

# The Power of Story

## The Role of Bibliotherapy for the Library

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Work with victims of disaster has moved from traditional psychiatric models of individual psychopathology to models of people as participating in and constituted by their interactions with others and within their communities and its institution. It involves struggles to calm and contain, to reclaim control, to make meaning, and to connect and reconnect.

Even the roles of professional mental health workers have changed. Rather than seeing themselves as having definitive answers and knowledge, they are now more likely to emphasize a willingness to listen, witness, and offer what information they have. For survivors, it may be helpful to ask even unanswerable, existential questions in the presence of a nonjudgmental person who can tolerate ambivalence and uncertainty.<sup>1</sup>

Librarians are quite cognizant that they are not therapists. However, libraries can offer a safe place for children to express their concerns, to have their experiences, thoughts, feelings, and actions validated, and to explore ways to feel better. In this process, brief bibliotherapy may have an important role.

With the simple words, “Come, sit down. Let me tell you a story,” the librarian invites the child into a human relationship. Long after the latest therapy fads and catchphrases are history, people will still be telling stories, joining their characters in imagination, and finding models for how to change their lives.

We experience stories. Such experiences shape us in ways that abstractions cannot, for they appeal to all of what we are as human beings—feeling and meaning-making beings with

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bodies, not just reasoning. This phenomenon underlies David Lawrence's claim: "Being a novelist, I consider myself superior to the saint, the scientist, the philosopher, and the poet who are great masters of different parts of man alive, but never get the whole hog."<sup>2</sup>

## Bibliotherapy

There are varying and inconsistent definitions of the term *bibliotherapy*; it is really a generic term for a continuum of activities that offer potential for growth, self-understanding, and healing through the use of literature or film. Literature, as John Pardeck and Jean Pardeck have pointed out, provides models of how to understand and handle dilemmas and real-life situations.<sup>3</sup> Within the movement of story and storytelling lie answers to the perennial questions, "Who am I? Why am I here? Who are you? What happens to people like me in this world?"

In their review of the literature, David Russell and Caroline Shrodes define bibliotherapy as a process of dynamic interaction between the reader and literature—interaction that may be utilized for personality assessment or for adjustment, preparation, healing, and growth.<sup>4</sup> We suggest librarians can provide such brief acute intervention in the wake of a disaster.

While contradictory, the bibliotherapy literature does present a consensus on several points. First, bibliotherapy is not meant to be psychotherapy. Teachers and librarians are not therapists. They do not intend to deal with psychopathology or offer what is more appropriate in the office of some therapist or counselor.

Second, bibliotherapy has traditionally been conceptualized as facilitating three processes: identification, catharsis, and problem-solving.<sup>5</sup> *Identification* is affiliation with a character in the story. You join him or her on the adventure. After all, we all are characters, bundles of values and understandings in action, involved in some significant action over time. Identification is especially useful if the character solves a problem successfully and so can be a model for hope.

*Catharsis* is the release of tension experienced by the reader who lives through the character's situation, sharing his or her motivations and conflicts, and the story's climax, surprises, and resolution. Insight is the gaining of some awareness of one's motivations or the motivations of another. In discussing solutions to a character's problems, participants have opportunities to utilize interpersonal problem-solving strategies, explore alternative responses,<sup>6</sup> and develop the ability to mentalize—that is, to understand both themselves and others as motivated by internal states, a characteristic now shown as an important factor in resilience.<sup>7</sup>

However, the involvement in stories that a library can provide during or after a disaster can serve many other functions:

- A place of safety.
- An opportunity to do something active rather than be a passive victim. Metaphorically, the story that will be heard

probably contains the message that both past and future are determined by active choice.

