

Reading for Recovery: Bibliotherapy for Addictions

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Abstract

The Rutgers Center of Alcohol Studies received a Carnegie-Whitney grant from the American Library Association to build a tool with the purpose of facilitating library resources for creative and informal bibliotherapy. This paper complements the authors' presentation and workshop at the 2016 conference, where they experimented with a novel interactive format of sharing knowledge to inspire substance abuse librarians to promote bibliotherapy as a potential treatment modality. The two-year project has made a lot of progress to date, such as formulating selection criteria, determining target audiences and choosing the appropriate platforms, designing a vetting process, and compiling a preliminary bibliography. The paper also summarizes a mock bibliotherapy session drawing upon evidence-based practices as the second part of the presentation. Participants read a short text and were encouraged to analyze it based on prefabricated questions and talking points similar to a book club discussion. The authors have benefited tremendously from the conference by building on the collective expertise of the SALIS members.

Keywords

Bibliotherapy, Recovery, Treatment modalities, Guided reading, Public libraries

Millions of people around the world struggle with substance abuse and addiction every day. The concept of recovery may have different meanings for the medical community than for lay support groups like Alcoholics or Narcotics Anonymous, but recent empirical

findings support the longstanding adage that recovery is less a discrete event than a continuous process (Kaskutas et al., 2014). Turning inward and taking care of one's mental health needs are listed among key factors in recovery. A good book can guide,

inspire, and solace those recovering from addiction, and enlighten those who have not experienced its powerful grip firsthand. Mindful about sensitive information needs, librarians offer resources and services without passing judgment. Through this process, they often become “accidental bibliotherapists” (Brewster, 2009) to those affected by addiction. Useful bibliographies do exist in print (Norcross et al., 2000; Norcross et al., 2013; Pardeck, 1998; Berthoud & Elderkin, 2013; Rubin, 1978) and for commercial purposes on the Internet, but it is difficult to find current resources online that have been previously vetted by addiction experts.

The R4R project: A Carnegie Whitney grant from ALA

In 2015, the Center of Alcohol Studies (CAS) Library at Rutgers University was awarded a two-year Carnegie Whitney grant by the American Library Association to create a comprehensive online collection of titles to complement the support system for people with substance use problems. The Carnegie-Whitney Grant provides grants for the preparation of popular or scholarly reading lists, webliographies, indexes and other guides to library resources that will be useful to users of all types of libraries in the United States. An easily discoverable and searchable open-access resource called Reading for Recovery, R4R, is in the works to bridge the gap between readers in need and appropriate books that can enhance active coping. The main goal is to empower librarians and addiction counselors with a tool vetted by experts to use resources already available to them.

With its R4R project, the CAS Library continues the CAS tradition of utilizing books and other information sources to better understand and address alcohol and drug use. In the late 1930s, the Carnegie Corporation funded a massive review of the existing literature on the use and abuse of alcohol, a project which set in motion what would ultimately become the Center of Alcohol Studies.

Definitions

The project started by outlining and identifying its major components: the definition of bibliotherapy, its interpretation for R4R, key project personnel and their tasks, criteria to include titles, potential distribution platforms, and methods of dissemination. The timeline of the project, approved by ALA, provided benchmarks for our team and our funders.

Phase 1 - PLANNING

- evaluate selection criteria
- expand the scope
- brainstorm for content

Phase 2 - SEARCHING

- search comprehensively for titles
- reach out to the CAS faculty

Phase 3 - SELECTING

- create collection development policies

Phase 4 – PILOT

- create annotated bibliographies
- develop pilot website

Phase 5 – TESTING

- test for accessibility and usability
- solicit information from librarians

Phase 6 - DEVELOPMENT

- develop collection further
- write annotations where applicable
- continue to build website

Phase 7 – FINALIZING

- present at local libraries and at CAS
- solicit feedback

Phase 8 – GRAND OPENING

What is bibliotherapy?

