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Kottayam**Article Received:** 17/08/2025**Article Accepted:** 19/09/2025**Published Online:** 19/09/2025**DOI:**10.47311/IJOES.2025.7.09.313**Abstract:**

Bibliotherapy is a therapeutic strategy that supports a patient's mental health by utilising books and other literary works, typically in conjunction with more conventional therapeutic approaches. Reading specific pieces of literature and discussing them with a therapist (or in a group therapy setting) is thought to help patients restructure their perspectives and gain a deeper understanding of their own problems. Patients with trauma or addiction issues, anxiety disorders, obsessive-compulsive disorders, depression, or other mood disorders may benefit from using bibliotherapy. The patients learn to assess their capacity for problem-solving and make sense of a traumatic history. The process of reading improves self-esteem, self-awareness, and feelings of self-efficacy. Bibliotherapy helps individuals realise the fact that they are not alone in their struggles, and the fiction is chosen based on the type of mental illness. The plot of fiction often influences the reader, and the reader starts to compare and contrast their conditions with those of the protagonist and eventually tries to follow the survival tactics of the hero. This paper focuses on the application of bibliotherapy to patients with mental disorders and their survival.

Key Words: Bibliotherapy, Mental Disorders, Traumas, Reading Therapy, Anxiety Disorders.

Introduction:

Many different types of studies have been carried out to enhance people's physical and mental health. Numerous therapies, including bibliotherapy, behaviour therapy, cognitive therapy, holistic therapy, exposure and response prevention therapy, etc., have been created based on psychoanalytical theory to treat a variety of mental problems. Bibliotherapy is a therapeutic strategy that supports a patient's mental health by utilising books and other literary works, typically in conjunction with more conventional therapeutic approaches. Bibliotherapists often utilise fiction, even though the books they recommend might be of any genre or subject matter—from philosophy to memoir to self-help. Reading specific pieces of literature and discussing them with a therapist (or in a group therapy setting) is thought to help patients restructure their perspectives and gain a deeper

understanding of their own problems. Patients with trauma or addiction issues, anxiety disorders, obsessive-compulsive disorders, depression, or other mood disorders may benefit from using bibliotherapy. The patients learn to assess their capacity for problem-solving and make sense of a traumatic history.

The American Library Association defined bibliotherapy as a cluster of primary reading materials that are adjunct to the therapeutic methods in the field of psychiatry. Webster's third new international dictionary offered bibliotherapy as a complete solution to personal problems directed through reading (qtd. in Gove 212). Even though many other definitions are available, it seems that Caroline Shrode's definition is more acceptable and perfect. She defines it as follows: "It is a process of dynamic interaction between the personality of the reader and imaginative literature which may engage his emotions and free them for conscious and productive use" (Shrodes, "Bibliotherapy: The Reading" 25). Bibliotherapy found its origin in psychodynamic theory, and its available models emphasised the features of the relationship between the personality of a reader and the cognitive escapade the reader experiences through the disciplines of literature.

In ancient times, people never acknowledged the scientific benefits of art forms upon human brain functions, but they indulged themselves in dance, drama, music, drawings, etc, to escape from mental depression. "For the amusement and instruction of patients in a hospital, a small library should, by all means, compose a part of its furniture" (Rush 192). This instruction was delivered as part of a lecture by Benjamin Rush, the father of American Psychiatry, in November 1802.

So, it is clear that the idea of curing depression and some other mental disorders through the techniques of reading drama, poetry, or novels is not something new. The Greeks and the Romans were the first groups of people who recognised the usefulness of 'text' and its application as a potential therapeutic tool. An inscription, 'The Healing Place of the Soul' was found, around 300 BC, in a library at Thebes in Alexandria, Egypt (Jones²⁴ and Riordan and Wilson 506). In ancient times, many types of 'reading/art therapies' were customarily used by doctors in Psychiatric Institutions. Charles Dickens, in his book *American Notes*, described his visit to an insane asylum. There, he described patients performing/ participating in reading activities along with other recreational pursuits, and he jotted down his observations (106-109). In 1843, John Minson Galt II, the superintendent of Eastern Lunatic Asylum in Virginia, stated that he prescribed 'reading' as an important therapy for certain patients. During those times, he referred to it as 'Book/Poetry therapy' or 'Therapeutic Story Telling Technique'. He also demanded the establishment of libraries in all hospitals (Galt 566). Libraries existed as the most important parts of European psychiatric institutions in the nineteenth century. Samuel McChord Crothers, the American Unitarian Minister and essayist, used the term 'Bibliotherapy' as a common name for these types of various therapies. After that, it eventually found its way into the medical lexicon (McKenna et al. 499).

