecdotal evidence, has allowed bibliotherapy research to persist despite its detractors. Empirical data gathered piecemeal from a multiplicity of disparate situations must begin to be balanced

against existing theories for a coherent vision of bibliotherapy to develop. Such a coherent vision would be both pragmatic for community implementation and reliable for scientific research.

Goldkuhl et al. (2020) state: “designing should be considered as an iterative process with recurrent testing in real settings” (p.127). The iterative process in action research contains “five generic phases (diagnosing, action planning, action taking, evaluating, specifying learning)” (Goldkuhl et al., 2020, p.125). The invention-reflection cycle that in MGAR is called *iterative*, writers refer to as recursive; it is pragmatic in essence and originates in Dewey’s *reflective thinking* steps (see Chapter 4). As professional writers reflect on knowledge gained in each iteration of intervention delivery, they are recursively writing a more appropriate, more accurate, and more beneficial bibliotherapy intervention for their help-seekers. MGAR allows for the development of entirely innovative interventions by leaning on existing knowledge about dynamic, general situations, while promoting method departures that advance each help-giver’s unique purpose.

Multi-grounded theory has contributed conceptual questions to the MGAR methodology. The multi-grounded conceptual refinement questions will help bring the emerging model of bibliotherapy into focus and can be used by professional writers as inquiry questions when preparing to invent a bibliotherapy intervention proposal; these questions should also be used to anchor reflection between intervention iterations. According to Goldkuhl and Cronholm (2010), the conceptual refinement questions are:

What is it?: content determination

Where does it exist?: determination or ontological position

What is the context of it?: determination of context and related phenomena

What is the function of it?: determination of functions and purposes

What is the origin of it?: determination of origin and emergence

How do we speak about it?: determination of language use. (p.195)

During inquiry, invention, reflection, and revision (reiteration), a model can be used as an overlay on a situation so that the professional writer can hypothesize the answers to these conceptual questions as a heuristic for immediate decision making on intervention design choices. While acknowledging that the model might be an incomplete picture of bibliotherapy as a phenomenon, it is useful for decision making in real life. A transactional model, as a heuristic, can be a useful starting place for a professional writer to design a new bibliotherapy intervention and then improve that intervention's success over time by recursively making better design choices according to real results and the reported quality of help-seekers' experiences.

Chapter Four: An Emerging Model of Bibliotherapy

Multi-grounded action research (MGAR) begins with *abductive reasoning*, which has been defined in Chapter 3 as a form of reasoning that ascertains the *probable approximate truth* in a given situation. A *probable approximate truth* alone is not grounds for a theory; it must be “confronted” by existing knowledge in a process that Goldkuhl and Cronholm (2010) call *theoretical matching* (p.197). There are seven probable approximate truths that have been accepted in this research, which can be put into two groups. The first group of probable approximate truths is that bibliotherapy is a *total situation*, it is *transactional*, and it depends on both *reading* and *communication processes*. The preceding four aspects of bibliotherapy are presumed to be bibliotherapy’s *inherent formative principles*, meaning that a heuristic model based on existing transactional theories of reading and communication will best conceptualize the dynamic operations of bibliotherapy for writers’ inquiry and invention. The second group of probable approximate truths is that bibliotherapy’s *inherent formative principles* are universally applicable to bibliotherapy regardless of cultural and professional context, and therefore, help-givers can engage the writing process recursively to solve problems in their profession using bibliotherapy interventions while simultaneously addressing the current deficiencies in scholarly definitions of bibliotherapy.

The functional difference between the two groups of probable approximate truths is that the first group of abductively ascertained truths can be grounded in *extant theories* through theoretical matching while the second group will need empirical grounding. This chapter is dedicated to grounding the proposed (*emerging*) model of bibliotherapy in extant transactional theories and to examining the internal logic of the model (*internal grounding*). These two tasks -- theoretical matching and internal grounding -- give a tentative basis for validating the emerging

model and justify enacting the model as a solution to the identified problem in the helping professions. The extant theories that ground the emerging model of bibliotherapy are Louise M. Rosenblatt's Transactional Theory of Reading and Dean C. Barnlund's Transactional Model of Communication. Empirical grounding will not be established in this research but could be established through future research if data could be collected on help-givers' self-reported experiences with using the heuristic model for their intervention design.

Theoretical Matching

Dewey's Transactional Terminology

John Dewey (1859 – 1952) was a humanist philosopher most known as an educator, who also influenced the fields of literary theory, communication studies, and psychology, among other sectors of society. John Dewey's pragmatism is the epistemological basis for each component of the emerging model of bibliotherapy. The theoretical components of the emerging model are Louise M. Rosenblatt's Transactional Theory of Reading and Dean C. Barnlund's Transactional Model of Communication. Along with the fields that Dewey is most known for impacting, Dixon (2019) gives an exposition of Dewey's importance to the contemporary study of "design-based knowledge production" (p.5). Generating knowledge of bibliotherapy through design is one domain of interest in this research, as expressed through the inclusion of MGAR methodology. MGAR's theoretical match to Dewey's pragmatism is as important as Rosenblatt and Barnlund's match to the emerging model's theoretical framework. Without a Deweyan methodology, the internal logic of a Deweyan model might be more difficult to bring into focus for the model's future users. This section presents Deweyan definitions of the emerging model's core concepts. This background is meant to frame and add depth to Rosenblatt and Barnlund's use of these core concepts. The core concepts are *experience, situation, inquiry, reflective*

thinking, aesthetic, meaning, and moral, which all relate to each other within a construct Dewey called *transaction*.

Dewey's pragmatism is an epistemology that perceives knowledge and knowing as social, ecological, and non-dualistic. While describing Dewey's logic, Gregory Fernando Pappas (2016) notes the difficulty in defining Dewey's terms because of how tightly meshed his ideas of the *qualitative, experience, situation, and reflection* are. Dewey believed knowing is qualitatively experienced and only cognitive in retrospect via *reflective thinking*, according to Pappas' (2016) recounting. Pappas (2016) sums up Dewey's view of the *situation* as "the qualitative field in which thinking occurs" (p.437). According to Dewey, knowledge is an experience subjectively evoked from situations during the process of inquiry, and inquiry is engaged in by the experiencer to resolve ambivalence in the environment (Pappas, 2016). Dewey rejected strict objectivism, believing that entities are not privately defined by inherent properties but are instead defined by their relationships to their changing environments (Brinkmann, 2011). However, Dewey conceded that *situations* have *qualities* that are so pervasive that those qualities make the situation identifiable (Dewey, 1939/1981). Dewey (1939/1981) describes *quality* as a *unity* that is "neither emotional, practical, nor intellectual, for these terms name distinctions that reflection can make within it" (p.556). *Reflection* is human thinking; here, Dewey is saying that a *quality* is something that occurs in a situation before a subject thinks about it or subjects it to *inquiry*.

When Dewey uses the term *qualitative*, he is referring to perception. Dewey (1906/1981) stated in opposition to objectivism that:

[P]erception and observation cannot guarantee knowledge in its honorific sense (science); that the peculiar differentia of scientific knowledge is a constancy, a universality, and necessity that contrast at every point with perceptual data, and that

indispensably require the function of conception. In short, *qualitative transformation of facts* (data of perception), not their mechanical subtraction and recombination, is the difference between scientific and perceptual knowledge. Here the problem that emerges is, of course, the significance of perception and of conception in respect to experience. (p.196)

This paragraph quotation summarizes Dewey's pragmatism. In this quote, one sees Dewey's skepticism about observation yielding objective, empirical fact, and his belief that the *qualities* of an observed entity are only truly knowable when those qualities are conceived of in relationship to the situation in which they are being experienced. Dewey would object to my use of the term *inherent formative principles*, which is the objective counterpart of the subjective term *qualities*. While *knowing* (conceptualization) is experienced and situational, operationalization is more practically accomplished through a tentative yielding to objectivism (*abductive reasoning*).

According to Stroud (2014), Dewey perceived time as being a continuum where the past and future occur fluidly and bidirectionally, meeting momentarily in present experiences. This time perception seems to influence Dewey's principle of a *means-ends continuum* (Stroud, 2014). *Means* and *ends* describe the ways individuals engage their environment and the experiences that result. Dewey does not separate means and ends linearly, which is a philosophical move that might be the best explanation of Dewey's term *transaction*. It can be deduced that according to Dewey's logic, experiences are transactional because the past occurrences and future potential of a total situation are simultaneously being engaged by participants using attentiveness, inquiry, and reflection. One obstacle to be overcome in a situation is the "indeterminacy" of the quality of the situation (Pappas, 2016, p.450). In other

words, individuals engage in *inquiry* to identify what quality defines a situation. Pappas (2016) describes Dewey's *inquiry* as how individuals differentiate the qualities and relationships in a situated experience.

The quality that Dewey associated with the highest moral good was the *aesthetic* (Stroud, 2014). According to Dewey, the term *aesthetic* is not tied to art but rather to an attitude toward one's environment (Stroud, 2014). Dewey viewed the aesthetic as "excellent experiences" that are meaningful based on the "subject's rapt attention to a gripping object or situation" (Stroud, 2014, p.34). In Dewey's philosophy, *art* is not an object nor a normative standard but an expression that uses *media* as a means to grapple with and overcome one's environment (Stroud, 2014). Dewey's concept of the aesthetic life is a life that is directed by habits of intentional engagement with the present – *aesthetic* is not the quality of the object but a quality of the subject's way of paying attention (Stroud, 2014).

Dewey believed that every person must struggle with obstacles in the environment and that *growth* is the result of encountering and subduing such obstacles (Stroud, 2014). Dewey's definition of *meaning* and *morality* are connected to his concept of aesthetic engagement with one's environment, with *meaning* being derived from struggle with the environment and *growth* being the moral end of such experience (Stroud, 2014). According to Mark Uffleman (2011), the continual process of growth is Dewey's conception of what is morally good. Dewey's notion of the aesthetic is reminiscent of Aristotle's argument for *poetry* as a moral instigator through cathartic *mimesis*. The key to each philosophy is the quality of attention that an individual applies to their situation and the deliberate actions that proceed from such intentional attitudes. Stroud (2014) writes about Dewey's *Outlines of a Critical Theory of Ethics* published in 1891, saying that Dewey "... made the point that the aesthetic or the artful can encompass most of life.

Given the right amount of skill, life could become the supreme art practiced by the living creature” (p.39).

As a pragmatist, Dewey was most concerned with *teleology*. While *ontology* relates to an object’s existence as can be described in basic terms, *teleology* is the identification of the substance of an object by its “natural purpose, end, or function” (Robinson, 2021). In other words, an object’s teleology is what it does. Here the enigma of Dewey’s concept of the *means-ends continuum* can be more clearly understood. For Dewey, what an object does is determined by the totality of ways that the object does it – a thing’s function is not independent of a thing’s functioning. Dewey calls this *habit*. Brinkmann (2011) gives a summary of Dewey’s philosophy of habits in three points: “habits are function, which means they concern *doings* ... habits are acquired rather than biologically hardwired ... habits demand an environment in order to function, which means they are contextually determined” (p.307). One can see Goldkuhl and Cronholm’s (2010) *conceptual refinement questions* in Dewey’s concept of habit (see Table 5.2 in Chapter 5, which lists the *conceptual refinement questions*, and their tentative answers as relates to bibliotherapy).

In his contribution to *Practicing Pragmatist Aesthetics*, Stroud (2014) explains “Dewey’s aesthetic theory” (p.34), which was based on a hope that progress was possible – a belief that is termed *meliorism* (Bloeser & Stahl, 2022). Stroud (2014) intimately connects Dewey’s aesthetic theory to “habits of attention and action with the goal of creating better qualities in experience” (p.34). To Dewey, one’s habits, particularly *habits of attention*, are not only *doings* or *means*, but they are also the *end of aesthetic experience*, which is *growth*. Habits of attention are among the primary focuses of Louise M. Rosenblatt’s Transactional Theory of Reading -- along with focuses on the recovery of the reader in literary theory and text-guided reader-response.

Transactional Theory of Reading: Louise M. Rosenblatt

Louise M. Rosenblatt (1904 – 2005) was a twentieth-century English educator who was instrumental in introducing Dewey’s transactional philosophy to literary theory (Connell, 2008). Her Transactional Theory of Reading fits within the parameters of reader-response theories. According to Connell (2008), Rosenblatt’s concern was the role of the reader in meaning-making. Rosenblatt accepted Dewey’s proposition that “meaning is located in human practices – in other words, it is a human construction based on communication, cooperative action, and community relations” (Connell, 2008). For meaning-making to be transactional, it must be dynamic, and each *entity* involved in the situation must be changeable (as opposed to *stable*) (Connell, 2008). Recall that Dewey’s epistemology is social, ecological, and non-dualistic. Rosenblatt (1978/1994) states as a philosophical premise of her view of reading that “to see man as separate from his environment, being affected by it, or affecting it, does not do justice to the ecological process, in which man and his environment are part of a total situation” (p.18). The contention that Rosenblatt adopts from Dewey about the relationships between entities in a situation is that communication, meaning-making, and knowing are not products of *interaction* but are products of *transaction* (Connell, 2008; Rosenblatt, 1969). Effects are not produced by one entity creating a change in another; rather all entities in a situation create changes in each other.

Rosenblatt (1978/1994) refers to her approach to textual interpretation as “pragmatist transactionalism” (p.185). Rosenblatt (1969) states that her intention in contributing a “model” of reading to literary theory was to capture “the whole reading spectrum, aesthetic and non-aesthetic, advanced and elementary” (p.31). Rosenblatt’s goal in creating a model of reading is the same goal being attended to in this research for bibliotherapy: to capture in a model the entire

potentiality of bibliotherapy as relates to its real-life range, quality, and dimension, rather than to only some of its ideal-typical facets. Rosenblatt's model provides a way to conceptualize how the experience of inquiry results in meaning-making and the effect that that experience has on the entities involved in the *transaction*. Rosenblatt (1969) presents the reader's experience as a process of taking cues from the text, developing tentative interpretations, and revising those interpretations as the text narrows the field of possible meanings. Rosenblatt (1969) calls the reader's task "trial-and-error," and says that it requires the reader to allow his or her initial interpretations to be "modified or rejected as more and more of the text [is] deciphered" (p.37). This is a reflective process that requires the reader to be active and attentive to what the text is *evoking* in him or her (Rosenblatt, 1969).