- An atmosphere of calmness.
- An opportunity to limit negative emotions through concepts, words, and emotional containment.
- Validation of the child's experience, thoughts, feelings, and actions. The truth of events for each of us is found not just in what happened, but also in how we felt and thought about it then, how we feel and think about it now, and the reactions of significant others.
- Reinforcement of related assumptions such as, adults can soothe and help and that there is goodness in the world.
- Support for such developmentally appropriate efforts as social referencing (checking with an adult) to appraise and address external dangers.
- Addressing of factual inaccuracies and misattributions of accountability.
- Reinforcement of narrative coherence, the ability to organize events into a sequence of beginning, middle, and end, rather than to experience them as a series of unrelated random events. Such a sequencing offers the possibility of change. Without that, stories have little interest.
- Scaffolding for co-constructing context and meaning. Every action is an episode in a possible history.<sup>8</sup>
- Support of the preschool and school-age tasks of cooperation and sharing.
- An opportunity for vicarious problem-solving and for elaborating alternative solutions. If people cannot imagine themselves doing something, they are unlikely to do it. We need our heroes, models, and mentors.
- Prevention of pathogenic expectations of future helplessness, lack of safety and security, or failure of protection.
- Shaping of the child's subsequent experiences through priming. Stories help determine what we are likely to perceive or ignore.
- Promotion of mentalizing, the understanding of both self and others as motivated by internal states and therefore predictable and potentially changeable.

In the immediate aftermath of a disaster, the librarian can be of help just by being a comforting presence and offering a calm, safe environment; providing useful words and concepts; offering missing information; correcting factual misunderstandings; and supporting problem-solving. For example, Bessel Van der Kolk, J. Christopher Perry, and Judith Herman importantly noted that following trauma, the capacity

Table 1.

Crisis Bibliotherapy	Traditional Bibliotherapy
Format: Very time-limited (1 or 2 sessions)	Format: Several sessions or self-help
Aims: Provision of safe environment, time-structuring, emotional containment, and examples of problem-solving	Aims: Personality modification, change in disturbed behavior, or mastery of developmental tasks
Framework: Normal response to abnormal event	Framework: Psychopathology or developmental distortions
Technique: Keeps discussion on story characters and situation	Technique: Uses story as springboard to delve deeply into reactions

to derive comfort from the presence of another person eventually was a more powerful predictor of improvement than the trauma itself.<sup>9</sup>

Because of developmental limitations, young children are prone egocentrically to attribute what happened to their own actions or to magical thinking and so suffer unnecessary guilt and shame. Having appropriate concepts and words can surround negative emotions with boundaries and limits, transforming them into something that can be managed.

Normally in their fourth or fifth year, children begin to appreciate that different people may perceive events differently, that they themselves felt differently in the past than they do now, and that things may not be what they appear to be. For example, a child can now understand that because he or she has been treated badly, it does not automatically mean he or she is bad. This provides opportunities to look at alternative perspectives on their experiences.

*Problem-solving* involves several steps:

1. Delineating and describing the problem.
2. Brainstorming possible solutions.
3. Guessing the consequences of different actions.
4. Choosing the best solution.

The ease of the process depends on the child’s developmental level, intelligence, anxiety or other emotional inferences, and the framework an adult can provide. Younger children may have trouble even defining the problem, and the problems older children highlight may not be the problem the adult sees. Usually, the connection between goals and actions do not become clear until about age five. Four-year-olds may have trouble understanding that small steps can lead to a goal. Under stress, older children may regress to these earlier levels of functioning. The librarian can help all of them by providing necessary scaffolding.

It should be noted that what we are proposing is not debriefing. At least in adults, some of the few controlled studies that have examined debriefing’s preventive effects following exposure to a traumatic event have suggested a poorer outcome than no intervention at all.<sup>10</sup> What we are suggesting is that the librarians do what they know how to do well: offer children a place to listen to and to discuss a story.

## Crisis Bibliotherapy vs. Other Types

There has been concern in the bibliotherapy literature as to the boundary between discussion and psychotherapy and, therefore, the appropriate role of the librarian.<sup>11</sup> Quite apart from the issues of turf and politics inherent in such discussions, these issues are largely irrelevant to what we are proposing—one or two story and discussion groups in the aftermath of a disaster.

Although oversimplified, Table 1 provides a list of differences between traditional and crisis bibliotherapy.<sup>12</sup>

## Narrative and the Experienced Self

Our individual self is a center of experience and agency. It becomes more complex and integrated as we mature.<sup>13</sup> At about age three, the young child usually has elaborated some kind of concept of self, as demonstrated in the use of the pronoun “I.”

