

Uses of Bibliotherapy in Response to the 1970s

RHEA J. RUBIN

IT HAS BEEN NOTED that Americans are becoming increasingly introspective. The 1970s have been called the "Me decade" because of the popularity of self-analysis and self-actualization. "The new alchemical dream is: changing one's personality—remaking, remodeling, elevating, and polishing one's very *self* . . . and observing, studying, and doting on it. (Me!)"¹ The human potential movement of the 1960s did not dissolve as some social critics prophesied. In fact, many of the concepts and techniques from Esalen, Synanon and other "growth centers" have been incorporated into Americans' daily lives. New growth methods have been conceived and are extremely popular. For those who do not wish to join a group experience, self-help (popular psychology) books have proliferated; many have become unexpected bestsellers.

Perhaps one of the best indicators of the growing interest in self-fulfillment is a radically new attitude toward work. Since 1950, the United States has witnessed an increase in the number of men (250 percent) and women (20 percent) who are neither in poor health nor in the labor force. This is a total of 83 million people who are not employed, not seeking employment, and not unable to work.² An unspecified proportion of these people have decided that they would rather do something else than work purely for work's sake. Many more workers are retiring early with anticipation of a state of leisure; many more new workers are refusing boring and menial labor: "Young and old are willing to invest more effort in their work but are demanding a bigger payoff in satisfac-

Rhea J. Rubin is Field Representative, Humanities Program, National Council on the Aging, Inc., Washington, D.C., and the author of two recently published books on bibliotherapy.

tion. . . . The trouble is that this new humanistic, holistic outlook on life is at odds with the content of many jobs today."³

Society is also more preoccupied with psychological causes of behavior than it has been in any other period. The "therapeutic society," an expression derived from the concept of a therapeutic community,⁴ is increasingly aware of the role of causality in all facets of daily life. The field of psychology is only 100 years old, but many other disciplines are already imbued with psychological concepts — witness psychohistory, a field created in the late 1940s⁵ which gained popularity during the Watergate era. Another field is broadcasting, which has provided a dramatic example of the growing concern with psychological causation. In a 1977 murder trial, the defense attorney contended that his client was "suffering from and acted under the influence of prolonged, intense, involuntary, subliminal television intoxication."⁶ Although this was not the first time such a defense was used, the case created a public uproar which was only enhanced by the fact that the trial was televised. The defendant was found guilty; the network was not held liable:

To establish that a particular program suggested or even inspired a malicious act is quite a long way from proving that it caused a crime to be committed. If an impressionable or deranged person acts out a scene of violence he has experienced through television or a book, the author cannot be held responsible. The chain of causation is too weak to sustain liability.⁷

In another much-publicized case, this one in 1978, the prosecution rather than the defense alleged that the crime had been inspired by television.⁸ However, the courts upheld the network's First Amendment rights, assuming that the movie did not intend to incite violence.

A third social trend, the introduction of previously institutionalized patients, students and offenders into the community, also has raised the public awareness of psychological causation. During the past decade many states, notably California, have been transferring patients from mental hospitals into community-based programs. In corrections, too, the trend has been toward deinstitutionalization. All of Massachusetts's juvenile correctional institutions were abruptly closed in 1971 by their director, Jerome Miller. He stated: "We must realize that no amount of reform funneled into our present institutional system will basically change it. To insure fundamental and lasting reform, therefore, our institutions must be closed."⁹ Although many corrections and mental health professionals disagree with this approach, mainstreaming seems to be the wave of the

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future as community programs become better accepted. This is a slow process, because the public is not prepared to deal with these people in their communities. Individuals who find themselves living near a halfway house, as well as professionals in private and public agencies, are being confronted with problems they may never have faced before. On one hand, they must learn to cope with their own reactions to their new neighbors; on the other, they must — directly or indirectly — help the newcomers adjust to society.

Due to this climate in America today, public and private agencies are being forced to examine the training necessary for provision of their services. American workers, from police employees to clerks in large corporations, are being offered sensitivity training. Library continuing education has responded with workshops such as “coping with stress” or “how to deal with the problem client”; some public libraries are contracting with local mental health agencies for staff training. Library schools, as well, are offering more courses in interpersonal communication and preventive mental health in order to graduate librarians who are better equipped to deal with their clients’ (and perhaps their own) problems.

