Reading for Health:  
Bibliotherapy and the Medicalized Humanities in the United States, 1930-1965

Monique S. Dufour

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Abstract

In this dissertation, I tell the story of midcentury attempts to establish, develop, and study bibliotherapy in the US. I follow three groups—hospital librarians, psychologists and psychiatrists, and language arts educators—from the 1930s to the 1960s, when each in its own ways expressed belief in the therapeutic power of reading and set out to enact that belief as a legitimate practice in the evolving contexts of its profession and in the broader culture. These professionals tried to learn what happened within people during and after reading, and they attempted to use what they learned to apply reading toward healthy ends.

Today, therapeutic reading has become commonplace to the extent that it seems natural. In this dissertation, I aim to recover and explore the midcentury processes by which therapeutic reading came to seem at once natural, medical, and scientific. I argue that midcentury bibliotherapy functioned in concert with an evolving cultural narrative that I call “reading for health.” The reading for health narrative gathers up into a coherent story various and deep beliefs and commonplaces about the power of books over our minds and our bodies. In midcentury bibliotherapy, reading for health was reinvigorated as a story about the marriage of science and culture, a unity narrative that claimed the iconic book—capable of swaying minds and societies alike, and burnished with all that western civilization signified—for the professions that applied reading toward their healthy
ends. As I demonstrate, however, these narratives were not confined to discrete professions, but functioned as a part of a larger cultural movement set upon the shifting fault lines of the humanities and science.

Each of the groups I follow took an avid interest in what I have called the embodied reader. Rather than viewing reading as an act of a disembodied mind, they understood the practice as a psychosomatic experience in which mind and body could not be disconnected. Moreover, they believed that reading could capitalize on the embodied nature of thought and affect, and engender healthy effects. In this way, the embodied reader was constructed as a new, modern locus of both the literary experience and the therapeutic ethos.

By valuing above all else how reading could be used to achieve health, advocates of bibliotherapy fashioned a form of applied humanities, one that defined the meaning and judged the value of books in terms of their utility and efficacy. In so doing, they contributed to the development of a form of the medicalized humanities that now resonates in three contemporary sites: (1.) the study and use of bibliotherapy in clinical psychology; (2.) the dominant and naturalized approach to books known as therapeutic reading; and (3.) the medical humanities.
“There is something in us, as storytellers and as listeners to stories, that demands the redemptive act, that demands that what falls at least be offered the chance to be restored. The reader of today looks for this motion, and rightly so, but what he has forgotten is the cost of it. His sense of evil is diluted or lacking altogether, and so he has forgotten the price of restoration. When he reads a novel, he wants either his sense tormented or his spirits raised. He wants to be transported, instantly, either to mock damnation or a mock innocence.”

Acknowledgements

On one of the first episodes of “The French Chef,” Julia Child demonstrated how to cook a potato pancake in a skillet. As she was about to flip it, she explained that “when you flip anything, you just have to have the courage of your convictions.” You may know this story—it’s the one where the pancake shattered on the stovetop, and she scooped it back into the pan as she reminded the viewer that you’re alone in the kitchen, and who is going to know, anyway? But it’s also the episode in which Child offered this remarkable insight about how we learn to do anything: “The only way you learn to flip things is just to flip them.”

My chair Dr. Matthew Wisnioski told me (among the countless helpful things that he told me along the way): “Just treat this dissertation like you are making something.” He taught me to have the courage of my convictions, and to go ahead and flip the thing. Thank you, Matt, for sharing your intelligence and creativity as a thinker, writer, reader, and mentor.

Thank you to the department of Science and Technology in Society at Virginia Tech, and to department chair Dr. Skip Furhman for his confidence and support. I am grateful for the STS staff and for my fellow students and colleagues, who make our department a warm and exciting place to work. Thanks especially to Dr. Richard Hirsh, Dr. Gary Downey, and Dr. Sonja Schmid.

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encouragement in equal measures. Dr. Ann LaBerge has been an insightful guide to the history of medicine. Thank you to Dr. Mark Barrow, who has welcomed me as a teacher and colleague in History, and to whose example as a writer and colleague I aspire.

To my students: When I returned to school in order to complete my PhD, I got to remember what it is to feel vulnerable and to open myself to feedback and to not-knowing as only a student does. As I continue to teach, I promise to remember this experience, and to read my students’ work in a constructive spirit of understanding and an appreciation for the pleasures and struggles of forming and expressing ideas in words and sentences and paragraphs.

Thank you to my colleagues and for the meaningful, formative work at CEUT at Virginia Tech, at the University Writing Program at Duke University, and in the English Departments and the University Writing Programs at Syracuse University and the University of Rhode Island.

I am grateful for my friends in writing and life (too many to mention by name, I am so lucky to say). Marian Mollin, Jennifer Ahern Dodson, Ashley Shew Heflin, Paul Maliszewski, Tracy Proctor, and Lisa Leslie: we did it.

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This dissertation is for my husband, Jim Collier: before, during, after, always.
## Reading for Health:
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3. “Psychiatrist William Menninger,” Time Magazine cover, October 25, 1948. Beside Menninger is a locked brain, to which he holds the key, embellished with a question mark on the handle. Used under fair use, 2014.

4. “Books as Bridges.” 1946, Poster, US Children’s Book Week. “Books as Bridges” was a common and telling theme throughout the 1940s. It demonstrated how the internal, psychological experience of reading was believed to function as a real, concrete way of making connections between and among people in the material world. Moreover, these connections forged through books and reading were thought to have progressive and healthening effects on individuals and on society, effects as tangible and real as the bridges built by the engineers and “technicians” in the midcentury US. Used under fair use, 2014.

Abbreviations

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<tr>
<td>ALA</td>
<td>American Library Association</td>
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<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<td>HBG</td>
<td>Hospital Book Guide</td>
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<td>LWS</td>
<td>Library War Service</td>
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<td>PEA</td>
<td>Progressive Education Association</td>
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<td>PLM</td>
<td>Patients’ Library Movement</td>
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<tr>
<td>STS</td>
<td>Science and Technology Studies</td>
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<td>US</td>
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Introduction

The Embodied Reader

In 1932, *American Legion Monthly* reporter Fairfax Downey visited a Veterans’ Bureau Hospital in Kentucky to cover a promising new remedy: reading. His article “Dose: Books as Needed” featured a photo of a smiling patient in pajamas holding an open book in a tidy white hospital bed, and a stocked rolling library cart beside him. At the hospital, though, Downey discovered something more than hushed men reading serenely. Instead, he met “a whole ward of average hardboiled disabled” soldiers engrossed in the hobby of bird watching. Some patients even delicately tended to an abandoned pair of chicks, feeding them with a milk-filled medicine dropper every half hour until they fledged. The hospital librarian, Downey explained, deserved the credit for the improbable scene because she had wisely directed their reading toward nature study. Her well-selected books healed in two ways: while in the act of reading, patients’ minds were absorbed, allowing their bodies to convalesce; and when they set down their books, they returned to life changed, with a renewed sense of purpose and connection.¹ “Bibliotherapy, they call it,” Downey explained with a wink, “for the medicos like words like that, and it deserves a resounding label. It’s a science.”²

¹ A note on terminology: often, I use the word “book” to refer to printed media at large rather than to the specific format of the book. In practice, bibliotherapy drew upon the diverse range of printed materials that virtually crowded the world in the early to mid-twentieth century, including magazines, newspapers, pulps, and pamphlets. My use of “the book” in this way allows me to refer to this range of materials with one term when appropriate, and conforms with the convention in the field of the book.

When Downey filed his article in 1932, “bibliotherapy” was a new word. Its recent coinage and ensuing development as a form of treatment signified at least three changes to the old, familiar sentiment that reading could positively affect the mind and body. First, bibliotherapy freshly synthesized several modern articles of faith: the value of reading, the authority of science, and the progress of medicine, especially the rapid growth of therapeutics. Second, as a word and as a practice, bibliotherapy gained traction because people believed in it and pursued it in sustained professional projects. From the 1930s through the 1960s, professionals in fields such as hospital librarianship, psychology and psychiatry, and language arts education turned bibliotherapy into a reform movement in their respective fields, because they were convinced that books and reading could address the evolving needs of the constituencies that they served. Third, in the midcentury US, mental and physical health become a central concern and normative vision for a good life. Professionals within medicine and even beyond it considered the achievement and vigilant maintenance of health part of their missions, and enrolled reading in their efforts.

Since the 1930s, bibliotherapy gradually took on many meanings in different professional contexts, and these rapidly evolving definitions indicated the broader narrative arc of its development. In 1938, for instance, hospital librarian Sadie Peterson

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3 American popular essayist Samuel McChord Crothers used it in his 1916 Atlantic essay “The Literary Clinic,” which related the fictional story of his friend Bagster, a public-spirited man who opened a “Bibliopathic Institute” offering “book treatment by competent specialists.” Crothers also used the term in earlier talks that he delivered to many library organizations about the therapeutic value of books. However, bibliotherapy only gained wider use when advocates began promoting it as a practice in the early 1930s. Samuel McChord Crothers, “A Literary Clinic,” The Atlantic 118 (1916): 295; Crothers, “The Therapeutic Value of Books,” Pennsylvania Library Notes 7, no. 4 (October 1914): 108.
Delaney emphasized its medical nature when she defined it as “the treatment of patients through selected reading.” In 1940, the term officially entered the English lexicon with an entry in *The Cyclopedia of Medicine, Surgery, and Specialities*, which defined it as “treatment which aims at the acquisition, through reading, of a fuller and better knowledge of oneself and one’s reactions, resulting in better adjustment to life. It also connotes the relief of suffering through the psychological processes induced by reading.”

Filed in the *Cyclopedia* under “Therapy in Psychoneurosis,” bibliotherapy was depicted as a way to alleviate psychological “suffering” (broadly conceived), and a way to teach people basic, essential life skills such as self-awareness and adjustment in order to manage everyday threats to health. The *Cyclopedia* entry also made the telling claim that reading itself initiated processes in the mind that were *intrinsically* therapeutic. By 1948, advocates in language arts education described bibliotherapy as “as a process of dynamic interaction between the personality of the reader and literature—interaction that may be used for personality assessment, adjustment, and growth.” Thus, reading educators defined students in medical-psychological terms as personalities, defined reading as a process of interaction between texts and the minds of students, and established the goal of reading as psychological health.

Today, therapeutic reading has become commonplace to the extent that it seems natural. Bibliotherapy thrives as a valid treatment in psychology, where clinicians

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practice it with confidence as a form of evidence-based medicine, thanks to studies—thousands of them— that assess and harness the effects of specific books on specific conditions and life circumstances.\(^7\) We also live in a culture that has embraced a faith in the therapeutic powers of reading. Bookstores are stocked with titles that directly address every one of life’s challenges and the body’s afflictions. Therapeutic reading, as in the practice associated with the Oprah Book Club, turns every book of any genre, from novels to biographies and poems, into an occasion for personal insight, healing, and transformation. And in the medical humanities, advocates of narrative medicine claim reading as a way to teach “narrative competency” to physicians in order to enhance their capacities for empathy and care, and to harness the power of listening to and telling stories of illness to promote healing.\(^8\)

In this dissertation, I aim to recover and explore the midcentury processes by which therapeutic reading came to seem at once natural, medical, and scientific. To tell this story, I analyze three groups that advocated and developed bibliotherapy: hospital librarians, psychologists and psychiatrists, and language arts educators. I have selected these groups both for what they had in common as well as for how they differed in their approaches to bibliotherapy. Because they all tried to use reading to promote health, they


shared an avid interest in what I have called “the embodied reader.” Each group approached bibliotherapy as an epistemological project, driven by their curiosity about what happened when people read, and how reading affected the mind and the body. In addition, with health as their desired outcome, they all focused on reading’s effects. What mattered most was not what books were about, but what they did to people. In this way, reading became primarily about the readers rather than texts, and the value of books was assessed in terms of tangible and predictable health-related outcomes.

At the same time, each of these groups promoted bibliotherapy in ways that amplified different dimensions of the historical transformations and negotiations underway in their respective professional contexts. In this way, bibliotherapy was a broad cultural project that was reconstructed and realized in specific professional domains. Hospital librarians attempted to apply their cultural expertise in books and reading in medical domains, and to fashion themselves as legitimate healers. Their story demonstrates how science seemed to offer a way to validate their cultural knowledge. With their sense that they could and should promote health, their struggles to become bibliotherapists also highlighted the ways that their work was simultaneously intermingling with and was separated from medicine and science. In the case of psychologists and psychiatrists, bibliotherapy allowed them both to apply reading in clinical practice, as well as to extend psychological diagnoses and treatments to everyday

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9 In STS, one may say that books functioned as boundary objects across communities of practice. Boundary objects were those that allowed different communities to interact through a common, meaningful signifier. Books and reading, I think, are potent boundary objects in the historical negotiations over reading for health in the midcentury. Susan Leigh Star, “The Structure of Ill-Structured Solutions: Boundary Objects and Heterogeneous Distributed Problem Solving,” In L. Gasser and M. N. Huns, eds. Distributed Artificial Intelligence (Sand Mateo, CA: Morgan Kaufmann, 1989); Étienne Wegner, Communities of Practice (New York: Cambridge University Press, 1999).
life. And when language arts educators took up bibliotherapy, they embraced the surprising belief that the job of the reading instructor was to promote student health, and that their assessment of student learning could and should be gauged by one outcome: the healthy personality.

**Reading for Health: A Mind–Body Narrative**

In *The Cure Within: A History of Mind-Body Medicine*, Anne Harrington sought to “claim mind-body medicine for cultural history—to show how it functions as a far flung and omnivorous discourse that does not respect the boundaries we try to set up between the professional and the popular, but that in different ways shapes the talk, work, and experiences of all us of alike.”

In particular, Harrington argued that ideas about the relationship between the mind and the body take shape and circulate through stories. These stories depend on broader narrative templates that in turn provide formal features such as “tropes and plotlines” and establish shared meanings “that others can recognize and affirm.” Harrington named six such narrative templates: the power of suggestion, the body that speaks, the power of positive thinking, broken by modern life, healing ties, and eastward journeys. The power of suggestion, for instance, is a “skeptical or debunking” narrative about how “charismatic authority figures” instill experiences in others that may seem real, but are actually illusions cast by their mesmerizing influence. “Broken by modern life,” a lament narrative about the woes of modern culture, often took

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the form of stories about stress and introduced the character of the Type-A personality. And redemption narratives such as “healing ties” and “eastward journeys” either looked nostalgically to communities past or across the globe to an “exotic” spiritual exemplar that would teach the West how to be well.12

I argue that the history of bibliotherapy in the twentieth century reveals another potent mind-body narrative: “reading for health.” The reading for health narrative gathers up into a coherent story various and deep beliefs and commonplaces about the power of books over our minds and our bodies. In midcentury bibliotherapy, reading for health was reinvigorated as a story about the marriage of science and culture, a unity narrative that claimed the iconic book—capable of swaying minds and societies alike, and burnished with all that western civilization signified—for disciplines such as medicine, psychology, and education. Each of these disciplines used the unity narrative of reading for health in their efforts to establish authority over the modern self through science-based knowledge and application. As I will demonstrate, however, these stories were not confined to these disciplines, but functioned as a part of a larger story about the mind and body that was set on the shifting fault lines of the humanities and science.

Reading for health had some of the character of an old narrative, modernized. Twentieth century reformers drew conspicuously on stories from the past, and ornamented the new versions with ancient aphorisms, learned luminaries, and canonical works. Some examples became standard refrains. For instance, from 1930-1960, it came to seem like some solemn bibliotherapeutic ritual to point to the entrance of the ancient library at Thebes, over which was inscribed “the healing place of the soul.” (Librarians

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especially liked this one.) Psychologists called upon Aristotle to demonstrate that tragedy existed in order to initiate life-changing cathartic experiences; drama wasn’t about what it said so much as what it could do to the reader or playgoer. In the *Anatomy of Melancholy*, Burton recommended reading for all manner of woes, from the bored to the sad to those “crucified with worldly care.”

Francis Bacon was often called upon to remind us that “some books should be tasted, some devoured, but only a few should be chewed and digested thoroughly,” lending the voice of science to the important notion that reading brought ideas into both the mind and the body, and thus should be selected and ingested with caution. Others preferred Emily Dickinson’s version: “He ate and drank the precious words/His spirit grew robust/He knew no more that he was poor/Or that his soul was dust.”

These invocations and quotes should not be mistaken for quaint rhetorical flourishes. Rather, the collections and assemblages of cultural scenes from past and present functioned as a cohering device in the reading for health narrative. Literary figures and august scenes endowed the narrative with a sense of continuity rather than

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13 “Whosoever he is, therefore, that is overrun with solitariness, or carried about with pleasing melancholy and vain conceits, and for want of employment knows not how to spend his time, or crucified with worldly care, I can prescribe him no better remedy than this of study, to compose himself to the learning of some art or science. Provided always that his malady proceed not from overmuch study, for in such cases he adds fuel to the fire and nothing can be more pernicious; let him take heed he do not overstretch his wits, and skeleton of himself.” Robert Burton, *The Anatomy of Melancholy* (1621; New York: New York Review of Books Classics, 2001). A recent look at Burton’s claims about the curative powers of his book also makes a contribution to the history of reading: Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England: Reading ‘The Anatomy of Melancholy.’* (New York: Cambridge University Press, 2013.)


rupture, extending the plotline back as far as the ancient world. Science and medicine were of-the-moment, sometimes startlingly so. But when the narrative extended back, it created a sense of shared meaning and purpose around reading books and reading, and a comforting association with civilization itself. Moreover, the examples advanced particular elements of the bibliotherapeutic approach. They illustrated that reading had direct actions upon people—it affected their bodies, their emotions and their minds in clear and (ideally) predictable ways—and that the best reason for people to read was to initiate these effects. Those effects were defined in terms that equated health and the good life. Examples showed institutions, including libraries as well as hospitals and schools, as devoted to achieving and maintaining this health, thus representing the connections between them and the culture natural and optimal. In other words, reading for health seemed like an old story rooted in the most basic of wisdoms. Bibliotherapy may have been new, but reading for health seemed as old as books and reading.

The reading for health narrative circulated within and across disciplinary domains and popular/professional divides from the 1930s to the 1960s. Advocates of bibliotherapy in hospital librarianship, psychology, and education claimed reading for health for their domains, bringing with them ideas about the therapeutic promise of books. However, as they proceeded from claiming it for their work to making therapeutic claims about its outcomes, their beliefs became propositions and hypotheses to be posed and investigated by the mid-century epistemological gold standard: science. Can there

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be a science of bibliotherapy? That question reverberated throughout the midcentury. It would not become a science just by declaring it so. “To the extent that the printed word may induce reactions beneficial to the individual’s physical or mental health,” psychologist Alice I. Bryan insisted, “reading may be said to have a therapeutic value. Upon the validity of this assumption rests the possibility of a science of bibliotherapy.”

As its advocates would discover, books and texts were unruly artifacts, and “reading for health” tended not to sit obediently for study. Nevertheless, science demanded and promised to define what and how therapeutics really “worked.” A science of bibliotherapy thus proved as elusive as it seemed necessary. This belief in a need for science-based knowledge said less about the epistemological status of bibliotherapy than about the historical conditions that required the effects of books to be judged in terms of their tangible and measurable effects on health.

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The Subject is Reading

This dissertation is the first extended historical treatment of bibliotherapy in the US.\(^{19}\) The absence of attention to bibliotherapy is more surprising than it might seem. Over the past forty years, an extensive literature on health and therapeutic culture has emerged in the history of medicine, cultural history, the history of the book, literary studies, and science and technology studies. It is my ambition to make contributions to each of these literatures, but my most important contribution is for the interdisciplinary field in which these historical practices are gaining ground: the medical humanities.

One reason that bibliotherapy may have escaped attention is that reading is an elusive historical act, and those who look for it tend to focus on texts rather than practices. Even when I talk with people about this project, they often ask, understandably, “What kind of books were used in bibliotherapy?” The short answer (upon which I will expand in the chapters to come) is that they used all kinds of books and other texts: popular fiction, biographies, non-fiction, literature both classical and modern, as well as magazines, how-to books, and newspapers. They did not just use the “self-help” books that have coalesced into a genre juggernaut and that we have come to associate directly with therapeutic reading. Further, as I will discuss in detail in the chapters to come, midcentury advocates of bibliotherapy actively deliberated and debated the question,

because they wanted to choose the most effective books for their goals, and avoid those that might cause harm. Librarians curated lists of tried-and-true titles of all sorts, including novels, biographies, and popular health and psychology books, and reviewed new ones for their appropriateness for their patients; psychiatrists warned about works that posed potential dangers to “delusional systems,” and they tried their hands at writing and publishing therapeutic books themselves; language arts educators edited literary anthologies and planned curricula in service of their reading-related learning goals.

When historians of medicine have studied reading for health, they too have focused primarily on texts. For instance, historians of medicine have investigated the health guides and domestic manuals that were mainstays of the nineteenth and early twentieth century publishing industry. In one of the best collections on the subject, Right Living: An Anglo-American Tradition of Self-Help and Hygiene, Charles E. Rosenberg notes the longer history behind the modern boom, reminding us that “since the beginnings of printing, readers have used the printed page to guide themselves in the preservation of physical and emotional health and in the management of their ills.”20 In the US, domestic health manuals were not only widely purchased and commonly owned, but, as Rosenberg points out, their tattered, stained pages and marginal notes testify that they were also used. However, when Right Living’s contributors set out to study these uses of print, they put the texts and their authors at the center of their stories, and proceeded to closely analyze their selected “artifact of print culture” such as The Maternal Physician: A Treatise on the Nurture and Management of Infants, or water cure

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journals, or John Harvey Kellogg’s sex advice. Medical historians of the twentieth century have offered close readings and cultural accounts of every conceivable popular medical text from *Dr. Spock’s Baby and Child Care* to *Psychology Today* and *Our Bodies, Ourselves*, just as they have studied pivotal professional medical texts such as the *Diagnostic and Statistical Manual (DSM)*.

Historians of American culture often situate such books in particular and reading for health more generally in the context of therapeutic culture. According to T.J. Jackson Lears, therapeutic culture marked a “shift from a Protestant ethos of salvation through self-denial toward a therapeutic ethos stressing self-realization in this world—an ethos characterized by an almost obsessive concern with psychic and physical health.” In another classic statement on these developments, “Personality and the Making of Twentieth Century Culture,” Warren Susman found in the early twentieth century manuals and self-help guides the pivotal shift from character to personality as the defining feature of the modern model self. Each of these two classic statements point us toward a therapeutic style that directed individual fulfillment toward the realization of

21 Rosenberg, *Right Living*, 89. Historians have investigated the prescriptive literature and self-culture texts of the nineteenth century in which medical and cultural authorities vied to guide the full range of social behaviors and roles (especially for women), including manners, child rearing, marriage, and housekeeping, and to guide readers through what they believed were the dangerous influences and temptations in a world fairly bursting with print. On guides for women, see Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts’ Advice to Women* (New York: Anchor, 1978). On cultural warnings about the pernicious effects of print and guides to protecting oneself in it, see Isabelle Lehuu, *Carnival on the Page: Popular Print Media in Antebellum America* (Chapel Hill: University of North Carolina Press, 2000).


personal health, and that remolded the modern subject from character to personality, a mode of being that conformed with a psychological self in a consumer culture.

Midcentury jeremiads such as *The Triumph of the Therapeutic* by Philip Rieff and *The Culture of Narcissism* by Christopher Lasch established the framework for what Eva Illouz recently described as the ongoing “communitarian critique of modernity.” “Thanks to consumption and therapeutic practice,” Illouz argued, “the self has been smoothly integrated into the institutions of modernity, causing culture to lose its power of transcendence and opposition to society.”24 In the bargain, the culture had instead succumbed to self-help and its products, especially its books. Critics of therapeutic culture have held special scorn for and fascination with the genre, which has become synonymous with therapeutic culture itself.25

Bibliotherapy is virtually absent from the history of medicine and the history of science.26 Even in work about therapeutic reading as a cultural phenomenon, bibliotherapy is not acknowledged as a concrete historical practice. Scholars who work on therapeutic reading take two general approaches. First are those who interpret therapeutic reading as a pervasive, symptomatic practice of the highly individualistic,

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26 Bibliotherapy makes no significant appearance in the major history of medicine journals, including *The Bulletin of the History of Medicine, Journal of the History of Medicine and the Allied Sciences, Isis*, and, perhaps most surprisingly, *Literature and Medicine*, whose articles tend to emphasis close readings of individual texts in order to excavate their medical concepts and themes.
consumerist therapeutic culture, which has eschewed collective politics in favor of personal growth and private well-being. Second, some cultural historians and historians of the book have taken the approach led by Janice Radway, who recuperated therapeutic reading as a potentially transgressive practice of readers who, although culturally marginalized by elites, engage in “variable literacies” and use reading creatively to satisfy their needs and construct their worlds. For instance, Timothy Aubry’s recent book, *Reading as Therapy*, found that middle-class readers use contemporary fiction in creative ways to find solidarity and to meet genuine emotional needs. 