By age four or so, they are able to conceptualize themselves over an extended period and can form an autobiographical self involving a story of who they are, what will become of them, and their relationship to the world. Whether it is a fireman, princess, or a superhero, kids try on many roles and personalities. This also is the time when kids engage in pretend play *par excellence*. In this mode, correspondence to reality is not examined. The child knows that play and fantasy may not reflect external reality, but this is considered as having no implications for the external world.<sup>14</sup> Such pretense offers opportunities for the expression of unconscious conflicts and surprising competencies. Imagination provides possibilities to create new realities.

We live in a storied world. Hearing or seeing stories provides children with models of how experience can be shaped into meaningful patterns. In play and drawing, they even create stories of their own, with or without an audience.

Stories bring together our experiences, making sense of them and integrating them into something meaningful. They typically offer a carnival of interpretive possibilities, but we may get stuck in one version and live it out. For example, some posttraumatic symptoms seem to result from problems in integrating the trauma into one’s life story as an unfortunate event belonging to the past. Rather, the sufferer’s narrative does not contain it, contains it too rigidly, or is overwhelmed by it. Through storytelling and the discussion of stories, the librarian can offer models of more useful and less pathogenic story structures.

At any given age, particular stories or at least particular interpretations seem especially attractive. These generally

embody themes appropriate to the child's stage of development or situation—in this case a disaster, a sudden event that is out of the ordinary. Some stories may have metaphoric correspondence to the child's inner reality. However, stories also have a distancing effect. It is out there, just pretend.

By introducing potential alternative understandings and reactions, story discussions may help children correct their own story of what happened. Sometimes, they may provide a different perspective or indexing scheme; the same events can be interpreted differently depending on the genre or story skeleton. Alternatively, a story may highlight or downplay certain phenomenon, helping the listener retrieve neglected aspects or contextualize and formulate them differently. This allows for different possibilities to emerge. Such processes can open a space between experience and response, freeing the listener somewhat from being embedding in his or her external or internal worlds. These processes also can help the listener better contain his or her experience in narratives, or at least in less rigid ones. Sometimes this may amount to a reauthoring of the listener's story and, thereby, his or her sense of self.<sup>15</sup> In a certain sense, we *are* our stories. If we had different stories, for example, we would be someone else.

Summarizing several thousand studies on the construct of self, Timothy Judge et al. concluded that locus of control, self-esteem, and self-efficacy combine to form a core self.<sup>16</sup> All three phenomena, however, are closely linked.<sup>17</sup> Locus of control—one of the most studied variables in psychology—is the extent to which people believe their life circumstances are a function of their own actions (internal locus) as opposed to external factors.<sup>18</sup> Being treated as having intention supports the child's sense of self both as subject and as agency. People's belief in their abilities to mobilize the resources they need to succeed exerts a strong influence on their behavior and resilience. Albert Bandura has called this self-sufficiency.<sup>19</sup> The librarian leading a discussion response can support all these in the child participants.

## Research in Bibliotherapy

The use of bibliotherapy expanded greatly in the second half of the nineteenth century. In the United States, this coincided with the period of long-term psychiatric hospitalizations. More recently, however, in the United Kingdom Neil Frude set up an ambitious program that has successfully treated thousands of outpatients in the National Health Service.<sup>20</sup> Every day, it is used by classroom teachers.<sup>21</sup>

Several studies have reported promising results, but good research studies are few. Arguably one of the best studies showed greater reductions in depressive symptomatology in a bibliotherapy group than in an assessment-only control group and significantly lower risk for major depression in a six-month followup.<sup>22</sup> However, the book utilized for the bibliotherapy was a self-help book on cognitive therapy.

Indeed, in his 1987 review and analysis of the field, Ronald Lenkowsky concluded that results of the approach were

conflicting because of serious experimental flaws and a plethora of confounding factors.<sup>23</sup> However, none of this literature is particularly relevant to what we are proposing: the use of stories and their discussion as a brief intervention at the time of a disaster.

## Future Needs

There is a need for the experimental study of the use of specific stories for children at specific developmental levels. They need to consider specific conflicts and life situations, utilize controlled and before-and-after designs, and avoid confounding factors. Then, it might be possible to look at the idiosyncratic ways particular children respond as well as the effects of different facilitator styles.

At that point, it would be possible to compare the usefulness of stories that openly deal with specific topics, such as death or divorce, as opposed to stories that are less obviously a fit or parallel at a superficial level but which may better reflect the child's internal world.<sup>24</sup> Operating through metaphor stories may have considerable power to bypass conscious resistance and thereby be more therapeutically useful.