Various kinds of research have been conducted to improve the physical as well as mental health conditions of people. Some therapy methods, like cognitive behavioural therapy and exposure and response prevention therapy, based on psychoanalytical theory, were developed to alleviate the trauma of various mental disorders. The reading and writing therapy method of bibliotherapy, which is the earlier method derived from psychoanalytical theory, was also successfully used to treat some mental disorders.

According to the massive records of scientific evidence, diverse art forms like sculpture, drawings, drama, dance, reading, etc., help to reduce mental trauma. The 'reading' activity accelerates the brain's wave patterns within the human nervous system. During this process, the quantity of serotonin (a neurotransmitter) increases inside the brain and rejuvenates human emotions. A sufficient quantity of serotonin could easily be activated towards healing mental health disorders. It has already been understood that the serotonin levels present in the human brain could produce drastic changes in a person's general outlook and temper. The mastery of the arts over human mental health has been a subject of interest since time immemorial. Mankind's increased espousal with artistic activities, either as an observer or as an initiator of creative efforts, could reasonably boost human bodies' psychological and physiological parameters (Staricoff and Loppert 76). So, bibliotherapy covering the area of various art forms acts as an agent for the survival of some mental disorders. Bibliotherapy, drawing upon the insight of both artist and scientist, is grounded in the theory that there is a fundamental link between the dynamics of the personality and the nature of vicarious experiences. It is a technique of functioning between the personality of the reader and imaginative literature which may engage his emotions and free them for conscious and productive use (Shrodes 32).

The same insight achieved by a patient with the therapy of a trained therapist may also be achieved when the patient experiences the same psychological problems as a character in a novel or any art form. When the patient reader identifies his action and behaviour with that of characters in the novel or any art form, the feeling of sympathy or hostility is evoked. The reader will critically analyse the character's imagination, behaviour, and anxieties and compare them with the reader's imagination, behaviour and anxieties. This concurrent association and detachment, characteristic of vicarious experience, serve as a medium to extend the range of his consciousness and to set his energy free. In the reading of fiction or drama, the patient may also confront his language and dreams, as well as the infantile and magical figures that are threatening him.

If the reader's emotions are engaged when he reads a novel or play, the energy that has been serving a repressive function may be liberated for productive use. Usually, man's feelings like love, sex, revenge, various dreams, anxieties, fear, etc., are the themes of fiction or novels. But when observed from the perspective of psychological reality in which the patient reader lives, the theme of the fiction or novel is not changed, but the intensity or abnormality of its theme is visible. This intensity or abnormality may serve merely as a reflection of the reader's thoughts, motives and behaviour, or it may reveal to him facets of

his own experience that have been cut off from his consciousness. Living things and their surroundings constantly interact in a world of dynamic equilibrium. The process of symbolization is a prime example of this interaction, whereby the symbol—in this case, an incident from a fiction or a character's emotional turmoil interchangeable with the reader's actual experiences through a transfer of emotion from the situation as a whole to the symbol of it. The nature of the interaction between the reader and reading matter, and the ultimate significance of his experience in terms of the reorganisation of his psychic structure are the product of a confluence of such factors as his needs, values, goals and characteristic defence system (Shrodes, “Bibliotherapy: A Theoretical” 64).

Patient readers gain insights and experience projection, introjection and catharsis by reading psychological fiction. These manifestations assume a variety of forms precipitated by the reader's ‘shock of recognition’ when he beholds himself or someone close to him. Self-recognition may give him a sense of belonging; it may augment his self-regard and allay his sense of guilt. A situation in a story may be so compelling that it becomes interchanged in his mind with an episode in his own life and becomes endowed with the attractive character of the latter.