This history of bibliotherapy therefore begins to address this historical gap. In so doing, I take seriously the recent challenge by historians of the book to discover the elusive figure of the historical reader. In *The History of Reading in the West*, Guglielmo Cavallo and Roger Chartier point out that “[r]eading is a practice that is always realized in specific acts, places and habits.” In order to offer historical accounts and

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interpretations of reading, one would need to look beyond the texts themselves and toward the behaviors, contexts, beliefs, and norms that constituted the practice of reading in particular places and times. In what I see as a similar move, historians of medicine have called for a turn to recuperating the history of patients and other previously marginalized groups. My history of bibliotherapy, I argue, takes up this challenge in two important ways. First, as a historical narrative, it places the act and meaning of reading at the center of the story. My subject is reading. Second, I show that the historical actors in the story of midcentury bibliotherapy were themselves invested in constructing reading and the reader as their own primary object of study. Their subject was reading. As they explored what happened when people read, the constructed the historical figure of the embodied reader, which they tried to study and in whom they sought to initiate their visions of reading’s healthy effects.29

Medicalized Humanities

The phrase “medicalized humanities” in my title and approach merits a closer look. I use this particular formulation for three reasons. First, it claims an explicit connection between this story of bibliotherapy and the “medical humanities,” a powerful contemporary movement that draws on literature and the arts in the name of health. Second, my choice of medicalized humanities rather than “the medicalization of the


“humanities” marks my attempt to connect to and contend with the medicalization thesis, the single most dominant explanation for the role and power of medicine in modern culture. Third, I argue that while medicine and science have indeed transformed the humanities, the humanities have also been participants in that interactive process, and bear responsibility for their outcomes.

The medical humanities is an interdisciplinary approach to medical practice and education, as well as a diverse field of scholarly inquiry. The US National Library of Medicine defines it as “the study of the intersection of medicine and humanistic disciplines such as philosophy, religion, literature, and the fine and performing arts. [The] field emphasizes the humane aspects of medicine and health care.” At least twenty major medical schools offer formal programs or centers in medical humanities, including Yale, Harvard, Stanford, and NYU, and courses in the area are common requirements at most medical schools. As a professional and pedagogical innovation, the medical humanities aim to “humanize” biomedicine and those who practice it, and to improve patient care by attending to the whole person. Notably, the field has become strongly linked to bioethics—for instance, one of the field’s largest organizations in the US is the American Society for Bioethics and the Humanities—thus linking it with the moral

30 “Medical Humanities.” National Library of Medicine, <http://www.nlm.nih.gov/tsd/acquisitions/cdm/subjects57.html >; Like most interdisciplinary fields with practical applications (such as STS), the definition of Medical Humanities is an object of perennial debate. In “What is Medical Humanities and Why?” physician Jack Coulehan writes that “‘Medical humanities’ is one of those I-know-one-when-I-see-one terms… To me it’s surprisingly difficult to say with any degree of clarity what medical humanities is…Despite all this, medical humanities feels right. As with any new field, it’s full of enthusiastic advocates who aren’t afraid of rocking the boat.” NYU Literature, Arts and Medicine Blog <http://medhum.med.nyu.edu/blog/?p=100>. See also H.M. Evans and D.A. Greaves, “Ten Years of Medical Humanities: A Decade in the Life of a Journal and a Discipline ,” Medical Humanities 36 (2010): 66-68.
development of professionals and social adjudication of ethical issues.

The medical humanities is alluring because it has the character of a reform movement, one that brings humanistic practices in as a corrective to what ails modern scientific and bureaucratic medicine: faces to its facelessness, heart to its mind, warmth to its cold empiricism, morality to its rationality, meaning to its facts. At the same time, the medical humanities is also alluring to the humanities of which it avails itself. In a time in which we are accustomed to hearing that the humanities at-large is in a state of crisis, that the reading of serious literature is at an all-time low, and that the book is dying, the medical humanities offers hope for the beleaguered literature and arts that it invokes. Not only does it promise the humanities new life through utility, but offers hope to the humanists themselves, who may find long-term employment in medical humanities at prestigious institutions.

Why not just call this the medicalization of the humanities? In some ways, I think that it is. The medicalization thesis claimed that medicine (including psychology) has exerted conspicuous and wide-reaching power over increasing domains of culture and life, rendering ordinary experiences and behaviors such as birth, sleep, and sex as medical problems subject to medical authority. As a fundamentally skeptical term,

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33 Peter Conrad, The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders (Baltimore: Johns Hopkins University Press, 2007);
medicalization simultaneously deployed a critique of the process it described. Many of its authors, for instance, explicitly took critical positions as in the anti-psychiatry movement of Thomas Szasz and R.D. Laing, and in the ideological critiques of Ivan Illich, Irving K. Zola and Michel Foucault, whose charges of iatrogenesis claimed that medicine created and caused many of the diseases that it ostensibly treated. As I will show, books and reading were subject to medicalization, insofar as it was believed that they could and should be used in medical environments, defined according to medical standards, and subject to medical control.

I have resisted accepting the term medicalization, however, because it sets this story in a world in which medicine wields unilateral (if unsavory) power. If that is the

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This is not to suggest that all scholars working on medicalization engage in monolithic arguments. In fact, much of the literature on the concept aims to offer subtle explanations for the nature and sources of its power, traces the diverse paths of its dissemination and implications of its effects, and updates its character within changing contexts of medicine, technology and culture. However, I think that “medicalization” is saddled with a fundamental semantic and rhetorical problem, even for those who take its refinement as the goal of their work. Medicalization is a nominalization—a word that converts a verb or adjective to a noun. Some writers who nominalize do so to deliberately obfuscate, but many scholarly writers, along with those of us who want to write about what we consider to be real yet abstract social or ideological forces, use nominalizations to convert those forces into the subject of the sentence. With limited use, they may put to potent use, but we are inundated with nominalizations in scholarly writing and in talk about social
case, I may as well not tell it, because there is no point in further chronicling another example of that process. I argue that the story of bibliotherapy matters precisely because we are in the midst of a cultural moment in which we are deciding that the humanities in general and books and reading in particular should be judged by their usefulness in medicine and as medicine: in the narrative of reading for health, in the dominance of therapeutic reading, and in the medical humanities. Moreover, the history of reading for health is especially cogent as the medical humanities is currently increasing its purview with an emerging new domain: “health humanities.” The result is an evolving medicalized vision of the humanities, one that we are creating and one that could be otherwise.

Advocates of reading for health tried to answer the question, “How is bibliotherapy good for health?” In this dissertation, as I trace how they have studied reading’s effects, and how they tried to deploy them, I raise another question: Was (and is) bibliotherapy good for books and reading? In the chapters that follow, I trace how books and reading were defined in and by their well-intentioned use and study. This was not always for the better, especially insofar as books and reading might serve to challenge forces. I have tried in my writing to give my sentences and thus my account human subjects and human agency. For a particular incisive modern update of the term, see Adele Clarke, Laura Mamo, Jennifer Ruth Fosket, Jennifer R. Fishman, and Janet K. Shim, eds., *Biomedicalization: Technoscience, Health, and Illness in the US* (Durham: Duke University Press, 2010). For an overview of the concept, see Robert A. Nye, “The Evolution of the Concept of Medicalization in the Late Twentieth Century,” *Journal of the History of Behavioral Sciences* 39, no. 2 (Spring 2003): 115-129. A sustained critique of that story is offered by Joseph E. Davis, “How Medicalization Lost Its Way,” *Society* 43, no. 6 (2006): 51-56.  

normative visions of health, to illustrate uncomfortable realities, to deliberate about what is and to imagine what could be, which is, I argue, the end of the humanities.

**Overview**

In chapter one, I tell the story of midcentury hospital librarians who promoted institutional library service as a form of medical treatment. On the one hand, they considered bibliotherapy in hospitals to be a natural extension of traditional library work with the public, and that drew on their knowledge of books and skill with matching them with people. On the other, they were committed to validating the practice as a legitimate form of medicine by developing a “science of bibliotherapy,” an aspiration that proved perennially frustrating and elusive. Ultimately, I argue that librarians resolved this tension by broadening the definition of bibliotherapy to encompass the entirety of the reading act across cultural contexts.

In chapter two, I turn to the psychologists and psychiatrists who advocated bibliotherapy for the treatment of mental illness and the maintenance of mental health. I show how midcentury psychology was not only a diverse, often contentious profession, but also an expansive cultural project in which books and reading played a central role. In client-centered counseling, psychotherapy, and psychiatry, the use of bibliotherapy in treatment demonstrated the construction of the embodied reader as a psychological subject, and reading for health as a form of diagnosis and analysis.

In chapter three, I investigate the use of bibliotherapy by language arts educators, who redefined the goal of reading instruction to develop the healthy personality. Reading
research and instruction thus took on an explicitly psychological character, but also aimed toward discernable social effects.

And in chapter four, I narrow my lens from professional groups to a single person, Sadie Peterson Delaney, the librarian at the Veterans Hospital in Tuskegee, Alabama from 1924-1958. An African-American who worked in segregated institution, Delaney has been figured as a “beacon of hope” and is widely heralded as a “pioneer of bibliotherapy.” As I tell her story I argue, however, that Delaney’s approach to bibliotherapy represents a bracing alternative vision for reading for health. Delaney practiced and advocated for bibliotherapy not only as a medical treatment and as a form of education, but as a political strategy and cultural protest, one that was designed to intervene not only in dominant medical practices, but in social and material conditions of African-American veteran patients.

In my conclusion, I trace the narrative arc of these midcentury stories about reading for health to their resolutions in the 1960s. By valuing above all else how reading could be used to achieve health, advocates of bibliotherapy fashioned a form of applied humanities, one that defined the meaning and judged the value of books in terms of their utility and efficacy. In so doing, they contributed to the development of a form of the medicalized humanities that now resonates in three contemporary sites: (1.) the study and use of bibliotherapy in clinical psychology; (2.) the dominant and naturalized approach to books known as therapeutic reading; and (3.) the medical humanities.
Hospital librarian Ruth Rodier’s narrative of healing through reading began with a patient who described his room as “the squirrel cage,” and who rejected a librarian’s offerings of National Geographic magazines. In 1933, the 45-year old man was admitted to the Veterans Administration Facility at Washington, D.C. The diagnosis was severe auricular fibrillation. His recovery would be long and languid—absolute bed rest so passive that “sitting-up exercises” were prohibited. The prospect for a return to normal life and his hard-earned job as an agent on the railroad was unlikely. As his physician had noted on his chart, “he should be instructed to live very quietly.” Thus the man became a patient. He stayed at the hospital for five years.¹

As Rodier explained in the Medical Bureau of the Veterans Administration, at the beginning of his stay he “was irritable, worried, restless, discouraged, anxious, and bitter with the knowledge of his serious illness, had little hope of recovery, and spoke of ‘checking out.’” Gradually, however, he was transformed into “our reading patient.” When the librarian discovered his interest in nature and trees, he warmed to her suggestion of John Burroughs’ books, so much so that he became over-excited and was kept from them for a while. This awakening interest in reading was both sign and cause of healing. His increasingly optimistic disposition and his cooperation with his treatment were others. Soon, his avid and independent reading connected him to the world outside.

¹ Ruth E. Rodier. “Prescribed Reading in a Veterans’ Administration Hospital,” Medical Bulletin of the Veterans’ Administration 18 (July 1941): 80.
of the hospital, gave him autonomy and a sense of purpose, and engaged him in plans for his reading future. He embarked on a project of identifying and labeling the trees on hospital grounds, an activity that he lured fellow patients to share. He confronted the grumbling and self-pity of other patients by encouraging them to read about their interests and to develop hobbies in order to bolster their mood and courage. One fellow patient—an Oxford graduate—deemed that “you’ve acquired a college education.” The hospital staff found him appealing, humorous, accepting of his weakened condition, and compliant with hospital rules and treatment plans. His doctor claimed that he would have died long ago without books. And at the end of time in the hospital, he declared, “If I were to die within a year, I shall have lived a good life here with my books.”

Ruth Rodier was one of many institutional librarians who advocated bibliotherapy in the mid-century US. Their work took place in the context of the 20th century “patients’ library movement” (PLM), a sustained professional effort to offer organized service in medical environments such as Veterans Administration facilities, tuberculosis sanitariums, psychiatric clinics, and public and private hospitals.

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2 Rodier, “Prescribed Reading,” 82.
organized service in medical institutions. It was also the central scene for the
development and pursuit of bibliotherapy by librarians during this period. In the PLM, it
is critical to note that “bibliotherapist” was by no means a formal job title for librarians.\(^4\)
Rather, it described a heightened vision for library services directed specifically toward
medical contexts.

Rodier’s story about “our reading patient” illustrates a prevailing version of an
ideal mid-century bibliotherapeutic encounter with a hospital librarian. The languishing
man adapted and healed thanks to the skillful and attentive hospital librarian, his
willingness to read, and the power of books. While her therapeutic work was described in
medical terms such as prescription and therapy, her powers were based on her expertise
as a reader of books and of people. In this ideal scenario, the librarian also benefited,
because doctors also acknowledged her contributions as a valuable form of medical
treatment. And that treatment initiated not only healing, but an enriched vision of health–
“a good life here with my books”–one made possible by reading and one now made the
better with it.

Rodier’s story also represented one prevalent approach to describing and
justifying bibliotherapy: through narratives of healing through reading. Such stories both
constructed and circulated knowledge. Medically speaking, these narratives were,
simultaneously, therapeutic guides and therapeutic rationales. They demonstrated how to
practice bibliotherapy by dramatizing librarians in the act of assessing patients, guiding
them to the right books, and initiating healing. They justified the practice to the extent

\(^4\) The 1952 VA \textit{Position-Classification Guide} listed bibliotherapy as a function of the
librarian. The guide was replaced by Civil Service standards (in which bibliotherapy was
not mentioned). See Margaret C. Hannigan, “The Librarian in Bibliotherapy: Pharmacist
that their stories were vivid, plausible and convincing. In other words, narratives of healing addressed therapeutic rationale as a rhetorical problem, and thus one best solved through persuasion. A good story vindicated bibliotherapy because its narrative arc ended with successful outcomes. Moreover, librarians fashioned themselves as medical practitioners by casting themselves as protagonists. Expert and avid readers that they were, many librarians believed in the power of stories to make bibliotherapy real.

But narratives of healing through reading circulated in tension with a second dominant *narrative of advancement through science* that crystallized around librarians’ perceived need to make bibliotherapy scientific. As hospital librarianship made professional strides, librarians and advocates such as hospital administrators and physicians worried about and hoped for a research program that would lead to science-based knowledge. Perhaps their experiences, skills, beliefs, and narratives of healing were not sufficient to justify bibliotherapy as a form of medical treatment, and to justify the librarians themselves. In 1939, psychologist and Columbia University Library School professor Alice I. Bryan formulated the phrase that would form the recurring mid-century refrain among librarians in the PLM: “Can there be a science of bibliotherapy?”

When librarians spoke of the current state and future trajectory of their work, science figured as an obstacle, an opportunity, and the best possible outcome. The narrative of advancement through science pointed toward medical legitimacy and efficacy, which would be achieved by offering library students better research training, systematically collecting and collating patient data at institutions across the country, and developing long-term empirical studies. For those who advocated science-based knowledge, it wasn’t sufficient

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to inform, entertain, and educate. The lure of a science of bibliotherapy pointed librarians toward new epistemological aspirations and toward relevance via measurable effects on a reader’s health.

In this chapter, I explore these two narratives: narratives of healing through reading, and the narrative of advancement through science. I begin by explaining the PLM, the primary professional context for bibliotherapy by hospital librarians in midcentury. I go on to explore how bibliotherapy took on a distinctively medical ethos, one that is especially discernable in the prescriptive discourse through which its advocates circulated representations, knowledge, claims and exhortations about the practice. I then take a closer look at the Hospital Book Guide (HBG), a publication by and for hospital librarians about library service and bibliotherapy. These elements of the PLM engaged in narratives of healing through reading that expressed the beliefs and the optimism at the center of their vision of reading for health. I then turn to the second narrative about their work, the repeating refrain about the need for a science of bibliotherapy. I explain how librarians articulated their sense of its importance, and how their concerns formed a plotline in the larger arc of the PLM and bibliotherapy.

It turned out that the word “therapy” made demands. As librarian Margaret M. Kinney put in it 1946, “[t]here is an emphasis on an exactness, a scientific attitude inherent in the case of the word ‘therapy.’”⁶ Taking this scientific attitude, some librarians began to mentally affix a question mark at the end of the confident announcements in so many titles in the literature: “Curing through Reading”? “Books

⁶ Margaret M. Kinney, “Bibliotherapy and the Librarian,” Special Libraries 37, no. 6 (July/August 1946): 176.
are Good Medicine” 7 In the face of these assertions, Bryan declared a new standard: “We must find out what books do what things to what people at what times, and under what circumstances.” 8 A science of bibliotherapy seemed to require the study of that elusive figure—the embodied reader—with the aim of developing evidence-based therapeutic guides and rationales. It also inspired a vision of an “orderly advance in the study and use of bibliotherapy.” 9 If books were medicine, it seemed like a worthy goal. But attempts at studying and deploying reading as treatment were hardly objective epistemological projects. To study this embodied reader, librarians needed to construct him, and in so doing, construct themselves as healers. In so doing, they would need to remake the very practice of reading for health that they sought to validate.

The Patients’ Library Movement

A 1926 poster by the American Library Association (ALA) depicts a hospital librarian absorbed in the task of selecting a book for her patients (Figure 1). She is lovely, feminine, demure; the books on her cart lean casually, in contrast with the rigid lines of the room and the institutional strictures they imply. Three patients are tucked in their beds, rapt over their reading. An aisle narrows to unseen distance, suggesting other beds and other readers, each of whom will receive the ministrations that summon the placid tone of the ward. The image tells two stories simultaneously: one about the power of reading for health, and one about the rightful role of librarians in modern medicine.

Figure 1. American Library Association, “Hospital Library Service,” c. 1925, poster, 26 in. x 29 in. Used with permission of the American Library Association Archives, University of Illinois, Urbana-Champaign.
The very existence of the poster signaled a salutary point in the PLM, when the ALA advertised hospital library service as a part of its mission. The PLM developed in this context of intense interest in the reader and in the librarian’s role in directing and assessing her progress. It also developed along mainline thinking in public librarianship about the library’s services and ideal role in the larger culture. An influential 1930 work, *Book Selection*, established for instance that “[t]he high purpose of book selection is to provide the right book for the right reader at the right time,” a sentiment repeated in the stated goal of bibliotherapy.\(^\text{10}\) Book selection was the central task of what was called the “guidance function” of librarianship, which cast the librarian’s role as “readers’ advisor.” Readers’ advisory services appeared in public libraries across the country beginning in the late 1920s, and put librarians into direct relationships with patrons, whose interests and needs they were expected to get to know.\(^\text{11}\)

This attention to readers, however, led to debates about how actively they should intervene by redirecting those interests and redefining those needs. Often, debates about the guidance function coalesced around “reading with a purpose,” which promoted adult education during leisure time, and set pleasure (often associated with lowbrow materials)


against learning via systematic reading. Historians have often focused on the emerging lowbrow/highbrow dimension of these developments, and the role of cultural arbiters in helping readers to navigate it via “great books” programs. But the turn to guidance and to purposefulness also marked a decisive turn toward the reader—toward the epistemological project of knowing what was happening within him, and toward the practical project of initiating those effects into “the consciousness of living individuals.” Bibliotherapy drew upon the guidance function and the general aims of purposeful reading, but most importantly, the attention to the reader for whom books were selected and upon whom they would work.

The PLM was spurred on as a specialized service by three additional developments. First, hospital librarians grew increasingly organized and professionalized. They began to secure permanent positions, they created systems for delivering materials across institutions, and they formalized interest groups. Throughout the movement, these professional structures provided some coherence to a scattered set of efforts by

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13 The phrase is from the 1933 work, Introduction to Library Science by Pierce Butler (Chicago: University of Chicago Press, 1933). Butler is credited, along with Ranganathan, as one of the first librarians to use and promote the term “library science.”

14 In 1904, for instance, the McLean Asylum in Boston hired its first “trained librarian,” E. Kathleen Jones. In 1906, Alice S. Tyler initiated the “group system” of libraries in Iowa state institutions, where one supervisor integrated and oversaw the state’s services and collections. Minnesota, Nebraska, and Indiana soon followed with the scheme. And in 1915, the ALA formed the Institutions Library Committee, an active group whose members published about their work in both library and medical journals, presented at conferences, and wrote standards and guides to practice as the Manual for Institution Libraries.
individuals at their home institutions and localities. Second, “special libraries” were emerging to serve the knowledge-based professions of medicine, law, engineering, manufacturing, and banking. And, third, from 1917 until the armistice, the ALA participated in the federal government’s Library War Service (LWS), which provided reading materials for troops in training camps, at military camps abroad, and at hospital libraries. Many of these collections were staffed by librarians. The 1919 work Books in the War: The Romance of Library War Service depicted LWS as a heroic achievement, and suffused the story with reverence for how books and reading served the well-being of the troops and the health of democracy. After the armistice, the LWS collections formed the basis of the Veterans Bureau Facility Libraries, and provided professional and conceptual frameworks for library service.

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15 The Special Libraries Association was founded in 1909. According to its first president, Charles Cotton Dana, special libraries were needed to navigate the profusion of print and “things to be read” in which modern culture was threatening to drown. They would also meet the new needs of new readers: professional men in need of the current and useful knowledge found in “worldly books.” Librarians “may properly continue to serve the student, in the old sense of that word, the child and the inquiring woman,” Dana wrote, but “they must also serve the industrialist, the investigator or the scientist and the social service worker.” John Cotton Dana, “The Evolution of the Special Library,” Special Libraries 5 (May 1914): 70-76.

16 “Carl H. Milam, then ALA secretary, noted that 170 librarians were working in the War Service hospital library program at its peak and that by mid-1919, reading materials had been provided to ‘all hospitals and transcontinental hospital trains…used by soldiers, sailors, and marines.’” Panella, “The Patients’ Library Movement,” 55.

17 As with hospital libraries, compiling an appropriate collection was key to offering the right book at the right time, and volunteers and donations often did more to hinder than help. “Among…rejected offerings were…Sunday school books of fifty years ago; annual reports of the Bureau of Ethnology; proceedings of the American Breeder’s Association; the Postal and Telegraphic Code of the Argentine Republic; annual reports of the Episcopal Eye and Ear Hospital, twenty years back…copies of the Housewife and Home Needlework and a Diary for 1916, partly filled in by the donor!” Theodore Wesley Koch, Books in the War: The Romance of Library War Service (Boston and New York: Houghton Mifflin, 1919), 16.
Who were hospital librarians? Rodier’s career tracked one major pathway in the early PLM. In 1919, she left her job as a branch librarian in the Worcester Public Library for a three-year tour of duty with the ALA and the LWS, where she organized libraries in the Canal Zone.\textsuperscript{18} From 1922 until her retirement in 1958, she worked as a librarian in Veterans Administration Hospitals and the National Naval Medical Center. By 1941, Rodier had the experience, desire, and platform to tell the exemplary story of her work at the Veterans’ Hospital. Another vocal leader, Perrie Jones, ascended from local public librarian to a hospital library service organizer in St. Paul (1921-1928), a supervisor of Minnesota State institutional libraries (1928-1937), and St. Paul Public Library director (1937-1955). Jones had a particular interest in “mental patients,” another important institutionalized group served by hospital librarians in the Veterans Administration, state, and private institutions.

But if the patients’ library movement had a poster child, it was E. Kathleen Jones. In 1939, the American Library Association published her book, \textit{Hospital Libraries}, which addressed current and best practices in the mission of “books and therapy” across the different types of hospitals of the period, including “general, neuropsychopathic or mental, and tuberculosis.” She also devoted a chapter to looking back and taking stock. As did most librarians writing about bibliotherapy, she gestured to the age-old cultural roots of therapeutic reading. Reflecting on “the first thirty years” of “the hospital library idea,” however, Jones pegged its beginnings in 1904, when McLean Hospital appointed her as its full-time librarian, and when she set out to transform haphazard piles of books—“gifts, discards from attics, old bound magazines,” often hauled through wards in a laundry

\textsuperscript{18} \textit{Massachusetts Library Club Bulletin} 12, no. 1 (January 1922), 7.
basket–into a collection for organized library service for patients. Jones was not (merely) audacious in starting the story with her own arrival; the point was that bibliotherapy began and would thrive because librarians like her would organize and deliver the service as a professional and medical activity. Jones, like her fellow hospital librarians, told the story of the PLMas one simultaneously about the professional progress of librarianship, and as one story in which librarians were protagonists in the broader progressive narrative of modern medicine.

Jones’ 1939 Hospital Libraries was heralded as a pivotal achievement for the profession in a time of optimism and successes. Bibliotherapy was unequivocally endorsed as a form of medical treatment in the 1938 ALA National Plan for Libraries, which asserted that library service, librarians, their materials, and their personnel, book collection, equipment and quarters “should be adequate to place the library service on par with other departments and to enable it to contribute its share to the recovery and well-being of patients.” Its advocates had established professional groups such as the American Library Association (ALA) Institution Libraries Committee, the ALA Hospital Libraries Committee, and the American Hospital Association (AHA) Libraries Committee. These organizations not only promoted occupational community among hospital librarians, but their existence asserted that their work had legitimate standing in both the library and the medical professions. In publications such as One Thousand Books for Hospital Library Service and the monthly Hospital Book Guide, librarians disseminated book lists and suggestions for best practice. Articles describing their

practice routinely appeared in literature across fields, from hospital administration and librarianship to the popular press and medical journals.

The work of individual librarians started to seem to them like a collective movement. So hospital librarians shared their visions of a future—one with specialized university courses and programs in hospital librarianship, increasing numbers of trained librarians and secure positions serving patients in more treatment facilities, and collaborative relationships with doctors and nurses who recognized their value as part of the medical team. Although bibliotherapist was not in any hospital an explicit, dedicated job title, the 1941 article “Bibliotherapy of Tomorrow” depicted a vision of this trajectory from devoted amateur to medical professional:

The hospital librarian of yesterday was usually a person of pleasant personality, strong enough to push a heavy, frequently home-made truck around from room to room, and interested enough to do so for little or no salary. The requirements for the hospital librarian of today include the kind of training and intelligence that make it possible for her to assist that physical and chemical treatment of patients by prescription of reading…The rapid development in the psychiatric field of medicine has made the “volunteer worker” in the hospital library of yesterday give way to the “hospital librarian” of today, and bids fair to create a real need for the “bibliotherapist” of tomorrow.  

