

Bringing Bibliotherapy for Children to Clinical Practice

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Children's books can be an excellent clinical tool to help young patients make sense of their world and life experiences. However, bibliotherapy, the use of printed books in a therapeutic process to influence the way people think, feel, and solve problems, appears to be underused by child psychiatrists. For example, in a survey at our institution of 44 child psychiatry trainees and staff, 43% replied that they had never recommended children's books to their patients, and another 43% had recommended books to no more than 25% of their patients. More than half (59%) reported not knowing any good or appropriate books, and 27% said they had never considered books as a resource to use with children. Almost all (96%) believed access to a bibliotherapy database of books suggested by a child psychiatrist would increase their recommendations of children's books to patients.

Children's books can be useful in psychoeducation about mental illness for children and caregivers by offering appropriate language and an engaging method to discuss difficult topics. Our goal in this Clinical Perspective is to further illuminate the use of books by clinicians, specifically in the process of psychotherapy in the clinical setting. We review the rationale for child mental health professionals to use children's books in therapy and give guidance on how to do so most effectively. We also offer a bibliotherapy database, created and curated by the primary author, of children's books related to specific clinical topics.

Therapeutic bibliotherapy involves the reading and discussion of a book with a young patient (and, often, caregiver) facilitated by a mental health professional, with the goal of addressing specific problems.^{1,2} Children can find validation for their thoughts and feelings in stories when they see characters experiencing situations and feelings similar to their own.³ Bibliotherapy can be useful in helping children identify and explore emotions that are often difficult to express¹ and decrease feelings of isolation by normalizing children's reactions to difficult situations. This is especially important in treatments with children experiencing shame, guilt, and isolation or who have a family history of severe trauma or substance use. This also can help children not feel so alone in their experiences and struggles, which is challenging given the developmentally expected egocentric thinking of young children before they develop theory of mind (which develops at approximately 5 years of age and continues to mature for many years thereafter).¹

Through observation and curiosity about how storybook characters adapt to their experiences, bibliotherapy can teach healthy coping strategies and guide problem solving.¹ In this

manner, bibliotherapy also can create room for dialogue among clinicians, caregivers, and children. Rozalski *et al.* pointed out that reading books provides a nonthreatening way of encouraging children to communicate with others and to reflect on and make connections with others about their own experiences.² This therapeutic space, often referred to as *displacement*, helps children create distance from their own affect and in turn allows them to explore painful topics and express thoughts, fears, and concerns that might be too difficult to face more directly.

Bibliotherapy has been studied as an aid for children who have experienced adoption, death and loss, and chronic illness, and parental separation, unemployment, mental illness and substance abuse, and physical illness or disability.^{1,3} Bibliotherapy has been used specifically to assist young children facing developmental challenges.⁴ Bibliotherapy also has been shown to help children decrease obsessive-compulsive behaviors and develop coping skills.² A systematic review by Montgomery and Maunders suggested a small to moderate effect of bibliotherapy on internalizing, externalizing, and prosocial behaviors.⁵

Three stages have been described in the successful use of bibliotherapy in the clinician's office (Table 1). Clinical indications include times when the child believes no one else is experiencing what he or she is, has trouble acknowledging repressed feelings, or is having trouble seeing possible solutions to his or her problems. In choosing books, the right topic written for the right age level is an essential starting place. Bright and vivid pictures are helpful to capture the attention of younger children.⁴ Rhymes, nonsense phrases, symbols, and repetition can contribute familiarity and delight and enhance language comprehension in preschoolers.⁴ Bibliotherapy is most therapeutic with a clinician-facilitated discussion that includes the child's (and/or caregiver's) reflection on the story character's ability to survive adversity or loss and what the child has gained from the experience.¹ Several pearls and pitfalls of using bibliotherapy with children are listed in Table 2.

CLINICAL VIGNETTE

"Dante," a 7-year-old boy, presented with frequent troubles at school, peer conflict, and trouble paying attention and following directions. He had poor self-esteem and believed he must be stupid and "a bad kid." Dante's mother was hesitant to try medications or even consider the diagnosis of attention-deficit/hyperactivity disorder (ADHD), which she feared would be stigmatizing. The therapist was concerned that Dante already knew something was different about him and, without an explanation, would deepen his own

TABLE 1 Stages of Bibliotherapy

Stage	Name	Definition	Further Info
1	<i>Identification and Projection</i>	Takes place when the child can view part of him-/herself in characters or situations in the story. ^{2,3}	Also called <i>universalization</i> , as children realize their situation is not unique and they are not alone after hearing stories about characters with similar challenges and experiences. ¹
2	<i>Catharsis or Abreaction</i>	As the child becomes emotionally involved in the story, the child is pulled further into a process of recognizing and vicariously experiencing or sampling the character's feelings and/or lifestyles. ^{1,3,4} Within the safe space of therapy, this can lead to an emotional release of previously repressed feelings, verbally or nonverbally.	This stage is often completed through discussion or artwork, ^{1,4} which can enhance understanding of unique challenges faced by children themselves, family members, or friends in the story's shared situation. ¹ Considering the character's successful resolution of similar problems also can help children formulate their own strategies.
3	<i>Insight or Integration</i>	Takes place when the child understands his/her feelings and situation in a new way and can consciously connect the character's problems with his/her own.	With this achievement, the child gains understanding that his/her issues could be solved using a similar solution or approach to those explored by the story's characters. ¹⁻⁴ This in turn can lead to motivation to make positive behavioral changes. ²

negative self-image. Office-based sessions had been complicated by Dante's high level of hyperactivity.

The therapist had read Jeanne Kraus's *Cory Stories: A Kid's Book About Living With ADHD*, told from a child's point of view about the social and school difficulties a boy with ADHD faces owing to his inability to find an "off switch" inside his body. The therapist recommended bibliotherapy to Dante and his mother in hopes that Dante would relate to the difficulties faced by Cory and connect with Cory's attempts to improve attention and organization and highlight strengths and talents. Dante sat on his mother's lap while the therapist read the book to them and invited their comments and questions throughout the story.

Before the story was even completed, Dante asked, "Do I have ADHD?" He pointed at Cory and said, "That's me!" Dante became more open about his difficulties in the following weeks. The therapist, family, and teacher collaborated on a plan to help him achieve his goals. The story also helped his mother realize the positive impact medications could have and consented to try medications.

TABLE 2 Pearls and Pitfalls of Bibliotherapy With Children

Pearls	Pitfalls
Leave time for discussion after reading the book	Avoid books you have not first read yourself
Involving the caregiver in the session helps discussion continue at home	Check child's (and caregiver's) understanding; consider low literacy or language barriers
Multimedia content is particularly helpful for engaging hyperactive children	Seek permission from caregiver before introducing new diagnoses or concepts
Ask if child identifies with the character; leave room for resistance	If a child refuses a book, continue to offer it in the following sessions

CONCLUSION

Children's literature is often freely accessible at no cost through public libraries and in multiple languages, making bibliotherapy a useful treatment adjunct for families across social and cultural groups. However, guidance toward appropriate books from a trained clinician is not widely available. For this reason, the primary author has created a database of recommendations of some appropriate and useful books for children on topics such as ADHD; anxiety and perfectionism; boundaries, sexual abuse, and inappropriate touching; emotions, behavior, anger, and self-control; having a parent with mental illness; obsessive-compulsive disorder; and trauma and domestic and family violence. The database can be found at <http://www.marisamendelmd.com/books>. &

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