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BIBLIOTHERAPY AS A PROPOSED TOOL TO TREATMENT FOR VICTIMS OF
RAPE AND SEXUAL ASSAULT

ANNA RASTATTER
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Reviewed and approved* by the following:

Jason Gines
Assistant Professor of Education (Rehabilitation)
Thesis Supervisor

Lisa Sternlieb
Assistant Professor of English
Honors Adviser

Deirdre O'Sullivan
Assistant Professor of Education (Rehabilitation)
Honors Adviser

* Signatures are on file in the Schreyer Honors College.

ABSTRACT

The purpose of this research is to review the findings of bibliotherapy within the field of mental health as a tool for therapeutic intervention. This paper seeks to establish that bibliotherapy would be an effective form of therapy for people who have experienced rape and sexual assault. Initially, this work will define rape, sexual assault, post-traumatic stress disorder (PTSD), and bibliotherapy. The connections between these definitions will provide an empirical basis for the author's goal of establishing bibliotherapy as a viable treatment for victims of rape and sexual assault. A review of the literature available on the aforementioned topics is also conducted in this paper. Different populations that have benefited from bibliotherapy are reviewed in the paper. These groups include prisoners and people with psychiatric disorders, particularly veterans. This paper explicates successful outcomes with current populations in hopes to establish that bibliotherapy would be effective with victims of rape and sexual assault. In addition, these experiences are heavily correlated with the mental illnesses that benefit from bibliotherapy.

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Chapter 1

An Introduction to Bibliotherapy

Various types of therapy are available within the field of mental health. Bibliotherapy is a unique therapeutic treatment that goes far beyond the self-help book. The etymology of bibliotherapy derives from the Greek words; *Biblion*, meaning book, and *therapeia*, meaning healing (McCulliss, 2012). This clinical tool is relatively new to the field. While one could argue that literature has been used as a coping mechanism throughout history, only within the last century has bibliotherapy been defined and legitimized (McCulliss, 2012).

Bibliotherapy is an innovation in the field of mental health for many reasons. It has greatly met a need for varying populations already including veterans who have Posttraumatic stress disorder (PTSD), individuals with major depression, and those who are incarcerated. The fact that these groups of people have benefited from utilizing bibliotherapy may provide evidence to the idea that this tool could further treatment for people who have experienced rape and sexual assault. If implemented in the proper ways, bibliotherapy could make a lasting impact on those who have experienced trauma in the form of rape and sexual assault. Based on the ways bibliotherapy has proven effective with certain groups, I posit the population of men and women traumatized by rape and sexual assault could utilize and benefit from this tool to therapy.

Establishing accurate statistics regarding the incidence of rape and sexual assault is challenging for a number of reasons. First, these crimes are exceedingly underreported. Victims often do not report their experience of rape and sexual assault because they are acquainted with the perpetrator (Billings, Covan, Deming, Swan, 2014). Additionally, the process of gathering evidence after a rape or sexual assault is so invasive, mentally and physically that it deters victims from reporting these acts. The Rape, Abuse & Incest National Network [RAINN], state

that 68% of sexual assaults are left unreported (2015). Even when a rape is reported, it is unlikely the perpetrator will be arrested and prosecuted. RAINN reports that out of every 100 rape cases, 32 are reported to police, 7 lead to an arrest, 3 are referred to prosecutors, 2 lead to felony conviction, and 2 perpetrators will spend time in prison (2015). As evidenced by these statistics, experiences of rape and sexual assault are often judged subjectively by the victims or even by law enforcement. With this being said, is it undeniable that rape and sexual assaults are prevalent issues within the home, within institutions, and across the nation.

On a national level, one out of every six American women has experienced an attempted or completed rape in their lifetime. One out of thirty-three men have been the victims of rape (RAINN, 2015). According to the U.S. Department of Justice's 2012 Criminal Victimization report, 346,830 women experienced rape or sexual assault within that year (2013). The majority of these victims knew the perpetrator. To localize the issue, fifteen students filed reports of sexual assault within the first six weeks of the spring 2015 semester at the Pennsylvania State University (Weston, 2015). This is where I obtained my undergraduate education. My classmates and peers were committing and also being victimized by rape and sexual assault. It has been proposed that the victims of traumatic experiences feel persistent emotional disturbances that indicate inadequate processing of the event (Foa, Molnar, & Cashman, 1995).

While progress is being made to open up the definitions of rape and sexual assault, there is still a stigma to overcome in order to establish a comprehensive categorization. The stigma is perpetuated by the subjectivity of the definitions of rape and sexual assault. The definitions of rape vary at the individual, state, and federal levels (Billings et al., 2014). For the purpose of this research, rape will refer to RAINN's classification of rape as, "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another

person, without the consent of the victim" (2015). Sexual assault will be defined by Safe Horizon's classification which states: "any forced or unwanted sexual activity, including rape, incest, sexual abuse, and molestation. Sexual assault includes any forced or unwanted touching of an intimate part of the body, such as breasts, buttocks, or genitals" (2015). While every victim's experience is different, these definitions strive to span across all sexual trauma that affects men and women. Most people victimized by these unwarranted acts are in need of therapeutic intervention that can help them cope with the trauma.

It is very common for people who have experienced this level of trauma to have physical, psychological, and emotional ramifications (PCAR, 2015). According to the Pennsylvania Coalition against Rape (PCAR), rape and sexual assault are greatly correlated with anxiety and mood disorders (2015). To hone in on the psychological effects, victims of rape and sexual assault are three times more likely to be diagnosed with depression and six times more likely to suffer from PTSD (RAINN, 2015). In dealing with these reactions to rape, bibliotherapy could be a coping mechanism.

As rape and sexual assault are strongly correlated with post-traumatic stress disorder, it is important to define this anxiety disorder. PTSD will be a major focus of this research, as bibliotherapy has proven effective for other populations frequently diagnosed with PTSD as a result of a traumatic experience. According to the American Psychiatric Association (APA), Post-traumatic stress disorder is triggered when an individual is exposed to a traumatic event (2015). In the APA's most recent Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), PTSD has been classified by four categories of observable symptoms. The categories of symptoms are: intrusive symptoms (i.e. flashbacks, involuntary memories), avoidance of reminders, negative thoughts and feelings (i.e. distorted beliefs), and arousal and

reactivity symptoms that can include self-destructive behavior (APA, 2013). PTSD impacts different facets of daily functioning. The symptoms of PTSD very much relate to the experiences of those who have experienced rape or sexual assault. Post-trauma, many victims seek professional treatment to cope and process the distressing experiences.