Across these stories and goals was an emergent figure of the librarian herself, who we see in the act of self-fashioning as therapist.

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The Prescription of Literature

The identities of the librarian as bibliotherapist and of reading as a therapeutic art accrued in part through the use and circulation of conspicuously medical language. Throughout the patients library movement, proponents and practitioners published about bibliotherapy in medical venues that spanned the range of health professions, including hospital administration, nursing, librarianship, government-sponsored public health, psychology, and psychiatry, as well as general and specialized medicine.

Often, the established therapeutic value of reading boldly asserted—rather than argued for or hypothesized. However, the exact nature of bibliotherapy’s therapeutic qualities was often broadly cast. Examples of such assertions ranged across professions and publications: Elva Crain, Librarian at the U.S Veterans Hospital in Outwood, Kentucky, claimed in “The Treatment Value of the Hospital Library” that “the benefits of reading to an ailing human body are indisputable, and have been proven many times over.” In the American Journal of Nursing, Mary Morrissey began, “the question of whether a library is of value in a hospital or not is no longer a debatable one…well-established libraries have proven themselves to be valuable therapeutic agents.” Eric Kent Clarke, MD, wrote, “[i]t is generally accepted that books for patients in hospitals are an essential part of medical treatment…” And Josephine A. Jackson, MD asserted in The Modern Hospital that, “[i]f by chance he could steal a moment to read aloud to [the patient], the doctor in the ward would begin to wonder just what prescription of his has worked the miracle. The therapeutic value of worth-while books is beyond our thinking.”22 Empirical investigation has either been superseded, or was superfluous.

22 Elva R. Crain, “The Treatment Value of the Hospital Library,” U.S. Veterans Bureau
As libraries were characterized as “therapeutic agents,” books and reading were cast with a pharmaceutical identity, akin to drugs. For example, Gerald Webb, MD, a notable physician proponent of bibliotherapy throughout the 1930s, wrote in “The Prescription of Literature” in the *American Journal of Surgery*: “There are many times when it is incumbent on the wise physician to prescribe, not a posset or a purgative, but an essay or poem.”

And in “When the Doctor Prescribes Books,” Catherine Poyas Walker wrote:

> When the doctor prescribes books, the hospital library, whether owned by the hospital, supplied by the city libraries, or by the federal or state governments, must stand ready to fill the prescription. While to the casual observer the books carried to the patient may appear to be given out in an almost haphazard manner, there is no greater care taken by librarians than toward eliminating the wrong ones from the hospital libraries, and insuring the right book for the right patient, in order to bring about the therapeutic value of well chosen reading.

The library here was a pharmacy, dispensing “prescriptions.” Though “to the casual observer” library activities may seem “haphazard,” they were, rather, a professionally and scrupulously managed site of therapeutic dispensation. Because reading has potent

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powers and effects, it should be administrated and overseen by experts. And books were substances in need of control.

The pharmaceutical analogy extended to discussions about the many dangers of books. First, it gave rise to warnings about the risks of their “ingestion” through reading. The act of reading books was seen as akin to eating, as in warnings against the feeding of “indigestible literary food,” and in the call for a “balanced reading diet.” (However, it’s worth noting that most bibliotherapy was rarely seen as a time to emphasize educating the patient, except for occasional vocation training of rehabilitating patients such as veterans, who were expected to use their convalescence as an opportunity to prepare for productive “reintegration” and “adjustment” to post-service life.) Books were also compared to poisons, such as strychnine, and to explosive materials, as some books may be “fuel to the flame of a delusional system.” Physician G.O. Ireland captures the challenges and perils of selecting books for neuropsychiatric patients:

> The choice of books... requires considerable thought and careful inspection. A seemingly harmless volume may express sentiments innocuous to the average reader but possessing alarming possibilities for the patients in an institution. For instance, ‘The House of Pride’ by London is a harmless series of short stories, but ‘Koolau the Leper’ begins thus: ‘Because we are sick they take away our liberty.’ Of course, this is taboo for obvious reasons. It might be dynamite to a paranoiac.²⁵

Most of the examples I’ve noted thus far are taken from the 1930s, before concerns about a science of bibliotherapy gained prevalence. Still, unabashedly medical

discourse never really abated, but persisted alongside the widespread calls for its
validation through study and experimentation. This modern medical identity was further
enhanced by the reading devices that illustrated articles, photos, and advertisements in the
medical and library literature and in the popular press. Page-turning machines and
prismatic mirrors allowed patients otherwise constrained in an iron lung to read, “the
slightest pressure on a button on a panel by the patient’s chin will turn the pages as
required.” Special eye glasses called “bed specs” used prismatic lens to allow a still and
prone patient to read. Such devices were not only genuinely useful, lending a
conspicuously modern dimension to the book as a medical technology.

Hospital Book Guide

The Hospital Book Guide (HBG) offers a particularly detailed glimpse of librarians in the
act of matching books and people. Published continuously in three iterations between
1936-1960, HBG was a handmade, mimeographed production that reviewed recently
published popular and trade books for their suitability for patients. Written by and for
hospital librarians, each entry briefly described a book, pointed out potentially
troublesome passages and plots, and considered its appeal and appropriateness, from the
crispness of the type and the weight of the volume to the plot, the tone, and the subject

26 Take, for instance, the 1950 Wilson Library Bulletin article “Curing through Reading,”
which asserted (rather than hypothesized) that “medical men now agree” that expert
circulation of books by trained librarians were of the “highest value” for patients.
27 Hospital Book List was published from 1936-1939 by the Hospital Libraries Committee
of the American Hospital Association. It was superseded by Hospital Book Guide,
-sponsored by the American Library Association from 1940-1958. From 1958-1960, the
Association of Hospital and Institution Libraries (AHIL) published it as Hospital and
Institution Book Guide. The AHIL then redirected its efforts to the new AHIL Quarterly
and an occasional Bibliotherapy Clearinghouse.
matter. Over time, *HBG* also reported on ALA Hospital Library Committee meetings, published talks, essays, and dispatches from practitioners, and collected thematic book lists such as “Heart Disease in Books for General Reading” and “Hobbies for Hospital Patients.” Reviews were both prescriptive and proscriptive. Although reviewers often considered their appeal and effects based on patient demographics such as gender, age, race, and pathology, the editors frequently reminded its readers that the individual patient must always be taken into account, and that the librarian must rely on her own judgment. As *HBG* often warned: “In no case is the opinion of the editors of the Book Guide intended to be final say of what will disturb one patient will leave another undisturbed. The final decision will of course rest with the hospital librarian.”

Typical entries were often brisk. For instance:

Davidson, W., ed. *Tall tales they tell in the service*. 1943. 75p. Crowell, $1.

An ideal hospital book, handy to hold. Humor which men enjoy. 28


Romance, of the dramatic Cinderella type, to be enjoyed by the elderly women readers. Good print. 29

Little reviews such as these revealed fundamental concerns. Some were practical. How much does the book cost? Is it durable? How big and heavy is it? “Handy” books were ideal,” as large, bulky books were unwieldy for the bedridden and weak. After all, encouraging patients to “read” their medicine had a peculiar challenge, as they needed to choose to do it in order to gain any of its potential benefits. Librarians often noted the

28 *HBG*, July 1944, 21.
29 *HBG*, January 1946, 4.
challenge of convincing a patient to take a book from the cart, never mind opening it and becoming absorbed; not suprisingly, then, they often spoke about their work in terms of “promotion” and “salemsmanship.” As one psychiatrist put it early in the movement, “no patient will open his eyes and quickly swallow a sugar-coated book because advised of its remedial value.” In HBG as well as in public displays and publications, the ideal librarian was friendly, gentle, and neat. She avoided aggressiveness and intrusiveness; she sold by appearing not to sell, and was medical by appearing not to be treat. She learned about her patient by probing his interests and history as unobtrusively as possible. She aspired for her library to be homey. In contrast to the medical environment, she was to decorate dedicated reading spaces with fabric curtains, comfortable furniture, plants, and artwork. In short, she was to be domesticated and feminine, pushed on by a sense of vocation and missionary zeal rather than professionalism. In a piece titled “She Takes Her Patients Literary Pulses,” Massachusetts General Librarian Elizabeth Reed was extolled as “smiling, sympathetic, and good to look upon.” The books on her cart are like “bright colored phials of medicine,” and “she will never be content until every hospital in

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30 Articles in HBG with titles such as “Salesmanship with a Book Cart” emphasized the practical dimensions of getting the word out to patients and luring them to reading.
31 Ireland, G.O. “Bibliotherapy as an Aid in Treating Mental Cases,” Modern Hospital 34 (June 1930): 90.
32 Veterans in particular were often depicted in photographs in these spaces, especially in the popular press following the Second World War, when their rehabilitation was a matter of public concern. Against fears of war neurosis, images of calm soldiers—often dressed in suits—reading together in domesticated rooms spoke to their successful reintegration to domestic life and culture. See, for example, C.L. Keagle, “Soul Medicine for Veterans,” Hygeia 22 (January 1944): 164.
the country has its library and its librarian trained to the specialized task of ministering to
the sick.”

Which readings would people take to? Which readings were suitable? Appeal was
to be balanced with “suitability” for the reader as patient. The best books would engage
readers, take their mind off their issues, raise their spirits, and awaken their interests.
Books about hobbies, travel books, and books depicting grit were widely recommended.
How would librarians know? And what would that have to do with therapy? HBG relied,
not surprisingly, on categories such as age, gender, class, religion, and interests in order
to envision potential reactions of reading patients. Librarians often reminded one another
that patients were people with interests, preferences, and outlooks of their own. Many
justified this by referring to the “patient as person” movement, which encouraged health
care providers to learn about the individual–his or her history, circumstances,
predilections. But individuals were also already categorized as readers, by the
conventions of book publishing and book culture. That men would like seafaring tales,
westerns, and historical chronicles, while women prefer domestic tales and romance, was
to fit these reading bodies into existing cultural taxonomies of the literary marketplace.
Further, reviewers often judged the appeal of books by literary standards of taste and
quality, which indicted some books because of their turgid prose, limp plotting, or flat
characterizations.

Yet good writing could be just too good–so vivid and realistic, moving or
thought-provoking that it could affect the reader too deeply for his or her afflicted

33 Fairfax Downey, “She Takes Her Patients Literary Pulses, American Magazine (1933),
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circumstances. Take for instance the review of the 1950 novel *Reprisal* by Arthur Gordon:

A shocking story of race relations and the miscarriage of justice in a small town in Georgia. Fear, tension, and violence result when a young Negro returns to avenge the death of his wife, one of four persons lynched a year before the book begins. Well-written, but a grim and tragic picture, with guilt on both sides, and no solution offered.\(^{34}\)

All the features that might make this a superior literary work—Stark, relevant social issues, challenging indictments of injustice, and ambiguity—firmly put this book firmly on the “not recommended” list for patients. Mostly, though, proscriptions gauged suitability by anticipating reactions, based either on the person’s sensibilities or the patient’s predicament. Take, for instance, *Shore Leave* and *Deliver Me from Eva*:


Realistic picture of a group of young navy fliers relaxing from the strain of combat duty. The scene in San Francisco. Since the story deals mostly with women and wine, it is not recommended for everyone.\(^{35}\)


A gruesome and fantastic yarn about a lawyer who marries a strange and beautiful girl. He falls into the clutches of her legless, earless father, an evil genius who claims to create a marvelous

\(^{34}\) *HBG*, October, 1950, 46.

\(^{35}\) *HBG*, July 1944, 30.
human intelligence by cranial manipulation. There are horrible murders, cremations, and raving maniacs. Not for patients.\footnote{HBG, July 1946, 23.}

While some readers might have been scandalized by the mild lasciviousness of \textit{Shore Leave, Deliver Me From Eva} was simply too graphic and grotesque for any patient. Such flat-out proscriptions were reserved for works that were violent, or that depicted psychological and physical illness in frightening or lurid ways. Reviewers scrupulously account for mentions of “disturbing” topics. A subject index flagged medical conditions such as alcoholism, cancer, deafness, heart disease, mental illness, and tuberculosis. Murders and suicides were also noted. As HBG developed, the psychological categories notes became more technical, noting in particular the character trait of “psychological maladjustment.” Books that depicted medical professionals as threats were also proscribed.

HBG reviews were unsigned, but one can detect some variety among the voices. Some begrudgingly approved the mystery novels that seemed popular among patients; others demanded more wholesomeness—which is to say, less sex and drinking—in appropriate reading. Science fiction was approvingly reviewed for its “fans” for a few issues, and then as quickly disappeared. Across this diversity, however, the HBG depicted hospital librarians as forging ahead with their work. Although they made claims–tacitly and explicitly–for the therapeutic effectiveness of reading, they grounded their authority in their expertise as service providers and as readers. Similarly, while they vocally staked the future of their work on a science of bibliotherapy, they generated and used therapeutic guidelines based on the knowledge they derived from their experience.
with books and with patients. Fundamentally, they were professional readers—both of the
texts that they offered and of the people they treated.

**Can There Be a Science of Bibliotherapy?**

The HBG illustrates how most hospital librarians go on with their work, learning and
sharing as they went, and relying upon their expertise as readers and librarians. However,
simultaneously threaded through their pursuits were persistent discussions about the
scientific basis for their therapeutic interventions and professional identities. One can
track these concerns by following a single question, “Can There Be A Science of
Bibliotherapy?” in the title from an article published in *Library Journal* in 1939 by Alice
I. Bryan. With its shrewd title and a decisive normative program, “Can There Be A
Science of Bibliotherapy?” crystalized concerns and helped them to circulate widely
among the PLM. Over time, and through repetition, the question became a commonplace
with which those in the field could, in a phrase, gesture to what it had come to define as a
central problem and its increasingly elusive solution; for some, it was a rallying cry, for
others a lament. The article was used through the PLM to stake out a scientific imperative
for the future of bibliotherapy, and it took on a life of its own as a disembodied question.

In the decade before “Can There Be A Science of Bibliotherapy?”, many
advocates spoke enthusiastically about bibliotherapy as a swelling medical movement
whose cause would inevitably be validated by “science.”

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37 In an early and prescient statement of the eventual difficulties of the scientific project,
Green and Schwab wrote about their work with hospital library service in 1919, “there is
no way by which the influence of books as indicated in this way can be measured. It is
possible that the influence of reading even one’s favorite authors may be evanescent,
particularly so in cases of the severely ill and in nervous patients, or to one to whom the
science had not yet been achieved (nor had it been clearly defined), most expressed confidence that it would and could arrive in the natural course of development in what was considered a young and novel field. For psychiatrist G.O. Ireland, who endorsed bibliotherapy for “mental patients” in journals such as Modern Hospital, the United States Veterans’ Bureau Medical Bulletin, and The Library Journal, bibliotherapy would progress in step with psychiatric medicine: “As advancement is made in the study of mental diseases, the attention of the psychiatrist is directed to the value of books as an aid to the proper adjustment of patients and one feels that the library service is deserving of considerable study in an effort to raise its use from a field of empiricism to a rational basis.” Ireland captures here two important elements of the discussion about science in the 1930’s. First, the development of bibliotherapy was cast in a narrative of “advancement through science” similar to that of other medical fields in the 1930s, including psychology, pharmacology, and psychiatry. Second, bibliotherapy can and should be elevated from “a field of empiricism” to a “rational basis,” that is, from one based on trial and error or on the experience of individual practitioners to one based on general, tested principles.

stay in the hospital is a dreary and dull experience. It is more likely, however, that something remains behind—some small therapeutic effect too subtle for analysis and often too intangible to record”. Elizabeth Green and Sidney I. Schwab, “The Therapeutic Use of a Hospital Library,” The Hospital Social Service Quarterly I, no. 3 (1919): 151.

38 Physician Gordon R. Kamman summed up this line of thinking: “The science of bibliotherapy is still in its infancy, but I believe that it has possibilities for development far beyond the dreams of even its most ardent enthusiasts.” Gordon R. Kamman, “Balanced Reading Diet Prescribed for Mental Patients,” Modern Hospital 55, no. 5 (November 1940): 80.

39 Ireland, “Bibliotherapy: The Use of Books as a Form of Treatment in a Neuropsychiatric Hospital,” 973.
By the late 1930’s, however, some prominent advocates also expressed urgent concern about the unrealized promise of a science of bibliotherapy. Perrie Jones, a national leader in the hospital library profession, bluntly described this “field of empiricism” as “the hit-and-miss system” of prescribing books. After nearly twenty years of practice and publication in the area of hospital libraries and patient reading, by 1939, Jones was frustrated with the progress of bibliotherapy, and even refused to claim it as a legitimate therapeutic profession. In her *Modern Hospital* article, “Mental Patients Can Read,” she wrote: “You may have noticed that I have not used the word ‘bibliotherapy.’ I have deliberately avoided it as I felt that we are not yet sufficiently skilled in our handling of reading as an aid to convalescence to term ourselves bibliotherapists.” For Jones, only a difficult, sustained scientific project would authorize the term: “It will take years of intensive collecting of reading histories, a careful weight of findings, book evaluating and comparisons of results with a control. That presupposes a large modern hospital, the support and advice of the medical man in charge, an adequate library in the hospital, a trained librarian, time and patience. Even so, I do not despair of such a combination.”

“Can There Be a Science of Bibliotherapy?” was invoked both to rally studies of bibliotherapy and to lament their lack. In 1959, *Applied Medical Library Practice* devoted a chapter to “The Patients Library,” whose services were still represented as based upon beliefs rather than study: “As librarians believe that books are useful, so are they attempting now to demonstrate that their belief is justified and, determine, if possible, what are the most effective technics of using books in the rehabilitation of

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40 Perrie Jones, “Mental Patients Can Read,” *Modern Hospital* 49, no. 3 (September 1937): 74.
patients.” Yet, the writer concluded, “it may be that the answer to Bryan’s question lies in the future.” In 1962, William K. Beatty could be so confident of his reader’s familiarity with the issue in general, and with Bryan’s classic statement of it, that he could write in “A Historical Review of Bibliotherapy, “Bryan wrote a paper entitled ‘Can There Be a Science of Bibliotherapy?’ Because this aspect of the subject has been commented upon by so many authors, there is not need to do more than mention it.”

Beatty could dispatch (in his characteristic sardonic manner) with these “rumblings about the lack of a scientific framework” not because they were satisfactorily resolved, but because they were so commonly articulated. And these articulations persisted. For instance, the 1966 “Bibliotherapy: A Critique of the Literature,” Armando Favazza sighed that “the truth of the matter is that the vast majority of the literature on bibliotherapy is repetitiously shallow, anecdotal, unscientific, conjectural, confusing, propagandistic, and static…What Bryan, one of the best commentators, wrote in 1939, holds true today.” And one of the first extended books about bibliotherapy, Eleanor Frances Brown’s 1975 Bibliotherapy and Its Widening Applications, noted that “[c]onstant reference is made in the literature and among bibliotherapists to the lack of scientific research in bibliotherapy.”

Librarians often framed the question of science in explicit contrast to bibliotherapy as an art. “It has been stated repeatedly,” wrote Melvin Oathout in his 1954 *Library Journal* article, “Books and Mental Patients,” “that ‘bibliotherapy’ is not one of the scientific forms of treatment, but rather a therapeutic art.” In 1957, Mary Jane Ryan looked forward still to the prospect of science, observing that “[b]ibliotherapy is not yet a science; it is an art.” As both a librarian and professor of Medical Bibliography at Northwestern University Medical School, Beatty was one of the few advocates of bibliotherapy who did not engage in the periods’ pervasive fretfulness over the lack of science. “Reading,” he wrote, “is important regardless of its identification as an ‘art’ or a ‘science.’ If bibliotherapists of the future will practice the profession of librarianship, make careful and detailed studies of their readers, and make use of their imagination and sense of humor, bibliotherapy will prosper to the advantage of all concerned.” Beatty envisioned that bibliotherapy would be best situated squarely within the field of librarianship, which offered all the qualifications needed to both practice and study it. “Imagination and sense of humor,” too, seem to suggest reliance on qualities of personality and individual judgment more associated with “art.” Yet Beatty’s approach, while at the leading edge of what would become a more dominant call for an “art of bibliotherapy” in the 1960s and 1970s, was in the minority among both groups most deeply involved in bibliotherapy: medical librarians and psychologists/psychiatrists. As Oathout put it, “all methods of psychiatric treatment, whether somatic or psychological,  

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are endeavoring to move from their status as branches of an art (wherein ‘intuition,’ hunches, and personal experience of the practitioner predominate) to that as part of an applied science wherein effects may be predicted with reasonable accuracy and the process is understood in detail.”

The science imperative then quickly and intractably also become the science problem. Scientific visions were embedded in progress and decline narratives about the trajectory of library service as medicine, which was thought best to proceed along the lines of modern experimentation. But bibliotherapy was difficult to study by these emergent standards, and many librarians were not equipped with the skills or institutional contexts to do so. Even the most basic issues of data collection for study were daunting. For example, librarians consistently struggled with persuading one another to keep records of patient reading, and persuading their institutions to grant them access to their patients existing records, let alone to write on them. Science might give librarians the status to develop a place on the medical team, but apart from some amenable physician allies scattered across institutions, they found themselves repeatedly asserting a place as collaborators on the medical staff, who deserved access to basic patient information and participation on the treatment team. These challenges were not only practical and institutional, but cut to the very identity of the hospital librarians and their services in the larger ecology of the hospital and medical system. To even see hospital librarians as providers of science-based medical therapy and as science-minded professionals engaged in the production of medical knowledge was in direct contradiction with the explicitly

50 Ruth M. Tews, “Case Histories of Patients’ Reading,” Library Journal 69 (June 1, 1944): 484-487.
feminine character of her position and spaces, not to mention the feminized character of cultural objects just as books. Yet the heart of the issue wasn’t external, but marked the fault line of the bibliotherapeutic enterprise. If books became medicine, then what would become of reading for health? A closer look at Bryan’s article helps to see this tension in its influential formulation and for its eventual implications.

The Librarian as Applied Psychologist

Alice I. Bryan was not a hospital librarian. She was a psychologist who earned her PhD at Columbia in 1934. In 1939, after teaching research methods courses to students in the School of Library Studies (SLS) at Columbia, she became a full-time faculty member, and advocated scientific method and psychological education for librarians. When she did pursue an MLS at the University of Chicago, she did so to earn tenure in the SLS. She is best known as a founding member of the National Council of Women Psychologists, which first met in her apartment, for her collaborative studies about the status of women in psychology with Edwin Boring, and for her book, *The Public Librarian*, a wide-ranging and well-endowed study called “The Public Library Inquiry.”

“Can There Be a Science of Bibliotherapy?” was only one of a set of four articles published in *The Library Journal* between 1939-1940. The others were “The Psychology of the Reader,” “Personality Adjustment through Reading,” and “The Reader as

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51 In her correspondence with a physician about bibliotherapy, she explained that she did not work in a hospital and was not a librarian: “I am only a psychologist (Ph.D. Columbia, 1934) who was brought into the library school to teach scientific method to graduate students who are learning to do research” and to “stress the scientific method” to the Columbia Hospital Libraries group. (2/19/40)
Person.” Although “Can There Be a Science. . .?” took on a life of its own in the PLM, it was a departure; while it called for the role of scientific method and systematic study in bibliotherapy, the other three suggest another valence by which to understand transformations in the 20th century story of reading for health. For Bryan, the role of the librarian was that of applied psychologist. Byran was not particularly interested in securing the medical status of hospital librarians. Rather, she promoted the essentially psychological nature of reading guidance, and the essentially psychological identity of modern readers (which is to say modern subjects). Her methodological initiatives for training “scientific workers” in library education and her exhortations for aspirant bibliotherapists centered on deploying books as diagnostic and therapeutic tools for a maladjusted world.

The rightful purview of the librarian, Bryan stated decisively, was “the state of mental health.” “Before the library profession can make its contribution very effectively,” she continued, “the guidance function must be understood and accepted without reservation as an intrinsic part of the librarian’s job.” Byran justified this broadened guidance function by casting it as a natural extension of “reading guidance,” a term of art and widely shared element of the profession’s role. For Bryan, reading had clear ends, ones that could be anticipated and initiated. “Health,” increasingly, was emperiled, and reading was the cure. Librarians needed to diagnose these epidemic

53 Bryan, “Personality Adjustment Through Reading,” 573.
54 As I discussed earlier, reading guidance was not without debates of its own—in the early 20th century, the library profession grappled with the goal of “reading with a purpose” and the merits and perils of reading for pleasure.
everyday problems of modern life, and “guide.” According to Bryan, people suffered because they did not “adjust” to their circumstances. The cure, as she saw it, was a clear understanding and willingness to cope with one’s problems. Pathology lurked, so bibliotherapy was to be both preventative as well as curative.

Bryan’s fundamental concern was linking psychology and librarianship. To make bibliotherapy scientific would be to make bibliotherapy psychological. Bryan cited holism and psychosomatic medicine—the “organismic point of view—as justification and opportunity for connecting the two fields to promote the “integration of the health personality.”