The entities in Rosenblatt's *transaction* are the reader and the text. The experience that emerges through the *transaction* between reader and text is the *poem*. In *The Reader, the Text, and the Poem*, Rosenblatt (1978/1994) defines a poem as being different from the text and even from the author's intended meaning. Rosenblatt (1978/1994) expresses a belief that literary critics could never adequately piece together the author's intended meaning because the internal states of the author change over the course of the author's writing process. The text, even while being authored, is not a static artifact. Rosenblatt (1978/1994) goes so far as to say even the author's own commentary on a text is not sufficient to recall the author's original intended meaning. In making this argument against the primacy of a fixed meaning determined by the author, Rosenblatt (1978/1994) reinforces her view that reading is transactional, and it is meaningful because it is an experience that the reader lives through in conjunction with all other participants of the text's situation.

Rosenblatt (1978/1994) considers an *aesthetic reading* to be one where the reader is attentive and reflective, “‘listening to’ himself” and “‘what he is living through during his relationship with a particular text” (p.25). Remember that according to Stroud (2014), Dewey’s belief about the *aesthetic* is that it is the highest moral good, it is made up of *excellent experiences*, and it is both the means and end of “rapt attention” toward one’s environment (p.34). Inquiry is seen in this process. As the reader reflectively attends to a problem in his environment, namely ignorance of how to interpret the text, he lives through the aesthetic as an interpretive *transaction*. In contrast, Rosenblatt (1978/1994) cites the Latin meaning of *efferre* as being “to carry away” and states that *effereant reading* focuses on “what will be retained after the reading” (p.184). This *carrying away* is in opposition to a reader attending to what is experienced during the reading. The *means-ends continuum* translates to the Transactional Theory of Reading as the *aesthetic-effereant continuum* – a continuum of experienced-now to experienced-later-because-of-now.

Though Rosenblatt reacted against an epoch in literary criticism that had ignored the role of the reader to an extent that the human aspect (Flynn, 2007) of reading had become distorted, she also opposed “impressionism” (Rosenblatt, 1978/1994, p.101), in which the reader draws on cultural referents that cannot logically be evoked from the semantics of the text. In analyzing Rosenblatt’s impact on reader-response theories, Elizabeth A. Flynn (2007) relayed that Rosenblatt recognized that “the reader has a responsibility to attempt to be true to [the text]” (p.55). Rosenblatt set constraints on her reader-response theory because she saw that to ignore the symbolic cues of the text would be to eliminate the text from the reading *transaction* (Flynn, 2007). The constraints that Rosenblatt set are intended to guide the reader toward a *valid interpretation* (Rosenblatt, 1978/1994). The two constraints are “that the reader’s interpretation

not be contradicted by any element of the text, and that nothing be projected for which there is not verbal basis” (Rosenblatt, 1978/1994, p.115). Rosenblatt (1978/1994) instructs readers to pay attention to their responses to the text, be self-aware, reflect on potential meanings, and revise possible interpretations according to the text’s guidance.

Rosenblatt is recognized as an influence on the study of bibliotherapy (Jack & Ronan, 2008). In the updated preface to *The Reader, the Text, and the Poem*, Rosenblatt (1978/1994) highlights that she has been considered by her intellectual peers to have provided “the theoretical framework or hypotheses for a number of studies of response, bibliotherapy, and teaching methods” (p.xii). However, Rosenblatt was cautious about the application of her reading theory to psychology. She recognized that her work in education caused her to stay apprised to, and be influenced by, contemporary movements in social science and psychology, but she stated with certainty, “I am not presenting a psychology of literature, nor am I applying a particular set of psychological doctrines – such as psychoanalytic formulae – to reading” (Rosenblatt, 1978/1994, p.xiii).

Rosenblatt (1978/1994) thought of bibliotherapy as “the use of texts by trained people in psychological counselling and treatment” (p.152). Rosenblatt’s assumption that bibliotherapy is for counselling and treatment is a perspective that displays the weakness in bibliotherapy’s taxonomy, which is that there is misunderstanding about the habits involved in bibliotherapy’s *total situation* (see Figure 4.5, p.97). Though bibliotherapy is a mental health intervention, the habits, or the *doings*, of bibliotherapy situations are literary interpretation and critical evaluation of the text through discussion -- the habits of bibliotherapy are not those qualitatively belonging to counselling and treatment situations. Rosenblatt (1978/1994) alludes to the *doings* that inhabit situations by referencing *methodology* in the following quote:

Reports of success in the use of literary works in psychological therapy have in some instances been offered as empirical verifications of my earlier published views on the personal, experiential nature of the literary transaction. My point is simply that the use of literary works for the purpose of studying personality or for therapeutic purposes presents many methodological hazards. And it should be clearly differentiated from literary interpretation and criticism. (p.152)

Unfortunately, Rosenblatt misunderstood that the methodology of bibliotherapy is not personality study, it is literary interpretation and criticism. However, given that psychology practices have changed since Rosenblatt published *The Reader, the Text, and the Poem* in 1978, it could be that common bibliotherapy habits have had opportunity to change in tandem with the change in the psychology field's habits. Today, current psychology habits are trending toward process-based therapy and are beginning to condemn what is called the "latent disease model" (Hofmann, 2022, p.581) that was habitual in the 1970s, as medicalization dominated the psychology field (Taylor, 2009). It is likely that similar changes have occurred among communities of practitioners who utilize bibliotherapy. Yet, the assessment remains that identifying bibliotherapy with the habits of psychology is not qualitatively viable. Also, the point of differentiation between reading and bibliotherapy does not appear to be based in their habits, because their habits are the same.

Rosenblatt correctly recognized that *conceptualizing* bibliotherapy as a reading *transaction* is not enough to *operationalize* it with clarity for psychology and psychiatry situations. Yet, in her written warning not to conflate reading with psychotherapy Rosenblatt violates her own theory. She separates the text (literary works) from the experience (therapeutic in quality) from the reader (the personality) rather than keeping the three entities in *transaction*.

She also does not mention where the evoked *poem* is situated in bibliotherapy, which leaves an impression that Rosenblatt is either identifying the poem and bibliotherapy as the same experience or leaving one of the experiences out of her idea of bibliotherapy. Though her response can be judged as reactive to an insinuation that literary *transaction* belongs to the psychology discipline, her perceivable impulse to guard the concept of reading as a lived-through, aesthetic experience from being subsumed into another human-centered discipline seems reasonable. Rosenblatt makes it clear that she is describing a theory of all texts and all approaches to reading not a theory of some texts and therapeutic approaches to reading. Generally, Rosenblatt's work does seem to move the concept of reading and literary criticism toward a transcendence of the structural boundaries that academia has put around the disciplines (Flynn, 2007); yet it seems that Rosenblatt felt compelled to insist that reading is *reading* -- it is ontologically not psychotherapy because it is *teleologically* not psychotherapy.

Recall from Chapter 1 that Lucy Warner's (1980) accusation against bibliotherapy was that it "elevates a pleasurable pastime or release of feelings to the ranks of therapy" (p.107). Warner's comment and Rosenblatt's concern reveal how damaging to the concept of bibliotherapy it is to misunderstand psychology and psychiatry's complex history and multiple streams of practice. The necessity of a *release of feelings* that clears the obstacles from the *psyche* that would inhibit *deliberate moral action*, including self-cultivation and social responsibility, is the foundational assumption of treating serious mental illness (SMI), as discussed in Chapter 2. According to Dewey's conception of *transaction*, all experiences have moral value when attended to aesthetically because such experiences bring about the highest human good (*morality*), which is *growth*.

As expounded in Chapter 2, the moral action component of the aesthetic via *catharsis* (release of feelings) was proposed by Aristotle. Yet, it is important to note that Aristotle was speaking about the therapeutic value of poetry not poetry as *therapeia*. Returning to the *inherent formative principles* of bibliotherapy that were proposed in Chapter 1, one sees that the transactional perspective is vital to an understanding of bibliotherapy but a transactional perspective on reading is not enough to differentiate bibliotherapy from reading. There is more to reading's *total situation* than just reading. Bibliotherapy is unique from reading because it also depends on interpersonal communication processes that accomplish a specific set of goals. There is a set of *lived-through experiences* that happen in bibliotherapy's total situation that include but are not limited to evoking a poem.

Transactional Model of Communication: Dean C. Barnlund

Dean C. Barnlund (1920 – 1992) is best known for his contributions to theories of intercultural communication, yet his early work focused on “interpersonal communication, small group behavior, and leadership” (Bennett, 2012, p.785). Barnlund (1954) was a pragmatist who insisted that communication theories should reflect real life interactions not assumptions of what makes for ideal communication. Like Rosenblatt did in literary theory, Barnlund adopted Dewey's transactional theory as the foundation for his understanding of communication. Barnlund (1970) emphasizes Deweyan themes like the dynamism of situations, the primacy of experience, and that meaning is evoked from an environment based on a manner of attentiveness. In Barnlund's work, the role of dynamism in transactional theories is easily understood. Barnlund (1954) explains that *dynamic* means that “each individual's relationship to other members of the group is constantly changing” (p.9). Communication exists in a milieu where social causes and consequences emerge rather than progenerate.

Barnlund (1952) also illuminates *reflective thinking* (inquiry) as a concept when he describes it in the group discussion context describing *reflective thinking* as a “scientific attitude” that is “intellectually curious about your environment, to be critical in judgment, and tentative in drawing conclusions” (p.87). True to Dewey’s ecological perspective, Barnlund (1952) sees the problems that groups solve as “an emotional tension, a dissatisfaction, a ‘troubled, perplexed’ state” within a situation that is converted into a problem statement through *reflective thinking*. Barnlund (1952) teaches that problems do not exist outside of situations but within them and that the first task of any group is to become attuned to the situation together. Each group member’s perceptual experience within the environment brings unique potential to the group’s inquiry, problem statement, and solution proposals.

Barnlund contributes seven *postulates* on communication as a process. First, he says that “communication describes the evolution of meaning” (p.47). Barnlund (1970) believed that nothing outside of humans has inherent meaning, but that through communication “meaning is invented” (p.47). Barnlund (1970) says that an individual “invents and attributes meanings to realize his purposes” (p.47). He states that “it is the production of meaning rather than the production of messages that identifies communication” (Barnlund, 1970, p.48). The claim that experience arises from engaging obstacles in one’s environment through attention and inquiry is apparent in Barnlund’s first postulate. The emphasis on *realizing one’s own purposes* points to Dewey’s moral theory, which prioritized on-going self-cultivation as an outcome of meaning-making (Uffelmann, 2011). Self-cultivation is a “private dimension of ethics” (Uffelmann, 2011, p.325). The private, ethical drive toward self-cultivation (*growth*) being the purpose that drives communication gives rise to tension because communication is not simply an exchange of objective, verbalized ideas (*messages*), but it is a combination of private and public *transactions*.

The self and its private drives are in *transaction* with a public situation where each entity present also has private drives that are part of the meaning-making milieu. Barnlund (1970) says that communication occurs as “self-to-environment, self-to-self, and self-to-other” (p.53). This contributes to the second postulate discussed above -- that “communication is dynamic” (Barnlund, 1970, p.48). Thirdly, “communication is continuous,” meaning that it is “not a thing, nor even a discrete act, but a continuing condition of life” (p.48). Barnlund (1970) compares communication to homeostasis, equilibrium, and balance, conveying that communication is the perpetual manner of engagement with which humans continually negotiate with their environments, including the people, objects, and circumstances that make up their situations. One can sense an acknowledgement of the struggle to *become* an individual in Barnlund’s description of communication. Uffelmann (2011) describes Dewey’s “dynamic view of the moral self” saying that “self-cultivation is context sensitive” and that “the self’s growth is a dynamic transactional unfolding, a process that takes account of both the self and the changing natural and social environment” (p.333). Communication is continuous because it is integral to self-understanding, growth, and actualization. In this way, communication takes on a developmental aspect and seems to be inevitable and essential to human experience. Barnlund’s first three postulates together establish that humans bestow meaning onto the objects in their environments, that the conditions for meaning-making (*communication*) are continually subject to change, and that the communication process does not have beginning and ending points.

The fourth postulate that Barnlund (1970) asserts is that “communication is circular” (p.49). The descriptor *circular* is in direct opposition to the descriptor *linear*. *Circular* means that communication does not proceed through a linear process of a message being encoded by a sender, sent to a receiver, and then decoded by that receiver. Barnlund’s (1970) main issue with

the described linear model of communication is that it creates a misconception that communication is “causal” or that “a sender causes, by means of a message, certain effects in a receiver” (p. 49). Such an *interaction* is antithetical to the transactional view. Barnlund (1970) envisioned a model of communication that captures the “interdependence and circularity of encoding and decoding processes” (p.51).

Barnlund (1970) also asserted that “communication is unrepeatable” (p.51). This fourth communication postulate betrays Barnlund’s assumptions about psychology. Barnlund (1970) observes that the environmental cues that elicit a response from an individual are never the exact same twice, and that the individual’s response to those cues would not be exactly the same in subsequent instances of simulation. Barnlund (1970) relates this *unrepeatability* to the stability of personality. He says that there is a degree of “rigidity” that the one’s personality requires “to maintain itself in encounters with reality” (p.51). Barnlund (1970) comments on “healthy human behavior” saying that “modification rather than repeatability is inherent in the human organism” (p.51). Barnlund (1970) asserted that “personality disturbance” is actually a matter of “communicative negligence,” saying:

The nature of this negligence is intimated in what a British psychiatrist has called “The Law of the Total Situation.” To the extent that a person is unable to respond to the total situation – because he denies critical cues from the environment, distorts verbal or non-verbal cues from the opposite person, fails to revise inappropriate assumptions regarding time and place – to that extent will it be difficult, or impossible, for him to construct meanings that allow him to function in productive and satisfying ways. (p.60)

Barnlund’s emphasis on social functioning will be a pivotal insight into the goals of help-givers and help-seekers who engage in bibliotherapy. It is noteworthy that the language Barnlund

uses to describe “personality disturbances” places responsibility of social functioning on the person experiencing mental illness. His words here exemplify both the harshness and wisdom of *moral therapy* as described by Michel Foucault (1965/1988). Recall that Foucault denigrated what was thought to be the “humane method” (Weiner, 1992, p.725) pioneered by Philippe Pinel by pointing out its unrealistic expectation for the *mentally ill* to manufacture rationality out of irrationality through willpower. Barnlund seems to define mental health by a demonstrable rationality in how one attends to and responds to his or her environment, a perspective that aligns with Dewey’s overall theory of transaction as well as with the socially determined demands of *moral therapy*.