One method of training librarians and other professionals is bibliotherapy, which can also be used as a library program to satisfy the public interest in self-actualization. Bibliotherapy encompasses a variety of activities which promote self-growth based on the shared experience and discussion of literature. It can be used with “normal” citizens who want to learn more about themselves and others, as well as with mentally or socially maladjusted people who need to change their behavior. Bibliotherapy is seen as a library approach because of its basis in the concepts of library service as well as in the principles of psychology and adult education.

BIBLIOTHERAPY DEFINED

Bibliotherapy has been described by Monroe as part of a continuum of library services. Reference, reading guidance and bibliotherapy are closely related in function. All three serve informational, instructional and/or guidance needs. Reference services are objective, informational and of short duration, while reading guidance is subjective and more broadly educational. Bibliotherapy is a long-term approach to library services for therapeutic purposes.¹⁰ This concept of bibliotherapy as an outgrowth of reader’s services is accepted also by Hannigan: “This skill [bibliotherapy] is a refined application of his normal librarian’s function as readers’ advisor.”¹¹ Note that the reader’s advisor came to the forefront

of librarianship in the 1920s and 1930s. In 1939 bibliotherapy received official library recognition when the Hospital Division of the American Library Association (ALA) appointed its first bibliotherapy committee.

In its current state, bibliotherapy is usually practiced with a group. It can therefore be considered as an outgrowth of the field of group psychology, which also made large strides during 1920-40. The term "group therapy" was coined in 1931. Psychodrama was introduced in 1925 and dance therapy in 1942. By the 1950s, and the advent of art therapy and music therapy, the idea of creative, adjunctive, group therapies was well accepted. Adult education, which flourished in the 1930s and 1940s, also claims to be a precursor to bibliotherapy. The book-based discussion groups exemplified by the Great Books program of 1945 paralleled the more therapy-oriented service called bibliotherapy. The interdisciplinary background of bibliotherapy can be clearly illustrated by an analysis of its recent literature. Of the 131 articles published from 1970 to 1975, 35 percent appeared in library journals and 65 percent in periodicals of other fields, such as psychology, education, nursing and occupational therapy.

The term *bibliotherapy* is derived from the Greek *biblion* (book) and *therapeia* (healing). Samuel McChord Crothers coined the word in a 1916 *Atlantic Monthly* article, and there has been confusion about it ever since. In 1961, *Webster's Third New International Dictionary* published the definition which was officially accepted in 1966 by ALA: "the use of selected reading materials as therapeutic adjuvants in medicine and in psychiatry; also: guidance in the solution of personal problems through directed reading." This author prefers to define bibliotherapy as: "a program of activity based on the interactive processes of media and the people who experience it. Print or non-print material, either imaginative or informational, is experienced and discussed with the aid of a facilitator."¹² This concept includes the application of bibliotherapy in institutional or community settings, via print as well as other media, using didactic or imaginative literature in programs under the direction of one or more professionals. Its goal is either insight into normal development or changes in disturbed behavior. Since the definition — and the field — is so broad, a 3-pronged approach to bibliotherapy through classification according to participants, goals, settings and leaders has been adopted.

The three types of bibliotherapy are institutional, clinical and developmental (see Table 1).

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TABLE 1. CHARACTERISTICS OF THE THREE TYPES OF BIBLIOTHERAPY

<i>Characteristic</i>	<i>Institutional</i>	<i>Clinical</i>	<i>Developmental</i>
Format	individual or group; usually passive	group — active; voluntary or involuntary	group — active; voluntary
Client	medical or psychiatric patient, prisoner or client in private practice	person with an emotional or behavioral problem	“normal” person, often in a crisis situation
Contractor	society	society or individual	individual
Therapist	physician and librarian team	physician, mental health worker or librarian, often in consultation	librarian, teacher or other
Material used	traditionally didactic	imaginative literature	imaginative literature and/or didactic
Technique	discussion of material	discussion of material, with emphasis on client’s reactions and insights	discussion of material, with emphasis on client’s reactions and insights
Setting	institution or private practice	institution, private practice or community	community
Goal	usually informational, with some insight	insight and/or behavior change	normal development and self-actualization

Source: Rubin, Rhea J. *Using Bibliotherapy: A Guide to Theory and Practice*. Phoenix, Oryx Press, 1978, p. 7.