Broadly, bibliotherapy is defined as a therapeutic tool that uses reading and writing to elicit an emotional response from clients, patients, and consumers. Professionals prescribe books to aid in therapeutic intervention. The cathartic connection between people and literature has proven to be effective in motivating people with mental illness to better understand and cope with their experiences. While bibliotherapy is relatively novel, the field has a surplus of definitions that are not always consistent. For the purposes of this research, bibliotherapy will be defined and promoted in a way that utilizes these explanations.

Bibliotherapy emphasizes self-development that may lead to a cathartic reaction to the material. Rhea J. Rubin (1979), an expert in the field of bibliotherapy, described it as: “a program of activity based on the interactive processes of media and the people who experience it. Print or non-print material, either imaginative or informational, is experienced and discussed with the aid of a facilitator” (p.124). The bibliotherapeutic activities can take place in various ways and settings. Bibliotherapy can be a singular homework assignment given during a therapy session, it can be the foundation of discussion in a group setting, or it can be a permanent feature of treatment (McKenna, Hevey, & Martin, 2010). Additionally, Rubin states that it is important that a professional be present in the process of bibliotherapeutic intervention. The response to this clinical tool can initially be positive or negative, so the presence of an interceding professional is essential to help the individual process their reaction to the literature.

Bibliotherapy predominantly promotes self-growth based on the shared experience and discussion of literature (Rubin, 1979). Caroline Shrodes, a researcher into the effectiveness of bibliotherapy defined this relationship to literature as:

A portrayal of a personal relationship, a conversation, a reflection of mood, a traumatic experience, an act of aggression, presented in literature may become . . . a symbolic equivalent of a personal relationship, a conversation, a mood, a traumatic experience . . . As such it must evoke, at least in part, the same affective responses as did the original experience . . . Literature, being at once a fantasy and yet a realistic portrayal of human behavior, permits the reader, paradoxically, both an illusion of psychic distance and immediacy of experience. Therefore, bibliotherapy can be a group-awareness method both for people able to talk about themselves and for people who need the distance afforded by literature. (1950).

Shrodes speaks to the connection that can be made between person and literature by using bibliotherapy. After exposure, a person who has experienced something similar to the subject matter of the work can process the reactions in a different way than they might have previously. Bibliotherapy is a multifaceted tool that can lead some to introspection, while allowing others to set a distance between their unique experience and the characters and events presented in the literature.

Chapter 2

Review of Bibliotherapy Literature

Bibliotherapy has maintained a constant connection with the field of mental health since its inception (McCulliss, 2012). Its very name will not allow it to ever be divorced from rehabilitation and treatment. Dating back to the ancient Greeks, books were recognized as a coping mechanism, as evidenced by the phrase “healing place of the soul” inscribed upon the library at Thebes (McMillen & Pehrsson, 2004). Throughout history, bibliotherapy has demonstrated its effectiveness with different applications and populations. While there are certainly many effective treatment interventions, bibliotherapy has proven to be an equally viable intervention for many populations.

The History of Bibliotherapy

At its provenance, bibliotherapy was first used in medical and psychiatric institutions (Rubin, 1979). By the end of the eighteenth century, libraries were commonplace in European hospitals. Reading was considered important for the treatment of people with mental illness (McCulliss, 2012). Benjamin Rush, the father of American psychiatry, was outspoken about the abhorrent conditions of institutions during the nineteenth century. He played a major role in ameliorating the standards of practice. Rush was one of the first Americans to suggest reading as a part of therapy for people with mental illness, stating, “For the amusement and instruction of patients in a hospital, a small library should by all means compose a part of its furniture” (McCulliss, 2012, p. 24). Rush recognized that at the least literature offered entertainment and gave patients a positive focus. At best, books were sources of education and enlightenment for hospitalized individuals.

In 1916, the term “bibliotherapy” was first used in an *Atlantic Monthly* article by Samuel Crothers, an American Minister (McMillen & Pehrsson, 2004). The definition of bibliotherapy has been debated since its conception. In 1923, a librarian named Sadie P. Delaney implemented bibliotherapy into the Veterans Administration Hospital in Tuskegee, Alabama (Rubin, 1979). After the First World War, bibliotherapy programs were expanding nationwide in hospitals as librarians and volunteers used literature to help veterans cope with their physical and mental trauma. Into the 1950s, Delaney developed bibliotherapy within the VA hospital and was eventually asked to speak on her bibliotherapeutic program at a conference in Rome (McMillen & Pehrsson, 2004). By 1940, nearly half of all federal prisons hired librarians to run a structured program that made books available to the inmates. Officials within the correctional facilities observed that reading helped to reduce prisoners’ anxiety and stress. The librarians at these institutions contended that reading assisted in the prisoner’s rehabilitation process by “changing attitudes, motivation, and behaviors through a process of self-reflection and empathy with others’ experiences” (Schutt, Deng & Stoehr, 2013, p. 184). Bibliotherapy has maintained a proven effectiveness within the correctional field.

Around this same time, “reading bibliotherapy” was used by psychiatrists Jack J. Leedy and Sam Spector as an interactive part of therapy. As Debbie McCulliss, RN, MSN, CAPF and “narrative writing” researcher describes their work:

... Jack J. Leedy and Sam Spector used guided reading as a catalyst for discussion or to learn about and develop insight into illness, stimulate catharsis, and aid in the healing process. Feelings and thoughts generated by the material were thus integrated and directed toward personal growth. Through group discussion and writing exercises, the reader became part of the unfolding intellectual and emotional process of the story and

could ultimately make positive changes in behavior or attitude through reflection and understanding (2012, p. 27).

At this time, the emotional response to literature was proving effective and being recognized as a valuable part of treatment across different institutions and populations.

The *Webster's Third New International Dictionary* published a definition of bibliotherapy in 1961 that read: "the use of selected reading materials as therapeutic adjuvants in medicine and in psychiatry; also: guidance in the solution of personal problems through directed reading" (McCulliss, 2012, p. 23). By 1966, the American Library Association officially accepted this description of bibliotherapy. The "Bibliotherapy Round Table" was created in the early 1970s by a group of psychiatrists, librarians, nurses, social workers, and a certified bibliotherapist (McCulliss, 2012). The range of professions on the board provides evidence to how bibliotherapy was cultivating the field of mental health. Spanning across various environments and populations, bibliotherapy has achieved professional acceptance in rehabilitation and as an empirically based treatment option.