Barnlund’s fifth postulate relates to time. It is that “communication is irreversible” (Barnlund, 1970, p.51). Communication is circular but not cyclical; so, while the flow of communication in a situation recycles, the *doing* of communication cannot be returned. Once a person is transformed by the experience of a situation that person is never the same as before that experience. Though communication is not causal, its effects are permanent. Dewey showed a similar flexibility toward time in his philosophies, calling *means* and *ends* a continuum. The *means-ends continuum* that Dewey suggested (Stroud, 2014) gives the sense of a milieu where prior knowledge causes experiencers to predict and modify intended environmental engagement even before any action is taken (Wunsch, 2008). Likewise, Rosenblatt (1978/1994) emphasizes the *substance* that readers bring with them to texts, which is an accumulation of their past experiences. *Substance* is a philosophical term dating back to its first use by Aristotle to differentiate (*differentiae*) one thing from another (Robinson, 2021). By using the term *substance*, Rosenblatt is highlighting that each evoked poem is a moment in time in connection to the uniqueness and changeability of each reader. The simultaneous relevance of past, present,

and future pervades transactional theories. Regardless of the effort that transactional theorists put into constructing a non-objective concept of the world, time demands a degree of objectivity and separation between subject, object, and environment. Acknowledging this particularity somewhat, Barnlund's (1970) final postulate is that "communication is complex" (p.52).

Barnlund (1970) says of communication's complexity:

There is communication with self, with the physical environment; there is communication with others in face-to-face, organizational, and societal contexts. The drives that require communication for their fulfillment stretch all the way from overcoming physical and psychological isolation through the resolution of differences, to catharsis and personality reorganization. (p.52)

Dewey put forward that individuals' experiences of the world are *evoked* from the strategies that they use to inquire into and solve tensions that arise within their situations. Barnlund seems to broadly categorize those strategies of attention and engagement as communication.

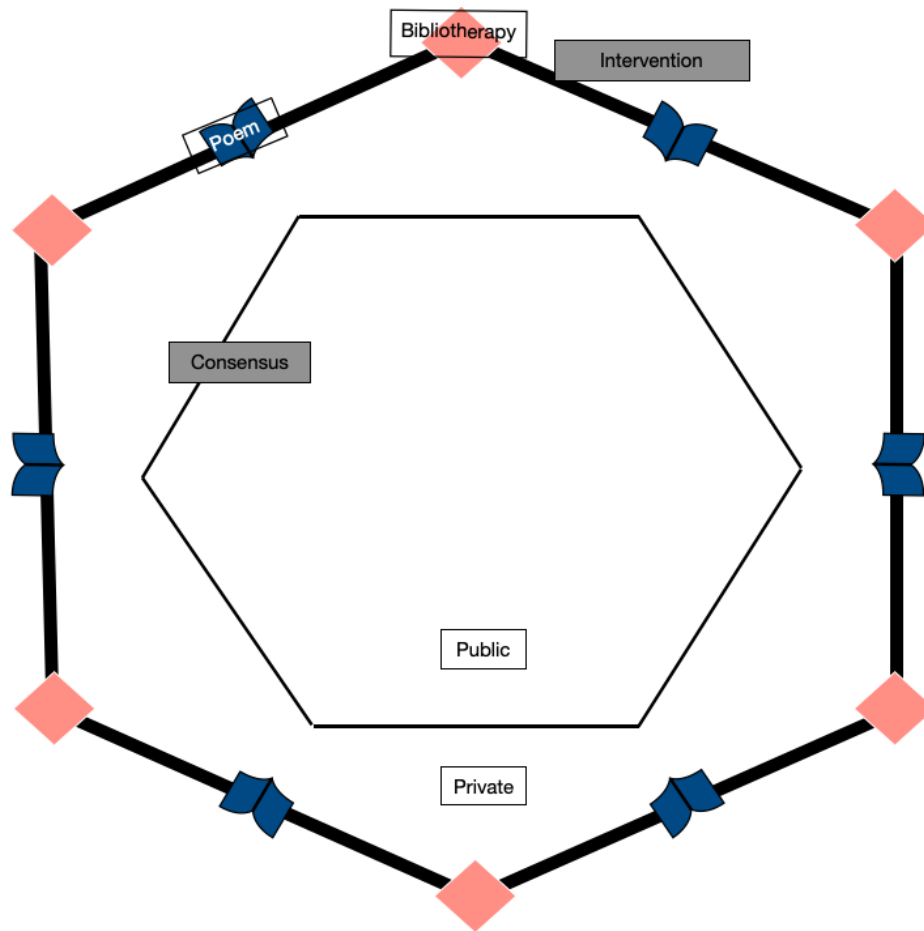
It is noteworthy that nothing in Barnlund's transactional model suggests that communication must be dialogue. Plato's proposal on *catharsis* depended on dialogue as the preferred method of clearing away wickedness or ignorance from the soul (see Chapter 2). Barnlund's conceptualization of communication is *aesthetic* in that all modes of attention and response to the environment are communicative and transformational in nature, which is a more Aristotelian perspective of *catharsis* (see Chapter 2). However, the cooperative strategies involved in small group decision-making do demand dialogue. This demand for dialogue means that Platonic *catharsis*, which clears anti-social obstacles from the soul, is de facto an aspect of the specific situation presented by group environments.

Though Barnlund's model of communication does not demand that communication be verbal, it does emphasize that communication is inherently social. As discussed in Chapter 2, *mental illness* has historically been a social construct in the service of greater social needs for orderliness, causing rationality and morality to converge gratuitously. Though transactional theories favor subjectivism, they continue to objectively measure morality by degrees of rationality in how one interprets environmental cues and by the degree to which those interpretations are deemed valid by the society.

Internal Grounding

Situation vs. Experience

Bibliotherapy is an experience *evoked* from the dynamic communication involved in intentional shared reading activities. Rosenblatt (1978/1994) says a *poem* is a *lived-through experience* evoked from a text; bibliotherapy is a *lived-through experience* evoked from a situation where a group endeavors to interpret a text. An experience is not a situation. An experience is the result of an individual's quality of attention and inquiry towards the environment within a situation. Recall Pappas' (2016) commentary that Dewey defined the *situation* as "the qualitative field in which thinking occurs" (p.437). In bibliotherapy, the situation is a mental health *intervention* facilitated by a help-giver for the benefit of a help-seeker. The *quality* that most pervades the situation is the quality of being an intervention. With the proper attention paid to the environment of the situation, awareness of tension within the situation, and inquiry strategies applied to resolve that tension, an *aesthetic* experience that can yield *growth* becomes available to the intervention's readers. The intervention's readers are the help-giver and the help-seeker(s).

Figure 4.1*The Situation, the Environment, and the Experiences*

Note. This figure depicts the environment in which bibliotherapy is experienced. There are private and public environments within this situation. Public environments contain stimuli that can be sensed by all readers. Private environments contain stimuli and experiences that cannot be sensed by all readers, due to limited access to the stimuli or because the stimuli are internal. The defining quality of the total situation is that it is an intervention, therefore the figure's outer boundary is labeled *intervention*. The defining quality of the public environment within the total situation is that a group gathers in this situation for the sake of reaching *consensus* on the possible interpretations of a text. The *poem* and *bibliotherapy* are experiences in the situation.

Figure 4.1 (see p.81) shows the intervention situation. *Intervention* is the *quality* that defines the situation as unique from other situations. The inner hexagon shows the realm of the environment that is shared by all the participants: the public environment. The public environment contains *cues* (environmental stimuli) that can be perceived by all participants. The outer hexagon shows the realm of the environment that is private to each reader. The private realm includes intrapersonal cues such as one reader's responses to his or her own feelings and thoughts (Barnlund, 1970).

In Figure 4.1, the black line that creates the boundary around the inner hexagon is the extent of the public environment, or the realm of shared stimuli. This inner boundary is *consensus* (consensus will be discussed further in the description of Figure 4.3, see p.91). The black line that creates the boundary around the outer hexagon is the quality of the situation. The quality that defines this situation is *intervention* – above all else, this situation is an intervention. Again, Dewey's definition of a *situation* is *the quality of the field of thinking* (Pappas, 2016). Though the *quality of the field of thinking* in this situation is *intervention* for all participants, the cues within the situation are attended to differently and so the experience in the intervention situation is private to each reader.

Notice that bibliotherapy (pink diamond icon) and the poem (blue book icon) exist partly outside the intervention boundary of the situation. Personal *growth* (the moral residue of aesthetic experience) extends out beyond an individual situation. The nature of *transaction* is irreversible; once a participant has experienced bibliotherapy and the poem through *transaction*, the resulting growth is permanent and transcends the time-space of a single intervention situation.

The obstacle in the environment of a bibliotherapy intervention, that must be overcome, is a lack of consensus. Through the group's struggle toward consensus, bibliotherapeutic experience can arise for members of the group dependent on each member's attitude and attention to the task. The purpose of interpreting a text in a group is the difficulty in the exercise of trying to negotiate a consensus on the possible meanings of the text. This task requires *inquiry* (text interpretation) to resolve the *ambiguities* (lack of consensus) in the environment and creates conditions for *reflection* (assigning and reassigning meanings to cues). The group members attend to the cues in the situation and engage the reflective thinking process in response to the challenge of consensus building, and this becomes the *lived-through experience* of the poem and bibliotherapy.

In Figure 4.1, the blue book icons and the pink diamond icons are the evoked experiences – the poem and bibliotherapy respectively. This figure is assuming that each reader evokes a unique and personal poem and a unique and personal bibliotherapy experience even though the inquiry into the text is conducted together. (Six readers are represented in the model; see Figure 4.5 on p.97.) I contend that the poem and bibliotherapy are separate experiences that are evoked from the intervention situation. The poem is the “mesh” of meaning deliberated from the text, which is made of “flexible strands that hold a certain relationship to one another” (Rosenblatt, 1978/1994, p.76). Rosenblatt (1978/1994) affirms that there are never identical evocations of a poem – remember, even the same reader will evoke a different poem each time a single text is read. Help-seekers experience a private poem even though the *inquiry* (text interpretation) is engaged in a public situation with shared cues. Bibliotherapy cannot be controlled by the intervention facilitator because it is a matter of private meaning. Yet, bibliotherapy is evoked through transactional communication. The transactional nature of bibliotherapy dictates that

while the bibliotherapy facilitator cannot control whether bibliotherapy is evoked, the facilitator does influence the reader's evocation of bibliotherapy. The help-giver who facilitates the intervention is a unique reader in the situation because he or she designs the situation, which gives him or her special access to public cues. Barnlund (1970) says that public cues exist in the situation before the participants enter the environment. For the help-seekers this environmental pre-existence is true of the public cues, but for the help-giver it is not.

Textual Guidance vs. Reader Substance

According to Rosenblatt (1978/1994), the transactional nature of reading means that the text influences the reader, and the reader influences the text (this *transaction* is visualized in Figure 4.2, see 87). The text does not *interact* with the reader by causing meanings to be affected in the reader; the reader is in *transaction* with the text. The reader receives cues about meaning from the text and gives meaning to the text from the reader's own *substance*. However, Rosenblatt (1978/1994) is clear that textual interpretation must be guided by the text. While Rosenblatt (1978/1994) says that transactional reading does not prioritize an "ideal reading" (p.121), transactional reading does honor the role of the text in the reading and demands an "adequate reading" (p.129) or "acceptable reading" (p.125). An adequate reading is guided by attention to "the actual signs of the text and [is] not to impose meanings for which the text offers no valid basis" (pp.125-126). To read adequately means to decode the semantics and mechanics of the text correctly in their textual context without ignoring "set[s] of symbols" that might contradict the reader's immediate meaning attribution (Rosenblatt, 1978/1994, p.129). Along with an *adequate reading*, a reader must observe the rules of "validity of interpretation" (Rosenblatt, 1978/1994, p.183).

It is noteworthy that Dewey's concept of struggling with an environment to experience meaning through the reflective process of inquiry requires that a transactional view of reading constrain the freedom of the reader's response. *Struggling* generally describes Dewey's concept of *action* in an environment; the habitual action in reading situations is to be guided by the text. In reading, the environmental cues are the symbols in the text. To be guided by the text is a core *habit* of transactional reading that the reader exercises; another core habit is reader "self-awareness" (Rosenblatt, 1978/1994, p.147). If a reader simply indulges their own fixations and imposes meanings on environmental cues, the reader has remained situated in private cognitive fantasies and avoided struggle; thus, the reader has resisted *transaction*, in favor of remaining isolated from the environment that the text offers. The *substance* that the reader brings to the text and the personal nature of how a reader pays attention to the text does not replace the text within the *transaction*. Readers must self-monitor their handling of the text with "intelligent interrogation of [their] habits of attention" as Stroud (2014) wrote in his exposition of Dewey's aesthetic theory (p.34).

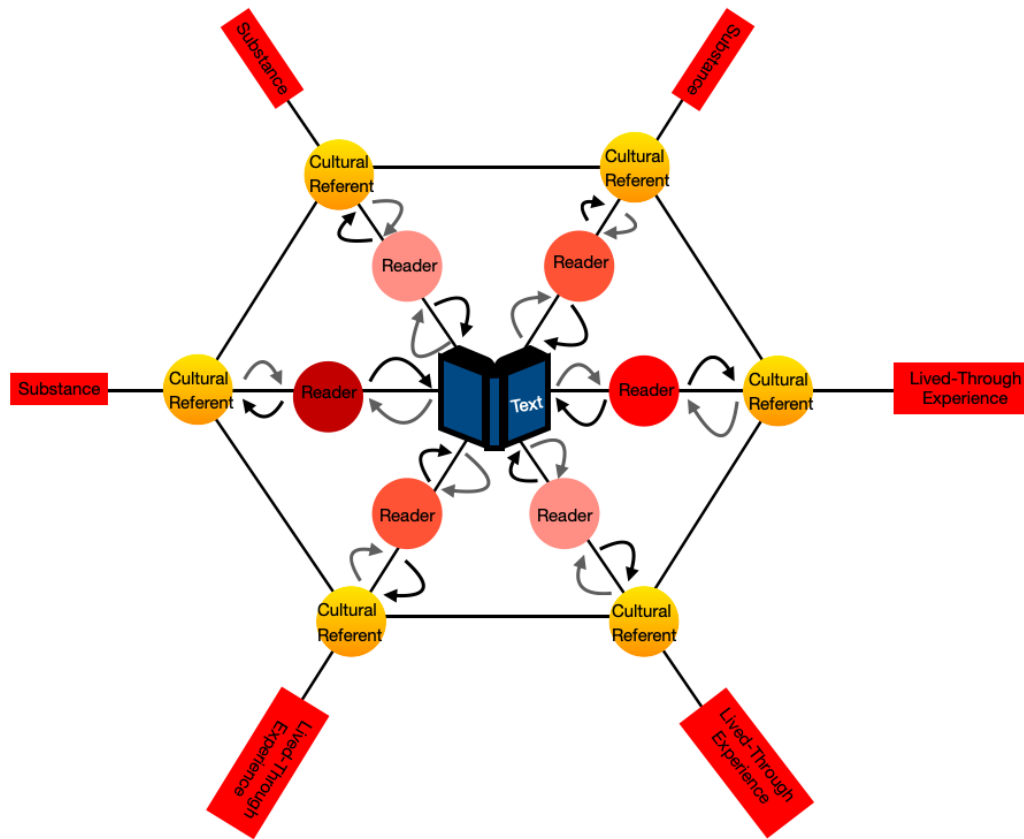
The *substance* of the reader refers to the reader's history and what prior knowledge, bank of experiences, exposure to culture, literacy skills, and habits that reader has acquired over time. Each reader brings a different quality of *substance* to the text, which impacts the reader's *transaction* with the text. From the reader's *substance*, the reader draws cultural referents to assign meaning to the cues (symbols) in the text. Rosenblatt (1978/1994) emphasizes the importance of reader *substance* by describing a reader who cannot relate to the emotional content of *Othello* saying:

What after all, is the reader describing as he talks about a literary work of art? Has he not drawn on his own inner resources to create the experience designated as the poem or

novel or play? ... if he cannot out of his own past experiences with life and language, no matter how paltry they may seem to him, find the substance for responding ... there will be for him no ode, no *Othello*. (p.28)

Here one sees Aristotle's *mimesis*, in that the mirroring between real life and the text is the vein that connects the meaning of the text's symbols to an actual truth for the reader. The meaning, the truth, and the morality of the text is dependent on the *substance* of the reader.