Institutional bibliotherapy is the direct descendant of bibliotherapy as practiced in the 1930s by psychiatrists (notably William Menninger). It refers to the reading of literature (usually didactic), by individual, institutionalized patients who then discuss it with the doctor. The phrase “prescription of books for specific ills”¹³ applies to this approach. The goal is primarily informational, although some insight materials may be offered; the setting is an institution; and the facilitator is a physician or a medical team which may include a librarian. This type of bibliotherapy is not popular today, although some doctors still use media with individual patients in their private practice.

Clinical bibliotherapy refers to the use of imaginative literature with groups of clients with emotional or behavioral problems. The goals

range from insight to change in behavior; the setting is either an institution or the community; and the facilitator is either a librarian or a doctor, usually in consultation with the other. Exemplary clinical bibliotherapy programs are ongoing at St. Elizabeths Hospital in Washington, D.C., and at the Santa Clara County Free Library in San Jose, California.¹⁴

Developmental bibliotherapy refers to the use of both imaginative and didactic materials with groups of "normal" individuals. The goal is to promote normal development and self-actualization or to maintain mental health. This type of bibliotherapy is often provided in schools, libraries and other community settings. The program discussion is designed and led by a librarian, teacher or other member of the "helping professions," such as a social worker or psychologist. Developmental bibliotherapy is the approach most often used by public librarians and the one that can most readily be used in response to the three societal trends discussed earlier; that is, it can be utilized as part of consciousness-raising or sensitivity training programs for professionals, or offered as a public program to satisfy the demand for self-actualization activities.

CURRENT USES AND CONCERNS

The history of bibliotherapy is often seen as an extension of the development of institutional library service. Indeed, current uses of bibliotherapy can be traced to origins in medical and mental hospitals. The first known example of a qualified librarian using books in the treatment of mental patients was E. Kathleen Jones at the McLean Hospital in Waverly, Massachusetts, in 1904. In 1923 Sadie P. Delaney introduced bibliotherapy at the Veterans Administration Hospital in Tuskegee, Alabama. The VA hospitals, as well as mental hospitals, have done much of the groundwork in the field as a result of the constant supply of patients, the relatively large number of staff, and the philosophy of patient care. Today, however, most bibliotherapy has moved out of hospitals and into schools and the community.

Educational settings for bibliotherapy have been popular since the 1940s, with bibliotherapy groups led most frequently by the classroom teacher. Since 1947, when the American Council on Education first published its classic *Reading Ladders for Human Relations*, the literature of education has included many articles on bibliotherapy. *Education* magazine devoted its April 1964 issue to bibliotherapy, and in 1968 an excellent book on bibliotherapy in education appeared.¹⁵ Schools have been

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obvious sites for bibliotherapy because it is compatible with the goals of contemporary education, which include fostering development of a whole, adjusted personality able to deal with today's world. Students are already in an atmosphere conducive to reading and discussion, a library is usually available, the students are gathered five days a week, and curriculums are often varied and flexible — all of these factors have contributed to the current use of bibliotherapy in schools.

Community use of bibliotherapy is the trend for the future. Small local institutions, such as halfway houses, addiction centers, outpatient services, nursing homes and group homes, are obvious locations for bibliotherapy programs which have been developed in larger institutions. In many communities, the public library is already involved in book delivery to neighboring institutions. In San Jose, California, the Santa Clara County Free Library brings bibliotherapy programs to numerous local sites; unfortunately, this is the only example of such a program offered by a public library. Other agencies are, however, beginning to use bibliotherapy in their community activities. For example, the National Council on the Aging, Inc. has an exemplary reading and discussion program to foster the self-esteem and personal potential of participants, which it offers to senior residences and centers and nursing homes.

Due to the proliferation of settings for bibliotherapy, as well as the growing use of media other than books, new methods of practice and preparation are always being developed. Unfortunately, articles on methodology are rare, although an informal network of communication among practitioners indicates great diversity in technique. Most common is discussion of literature read previously or read together in the group. Bruce Bettencourt, of the Santa Clara County Bibliotherapy Project, described the method he and Clara Lack use in an initial presentation to a group:

I . . . read a short story out loud to the group. Usually it is ten to fifteen minutes in length. Then we spend the rest of the time talking about the story, the characters, the situations they have gotten themselves into, and their problems. We might discuss what the people in the story did to extricate themselves from their situation or problem. Or we might speculate as to why the characters acted or felt as they did. We try [to] get below the surface of the plot and discover what the characters' motivations are — what makes them tick. Sometimes we talk about experiences or feelings that we have had that are similar to those of the people in the story. Or we might talk about ways in which our experiences have been different or opposite. We often dis-

cuss whether or not we agree with the course of action taken by the character in the story.