Types of Bibliotherapy

The different types of bibliotherapy are greatly dependent on population, environment and treatment goals. The subject matter and material of the literature used indicates different styles of bibliotherapy as well. To meet the varying needs of consumers, bibliotherapy must be implemented in the right ways in order to be effective (McMillen & Pehrsson, 2004).

Researchers have developed different categories in an effort to provide a guide for what style of bibliotherapy to administer to various populations. Because professionals categorize bibliotherapeutic strategies differently, this paper will review and provide suggestions for the type that would best serve victims of rape and sexual assault.

Cognitive behavioral therapy (CBT) is a counseling approach that has been proven to be effective when combined with bibliotherapy (McKenna et al., 2010). CBT is used by professionals to help the client identify and replace negative thought and behavior patterns with more rational and realistic thinking (McKenna et al., 2010). McKendree-Smith, Floyd, and Scogin (2003) describe bibliotherapy as structured material that uses a didactic approach in treatment (as cited in McKenna et al., 2010). As stated in their study of bibliotherapy, researchers McKenna, Hevey, and Martin state,

CBT-based bibliotherapy can include strategies for thinking about and coping with a clinical problem. Structured activities are also incorporated to stimulate problem-solving and to demonstrate alternative ways of responding to situations (Coleman & Ganong, 1990). Such activities can be assigned as homework during a therapy session, can form the basis of group activities or can become a fixed feature during treatment. Within CBT-based bibliotherapy, it is hypothesized that mastery of information is important, as it is related to the acquisition and subsequent application of skills (2010).

This establishes bibliotherapy as a tool for cognitive behavioral therapeutic treatment.

Bibliotherapy can be classified in different ways, depending on the various elements of treatment.

Rubin's division of bibliotherapy is incumbent on setting, population, administrator and the goals of therapy (1979). The three types of bibliotherapy he distinguished are institutional, clinical and developmental. Institutional bibliotherapy is characterized by populations residing in hospitals and institutions that read literature and discuss it with a doctor. Institutional bibliotherapy is used for prisoners and patients (Heim, 1979). The goal of this therapy is to be

primarily informational, but some insightful materials might be offered. The professional that administers institutional bibliotherapy is typically a physician or medical team (Rubin, 1979).

The second type Rubin identifies is clinical bibliotherapy. As Rubin states, “clinical bibliotherapy refers to the use of imaginative literature with groups of clients with emotional or behavioral problems. The goals range from insight to change in behavior; the setting is either an institution or the community” (p. 127). Clinical bibliotherapy is typically facilitated by trained helping professionals (McMillen & Pehrsson, 2004). These professionals work in psychiatric units, community mental health centers, or chemical dependency units (McCulliss, 2011). Professionals utilize a wide range of reading materials that includes fiction, poetry, short stories, drama, biography, autobiography, prose excerpts, tales, and fables (McCulliss, 2012). This type of bibliotherapy may be viable for those who have experienced rape or sexual assault due to the focus on improving mental health.

The third category, as proposed by Rubin, is referred to as developmental bibliotherapy. This type of bibliotherapy promotes normal development, self-actualization, or to maintain mental health. For this reason, Rubin suggests that developmental bibliotherapy is mostly used by “normal” individuals looking to maintain or improve their sense of self (1979). Because of the circumstances of the population involved in developmental bibliotherapy, the facilitating professionals can include public librarians, teachers, and helping professionals of varying certification. Professionals often use self-help books as the basis of developmental bibliotherapy.

A fourth type of bibliotherapy known as client-developed bibliotherapy also exists. When using this strategy, professionals encourage more creative opportunities for their clients. This type differs from the others in that clients develop a different, imaginative ending to a book in addition to processing how the changes affect the storyline with the professional facilitator

(McCulliss, 2012). Client-developed bibliotherapy may also be effective for people who have experienced rape and sexual assault because this activity provides the client with a sense of control over the narrative.

Practitioners and Setting of Bibliotherapy

The various designations of bibliotherapy differ depending on the population, goals, setting and administrator of the treatment. Because the population receiving services from bibliotherapy greatly varies, different professionals administer this treatment in assorted settings. There is an ongoing debate in the field of mental health regarding the credentials required to administer bibliotherapy (McMillen & Pehrsson, 2004). Bibliotherapy was an outgrowth of many different professions including librarians, physicians, and mental health professionals (Rubin, 1979). Legitimizing this therapeutic intervention was incumbent upon establishing credentials and the proper setting for the administration bibliotherapy.

One aspect of bibliotherapy that the field agrees upon is the need for the practitioner to have a complete knowledge and awareness of both the population they are serving and the literature they recommend. For example, professionals must be aware of the cultural, ethnical, and religious stances of their populations and suggested materials (McMillen & Pehrsson, 2004). In a review of bibliotherapeutic literature conducted between 1993 and 1997, Margaret E.S. Forrest found that psychologist make up 57% of the professional groups practicing bibliotherapy. She stated that,

As mental health professionals and trained counselors, there appears to be no question of the ability of psychologists to use reading therapy in the treatment of their patients. The results of this review indicate that psychologists were also the most active professional group in studying this form of therapy. A study on the use of interactive workbooks to

promote therapeutic goals makes a point that reading therapy is best used in conjunction with other counseling strategies (1998, p. 160).

In a therapeutic setting, bibliotherapy enhances treatment when administered by a psychologist. The administrator of bibliotherapy must have a developed worldview and awareness of their client's perspective. Mental health professionals are the most engaged with this form of treatment.

A major factor in the debate about the professionals that administer bibliotherapy is the setting where this treatment takes place. The trend of deinstitutionalization in the late 20th century led to an increase in community-based residential rehabilitation centers for people with mental illnesses. Rubin formulated his bibliotherapeutic research in 1979, and even then reported that, "during the past decade many states, notably California, have been transferring patients from mental hospitals into community-based programs. In corrections, too, the trend has been toward deinstitutionalization" (p. 240). The mass moving of people with mental illness out of long-stay psychiatric hospitals and into community-based programs has amplified the use of bibliotherapy. Rubin went on to say that, "community use of bibliotherapy is the trend for the future. Small local institutions, such as halfway houses, addiction centers, outpatient services, nursing homes and group homes, are obvious locations for bibliotherapy programs which have been developed in larger institutions" (p. 245). Within these centers, mental health professionals of varying degrees and certifications are using books to enhance the treatment of people with mental illness. Rubin's prediction regarding the future of bibliotherapy has been supported by recent research.

