Bibliotherapy in the Humanization of Care: Contributions to Nursing Practice

Renata Carla Nencetti Pereira Rocha1, Eliane Ramos Pereira2, Rose Mary Costa Rosa Andrade Silva3, Amelia Marina Morillas Bulnes4, Alciléa Barbosa de Andrade Sora5, Silvia Helena Oliveira da Cunha6

Abstract

Bibliotherapy is a therapeutic method in which reading and dialogue practice provide emotional and psychological growth to sick and healthy people by helping them solving their internal conflicts and consequently improving their quality of life. The aim of this article to reflect upon about bibliotherapy in a health and hospitalization context in order to contribute to the nurse’s performance who seeks to provide a humane, total and of quality care assistance. It is concluded that bibliotherapy can be used as a strategy to humanize the hospital care behold, because it provides moments of relax, pleasure and joy to patients and families when in hospital. It creates an opportunity to approach people, and promotes a healthy environment where different experiences are exchanged for the quality of care.

Keywords

Bibliotherapy; Hospitals; Nursing Care.

Background

The “word” has an immeasurable power, and when associated with the art of care, provides positive results as it penetrates into the human being causing interior and exterior changes. When combined with the therapeutic universe, you can purchase a variety of applications as in literacy, the literature therapies and/or bibliotherapy; therapy of books (use of books, pamphlets and other writings); or in logotherapy as therapy words, when performed through the pronunciation of words using texts, poems and words which give a sense to life [1].
In this sense, Bibliotherapy is a therapeutic method used by means of guided reading and discussion group that promotes interaction between people leading them to express their feelings such as anxieties and fears. This exchange of experiences and values contributes to both emotional and psychological growth of the person, helping him to solve his internal conflicts and consequently his living conditions [2].

The central thesis of bibliotherapy is that the human being is in continuous creation and is in constant movement to find his strength in the narrative and interpretive process of reading. When Reading, the person identifies the situations experienced by each character, understands what is presented in that history and then, he is able to understand his own problems, creating links and features for himself by means of the text. Thus, reflective thinking provided by the reading acts as a springboard for action, characterizing the goals of healing and prevention [3].

By reading, the human being is capable of being valued in a global and humane way. Bibliotherapy, as a therapeutic resource, is able to improve the care provided by transforming care environments into enjoyable ones. It socializes people, offering moments of pleasure, relax and recreation.

After all that has been said, it’s justified the necessity to innovate when talking about new and humane practices to fulfill emotional and spiritual demands of the patient. So, it is possible to minimize the suffering caused by in the health-illness process and hospitalization. Then, the focus is to reflect and furnish effective resources to promote a better care.

This study aims to reflect upon the inclusion of bibliotherapy as a humanizing practice in the health care context in the hospitalization process. So, it aims to contribute to provide a total and humane care.

Methods

Bibliotherapy: Theoretical Construct, History and its Applicability

The term bibliotherapy comes from the Greek “Biblion”, which means any type of bibliographic reading material and Therapein that means treatment, cure or restoration [2]. Based on this, the care and zeal for the human being, by means of reading resources, aims to restore health and well being in a holistic sense.

According to etymology, bibliotherapy means therapy through books in which the readings can be based on poems, self help books, biblical passages, and others that offer emotional and psychological growth through the exchange of experiences, ideas, values, opinions and feelings [3].

The theoretical construct of bibliotherapy was developed by some famous scholars. We can highlight Shrodes, Quaknin and Caldin as some of them.

The first author, Shrodes conceptualized bibliotherapy as a dynamic process of interaction between the reader’s personality and the imaginative literature, which can attract his own emotions and release them to his conscious and productive use. Then, the reader identifies himself with the character and feels motivated to solve his problems [4].

Augmenting this concept and based on the human being as a continuous creation in constant motion, the relationship established with the book, through the application of narrative-interpretive-dramatized process of reading, leads the reader to imagine new meanings and expressions [3, 5-6].

Thus, bibliotherapy proposes reading practices that provide text interpretation as a possible therapy. Reading unfolds new dimensions of reality when entering in the world of the text. It achieves the imagination, producing a reading of new possibilities, knowledge, perceptions and expectations [5].

Based on these studies, bibliotherapy admits the possibility of therapy through literary texts, passing
a reading anchored in narration and dramatization. It is also considered, in addition, the comments from reading, born from the experience of the listeners added to the words of the author prioritizing this way, the new text created by everyone involved in the session reading, narration or interpretation [2, 4].