I do want to emphasize that this is not like an English or literature class in school. We are not interested in analyzing symbolism, or discussing the author's life, or his reason for writing the story. We can speculate as to what we think happened after the story ended. We can try to fill in details that the author leaves to the imagination. In general, our discussions are at a feeling level, rather than at an intellectual level.¹⁶

Whether the participants read material prior to the group discussion or experience the literature in the group; whether stories, poetry, or plays are used; and whether the leader or the participants choose the selection, are decisions to be made in this mode. More striking decisions concern whether to use nonprint media such as film or music (both of which are becoming more popular in bibliotherapy) and whether to integrate creative writing with the experience. Poetry therapists in particular feel strongly that the creation of literature by the participants is an important part of the therapy process. Franklin Berry, a psychologist involved in bibliotherapy research, has suggested a systematization of literature-based therapies to delineate four different modes (see Figure 1):

[These modes] are all variants of bibliotherapy; each . . . represents a uniquely different literary experience for the participant. The nature of the literature presented to the participant whether existing in written or oral form, or the type of literature created by the participant whether written or spoken, affect how the literature is experienced by the participant.¹⁷

It can be assumed that further analysis of the use of different modes of bibliotherapy is forthcoming.

*Nature of
the Literature*

*Nature of Participant's
Linguistic Response*

*Receptive Language
(Input)*

*Expressive Language
(Output)*

Written

Oral

A	C
B	D

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- A — Traditional Bibliotherapy (Participant reads literature himself/herself; written literature is read to participant.)
- B — Literatherapy as defined by Shiryon (1972). (Oral literature is communicated to the participant.)
- C — Creative Writing Therapy (Participant creates literary products, poems, short stories, diary entries, life history recollections, etc.; they are written works.)
- D — “Creative Orating Therapy” (Participant creates literary products orally, e.g., a poem or short story or an oral diary or an oral life history, etc.; they are oral works.)

Source: Berry, Franklin. “Contemporary Bibliotherapy: Systematizing the Field.” In Rhea J. Rubin, ed. *Bibliotherapy Sourcebook*. Phoenix, Oryx Press, 1978, p. 188.

FIGURE 1. SYSTEMATIZATION OF LITERATURE-BASED THERAPIES

From the 1930s through the 1950s, selection criteria based on the patient’s diagnostic category were in vogue; since then no specific selection scheme has been advanced. Recently, however, there has been an attempt to analyze the materials selection process for bibliotherapy. Monroe has developed a matrix for the analysis of literature for bibliotherapy. Materials are analyzed in terms of the type of reader (e.g., children of aging grandparents, young adults, retired adults, middle-aged children of aging parents, actively aging, declining aging, and aging near death), and the level of use or need (e.g., consciousness-raising, understanding, planning, coping, etc.).¹⁸ In it, she includes the following evaluative steps: first, bibliographic evaluation, including physical format and type of literature. Content analysis includes consideration of life tasks (based on the concept of developmental tasks), attitudes and values, summary of topics or experience, and expected benefit to reader. Next, Monroe analyzes the reader appeal, taking into account such factors as user interest group and readability level. Once the material is analyzed, the utilization plan can be developed. The scientific approach to materials selection will certainly also be continued in the future.

BIBLIOTHERAPY EDUCATION AND CERTIFICATION

By necessity, the further use of bibliotherapy in the next decade depends on the training and education developed for bibliotherapy practitioners. Although bibliotherapy is an outgrowth of many professions, each of which has contributed to the techniques now used, none of these

disciplines has provided specific training for bibliotherapy. In the past, most discussions of training have revolved around the personal characteristics deemed necessary for bibliotherapy, rather than the skills needed. In the October 1962 issue of *Library Trends*, which was devoted to bibliotherapy, Margaret Kinney described a model training program at the graduate level which included library science courses, experience working in a library, a broad knowledge of literature, a study of psychology, and field service in bibliotherapy.¹⁹ Yet the first course in bibliotherapy for college credit was not offered until 1970 (by the Villanova University Graduate School of Library Science); that same year the first college course in poetry therapy was offered (by the New School for Social Research). During the summers of 1972-74, an intensive 3-week interdisciplinary course in poetry therapy was offered at Indiana University (Pennsylvania), based on a training proposal for poetry therapists.²⁰ Unfortunately, the entire proposal was never implemented. The first attempt at a comprehensive training program was begun by Arleen Hynes in 1973.²¹ Her 2-year training program includes a minimum of 448 training hours; the student spends the first year as a trainee and the second as an intern. Her graduates receive a certified poetry therapist (C.P.T.) diploma from the Association for Poetry Therapy (which has been certifying poetry therapists since 1974), because there is currently no bibliotherapy certification.