Chapter 3

Empirical Evidence Supporting Bibliotherapy

Research has indicated that bibliotherapy is an effective treatment for specific populations. Because bibliotherapy is relatively new to the field of mental health, research has been conducted on a limited number of populations. These groups include adults with depression and anxiety, within the corrections field, and veterans with post-traumatic stress disorder. Supported by research, bibliotherapy has had a positive impact on the treatment and rehabilitation of these populations.

Bibliotherapy and Mental Health

Research has shown that bibliotherapy has been an effective treatment for adults with depression. In the study “Three-Year Follow-Up of Bibliotherapy for Depression”, treatment gains of bibliotherapy were measured at intervals of 1-month, 6-month and yearly follow-ups between 1995 and 1997. The study was conducted by Nancy M. Smith, Mark R. Floyd, Forrest Scogin of the University of Alabama, and Christine S. Jamison of the Veterans Affairs Medical Center. The researchers recruited 80 individuals within the community. Demographic data of participants were factored into selection including age, sex, race, education, income, and marital status. The researchers also investigated previous psychiatric history, use of psychotropic medication at time of initial treatment, and depression rating of the participants. The participant’s depression ratings were established using the Beck Depression Inventory (BDI) and the Hamilton Rating Scale for Depression (HRSD). Individuals were eligible if they scored a 10 or higher on the BDI and HRSD assessments and if they met the DSM-III-R criteria for a major depressive episode at the time of the initial interview.

The researchers randomly assigned participants to two treatment conditions: cognitive bibliotherapy or delayed treatment cognitive bibliotherapy. Participants with depression in the cognitive bibliotherapy test group were given a book based on cognitive therapy principles, *Feeling Good* (Burns, 1980), to read within a four-week period. In the delayed treatment group, participants were told they were placed on a waiting list with treatment beginning four weeks after the first assessment. Both groups were interviewed weekly by the researchers. During these interviews, researchers administered the BDI to participants and any questions concerning the study were answered. The treatment gains of bibliotherapy were measured over the testing period using BDI and HRSD assessment scores. The population in the cognitive bibliotherapy group was assessed at initial interview, immediately after treatment, and three months after treatment. In the control group, individuals were assessed at initial interview, approximately 1 month later, prior to starting treatment, and at the completion of treatment. Of the eighty initial participants, 72 completed the study.

The results of the study showed significant improvement both statistically and clinically in depression scores by the cognitive bibliotherapy population. At the intervals of measurement, researchers asked participants questions regarding their reaction to bibliotherapy as an enhancement to treatment. When asked to self-report on their level of depression, 58% of participants reported a decrease, 16% said that it had stayed the same, and 18% stated their depression had increased. At post-treatment, 72% of participants did not meet the DSM-III-R criteria for a major depressive episode. The researchers also suggested that bibliotherapy has benefits as an alternative or adjunct to treatment because of its accessibility.

In their essay, "Patients' and Providers' Perspectives on Bibliotherapy in Primary Care," researchers in the Department of Psychology at North Inner Dublin and the School of

Psychology at Trinity College Dublin explained the findings of the benefits of bibliotherapy with other clinical conditions. Grianne McKenna, David Hevey, and Elaine Martin discuss a number of randomized controlled trials (RCTs) that have shown positive effects of bibliotherapy. The clinical conditions include anxiety, depression, deliberate self-harm, obsessive-compulsive disorder (OCD), bulimia nervosa, and insomnia (2010). These researchers also cite a series of meta-analyses that support bibliotherapy as a beneficial tool to treatment. The psychological issues investigated include emotional disorders, alcohol addition, and sexual dysfunction. McKenna, Hevey, and Martin refer to a study conducted by Morgan and Jorm (2008) that found bibliotherapy to be beneficial for depressive disorders and symptoms (2010). Bibliotherapy has recorded benefits for people who have both psychological and emotional disorders.

Bibliotherapy and Corrections

There are many programs being implemented in the field of corrections in order to promote rehabilitation. Researchers have investigated the influence bibliotherapy has on the rehabilitation process in probation programs. Prior research indicates probation programs that focus on changing cognitive orientations and social patterns enhance the effectiveness (Schutt, Deng & Stoehr, 2013). In one study Russell K. Schutt, Xiaogang Deng, and Taylor Stoehr, researchers in the Department of Sociology at the University of Boston Massachusetts, hypothesized that the rate of recidivism and offense severity would decline for probationers when using bibliotherapy. The researchers focused on the Changing Lives Through Literature (CLTL) program which uses forms of bibliotherapy to enhance the process of rehabilitation for probationers. In 1991, the program was established for male probationers in New Bedford, MA and has since spread to other jurisdictions. The researchers describe the program and study, stating, “CLTL seeks to alter and enhance self-conceptions and social orientations. It is

hypothesized that probation sentences incorporating this semester-long program will reduce the rate of recidivism and the seriousness of offenses among participants to a greater extent than occurs with nonparticipants” (2013, p. 182). By setting up two groups for the sake of comparison, the researchers were able to isolate the effectiveness of bibliotherapy in the rehabilitation process. Taking into account offense histories, offender characteristics, jurisdiction, and propensity scores, rates of recidivism were compared between probationers who participated in the CLTL program and a randomized sample of probationers who would have been eligible in the same jurisdictions and time periods. Of the participants, 95.4% had an offense within 18 months prior to their engagement in the program (Schutt, Deng & Stoehr, 2013).

In order to be eligible to participate in the program, individuals had to be able to read above an eighth grade reading level. Additionally, participants could not have been convicted of violent crimes such as murder or rape. Usually the program met at a local community college or courthouse. The group members committed to attending weekly or biweekly meetings for eight to ten weeks and engaging in group discussions with five to 25 other participants. The facilitators of the group were often college faculty. The selected readings included works of fiction, memoir, and social history relevant to the lives of the probationers. Some programs encouraged writing as an aspect of the course. After reading the literature, the participants would culminate in a discussion. Many times the groups were attended by probation officers, judges, and occasionally community volunteers.