According to Rosenblatt's (1978/1994) Transactional Theory of Reading, the reader's *substance* contains a bank of linguistic knowledge as well as social and cultural knowledge. These personal, cognitively conceived knowledge domains hold the *referents* that the text's symbols cause the reader to recall while reading. The *cultural referents* that are personal to the *substance* of the reader provide the means by which the reader changes the text in *transaction*. The text's symbols evoke in the reader a reference to something that the reader already knows and in response the reader impresses this reference on the symbol as its meaning. However, as the reader reads further along in the text, the original references that the reader drew on to create meaning might have to be adjusted as the guidance of the text narrows the field of semantically viable references. Rosenblatt (1978/1994) says that "just as a language system provides both flexibility and limitation, so the text which offers the blueprint for a literary work of art offers both openness and control" (p.168). The semantic limitations of language constrain the possible meanings that the reader can impose on the text from the available cultural referents. As Figure 4.2 shows, cultural referents are partially private and partially public, and they can reside on the cusp of consensus while still being understood in a somewhat individual way.

Figure 4.2*Communication Between the Reader, the Text, and the Referents*

Note. Each reader brings *substance* into the situation. That *substance* is the reader's prior knowledge and abilities that help the reader interpret the text. The text gives cues to the reader in the form of symbols, represented by the gray arrows from text to readers. The reader recalls a cultural referent in response to the text's cue, represented by the black arrows from readers to cultural referents. The cultural referent then gives the reader a sense of possible meaning to the text's cues, represented by the gray arrows from cultural referents to readers. The reader tentatively assigns the meaning of the cultural referent to the text's symbols, represented by the black arrows from the readers to the text. The readers' attentiveness to this communication between the text, themselves, and their personal bank of cultural referents are *lived-through experiences*.

Habits of Attention: Interpretation as Intervention

As depicted in Figure 4.1, the boundary that constrains a situation and gives it the qualitative nature of being bibliotherapy is *intervention*. Bibliotherapy is an intervention. The strategy of the intervention is that the help-givers model and guide the help-seekers in *habits* that include *adequacy of reading* and *valid interpretation* of a selected text. *Adequacy of reading* refers to accurately decoding the text, while *valid interpretation* refers to selecting cultural referents and associated meanings that are reasonably related to the text's symbols semantically (Rosenblatt, 1978/1994). Early conceptualizations of SMI involved a belief that mental images could become fixating and distorted, thus leading to delusions (Foucault, 1965/1988). One of reading's earliest uses as a mental health intervention was to replace a mind's distorted fixations with better images (Foucault, 1965/1988).

Reading was also used in *moral therapy* as entertainment for *inmates* in asylums (Galt, 1853). John Galt (1853), a physician in a Virginia asylum in the mid-nineteenth century quoted his peer, a man named Georget, who said about reading, "the ideas or passions of a patient should never be excited in the direction of his delusions" (p.582). Yet overall, Galt (1853) expresses a feeling that there are few instances in which patients' reading needs "supervision" (p.582). Galt (1853) does, however, warn in his essay titled, *On the Reading, Recreation, and Amusements of the Insane* that "sometimes patients read and search the Bible to find passages to substantiate their delusions" (p.584). Though Galt (1853) presents the inquiry involved in directed patient reading as being a matter of text choice, the underlying challenge in bibliotherapy is the interpretation of the symbols read, not the content of the text. Jack and Ronan (2008) relay the story of William C. Menninger and his attempts at conducting bibliotherapy through a hospital library. He attempted to tightly control ("prescribe") book

choice for bibliotherapy interventions, with the result being that he alienated the hospital librarian from having any significant role in the intervention (Jack & Ronan, 2008). Text selection has yet to be proven as a productive locus for conceptualizing, or operationalizing, bibliotherapy.

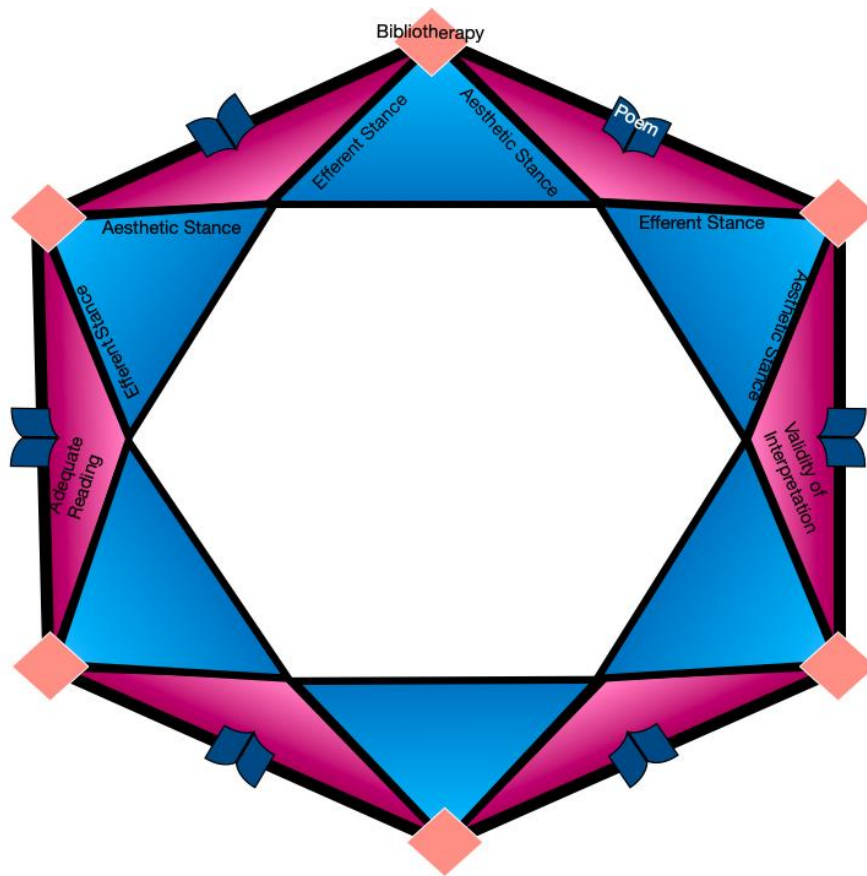
When reading is considered a *transaction*, the impact of the text cannot extend past the *substance* of the reader. Also, the impact of the text is determined by the interpretative attitudes and attention of the reader. Further, the bibliotherapy readers' interpretive attitudes and attention are mitigated or amplified by the standards of interpretation that the bibliotherapy facilitator enforces while building consensus on the text's meaning. Throughout the literature on bibliotherapy, there is a preoccupation with text choice, or reading selection. Differentiating bibliotherapy from self-help and personal development genres has also been a concern, as was explored in Chapter 1 of this research. However, the required skill of the help-giver who facilitates a bibliotherapy intervention is the ability to direct a group discussion in an ethical manner, while democratically weeding out reader responses that are inadequate and invalid and reinforcing reader responses that are semantically viable. It is not the choice of text that matters in bibliotherapy, but the choice of *inquiry* strategies engaged in and the habits of meaning-making that are established as normative within the situation.

In Figure 4.2 the reader is situated between the cultural referents available to that reader and the symbols of the text, and the reader shuttles cues between the two. But a reader's spatial position between the referents and the symbols does not alone determine how that reader will interact with the two. Rosenblatt (1978/1994) describes the reader's *stance* as being either *aesthetic* or *efferent* (see Figure 4.3, p.91). The text itself is not inherently *aesthetic* (experiential) or *efferent* (instrumental), but rather the reader's stance is *aesthetic* or *efferent*. The reader's

approach to the text and the reader's approach to referent selection makes the *poem* according to Rosenblatt (1978/1994). For this reason, the readers' stances, attitudes, and approaches to interpretation – their *habits* in reading situations -- should be the target that the help-giver aims to influence during a bibliotherapy intervention. The central habits of a bibliotherapy intervention are qualitatively the tasks of literary interpretation. This literary quality implies that these *habits* are not the habits of psychological counselling or psychiatric treatment, which means that all help-givers can implement bibliotherapy interventions within their scopes of practice.

Figure 4.3

The Private Environment, Stances, and Habits



Note. This figure shows the private environment where the group's inquiry into the text's meaning takes place. The cobalt blue triangles labeled *efferent stance* and *aesthetic stance* represent the possible attitudes that a reader can engage as attention is given to the text's symbols. Whether a *poem* or *bibliotherapy* is evoked in the environment depends on the quality of attitude and attention (*stance*) that the reader applies. In *bibliotherapy*, the help-giver's role is to ensure the group conducts an *adequate reading* of the text and that the group constructs a *valid interpretation* of the text as consensus on the text's meaning is being built. An *adequate reading* and a *valid interpretation* are *habits* that act as constraints on the help-seekers' attention.

Small Group Inquiry vs. Individual Evocation

Bibliotherapy happens in a group and is inherently formed by communication processes, which is visualized in Figure 4.4 (see p.96). Paul Cobley (2008) identifies the Latin word *communicare* as being the root of the term *communication*, with *communicare* meaning “‘to share’ or ‘to be in relation with’” (p.1). At minimum a group sharing the bibliotherapy intervention will be a dyad between the help-giver and the help-seeker. Because bibliotherapy is a small group communication event, Barnlund’s (1952) tasks for small group discussion apply. Barnlund (1952) applies Dewey’s *reflective thinking* to the group dynamics of discussion groups as a series of “mental skills” (p.88). Barnlund (1952) lists these mental skills (equivalent to *habits* or *doings*) as being:

1. The “ability to recognize and formulate a problem” (p.88)
2. The “ability to analyze problem situations” (p.90)
3. The “ability to discover and interpret evidence” (p.91)
4. The “ability to suggest solutions” (p.92)
5. The “ability to judge solutions in terms of social consequences.” (p.92)

Compare these mental skills to Dewey’s *reflective thinking*, who describes his phases as:

- (a) experienced problem, (b) localizing and defining the problem, (c) suggestion of possible solution, (d) reasoning that develops the wider meaning of the suggestion, (e) further observation and experiment that leads to acceptance or rejection of the suggested solution. (Dewey, 1910/1991, p.72 as cited in Brinkmann, 2011, p.308)

Where Dewey’s *reflective thinking* phases are intra-personal, Barnlund (1952) has adapted them to suit the habits of communication in small groups. (See Chapter 3 to compare the action research steps to Dewey and Barnlund’s versions of *reflective thinking*.)

Barnlund (1970) says that participants engage in communication “to reduce ambiguity in the situation” (p.59). Most groups are designated for professional or personal purposes that have pre-set contextual ambiguities (problems) to resolve – the ambiguities do not simply emerge from a situation the way that every-day ambiguities do for individuals. Bibliotherapy is a group situation that is intentionally formed with a pre-set agenda, namely reaching consensus on the meaning of an intentionally selected artificial cue. Presumably, if all members of a discussion group collaborate in exercising Barnlund’s (1952) skills in a situation, their *transaction* generates a unique, collaborative *experience* and opportunity for *growth*. One task of the help-giver as *professional writer* is to craft an agenda that will safe-guard a collegial atmosphere in the intervention environment.

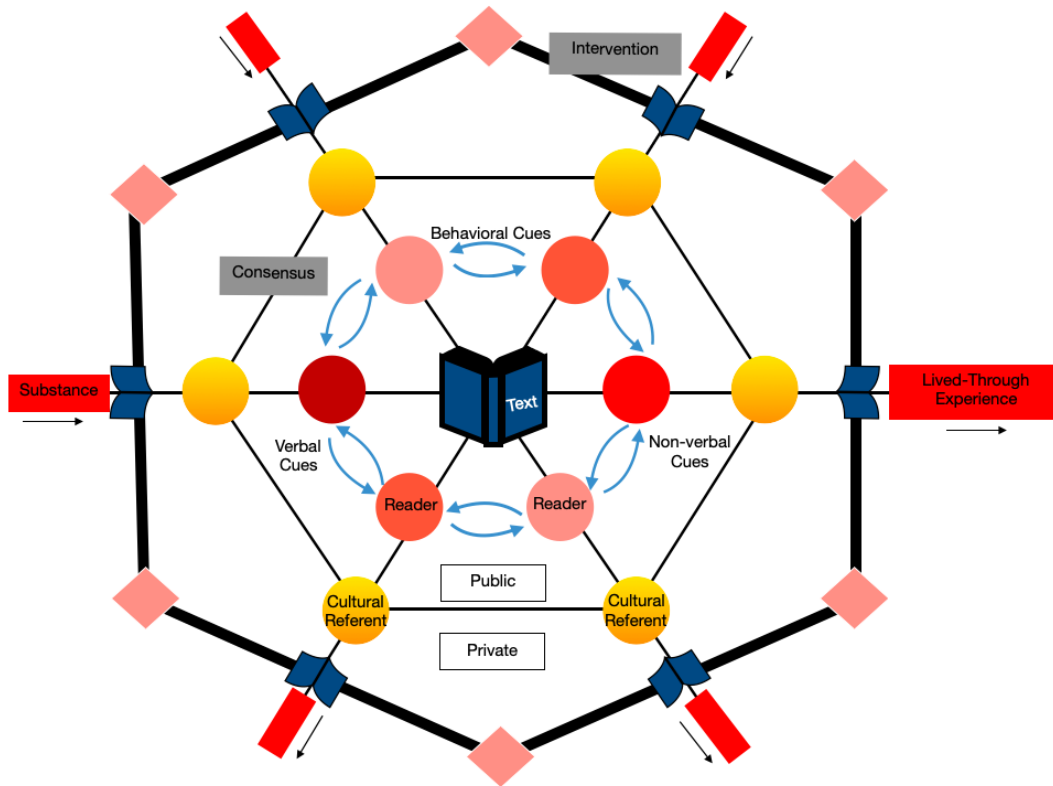
Group communication is complicated by the private realm of perceptions and *substance* that each participant contributes to the environment. Not every group member will have an equal accumulation of well-developed communication *habits*. Since the discipline’s emergence, communication theorists have commonly referred to *noise* as the factor that interrupts communication (Cobley, 2008). *Noise* is the environmental interference that “might corrupt the implicit integrity of the message as a product during the process of transmission” (Cobley, 2008, p.4). Yet, Barnlund does not include *noise* in his transactional model of communication. Instead, he identifies the complexity of interpreting cues as the complicating factor in communication. Barnlund (1970) identifies three types of cues in a situation: artificial, public, and private. *Artificial cues* are man-made and introduced into the environment (Barnlund, 1970). *Public cues* are those that can be perceived by all participants, are outside the control of the participants, and were introduced to the environment before the communication event began (Barnlund, 1970). *Private cues* are sensory stimuli that only one participant can perceive, or private cues can be

intra-personal, meaning that a participant is responding to his or her own internal responses to the situation (Barnlund, 1970). Barnlund (1970) specifies that the defining quality of public and private cues is “that they were brought into existence and remain beyond the control of the communicants” (p.54). Barnlund (1970) points out that the participants will pay attention to and interpret cues differently according to their history and abilities, making communication an experimental negotiation where participants are interpreting and reinterpreting the possible meanings of situational cues as the event unfolds. The situation includes the environment, the participants, and all the public, private, artificial, verbal, non-verbal, and behavioral *cues* that are being interpreted and assigned meanings. In bibliotherapy, the text introduced by the help-giver into the group situation is an *artificial cue* as was explored in the section above: Textual Guidance vs. Reader Substance.