Reading can be especially powerful at moments of crisis or crossroads. Evidence shows that guided reading, often referred to as bibliotherapy, can be effective (Brewster, Sen, & Cox, 2012; Bergsma, 2008; Moldovan, Cobeanu, & David, 2013; McCann & Lubman, 2014; Walwyn & Rowley, 2011; MacDonald, Vallance, & McGrath, 2013). From the numerous definitions of *bibliotherapy* (Allen

et al., 2012; Brewster, 2008a; Jones, 2006), for our purposes, bibliotherapy is defined as using books from a list created under the guidance of a subject expert in order to address a therapeutic need. For this project, the varieties of bibliotherapy used for developmental and clinical purposes are combined, allowing for a diverse collection of texts beyond strictly either therapeutic or literary titles.

Traditionally, bibliotherapy in the United States has been of the clinical variety: the material would typically be a self-help publication, a brochure, or a workbook, which may or may not be accompanied by another “textbook”-type publication. Examples include therapy manuals and workbooks from reputable publishers, available in public libraries or for purchase. Addiction counselors would distribute these materials to patients to complement the in-person intervention and/or treatment.

In Europe, bibliotherapy also follows what we term the developmental model, usually limited to traditional literary works. Therapists in this group often accept only “high literature,” i. e. the works of established writers and poets, as reading material. Conducted by bibliotherapists trained not only in psychotherapy, but also in literary theory and analysis, these sessions focus on a single text at a time (e.g. a poem or short story). The therapist reads the text aloud and guides the conversation as dictated by the needs of the individual or group.

Book clubs can be considered a special, less formally therapeutic version of this practice, whether organized by a public library or in private gatherings. Titles are selected by the librarian or group leader, and participants read the book before the meeting. A variety of support materials can make sessions more successful, such as discussion questions or talking points.

In summary, in addition to the clinical bibliotherapy prescribed by counselors, there is a clear opportunity to leverage library resources for creative and informal bibliotherapy, available and discoverable to those who might benefit. Self-help books, published and edited by professionals, can

help structure day-to-day living; however, a broader sense of bibliotherapy’s potential dates back to at least 1939 (Bryan, 1939). In this more general view, goals of bibliotherapy could include providing information and insight, finding facts for solutions, contemplating and offering dialogue on problems, communicating new values and attitudes, and learning about how others have faced the same problems (Pardeck, 1998). In recent years especially there has also been emerging interest in pairing works of fiction to specific ailments and conditions for therapeutic purposes (Duffy, 2010; Berthoud & Elderkin, 2013; Detrixhe, 2010).

Exploring bibliotherapy in addiction

The CAS Library has identified a need to explore the benefits of bibliotherapy for substance abuse topics, a need that the advisory practice of libraries can help meet. Public libraries already have wonderful and relevant resources on their shelves, but librarians may not feel comfortable recommending titles concerning sensitive topics in a public library setting. This current gap between the appropriate books and their readers cannot be bridged by librarians without the requisite knowledge of the available resources.

Traditionally, librarians offer reading recommendations in both the physical and digital environments. The latter appears particularly well suited to the sensitive nature of addiction, as internet anonymity permits confidential information seeking. An easily discoverable, non-commercial, open-access website protects the users’ identities and ensures ready availability to all target audiences of the project, including librarians and counselors.