The vicarious feelings experienced by a reader as a result of the realisation through the feeling or action of a character may lead to adaptive behaviour that is more rational than the reader's existing behaviour. Readers will also realise that the coping mechanisms provided by psychoanalysts, such as repression, rationalisation, or projection, are the way to reality. In some cases, the patient might be unable to talk directly to a psychoanalyst about his sufferings and trauma. But when psychoanalysts talk and discuss fictional characters' sufferings and trauma, the patient may reveal the suppressed sufferings directly or indirectly to them.

When the reader receives an opportunity to interact symbolically with fictional characters, they will get insight and realise their wrong behaviour or actions, which will help them react to real people and situations. When the therapist acts out the patient's fantasies, his image and activities are projected before the therapist on a screen. Similarly, the artist's productions hold ‘the mirror up to nature’. In this refracted view of the self or others, the reader is compelled to express an attitude, for he can't remain neutral in the presence of human beings in action.

However, bibliotherapy is not a complete solution for all types of mental diseases. “It is not a substitute for long-term counselling, and hence deep psychological neuroses are more likely to be untreatable through this technique. So, we cannot recommend a book to a patient without proper guidance” (Cornett and Cornett 41). Bibliotherapy couldn't be restricted to any existing medical context. The administration of bibliotherapy should be practised systematically by a trained person. This type of treatment was efficacious in some cases where patients suffered from acute OCD, panic attacks, anxiety, sleeping disorders,

and depression. However, the trained person has to make sure that the chosen art therapy suits the milieu therapy of the concerned patients.

A client reader achieves the goals and benefits of bibliotherapy through four major steps.

- 1) Recognition: The reader experiences a sense of familiarity through the process of recognition.
- 2) Examination: the reader commences to gaze at issues described in the selected piece of work or book and tends to emotionally react towards it, through the process of examination.
- 3) Juxtaposition: the reader expands his or her general understanding and insights through an interaction with the therapist. This is the phase of juxtaposition.
- 4) Self-application: the reader starts to apply the integrated insights gained from the process of reading in his or her real-life scenario. This is the self-application phase.

Bibliotherapy turns out to be a powerful tool in the therapeutic setting because of all the careful ways in which art forms are compiled together according to the needs of patients and the integration of its numerous other objectives that would provide proper awareness to clients. Bibliotherapy provides a personal space for its entire group of clients so that they can ponder the factual elucidation of events that are reflected between the sessions they encounter with their consultants. Thus, they become capable of analysing their own behaviours. They would adjust to the powerful social values and develop within themselves feelings of empathy (Zaccaria 98). On a specific level, Rubin shared nine objectives of bibliotherapy:

1. It proclaims the fact that the readers are unique, but they are not alone in the world.
2. It manifests all the available solutions to persisting problems.
3. It motivates the readers about how to handle challenging situations in life.
4. It helps the readers to believe in dominant values through real-life experiences.
5. It enables the readers to change their existing frames of mind and limited interpretations.
6. It encourages the readers to represent things in a way that is precise and true to life.
7. It exhorts the readers to remain pragmatic in nature so that they can effectively handle uncomfortable topics.
8. It persuades the reader to congest their brainpower with the statistics of intellectual facts.
9. It allocates proper relaxation and diversion ("Using Bibliotherapy" 43).

The practice of bibliotherapy was widely popular during the time of World War I. Today, the technical aspects of genetics have been intermixed with the proficiency found in bibliotherapy and have made progress in education and community settings. Now, bibliotherapy has become a sensitive, non-intrusive method that guides people with competence in performance (Mohr et al. 279). This technique has stimulated first-rate discussions, especially among patients/people who once refused to open up their minds due to extreme guilt, shame and fear (Gottschalk 50).

For bibliotherapy, any type of book (Fiction/Non-Fiction; Poetry or Self-help manuals) or any type of art form can be used. Reading can be conducted in diverse conditions (classrooms, libraries, formal psychotherapy sessions, etc.) and by people of all ages who wish to share literature as a way leading to personal growth and development. According to Tews, bibliotherapy is nothing but a Multi-Media Communication Therapy (83). Now, a question is spreading around us these days. 'Does Bibliotherapy work?' Well, yes, it works because bibliotherapy is a miscellaneous collection of literature with unending boundaries, and people who make use of this would definitely benefit a lot from it. Bibliotherapy effectively reduces mental-related problems and produces a broad spectrum of benefits like improved emotional balance, better artistic talents or better motor skills that enhance creativity.

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