She described the ideal reader’s advisor as “a combination of professional librarian and professional psychologist,” either in the form of a singular person or a collaboration. But the current approaches would not stand. Making “elaborate book lists,” sharing experiences, reading and reviewing, and telling stories simply would not do. At best, they were preliminary phases in the unfolding of a story of potential progress. “We must pass beyond the anecdotal stage in formulating principles and proceed to practical experience,” Bryan wrote. “Anecdotes drawn from practical experience may serve as illustrations of principles or as suggestions for formulating hypotheses. They cannot be made the basis for valid generalization.”

Bryan’s vision for bibliotherapy was not confined to or even focused on medical institutions. While hospital librarians often saw themselves bringing reading for health into medicine, Bryan’s vision expanded reading for health outward. To put it another way, while librarians were often inspired by the “patient as person” movement, Bryan’s

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55 Bryan, “Can There be a Science of Bibliotherapy?,” 774.
56 Bryan, “Can There be a Science of Bibliotherapy?,” 775.
approach defined every “person as patient.”\(^{57}\) People were best understood as psychological subjects, in search of an “integrated personality,” urged on by “basic drives,” walled off by “defense mechanisms,” lost in “phantasy” and riddled by “phobia” and chronic worry. In part, this vision was rooted in rising ambitions of applied psychology.\(^{58}\) So too did her ambitions to science, power, and relevance connect to her concerns and study of the status of women in psychology, and in the feminization of both psychology and librarianship.\(^{59}\)

Following the publication of “Can There Be a Science of Bibliotherapy?” Bryan received many letters from people who were curious about the work and its prospects. Many asked about career opportunities for bibliotherapists, to which she curtly replied that there were no actual jobs by that title, nor were there specific programs. A few letter writers volunteered to conduct studies—one student with whom she corresponded extensively, Fern McGrath, completed a Masters thesis about bibliotherapy in mental hygiene and therapy. Others who asked for her simple foolproof techniques exacerbated her growing sense of the “futility” of her efforts. For instance, “the chairman of a junior league group of volunteer librarians” wrote in search of “charts giving definite figures” about the “curative possibilities of bibliotherapy.” Bryan clearly found the enthusiasm tiresome, and their lack of scientific outlook regrettable. “People want specific formulae,”

\(^{57}\) The phrase “patient as a person” circulated as a value via the widely read 1939 book, *The Patient as a Person: A Study of the Social Aspects of Illness* by Johns Hopkins physician G. Canby Robinson.


Bryan wrote. “They are not interested in the slow and boresome process of experimentation. Would that we had the magic formulae to give them!” Finally, by the late 1940s, when she received letters about bibliotherapy, she would simply reply that she no longer worked on the subject.60

Conclusion: From Patient as Reader to Reader as Patient

In 1962, the journal Library Trends published an “important milestone,” a special issue devoted to the bibliotherapy.61 The articles that made up the issue map just how widely bibliotherapy had migrated across an array of professions. In some, bibliotherapy had become attached to domains other than librarianship, as in “Bibliotherapy and Psychotherapy” and “Bibliotherapy and the Clinical Psychologist.” Nursing and occupational therapy also claimed the practice in articles in the issue. Librarianship had also broadened its domains, connecting bibliotherapy to Reading Guidance in public libraries and in schools, and describing its use in institutions beyond hospitals such as correctional facilities and old age homes. Further, it had earned a look back, as William K. Beatty found it a subject worthy of a “Historical Review,” granted one still searching for its science. In her introduction, issue editor Ruth M. Tews explained with satisfaction that the library now played a central role in the maintenance of health across culture, writing that “educators, librarians, and physicians are increasingly aware that the library

60 Bryan would go on, most notably, to work on “The Public Library Inquiry,” an extensive social scientific study that led to her 1951 book, The Public Librarian. Bryan may have turned away from bibliotherapy, but bibliotherapy did not turn away from psychology. As I will discuss in the epilogue, it would take until the 1980’s to realize a “science of bibliotherapy,” an achievement that did indeed change books and reading and claim them for psychology as a form of targeted and validated treatment for practically every diagnostic category it had by then claimed for its purview.

‘as an institution devoted to the human spirit…can be and is a major bulwark against mental illness.’”62 At the same time, hospital librarianship had become a well-organized profession, with some educational programs and with thriving professional organizations. Still, she wrote, the profession sorely lacked trained librarians. The very word bibliotherapy, she admitted, lacked consensus, and was widely used to refer to all manner of reading and its effects. And there was again that old but vital problem that science had been intended to solve: “the limited available knowledge about the reader: what needs are satisfied by reading, what effects certain books have upon different people.”63

By the mid-1960s, the patients library movement was waning, and with it, bibliotherapy for patients by hospital librarians. A number of factors led to this decline. First, hospital librarianship had turned to the management of medical information for doctors and nurses, rather than to direct treatment of patients. Second, the length of hospitalizations had declined. Third, and no small factor, was television. And, fourth, therapeutically-minded librarians gradually turned away from hospitals, and toward other new emerging forums for bibliotherapy such as schools and public libraries for their services. By then, after all, a therapeutic style of reading was becoming a common way of approaching reading in popular culture, and people routinely looked to address their physical and emotional ills. Fifth, books and reading themselves had changed well beyond the confines of hospitals (a subject I take up in chapter three). Librarians could set down the narrative of advancement through science and once again proclaim their

work an “art,” because reading for health had succeeded in becoming pervasive without their particular contributions in the laboratory of the library.

In other words, the dramatic expansion of the reading for health narrative spoke to the medical conquest of the literary, and perhaps of the humanities, who, with librarians, found new power and meaning in their capacity to serve the goal of well-being in a more broadly medicalized culture. So librarians too widened their own definition of and contexts for bibliotherapy. By 1977, one could write assuredly that “while bibliotherapy is an art that aspires to the status of a science in ‘the application of literature as a therapeutic adjuvants in medicine and psychiatry,’ librarians involved in bibliotherapy see their role more often as one of ‘guidance in the solution of personal problems through reading’…The librarian recognizes that the bibliotherapeutic process is a potential in every reader’s approach to the use of library resources.”

Even without “science,” librarians had come around to Bryan’s original vision of bibliotherapy as applied psychology for the problems of everyday life. Librarians could leave the hospital to practice bibliotherapy, because we were all becoming patients now.

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In 1943, Fern McGrath completed one of the first graduate theses on bibliotherapy. Written under the direction of the humanistic psychologist Carl Rogers (then a young professor at Ohio State), “Bibliotherapy: The Use of Books in Mental Hygiene and Therapy” was inspired by McGrath’s experience working in the library of Alto Psychologic Center in San Francisco. There, she took an interest in the reading habits of the clinic’s diverse patrons, including local students, pediatricians, social workers, teachers, referrals from the local Mothers Help Clinic, and “housewives who had a keen interest in psychology.” Her thesis made a key distinction between two scenes and types of bibliotherapy: in hospitals as an “aid to recovery of health,” and outside of hospitals “as an aid in problems unassociated with illness, in education, in mental hygiene and the solving of problems of a psychological nature.” While acknowledging the value of hospital library services, McGrath characterized them as “non-psychological,” or at best “casual counseling.” Her thesis, in contrast, endorsed the extensive use and experimental verification of reading in an explicitly psychological framework for prevention by the well and treatment for those in need of help.¹

McGrath’s distinction is notable less for its descriptive accuracy—reading was in fact used by psychological professionals as a form of treatment for the ill in hospitals—than for the telling way that it mapped the domains of bibliotherapy, and indicated how the relationship between psychology, reading, and health was negotiated over shifting

boundaries and in spatial terms. For its advocates in psychiatry, bibliotherapy was both a promising form of medical treatment for patients diagnosed with mental illness, as well as a way to “aid in problems unassociated with illness.” This dual set of uses indicated that the dominion of psychology was expanding, taking on the power not only to define and to treat mental illness, but to protect and maintain health. In fact, the very definition of mental health was changing, from a state characterized by the absence of disease to condition in need of vigilant maintenance in the face of life’s inevitable problems, from the quotidian to the catastrophic. Problems, in other words, were increasingly defined as “problems of a psychological nature.”

Bibliotherapy in psychology developed in concert with publishing genres that were conducive to it. From the early twentieth century, mental hygiene titles rapidly proliferated to address a range of mental ills and perils. Books that were expressly about psychology intermingled with titles designed to help people address problems from psychological standpoints. Together, they formed the publishing juggernaut of self-help. Psychological professionals stepped into this publishing niche to become authors, and widely circulated their authority beyond the clinic. (Even within a formal therapeutic context, books were thought to extend the therapeutic encounter between sessions.) Certainly, the rise of books about psychology and by psychologists both contributed to and testified about the growing cultural authority of the field and its practitioners, especially as it grew increasingly difficult to distinguish between works that were about psychology and books that claimed domains of everyday life for it. But more importantly, I argue, these titles and their designated uses affected the act of reading itself. Psychological reading was not just a genre—it was a practice. It shaped the intentions of
the reader in turning to a book, the way the reader engaged with it, and the expected outcomes of the reading experience. As the practice of reading shifted, so did the focus, from the texts themselves to the reader reading them, and the effects that they provoked.

In this chapter, I investigate the use and study of bibliotherapy in mid-century psychology. I begin by briefly surveying the field of midcentury psychology in order to suggest how it was both a diverse, often contentious profession as well as an expansive cultural project. I then concentrate on key case studies of readers in treatment. First, I explore bibliotherapy in one school of psychological therapeutics—client-based therapy—by looking closely at its depiction and analysis in Fern McGrath’s thesis. Second, I turn to psychiatry, and trace two seminal case studies of reading, one in the treatment of schizophrenia and one in psychiatric psychotherapy. Finally, I focus on psychiatrists Karl Menninger (1893-1990) and his brother William (1899-1966), who claimed bibliotherapy for their branch of medicine, for the public, and for themselves. Along with their eventual Menninger Clinic colleague Jerome Schneck, they produced some of the most widely cited work on the subject, and their engagement with reading as a form of treatment tracks the broader arc of the narrative from the early part of the century to the 1960s.

Throughout, I argue that psychological cases demonstrated the construction of the embodied reader. They show how psychologists across schools of thought promoted a vision of reading as an externalized experience rather than a silent, private encounter. Through sharing and discussion of reading, a person could reveal his psychological habits and issues to the analyst and to himself. Ideally, reading made the mind in action visible. Such revelations were material for interpretation; reading for health thus became a diagnostic tool as well as a therapeutic one. As they attempted (with bravado and to their
frustration) to study its effects, they created models of the reading body that privileged practices and texts that made those effects visible. Books became as much (if not more) about the reader as their contents. This reading practice helped to reinforce the embodied reader as valuable self and reading for health a pervasive and normalized approach to relating to books both in and out of therapy. “Psychological man,” as Philip Rieff described the modern subject in therapeutic culture, took up a book to see himself reading it.²

**Psychology as Profession and as Cultural Project**

As a profession, mid-century psychology was hardly a coherent or singular enterprise. Many were psychiatrists—physicians working in places such as Veterans’ Hospitals, correctional facilities, general hospitals, and neuropsychiatric clinics. Others were trained in the emerging field of clinical psychology, which sought to combine counseling and research. Some aligned themselves with applied psychology, which promoted its essential relevance to virtually every other profession. Amid the complexities of this internal history, however, some psychological professionals across these boundaries demonstrated keen interest in bibliotherapy. They shared three basic beliefs. First, that mental illness was rampant. Second, mental health should be protected and maintained. Third, psychology could help by offering “psychotherapy,” a general term for non-somatic interventions that in mid-century use had drifted away from strictly Freudian precepts. About this state of affairs, one clinical psychologist noted sardonically in 1949 that “psychotherapy is an undefined technique applied to unspecified problems with

unpredictable outcome. For this technique we recommend rigorous training.”³ Thus, when psychiatrist Louis Gottschalk asserted in 1948 that “bibliotherapy may be described simply as a means of psychotherapy through reading,” he was hardly clarifying matters, except to reveal the therapeutic imperative at the heart of psychology’s aspirations.⁴ Therapy seemed both essential and amorphous, and its indispensability despite the difficulties indicated that psychology wasn’t only about knowing something about the mind; it was expected to *do* something to it and for it.

At the same time, “psychology” circulated widely with more generalized meanings, ones with uncertain or indirect connections to the professions proper. It referred to the growing sense that the mind was central to the understanding of the self, and that the care of the mind was necessary to well-being. “Once men were concerned about their souls,” psychiatrist Karl Menninger explained in his 1932 bestseller, *The Human Mind*. “In time the priests yielded to the medicine-men and science turned people’s attention from their souls to their bodies. Long afterwards, and only of late, some of them gave thought to their minds.”⁵ (Of course, Menninger depicted these epochal changes in a way that endowed psychiatry with the authority once conferred to priests and medicine men.) This attention to minds was also a central tenet of mental

⁵ Karl Menninger, *The Human Mind*, New York: Knopf 1930), x. On the history and fate of “the soul” in the history of psychology: *The Sciences of the Soul* by Fernando Vidal (University of Chicago Press, 2011) locates the psychology in the 16⁶⁻¹⁸th centuries in evolving conceptions of the soul, and Edward S. Reed’s *From Soul to Mind* (Yale University Press, 1997) narrates the emergence of modern psychology in this transition; modern narratives further trace this story from mind to brain, often critically, in polemics such as *An Argument for Mind* by Jerome Kagan (Yale University Press, 2006) and *Healing the Soul in the Age of the Brain* by Elio Frattaroli (Viking, 2001).
hygiene, a movement that began in the early 20th century, and a term with enough cultural resonance that Fern McGrath could study it alongside counseling. Adolf Meyer, one of its early proponents, fixed the origins of the movement “to the realization that the problems of mental health and the prevention of misfits and disease must be attacked beyond the walls of the hospitals which today deal with mental defect and mental disease” [emphasis mine].

Meyer—an influential psychiatrist at Johns Hopkins University, where he directed its clinic, and president of the American Psychiatric Association—encouraged the movement’s founder, Clifford Beers, and gave it medical credibility. In 1909, they formed the National Committee for Mental Hygiene, which emphasized professional reform, education, and prevention, and helped to establish mental hygiene as a public health issue. The movement was strongly associated with books and reading. Beers, for instance, came to prominence with the publication of his 1908 autobiography and mental hygiene classic, A Mind that Found Itself, an account of his mental health issues and his mistreatment during institutionalized treatment. Beers had been there and back, and had a tale to tell. His story was cautionary and inspiring—a mind could be lost, but a mind could be found, if one looked in the right ways, with the right tools, and hard enough. “A pen rather than a lance has been my weapon of offense and defense,” Beers wrote. “With its point I should prick the civic conscience and bring into a neglected field men and women who should act as champions for those afflicted thousands least able to fight for themselves.”

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Figure 2. Vic Herman, “Bibliotherapy or the Bibliopractic Defensive,” c. 1944, *New York Times Book Review*. Used under fair use, 2014. Alice I. Bryan saved this annotated clipping of the cartoon in her personal files.

Psychology signified a powerful force for good and for ill, with which and against which one should be armed. Vic Herman’s 1940’s cartoon captured one angle on the dynamic; Alice I. Bryan saved the clipping from *The New York Times Book Review*, to which someone added in the hand-typed title: “Bibliotherapy or the Bibliopractic Offensive.” Seen in this light, bibliotherapy took on multiple forms and meanings. Texts were a source of knowledge and power, and opening them provided access to psychological knowledge and skills. In book publishing terminology, psychology was a subject area. But it was also becoming a genre—a recognizable consumer category of
products that shaped readers’ expectations, not only about what was in the book, but how to use it and what it might do to and for them. “Self-help” implied the intentions of the reader in seeking it out, the mode of engagement with the text while reading, and the outcome once read.

One might have sought books or been prescribed books out of the belief that the self needed help. But these texts also defined the problem in need of addressing. In medical terms, this was a matter of nosology, the naming and classification of disease, and in psychology the pace and specificity of its progress in this endeavor were remarkable. Consider, for instance, that in less than one hundred years, mental health classification had developed from “madness” to the 160 disorders classified in the 1952 *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. War neurosis, attitudinal psychosis, dyspareunia, schizophrenia, maladjustment: psychological uses of bibliotherapy diagnosed and addressed all of these problems. In professional practice, people with problems and disorders were also classified and counted: the rebellious son a “troublesome child” in need of “guidance,” the suffering war veteran afflicted with “war neurosis” and in the need “rehabilitation,” the “frigid” wife directed to adjust her personality to better suit her husband.7 Increasingly, books for these audiences and circumstances multiplied and spread, so that books for and about every personality disorder, marital problem and status, maladjustment, and life stage filled shelf upon shelf: *Everyday Problems of Every Child; The Man Takes a Wife: A Study of Man’s Problems*

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in and through Marriage; The Single Woman and Her Emotional Problems; Just Nerves; and A Women’s Best Years (menopause, apparently). According to Fern McGrath, this bursting materia medica of targeted literary prescriptions signaled a promising future for bibliotherapy in psychology:

As more and more books are written with the re-orientation of the reader in mind, it may be expected that the possible effects of clinical reading may be realized, in more rapidly changed attitudes, more quickly acquired insight, and more finely appropriate goals, with more discriminating decisions and actions leading toward those goals.8

Thus, in the framework of reading for health, books were not plucked from culture and used in psychology, but were created by and for them. Books would become effective therapies because books would be fundamentally reconceived as therapies and for therapy, and reading as “clinical reading.”

**Bibliotherapy in Counseling for Problems of Everyday Life**

Fern McGrath studied the use of bibliotherapy in Carl Rogers’ client-centered therapy, which was distinctive for its “nondirective” approach. In sessions, as the client talked, the counselor was to listen carefully, without interjecting or leading the discussion, and speaking only to “reflect” what he understood the client to say. The process was designed to create an environment in which clients may move through the three steps of effective

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8 McGrath, “Bibliotherapy,”
therapy—catharsis, insight, and redirection of goal. Catharsis liberated deep emotions through their expression; once felt, the client was free to examine and understand them, leading to insight; then, the client could determine and act toward new goals, leading to a more healthy life. In client-centered therapy, reading had many uses. It could help with “the process of getting attitudes and feelings out in the open.” It may enable catharsis if it freed the client to speak without reservation or fear. Books, “being impersonal and not talking back,” may help to lower defensiveness about the ideas they offered, and about the thoughts and feelings they raised in the client. Books offered vicarious experiences, and access to new worlds to people with comparatively narrow perspectives and encounters. Reading might also teach the client useful psychological concepts, or dramatize “dynamics of behavior” that invited reflection on their own patterns and motivations.

Books, however, were not the only significant text in client-centered therapy. Sessions were recorded verbatim, generating “direct data” about the client. In this way, the client became something to read. As Rogers explained it, “the recorded interviews almost always give the clue to the resistances, antagonisms, or slumps which occur during the interview…the typescript almost invariably makes it possible to locate the cause of the difficulty.” When a patient talked about what they read, they revealed the workings of their own minds. The passages that they emphasized, the strong reactions to

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9 See Carl Rogers, “Significant Aspects of Client-Centered Therapy.” *American Psychologist* 1 (1946): 415-422. This seminal essay was originally given as a talk at the Menninger Clinic.
10 In his *Poetics*, Aristotle described catharsis as the transformative emotional effect of tragedy on the audience.
characters or scenarios, the ways that they tried to apply explanations to their own experiences—all revealed something about habits of thought and behavior, and about their progress toward catharsis, insight, and redirection of goal. The counselor was devoted to listening and reflecting during sessions, and then engaged in analysis after sessions by reading transcripts of them.

McGrath presented the use of bibliotherapy in six cases, three men and three women. As these case descriptions demonstrate, in client-centered therapy, people were not considered to suffer from mental illness, and fixing them with diagnostic labels was not the aim. (They were not even called patients, for that matter, but clients.) Rather, clients were to be motivated to seek help by their own sense of discomfort and anxiety and their desire to make constructive changes. Each of the female clients was described in the role as mothers seeking help for problems with their children: Case 1, Mrs. K, was the mother of a teenaged “problem boy;” Case 2, Mrs. R. was uncertain about how to help her 9-year old son; and Mrs. L, Case 3, was the mother of a “constant bed-wetter.” The men, in contrast, sought counseling for problems with work and personal achievement: Case 4, W.W., was a college student with a “general feeling of inferiority, lack of social adjustment, and because he was not getting along well in school;”12 R.B, case 5, worked in the engineering department of a war plant, and was worried about “his general state of anxiety” (although his four marriages also turned out to signal other issues); and Mr. M., case 6, sought help for job performance difficulties.

As the client read, the counselor read the patient. Although client-based therapy was nondirective, there were nonetheless right and wrong ways for a client to read. When

12 McGrath, “Bibliotherapy,” 82.
a client misread, it revealed something about him, and his “unconstructive” ways of reading were symptomatic of unconstructive ways of thinking. Intellectualizing was one such unconstructive (and revealing) approach. The counselor decided that Mr. M. was intellectualizing when he announced a need to read about psychology and pursued it as an abstract educational project: “I don’t understand the instrument that I’m—the organ that I’m dealing with in this thing.” By referring to himself as an instrument and organ, and by treating it as a separate part of himself, he avoided feeling his problems directly, and was using reading as an evasive tactic. Before entering counseling, R.B. (Case 5) read widely in mental hygiene literature, and had a habit of diagnosing himself without making meaningful changes. R.B. conspicuously used concepts from his reading in applied psychology in his vocabulary, but seemed only to apply them to “catalog his symptoms” rather than reflect on them. His discussions about his reading darted from one idea to the next, drawing from both current and previous reading, but rarely promoted strong feelings or sustained discussion of their application to his own patterns. According to McGrath, his prior extensive reading undermined progress, because it ingrained counter-productive reading habits. R.B. sought intellectual stimulation, and tended to nitpick a book’s minor points. For instance, when reading *Psychology of Adjustment*, he “took exception” to the claim that well-adjusted people had “a sense of the ridiculous,” and wanted to debate with the counselor about whether that sense was the cause or the effect of adjustment. Frequently, he asked for suggestions for further reading. “Keep in

13 Ibid., 89.
mind,” the counselor suggested, “the matter of what your motivation…in reading,”
because motivation—not the content of the reading materials—made all the difference.¹⁴

Counselors also pricked up their ears at “verbalizing,” when clients talked about
the reading without connecting it to their own thoughts and experiences. (The counselor
seemed to base the key distinction between verbalizing and intellectualizing less on the
act than upon the gender of the client. Men intellectualized and women verbalized.) At
the start of her counseling, for instance, Mrs. L. would summarize her reading, and then
paused. “Perhaps,” the counselor wrote in his notes, “she is living up to what she thinks is
expected of a reader of the book.”¹⁵ Mrs. K., our mother of a problem boy, demonstrated
“selective reading,” taking what she “wanted to take out, ignoring anything else.”¹⁶ When
reading Do Adolescents Need Parents? she pointed out some “enlightening paragraphs”
about the importance of parents’ confidence in their children, despite their behavior, but
did not discuss any specifics or apply any details about this point to her own
circumstances. The counselor determined that the book seemed to strengthen the client’s
resolve to help the boy, but didn’t lead her to any particular insight and plan, for which
the patient was not yet ready. Intellectualizing, verbalizing, and selective reading were
judgments made by the counselor about the reader’s engagements with books,
engagements that suggested not only their right and wrong uses, but the motivations of
the readers themselves—to evade their feelings, to please the counselor, to appear a
particular way. The desire to read, the selection of books, discussions about them—all
revealed their motivations and patterns. A reading patient was routinely making herself

¹⁴ Ibid., 91.
¹⁵ Ibid., 77.
¹⁶ Ibid., 65.
visible to the counselor (and, ideally, to herself) in ways that she otherwise could not. The counselor, for instance, was certain after listening to Mrs. L. talk about the importance of schedules for children or the trouble with quarrelsome parents that her “stories did not check.” In discussing these points in the book, the counselor could clearly see her need to use these ideas to justify herself, and make plain the “fictions” that she was hiding behind.

Counseling also could enhance a client’s reading skills, especially those that might bring about the recognition necessary for insight. Mrs. R. shared that she was concerned about reading *Personal Problems of Everyday Life* because she had a previous “traumatic experience,” when she read a book about medical information and identified with all the symptoms. Therapy, McGrath suggested, had helped her to learn to read more safely and “make use of the book in a therapeutic way.”

Reading in the counseling environment was different from reading on one’s own. Without counseling, one might through reading learn concrete terms and pithy explanations. With guidance, clients could learn to see how a text put into words for them their own amorphous feelings and semi-conscious thoughts. As Mrs. R. explained nicely, “the book puts it in a sentence.” Whether the client truly comprehended was a matter for the counselor to assess. As McGrath explained, “the pouring out of her feelings and attitudes, and the psychologist’s acceptance of her and of everything she says, without praise or blame, probably make it possible for her to understand what the book was talking about.”

College student W.W. also improved his therapeutic reading skills, from “parrot verbalization” to thinking “creatively about his reading and its connection to his problems,” noting that he revised

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17 Ibid., 66.
18 Ibid., 70.
his belief that his problems were hereditary because of what he learned in the book. In addition, rather than dispassionately pointing out a chart about “withdrawing as a defense” that he found interesting, he connected it to his own patterns and reconsidered his own habits of withdrawing.19

The client’s progress thereby hinged on what she did with those phrases and formulations found in books during the counseling process. Mrs. L. (whom the counselor refers to as “Mother” in the session) also read Personal Problems of Everyday Life, which McGrath claimed “brought her sharply up against her own attitudes” about issues such as affection, bedtimes, finger sucking, hyperactivity, and spanking. When she discussed passages about these topics, she compared her own ideas against the book’s, and weighed the differences. For example, she noted new ideas about “child training,” such as allowing Bob to set his own bedtime schedule, which the counselor interpreted as evidence of her “insight into the rigidity of her thinking.”20 Her use of psychological terms were also deemed insightful, when, for instance, she noted about Bob that “I’ve been thinking of him as a little animal rather than a little personality.”21 Bob’s bedwetting continued, the counselor noted, but McGrath was hopeful about her growth. She seemed gentler with Bob, and more open to sharing her own experiences as a child. And, significantly to McGrath, she reported that her husband, previously indifferent to the books she pressed upon him, now wanted to read Personal Problems of Everyday Life.