A unique feature of bibliotherapy as an intervention is that the facilitator (help-giver) has more control over the environment than other readers have because the help-giver intentionally designs the intervention ahead of time to bias the interpretation of cues toward a specific, desired experience – the help-seekers’ improved mental health and social functioning. While the *lived-through experience* of reading is Rosenblatt’s (1978/1994) essential premise, she states several times while concluding *The Reader, The Text, and The Poem* that reading is communication. Implicitly, Rosenblatt has constructed a vision of reading where reading is always communal. Because of the public, ongoing conversations about the written art form that characterize literary criticism, reading is by nature, at a transcendent level, a shared experience. Reading is possibly always publicly as well as privately interpreted, as Rosenblatt (1978/1994) asserts. This construct of reading seems to encourage the presence of a practitioner in reading partnership with the help-seeker and leads to the possibility of further research into what Jack and Ronan (2008) have

named as a historically fraught question: What is a bibliotherapist, and what professional or layperson should be allowed to play that role?

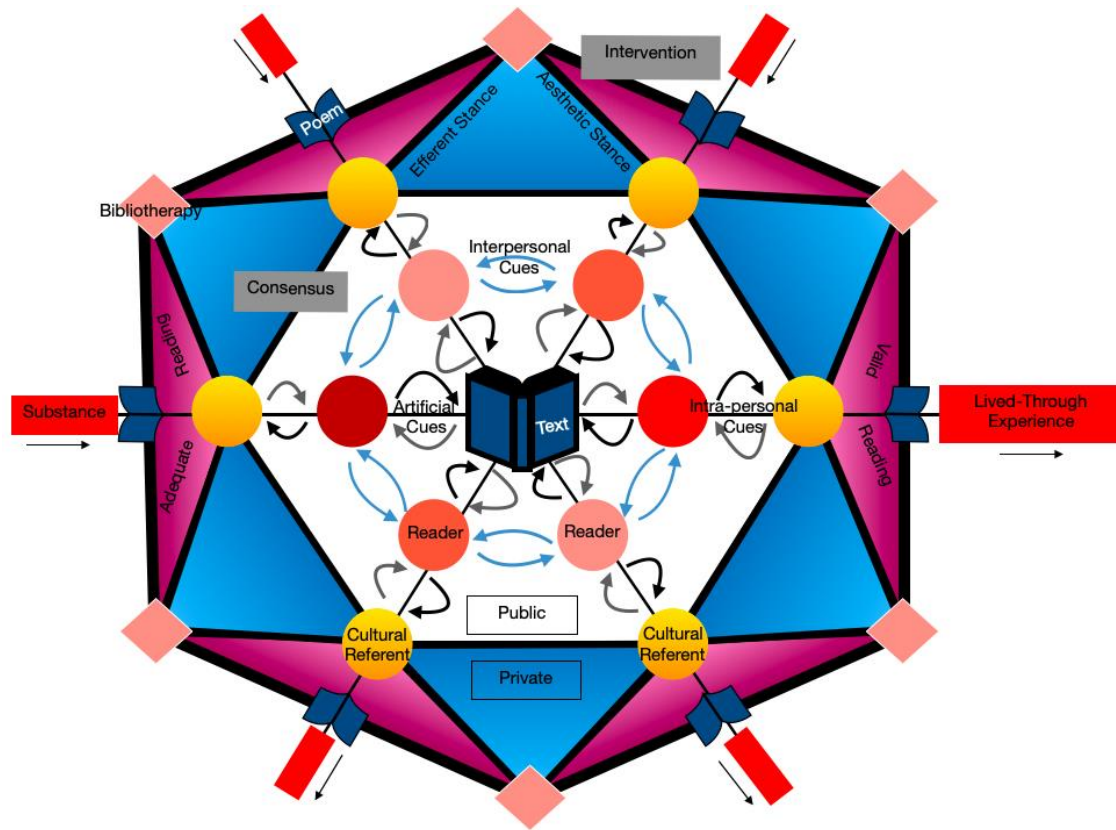
This research has been conducted with the assumption that all help-givers can fill the role of bibliotherapist. The power dynamic between help-giver and help-seeker in a bibliotherapy intervention does bring up what Barnlund (1963) calls “the moral dimension” of communication (p.461). Barnlund (1963) asserts that moral communication does not “invade privacy,” it does not “intend to coerce,” and it is not “exploitative” (p.462). Barnlund (1963) states that “meaning is private” and that moral communication must “[protect] and [improve] man’s symbolic experience” (p.462). There is a persuasive component in *moral therapy* interventions. This ethical component of communication in bibliotherapy should be examined, especially as one considers the intent of the help-giver to influence the help-seeker toward an adequate reading, valid interpretation, and permanent shifts in meaning-making habits.

Figure 4.4*Communication Between the Readers*

Note. The text's unknown meaning is the ambiguity that the group is addressing in their shared environment through *inquiry* with the objective of reaching interpretive consensus. The readers participate in the interpretive activity together communicating through interpersonal cues: verbal cues, non-verbal cues, and behavioral cues. The readers draw from their *substance*, sharing with the group what cultural referents from their prior experiences are being called on to help them make meaning of the text. In *transaction*, the readers influence each other's referent selection and therefore provide a *lived-through experience* of the text within the intervention situation that the readers would not have experienced if reading alone. For this reason, cultural referents are situated in the model as overlapping between the public and private environments.

Figure 4.5

Bibliotherapy's Total Situation



Note. Bibliotherapy's total situation consists of public and private environments. The quality that defines the total situation is that it is an intervention. The quality that defines the public environment of the situation is the goal of consensus building that is engaged in through *inquiry* to reduce the environmental ambiguity created by the text's possible meanings. *Inquiry* in the public environment is engaged in through the communication of artificial cues, interpersonal cues, and intra-personal cues. The private environment is unique to each reader and consists of the stance used to attend to the text and the *habits* that are used to assign meanings to the text. The stances are attitudes that can be *efferent* or *aesthetic*. The habits of inquiry are *adequacy of reading* and *valid interpretation*; they are modeled and guided by the help-giver.

In Vivo: Help-givers Use Efferent and Aesthetic Texts

Text choice is one facet of bibliotherapy that has been conflated problematically with a taxonomy of bibliotherapy. Here, special attention will be paid to Rosenblatt's (1978/1994) opinion on the differences and similarities of *aesthetic* and *efferent* texts by looking at real-life help-givers who use texts in their professions. Rosenblatt (1978/1994) rejects a strict distinction between texts that are *aesthetic* (experienced) and *efferent* (instrumental) texts. True to the non-dualism advocated in transactional theories, Rosenblatt (1978/1994) presents an *aesthetic-efferent continuum* that is navigated by the reader's stance and attention while reading – what can be called the *habits* of transactional reading. Recall the help-givers who were introduced in Chapter 1. I asked each of the help-givers I interviewed about how they use texts in their helping professions. This section will observe these help-givers' practical experiences with the *aesthetic-efferent continuum* to distinguish how the *aesthetic-efferent continuum* affects bibliotherapy and how a reader's place on that continuum is determined by his or her *habits*. The help-givers interviewed were Aila, a university campus pastor, Bonnie, an assistant director of student veteran and military services at a multi-campus public university, Ellen, a marriage and family therapist, and Phillip, a volunteer services manager in a multi-state hospital system.

As a university campus minister, the objective of Aila's helping profession is to make disciples and train them to be leaders in Christian ministries and in their local communities. When asked about the role texts play in her profession, Aila, immediately pointed to the common struggles that students face as the inspiration for what texts she chooses to use as ancillary to her disciple-making strategy. Aila says:

We read books on hot topics, like *Ruthless Elimination of Hurry* or *Tyranny of the Urgent*
 ... We see students really struggling with busyness or always being a slave to their

schedule and not being able to figure out how to put important things in their schedule and not be ruled by what's right in front of them. And so sometimes we'll use resources where people have really grown and learned in those areas to help students get this perspective of: How can you rearrange your life to be more Christlike and to be more focused on spiritual things? (personal communication, September 6, 2022)

Aila's choices of texts seem *effere*, however, her intention is for her students to have a growth experience, which in Deweyan terms is the essence of the *aesthetic*. Aila continued to say that she is most likely to use texts in her ministry when a "character issue" or "relational issue" arises (personal communication, September 6, 2022). Aila intentionally plans her text choices with social impacts in mind. Aila is engaging in situational inquiry that intentionally uses shared reading and discussion to resolve issues that arise in the ecology of her ministry. Though the reading she assigns seems instrumental, the stance that she encourages students to take as they read is *aesthetic*.

Bonnie, assistant director of student veteran and military services at a multi-campus public university, says that her hope for her students is that "they're going to be successful adults and people, and go out and be happy and just live their lives and give back to society" (personal communication, September 8, 2022). Bonnie describes her experience with her class book club saying:

I think incorporating the book was a great tool for reflection for them ... They were able to reflect on their time and their experiences in the military ... And so, in the book, Brené Brown gives examples of how leaders lead with vulnerability and courage. I don't think that many people think about those as being attributes or skills that leaders need to have ... Again, for them to reflect on maybe when they saw that in a leader and when they

didn't. It's certainly not anything that's taught in a traditional leadership class, or you read in any like leadership theory books. So, I thought that that was probably important for them to think about in the context of also a lot of them [having] strong male personas.

(personal communication, September 8, 2022)

Bonnie's book choice seems *effere*nt, but her stance is *aesthetic*. She invites her students to experience *Dare to Lead* so that they can grapple with obstacles in their environment (i.e., their experiences in the military, traditional stereotypes of leadership, strong male personas, etc.).

Bonnie says of *Dare to Lead*: "There's an academic component to it. There's a personal growth component to it. There's a leadership component to this book" (personal communication, September 8, 2022). While the content of the text is *effere*nt (e.g., academic, leadership theory), the *aesthetic* value of the text is the *lived-through experience* of grappling with the discomfort of prioritizing vulnerability and courage as leadership traits. When students choose to attune their awareness to the struggle that the text introduces to their environment, they afford themselves an opportunity for personal growth.

I asked Ellen, a marriage and family therapist, what role texts play in her practice. She answered from the perspective of how texts impact her insight into how she behaves in the help-giver-help-seeker dyad:

So, there are definitely times where there've been some books that have been really helpful for me. There's one book in particular recently. Aundi Kolber wrote a book called *Try Softer*. She's a Christian marriage and family therapist up in Colorado, and a client actually gave me the book. I hadn't heard of it, but reading it, it felt in a lot of ways that book is kind of everything I've tried to convey to you -- it feels like it's in a book form, you know, just this idea. She's a trauma therapist and writes about her own experience in

therapy ... kind of going from trying to sort of white knuckle her way through things to that idea of trying softer -- kind of leading with more self-compassion and kindness. So that's been a book that, I think for me reading it, it felt really validating like, "Oh yes, this is what I'm wanting to do in my practice too." (personal communication, September 15, 2022)

Ellen chose to highlight an *efferent* text that she *took something away from*. Recall that Rosenblatt (1978/1994) says the Latin meaning of *efferre* is "to carry away" and *efferent* reading focuses on "what will be retained after the reading" (p.184). Looking at Ellen's response from the perspective of *moral therapy*, Ellen is managing what Pinel would prescribe as the moral manner that attendants are to treat patients. Ellen reads to think reflectively about how she approaches her practice, but her reading does not directly impact the therapeutic process for her help-seekers. Ellen does not introduce texts to the therapy situation as an intervention. Ellen is not engaging tension in the therapy situation through inquiry into a text's meaning to curate a *lived-through experience* for her clients. Instead, she premeditates her own behavior acknowledging her impact on *transactions* that take place within the environment of the therapy sessions she hosts. In her comment, Ellen differentiates what is *reading* in the helping professions from what is *bibliotherapy* in the helping professions. From the perspective of *moral therapy* -- which is an ecological approach to treatment -- a help-giver can read as a professional development activity with this reading having only an indirect, environmental effect for the help-seeker.

Fillip, volunteer services manager in a multi-state hospital system, does not use any *efferent* texts in his story time program. He describes the introductory interactions that his volunteers have with hospital patients:

We start off typically with poetry, move to some humor, and depending on how long we feel like we have the license to be in the room, we may read multiple humor stories ... [then] maybe bounce back and forth between humor and inspirational, and then ... [we] will oftentimes close with poetry because it's kind of a nice little wrap up. We start with poetry, and we end with it and then we head out ... kind of a liturgical process. (personal communication, September 16, 2022)

Fillip's story time program resembles one of the initial uses of reading in *moral treatment* for SMI: patient entertainment (Jack & Ronan, 2008). As relayed in Chapter 1, Phillip's intention in creating a reading situation for the hospital patients is to provide a human connection for the patients and to use the text as an unconstrained jumping off point for a conversation that the patient might like to have with the volunteer reader. Phillip does design an intervention environment. However, the intervention is to relieve any degree of suffering the patients might be experiencing; it is not to intervene in how the patients are attending to their environments. In other words, even though Phillip might aim to relieve the psychological pain that comes with being hospitalized for a disease or a medical procedure, that psychological pain is different from the psychological pain associated with SMI. Intervention in SMI is accompanied by an insinuation that the help-seeker should be influenced by the help-giver toward *deliberate moral action* and toward more rational *meaning-making habits*.