Upon completion of the program, researchers observed the recidivism rates of the first 30 participants and 40 nonparticipants for comparison. The rate of recidivism was 19% for individuals involved in the CLTL program, compared to a rate of 45% for the comparison group.

Researchers interviewed the participants and attendees to receive feedback on the CLTL program. Probation officers involved in the program reported seeing boosted self-esteem, changed social relations, and cognitive reframing of issues. One probation officer stated, “[Probationers] are able to see their peers having some of the same struggles that they are having, and that alone helps individuals deal with their own problems” (2013, p. 190). Another commented that, “Books...introduce the universality of the issues... it makes people not feel isolated and lets them feel better about their situations” (2013, p. 190). When interviewing the participants, researchers found that four out of five thought that the program provided them with a place to solve their own problems and believed that the other group members cared about them. All participants reported that the instructor had valued their viewpoint; they felt comfortable sharing their opinions because others were interested during discussion; and that they developed trusting relationships with those involved.

In the study, researchers acknowledged that bibliotherapy is primarily used in mental health settings, but that the field of corrections and mental illness are not mutually exclusive. The researchers suggest that bibliotherapy might prove particularly effective for probationers with mental health needs. Within the rehabilitative structure of the program, researchers found that CLTL helped to reorient probationers’ social ties and self-conceptions (Schutt, Deng & Stoehr, 2013). This study provides evidence for bibliotherapy as an effective part of rehabilitation. It brings together people of similar backgrounds and experiences, and creates a positive and supportive environment.

Bibliotherapy and Veterans

The Department of Veterans Affairs has developed and promoted a Bibliotherapy Resource Guide. After stating the purpose and summary of bibliotherapy, the guide sections off

different mental illnesses. Under each heading, the Department of Veterans Affairs has identified and listed books and helpful resources to use as a tool for therapeutic treatment. While veterans can be diagnosed with the listed mental illnesses, the guide clearly states it is open to clinicians and peers in a variety of mental health settings. The Department of Veterans Affairs cites research that demonstrates reading therapy to have a moderate to large effect for individuals with depression and anxiety disorders. The guide states that while bibliotherapy is often equated to self- help books, studies have shown that mental health professionals recommend books and materials to clients in order to supplement treatment through discussion and processing during sessions. The guide also serves to promote recovery-oriented care and rehabilitation. By creating this guide, the Department of Veterans Affairs has furthered awareness and promoted education, empowerment, and self-directed behavior change.

Several organizations have also worked to provide support to veterans using bibliotherapy. The Veterans Writing Project, Warrior Writers, New York University's Veterans Writing Workshop, and The Syracuse Veterans Writing Group are just a few groups that have come into being in recent years (Simon, 2013). These groups provide veterans with a space to express their experiences in order to promote healing and recovery. On their website, the Veterans Writing Workshop's mission states, "Our mission is to create a culture that articulates veterans' experiences, provide a creative community for artistic expression, and bear witness to the lived experiences of warriors (2014)." Travis L. Martin is a veteran of the Iraqi war and an editor for *The Journal of Military Experience*. The journal was created at the University of Kentucky in 2011. Student veterans submit short stories, poems and artwork to the journal as a way of coping with their traumatic experiences. Martin stated that, "The traditional therapies and approaches to PTSD are not getting the job done...Vets are looking for alternative ways to heal,

and they are latching onto writing as a way to do it.” Martin was diagnosed with PTSD upon his return home from the war. He goes on to say that by verbalizing and narrating the emotional reaction to a traumatic event, the trauma becomes “malleable” (Simon, 2013). This helps individuals cope and gain control over their experiences.

In the New York Times article, “Veteran Voices,” Ron Capps and his foundation are described. The Veterans Writing Project is a nonprofit group for veterans to express their experiences through writing. Some attendees use the group as a way to heal and create art. This article discusses how expressive writing is used to help individuals examine anxieties and abuse that are difficult to verbalize. As a form of exposure therapy, writing is used to retell the traumatic event to process and diminish the emotional and physical reaction to trauma (Simon, 2013). The veterans involved in these groups recognize the weight of their traumatic experiences. Through writing, an activity used in bibliotherapy, veterans are able to verbalize their experience and develop ways to cope and heal through this re-exposure to the event.

Summary of the Findings

Bibliotherapy has been effective within the field of mental health. For various populations including people with depression and anxiety, people in corrections, and veterans with PTSD, bibliotherapy has been beneficial to treatment and rehabilitation. This therapeutic tool can also be used in a variety of settings. Bibliotherapy has been effective because it boosts self-esteem, promotes self-growth, supports an internal locus of control, and provides an environment for individuals to connect with others who might share similar experiences. Because bibliotherapy is so accessible, it can be used on its own, or in conjunction with therapy. For these same reasons, bibliotherapy may be an effective supplement to treatment for people who have experienced rape and sexual assault.

To summarize the positive impact of this type of bibliotherapy, a study looks at clients' reactions to bibliotherapy. The study, conducted by McKenna, Hevey, and Martin, focused on self-reports of participants (2010). Individuals were recruited via an inner city Book Prescription Scheme at a library in Dublin, Ireland. Participants were referred to the Book Prescription Scheme with depression or anxiety as their primary diagnosis. The professionals suggesting the fictional and structured cognitive-behavioral therapeutic materials were general practitioners, accredited counselors, therapists, and psychologists. After reading the material, participants turned in slips to the library consenting to allow researchers to contact them either through email, letter, or telephone.

The individuals involved in the study reported a number of common themes as a result of the bibliotherapeutic material. One general motif across the participants was a sense of empowerment. Relating to this theme of bibliotherapy, an individual reported, "it empowers the person to take control and to you know, look, you know, take responsibility for their own actions [...] the power is put in their hands, where they say, okay you can read this book, you can be proactive, you can take, you know, you can take control" (2010, p. 501). The sense of empowerment promotes control of recovery for the individuals actively engaging with the literature. Another common theme across the interviews was participants identifying with the literature. Researchers stated, "For most, this recognition facilitated adjustment to their condition and the subsequent adaptation of strategies to manage distress" (2010, p. 503). Participants developed an affinity with the literature that helped them develop coping strategies.