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19 Ibid., 89.
20 Ibid., 72.
21 Ibid., 78.
Psychiatric Reading

In modern psychiatry, the understanding and treatment of problems of mind was a medical project. In 1952, the first edition of the DSM represented the field’s commitment to a shared nosology of mental disease. As physicians, they were committed to the idea that mental illness had somatic dimensions, and that it could be named, diagnosed, and successfully treated in the body of the afflicted. At the same time, psychiatry also tried to claim psychotherapy as a medically-supervised adjuvant therapeutic. Their attempts to use reading as a form of psychotherapy for patients under their care revealed some of the ambiguities and complexities in their visions for the relationship between the mind and the body in the suffering person.

In 1940, a librarian and psychiatrist at a VA hospital reported on their collaboration in “Reading as a Psychological Aid in the Hypoglycemic Treatment of Schizophrenia.” As the title notes, reading was not considered a primary curative therapy, but an adjuvant classified as a form of psychotherapy. In the 1940s, the prevalent regiment for schizophrenic patients was insulin therapy (also sometimes called insulin shock therapy). Over many cycles, patients were administered insulin doses sufficient to

24 In the historical literature on bibliotherapy, Mascarino and Goode’s article was frequently cited as a promising instance of the medical use and scientific study of bibliotherapy for severe psychiatric disorders, and was often cited by librarians as a model of collaboration because they were represented as a crucial member of the medical team. For additional contemporary uses, see also E.W. Lasell, “Group Treatment of Dementia Precox,” Psychoanalytic Review 8 (April 1921), 168-179; Leslie Frank, “Choice of Reading Matter by Neuropsychiatric Patients,” United States Veterans Bureau Medical Bulletin 7 (August 1931): 779-780.
put them into comas, until they were brought to consciousness, usually with glucose. Upon coming to consciousness and remaining in a quiet state, it was widely reported that patients were calmer and demonstrated a lessening of psychotic symptoms such as delusions, outbursts, and hallucinations. During these periods between insulin pushes, patients were to relax and rest. Reading was one of the recommended recreations. Mascarino and Goode, however, argued that reading could also actively contribute to the patient’s improvement.25

The schizophrenic mind, they argued, had retreated into itself, cut off from the “objective world of reality” and enthralled by its delusions. But post-coma periods left the patients in a greater state of receptiveness to the outside world. “The state of hypoglycemia,” they explained, “dislodges the false, schizophrenic mask, and reveals to us the true or prepsychotic personality of the patient.”26 Reading was a way in to this true, healthy self, who was trapped inside the veil of delusion. Delusions were best fought by establishing pathways into the internal world in which they built their lives, and connecting the external world to it. Some reading could work by inspiring. A patient might, for instance, read rousing biographies about courageous figures. Their stories might, through force of suggestion and their impartial presence in a book, pierce the mind and coax the reader toward health though the force of his will. “Prepsychotic” interests such as a previous occupation or hobby too would serve to pry open the metaphorical door. In lucid moments, patients often reported that they felt that they “lost track” of their

25 These uses of bibliotherapy alongside aggressive physiological interventions such as electroshock therapy and insulin therapy challenge its characterization as some outgrowth of benign holism and noble humanism.
26 Mascarino and Goode, “Reading as a Psychological Aid in the Hypoglycemic Treatment of Schizophrenia,” 63.
world during psychotic episodes, and felt reconnected to the world by reading magazines such as *Time*, *Life*, and *Reader’s Digest*. Reading was thought to bring the patient into contact with reality, but it also allowed reality—including the psychiatrist and the librarian—to see and touch the person within. This contact and revelation was synonymous with health, and could best be initiated and sustained by reading about something about which the patient was passionately interested, because “this interest, this joy that touches his ego at its core, and relights the inner flame of life. For to restore his delight in living is, to a large extent, to restore him to health.”

As a pathological designation, schizophrenia was a recent one; in the 1930s and 40s, it was still used interchangeably with dementia praecox, one of the two late 19th century designations for natural, somatic mental disease states.27 (The other was manic-depressive insanity.) The definitional evolution of schizophrenia has been and remains a long, complex story. But what matters most here is that by the 1940s, schizophrenia seemed like a psychiatric success story, thanks to confidence in disease designation, institutional contexts for treatment, and successful medical interventions. Insulin therapy usually took place in specially devoted hospital wards with dedicated staff.28 Psychiatrists (along with nurses, social workers, and librarians) who participated in insulin therapy were pleased by the conspicuously medical style of the intervention, with its closed quarters and direct physical and pharmaceutical interventions. Better, it seemed to work,

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27 The other was manic depressive psychosis. This dualistic categorization was known as the Kraepelian dichotomy, and was Emil Kraepelian’s attempt to simply and synthesize psychiatric nosology.

28 This context made it conducive to bibliotherapy as well. Schizophrenic patients were often institutionalized for long periods and in closed wards, often in Veterans Administration facilities, which had both well-developed libraries, and which authorized the use of both insulin therapy and ECT.
and in just a few years since its discovery, was a standard intervention, along with other seemingly miraculous psychosomatic treatments such as electroconvulsive shock therapy and lobotomy. Nosology and therapeutics seemed aligned as effective medicine.

As early as the 1950s, however, insulin therapy suffered a reversal of fortunes. Improvements proved temporary, and the intervention was just as quickly discredited. Psychiatry remained committed to creating a stringent and official nosology, but seeds of the problems to come in that enduringly vexing project could be found in the mind/body narrative inherent in claims for bibliotherapy. On the one hand, for Mascarino and Goode, records of reading and its effects were crucial parts of medical treatment and to be written on patient charts because “this record was comparable to that of the medicines administered,” and it would make the work “as objective and scientific as possible.”

One could dose and track the patient, and watch for reading’s effect on the mind and the body, both for the good of the individual patient, and for the production of psychiatric knowledge. Yet the model of the self under the grip of pathology depended on a vision of mind that remained curiously amorphous. Schizophrenia was a “submergence in self”—where the patient existed in the “false grotesquerie of his self-contrived world.” Yet within that space of the self, there remained a “he,” a fundamental self that could be

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29 In fact, the overtly medical aspects of the treatment may have accounted for its pervasiveness, and for the impression that it was far more effective given that it was once discredited by the 1950s. See Deborah Blythe Doroshow. “Performing a Cure for Schizophrenia: Insulin Coma Therapy on the Wards.” *Journal of the History of Medicine and Allied Sciences* 62, no. 2 (2007): 213-243.

30 Mascarino and Goode, “Reading as a Psychological Aid in the Hypoglycemic Treatment of Schizophrenia,” 64.

31 Mascarino and Goode, “Reading as a Psychological Aid in the Hypoglycemic Treatment of Schizophrenia,” 65.
reached, that could made contact with the “objective world.” An authentic person lived within, and could be awakened and returned to contact with authentic reality.

According to this vision of the embodied reader, a mind was a self, and a self endured somehow apart from the pathological body. At the same time, however, psychiatric nosology had the power to define the self along with its afflictions, as bibliotherapy could help to educate the patient to live properly in their gendered bodies, lest their minds (and sexual organs) revolt. Consider for instance psychiatrist Louis A. Gottschalk’s illustrative cases in the 1948 *American Journal of Psychiatry* article in “Bibliotherapy as an Adjuvant in Psychotherapy.” Bibliotherapy was promising for patients with personality disorders and mild psychoneurotic disturbances (rather than psychotic conditions such as schizophrenia), he suggested, if it was administered by the trained therapist. It could instruct the patient about his condition, and invite discuss that may clarify misperceptions, it could help him release guilt or shame by understanding that others have been afflicted and overcome their “malfunctioning,” it might extend constructive thinking between sessions, and reinforce “our social and cultural patterns.”

Gottschalk presented three cases: Case 1, a 35-year married woman “who came for treatment because of vaginismus, dyspareunia, and fatigue from overwork”; Case 2, an intelligent, 42-year old married woman who “became markedly depressed, agitated and indecisive, scratched her skin continually until she produced a definite dermatitis, and expressed strong suicidal ideas”; and Case 3, a 32-year old married (male) dentist, who suffered from physical symptoms such as headaches and dizziness and indulged in “forbidden activities.”

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In each case, there were tensions between the reported problems that brought people to therapy, and the eventual diagnosis and prognosis. Moreover, the stories and explanations for their recovery with the help of reading have a strongly moralist tinge that cut across gendered lines. For the male patient, Case 3, his “illicit heterosexual activities” (including conspicuous extra-marital affairs) and drinking, as well as his physical symptoms, could be traced to his overbearing mother. Therapy helped him to understand the patterns that he acted out to gain group acceptance and to overcome insecurity, and reading *The Happy Family* with his wife helped them to discuss and overcome their differences. For this male patient, books and reading contributed to an understanding of his “vulnerabilities,” which were caused ultimately by one woman, and which all needed to accept to free him from his symptoms.

For the two female cases, however, the story of recovery, and the role of reading within it, redefined their symptoms in terms of normative gender roles. Case 1 presented symptoms that the therapist considered sexual in origin. Vaginismus caused involuntary muscle contractions or spasms in the vaginal wall, which made intercourse difficult if not impossible, and dyspareunia referred to pain during intercourse. She shared that her “very religious, Puritanical” parents did not teach her about sex, and that she had guilty feelings about it. Upon her request, the therapist supplied a book about the anatomy and physiology of sex. Following discussions about her hostility toward her parents and further therapy, her presenting symptoms were gone, and the therapist declared her recovered. Perhaps her guilty feelings were indeed diminished by a rational education about sexual facts and an airing of her feelings of resentment toward her parents, which may have alleviated her physical reactions to the prospect of sex with her husband.
However, the cure for her symptoms of “fatigue from overwork” had a curious and related explanation. Thankfully, according to the therapist, once “she was able to accept sexuality as a woman,” “she felt less impelled to compete with her husband; her need to deny her femininity through masculine strivings became no longer necessary.” Her overwork was only an attempt to repress her feminine nature, and reading for health led her to the type and vigor of “strivings” appropriate to her gender.

Case 2 was clearly suffering and unhappy, but Gottschalk’s account of her case is startling. Following a description of her symptoms (see above), the therapist explained that she “had always been a person of high activity level, outwardly overbearing and demanding and inwardly insecure.” In both childhood and adulthood, she was too dependent on her father, and not dependent enough on her husband, whom she “maneuvered and controlled.” She was “enraged” when her elderly father remarried, and her illness set in when her father moved away at her stepmother’s insistence. Deemed unfit for psychotherapy, she was hospitalized, and administered fifteen sub-shock insulin treatments and three electro-convulsive treatments. She was less anxious and depressed, but insisted that she did not want to return to her husband. Upon discharge and during outpatient treatment, Gottschalk noted “her avoidance of sexual topics.” Eventually, she “modestly mentioned her dyspareunia.” The diagnosis—sexual repression. The prescription? The Marriage Manual by Stone and Stone. She eventually shared that her parents punished her once for interest in her own genitals, that they preferred her brother, and that she could orgasm if her husband initiated and began sex while she was asleep. Thus revealing her repression of her sexual needs, she recovered. “She became more passive, less overbearing…and preferred to spend more time at home with her husband.”
Despite claims that reading may help a suffering patient to stimulate their imaginations and explore new possibilities, in each case the self within was declared healthy when this self corresponded with the real, objective world and its seemingly natural moral dictates.

**Reading in a Troubled World: The Menningers and Bibliotherapy**

Over their careers, Karl and William Menninger’s interest in bibliotherapy ranged across the scope of the topic, from mental hygiene and psychotherapy to attempts to study the practice scientifically. I want to turn now to their efforts to explore and to help the embodied reader, which span the arc of psychology and bibliotherapy under consideration in this chapter, from early efforts in mental hygiene to sustained studies. The Menningers have been assigned credit especially for their pioneering work in the scientific study of reading as treatment. However, a closer look at the work so often cited as evidence of their empirical achievements reveals much about the difficulties of pursuing such study. By the 1960s, Karl could comfortably accept the value of therapeutic reading without the imprimatur of science, as, over the course of his and Will’s careers, the psychiatric vision of the embodied reader had become synonymous with the modern self, both within and beyond the clinic.

In 1919, Karl and his father, an internist, founded a clinic in Topeka, Kansas. By the late 1920s, Will joined the Menninger Clinic, which had a sanitarium for long-term psychiatric patients and the Southard School, a treatment facility for children. The Clinic became an industry, with a journal, *The Bulletin of The Menninger Clinic* (1936), a comprehensive non-profit organization to oversee treatment, research, education and outreach (the Menninger Foundation in 1941), and the Menninger School of Psychiatry.
(1946). Will was best known for his work with the US army, serving as its director of psychiatry during the last year of Second World War, and for the 1948 trade book *Psychiatry in a Troubled World: Yesterday’s War and Today’s Challenge*. Karl led the Foundation, and authored several bestselling works, including *The Human Mind* (1930), *Love against Hate* (1940), and *Man Against Himself* (1942).33

According to Menninger, *The Human Mind* was written as extended explanation of the question “Why Men Fail,” the title of a series of articles he wrote for the *New York Herald Tribune* in 1927.34 Knopf marketed the book as an indispensible manual to understanding and overcoming everyday struggles “that should be in every home.” Since the 18th century, household guides to health were a staple of the publishing industry, from 1734’s *Everyman his own doctor* to Isaac Ray’s 1863 *Mental Hygiene* and Catherine Beecher’s 1855 *Letters to the People on Health and Happiness*. *The Human Mind* packaged in a recognizable genre a new form of expertise to attend to the modern domain of mind. The psychiatrist took up the role of author, embodying a form of cultural authority that circulated through his books that promised, through reading, a way to understand and apply the advances of the emerging science to the maintenance of a “healthy mind.”

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33 Lawrence J. Friedman, *Menninger: The Family and the Clinic* (Lawrence, KN: University Press of Kansas, 1990). See also the Kansas Historical Society, which holds the Menninger Foundation Archives.
The genre of mental hygiene literature was explicitly addressed in Will Menninger’s 1937 Bulletin of The Menninger Clinic article, “Bibliotherapy.” Menninger divided bibliotherapy into two types: “the method of utilization by the average layman of popular literature on psychiatric and psychological subjects” and “the prescription of
reading material as a therapeutic measure in hospitalized psychiatric patients.” He attributed the boom in mental hygiene titles to the demand of “the laity,” whose interest led booksellers to keep these successful products in stock. His interest was in the question, how did these books affect the readers? Menninger was interested in the question, but was circumspect about his ability to answer it based on what he knew, or if it could be answered at all, “since there is no way to examine the motives of the benefits from a cross-section.” But Will did have some data to consider: 400 letters written to Karl by readers of *The Human Mind*. 79% of the readers expressed praise for the book. When personal help was reported, however, he found generalizations such as “I have quit worrying and am in better mental health since reading it” impossible to analyze because they did not describe specific constructive changes. Likely, he speculated, most readers were not “materially affected” by such reading at all, but were only entertained, satisfied their narcissism, or confirmed their outlooks. Professionally, they might be useful to educate patients or parents of patients, and seemed to do little or no harm. For Menninger, reading mental hygiene literature was of real value and interest to the psychiatrist only if people changed their behavior.

However, Will Menninger found greater promise in bibliotherapy for patients in psychiatric institutions, namely the Menninger Clinic, where “over a period of five years we have carried out a program of bibliotherapy directly under the physician’s supervision.” He distinguished their program from the use of reading as therapy in other psychiatric institutions. Based on his query of superintendents from eighteen “outstanding hospitals,” he found that there was both widespread support for

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bibliotherapy, but little interest in supervising and assessing it. While each institution reported some sort of library service, physicians were rarely involved in selecting reading matter or overseeing any sort of reading program. Instead, Menninger seemed rather scandalized to report, the librarian (female by default) had control over individual cases and the library program, including prescription, treatment, and evaluation.\(^{36}\) At the clinic, however, the program was carried out “directly under the physician’s supervision,” because it was considered a treatment. “The librarian is the tool,” Menninger explained, “who carries out the mechanics and reports the observations.” The physician controlled the collection, approved a librarian’s suggested weekly reading assignments, always prescribed a patient’s first reading, met weekly to review service and consult together about cases, and carry on discussions with patients about their reading.\(^{37}\) The librarian oversaw the collection and its circulation, knew the contents of the books, interviewed patients about their impressions of reading, and reporting them to the physician. Menninger’s depiction of the librarian as “tool” has been frequently called upon as evidence of scorn for librarians’ capacities. Certainly, his depiction of the ideal procedure, and of the roles of psychiatrists and librarians within it, sets the male doctor as superior, and the female librarian as a technical extension of his care. However, at least in his account of it, the relationship at least involved conversations between doctor and librarian, and the careful keeping, sharing, and use of records of patient reading. Despite the telling language, librarians in the PLM would continue to struggle for any such collaboration and record keeping.

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\(^{36}\) Menninger, “Bibliotherapy,” 266.

\(^{37}\) Menninger asserted these roles and activities, but offered no direct evidence that they routinely happened.
Menninger presented bibliotherapy at the clinic in a straightforward, delineated fashion, but a closer look displayed the ambiguities so common to the practice and its rationales. He listed three purposes: education, recreation or amusement, and a means of identifying with a social group. The educational function of bibliotherapy was a point of debate in the period. Should reading promote learning in any way, whether intellectual, vocational, or practical? Did it help patients to read and learn about their diagnosis? Menninger, however, dispatches with this question by defining education so broadly that it becomes synonymous with reading. Educational objectives might be: “a source of information; to encourage the individual to invest some interest outside of himself; to establish or to assist the patient in maintaining contact with external reality, or to gain insight into the nature of his problem.” Recreational reading, too, was a subject of debate. Was recreational reading therapeutic? Or was it escapist? If reading transported one away from one’s circumstances and preoccupations, in what ways was this treatment? Menninger saw it “merely as a source of gratification,” but he called it therapy nonetheless.

The prescription of reading was based on a broad definition of “therapeutic needs,” as determined by the psychiatrist, and the results tough to determine, mainly because of the “large number of variables,” from the range and individual nature of needs, personalities, and psychological processes, as well as the wide world of reading material itself. Reading, too, was just one element of a treatment program. But each patients’ personal relationship with books and reading were a critical part of the outcomes. Menninger described how one patient had his personal library shipped to the hospital; some had never owned a book; another hoarded newspapers in fat piles around
his bed. In other words, patients came to the hospital as readers with a relationship with books and reading; for Menninger, this not only affected the course of bibliotherapy, but was one more attachment and relationship worth mining for the mother problems or neurosis they indicated. (As would become more prevalent among psychologists, bibliotherapy had promise as a diagnostic tool.)

Therapeutic benefits were claimed to be initiated primarily by two experiences: identification and narcissistic gratification. By reading Pearl Buck’s *Exile*, one patient related to the narrator’s relationship with her mother, and was inspired to write about similar struggles with her own mother (whom Menninger claimed was really about her). Identification through projection allowed patients to attribute their own qualities to a book’s villain, as in the woman who read into *Gone With the Wind*’s Scarlett her own willfulness and single-minded desires. Identification could also invite comparisons between the patient’s outlook and a book. Narcissistic gratification took the form of escape, thus claiming (obscurely) that alcoholics liked mysteries, or in reading that bolstered one’s self respect or social standing, as with the epileptic patient “whose mental age was not more than 12 years” who took subscriptions to and conspicuously read daily newspapers such as the *Wall Street Journal* and magazines such as *The Review of Reviews*. Those who seemed to read to “increase their general fund of knowledge” were apparently gaining gratification through ego strength.

In the 1940s, the Menninger Clinic continued a “course of research into bibliotherapy” for neuropsychiatric patients led by resident psychiatrist Jerome Schneck. Reports of activities and findings were published over five articles, which included an overview of the program, a detailed report of two cases, a review of the literature, and
two bibliographies. Although Schneck repeatedly suggested that further results might be forthcoming, reports about any organized research project at the clinic ended in 1950.\(^{38}\) In addition to publication in the Menninger Clinic’s *Bulletin*, these reports were presented to telling professional venues: an occupational therapy journal and textbook; the *Bulletin of the Medical Library Association*; and *Psychiatry*. Schneck described the clinic’s “flexible 7-point program” of bibliotherapy, emphasizing the project’s experimental nature, and calling each of the points a study.\(^{39}\) He defined experiment generally, as loosely endemic to medicine, in which “there is constant experimentation with and for patients.” But the account of the experiment also had a strongly colloquial rather than scientific sense. Aims were tentative, he qualified, the approach might be altered at any time, and there were no “pre-formed ideas of its ultimate discoveries.” “The challenge is great,” he concluded, “because a scientific evaluation of results is difficult to formulate and it is not easy to devise appropriate controls.”\(^{40}\) Like so many interested in the therapy, he reminded the reader, too, that bibliotherapy was both very old, but what lies ahead was worth the immediate efforts of psychiatrists. The project’s seven studies included: (1.) a review of the literature; (2.) recording patient responses to prescribed reading; (3.) correlating reading material selected by patients with known information about the patients; (4.) oral reading of plays by patients; (5.) analyzing experiences of patients who worked in the library as aides; (6.) collecting responses a questionnaire included with circulated books; and (7.) writing of book reviews by patients.

\(^{38}\) Schneck turned his attention to research into hypnosis. The Menningers would sometimes speak generally about bibliotherapy, but did not publish studies.

\(^{39}\) “Studies in Bibliotherapy in a Neuropsychiatric Hospital.” *Occupational Therapy and Rehabilitation* 223 (1944): 316-323.

The review of the literature resulted in an article and two bibliographies, a longer one that covered bibliotherapy across hospital libraries, and a streamlined list about its use in mental hospitals. His longer bibliography in particular was frequently cited as a map to the field; it relied on and served to update the bibliography in E. Kathleen Jones’ *Hospital Libraries*, but it also was burnished by the imprimatur of a psychiatrist and the clinic, and it expanded the scope of citations to include more work by physicians.41 “Bibliotherapy and Hospital Library Activities for Neuropsychiatric Patients: A Review of the Literature with Comments on Trends” appeared in *Psychiatry* in 1945. In it, Schneck invoked both Menninger brothers to express the state of the field, which was struggling to become scientific, but, like psychiatric care itself, would always retain a dimension of an art. He begins the review by noting that Karl Menninger, in the preface to the second edition of *The Human Mind*, shared his surprise that so many people wrote to him to report that the book was helpful, and that physicians reported that they often prescribed it. “The whole matter of bibliotherapy,” Karl wrote, “of the relief of suffering by the psychological processes induced by reading, is a field in which we have little scientific knowledge. But our intuition and our experience tells us that books may indeed ‘minister to the soul diseased’ and come to the aid of the doctor or even precede him.” Schneck used this formulation to cast the work ahead as both “inspiration and challenge” to bring together the wisdom of experience that people can be relieved by reading, the promise of science to base the practice on verified knowledge, so that “the intuition

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41 Bibliographies played an important function in the professional development and study of bibliotherapy, because it collected and represented its disparate works and advocates into an accessible and coherent image. The VA wrote and disseminated two major updates in 1957 and 1961. In 1959, Artmesia Junier also wrote a detailed subject index as her MLS thesis.
inherent in the art of therapy may be further fortified.” Overall, Schneck’s review offered a well-annotated if unoriginal march through the existing descriptions, studies, hopes and exhortations across the fields of librarianship, hospital administration, emergent adjuvant therapy fields such as occupational therapy, social work, and psychology. Like many before him and like many to come, he observed a lack of development and shared the assessment of many works under review that the experimental phase was very much still just beginning. While library service may have expanded over time, he was unsettled by the lack of psychiatrists publishing and studying their use of books, and by the flooding of the literature by librarians working alone, without the consultation and collaboration of psychiatrists, thus isolating the practice to the library department, and, in his view, keeping bibliotherapy spinning in a provincial eddy.

In its variety and ambition, and with a dedicated institutional home for its investigations, the 7-point program sounded promising. However, aside from Schneck’s sketch of the program in a single article and the bibliographies/literature reviews, evidence of a sustained program of study trails off with the publication of an report about two neuropsychiatric patients in the Bulletin. In concert with the tentative and forward-looking tone of studies in mid-century, Schneck presents the cases only as a spur to

\[42\] Schneck, “Bibliotherapy and Hospital Library Activities,” 207. Will’s discussion of bibliotherapy in his 1943 textbook, Fundamentals of Psychiatry, is also noted: “Reading as a method of treatment must still be regarded as a hit and miss procedure from a scientific point of view. Nevertheless, many individuals derive a great deal of benefit from it, often gain reassurance, occasionally gain insight through material they read. This is not necessarily limited to mental hygiene literature, since some forms of fiction, biography, and history often prove to be of therapeutic value to patients. Its specific prescription is difficult and uncertain. Many patients, however, get an indirect benefit though the diversion and relaxation as well as the satisfaction in new information gained in reading.” Quoted in Schneck, 224.
further trials and to the generation of data for evaluation. Two female outpatients were presented, and Schneck’s account of his diagnosis, workup, treatment, and assessment offer interesting psychological perspectives on the use and meaning of reading as treatment. Schneck distinguished between the two types of books he used in treatment, “psychological non-fiction” and novels. (The psychological non-fiction used, not surprisingly, was Karl Menninger’s Love Against Hate and Man Against Himself.) Non-fiction taught patients about psychological terms and ideas, opened discussion about the thoughts, feelings, and associations raised during reading, and extended therapy beyond formal meeting times and into life. Novels were recommended for their recreational and educational value, and to arose interest in reading.