The habits of Phillip's shared reading also diverge from those explored in the emerging model of bibliotherapy. Phillip does not inquire into the meaning of a text with the hospital's patients. The ambiguity being reduced through communication in Phillip's reading situation is not lack of consensus; rather the ambiguity is that the readers and the patients are strangers attempting to experience a pleasant conversation. Phillip hosts situations that evoke a human

connection between two people by attending to reading and conversation. Yet, Phillip's program only demonstrates three of the four *inherent formative principles* of bibliotherapy: transactional, dependent on reading processes, and dependent on communication processes. His program would not be considered bibliotherapy according to a transactional model of bibliotherapy because it lacks the principle of *total situation*. The *total situation* in bibliotherapy is teleologically defined by the quality of intervening in meaning-making and working toward a consensus on the text's meaning. As discussed in Chapter 1, many studies currently identify bibliotherapy by its contextual uses: developmental, clinical, or creative arts therapy. While a thing's use ("natural purpose, end, or function") is member to most conceptions of teleology (Robinson, 2021), according to a transactional view, teleology is not simply a matter of function it is a matter of functioning -- a structure of habitual *doings* (Brinkmann, 2011). Phillip's story time program is most likely a creative arts therapy, not a *moral therapy*, according to its associated *habits*.

While Aila and Bonnie apply texts to their professions in the form of interventions consistent with bibliotherapy, Ellen and Phillip utilize texts in alternate ways that are consistent with *moral therapy* but not consistent with the emerging transactional model of bibliotherapy. Phillip uses texts to entertain patients and as tools to mediate a social interaction between strangers. Ellen uses texts to maintain and reinforce her own professional demeanor as a client-centered marriage and family therapist. Aila and Bonnie each can be affirmed to have designed bibliotherapy situations for their help-seekers according to a transactional model of bibliotherapy. They use *effereent* texts but demonstrate *aesthetic* stances toward the reading and group inquiry. Aila and Bonnie's attitudes confirm Rosenblatt's (1978/1994) assertion that all texts can be *aesthetic* if the reader's stance is *aesthetic*.

Conceptualizing Bibliotherapy

In a transactional model of bibliotherapy, bibliotherapy occurs in an intentionally constructed *situation* that aims to *evoke* a meaningful *experience* for its help-seekers. Bibliotherapy facilitators (help-givers) lead the group in *inquiry* strategies toward the goal of reaching a *consensus* on the group's interpretation of text, so that help-seekers can experience a *present* sense of connection to themselves, each other, and society. The text operates as an *artificial cue* introduced into the situation to *intervene* in the experience of individuals whose habitual, errant interpretations of environmental *cues* are keeping them from *aesthetic* experience, with *aesthetic experience* being an experience signified by *growth*. In this way, help-givers role model for help-seekers the *habits* of situational inquiry that are constrained and *adequate* and result in *valid* meaning-making. This *quality* of role modeling is consistent with the practices of *moral therapy*.

Utilizing the concept of *catharsis* through group dialogue (Platonic) and *catharsis* through mimetic recall of cultural referents (Aristotelian), help-givers role model, and reinforce *aesthetic habits* for help-seekers. The *habits* that qualitatively identify bibliotherapy interventions include *adequate reading* and *valid interpretation* when selecting cultural referents to construct meaning. These habits also include small group communication habits. Because the quality of the intervention is *consensus* via *valid interpretation*, text choice is not a concern for bibliotherapy but rather the pre-selection of interpretative strategies and a small group communication agenda are of chief concern for help-givers who design bibliotherapy interventions.

Bibliotherapy is a therapeutic intervention that includes a power dynamic between the help-giver and help-seeker(s). Therefore, the help-giver has ethical obligations to consider the

irreversibility of communication and the permanent impact that the *transaction* will have on help-seekers. The ethical considerations of transactional communication are an inherent *tension* in the bibliotherapy situation that the help-giver must *reflectively* confront through *inquiry*. Careful heuristic decision making must take place recursively throughout the intervention design process to ensure *humane treatment (moral treatment)* of the help-seekers and to respect the autonomy of the help-seekers' experiences, while seeking to improve the quality of the help-seekers' future intra-personal, interpersonal, and ecological *transactions*.

Chapter Five: A Heuristic Model for Intervention Design

This chapter is a planning resource for help-givers to use when they operate in the role of *professional writer*. In the previous four chapters, bibliotherapy research findings, information about transactional theories, and historical context for mental health interventions were presented. In this chapter, those findings, theories, and histories have been succinctly packaged in the form of a practical planning resource for intervention design. This workbook will be most helpful for pre-writing phase and post-delivery intervention evaluation. In this workbook, help-givers can access:

1. Tables that summarize the *probably approximate truths* of bibliotherapy
2. The tentative answers to the bibliotherapy *conceptual refinement questions*
3. Definitions of key *transactional* terminology that apply to bibliotherapy
4. A list of bibliotherapy *habits*
5. Four worksheets to guide the pre-writing phase of intervention design

This workbook is for help-givers who have been tasked with creating a new intervention for their community organizations and who think that bibliotherapy might be a good fit for their help-seekers. This workbook is for help-givers who have been interested in delivering bibliotherapy interventions but have not known how to structure purposeful and impactful shared reading situations. This workbook can also serve teachers, ministers, and managers who want to tailor the principles of bibliotherapy to the objectives of their professions as a way to support their community members who experience SMI, or who want to encourage a community culture that is inclusive of community members with SMI. Authors and researchers can also use this workbook to plan their design moves whether they are crafting a text to be used as a bibliotherapy *cue* or designing an experiment to study bibliotherapy.

Workbook: How to Use The Heuristic Model of Bibliotherapy Worksheets

This workbook is meant to act as a bridge between theory and practice. Though, in a truly transactional experience, questions arise directly from attention to the environment, this workbook provides pre-written questions for help-givers to consider. The questions provided should be taken as role modeling, rather than as a fixed set of required planning questions. Once you feel more confident in your ability to attend to your environment and to situational tensions, feel free to step away from these pre-written questions and use your own questions as they arise.

To begin, use what you have learned in this research -- including the visual models in Chapter 4 – and answer the questions in Worksheet 1: Attention to Help-giver Substance, Worksheet 2: Inquiry into Environmental Ambiguity, and Worksheet 3: Inventing the Situation before you deliver your first bibliotherapy intervention. There are also four tables in this workbook that summarize the key theoretical findings and terms for your reference. After you have delivered your first intervention, use the models from Chapter 4, the tables in this chapter, and data gathered from your first bibliotherapy intervention to answer the questions on Worksheet 4: Reflection for Reiteration. This fourth worksheet will help you make new iterations of your intervention design.

As you complete these worksheets, whenever you feel like your “activity is stuck” (Brinkmann, 2011, p.308) employ Dewey’s *reflective thinking phases* by attending to the “(a) experienced problem, (b) localizing and defining the problem, (c) suggestion of possible solution, (d) reasoning that develops the wider meaning of the suggestion, (e) further observation and experiment that leads to acceptance or rejection of the suggested solution” (Dewey, 1910/1991, p.72, as cited in Brinkmann, 2011, p.308).

Keep in mind that the emerging model of bibliotherapy is heuristic – it is meant to give temporary answers for immediate decision making and to provide a framework for understanding what might be happening in your situation.

Workbook: Tables for Reference

Table 5.1

A Heuristic Model of Bibliotherapy: Probable Approximate Truths

A Heuristic Model of Bibliotherapy: Probable Approximate Truths	
“Bibliotherapy is ...”	
Transactional	
A Total Situation	
Dependent on Reading Processes	
Dependent on Communication Processes	
“A model of bibliotherapy will be...”	
Universally Applicable	
Able to Solve Problems in Professional Situations	
Able to Generate Knowledge About Bibliotherapy	

Table 5.2

A Heuristic Model of Bibliotherapy: Conceptual Refinement Questions

A Heuristic Model of Bibliotherapy: Conceptual Refinement Questions*	
What is it?	Bibliotherapy is an experience.
Where does it exist?	It exists as an evocation in intervention situations where attention is being given to texts.
What is the context of it?	The context of bibliotherapy is a need for SMI interventions that are <i>humane</i> and non-clinical. It is associated with the philosophies of the eighteenth-century <i>moral therapy</i> movement as well as Platonic and Aristotelian conceptions of <i>catharsis</i> .
What is the function of it?	It gives individuals with SMI an opportunity to experience personal growth and reconnect with themselves and society.
What is the origin of it?	Bibliotherapy emerges from consensus building when reading and communication habits are being used as inquiry strategies.
How do we speak about it?	We speak about it with Deweyan terminology (pragmatist and transactional), literary criticism terminology, and small group communication terminology.
*Goldkuhl & Cronholm, 2010, p.195	

Table 5.3

A Heuristic Model of Bibliotherapy: In Transactional Terms

A Heuristic Model of Bibliotherapy: In Transactional Terms		
	Theoretical Meaning	Application to Bibliotherapy
<i>Situation</i>	"The qualitative field in which thinking occurs" (Pappas, 2016, p.437)	Bibliotherapy is an intervention situation with private and public environments for thinking about a text with others.
<i>Quality</i>	An aspect that so pervades a situation that it defines the situation	The quality of bibliotherapy's situation is <i>intervention</i> .
<i>Inquiry</i>	The activity that allows individuals to differentiate the qualities and relationships in a situated experience and a way to resolve obstacles in the environment	In bibliotherapy, inquiry strategies are used to resolve the obstacle of a text's unknown meaning, inquiry is performed as a group toward consensus.
<i>Meaning</i>	A quality derived from struggle with the environment	In bibliotherapy, meaning is assigned to the text through a negotiation with each reader's bank of cultural referents.
<i>Reflective Thinking</i>	A manner of attentiveness that is responsive to one's environment and serves the problem solving needs that tensions in situations necessitate	In bibliotherapy, reflective thinking involves the small group communication habits that are used to come to consensus on the text's meaning (see Table 5.4)
<i>Experience</i>	The state that arises from engaging obstacles in one's environment through attention and inquiry	Bibliotherapy is an evoked experience, as is <i>the poem</i> .
<i>Aesthetic</i>	The highest moral good that comes from intense attention to one's environment, persistent inquiry; the aesthetic experience produces personal growth	Bibliotherapy is aesthetic — it is an experience that produces personal growth.
<i>Moral</i>	On-going self-cultivation as an outcome of persistent inquiry into environmental tensions and meaning-making	Bibliotherapy interventions are moral because they intend to present opportunities for individuals to inquire into texts, make meaning, and grow — this intention is morally good.
<i>Habit</i>	Ways of <i>doing</i> in a situation that are acquired over time and identify a situation in a manner that is as important as <i>quality</i>	Reflective thinking, literary interpretation, reading, self-awareness, and small group communication tasks are the habits of bibliotherapy.

Table 5.4

A Heuristic Model of Bibliotherapy: Habits of Bibliotherapy

A Heuristic Model of Bibliotherapy: Habits of Bibliotherapy
Literary Interpretation Habits
Decoding the text's symbols adequately
Recalling cultural referents from one's own substance
Assigning and reassigning possible meanings to the text's symbols
Being guided by the text's cues
Forming interpretations that are semantically reasonable (valid)
Self-awareness
Small Group Communication Habits
"Recognize and formulate a problem"*
"Analyze problem situations"*
"Discover and interpret evidence"*
"Suggest solutions"*
"Judge solutions in terms of social consequences"*
Managing power dynamics ethically
*Barnlund (1952, p.88, 90, 91, & 92)

Workbook: Worksheets***Worksheet 1: Attention to Help-giver Substance***

Before you begin the task of designing a bibliotherapy intervention, in a separate document, write your answers to each of the questions below. The purpose of this worksheet is to help you grapple with your beliefs about serious mental illness (SMI) and account for how the past (your *substance*) will drive your intervention design. Beginning your design planning by engaging in attentiveness to what you know, think, and believe about SMI will allow you to design an ethical, transparent, and *humane* intervention environment. Your past experiences are part of the *substance* you bring to the intervention, and these experiences help create the *public cues* of your bibliotherapy intervention's *total situation*, influence what you consider an *adequate reading* and *valid interpretation*, and direct how you facilitate the discussion toward *consensus*. Your beliefs might seem like *private cues* to you, but as you communicate, they could be more evident (public) to help-seekers than you realize. If your behavioral, non-verbal, and verbal cues are biased, this can inhibit some, or all, of your help-seekers from *evoking* a bibliotherapeutic experience during the intervention.

1. What do you believe about:
 - a. *Man's* relationship to society?
 - b. The locus of mental illness?
 - c. Moral action?
 - d. The existence of the soul?
 - e. How a soul can become negatively "excited"?
2. Ask yourself:
 - a. How might my beliefs impact what cultural referents come to my mind as I read?

- b. How might my beliefs influence what I consider an adequate reading or valid interpretation of a text?
 - c. In what ways is it ethical for my beliefs to influence how I steer the reading discussion and mediate consensus on a text's interpretation?
3. Ask yourself:
 - a. In what ways do I agree more with Plato, who felt that reading must be educational to have moral value? In what ways do I agree more with Aristotle, who felt that poetic reading also has moral value?
 - b. What does it really mean to me for something to have moral value?
 - c. Is there something more important than moral value in the reading that I choose?
 - d. How do I feel when I hear that *clearing away* obstacles from the soul leads to moral acts of the *will*, and that moral acts of the *will* can lead to mental health recovery?
4. In what ways, if any, will the intervention you design be a *moral therapy*?
 - a. How will it encourage "mental discipline," (Sprafkin, 1977)?
 - b. How will it encourage social reintegration?
 - c. How will it *clear away* beliefs, emotions, or fixations that impede *growth*?
5. Before reading this research about transactional theories, what did you think made bibliotherapy a therapy?
6. As the intervention designer, what level of control do you have over whether a help-seeker has a therapeutic experience during the bibliotherapy intervention?
 - a. Why do your intervention design choices matter?

Worksheet 2: Inquiry into Environmental Ambiguity

In a separate document, write your answers to each of the following questions. The purpose of this worksheet is to help you inquire into your situation and discover what design moves you should make. The goal is for you to tailor the general concepts of the emerging transactional model of bibliotherapy to the specific needs of your helping profession and help-seekers by attending to the environment of the intervention, which in this case is the social context of the intervention. The problem that you are trying to solve in this situation is first, to anticipate your help-seekers' responses to the cues you build into the public environment, and second, how to make your design moves as transparent (public) as possible.