As Myers (1998) asserts, “the use of selected books in counseling is applicable to persons in all stages of life, from a variety of cultural backgrounds, and with a wide variety of problems” (p. 76). Bibliotherapy has been found effective in a variety of demographics, such as African Americans (Johnson, 2012), children (Laninger et al., 2010; Morgan & Roberts, 2010; Thompson & Trice-Black,

2012), young adults (Regan & Page, 2008; Laninger et al., 2010; Morgan & Roberts, 2010), and prisoners (Billington, 2011; Sweeney, 2008), to mention only a few. Further, it has been recommended as complementary treatment for depression (Coote & MacLeod, 2012; Liu et al., 2009; Moldovan, Cobeanu, & David, 2013) and other mental health conditions (Turner, 2008; McCann & Lubman, 2014; Fanner & Urquhart, 2008; Fanner & Urquhart, 2009). It has also shown success with problem drinkers (Skuttle & Berg, 1978; Apodaca & Miller, 2003) and other substance abusers (Johnson, 2012). Finally, this project will target the mediators between books and readers to empower them in their key roles as counselors (Morgan & Roberts, 2010), mental health therapists (Adams & Pitre, 2000), caregivers (McCann & Lubman, 2014), educators (Prater et al., 2006), and librarians (Brewster, 2009; Brewster, Sen, & Cox, 2013; Janaviciene, 2010; Levin & Gildea, 2013).

With a goal to bridge the gap in access and discoverability between the readers in need and the appropriate books that can enhance active coping, R4R aims to empower librarians and addiction counselors with a tool that has been vetted by experts from the oldest and most prestigious research and educational program in the United States.

The R4R team

A multifaceted and multidisciplinary project, R4R needs the well-coordinated endeavors of a diverse team to meet the needs of its diverse audiences and to perform the broad tasks that have evolved during the project.

The team originally consisted of the two CAS librarians, a public librarian with expertise in both substance-use libraries and adult programming, an addiction counselor / educator from CAS, and CAS graduate assistants from the Master's in Library and Information Science program at Rutgers. Through an unplanned and rather lucky series of events, a graduate assistant joined the team in the first few months from the English PhD Program at Rutgers, which opened up new

avenues for R4R. The team was later supplemented by CAS undergraduate assistants, who screened potential titles and piloted a metadata tagging system.

Selection criteria

The three librarians' initial role was to design selection criteria for the project. Considering the main purposes and the funding source, the following types of books are included:

- readily found in public or academic libraries
- distributed by an established publisher
- professionally reviewed in a peer-reviewed subject-specialty journal or library journal (e.g., *Choice*, *Library Journal*, *Kirkus Reviews*, etc.)

These criteria weeded out self-published and self-promoted titles, among others, by default. However, suggestions from readers and librarians are always welcome. Additionally, the social media distribution platforms, by nature, have a great built-in potential to register significant and popular books, which can be added to the collection at any time.

Distribution and use

The completed collection will be accessible on social networks LibraryThing and Goodreads, both already up and running with a few hundred titles.

We have also developed a [R4R LibGuide](#), with special instructions for librarians, counselors, and individual readers.

Included in the LibGuide are tips on active reading techniques, advice on forming book clubs, and more information tailored to specific audiences.

Fail and fail better

The project has undergone major changes since its inception, caused by some unexpected events both advantageous and disadvantageous. The document management software we had originally selected for distribution failed to meet our needs, or more specifically our budget: it would have proved

significantly more expensive at the scale envisioned for this collection.

The proportion of part-time graduate and undergraduate assistants on staff required us to adapt to personnel turnover, but also connected us to unexpected partners and allies. Collaboration with partners overseas has also resulted in a more complex perspective on building a collection for bibliotherapy. Eventually, it helped us not only to interpret bibliotherapy in a much broader sense, but also widen the scope of the collection and experiment with our methods, such as the bibliotherapy workshop at the SALIS conference.

Dissemination so far

The project has been widely publicized via conference presentations, workshops, and posters, as well as in articles.