Most importantly, reading was valued primarily as an externalized experience. It made visible to the analyst and sometimes to the patient things otherwise unseen by the methods of historical and examination data gathering. It provoked sharing and discussion, both of which Schneck valued for their diagnostic and therapeutic uses. For instance, Case I—a 40 year old “housewife” seeking treatment for periodic depression—read Love Against Hate, which “stimulated” thoughts about her family relationships, social activities, and issues such as her “frigidity.” Schneck elicited her thoughts about the reading during their sessions, and the ensuing discussions about the reading made it possible for him to see her inner narrative, emotions and conflicts. Discussions about her reading, he explained, “seemed definitely to increase accessibility.” She was more willing to open up by sharing her reactions and associations with the reading, and to participate in discussion that may lead to insight. With this knowledge, Schneck believed that he was

better able to diagnose her problems, conduct apt therapeutic interventions, and assess her progress. Non-fiction works were helpful because they clarified her understanding of herself in psychological terms; discussions about the psychological concepts in the reading demonstrated to the analyst that she indeed apprehended correctly, and ensured that he could correct any “misapprehensions.”

Case II—a 50 year old married woman seeking treatment for “somatic complaints, insomnia, irritability, and a constant feeling of fatigue without the ability to relax”—was told to read a novel, Graham’s *Earth and High Heaven*, at bed time for one hour. The patient did not have a habit of reading books, so the “prescription” was given to establish her reading. Discussions of the book allowed the patient to make “associations” with her own issues with her home town and her father. Schneck also rather interestingly deemed that “the patient manifested an inadequate appreciation of the feelings of one of the characters in the story toward her father. At this time she attempted to avoid a detailed examination and evaluation of her relationship with her own father.”

The analyst, then, knew and could judge the proper reading comprehension of a given text, and could use misreadings as a window into a patient’s thoughts and motives. When the patient forgot her prescribed copy of *The Little Locksmith* at the therapist’s office, that too for Schneck was a revelation. It was selected for her because it depicted people with physical disabilities, a preoccupation of the patient’s. Reading it, she reported, put her in a “dither.” Then she rationalized her reaction, and finally declared herself bored with it. When the therapist pressed her, she “forgot” it. In each case, Schneck observed that reading for pleasure alleviated anxiety and brought about “a feeling of relaxation,

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44 Ibid, 72.
satisfaction, and comfort.”⁴⁵ At the end of the course of treatment, each of the patients was encouraged to continue reading the books that they preferred and enjoyed as a healthy tactic. Case II had even come around to reading three hours a day, “expressing an opinion about the soothing effect, mentioning her great interest in it and appreciating her ability to use spare time effectively and fruitfully this way.”

Reading, then, was a method for revealing what the patient thought and knew, and what was happened during the process of therapy. It was a way of seeing, and it was a catalyst for revelation and interaction. It provoked by “eliciting conflict material.” But just as often, the content of books and the act of reading itself were markedly less important than the discussions that was designed to promote. The process built trust and rapport, and seemed to open a new kind of text: the book of the patient herself.

Conclusion

In his 1961 ALA Bulletin article, “Reading as Therapy,” Karl Menninger assessed the midcentury progress of bibliotherapy in his own clinic’s practice, in hospital librarianship, and among general readers. “Bibliotherapy has had it problems trying to become a science,” the article summed up. “It is well nigh impossible to prove that reading has had a certain effect in a certain case. In this article one the medical leaders of our time takes the concept of bibliotherapy back to its unchallenged starting point—reading can help the ill.”⁴⁶ By the early 1960s, Karl was comfortable laying aside his earlier, rather premature claims that he had achieved a sustained scientific program of study into bibliotherapy because psychiatry had achieved de facto authority to make

⁴⁵ Schneck, 24.
unabashed claims about the fundamentally therapeutic power of reading. Reading for health had become a mainstream cultural practice, one with the imprimatur of psychiatric authority, such that one could dismiss as superfluous the need for science-based knowledge in order to make the self-evident assertion that “reading can help the ill.”

Bibliotherapy in psychology seemed to return where it began: with the general belief that reading is therapeutic, and a commitment to using books as a tool to treat mental illness and promote mental health. However, by the 1960s, psychologists across schools of thought and clinical practice had succeeded in creating and normalizing a new way of reading as a way of reading the patient himself. Within the clinical encounter, and well beyond it, bibliotherapy succeeded in making the reader the most important subject of any book.
“What Is Reading Doing to Johnny?”: The Education of the Healthy Personality in Language Arts Instruction and Research

In a 1940 survey of recent research, eminent literacy educator William S. Gray observed the “striking fact” of a widespread shift in conceptions of reading among his fellow researchers. Reading, he found, was increasingly conceived as “a form of experience that affects the outlook and behavior of pupils.” While researchers and instructors still emphasized basic skills such as phonics, vocabulary, and comprehension, researchers also considered how the experience of reading could foster “insights and understandings, interests and attitudes, and rich and stable personalities.” This broadening of reading’s purview to the cultivation and study of the student as “personality,” Gray predicted, would transform instruction as well as secure its role in the development of the healthy person in a turbulent modern world.¹

By the end of the decade, these emerging changes noted by Gray rapidly became commonplace among many language arts educators, such that another prominent researcher, David H. Russell, could declare definitively in 1948 that “the aim of the reading program extends beyond the acquisition of certain abilities to the effects of reading upon the whole pattern of personality development of the child. The modern

¹ William S. Gray, “Reading,” *Review of Educational Research* 10, no. 2 (April 1940): 79. Gray, who came to be known as “Mr. Reading,” spent most of his career at the University of Chicago (1916-1945), where he was Director of Research in Reading at the Graduate School of Education.
teacher does not ask herself, ‘What is Johnny doing in reading?’ so often as she inquires, ‘What is reading doing to Johnny?’

In this chapter, I demonstrate that language arts and literature educators redefined the goal of reading instruction to protect and promote the health of their students. Like midcentury psychologists, they defined their students in psychological terms as personalities, and they shared the belief that modern life imperiled mental health. Language arts educators actively fashioned reading as a tool for healthy living, and assessed the success of their students’ learning in terms of their emotional and cognitive well-being. In this way, like psychologists, they took an interest in the embodied reader. They tried to look inside the student as she was reading, and tried to understand what was happening in order to improve their pedagogical techniques and to evaluate student learning. Given this shift in instructional emphasis toward health, reading skills were redefined from skill acquisition such as ciphering and comprehension to building capacities for self-awareness, emotional states such as empathy, and adjustment.

In this context, bibliotherapy became a foundational practice in reading education and research, and, like reading, bibliotherapy’s meaning began to change and broaden. “Bibliotherapy,” explained Russell and Caroline Shrodes, “may be defined as a process of dynamic interaction between the personality of the reader and literature—interaction

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that may be used for personality assessment, adjustment, and growth.” In this chapter, I explore how this emphasis on the student as a healthy personality affected how reading was taught, what reading meant, and the ends toward which reading was to aim. This chapter has two sections. First, I explain in detail how language arts researchers and teachers framed the student as a personality, and how they defined reading in psychological terms as “a process of dynamic interaction.” Guided by their emphasis on “what reading is doing to Johnny,” they turned their attention away from skills and toward the reader’s internal experience during reading, and discernable effects after it. Bibliotherapy was not limited to treatment for particular pathologies and convalescent states; it was an eminently useful approach to reading that helped people to manage the constant predicament of everyday life. Furthermore, I show these educators believed that reading skills could not only promote the health of the individual personality, but also the health of society. Reading educators and researchers defined and assessed the healthy personality in social terms, especially insofar as personal development would materialize in values such as citizenship and social sensitivity.

In the second section, I focus on a selection of the period’s most widely used and significant reading and literature textbooks that promoted reading for the healthy personality. These textbooks were practical guides for achieving reading for health in practice, and they demonstrate bibliotherapeutic pedagogy in action. In practice, from elementary school reading classes to college-level literature courses, reading and literature education defined reading as an experience and looked inward to the student to

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4 Gray, “Reading,” 80.
assess learning and to explain learning difficulties. Moreover, these texts defined literature in medical and psychological terms, for the ways that literary texts could initiate healthy effects in the reader, and for the ways that literature exemplified the truth of psychology and medicine itself.

**Reading and the Healthy Personality in an Anxious Age**

“How can reading help children and adults face the problems of living in an anxious age? How can it foster those adjustments which constitute the healthy personality?” With these two questions, David H. Russell captured the mid-century educational project of bibliotherapy. Across published explanations and studies in language arts, the new and perilous conditions of modern life were presented as a matter of fact: we lived in an “unsettled world” with “unprecedented and unpredictable problems” in which young people routinely “learn with shocking and brutal suddenness about some of the grimmest aspects of life.” Reading educators catalogued the insecurities amid which children and adolescents lived—fathers away at war, family budgets eroded by inflation, and family units attenuated through isolation. Consumerism infected value systems, as brand advertising warped children’s desires toward their calculated allure. Traditions were consigned to fairy tales, as “going to Grandma’s for Christmas exists only in story

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books.” Parents read books about health, but drank nightly cocktails. Cinema, radio, “the pulps,” and television assailed children into a state of overstimulation and passivity.⁷

In a world such as this, the challenges of growing into a person were framed in terms of the ongoing maintenance of the healthy personality.⁸ Perhaps no single event of the period better exemplified this schema than the 1950 Midcentury White House Conference on Children and Youth, “A Healthy Personality for Every Child.”⁹ According to the Conference fact-finding report, the personality was synonymous with the self, “the thinking, feeling, acting human being.” A person “does not have a personality; he is a personality.”¹⁰ Still, that was not to say that any given personality was static and immutable. Rather, personality was best understood as the locus of engagement with the world. It was both the cause and effect of the way that the self experienced and made meaning out of what happened around him. Living was responding. Over time, a person established patterns of response—thoughts, feelings, behaviors—that came to characterize who he was and how he fared. One’s personality determined one’s habits, and therefore, one’s health.

Like David H. Russell and his fellow reading educators, the authors of “A Healthy Personality for Every Child” expressed concern about how the modern living environment was putting pressures on children’s ability to cope, or, in the psychological parlance of the day, to “adjust”: to shift one’s patterns of response to maintain one’s

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⁷ Russell, “Reading and the Healthy Personality,” 197.
health amid the stimuli around them and within them. The health of one’s personality, then, was affected both by the environment itself, and patterns of engagement with it. Moreover, the personality was also a part of that environment, especially as it was made manifest in social roles such as family member and citizen. Notably, then, the Midcentury White House Conference did not only place responsibility on the personality to adjust in healthful ways to their conditions, but emphasized the pernicious effects of unjust social factors such as “demeaning poverty,” prejudice, and discrimination upon health.\(^{11}\) This emphasis on what was called the “dynamic interaction” between the personality and his world was embedded in the stated Conference mission to “consider how we can develop the mental, emotional, and spiritual qualities essential to individual happiness and to responsible citizenship, and what physical, economic, and social conditions are deemed necessary to this development.”\(^ {12}\) Social institutions such as the family, religion, medicine, public health, education, and social services were therefore called upon to align their services with the pressing needs of the personality.\(^ {13}\)

Personality had become the watchword for the self. But what difference did “personality” really make in the language arts? Many reading educators argued that

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\(^{11}\) Ibid., 1.

\(^{12}\) Ibid., 199.

\(^{13}\) Early twentieth century educational reform movements and their affiliations with the Mental Hygiene movement also helped to shape this figure of the learner as personality. The Progressive Education Association (PEA), formed in 1919, promoted learning as an individualized experience that engaged the mind and the emotions, and education as a way of promoting democracy, social responsibility, and creativity. In the 1930s, PEA was tied to the National Committee on Mental Hygiene. The literature on the relationship between mental hygiene and education is extensive, if myopic upon the internal machinations of the mental hygiene movement. See Sol Cohen, “The Mental Hygiene Movement, the Development of Personality and the School: The Medicalization of American Education,” \textit{History of Education Quarterly} 23, no. 2 (Summer 1983): 123-149.
promoting the healthy personality was actually congruent with the longstanding (if often tacit) power of reading education to influence a student’s attitudes, beliefs, and behaviors. Reading researcher and psychologist Paul Witty, for instance, pointed to McGuffey Readers to make the point. For over one hundred years, as students sounded out words and made sense and stories out of marks on their ubiquitous pages, “McGuffey,” he noted, “had a large part in forming the mind of America.”14 What and how students read, he argued, had always reflected the ideals of a given cultural moment, and endowed the reading materials to which students were exposed tremendous power over their taste and their values alike. Even basic literacy long connoted meanings beyond mechanical skills. Rather, it was a right and a responsibility in a healthy democracy and just society. To deny literacy was to dehumanize people, a strategy that was both embraced and deplored.15 The turn to personality was represented as continuity rather than rupture, thus allowing reading to retain these traditional connections both to personal attributes as well as to social values, but lending them a fresh urgency and modern sense of possibility.

In both reading instruction and research, defining the reader in terms of personality shifted the focus away from texts and basic skills and toward students, from Readers to readers. What mattered most was not the student’s mastery over ciphering marks on a page; rather what was happening within the student before, during, and after he read. While reading, the student was not just acting, but interacting. “Reading is

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responding,” David H. Russell declared. The phrase is simple, but it is difficult, I think, to overstate the significance of the changes that it implied for those who took it seriously. If reading was defined as a form of response, the paradigm of the reader as personality precluded its standardization. Rather, children needed to be approached as individuals. As Paul Witty put it, effective instruction emphasized the “importance of understanding the complex nature and needs of each child” [emphasis mine].

Further, a student’s “complex nature” was indistinguishable from his needs. “Today,” explained another teacher in a study of bibliotherapy, “children are people, with an age of their own, with feelings, desires, fears, and hurts, and, above all, needs.” Reading instruction thus entailed learning about each student, including their developmental history (physical, educational, emotional), his interests, and his home life, in order to understand what a student was bringing to the reading experience.

If reading was responding, then responding demonstrated the process of “dynamic interaction,” a prevalent psychological model for describing the relationship between a personality’s internal functioning and its relationship to the world that it encounters.

Caroline Shrodes, frequent collaborator with David H. Russell, widely disseminated ideas about what she called the “dynamics of reading” in her prolific work about bibliotherapy.

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18 Toward those ends, Witty developed tools such as the Northwestern University Interest Inventory, which included “play activities, hobbies, wishes, fears, and dreams,” and the Northwestern University Reading Record, which inventoried the “home condition of each child and the character of his relationships with his parents and siblings.” In short, Witty advocated techniques by which teachers learn to read their students as complex stories and texts.
and in her many literature textbooks. “Reading, like all other human behavior,” she explained, “is a function of the total personality. When we read fiction or drama, no less than when we work, meet people, teach, create, or love, we perceive in accordance with our needs, goals, defenses, and values.” Reading was not a matter of objective apprehension, but was an engagement between the reader and the text. Reading therefore always revealed something about the reader. According to the personality model, a person engaged in habitual loops of perception and response. Reading, like all behaviors, relied upon and also revealed these patterns. In turn, those patterns could reveal the needs, goals, defenses, and values that those patterns of reactions served. Watch the reader reading, and one could see the personality at work.

In this context, bibliotherapy was not only about observing the reading self, but also about using what that observer saw in order to analyze the reading self. Educators intended the analytical process to lead students to the exploration of new ideas, behaviors, feelings, and values. Educators were themselves observers of the reading student, but they also sought to teach students how to analyze themselves in the act of reading. Therefore, reading educators including among their learning outcomes the skill

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19 Shrodes wrote what was widely lauded as the first PhD in bibliotherapy in 1950 under the supervision of David H. Russell. “Bibliotherapy: A Theoretical and Clinical-Experimental Study” was a landmark for those who hoped to develop a rigorous science of bibliotherapy, and while it provided the basis for her future influential and highly readable work, the bulk of the dissertation itself is largely mired in technical discussions of field theory and psychodynamics. (To wit: “the reader too is subject to barriers to locomotion when he moves into the quasi-conceptual region of the play.”) Perhaps not surprisingly, while the dissertation was widely cited and its emphasis on the dynamics of personality often mentioned, it was rarely if ever discussed in detail.


21 For a slightly later work that earnestly carries this practice to its gloriously narcissistic end, see Austin Larimore Porterfield, Mirror, Mirror: On Seeing Yourself in Books (Fort Worth, TX: Texas Christian University, 1967).
of self-observation and self-analysis. Students would not only learn how to read, but learn how to watch themselves reading, to interpret their responses to texts, and to use what they observed and learn to maintain their healthy personalities.

Ideally, analysis was not haphazard; rather, it followed a process that could and should be initiated across the full spectrum of personalities, one that moved from identification and projection to catharsis, and to insight. First, the reader was to identify with some dimension of the text, such as a character, a setting, or a predicament. Identification enabled the reader to connect with the reading by seeing herself in it, or compare herself to it. In psychological terms, she was to project herself onto it. When the reader identified and projected, she thought and she felt. The “shock of recognition” arose as both an emotional and cognitive experience: a shock and a recognition. One thought, and one felt, leading to catharsis—a freeing experience that opened the way for insight, and for change through new, deliberate choices.

Unlike many of their psychological counterparts in the period, reading educators endorsed the use of literary texts (rather than didactic works or popular psychology) in their bibliotherapeutic approach to instruction and outcomes. Given the centrality of “Literature” in language arts, it may seem merely obvious that they would favor the types of books they were already predisposed to prefer. Like librarians, many teachers and researchers arrived in their professions because of their own intimate and transformative relationships with books. But there were two other important dimensions to their preference for literature. First, they defined reading as an experience, and, second they accorded Literature a special power to initiate that experience. Bibliotherapeutic reading

22 The process was similar to that of client-based therapy, as well as other schools of psychoanalysis. See chapter two.
was an experience—one that was as authentic as any other experience in one’s life. While the events that one read about were experienced vicariously, reading itself happened to the reader. The reading experience was believed to lead to self-awareness and insight—a recognition of one’s pattern of thinking and feeling about their own circumstances and encounters. As educators saw it, mere didactic texts (with finger waving morals and rational explication of values) rarely conjured this experience, and therefore did not bring about real change in the reader, because such texts did not allow the reader to directly and authentically experience the process of identification, emotional release, and self-insight. Whatever was to be gained by reading a book had to be experienced within the student himself, and only Literature with what educators deemed sufficient aesthetic power could stoke those experiences and lead to the change that educators sought.

Change: all education is predicated on the belief that people can change. In education, the word for change is learning, a process that is directed toward particular aims and outcomes. When midcentury reading educators defined learning in terms of developing the healthy personality, they redefined what it meant to learn to read, and, moreover, how they would assess a student’s progress. These educators therefore became intensely interested in the embodied reader. In this way, their work came to intersect with the emerging area of “reading effects.” Reading effects was a part of the larger 20th century social-scientific project to study the influence of media and its persuasive practices such as propaganda and its forms such as newspapers, radio, and film. The 1940 landmark book *What Reading Does to People: A Summary of Evidence on the Social Effects of Reading and a Statement of Problems for Research* by media effects pioneers Douglas Waples and Bernard Berelson came to signify for many reading educators the
ambitious agenda to put reading effects at the center of an epistemological and social project. It also entangled their aspirations in the thicket of emergent social sciences. Reading effects marked a crossroads where midcentury educational conceptions of the self and the best possibilities for it and its world met modern methods for knowing and acting on that knowledge. Thinking about learning in terms of “effects” would have significant implications for the meaning and purpose of reading instruction, just as researching reading with social scientific methods would have for conceptions of the reading student and society.

Douglas Waples, Professor of Researches in Reading at the University of Chicago, was a central figure in the trend rising in the 1930s to study people and their habits rather than the content of books. Even during his early work, Waples was characterized as a pioneer in the sociology of reading and the social psychology of reading, two domains of inquiry that united the individual and the social, and claimed them for the emergent social sciences. Foremost, Waples was an empiricist who wanted to promote methods that would lead to the discovery of facts for use as evidence about the nature of reading effects. Methodologically, social psychology studied individual subjects as representatives of demographic categories, and aggregated results in order to make knowledge claims about the behavior of groups. In other words, from individual psychologies it created through accrual social ones. It also, like other social sciences,

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tried to define the nature of the “social” itself, and demarcated its relationship to individuals; one might say that the relationship between the individual and the social became as alluring and puzzling a mystery as that between the mind and the body. All of the data generated was meant to be used, providing clues to those trying to engineer effects to make their messages more effective. (Such knowledge might also have defensive advantages in guarding against the ever-looming threat of propaganda.) In the research process, Waples believed it possible and desirable to parse out each of the factors that led to reading effects, and through the study of data weigh their relative influence on actual and desired social outcomes. Individual motives of readers could be pinpointed. Causation was identifiable, knowable, and generalizable. Given a rigorous, extensive research program, reading effects could be predicted and realized.

How did midcentury reading educators engage with this emerging social scientific paradigm of reading effects? As in librarianship, medicine, and psychology, “research” held out the promise of science-based knowledge and effective, even fool-proof instructional strategies. “We need to find out what effects these meanings gleaned through reading have in changing thinking, attitudes, and behavior,” wrote reading authority Nina Banton Smith, “for only as such mental modifications are made, can reading content result in personal and social value.” Perhaps now teachers could understand this process in such detail and with such precision that instruction would

25 The broader history of media effects in general, and of reading effects in particular, especially as they developed as a part of midcentury social sciences, is a fascinating story in its own right beyond the scope of this chapter. See J. Bryant and S. Thompson, eds., “Media Effects: A Historical Perspective,” in Fundamentals of Media Effects, (Boston: McGraw Hill): 21-64.
initiate within the student meanings that led to changes in the mind that led to changes in thought, feeling, and actions, which led to increased value for individuals and for society. However, unlike similar impulses in librarianship, medicine, and psychology, the call for research emerged amid conspicuously felt and overtly expressed ambiguities. For many interested in claiming the therapeutic powers of reading, the commitment to reading effects was less about staking out rigorous methodological territory and evidentiary paths to comprehensive explanations and applications than it was about the promise of the title *What Reading Does to People*: reading in fact did things to people, that those effects were related to the larger social world, that one could discover what reading did to people, and could craft effects that would lead to healthy people and society.

“The wide use of reading, both in school and adult life,” wrote William S. Gray in “The Social Effects of Reading,” “reflects confidence on the part of educators and the public that reading can and does contribute to personal development and influence social attitudes and behaviors.” Gray’s assertion may seem prosaic, but his tack was indicating subtle but important implications of the bibliotherapeutic approach to reading instruction for the area of reading effects. First, the confidence revealed by the wide use of reading was not presented as a hypothesis posed for refutation, but as the given, lived context in which education took place. Books and reading were powerful *because* they had cultural meaning. Reading continued to have personal and social currency because educators and the public endowed it with their confidence. Second, the study of reading took place *in medias res*. As the shelves of widely circulated textbooks testified, instruction didn’t stop for studies. Librarians and bookstores didn’t close pending further social scientific

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investigation. Educators were faced with daily with people expecting them to get on with their work, and get on with it they did.

**Instructional Applications**

How did teachers turn to the classroom to initiate these potentially powerful experiences in readers? Textbooks, annotated bibliographies, and anthologies as well as expository guides all aimed to aid teachers in creating healthy reading experiences with Literature. In this second section, then, I turn our attention to three significant midcentury guides for teachers, each representing different textbook genres and approaches to pedagogical application. First, the book *Literature as Exploration* (1938) by Louise Rosenblatt presented an extended “philosophy for teachers” about the nature of reading as a potentially transformative experience for the budding modern personality. Second, *Reading Ladders for Human Relations* (1947), along with a companion pamphlet, *Literature for Human Understanding*, offered a practical guide to instruction for “improving human relations and for fostering intergroup understanding.” Finally, the anthology *Psychology through Literature* presented literary works as exemplars of psychological concepts and as powerful personal experiences. Each in their own way argued for the importance of psychology in reading instruction and literary engagements, and grappled with the implications for the nature and function of literature itself. All figured the reader at the center of the reading experience, and targeted healthy personal and social outcomes as their goal.²⁸

²⁸ Another textbook worth mentioning is *Character Formation through Books* by Clara Kircher. While pedagogical guides aimed to transform students, they also cautioned teachers about expecting books to persuade students by brute didacticism, and about
Literature as Exploration asked, “How can the experience and study of literature foster a sounder understanding of life and nourish the development of balanced humane personalities?” For Rosenblatt, the answer required nothing less than a synthetic theory of literature and reading that united two things: (1.) emerging scientific knowledge about psychological and social problems, and (2.) a conception of literature that did not exist in static texts but “in its living context” as it was experienced by the reader. She cringed at prescriptive reading lists and regimented lesson plans. (Even in her “hints for further reading” at the end of the book, she explicitly warned her readers to “avoid the misapprehension that literature teachers are being prescribed a ‘course in reading.’”) Instead, she argued that teachers needed to change how they thought about literature itself and its action upon people and society. In order to make this shift, they would first need to discard the “dead lumber” of their English training, which presented human nature as a static, unchanging condition and that unwittingly and irresponsibly pressed upon students ideas about right and wrong, the processes of social change, and the workings of the mind. Teachers of literature inevitably played a powerful role in the formation of students’ personalities, and would need to learn and keep abreast of what psychology and the social sciences were discovering about the mind and the relationship between using books only to transmit lessons. Kircher put it this way: “We must not delude ourselves with the idea that once a moral principle gains entrance to the mind of the child that it ipso facto determines conduct.” However, skillful application of bibliotherapeutic procedure may help the child to recognize and apply a moral principle when the apt situation arises, and eventually may over time develop into one that governs behavior as smoothly as a “reflex action.” Kircher’s annotated list of books for use with “problem children” were based on clinical experience in the Child Study Center at Catholic University. It labeled each book with character traits, and included a character index with issues and circumstances such as “animals, kindness to,” bravery, cleanliness, home, self-reliance, and temptation.