1. Why do you want to design a bibliotherapy intervention instead of just assigning reading?
Or why do you want to design a bibliotherapy intervention instead of communicating with your help-seekers some other way?
 - a. How might bibliotherapy have functions that are unique from the function of reading?
 - b. How might bibliotherapy have functions that are unique from other kinds of communication?
 - c. Why is bibliotherapy the right choice for you and your help-seekers?

2. Of the popular therapeutic modalities, bibliotherapy is most like *moral therapy*. Moral therapies have objectives for the help-giver and objectives for the help-seeker.
 - a. *Moral therapy's* objective for the help-giver is for the help-giver to create an orderly and calming environment and to be a role model of good mental health. How well does this objective of *moral therapy* match the objectives of your helping profession?

- b. *Moral therapy*'s objective for the help-seeker is for the help-seeker to recover rationality, attain resocialization, and develop habits of moral action that help them live self-reliantly. How well does this objective of *moral therapy* match the objectives of your helping profession?
 - c. How might your objectives for the intervention differ from a help-seeker's objectives for participating in the intervention?
3. Reading can *clear away* strong emotions and give people new knowledge that helps them make better choices. What kind of reading will benefit your help-seekers and support them in reaching their goals:
 - a. Didactic (texts that teach something), *efferent* (texts that are useful), mimetic (texts with personal relevance), *aesthetic* (texts that are artistic or experiential)?
 - b. How might the kind of reading you choose have an impact on your help-seekers' choices?
 - c. How might a help-seeker misinterpret a text, and in what ways does it matter if that happens?
4. Self-help is a natural choice for bibliotherapy because of its alignment to some of *moral therapy*'s values. Self-help texts often display to a reader what *moral acts of the will* look like. In what ways do you think reading self-help books as bibliotherapy will:
 - a. Transfer to outward, measurable change in behavior?
 - b. Transfer to outward, measurable change in mental state?
5. Why is self-cultivation, or *growth*, considered by some to be moral and *aesthetic*?
 - a. What are your help-seekers likely to believe about a link between morality and self-cultivation? Are they likely to see *growth* and *aesthetic* experience as linked?

Worksheet 3: Inventing the Situation

In a separate document, write your answers to each of the following questions. The purpose of this worksheet is to help you with the practical decisions that need to be made for your bibliotherapy intervention to run smoothly and effectively by predicting what the situation could be like and adjusting your premeditated *cues* accordingly. These questions anticipate what communication with the help-seekers who attend the intervention will be like and what they might need.

1. In what ways is this bibliotherapy intervention an *end* or a *means*, or both?
 - a. How does participating in the intervention provide satisfaction (an *end*) or meet a need for the help-seeker, i.e., friendship, group membership, entertainment, etc.?
 - b. How does participating in the intervention solve a problem for the help-seeker or advance the help-seeker toward a desired goal (a *means*), i.e., recovery, resocialization, self-management of symptoms, etc.?
 - c. How does participating in bibliotherapy pay off for help-seekers?
 - d. If bibliotherapy is a *means-end*, what responsibility does that put on each participant in the group?

2. What are the set of activities and processes that will be involved in your shared reading?
 - a. Will readers be reading aloud during the session?
 - b. What tools or techniques are available to you to help you with literary criticism or hermeneutics?
 - c. How will readers be sharing interpretations of the text?
 - d. Will time be spent to resolve readers' conflicting interpretations?
 - e. How will you ensure an adequate reading of the text?

- f. How will you balance disparities in the *substance* various readers bring to the text?
 - g. How will you discuss similarities between the text and real life?
 - h. How will you develop applications of the text's themes with the readers?
 - i. In what ways will you try to harness inspiration from the text as motivation for goal setting and goal attainment?
3. How will you gauge and influence the help-seekers' stances toward the text?
 - a. How will you assess and manage the help-seekers' interpretive approaches?
4. What is the *total situation* of the intervention you are designing?
 - a. What will the physical environment be like?
 - i. Consider comfort: time of day, distance of travel for help-seekers, likelihood that help-seekers will be hungry, the temperature of the meeting space, etc.
 - ii. Consider community: familiarity between help-seekers, known health conditions, prior behavior, known triggers, demographic similarities and differences between help-seekers, etc.
 - b. What public cues will everyone in the space have access to?
 - c. What in the environment might elicit distracting *private cues* for some readers?
 - d. To what extent are *public cues* within your control as the designer of this intervention?
 - e. To what extent are *private cues* within your control as the designer of this intervention?
 - f. How will you make your design choices and intention to *intervene* transparent?

Worksheet 4: Reflection for Reiteration

In a separate document, write your answers to each of the following questions. The answers to these questions will inform your next iteration of the bibliotherapy intervention.

1. What were the *artificial cues* in the intervention environment?
 - a. Was the text the only *artificial cue*?
2. What were the *public cues* in the intervention environment?
3. What *private cues* did you attend to as you experienced the intervention environment?
4. What tensions arose in the environment?
 - a. For yourself? For others?
5. What inquiry strategies were used by help-seekers during the intervention?
6. What group discussion tasks were well-employed during the interpretation of the text?
 - a. Can attention to group dynamics improve the intervention experience?
7. Did the group reach consensus on a meaning for the text?
 - a. What intra-personal communication cues within you contributed to reaching consensus?
 - b. What interpersonal communication cues, skills, and tasks contributed to reaching consensus?
 - c. What self-to-environment communication did you notice in yourself and in the other readers?
8. What cues within the environment were mimetic for you?
 - a. What cues within the environment were cathartic for you?
 - b. In what ways was the intervention *aesthetic* (meaningful) for you?
 - i. Why or why not?

- c. What deliberate moral action did the experience evoke in you?
9. What measures have you taken to receive feedback about the help-seekers' experiences?
 - a. Were there verbal cues that indicate the quality of their experiences?
 - b. Were there non-verbal cues that indicate the quality of their experiences?
 - c. Were there behavioral cues that indicate the quality of their experiences?
 - d. Did you develop any formal data collection measures to receive feedback about help-seekers' experiences?
10. How did the power dynamic between you as help-giver and the other readers as help-seekers affect inquiry, experience, and consensus building?
 - a. What ethical concerns were noticeable to you?
 - b. How did you attend to those ethical concerns?
 - c. How might you attend to them in the future?
 - d. In what ways can you design an even more equitable environment?
 - e. In what ways does the concept of *intervention* complicate the communication in the group?
 - i. How can such complications be mitigated? Or how did you mitigate them well?
 - f. What role did the help-seekers play in constructing the power dynamic in the group situation?
11. What tensions are arising while you reflect on the intervention?
 - a. How can you inquire into these tensions?
 - b. What problem-solving strategies can you engage to create meaning from your reflections on the intervention?

Conclusion

This research has addressed the problem that help-givers outside of the mental health fields lack interventions that are within their scope of practice to provide support to the help-seekers with serious mental illness (SMI) that they interact with in the course of their professional roles. Bibliotherapy is presented in this research as having potential to be a non-clinical, SMI intervention that can be used by all help-givers, across professional fields, regardless of what training and licensure they hold. The challenge confronted through this exposition of bibliotherapy is that current scholarly and scientific research on bibliotherapy has up until now failed to state the *inherent formative principles* that would allow help-givers to conceptualize and operationalize bibliotherapy in effective and reliable ways. Underlying this research are the questions of bibliotherapy's ontology and taxonomy – does it exist and how should it be classified?

The presupposition of this thesis research is that bibliotherapy is a phenomenon, and the thesis' argument is that bibliotherapy's *inherent formative principles* are that it is a *total situation* experienced in *transaction* according to the *habits* of reading and communication. Thus, the solution proposed to remedy the lack of intervention resources for help-givers who interact with individuals who experience SMI is a heuristic model of bibliotherapy that can be used by help-givers in the role of *professional writer*. Writers in the helping professions can use this heuristic model to conceptualize and operationalize bibliotherapy, to inquire about profession-specific bibliotherapy situations, to invent planning documents that represent profession-specific bibliotherapy situations, to answer contextual questions about bibliotherapy, and to generate knowledge about bibliotherapy. In Chapter 5, the research findings have been formatted into a practical, heuristic resource that allows help-givers to apply the emerging transactional model of

bibliotherapy to their intervention designs by completing guided inquiry, invention, and reflection worksheets.

In the process of developing this resource for help-givers, new knowledge has been generated about bibliotherapy that was lacking in scholarly studies until now, specifically regarding how the *teleology* of bibliotherapy identifies it as a unique phenomenon. The *habits*, or *doings*, associated with bibliotherapy's teleology were identified out of the transactional theories of Louise M. Rosenblatt and Dean C. Barnlund. John Dewey's philosophies were explicated for clarification on transactional terminology and pragmatic principles. According to the theoretical framework presented in this research, bibliotherapy can be perceived as an evocation that emerges in intervention situations. Bibliotherapy is a meaningful (*aesthetic*) experience for participants rooted in the group's attention to, and interpretation of, a text (*artificial cue*). Participants can experience personal growth (*moral development*) and a renewed connection to themselves, each other, and society as consensus on a text's meaning is worked toward. In opposition to the legacy of exclusion that has characterized the treatment of individuals with SMI for centuries in modern, Western society, bibliotherapy can invite a person who is outside of *reason* back into communication with self and with society. This invitation comes via a text's potential for individuals to *live-through* cultural referents together and learn better habits of meaning-making.

Help-givers must design interventions that anticipate the needs that their organization's help-seekers have, so that bibliotherapy can be evoked from shared reading. By recognizing the cultural history of SMI, the social history of community-based care, *moral therapy's* positive and negative impacts on patients, and the dynamics and complexity of shared reading as a *moral therapy*, help-givers as writers can design conditions that are most likely to evoke bibliotherapy

in their specific professional situation. I hope that the emerging bibliotherapy model will have immediate, pragmatic uses for writers in the helping professions.

Because bibliotherapy's habits are those of reading and communication – not psychology or psychiatry -- using it should not require help-givers to be trained in psychology or psychiatry. However, pursuing further research into bibliotherapy as a communication event could lead to relevant ethical questions about *discussion facilitation* in non-clinical helping professions given that there is an inherent power dynamic between help-giver and help-seeker even when *expert status* is not a factor. The precariousness of this power dynamic has been well established in the history of confinement and *moral therapy* as reported by Michel Foucault and detailed in Chapter 2. This research has identified bibliotherapy's *inherent formative principles*, or *qualities*, and conceptualized it in a heuristic model, providing a foundation for future empirical research to be conducted with control over more variables than has been evident in past studies.

Finally, I will end this exploration of bibliotherapy by referring to its beginning. In the article where he coined the term *bibliotherapy*, Samuel McChord Crothers (1916) pithily transposes the *doings* of a church into the *doings* of a library and a doctor's office. Crothers (1916) begins his lively ode to the medicinal properties of literature by detailing the verbiage of a sign hung by a fictional reverend over the vestry of his repurposed church, which reads in part: "Bibliopathic Institute. Treatment by Competent Specialists" (p.291). As a Christian scholar, for me, this research has brought to the forefront the moral tension surrounding psychology and psychiatry as ways of knowing about the body, soul, and spirit as well as the tension between the social responsibility of the community to those with SMI and the social responsibility of those with SMI to the community. I would like to inquire into these stated tensions and how they impact the ability of help-givers in Christian ministries to be *competent specialists* on the soul.

References

- American Medical Association. (n.d.). AMA History [Webpage]. American Medical Association. <https://www.ama-assn.org/about/ama-history/ama-history>
- American Psychological Association. (n.d.). Former APA presidents [Webpage]. American Psychological Association. <https://www.apa.org/about/governance/president/former-presidents>
- Annas, G. T. (1976, August). Law and the life sciences: *O'Connor v. Donaldson*: Insanity inside out. *The Hastings Center Report*, 6(4), 11-12. <https://www.jstor.org/stable/3560378>
- Appelbaum, P. S. (1999, October). Least restrictive alternative revisited: Olmstead's uncertain mandate for community-based care. *Psychiatric Services*, 50(10), 1271-1280.
- Aristotle. (1907). *The Poetics of Aristotle* [Digitized version]. (S. H. Butcher, Trans.). Macmillan.
https://www.google.com/books/edition/The_Poetics_of_Aristotle/OdBDAQAAMAAJ?hl=en&gbpv=0 (Original work published ca. 350 B. C. E.)
- Barnlund, D. C. (1970). A transactional model of communication. In J. Akin et al. (Eds.), *Language behavior: A book of readings in communication for Elwood Murray on occasion of his retirement* [eBook]. (pp.43-61). DeGruyter, Inc. ProQuest Ebook Central. <http://ebookcentral.proquest.com/lib/liberty/detail.action?docID=3045584>
- Barnlund, D. C. (1954). Our concept of discussion: Static or dynamic? *The Speech Teacher*, (3)1, 8-14. DOI: 10.1080/03634525409376654
- Barnlund, D. C. (1952). The reflective mind in the making. *Speech Teacher*, 1(2), 86.
<https://doi.org/10.1080/03634525209376537>
- Barnlund, D. C. (1963). Toward a meaning-centered philosophy of communication. *A Review of*

- General Semantics*, 20, 454-469. (Reprinted from "Toward a meaning-centered philosophy of communication," 1962, December, *The Journal of Communication*, 12)
- Bennett, J. M. (2012). The public and private Dean Barnlund. *International Journal of Intercultural Relations*, 36(6), 780-788. <https://doi.org/10.1016/j.ijintrel.2012.08.007>
- Bloeser, C. & Stahl, T. (2022). Hope. In E. N. Zalta (Ed.). *Stanford encyclopedia of philosophy* (Summer 2022 ed.). The Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=hope>
- Books and arts: On the origin of self-help; Samuel Smiles. (2004, April 24). *The Economist*, 371(8372), 86. <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/magazines/books-arts-on-origin-self-help-samuel-smiles/docview/224008434/se-2>
- Brinkmann, S. (2011). Dewey's neglected psychology: Rediscovering his transactional approach. *Theory & Psychology*, 21(3), 298-317. DOI: 10.1177/0959354310376123
- Cherry, S. (2008). The ontology of a self-help book: A paradox of its own existence. *Social Semiotics*, 18(3), 337-348. DOI: 10.1080/10350330802217113
- Cobley, P. (2008, June 5). Communication: Definitions and concepts. In W. Donsbach (Ed.), *The international encyclopedia of communication*. John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781405186407.wbiecc071>
- Connell, J. M. (2008). The emergence of pragmatic philosophy's influence on literary theory: Making meaning with texts from a transactional perspective. *Educational Theory*, 58(1), 103-122. <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/emergence-pragmatic-philosophys-influence-on/docview/214135373/se-2>

- Crittenden, P. (1991). Ethics and aesthetics in Aristotle's *Poetics*. *Literature & Aesthetics: The Journal of the Sydney Society of Literature and Aesthetics*, 1(1), 15–27.
- Crothers, S. M. (1916, September). A literary clinic. *The Atlantic*, 291-301.
<https://cdn.theatlantic.com/media/archives/1916/09/118-3/132285593.pdf>
- Dewey, J. (1981). Art as experience. In J. J. McDermott (Ed.), *The Philosophy of John Dewey* (pp.555-573). University of Chicago Press. (Original work published in 1939)
- Dewey, J. (1981). The influence of Darwin on philosophy: And other essays in contemporary thought. In J. J. McDermott (Ed.), *The Philosophy of John Dewey* (pp.193-207). University of Chicago Press. (Original work published in 1906)
- Dixon, B. (2019, Spring). Experiments in experience: Towards an alignment of research through design and John Dewey's pragmatism. *DesignIssues*, 35(2), 5-16.
https://doi.org/10.1162/desi_a_00531
- Douven, I. (2021). Abductive reasoning. In E. N. Zalta & U. Nodelman (Eds.). *Stanford encyclopedia of philosophy* (Summer 2021 ed.). The Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/entries/abduction/>
- Dysert-Gale, D. (2007). Lost in translation: Bibliotherapy and evidence-based medicine. *Journal of Medical Humanities*, 29, 33-43. DOI:10.1007/s10912-007-9050-0
- English Standard Version Bible*. (2001). Crossway Books.
- Fitzsimmons, E. G. & Newman, A. (2022, November 30). New York's plan to address crisis of mentally ill faces high hurdles. *The New York Times*.
<https://www.nytimes.com/2022/11/30/nyregion/mental-health-plan-eric-adams.html>
- Flynn, E. A. (2007). Reconsiderations: Louise Rosenblatt and the ethical turn in literary theory.