- Poster presented at the VALE Assessment Fair, Piscataway, NJ, July 14, 2016
- Poster at NJLA Conference, Atlantic City, NJ, May 17, 2016.
- Poster at Medical Library Association Conference, Toronto, Canada, May 16, 2016.
- Bibliotherapy Workshop, 38th Annual SALIS Conference, Denver, CO. May, 7, 2016.
- Poster Series, 38th Annual SALIS Conference, Denver, CO. May, 5, 2016.
- Three posters at CAS Poster Session, Piscataway, NJ, May 3, 2016.
- Presentation at Graduate Student Lightning Talk, Rutgers University, New Brunswick, NJ, April 28, 2016.
- Graduate Student Workshop, CAS Library, Piscataway, NJ, April 27, 2016.
- Undergraduate Student Workshop, CAS Library, Piscataway, NJ, April 26, 2016.
- Presentation and Workshop, University of Pécs, Department of Culture, Library and Information Science, Hungary. Budapest, Hungary, April 8, 2016.
- Panel presentation at the Medical Library Association of Hungary. Budapest, Hungary, April 7, 2016.
- Conference of the Hungarian Association on Addictions, Siófok, Hungary, November 26-28.
- NAADAC Annual Conference, Washington, D.C., October 10, 2015.
- VALE Assessment Fair, Piscataway, NJ, July 16, 2015.
- Summer Information Literacy Workshop, Branchburg, NJ, July 14, 2015.
- Summer School of Addiction Studies, New Brunswick, NJ, July 8, 2015.

Conclusion

This paper followed a two-year project, which was greatly enhanced by the SALIS community during the numerous communications in person and via email. The conference provided a great opportunity not only to test our ideas, but also to get inspiration from librarians from all over the world.

The final project to be undertaken by the Center of Alcohol Studies Library was supported by the ALA Carnegie-Whitney Grant. It was a grant from the Carnegie Corporation in 1938 that funded the original project designed to index and organize the entirety of scientific alcohol literature, known as the Classified Abstract Archive of the Alcohol Literature (CAAAL). This project would serve as a foundation of the institution that would come to be known as the Center of Alcohol Studies. Taking inspiration from CAS founders E. M. Jellinek and Mark Keller, broad thinkers who were instrumental in the design and structure of both the CAAAL project and CAS in general, the Reading for Recovery (R4R) project serves to extend this spirit, spanning also the broader literary, cultural, and philosophical arenas in order to uniquely reach the populations most vulnerable to substance use.

Appendix

The abbreviated version of the short story F. Scott Fitzgerald, "Sleeping and Waking" with questions, as used at the conference bibliotherapy workshop

F. Scott Fitzgerald, "Sleeping and Waking"

When some years ago I read a piece by Ernest Hemingway called *Now I Lay Me*, I thought there was nothing further to be said about insomnia. I see now that that was because I had never had much; it appears that every man's insomnia is as different from his neighbor's as are their daytime hopes and aspirations. [...]

With a man I knew the trouble commenced with a mouse; in my case I like to trace it to a single mosquito. [...]

It is astonishing how much worse one mosquito can be than a swarm. A swarm can be prepared against, but one mosquito takes on a personality – a hatefulness, a sinister quality of the struggle to the death. This personality appeared all by himself in September on the twentieth floor of a New York hotel, as out of place as an armadillo. He was the result of New Jersey's decreased appropriation for swamp drainage, which had sent him and other younger sons into neighboring states for food.

The night was warm – but after the first encounter, the vague slappings of the air, the futile searches, the punishment of my own ears a split second too late, I followed the ancient formula and drew the sheet over my head.

And so there continued the old story, the bitings through the sheet, the sniping of exposed sections of hand holding the sheet in place, the pulling up of the blanket with ensuing suffocation – followed by the psychological change of attitude, increasing wakefulness, wild impotent anger – finally a second hunt.

This inaugurated the maniacal phase – the crawl under the bed with the standing lamp for torch, the tour of the room with final detection of the insect's retreat on the ceiling and attack with knotted towels, the wounding of oneself – my God!

– After that there was a short convalescence that my opponent seemed aware of, for he perched insolently beside my head – but I missed again.

At last, after another half hour that whipped the nerves into a frantic state of alertness came the Pyrrhic victory, and the small mangled spot of blood, *my* blood, on the headboard of the bed.