The question of certification is a controversial one which deserves further attention. Most librarians balk at the discussion of standards until training programs are offered, yet practitioners do not want to establish courses without knowing what certification requirements might be. It seems that the solution is to offer courses of study and develop standards simultaneously to break the inertia of the situation. Because of the growing interest in the field and the number of people calling themselves bibliotherapists (although only three people have job descriptions with that classification²²), it is important that registration requirements be established.

In 1977, this author developed a bibliotherapy certification proposal based on a review of current job descriptions and a study of other creative therapy standards. It seemed reasonable to suggest a multilevel certification program requiring educational and experiential components and distinguishing among the three types of bibliotherapy.

For an institutional bibliotherapist working alone, rather than as part of a team, these requirements are suggested:

1. Ph.D. in behavioral science, library science, counseling or nursing, and

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- a set number of required clinical psychology, literature and library science courses;
2. one year of experience working part-time in a clinical bibliotherapy situation, and one year of part-time institutional bibliotherapy under supervision; and
 3. one year of experience working full-time in another aspect of mental health, library science or nursing.

For an institutional bibliotherapist working as a member of a team (an associate institutional bibliotherapist), the following requirements are recommended:

1. MLS or master's degree in behavioral sciences or nursing, and a set number of required interdisciplinary courses;
2. one year of experience working part-time as a bibliotherapist in a clinical or developmental situation; and
3. one year of experience working full-time in another area of library science, mental health or nursing.

The second type of bibliotherapy discussed earlier was termed "clinical" and applies to bibliotherapy as most practitioners think of it—in groups with clients who have emotional and/or behavioral problems and who are being treated in either an institutional or community setting. Arleen Hynes's program is the best training for this sort of work, but because there are currently few opportunities for such training, an alternative set of standards is offered:

1. MLS or master's degree in behavioral sciences, nursing, counseling or education, and a set number of required courses in the other fields; or a bachelor's degree in one of these fields plus equivalent experience;
2. one year of experience working part-time as a bibliotherapist under supervision; and
3. one year of experience working full-time in another area of library science, mental health, education or nursing.

The third type of bibliotherapy, "developmental," is referred to as group bibliotherapy with "normal" adults or children desiring improved understanding of themselves or their problems. These requirements are proposed:

1. MLS or bachelor's degree in education, counseling or behavioral science, and a required set of courses in library science, psychology and literature;

2. one year of part-time experience as a bibliotherapist under supervision; and
3. one year of full-time experience as a teacher, counselor or librarian.²³

In order to implement such a proposal, a curriculum available at various universities, teachers, supervisors, and a certifying agency are needed. An interdisciplinary organization could serve in the last capacity, as could a federation of relevant organizations.²⁴ Whatever decisions are made on these specifics, it is important that training and certification be further discussed if bibliotherapy is to realize its potential and be accepted as a viable field.

BIBLIOTHERAPY IN THE 1980s

In the 1980s, the three current trends discussed here — interest in self-actualization, preoccupation with psychological causation, and mainstreaming and deinstitutionalization — will continue. So, too, will the assertion of minority groups to gain recognition and power, and the movement of citizen groups to protest government activities and call for consumer rights. All of these issues are emotion-laden and demand public acceptance of something or someone new — adjustment to whatever the situation requires. For some lucky people, this flexibility is simple; for most, such developments are difficult to understand and accept.

Bibliotherapy can be used by community agencies, especially the public library, to give people a chance to discuss their reactions to issues in a personalized manner. Through identifying with a character in a book or reacting to a situation in a film, people can discuss themselves in a nonthreatening atmosphere due to the objectivity which literature provides. As Caroline Shrodes explains it: "Literature, being at once a fantasy and yet a realistic portrayal of human behavior, permits the reader, paradoxically, both an illusion of psychic distance and immediacy of experience."²⁵ Therefore, bibliotherapy can be a group-awareness method both for people able to talk about themselves and for people who need the distance afforded by literature. For libraries dedicated to responding to their community's needs, bibliotherapy may be the key.

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