28 Kircher’s annotated list of books for use with “problem children” were based on clinical experience in the Child Study Center at Catholic University. It labeled each book with character traits, and included a character index with issues and circumstances such as “animals, kindness to,” bravery, cleanliness, home, self-reliance, and temptation.

29 Rosenblatt, Literature as Exploration, 31.
individuals and society. However, this was not to say that literature was to be treated as an objective social document that dispassionately conveyed only its singular facts, or that literary works of art should have only practical outcomes. Literature should remain a form of art and teachers should still “minister to the love of literature, initiate his students to its delights, and at the same time further these broader aims.”

The aesthetic, psychological, and social elements of literature were actually inseparable, Rosenblatt argued, if one conceived of literature as exploration. In this exploratory model, reading was a process that always and inevitably centered on the individual reader in her specific moment in space, time, and experience. “The reader,” Rosenblatt explained, “counts for at least as much as the book or poem itself.” Teachers were helping neither a “generalized fiction called the student,” nor a standardized social or psychological type. Thus, it would do not good for the teacher to adhere to a regimented list of texts to be covered or lessons to be absorbed. Instead, the teacher was to direct her attention to the student engaged in the act of reading, and to teach the student to engage in a “fruitful interrelationship” with the text. Teaching thus centered on a dynamic interaction between the text and the reader. The teacher’s “material is no less,” she explained, “than the infinite series of possible interactions between individual minds and individual literary works.” As the student read, therefore, the teacher was to look at the student reading, and to help him to “return to life” more capable, insightful, imaginative, and self-aware. In reading literature, the student too would learn to see himself reading—to see his habits of mind, feeling, and reaction—and to return to life

30 Ibid., v.
31 Ibid., vi.
32 Ibid., 33.
ready to make the adjustments that would nourish the development of his healthy personality. Such reading skills were life skills that were also crucial to a healthy democracy, because it created citizens open to diverse “patterns of relationships,” and willing to envision, reflect upon and adjust their behaviors in terms of the larger social good. Literature, for Rosenblatt, was only as powerful as each reader’s capacity to encounter it.\(^3\)

*Reading Ladders for Human Relations* shared the outlook that literature was a powerful instrument for exposing students to diverse forms of being and relating, and that language arts teachers had a responsibility to use reading as a way of promoting personal and social health. *Reading Ladders* offered teachers practical “ways of using books” with students from elementary to high school age “first, as a means of developing appreciation of common needs and values, and second, as a means of sensitizing young people to differences between people, their opportunities, cultural values, and expectations.” The book was an outgrowth of the Intergroup Education in Cooperating Schools project, in which nineteen major school districts across the country (including Los Angeles County, Cleveland, Denver, and St. Louis) created and experimented with teaching materials and techniques that were then disseminated to thousands of teachers.\(^4\) *Reading Ladders*

\(^3\) Ibid., 263-4.

\(^4\) American Council on Education Committee on Intergroup Education in Cooperating Schools, *Reading Ladders for Human Relations*. Washington, DC: American Council on Education (1949). *Reading Ladders* appeared in six editions from 1947 to 1981. New editions were revised to include recently published works, but retained the basic framework and stated purpose of the earlier versions. I will refer here to the 1949 edition, because it was the one most commonly referred to by the educators discussed in this chapter. For a broader analysis of the Intergroup Education in Cooperating Schools project, see Brian Russell Sevier. “Somewhere between Mutuality and Diversity: The Project in Intergroup Education and Teaching for Tolerance following World War II.” PhD Thesis. University of Colorado, Boulder, (2002).
included some general instructional methods for using books toward its stated ends, but it was mainly dedicated to reading lists assembled under eight themes around which student learning could be integrated, themes that were divided equally between social issues and “psychological problems.”

Recommended titles for each theme were presented in ladders—books were assigned according to ascending levels of ambiguity, difficulty, and complexity, which corresponded to their appropriateness to from primary students to intermediate, high school, and “mature readers.”

A closer look at a few of these themes reveals how the project classified and promoted books by their intended outcomes in readers, and how they conceived of literature and the reading experience in the learning process. One of the social themes, “Community Contrasts,” emphasized representations of life in diverse communities, from rural to residential and crowded cities, in which people had diverse positions and identities. According to Reading Ladders, students needed to learn about different living conditions and ways of identifying with different communities, and about the questions that arise out of this learning, such as how particular ways of living arose and why, how people judge difference, how people and institutions try to shape communities, and the relationship between community structures and social injustice. Titles were selected for the diversity of their representations, including race, ethnicity, geographic location, and socio-economic status. The reasons were both psychological and social: so that students might recognize themselves and integrate these representations within themselves toward

35 The complete list of themes were: Patterns of Family Life; Community Contrasts; Economic Differences; Differences Between Generations; Adjustment to New Places and Situations; How it Feels to Grow Up; Belonging to Groups; and Experiences of Acceptance and Rejection. In each section, about twenty titles were annotated, and another longer list (or “ladder”) of titles was provided for further reading.

36 Reading Ladders for Human Relations, 7.
the development of a healthy personality, and so that they may look outward, to see and
to contribute to a world that aligned with their new appreciations and apprehensions. For
example, *My Dog Rinty* (recommended for young elementary school students) told the
story of “a happy middle-class Negro family life in a rather bleak section of Harlem,” and
illustrated the neighborhood and people with “unusually fine photographs.” “The words
‘Negro’ and ‘colored,’” the annotator pointed out, “are never mentioned.” *Mrs. Palmer’s
Honey*, a selection for mature readers, included an array “Negro people in a large urban
community.” Characters within one race were represented as distinctive individuals, and
the plot entailed depictions of work and of labor issues and union organizing. Both novels
(like most in *Reading Ladders*) could be said to have lessons: *My Dog Rinty* dispels
stereotypes about family life in Harlem, while *Mrs. Palmer’s Honey* dispels those about
so-called “shiftlessness” by representing African Americans as “willing and able to take
their place in the ranks of American labor.” Still, *Reading Ladders* took pains to avoid
reducing the therapeutic power of reading to didactic lessons. Although *Reading Ladders*
selected titles for their potential to elicit pointed insights, its editors also cautioned that
“the reading of any one book is a different experience to each reader because of what he
brings to it.” In this way, student readers were to be represented and approached as
characters with as much diversity as those in the books extolled in *Reading Ladders*.

Literature was not merely symbolic or representational, but a form of real life
with which students could have direct contact. As another education scholar put it,
“literature may do anything that life itself can do.” Therefore, reading exposed students

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37 Ibid., 32.
38 George Robert Carlsen, “Literature and Emotional Maturity,” *The English Journal* 38,
no. 3 (March 1949): 132.
to experiences as real as any in life itself. Exposure to themes such as “community contrasts” through reading was thus presented as a way of directly encountering and empathizing with people and conditions they might otherwise not meet firsthand. Therefore, the type and quality of representations of people, conditions, and issues were of primary importance, and guided the selection of texts for the ladders. In *My Dog Rinty*, then, actively avoided affixing standard and loaded racial labels to its characters, in an attempt to challenge the reader’s habitual perceptions, and to adjust them—both in their interpretation of the text and in their interpretation of life. Similarly, *Shake Hands with the Dragon*, a non-fiction view of life in New York City’s Chinatown, showed that people may have appeared to conform with “the American pattern of living,” but upon closer look were as diverse and eclectic as any other community. These representations were meant to depict psychological and social truths. Reading them could initiate a direct therapeutic experience—the student identified with someone different by sharing a similar emotional experience, then felt her way to insight by considering the similarities and differences of their conditions, and adjustment to this complex world of diverse people with a common goal of communicating with one another. Any therapeutic effects were expected to radiate outward to social effects such as better intergroup understanding and harmony across social conditions such as family structures, economic status, and generational differences, and through psychological challenges such as adjusting to new places, growing up, and belonging to groups.

This therapeutic framework was also apparent in *Reading Ladders*’ four psychological themes. In “Adjustment to New Places and Situations,” for instance, adjustment was presented as a common social predicament and an essential psychological
skill. At the same time, adjustment was often highly specific to one’s cultural, ethnic, and socio-economic status. For young readers, *Sugar Bush* introduced “the sturdy Kolachecks, new Vermonters,” who become the “real neighbors and friends” of their old Vermonter neighbors when they work together to bring in their maple sugar crop. The tale of adjustment was selected because the Kolachecks, like their neighbors, could retain their unique and quirky identities and habits while learning to live together around a common purpose. For older readers, *The Moved-Outers* dramatized the US internment of Japanese-Americans with the story of the Ohara family, who “valiantly try to adapt themselves to the deprivations and humiliations they cannot escape.” Unlike many approaches to bibliotherapy, *Reading Ladders* often presented psychological pressures as examples of social injustice, simultaneously depicting adaptation as a healthy skill and a challenge imposed by prejudice and oppression. But *Reading Ladders* did share a commitment to knowing that outcomes such as adjustment were taking place within students, and to understand what happened as people read. Therefore, across its themes, it endorsed discussion and other ways of expressing and processing the reading experience for the instructor, one another, and themselves, so that the process and its effects might be made visible for assessment and for evidence of any psychological transformation.
“Books as Bridges.” 1946, Poster, US Children’s Book Week. “Books as Bridges” was a common and telling theme throughout the 1940s. It demonstrated how the internal, psychological experience of reading was believed to function as a real, concrete way of making connections between and among people in the material world. Moreover, these connections forged through books and reading were thought to have progressive and healthening effects on individuals and on society, effects as tangible and real as the bridges built by the engineers and “technicians” in the midcentury US. Used under fair use, 2014.

Caroline Shrodes’ 1943 anthology, *Psychology through Literature*, was premised on the idea that “implicit in literature are all the facts of psychology.”

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39 Shrodes et al., *Psychology through Literature*, ix.
of the most prolific writers on bibliotherapy in psychology and education, and produced or co-edited at least four successful textbooks and anthologies with major presses.  

*Psychology through Literature* was designed to give students relevant and useful knowledge about psychology through direct and potent literary reading experiences: “to lead the student of human motivation and behavior to a better understanding of himself and his world through the vicarious experience that literature affords.” (The anthology’s approach and purpose resonated with Shrodes’ stated purpose of her 1950 dissertation, a study of bibliotherapy she that described as a sustained attempt to “cross the artificial boundaries between subject matter fields” of literature and psychology.)

Students, Shrodes believed, had usually led relatively narrow lives, and were forming engrained habits based on these limited experiences. Their personalities were products of their conditioning and their biological, psychological, and sociological environments, and they would continue to remain so without the significant growth that would come only from “the subtle process of identification” that the reading of literature would provide. Learning the facts about psychology could not bring about this transformation. Literature, however, contained both accurate psychological knowledge, as well as a “higher truth” that spoke to the emotions as well as the intellect. Through these emotional experiences and through discussion about them, Shrodes argued, the reader could “perceive the immediate bearing on these [psychological] ideas on his own life.” Both psychological knowledge and literary experiences were pressed thus into direct application for living.

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41 Shrodes et al., *Psychology through Literature*, ix.
As an anthology, *Psychology through Literature* organized its literary selections into two parts: “The Formation of the Personality” and “Adjustment and Maladjustment of the Personality.” It included works from authors enshrined in the Western canon such as William Shakespeare, Jean-Jacques Rousseau, as well as the more recently revered writers Gustav Flaubert and Fydor Dostoyevsky. But she placed beside them modern works from contemporary authors such as Aldous Huxley, Virginia Woolf, and James Joyce. Including Shakespeare in any anthology usually required neither apology nor explanation. But could literature that preceded modern psychological knowledge really illustrate these recently discovered precepts? For Shrodes, that these works were produced “before the science of human behavior became an acknowledged sphere of learning does not in any way invalidate them; rather it attests the more surely to the immediacy and relevance of the materials of psychology to actual life.” Psychology, in other words, was real and natural. Recent discoveries and modern terminology did not supersede the human insights of a Shakespearean tragedy, but illuminated their basic truths. Hence, when Lady Macbeth cried “Out, damned spot!”, she dramatized the way that guilty feelings and defensiveness about behavior patterns materialized as “reaction-formation” and “compulsion neurosis.” It was no more or no less psychological than Molly Bloom’s continuous monologue in Joyce’s *Ulysses*, which “affords a fine illustration of the fabric of the unconscious.”

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42 Part one included five sections: the physical heritage; the influence of the family; social and economic pressures; emotional conflicts; and the learning process. Part two covered dreams and the unconscious, the neuroses, and the psychoses.
43 Shrodes et al., *Psychology through Literature*, xi.
44 Shrodes et al., *Psychology through Literature*, 305.
45 Not surprisingly, Shrodes favored those modern authors most explicitly connected with psychology.
According to Shrodes, Literature made the workings of the mind visible, and demonstrated psychological principles and processes in action. *To the Lighthouse* by Virginia Woolf, for example, used the formal device of stream of consciousness narration to render an intimate portrait of family members engaged with one another. In another passage, as a son reflects on his past and present, his epiphany is presented as a moment in which “he understands something of significance in the development of his personality.”46 As moments of insight were narrated as real experiences in the text, they offered vicarious but nonetheless real experiences for the reader. In Marcel Proust’s *Swann’s Way*, the narrator’s long forgotten childhood experiences are awakened by a sensory experience. Shrodes invites the reader to follow along to see how a single memory rising up unbidden “may afford a clue to understanding a personality and its intricate world of emotional and intellectual relationships.”47 Having followed Proust’s narrator’s experience, Shrodes suggested, the reader might then embark on other experiences of his own, but this time, he could watch his mind watching the memory. *Psychology through Literature* made the reader thus able to see himself as a text in the midst of its narration.

Given Shrodes’ dynamic orientation, action within the mind was also interaction with stimuli in the world. The workings of the mind were always on some level a form of social engagement, and revealed something about the self and something about the society. However, personalities and societies were neither immutable nor mechanically reactive to one another. Changes to the self could and should lead to changes in society; ideally, reading could initiate personal and social changes. Not surprisingly, then,

46 Shrodes et al., *Psychology through Literature*, 64.
47 Ibid., 230.
Personality though Literature often featured works that dramatized individuals contending with social pressures. Some pressures took the shape as emotional conflicts.

In Jean-Christophe by Romain Rolland, a physically robust child was subsumed by the fears stoked up by his imagination:

he was afraid of the mysterious something that lurks in the darkness...he was afraid of the garret door...he was afraid of the night outside...Jean-Christophe was always in anguish, expecting some fearsome or strange putting forth of Nature. (187)

Soon, he was assailed by the worst fear of all, the fear of death, when he discovered in a drawer the bonnet of “the other Jean-Christophe,” a brother born and already dead before him. A playmate died. He was hungry. His father was a drunk who beat him. Real life, it turned out, plagued him with worthy fears. Only when the narrative panned back toward a fuller rendering of his environment could the reader understand the boy and his mental torment. Emotional conflicts were also on display in an excerpt from Richard Wright’s 1939 celebrated novel Native Son. According to Shrodes, it dramatized “the effects of conflicting fear and hate in the Negro youth Bigger Thomas,” who “projects” his fear and hatred, engages in “rationalization,” “compensates” for his bleak life through “escapism,” and turns to profound “anti-social behavior” because of his “violent and irreconcilable emotional conflicts.” In this and in all the anthology’s selections, Shrodes always made use of psychological terminology to describe characters’ experience and motivations, but she did not reduce them to those terms. Instead, she invited the reader to see how these internal reactions and adjustments operated in play with the larger social environment. In the case of Bigger Thomas, Shrodes claimed that he was “driven” onward to his series of
crimes because he was trying to escape “the bounds imposed on him and to find expression for his tremendous vitality.” *Native Son* dramatized that adjustment had its limits; only the social effects of reading would do to bring about the health of personalities constrained in such circumstances.

**Conclusion**

Language arts educators practiced bibliotherapy as a way of addressing the student as a personality, of promoting experiences and skills that would help them to develop in healthful ways, and of assessing their students states and progress. They clearly felt some sense of genuine urgency to accommodate dominant psychological conceptions of the self into their pedagogy, and shared with psychologists the impulse to see and interpret what happened within the reader while reading, and to discern any lasting influence on internal life and behavior. Toward that end, reading was redefined as responding rather than deciphering. This shift in the conception of reading in turn affected conceptions of texts, especially literature. Textbooks and guides to teachers integrated psychological knowledge with literary works. At the same time, advocates believed that the types of literature that they promoted remained an important consideration, and that “good” literature would lead to more potent, healthy outcomes than works that they deemed to have inferior aesthetic qualities. In their attempts to claim literature for psychological and social health, they emphasized the instrumental qualities of the literary arts, and judged the quality of the work by the discernable effects on the reader and on society.
All of the people that I have discussed thus far enrolled books in the service of health. They valued above all else how reading could be used to achieve their desired ends. Its advocates thus fashioned a form of applied humanities, one that defined the meaning and judged the value of books in terms of their utility and efficacy. Furthermore, they expected that they would (at least eventually) observe clearly what was happening within a reader as he read and what happened as a result after. Whether it was a hospital librarian offering the “right book” to a convalescing patient, a psychiatrist discussing *The Human Mind* during a therapy session, or a teacher reading *Dick and Jane* with her students, bibliotherapy was focused on the embodied reader: on what books did to her, what they revealed about her, and how she was at any given moment measuring up to their normative visions of health.

Advocates across these professional groups also saw bibliotherapy as a tool of reform. Librarians believed that their books and their expertise added a missing dimension to medical environments by looking beyond patients’ afflictions and pathologies, and addressing their feelings, interests, and experiences. For psychologists, bibliotherapy promised a method for seeing into patients’ minds as well as treating them, and as a way to broaden their reach beyond the clinic and into every life, where they believed that mental affliction was rampant. Similarly, language arts educators promoted bibliotherapy as a way of addressing the urgent problem of maintaining a healthy
personality in an anxious age. In each case, then, bibliotherapy was taken up in order to address perceived deficiencies and meet unfulfilled needs for their respective professions and for the people whom they served. More importantly, their reforms were directed toward a shared outcome: the modern value of health as an absolute good.

The embodied reader thus became a project as well as a site of scrutiny. The question of what was happening when a person read was transformed—when reading was treated as a therapeutic, the question was no longer a matter of curiosity, but a normative one. When reading became a matter of health, and by extension, a matter of sickness, it always pointed toward particular ends, toward effects that were more or less desirable. Like all medicine, its epistemological concerns were never a matter of “pure science,” but were directed toward therapeutic application. Moreover, reading for health always entailed the sorting of embodied readers into categories along the spectrum of the normal and the pathological. Finally, if reading for health was a form of therapeutics, and if books were always a kind of medicine, then the embodied reader was always a patient. Put this way, one might begin to wonder about the absolute value of health.

In this closing chapter, I narrow the aperture of our camera to focus on Sadie Peterson Delaney, who directed the library at the US Veterans Facility at Tuskegee, a segregated hospital, from 1924-1958. Delaney occupies a central place in the literature of bibliotherapy. During her lifetime, her colleagues and by the public lauded her, and her reputation was quickly secured. Since her death, she has been held up as an icon and innovator in hospital librarianship. Even her definition of bibliotherapy, “the treatment of

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a patient through selective reading,” was a standard usage in the field. Despite the accolades by her contemporaries and the ensuing acknowledgement of her status and contributions, however, I argue that Delaney’s approach to bibliotherapy also represents a bracing and unrealized vision for reading for health. Delaney practiced and advocated for bibliotherapy not only as a medical treatment and as a form of education, but as a political strategy, one that was designed to intervene not only in dominant medical practices, but also in the social and material conditions of African-American veteran patients. In telling her story, I hope to show an alternative in which Literature mattered, reading was a political act, and health was a site of contestation over social justice and personal expression.

Sadie Peterson Delaney: An Alternative Narrative

Sadie Peterson Delaney directed the library at the US Veterans Facility at Tuskegee from its inception in 1924 until her death in 1958. Delaney arrived at the segregated southern facility from the 135th Street Branch of the New York Public Library in the heart of the thriving Harlem Renaissance. In 1924, the new Alabama hospital existed as a result of a national political struggle involving the NAACP and the National Negro Press Association (among others) to build a federal hospital for “negro veterans.” She opened the library with 200 books and one table. By the 1930s, Delaney had become a nationally renowned practitioner of bibliotherapy. In 1950 alone, she was named Woman of the

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2 The NYPL Schomburg Center for Research in Black Culture is housed at the 135th St. branch’s original site and was built upon the collections of its Division of Negro Literature, History and Prints. For a compelling account of the branch during the 1920’s, see Sarah A. Anderson, “‘The Place to Go’: The 135th Street Branch Library and the Harlem Renaissance,” Library Quarterly 73, no. 4 (2003): 383-421.
Year by the National Urban League, and Atlanta University bestowed her with an honorary doctorate.\(^3\) She was profiled in *Look Magazine*, and was often covered in small African-American newspapers across the south. Eleanor Roosevelt featured her on the radio program, “My Day.”\(^4\) She held leadership positions in the American Library Association, and librarians from the VA and from library schools from the US and across the world visited her to meet her, and to learn her methods on the ground. Since her death, she has been historically figured as a “beacon of hope” and “pioneer bibliotherapist.”\(^5\)

In 1923, shortly before Delaney arrived in Alabama, Delaney published an essay in *The Messenger*, a publication with the tag line, “The Only Radical Negro Magazine in America.” Her article, “The Library: A Factor in Negro Education,” described her work at the 135th St. branch, where she began her career, and developed her lifelong belief in the library as a cultural and political project, a project that intertwined reading, art, race, and well-being. Although Delaney would never return to public library work after leaving the NYPL, her approach to hospital library service and bibliotherapy retained many of the commitments expressed in this early piece. She described the library, situated at a teeming subway stop and surrounded by the people of Harlem, as home amid the bustle

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\(^5\) Gubert, 124. In the library profession, Delaney has been counted among the field’s leaders. She was profiled in the *Dictionary of American Library Biography*, and she was included among *American Libraries’* “100 of the Most Important Leaders We Had in the 20th Century,” ranking twenty-five.
to all manner of community activities, and “as the center of Negro culture.” While she situated the library at the center of the community and culture, she also drew boundaries around it. For Delaney, the library represented a space both within and apart, where Negro culture could flourish under its encouraging conditions. She described Boy Scouts in the auditorium carrying “out such discipline as makes the Negro youth a benefit to his community,” “splendidly uniformed” women attending their Red Cross nurses training, and a forum in which diverse people—“alien, friend, and foe”—discussed and debated their ideas and perspectives, giving “vent in free speech” about their small problems and about world affairs. The building and its appointments bespoke Negro culture, as well. “Ethopia,” a 300-pound bronze work by a “Negro sculptor,” greeted patrons with its solemn, dignified air, and lent the space “the very atmosphere of education.” Like “Ethopia,” the library resisted the oppressive representations of African-Americans (and all that those representations signified) by presenting alternatives. These alternatives educated the people that they represented by showing them fresh visions of themselves and their culture. In the space of the library, they could be “Ethiopia.” Men of all standing and origin could debate openly and with fervor. Women were trained in professions such as nursing and earned a good wage. Their boys were well-deported and a source of public pride. Outside the walls of the library, of course, Delaney’s representations of what took place within further circulated her cultural vision. As W.E.B. Du Bois described the African-American experience in *The Souls of Black Folk*,

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“one feels ever his two-ness.” Delaney’s article rhetorically navigated this double-consciousness, speaking to those within and without.  

Figure 5. Meta Warrick Fuller, “Ethiopia-Awakening,” c. 1921.  

As for books and reading, Delaney was sure to explain that the collection at the 135th St. branch featured “standard” works and a “Negro collection.”

8 “It is a peculiar sensation, this double-consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness,—an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder.” W.E.B. Du Bois, The Souls of Black Folk (Chicago: A.C. McClurg, 1903), 18.
authors allowed patrons to meet living writers of diverse ethnic origins (from literary eminence Carl Van Doren to writer of Native American life Mary Austin). Classical authors such as “Homer, Milton, Dickens, Dunbar” maintain their place on the shelves, attesting both to the dedication to “old standard” culture as well as situating African-American authors such as Dunbar in their company. “Eight of ten distinct types of foreign Negroes” were not only browsing the Negro collection, but wholeheartedly engaged in the “splendid chance for Americanization” by selecting to read books about civics, instruction titles about the process, and titles that dramatized the process for them, such as the Americanization of Edward Bok and The Education of Henry Adams (a curious selection by Delaney). Overall, “the class of reading is very high,” Delaney explained. Just as importantly, Negro patrons also made avid use of the Negro collection that served many the community member hungry to fulfill “the desire to know his race history.” Books about Africa and Egypt sat alongside older works documenting the history of Negro life, as well as works of “eminent Negro poets and authors fill the shelves.” Only a limited library budget—not a dearth of quality works—constrained the Negro collection. Moreover, the library was a place where culture can not only be consumed and experienced, but also produced. “It is the place for a Chaucer to write A Canterbury Tale…It is a place for a poet to verse his new song for this great reading public.”