In general, many participants also reported a development of insight into their condition through the literature. This awareness helped the individuals to understand and identify cognitions and emotions associated with their diagnosis. One individual stated

There were a couple of things in the book that I kind of started to understand that I didn't understand before . . . it was like another couple of jigsaws in the puzzle kind of thing, it's like, oh that helped, that brings me a bit further along reading that book at that particular time, in the overall understanding of the condition . . . it gave me some insight into my condition that I didn't have before (2010, p. 503).

Using bibliotherapy, the individuals identified and expressed that literature can empower them. The individuals also described the ways in which bibliotherapy promoted an internal locus of control. By identifying with the literature, participants were able to further their understanding of their diagnosis. This improves treatment for individuals because it develops coping mechanisms based on this knowledge and understanding.

Chapter 4

Connecting PTSD, Rape and Sexual Assault, and Bibliotherapy

Rape and sexual assault are prevalent in modern society. In the United States, more than 17.7 million women have experienced a rape or attempted rape (Vickerman & Margolin, 2009). The negative ramifications following these victimizations include physical, cognitive, and behavioral responses. These post-abuse reactions are consistent with the American Psychological Association's criteria for posttraumatic stress disorder (PTSD) (Steketee & Foa, 1987). The symptoms linking rape and sexual assault victims to PTSD diagnosis criteria include: intrusive, unpleasant imagery, nightmares, exaggerated startled responses, disturbance in sleep patterns, guilt, impairment in concentration or memory, and fear and avoidance of rape-related situations (Steketee & Foe, 1987). Based on a national study following assault, women who have been victimized by rape had a 6.2 times higher rate of lifetime PTSD than those who have not been victimized with approximately one third of victims meeting the criteria (Vickerman & Margolin, 2009). In another study conducted by Rothbaum, Foa, Riggs, Murdock, and Walsh (1992), 94% of women experienced DSM criteria to diagnose PTSD two weeks following rape. At three months, 64% of women met PTSD criteria. The women involved in this study experienced some decline in symptoms as time went on, but then distress levels plateaued and remained elevated. Because of the correlation between rape and sexual assault and PTSD, the demonstrated benefits of bibliotherapy could be effective for varying types of trauma. In a study conducted by Steketee and Foa, their findings suggest that, "The overall picture emerging from the literature on the aftermath of rape indicates that virtually all of the symptoms which define

post-traumatic stress disorder appear in rape victims” (1987). Individuals victimized by rape and sexual assault are often diagnosed with PTSD post-trauma.

The relationship between PTSD and rape and sexual assault suggests that bibliotherapy would be an effective addition to treatment. Gregory, Canning, Lee, and Wise (2004) state that bibliotherapy is a tool of self-improvement to help alleviate distress (as cited in McKenna et al., 2010). Just as bibliotherapy has been beneficial for different populations with PTSD, it may have a positive influence on treatment for individuals who have experienced rape and sexual assault. The high correlation between rape and sexual assault and PTSD indicates that bibliotherapy may be a beneficial tool to treatment.

Comorbidity of Disorders Following Rape and Sexual Assault

PTSD is comorbid with various disorders. When diagnosed with PTSD, individuals are at an increased risk of being diagnosed with additional disorders. According to The National Comorbidity Survey, 80% of men and women diagnosed with PTSD also met criteria for another disorder (as cited in Vickerman & Margolin, 2009). The comorbidity experienced by some individuals post-trauma are the same disorders that bibliotherapy has had demonstrated effectiveness for when incorporated into treatment.

A study conducted by Kessler, Sonnega, Bromet, Hughes, and Nelson found that the comorbid diagnoses included anxiety and substance abuse disorders (1995). Based on the findings of the National Women’s Study, 30% of individuals who experienced rape have had a major depressive episode. This rate is three times higher than that of non-victims (as cited in Vickerman & Margolin, 2009). People who have been victimized by rape are also at an increased risk for idealizing and attempting suicide. A 1987 study conducted by researchers Kilpatrick, Saunders, Veronen, Best and Von found that of the individuals who experienced rape, 33%

contemplated suicide and 13% attempted suicide. This puts individuals at a risk of attempted suicide 13 times higher than that of non-victims. Researchers Kilpatrick, Acierno, Resnick, Saunders, and Best found that individuals who experienced rape and sexual assault had 3 to 10 times the rates of substance abuse in comparisons to non-victims (as cited in Vickerman & Margolin, 2009). In various studies cited by Vickerman and Margolin (2009), individuals who experienced rape and sexual assault reported self-blame and lowered self-esteem, panic episodes, disordered eating, sleep problems and nightmares, health problems and somatic complaints, sexual problems, and problems with work and social functioning.

Referring to past evidence and their own study, researchers Steketee and Foa state, “Much of the research on responses of victims to rape has focused on fear and anxiety, depression, social functioning, and sexual adjustment” (1987, p. 70). Of the disorders commonly experienced in addition to PTSD, individuals victimized by rape and sexual assaults are at an increased risk of experiencing negative emotional, behavioral, and cognitive problems.

Of the varying disorders related to PTSD and rape and sexual assault, many are also associated with the demonstrated benefits of bibliotherapy. The comorbidity of post-rape PTSD to these disorders increases the likelihood for the effectiveness of bibliotherapy. The efficacy of bibliotherapy has been demonstrated in relation to many of these symptoms and disorders (i.e. lowered self-esteem, depression, anxiety). The comorbidity of rape and sexual assault related PTSD to other disorders suggests that bibliotherapy would be a beneficial addition to treatment.

Therapy for Rape and Sexual Assault Victims

Cognitive behavioral therapy (CBT) was adapted for sexual assault victims beginning in the 1970s (Vickerman & Margolin, 2009). CBT assists the client in identifying thought distortions that cause distress in addition to the behavioral patterns enabling these cognitions.

After identifying distress-induced thought patterns, the client and therapist work to replace negative thought processes with more rational and realistic modes of thought (McKenna et al., 2010). The therapeutic techniques developed to cater to victims of rape and sexual assault included Stress Inoculation Training (SIT), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT). These CBT techniques relate to bibliotherapy. Bibliotherapy is a cognitive behavioral therapeutic tool (McKenna et al., 2010). The established techniques and therapies available for people who have experienced rape and sexual assault are conducive to bibliotherapy as a tool for treatment.