As I said, I think of that night, two years ago, as the beginning of my sleeplessness – because it gave me the sense of how sleep can be spoiled by one infinitesimal incalculable element. It made me, in the now archaic phraseology, "sleep-conscious." I worried whether or not it was going to be allowed me. I was drinking, intermittently but generously, and on the nights when I took no liquor the problem of whether or not sleep was specified began to haunt me long before bedtime.

A typical night (and I wish I could say such nights were all in the past) comes after a particularly sedentary work-and-cigarette day. It ends, say, without any relaxing interval, at the time for going to bed. All is prepared, the books, the glass of water, the extra pajamas lest I awake in rivulets of sweat, the luminol pills in the little round tube, the note book and pencil in case of a night thought worth recording. (Few have been – they generally seem thin in the morning, which does not diminish their force and urgency at night.)

I turn in, perhaps with a night-cap – I am doing some comparatively scholarly reading

for a coincident work so I choose a lighter volume on the subject and read till drowsy on a last cigarette. At the yawning point I snap the book on a marker, the cigarette at the hearth, the button on the lamp. I turn first on the left side, for that, so I've heard, slows the heart, and then – coma.

So far so good. From midnight until two-thirty peace in the room. Then suddenly I am awake, harassed by one of the ills or functions of the body, a too vivid dream, a change in the weather for warm or cold.

The adjustment is made quickly, with the vain hope that the continuity of sleep can be preserved, but no – so with a sigh I flip on the light, take a minute pill of luminol and reopen my book. The *real* night, the darkest hour, has begun. I am too tired to read unless I get myself a drink and hence feel bad next day – so I get up and walk. [...]

Back again now to the rear porch, and conditioned by intense fatigue of mind and perverse alertness of the nervous system – like a broken-stringed bow upon a throbbing fiddle – I see the real horror develop over the roof-tops, and in the strident horns of night-owl taxis and the shrill monody of revelers' arrival over the way. Horror and waste –

– Waste and horror – what I might have been and done that is lost, spent, gone, dissipated, unrecapturable. I could have acted thus, refrained from this, been bold where I was timid, cautious where I was rash.

I need not have hurt her like that.

Nor said this to him.

Nor broken myself trying to break what was unbreakable

The horror has come now like a storm – what if this night prefigured the night after death – what if all thereafter was an eternal quivering on the edge of an abyss, with everything base and vicious in oneself urging one forward and the baseness and viciousness of the world just

ahead. No choice, no road, no hope – only the endless repetition of the sordid and the semi-tragic. Or to stand forever, perhaps, on the threshold of life unable to pass it and return to it. I am a ghost now as the clock strikes four.

On the side of the bed I put my head in my hands. Then silence, silence – and suddenly – or so it seems in retrospect – suddenly I am asleep.

Sleep – real sleep, the dear, the cherished one, the lullaby. So deep and warm the bed and the pillow enfolding me, letting me sink into peace, nothingness – my dreams now, after the catharsis of the dark hours, are of young and lovely people doing young, lovely things, the girls I knew once, with big brown eyes, real yellow hair. [...]

Irresistible, iridescent – here is Aurora – here is another day.

DISCUSSION QUESTIONS

1. Reread the first paragraph. What might be different about each person's insomnia? What might be similar enough that the narrator can make generalizations, or hope that readers might recognize their own insomnia in his (as he seems to have with Hemingway's *Now I Lay Me*)?
2. Why does the mosquito disrupt the narrator's ability to sleep? Why has the effect of that night lasted?
3. What might it mean for the narrator to regret having "broken myself trying to break what was unbreakable"?
4. What kind of relationship does the narrator seem to have to sleep? What kind of promise does it have for him? What does he crave about it?
5. Drinking comes up here in an interesting context. Where is it? What does he use it for?
6. Why might this story be relevant to the process of addiction and recovery? Is insomnia similar to addiction, or potentially connected?

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