In Delaney’s rendering, the 135th branch was constantly lively with patrons: students browsing the collection on their own volition or attending classes as a supplement to the “congested” school situation, little ones in the children’s room gaining

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their introduction to Literature as they strained to hear the stories read by the Librarian, who read “in such a real way that one can visualize the tale.” People from all walks of life and professions found books for themselves, whether teachers or college professors, maids or construction workers, writers or innovators. “The man who is in overalls is made as comfortable and given ever assistance and courtesy in obtaining his material,” Delaney assured, “as the doctor or lawyer.” All were welcome, and all belonged. Not only the Negro but the “Jew, Chinese, Arab, East Indian, West Indian, Spaniard, Mexican, all seeking education” gathered at the library. “The eyes of the world are on this library,” Delaney wrote. As the readers’ eyes were on books and on each other, others watched them reading together.

Was Delaney taken aback by the segregated conditions at her new position at the Veterans Facility at Tuskegee? While at the 135th St. branch, she noted that some people who visited the library expressed surprised interest in the integrated staff. “The contact and understanding,” she wrote “has been such as to influence many an institution South who have learned of this existing fact.” In any case, she was convinced of the importance of bringing such a library to “Southland” as she called it when she took the job.

By 1930—six years on the job—she had well over 2,000 volumes in the facility’s collection, had started and sustained the disabled veterans literacy society, and began other successful activities such as the Library Press Club, a department and services for the blind, a debate club, a philatelic club, and a historical forum. Plans were in the works for a larger facility. With her library service well underway, she returned to publication, this time in the US Veterans’ Bureau Medical Bulletin, but with a conspicuously familiar

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10 Ibid., 773.
11 Ibid., 773.
title, “The Library—A Factor in Veterans’ Bureau Hospitals,” which directly paralleled the title of her article about the 135th St. branch. Like its predecessor, the article described the hospital library as a place where diverse people congregated around books and culture, albeit in this case not exactly voluntarily. There were books for every person for every walk of life and every diagnosis. Like the New Yorkers scrambling up from the subways stairs in Harlem, the patients used the library to orient themselves and discover their place in a community, and to gain access to a larger world and envision a larger self, especially in the relative isolation of a Tuskegee. “He finds himself through the library,” Delaney explained, “letting it become a part of his daily activities, encouraging him to join in discussions of current events gleaned from periodicals and newspapers.” Further, it was the librarian’s job to find him. She advocated, like many of her hospital librarian colleagues, that she learn as much as possible about each patient in order to match books and people and to “bring a greater response from him.”

This early statement about her work never explicitly mentioned the race of her patients (or hers, for that matter). But racial dimension of these embodied readers was nonetheless present in that rendering and in all of her later work and practice. For instance, in 1930, when Delaney presented the books that patients read, she set works by or about whites and non-whites side by side. A “seafaring man” enjoyed Conrad, Melville, and Pedor Gorino—Tales of a Negro Sea Captain, while a music lover enjoyed both Krehbiel’s Book of Operas and Johnson’s American Negro Spirituals. Another patient “who had fought under three flags,” worked as an interpreter, and travelled to

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14 Ibid., 331.
many corners of the world read patriotic US author (and Wilson administration propagandist) George Creel’s *The People Next Door* as well as H.P. Davis’s *Black Democracy: The Story of Haiti*. Their catholic taste and wide-ranging, often sophisticated interests spoke to the character of the individual patients and hospital community, as did Delaney’s descriptions of the patients themselves. Among the patients she depicted were lawyers and diplomats, farmers and flower culturists, ministers and naval officers, testifying to the diversity and range of accomplishments of the patient population.

As Delaney’s career proceeded, she became more overt and deliberate about representing the “Negro Veteran” in the press and during her professional encounters at conferences and on American Library Association (ALA) committee work. In a 1932 publication in the highly regarded *Wilson Bulletin for Librarians*, Delaney painted a portrait of “The Negro Veteran and His Books” that simultaneously asserted their racial identities and membership in the larger community of veterans.15 She framed the article as an answer to the nation’s queries about “what is on the veteran’s mind.”16 In response she allows her African-American population in her hospital to represent this larger group. “Negro veterans” were, first and foremost, “prodigious readers.” They appreciated the classics, routinely asked for “the highest types of literature,” and asked references questions about every subject imaginable. Most of them could read, she remarked to a question that likely hovered in the mind of many of the *Wilson Bulletin* readers. “In this entire race,” she pointedly emphasized, “there is a small percentage of illiteracy.”17

Furthermore, patients used their time in the hospital to further their educations, improve

17 Ibid., 686.
their minds, and reestablish connections to the wider world from which they were isolated by their illnesses and “imprisoned in lethargy.” Like many of her librarian colleagues, Delaney believed that books and reading helped to “bridge the gap between the hospital and the outside world.” Toward that end, Delaney was also deliberate in the cultivation of the hospital library as a robust resource and cultural space. “Its green walls are hung with maps, paintings, and pictures of Negro leaders and authors of books as well as other outstanding persons who have attained great heights through books.”\(^{18}\) She often explained that this space counterbalanced the sterility of the rest of the hospital, and eased the isolation of those who roomed in closed wards.

In Delaney’s narratives of healing through reading, books by and about the African-American experience increasingly proved the most therapeutically potent. Sometimes, when a reader encountered an African-American character, they asked Delaney if that person was “real.”\(^{19}\) They sought out books in which African Americans figured in significant historical moments in untold ways, and that told stories in which they were the central protagonists. As a way of preparing themselves for the world, they read “sociology,” in every instance titles that addressed racial problems, including Johnson’s *Negro in American Civilization* and Herbert Miller’s *Races, Nations and Classes: The Psychology of Domination and Freedom*. They read biographies of African Americans, and books about the “Negro veteran,” a most popular subject. They read compendiums of Negro spirituals, folk songs and blues, poems by Langston Hughes and Countee Cullen, among many other collected in the anthologies of the day such as James

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Weldon Johnson’s *Book of American Negro Verse*. There was especially avid interest in books about Africa, of which there were also hundreds in print. When Delaney described the library in 1923 as “a place for a poet to verse his new song for this great reading public,” she was celebrating not only that burgeoning writer and their outlets for publishing their work and themselves, but the African-American community as that “reading public,” which she saw materialized in the library in her hospital.

While Delaney maintained her vision of the library as a cultural and political project, by the 1930s, her language was also peppered with psychological terms and medical categories. “A man with a book is less introspective,” she explained about the general therapeutic power of books. She also relied on psychological concepts for health, especially the value of “adjustment,” writing of the hope of “aiding patients in their adjustment to present conditions and fostering a hope for the future.” And like many of her counterparts, she categorized her patients by their illnesses and afflictions, and recommended books accordingly. A patient with dermatitis was soothed and distracted by reading, and diminished his scratching and let his mind rest from its persistent and irritating affliction at least for a time while absorbed in a book. An irritable thyroid patient was comforted by books with compelling storylines that ended by resolving definitively, without agitation. By 1938, Delaney had come around to describing her patients as “cases.” One “surgical case” required to lie prone and still had taken to grumbling. When the librarian gave him books, compendiums of facts and Q&A’s, he used them to engage with those who visited. The librarian gave him a book reviewing

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position for the Literary Press Club, and he took pride in his status as one of the “best informed patients on the wards,” and was made more cooperative to his treatment in the process.23 Delaney also reported the results of library service on “mental cases.” The librarian gave one mute patient daily poems to read, which he copied by hand, and which the librarian then circulated to other patients. Eventually, he read them aloud at Literary Press Club meetings, and this verbalization gave hope that he may become normal. Another “deteriorated” mental patient who was once an artist, through reading, came again to paint oil portraits of Lord Byron and Puskin, which were exhibited in the library art exhibit. Another, once delegated to closed wards, turned out to have a “splendid education,” and became a worker in the library. “His interest in books,” Delaney concluded, “seemed to lead him to a new world.” He was an effective library staff member who cared about his appearance, and hoped to work in a library upon his release from the hospital. Even a mentally ill formerly practicing physician became, through reading, a leader in the hospital community who gave talks to fellow patients. “His entire personality was changed,” Delaney concluded, and he thought finally of his future, and his return to medical practice. In each of these cases, reading was determined to be physically and psychologically therapeutic, and it also served as a form of education. Looking forward to his release from the hospital, one patient reflected on his experience with the library and concluded that “[m]y discharge is my diploma.”24

24 Sadie Peterson Delaney, “Library Activities at Tuskegee,” Medical Bulletin of the US Veterans Administration 17, no. 2 (October 1940): 163
Delaney took special interest in working with blind patients, whose lives, she believed, could be transformed by books, making them more independent and exposing them to the effects of reading itself. The Tuskegee facility had a large number of blind patients who languished in the wards. Many of them had lived at the facility for ten years or more. Some had mental disabilities, and most were sullen and depressed. Delaney founded and organized a department for the blind, and learned and taught Braille (as well as another embossed writing system called Moon Code). By her own account, she taught over 600 people to read braille. She managed to secure and develop a collective of Braille books, as well as technological devices for teaching and for reading. She often reported with apparent pride about the library’s inventory of Braille pocket slates, which were little boards on which the alphabet was embossed, and Hall-Braille writers, essentially a Braille typewriter. The library also owned talking books—a precursor to the audio book—and talking book recording devices to make their own talking books. As with all of Delaney’s library programs, the act of reading in a group and developing activities around reading and what it brought to one’s life was an important part of the therapeutic experience. For blind patients, Braille literacy and group activities helped them learn and freed them from isolation. She even developed a practice of teaching Braille in which learners vocalized it as a spoken language, and instituted a detailed course of Braille study whose motto was “We shall have faith in ourselves, and conduct ourselves so that others will have faith in us.”

Delaney was known for securing the cooperation of doctors and nurses, who shared patient records and collaborated on recommendations for reading and activities.

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Delaney secured a privilege coveted by many hospital librarians: not only did she have access to patient charts, but she also wrote on them, recording what the patient read and how the patient reacted. She consulted with physicians about courses of treatment and progress. In turn, she presented annotated lists of new books to be added to the collection for review by the hospital’s medical board. She also emphasized the medical identity of her work and position by using the discourse of science to discuss the efficacy of bibliotherapy. “The library,” she wrote, “has become a laboratory and a workshop for those interested in the improvement of the whole individual.”

Her metaphor of the library as laboratory was frequently repeated in calls for a science of bibliotherapy. Furthermore, looking back on her career, Delaney expressed pride in her commitment to an empirical approach to bibliotherapy. However, Delaney did not embrace the increasingly scientistic approach that became the elusive gold standard in practice. While she was a meticulous record-keeper, a student of individual patients, and a thoughtful administrator of her library programs, there is no evidence that she ever participated in the sort of science-based studies over which her library colleagues and psychologists wrung their hands. Rather, she effectively used the rhetoric of science simultaneously to describe her work in medical terms, and to extend her goals beyond medical confines. In particular, Delaney was resolute in maintaining the overtly cultural aspects of a practice that was increasingly defined by medicine, and always insisted that bibliotherapy required careful attention to the individual. The concept of the “negro veteran” as a whole person, especially one who was considered “disabled” and living in a health care facility,

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26 Sadie Peterson Delaney, “The Place of Bibliotherapy in a Hospital,” 305.
was a notion radical both to the culture at large as well as to the medical culture in particular.

Delaney could empathize with the predicaments of her patients because, in her own way, she also lived them. On the one hand, she was internationally known for her work, and people from across the country and the world visited her to learn about bibliotherapy. She was virtually the only figure who was consistently referred to in the literature as a bibliotherapist. She had earned leadership positions in sections such as the Hospital Library Committee in the ALA, which was not only desegregated, but had passed a resolution only to hold meetings “in a setting in which the personal rights and dignity of all ALA members will be respected.”27 But in Alabama, a place to which she had devoted her life and career, the state library organization remained staunchly segregated. Early in the 1950’s, Delaney was finally invited to join it, and she did. When a new president was installed, the membership was revoked immediately, and her dues were refunded. A few years later, Delaney was encouraged by the Alabama ALA to form a “Negro” auxiliary. She found the suggestion impertinent, and the idea offensive.28 According to historian Stephanie J. Shaw, Delaney reconsidered her plan to retire in 1951 likely because of this incident, and continued on with her employment and her campaign to desegregate the state association, which was not achieved before her death in 1958.

The state library association may have shunned her, but librarians from around the world visited to learn about her approach to bibliotherapy. In 1940, librarian Gladys Oppenheim traveled from Bloemfontein, South Africa on a Carnegie Corporation Visitors Grant to study “Negro library services” in the US and consider its applications to

27 Quoted in Shaw, *What A Woman Ought to Be or Do*, 154.

28 Shaw, 153.
service for “the African.” Her report, *Books for the Bantu*, chronicled how books and reading might address “the intolerance and bitterness” between Europeans and Bantu, and how to overcome the “ignorance and lack of understanding” at the root of the conflict. In the report, Oppenheim shared what she learned and saw at public libraries and schools across the US. At the end of *Books for the Bantu*, she appended a special chapter on bibliotherapy, which she learned about by visiting “the gifted and devoted librarian, Mrs. Sadie Peterson Delaney.” Oppenheim was moved by the experience of watching the pleasure with which some blind patients progressed in their ability to read, “no longer marooned with their own thoughts,” and was impressed by the many activities and well-organized services. She was impressed to learn that social workers in cities from the north and south alike reported to Delaney that patients released from her hospital became avid readers and patrons of their public libraries. She left persuaded that this new therapeutic approach to library service might provide a model for a library-based social program for what ailed her society.

Delaney tried, as she repeatedly wrote, “to open the world” to “shut in” patients (and to open the world to those who would shut them out). It was a world that often didn’t welcome them. As representations for wider consumption, her depictions of the African American veteran as a reader directly confronted stereotypes about shiftlessness and ignorance. These spaces staged a living alternative to the conditions in the segregated south, where many of the veterans at the facility were not only outsiders because of their chronic health issues and injuries, but because of their race.

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Conclusion

Is health an absolute good? Sadie Peterson Delaney interrogated the ideal of health in order to expose its limitations and explore its possibilities. As a pioneer in the practice of bibliotherapy, Delaney devoted over thirty years to using books and reading to promote health and healing among the African-American veteran patients at the US Veterans Facility at Tuskegee. For Delaney, bibliotherapy must acknowledge and address the social and material conditions that threatened the health of her readers. These conditions turned them into patients, but she did not want them to remain patients. In order for her readers to become well, they needed to challenge the conditions that defined their very bodies as pathological others. In this way, Delaney sought to heal the embodied reader through literature, which, if powerful enough, might represented assaulted and debased bodies in robust and nurturing ways. If the library was a laboratory, it was not one for the study of bibliotherapy, but for experiments by patients in exploring how they might be healed by reading, and how, in turn, they might envision and realize a world that is more like the library in which they convalesced.30

30 Delaney also connected the health of individuals with the health of print culture. In letters to contemporary authors (with whom she routinely corresponded), she directly implored cultural leaders such as W.E.B. Du Bois and Countee Cullen as well as publishers to produce and publish such writing. “Books about the Negro cannot be written fast enough,” she asserts, “to satisfy the insatiate desire of these veterans.”30 One of Delaney’s favorite works, The Souls of Black Folk, represented African American culture alongside classical Western works, printing them alongside one another on the page, and depicting African American bodies and experiences as worthy depiction in literature and circulation in print.
The End(s) of the Humanities

The midcentury wave of interest in bibliotherapy did not come to a tidy conclusion or uniform resolution. However, by the 1960s, bibliotherapy was both waning and changing in each of the professional groups discussed in this dissertation. The breadth and aspirations of hospital library service was affected by the declining duration of hospital stays and the increasing presence of televisions in wards to fill patients’ convalescent hours, as well as by the turn in medical librarianship to serving the information needs of medical professionals rather than directly serving patients. In psychology and psychiatry, books had by the 1960s indeed become a common diagnostic and therapeutic tool in counseling settings. Although psychologists had only just begin to study and refine the use of books in treatment, the debate over whether to use them was largely settled. Instead, many psychologists took up the project of matching specific diagnoses with particular book-treatments by conducting clinical studies and trials. And language arts instructors in the 1960s responded to renewed alarm about basic literacy skills in the wake of controversies about *Why Can’t Johnny Read?* by attending yet again to remedial skill acquisition (this time through phonics), thus supplanting an emphasis on the reader as healthy personality and on literature as exploration.¹

¹ Rudolf Flesch, *Why Can’t Johnny Read?* (New York: Harper, 1955). The book received widespread media attention, provided the catch phrase for a new literacy crisis, and set a course toward phonics-based instruction that has endured in US education policy to this day. In 1955 Time Magazine reported on the book, and relayed Flesch’s telling origin story for it: “When Bestselling Author Rudolf Flesch (The Art of Plain Talk) offered to give a friend’s twelve-year-old son some ‘remedial reading,’ Flesch discovered that the boy was not slow or maladjusted; he had merely been ‘exposed to an ordinary American
Across these professions, midcentury bibliotherapy was conceived as a method for promoting health among the people that they served. However, by the 1960s, the value of health and the authority of medicine were also fundamentally challenged by advocates of the medicalization thesis and by critics in the growing anti-psychiatry movement. The medicalization thesis claimed that medicine was encroaching upon domains of experience once considered beyond medical reach. Critics whom we now associate with the anti-psychiatry movement challenged the psychiatric authority to determine the difference between health and pathology, and instead viewed psychiatry as a form of social control. Both proponents of the medicalization thesis and the anti-psychiatry movement viewed the contemporary notion that health was a condition in need of vigilant oversight as a pernicious example of the encroaching power of medicine, rather an urgent need to be met by it.

Furthermore, leaders in the civil rights movement such as Martin Luther King, Jr. questioned the value of purportedly healthy states such as adjustment, because adjustment only encouraged accommodation to unjust and ultimately unhealthy social conditions. In speeches throughout the 1960s, King called instead for the formation of an International Association for Creative Maladjustment. Humanistic psychologists such as Abraham

3 “I say very honestly that I never intend to become adjusted to segregation and discrimination. I never intend to become adjusted to religious bigotry. I never intend to adjust myself to economic conditions that will take necessities from the many to give
Maslow also questioned health values such as adjustment because, as Maslow put it, “the concept of the well-adjusted personality or of good adjustment sets a low ceiling upon the possibility for advancement and for growth. The cow, the slave, the robot may all be well-adjusted.”  

One might ask then, was bibliotherapy a success? Following the 1960s, bibliotherapy did not in fact die out. Instead, it developed along two lines, lines that I designate as clinical and cultural. In each of these domains, bibliotherapy has thrived. In the clinical domain, the term “bibliotherapy” has taken on specific meaning as legitimate therapeutic overseen by trained psychological professionals. Psychologists now use bibliotherapy as a valid form of treatment, and practice it with the confidence of evidence-based medicine. In the psychological literature, studies—thousands of them—abound that assess and harness the effects of specific books on specific conditions and life circumstances.

For its part, cultural bibliotherapy has not necessarily gone by the name “bibliotherapy.” Nevertheless, reading for health has quietly become a dominant, normalized approach to books and reading. We currently live in a culture that has embraced a faith in the therapeutic powers of reading. Reading does and should affect the

luxuries to the few. I never intend to adjust myself to the madness of militarism, to self-defeating effects of physical violence.” Martin Luther King Jr. (speech, University of Western Michigan, Kalamazoo, December 18, 1963), “MLK at Western,” http://www.mywmu.com/.


mind and the body in healthy ways. It can help us to solve problems, to boost our moods, heal our broken hearts, and help us cope. Therapeutic reading, as in the practice associated with the Oprah Book Club, turns every book into an occasion for personal insight, healing, and transformation. Following this approach, there is ultimately little difference between Elie Weisel’s *Night* and Echhart Tolle’s *A New Earth*. Both are opportunities for our personal transformation.

At the same time, an empirical turn in the humanities again promises science-based to questions about how reading affects the mind and the body. Literary Darwinists claim to explain human responses to literature as functions of biological adaptations. Cognitive scientists claim to explain and validate the power of stories, and neuro-humanists map the reading brain with MRI technology. And some enterprising writers are capitalizing on these lessons to offer advice about crafting stories that reliably achieve desired effects from “hooking readers” to “ruling the future.”

Likewise, a humanistic turn in medicine has created a space for the reading and telling of stories in medicine and as medicine. Medical humanities programs offer

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instruction in the “art” of medicine at medical schools across the country. The American Medical Student Association has claimed that the physician of tomorrow “must be a humanist” as well as a scientist, advocate, and healer. And narrative medicine promises humanize treatment by making storytelling a part of healing through the sharing of experiences by caregivers and patients alike.

According to Rita Charon, one of the foremost proponents of narrative medicine, “the connection between literature and medicine is enduring because it is inherent.” Although narrative medicine developed in the late twentieth century, Charon reached back to trace an essential historical continuity between literature and medicine among physicians from Hippocrates to Thomas Sydenham and Sigmund Freud, and among writers from Sophocles to Shakespeare and Toni Morrison. Narrative medicine seeks to harness the power of stories by teaching medical care providers narrative competence, skills that allow them to hear, feel, interpret, and act upon their patients’ experiences by listening to their stories. In other words, narrative medicine promises to humanize the reductionism of modern specialized medicine by training care givers to become expert and empathic readers of their patients. Many of its advocates believe that it will only be a

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9 Medical humanities programs augment medical schools and offer stand-alone graduate programs at universities such as Columbia, Dartmouth, Duke, Harvard, University of Texas, Austin, and NYU among many others. Victoria Bates, Alan Bleakley, and Sam Goodman, eds. *Medicine, Health, and the Arts: Approaches to the Medical Humanities* (New York: Routledge, 2014); Cheryl L. McLean, ed. *Creative Arts in Humane Medicine* (Toronto: University of Toronto Press, 2014).


11 According to Charon, physicians have always relied on literary forms and skills to describe disease and illness experiences, and that literature “lives in the shadow of the themes and concerns of medicine” because it deals with birth, marriage, suffering, or death. “Literature and Medicine: Origins and Destinies,” 25.

matter of time until a science of narrative medicine will validate and guide its development.\textsuperscript{13}

As I have demonstrated in this dissertation, however, the connection between literature and medicine is neither natural nor transcendent. In the midcentury US, the contemporary sense of reading for health was negotiated and naturalized through a historical process within and across diverse contexts. Advocates of the medical humanities can now speak with confidence about the continuity of literature and medicine precisely because the reading for health developed into a dominant approach to books and reading across cultural domains. When Charon casually explained that any work of literature that deals with birth, life, suffering, or death “lives in the shadow of the themes and concerns of medicine,” she did not so much make a persuasive case about the links between literature and medicine as she revealed that medicalization had prevailed sufficiently to claim literature for medicine. Physicians now claim reading as a form of medical expertise, one that should improve diagnostics and therapeutics, and humanize the experience of illness, treatment, healing, and even death. And like their bibliotherapeutic forebears, they foresee a science of narrative medicine that will validate their use of stories without changing it.

In demonstrating the direct connections between contemporary medical humanities and the history of bibliotherapy, I do not intend to dismiss the urgent need for and authentic value of medical care that seeks to understand and honor patients’ experiences. As reform movements, the medical humanities and narrative medicine have

\textsuperscript{13} For instance, Charon reported that “narrative studies, many physicians are beginning to believe, can provide the ‘basic science’ of a story-based medicine that can honor the patients who endure illness and nourish the physicians who care for them.” “Narrative and Medicine,” 863.
made significant progress toward these goals. At the same time, this history of bibliotherapy resonates in these contemporary activities, and suggests a number of important considerations in enrolling books and reading for health.

First, as I have shown, in the midcentury US, health became synonymous with the good life. People in professions as diverse as librarianship, psychology and psychiatry, and language arts education concerned themselves with the widespread goal of achieving and maintaining mental and physical health in a modern world that seemed simultaneously to pose new threats to it and to promise new ways to attain it. Reading for health enrolled books in this process, and therapeutic reading gradually came to seem a right and natural way to approach a book.

But as health became a normative vision, it also became an inherent and unexamined good. As I explained in chapter four, Sadie Peterson Delaney imagined a powerful alternative vision of health, one that acknowledged oppressive material conditions as pathological, challenged the status quo, and tried to forged a relationship between health and justice. Although Delaney has been celebrated as a pioneer of bibliotherapy, the way that she approached health as a crucible for justice and social change remains largely unrealized. Health remains a largely self-evident and wholly positive term rather than a repository of values and a site of contestation. Despite widespread critiques of medicalization, health still seems like a pure good, testifying even more strongly to the encroachment of medicine on every aspect of life, including not only pathology, but its purported opposite.

Second, like midcentury psychologists and educators, contemporary users of books as therapy define reading as a public act subject to examination and assessment.
By aiming toward health as a necessary and tangible outcome, advocates of reading in librarianship, psychology, and education alike focused on reading’s effects on the reader. Thus, the reader was constructed as an object of study in whom reading’s effects could and should be observed and rated. Both midcentury and contemporary hopes in science-based knowledge about reading may seem like post-hoc aspirations to validate their literary hypotheses. However, science was already woven into reading for health, in which reading was conceived fundamentally as an activity with observable and predictable effects. The ideal reader became the visible reader.

Finally, in this way, as a project constructed over the twentieth century, the medical humanities also became the medicalized humanities. Like it or not, when powerful social institutions such as medicine have used the humanities to enhance or reform their practice, they also affected and changed the humanities. Those of us who find solace in reading agree that books may comfort our minds, ease our suffering, and engender empathy and connection. But reading is about more than solace, and the humanities about more than comfort. They can be disruptive and they can be playful. They may make us feel uncomfortable or sad or angry. They can have unpredictable effects on unruly timelines. In short, books and reading might serve to challenge normative visions of health, to illustrate uncomfortable realities, and to deliberate about what is and to imagine what could be, which is, I propose, the end of the humanities.
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