SIT incorporates three elements into treatment for victims of rape and sexual assault. The first element involves behaviorally based psychoeducation to help clients understand fear and anxiety and identify avoidance behaviors (Vickerman & Margolin, 2009). The next element of treatment involves in vivo exposure for the client supervised by a professional. This exposure is meant to target rape-related phobias such as strange men and nyctophobia. The final aspect of SIT establishes six behavioral and cognitive behavioral coping strategies: thought-stopping, guided self-dialogue, muscle relaxation, controlled breathing, covert modeling, and role playing (Vickerman & Margolin, 2009). Bibliotherapy could lend to all three of these elements, specifically in psychoeducation, exposure, and coping.

The next type of CBT used for individuals victimized by rape and sexual assault is prolonged exposure (PE). This technique relies on exposing victims of rape and sexual assault to process distressing stimuli. As cited and Vickerman and Margolin,

Foa and colleagues (Foa & Kozak, 1986; Foa & Riggs, 1994) suggest that exposure allows for correcting mistaken evaluations and meanings of events in addition to correcting faulty stimulus–response associations, and that it is the encoding of memories

under extreme distress that leads to disjointed and disorganized memories, which then impede natural recovery and lead to post-traumatic stress (2009, p. 433).

By targeting the distressful memories surrounding the traumatic event guided by a professional, PE provides victims with an opportunity to reevaluate associated cognitions in an attempt to reduce anxiety. PE typically transpires through premeditated, imagined re-exposure to the traumatic event during clinical sessions. The aim of PE is to allow victims a chance to “construct a more organized trauma story” (Vickerman & Margolin, 2009). Elements of PE include psychoeducation, breathing training, and in vivo exposures. During sessions, victims of rape and sexual assault are re-exposed by verbalizing a detailed description of the trauma aloud using present tense (Vickerman & Margolin, 2009). The PE can take place several times during multiple sessions. The articulation of the event is often audio-recorded and professionals ask the victim to listen to their retelling as homework (Vickerman & Margolin, 2009). PE could benefit from bibliotherapy as a tool to re-exposure for victims of rape and sexual assault. By using another mode of expression, individuals who have experienced rape and sexual assault have another opportunity to retell the trauma in order to process emotions and reduce distress with the help of a professional.

The third CBT technique developed for victims of rape and sexual assault is cognitive processing therapy (CPT). Resick and Schnicke (1992, 1993) state that CPT is an approach that attempts to help victims process trauma related “stuck points” (as cited in Vickerman & Margolin, 2009). The stuck points are described as “manifestations of a PTSD sufferer's unsuccessful attempts to accommodate information related to the trauma into preexisting belief and memory structures” (Vickerman & Margolin, 2009, p. 433). CPT attempts to decrease the symptoms of PTSD by assisting the client in comprehending the trauma by integrating it into

established memories and beliefs. The application of CPT involves psychoeducation, exposure, and cognitive techniques (Vickerman & Margolin, 2009). This treatment interrelates to bibliotherapy in that CPT approaches exposure through writing assignments. The victims of rape and sexual assault describe the traumatic event and its meaning. Multiple times, the client will write and read the account in order to establish new understandings of the event. Following the assigned recounting of the trauma, the client and professional will process the beliefs about the meaning and implications of the trauma (Vickerman & Margolin, 2009). CPT also uses in-session cognitive restructuring worksheets, Socratic questioning, and discussion to address safety, trust, power and control, esteem, or intimacy (Vickerman & Margolin, 2009). Exposure and processing are major elements of CPT that relate to bibliotherapy in the techniques and goals utilized in treatment for victims of rape and sexual assault.

The main techniques used for cognitive behavioral therapeutic intervention for victims of rape and sexual assault use forms of exposure and processing as a means to help treatment. SIT, PE, and CPT attempt to reframe intrusive and negative thoughts, beliefs, memories, and behaviors by way of exposing victims to the trauma. Bibliotherapy relates to these approaches. To conclude, the subsequent section will present the cohesive relationship between bibliotherapy, PTSD, and make a detailed connection to the treatment for victims of rape and sexual assault.

Chapter 5

Discussion

Bibliotherapy has been a welcomed addition to treatment for the field of mental health. The therapeutic tool is currently used for people with mental illness, people involved in corrections, and veterans with PTSD. The vast number of settings in which bibliotherapy is used also validates its effectiveness. Empirical evidence regarding the effectiveness has been demonstrated for disorders such as major depressive disorder, anxiety disorders, and PTSD. Bibliotherapy has been used in many different ways across various settings as well.

Overarching Benefits of Bibliotherapy

The benefits of bibliotherapy stem from the variety of approaches professionals can take when using the tool in treatment. Nonfictional bibliotherapy can be used for informational and educational purposes. Some professionals prefer to use fictional bibliotherapy as a way to encourage readers to identify with the story and to experience an emotionally cathartic reaction to the characters in order to gain insight into themselves and their situation (McMillen & Pehrsson, 2004). Bibliotherapy can also be used as a mode of self-expression through writing. In its many forms, bibliotherapy can also be an alternative to treatment for people who lack the resources to receive psychological services. Types of bibliotherapy have the advantage of being used by some individuals outside of treatment (McCulliss, 2012). In a study conducted by Smith, Floyd, Scogin, and Jamison (1997), researchers found that cognitive bibliotherapy is beneficial because it is easily accessible and provides individuals with the ability to revisit the material at any time, referred to as “periodic booster treatments.”

McMillen and Pehrsson state that “one of the real benefits of reading can be seeing how others have dealt with problems or survived difficult situations” (2004, p. 9). The connection

with the literature can further treatment by providing the individual with insight into their situation and experiences. Hynes and Berry (1986 & 1994) provide summations to the ways in which bibliotherapy helps individuals to achieve treatment goals into four steps. Firstly, the stage of recognition occurs when the reader experiences a familiarity with the literature. The next step, examination, refers to the individual's connection with the material with stimulates emotional reaction. The third step is juxtaposition, wherein the reader develops an understanding and insight with the assistance of the therapist or helping professional. The final stage, self-application leads the individual to integrate the established insights gained in treatment to his or her own life (as cited in McCulliss, 2012). These steps to bibliotherapeutic treatment track the intention and benefits. The continued advantages of bibliotherapy include low relapse rates, high rates of patient adherence, high acceptability, few negative side effects, low cost, long-term benefits, and no rebound effects following treatment (Frude, 2004). Given the populations, settings, and benefits of the various types of bibliotherapy, this therapeutic approach could be beneficial to those who have experienced rape and sexual abuse.