## Reader Response Theory

Traditional literary analyses offer useful information on how authors achieve effects through narrative style, technique, and manipulation of point of view. However, these are only potential, and their effects are subject to modification by the reader.<sup>25</sup> Close observation of five adult readers of William Faulkner, for example, led Norma Holland to conclude that each reader's comments reflected his or her personal psychological preoccupations.<sup>26</sup> This highlights how important it is to consider children's responses in terms of their development age and immediate concerns.

For example, F. André Favat, has described the correspondence between thinking processes of young children and fairytale discourses, thereby explaining their enduring popularity,<sup>27</sup> and Perry Nodelman has delineated the appeal of ever-popular superheroes.<sup>28</sup> Children, however, will hear and remember a story differently than how it is read to make it better fit their needs. Many great stories can be read at many stages in life, and the reader may find something meaningful, but different, each time.

## Potential Dangers For the Child

Until this point, we have considered the positive effects of stories in general, and bibliotherapy in particular. However, we all can probably think of examples of children frightened, if not entranced, by scary stories and stories that shocked or stirred up emotions a child could not contain. There are people who

are retraumatized in telling the story of their own trauma. There are children who have intense emotional reactions to fictional plots that resonate too closely with their painful memories. However, these dangers can be reduced if the librarian is sensitive to containing the children's emotions, directing the discussion to the story, and highlighting self-efficacy, that is, what the protagonist (or child) did to help himself.

## For the Librarian

Work with victims of disaster has both positive and negative effects on the caregiver. Compassion satisfaction can be found in the work, but so can compassion fatigue, secondary (vicarious) trauma, and the hopelessness and difficulty in doing ones job well that characterizes burnout.<sup>29</sup>

## Suggestions

In the aftermath of a disaster, the most important things for librarians to consider are the following:

- Offering the child a caring, soothing relationship in a calm, safe environment; the companionship of the narrating transaction; and the narcotic effect of narrative on pain.
- Facilitating a sense of group and community support and care, showing the child that there is goodness in the world.
- Providing time-structuring when perhaps no one knows what to do but feels the need do something.
- Taking advantage of a very human interest in stories, our human need that life mean something, and perhaps even the brain's tendency to process experience in narrative form.
- Offering concepts and words that can contain feelings, a framework to understand what happened, and scaffolding for problem-solving and hope.

For many children, hearing or reading a story may re-create an experience of comfort and emotional closeness, and activate the calming rituals associated with bedtime. Safe attachment is the primary way that children learn to regulate internal states, and we all tend to feel closer to those with whom we share stories.

For some children, stories will provide a distraction from overwhelming immediate concerns. For some, stories will offer a sense that they are not alone—others have faced similar problems and survived. For others, a story may offer a way of making sense of their experience, a model for future behavior, and the groundwork for problem-solving.

At the least, stories may limit and bind unverbilized fears with concepts and words. Unverbilized fears know no bounds. For other children, the story may permit some sort of vicarious handling of problems. All this occurs in a displaced manner. After all, the story is just pretend.

Remember, you are not offering therapy. You are discussing the human responses that all of us know and that good stories make explicit: stress reduction and relaxation, grief and loss, fear and uncertainty, the problems of moving, and the helplessness of not knowing what to do.

For the existential questions that arise in the context of a disaster, there may be no answer. However, just being able to ask them and share them in the presence of a calm, nonjudgmental person is a comfort and a gift.

If the child begins to move from the story to speak about himself, displacement is breaking down and you are moving close to slipping into therapy or counseling. If you become uncomfortable or feel that this is beyond your expertise, validate their feelings and what they did to help themselves, then gently guide them back to the story.<sup>30</sup>

Perhaps you might have them retell the story, explore and generalize the consequences of certain behaviors, evaluate the helpfulness of different alternatives, or have them select the characters they most admire.

Remember, working with trauma is draining for the caregiver. Make sure you get adequate rest, exercise, food, and relaxation.

Seeing our lives as a story interacting with other stories gives us a sense of being part of a sequence of meaningful events and a sense of meaning in our lives. In these stories, we are both characters and cocreators. The stories you and your charges are now cocreating may offer them healing and come to define you both.

Stories help create and bind a community. Without them, we know neither who we are nor what we should do. ☺

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