College English, (70)1, 52-79.

<https://go.openathens.net/redirector/liberty.edu?url=https://www-proquest-com.ezproxy.liberty.edu/scholarly-journals/reconsiderations-louise-rosenblatt-ethical-turn/docview/236933150/se-2>

Foucault, M. (1994). *The birth of the clinic: An archeology of medical perception*. Vintage Books. (Original work published in 1973)

Foucault, M. (1988). *Madness and civilization: A history of insanity in the Age of Reason*. Vintage Books. (Original work published in 1965)

Fuller, D. A., Sinclair, E., & Snook, J. (2016). Released, relapsed, rehospitalized: Length of stay and readmission rates in state hospitals a comparative study. Treatment Advocacy Center: Arlington, VA.

<https://www.treatmentadvocacycenter.org/storage/documents/released-relapsed-rehospitalized-exec-summary.pdf>.

Galt, J. M. (1853). On the reading, recreation, and amusements of the insane. *Journal of Psychological Medicine and Mental Pathology*, (London, England: 1848) 6(24), 581-598.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5097616/>

Graf, E., Sator, M., & Spranz-Fogasy, T. (Eds.). (2014). *Discourses of helping professions* [Ebook]. John Benjamins Publishing Company.

Giegerenzer, G. & Gaissmaier, W. (2011). Heuristic decision making. *Annual Review of Psychology*, 62, 451-482. DOI: 10.1146/annurev-psych-120709-145346

Goldkuhl, G. & Cronholm, S. (2010). Adding theoretical grounding to grounded theory: Toward multi-grounded theory. *International Journal of Qualitative Methods*, 9(2), 187-205.
DOI:10.1177/160940691000900205

- Goldkuhl, G., Cronholm, S., & Lind, M. (2020). Multi-grounded action research. *Information Systems & e-Business Management*, 18, 121-156. <https://doi.org/10.1007/s10257-020-00469-1>.
- Gonzales, L., Kanani, A., & Pereyra, A. (2022, September 20). Policy definitions for “serious mental illness” across 56 United States, districts, and territories. *Community Mental Health Journal*. <https://doi.org/10.1007/s10597-022-01026-5>
- Grégoire, J. (2015). Thinking, theory, and experience in the helping professions. *Transactional Analysis Journal*, 45(1), 59-71. DOI: 10.1177/0362153715571096
- Gutting, G. & Oksala, J. (2022). Michel Foucault. In E. N. Zalta & U. Nodelman (Eds.). *Stanford encyclopedia of philosophy* (Fall 2022 ed.). The Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/archives/fall2022/entries/foucault/>
- Hildebrand, D. (2021). John Dewey. In E. N. Zalta (Ed.). *Stanford encyclopedia of philosophy* (Winter 2021 ed.). The Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=dewey>
- Hofmann, S. G. (2022, August). Psychotherapeutic interventions and processes. *Cognitive and Behavioral Practice*, 29, 581-584. <https://doi.org/10.1016/j.cbpra.2022.02.001>
- Huneman, P. (2017). From a religious view of madness to religious mania: The *Encyclopédie*, Pinel, Esquirol. *History of Psychiatry*, 28(2), 147-165. DOI: 10.1177/0957154X17690301
- Jack, S. J. & Ronan, K. R. (2008). Bibliotherapy: Practice and research. *School Psychology International*, 29(2), 161-182. DOI:10.1177/0143034308090058
- Kasperek-Zimowska, B. J., Bednarek, A., Giguere, M., Ortowski, W., & Sawicka, M. (2021).

- The specificity of the use of bibliotherapy as an element of psychiatric rehabilitation in a group of patients suffering from schizophrenia. *Advances in Psychiatry & Neurology*, 30(4), 278-286. DOI: <https://doi.org/10.5114/ppn.2021.111946>
- Kuehn B. M. (2022). Clinician shortage exacerbates pandemic-fueled “mental health crisis.” *The Journal of the American Medical Association*, 327(22), 2179–2181. doi:10.1001/jama.2022.8661
- Latham, K. F. (2014). Experiencing documents. *Journal of Documentation*, 70(4), pp.544-561. DOI: 10.1108/JD-01-2013-0013.
- Levin, L. & Gildea, R. (2013, April). Bibliotherapy: Tracing the roots of a moral therapy movement in the United States from the early nineteenth century to the present. Clio’s Column: Essays on the history of the health sciences libraries, librarians, and print culture. *Journal of the Medical Library Association*, 101(2), 89-91. DOI: <https://dx.doi.org/10.3163/1536-5050.101.2.003>
- Lutovac, S. & Kaasila, R. (2019). How to select reading for application of pedagogical bibliotherapy? Insights from prospective teachers’ identification process. *Journal of Mathematics Teacher*, 23, 483-498. <https://doi.org/10.1007/s10857-019-09437-0>
- Manderscheid, R., & Kobau, R. (2017). To your health and happiness. *Phi Kappa Phi Forum*, 97(4), 22-25. <https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/your-happiness-health/docview/1974970009/se-2>
- Martinec, R., Šimunović, D., & Jerković, V. K. (2022). Various aspects of using bibliotherapy in the field of education and rehabilitation. *Hrvatska Revija Za Rehabilitacijska Istrazivanja*, 58(1), 87-103. <https://doi-org.ezproxy.liberty.edu/10.31299/hrri.58.1.5>

- Merriam-Webster. (n.d.). Literature. In *Merriam-Webster.com dictionary*. Retrieved December 2, 2022, from <https://www.merriam-webster.com/dictionary/literature>
- Michel, C., Schnyder, N., Schmidt, S., Groth, N., Schimmelmann, B., & Schultze-Lutter, F. (2018). Functioning mediates help-seeking for mental problems in the general population. *European Psychiatry, 54*, 1-9. doi:10.1016/j.eurpsy.2018.06.009
- Monroy-Fraustro, D., Maldonado-Castellanos, I., Aboites-Molina, M., Rodríguez, S., Sueiras, P., Altamirano-Bustamante, N. F., De Hoyos-Bermea, A. & Altamirano-Bustamante, M. M. (2021). Bibliotherapy as a non-pharmaceutical intervention to enhance mental health in response to the COVID-19 pandemic: A mixed-methods systematic review and bioethical meta-analysis. *Frontiers in Public Health, 9*. <https://doi.org/10.3389/fpubh.2021.629872>
- Nelson-Jones, R. (2016). *Basic counselling skills: A helper's manual* (4th ed.). SAGE Publications, Ltd.
- O'Connor v. Donaldson, 422 U. S. 563 (1975).
<https://supreme.justia.com/cases/federal/us/422/563/>
- Olmstead v. L. C., 527 U. S. 581 (1999).
<https://www.supremecourt.gov/opinions/boundvolumes/527bv.pdf>
- Oxford Advanced Learner's Dictionary. (n.d.). Catharsis. In *Oxfordlearnersdictionaries.com dictionary*. Retrieved December 8, 2022, from <https://www.oxfordlearnersdictionaries.com/definition/english/catharsis?q=catharsis>
- Oxford Advanced Learner's Dictionary. (n.d.). Literature. In *Oxfordlearnersdictionaries.com dictionary*. Retrieved December 2, 2022, from <https://www.oxfordlearnersdictionaries.com/us/definition/english/literature?q=literature>
- Pappas, G. F. (2016). John Dewey's radical logic: The function of the qualitative in

- thinking. *Transactions of the Charles S. Peirce Society*, 52(3), 435–468.
<https://doi.org/10.2979/trancharpeirsoc.52.3.08>
- Petrucci, F. M. (2017). Plato on virtue in the *Menexenus*. *The Classical Quarterly*, 67(1), 49-70.
 DOI: 10.1017/S0009838817000349
- Pinel, Traité sur l’alienation mentale. (1803, April 1). *The Edinburgh Review*, 2(3), 160-172.
- Riordan, R. J., Mullis, F., & Nuchow, L. (1996). Organizing for bibliotherapy: The science in the art. *Individual Psychology*, (52)2, 169-180.
- Robinson, H. (2021). Substance. In E. N. Zalta (Ed.). *Stanford encyclopedia of philosophy* (Fall 2021 ed.). The Metaphysics Research Lab, Stanford University.
<https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=substance>
- Rosenblatt, L. M. (1994). *The reader, the text, and the poem*. Southern Illinois Press. (Originally published in 1978)
- Rosenblatt, L. M. (1969). Towards a transactional theory of reading. *Journal of Reading Behavior*, (1)1, 31-49. <https://doi.org/10.1080/10862969609546838>
- Scull, A. (2015). *Madness in civilization*. Princeton University Press.
- Sevinç, G. (2019). Healing mental health through reading: Bibliotherapy. *Psikiyatride Guncel Yaklasimlar*, 11(4), 483-495. <https://doi.org/10.18863/pgy.474083>
- Sire, J. W. (2020). *The universe next door: A basic worldview catalog* (2nd ed.). IVP Press.
- Solbakk, J. H. (2006a). *Catharsis and moral therapy I: A Platonic account*. *Medicine, Health Care and Philosophy*, 9, 57-67. DOI: 10.1007/s11019-005-8318-2
- Solbakk, J. H. (2006b). *Catharsis and moral therapy II: An Aristotelian account*. *Medicine,*

- Health Care, and Philosophy*, 9, 141-153. DOI: 10.1007/s11019-005-8319-1
- Sprafkin, R. P. (1977, May). The rebirth of moral treatment. *Professional Psychology*, 8(2), 161-169. <https://psycnet.apa.org/doi/10.1037/0735-7028.8.2.161>
- Stip, E., Ostlundh, L., & Aziz, K. A. (2020). Bibliotherapy: Reading OVID in the time of COVID. *Frontiers in Psychiatry*, 11, 1-8. DOI: 10.3389/fpsyt.2020.567539
- Stroud, S. R. (2014). The art of experience: Dewey on the aesthetic. In W. Malecki (Ed.), *Practicing Pragmatist Aesthetics* [Ebook]. (pp.33-46). Brill. https://doi.org/10.1163/9789401210812_004
- Taylor, E. (2009). *The mystery of personality: The history of psychodynamic theories* [Ebook]. Springer. <https://link.springer.com/book/10.1007/978-0-387-98104-8>
- Uffelman, M. (2011). Forging the self in the stream of experience: Classical currents of self-cultivation in James and Dewey. *Transactions of the Charles Pierce Foundation*, 47(3), 319-339. <https://doi-org.ezproxy.liberty.edu/10.2979/trancharpeirsoc.47.3.319>
- Urff, J. (2004). Public mental health systems: Structures, goals, and constraints. In B. L. Levin, J. Petril, & K. D. Hennessy (Eds.). *Mental Health Services: A Public Health Perspective*. (2nd ed.) [Google Book]. Oxford University Press. [https://books.google.com/books?id=yYbPAn_8jdwC&lpg=PP2&ots=4RN1GTmIfQ&dq=Community%20mental%20health%20centers.%20%20Mental%20health%20services%20A%20public%20health%20perspective.%2C%203rd%20ed.%20\(pp.%20349%E2%80%93373\).%20Oxford%20University%20Press.&lr&pg=PP2#v=onepage&q=community-based&f=false](https://books.google.com/books?id=yYbPAn_8jdwC&lpg=PP2&ots=4RN1GTmIfQ&dq=Community%20mental%20health%20centers.%20%20Mental%20health%20services%20A%20public%20health%20perspective.%2C%203rd%20ed.%20(pp.%20349%E2%80%93373).%20Oxford%20University%20Press.&lr&pg=PP2#v=onepage&q=community-based&f=false)
- Warner, L. (1980, October). The myth of bibliotherapy. *School Library Journal*, 107-111.
- Weiner, D. B. (1992). Philippe Pinel's "Memoir on Madness" of December 11, 1794: A

fundamental text of modern psychiatry. *The American Journal of Psychiatry*, 149(6), 725-732. <https://psycnet.apa.org/doi/10.1176/ajp.149.6.725>

Wildberg, Christian. (2021). Neoplatonism. In Edward N. Zalta (Ed.). *The Stanford encyclopedia of philosophy* (Winter 2021 ed.). The Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/archives/win2021/entries/neoplatonism/>

Wootton, B. M., Steinman, S. A., Czerniawski, A., Norris, K., Baptie, C., Diefenbach, G., & Tolin, D. F. (2018). An evaluation of the effectiveness of a transdiagnostic bibliotherapy program for anxiety and related disorders: Results from two studies using a benchmarking approach. *Cognitive Therapy and Research*, 42(5), 565-580. <http://dx.doi.org.ezproxy.liberty.edu/10.1007/s10608-018-9921-x>

Wunsch, C. (2008). Transactional models. In W. Donsbach (Ed.), *The international encyclopedia of communication* (1st ed.). John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781405186407.wbiect055>