Significance of Bibliotherapy

The high correlation between PTSD and those who experience rape and sexual assault suggests that bibliotherapy would be an effective treatment for this population. Based on its benefits for other populations with PTSD, deductive reasoning promotes bibliotherapy as a tool to treatment for individuals who have experienced rape and sexual assault. The types of cognitive behavioral therapy used for people who have PTSD following rape and sexual assault all use exposure and processing as a means to further treatment. The various types of bibliotherapy would provide variety to both the exposure and processing facets of therapy for

victims of rape and sexual assault. Different types of exposure can lead to various types of processing along with a professional guiding treatment and facilitating discussion.

For the population of people who experience PTSD following rape and sexual assault, bibliotherapy would fulfill a need in treatment. It is also of the utmost importance that the helping professional be mindful of the reading level of the individual, the accuracy of the information, and the cultural implications and viewpoints of both the individual receiving treatment and the literature (McMillen & Pehrsson, 2004).

Recommendations and Limitations

As bibliotherapy is a relatively novel technique in the field of mental health, there is a need for more empirical evidence to support the various facets of it as a tool to treatment. Across various populations and settings, the effectiveness of different types of bibliotherapy needs to be tested further to span across the entire field of mental health. While some types of bibliotherapy hold efficacy for many populations and settings, the tool could be studied more in-depth. By researching the types that works best in each setting and with a specific population, bibliotherapy can be a more solidified part of the field. The research of bibliotherapy across different settings and populations must reflect qualitative validation (McCulliss, 2012). Additional investigation is required for determining the types of health problems bibliotherapy is best suited for, the optimum time for intervention, and the costs and efficacy of offering this alternative treatment (McCulliss, 2012). In order to implement bibliotherapy into treatment for victims of rape and sexual assault, the field must first demonstrate its efficacy for this specific population.

When researching the efficacy of bibliotherapy, it is also important to investigate those who do not wish to participate in this type of treatment. By investigating individuals who opt out of bibliotherapeutic studies as well as those who do not wish to complete or engage, the field can

further our understanding (McKenna et al., 2010). For practitioners, it is essential to practice the implementation of bibliotherapy ahead of the sessions. As McMillen and Pehrsson point out in their research of bibliotherapy, each individual receiving treatment is unique in their experiences, worldview, and preferences for bibliotherapeutic treatment (2004). Bibliotherapy is limited by its newness. By furthering the general knowledge of bibliotherapy as a tool to treatment, the field can hone in on the correct application to therapy.

There are foreseeable limitations to bibliotherapy for the population of those who have experienced rape and sexual assault. For one, bibliotherapy is not a panacea, but rather it is most effective as a tool to established treatment (The Department of Veterans Affairs, 2009). Bibliotherapy would not be a valuable tool for those individuals who cannot read and write. Because rape and sexual assault occurs across class lines, there are individuals who experience this level of trauma and happen to not be literate. For this population, bibliotherapy would not be applicable to treatment. The limitation of some bibliotherapeutic materials might also present a problem for this proposal. On one hand, there is no shortage of nonfictional reading material for people who experience PTSD following rape and sexual assault, as evidenced by the list provided by the Department of Veterans Affairs (2009). On the other hand, fictional material chosen for treatment is up to the recommendation of the helping professional. There exists no apparent, prescribed list of fictional literature that would benefit people who have experienced rape and sexual assault. As previously emphasized, this means the helping professional has to be very sensitive to the material prior to recommending and incorporating it into treatment. The last limitation to this proposal is the recognition that correlation does not imply causation. While bibliotherapy has benefited veterans with PTSD, and there is a correlation between PTSD and those who have experienced rape and sexual assault, this does not equate to an immediate

connection between bibliotherapy and individuals who have experienced this type of trauma.

While it is important to recognize the correlation between bibliotherapy, PTSD, and those who have experienced rape and sexual assault, this does not lead to a definitive conclusion regarding the connection between bibliotherapy and this specific population.

Conclusions

Although bibliotherapy has some limitations, there are many established advantages (Calhoun, 1987). It has demonstrated effectiveness for people with various psychiatric, emotional, and behavioral problems. Bibliotherapy has benefitted treatment for people with mental illness, probationers in the corrections field, and veterans who have PTSD after returning from combat. The goals and structure of bibliotherapy blend well with the established treatment techniques for those who have experienced rape and sexual assault. Specifically, bibliotherapy promotes exposure and processing when used in treatment. For these reasons, I would like to propose that bibliotherapy would be a beneficial addition to treatment for people who have experienced rape and sexual assault. It would be worth studying bibliotherapy as a tool to treatment for victims of rape and sexual assault.

Individuals who encounter bibliotherapy in treatment can better understand and cope with their experiences by engaging with the material and processing the reaction. There is much to be investigated and discovered in regards to the benefits of bibliotherapy. The field can develop a more comprehensive understanding for both bibliotherapy and treatment for trauma by studying a specific population like individuals who have experienced rape and sexual assault.

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ACADEMIC VITA

Anna Rastatter
A11rastatter@gmail.com

Education

The Pennsylvania State University Class of 2015
Schreyer Honors College
Bachelor of Arts in English
Bachelor of Science in Rehabilitation and Human Services

Awards and Honors

Schreyer Honors College Scholar
Paterno Fellows Program- Admitted Fellow Spring 2013
Dean's List Fall 2011- Spring 2015
Community Help Centre Volunteer of the Month Award- January 2014
Nominated for Presidential Leadership Academy- Spring 2012

Extracurricular Activities

Community Help Centre-Volunteer Hotline Counselor Fall 2013-Spring 2015
Penn State Dance Marathon (THON) Morale Committee Member Fall 2011-Spring 2014
Student Pennsylvania State Education Association (SPSEA) Member 2012-2014
One Heart Club Member 2012
Club Swimming Member 2011

Professional Experience

NHS Human Services- Intern Summer 2015
Strawberry Fields- Intern at Community Residential Rehabilitation Program- Fall 2014
Strawberry Fields- Part-time Psychiatric Direct Support Professional Spring 2015-Present
Strawberry Fields, INC. – Full-Time Psychiatric Direct Support Professional May 2015