Thus, bibliotherapy promotes exchange of experiences through dialogue and at the same time considers the individuality of each person [4]. The preventive and therapeutic potential of language and shared speech awakens dormant thoughts that take shape in words and allow the perception that we are not alone in the world around us and we have the ability to overcome real or imagined obstacles since we have partners such as coping [6].

On the history of reading as a therapeutic goal, there is no definition of its exact beginning and the origin of its ownership. However, the intuition therapeutic capacity of the book brings to mind the ancient Greek, Egyptian and Roman civilizations, who considered their libraries a sacred place where the texts were stored and caused relief for stress, suffering, disease, and also set the reading as “medicine for the soul” [6].

In Ancient Greece and India reading is displayed as part of medical treatment since the nineteenth century. In the United States reading has been used in hospitals synergistically with the prescription in the patient’s recovery. From the twentieth century on (and not From the twentieth century,) with the precise definition of bibliotherapy, it has become recognized and used as shared reading with subsequent group discussion where dialogue is the guiding principle of treatment [1, 6]. Since then, bibliotherapy has aroused interest and curiosity of professionals from the health area and the library as a therapeutic ally.

Therefore, bibliotherapy is a field that can be exploited by doctors, psychologists, nurses, librarians, educators and other professionals who engaged in seeking to register the benefit when applied to different types of customers. This implies its use in different locations such as hospitals, schools, day care centers, prisons, nursing homes, community centers and retirement homes, serving all genres and age groups [7].

It’s important to note that bibliotherapy cannot be confused with psychotherapy, as the second sets with the encounter between patient and therapist, while the first is the encounter between listener and reader where the text plays the role of therapist [2]. That is, the text makes the therapist’s role while the bibliotherapeutic is one who acts as a mediator enhancing the dialogue between author and reader. It adds that its implementation can occur individually or in groups, but the second option becomes of greater value, since the comments, gestures, smiles and meetings [as they are also therapeutic] provide assurance that we are not alone and that we are all alike.

It is evident that to its effective therapeutic effect, it is important that bibliotherapeutic job be pre-structured and adapted to each specific situation and conditions [3]. It means that it’s necessary to make the right choice of techniques and materials suitable to be used, considering the health status, level of education, similarity of interests and suitable place for the development of the proposed activities.

Some elements contribute to the person in a way that he may have a different opinion about his problems. The bibliotherapeutic components are made of catharsis [peace, serenity and relief of emotions], mood [ego rebellion against adverse circumstances turning into pleasure the pain object], identification [the subject assimilates an aspect, another attribute and becomes totally or partially, according to the model that other], introjection [the subject transfers to himself qualities that belong to the other in a fanciful way], projection [transfer to the other ideas, feelings, expectations and desires] and insight [allowing the subject to reflect about his feelings and then change his actions] [2, 6].
In other words, bibliotherapy is an imaginative reading therapy, where the reader or listener identifies himself with a character or situation presented in the text. After the projection, he discerns the character’s connection with his case and by means of insight understands and educates his emotions. Finally comes the cathartic effect with the release of feelings [fear] providing a sublimatic effect leading him to peace and well-being.

So, beyond the pleasure of the text, both reader and listener the ability to find emotional stability, the action to overcome difficulties, and promotes catharsis of internal conflicts, feelings, love, hope too.

It is worth mentioning, at present, that emotional changes are constant in people’s lives, aggravated by several factors such as stress of daily routine, trauma, anxiety and depression in addition to the implications of illness in the family, among others. Therefore, it is possible to understand that these emotional problems end up destabilizing the health of the individual and his family.

A controlled and randomized study developed in Thailand with 56 patients diagnosed with moderate depression showed positive results regarding the applicability of bibliotherapy. The group that received the intervention of bibliotherapy was less resistant to treatment, resilience as well as less psychological distress than the selected group which received standard treatment only [8]. Another study developed made it clear that patients with depression are likely to go on with bibliotherapy with reduced psychological suffering [9].

These results show that bibliotherapy when applied as an interventionist and complementary strategy treatment, contributes significantly to the promotion and recovery of people with impaired mental health and improves their emotional and spiritual status.

According to the World Health Organization [10] health is defined as a state of complete physical, mental, social and spiritual well-being and not merely the absence of diseases. But when installed, both patient and family end up becoming prone to emotional problems and this health perspective ends up being corrupted.

Thus, bibliotherapy as a therapeutic resource for the sick person or not, is able to transform care environments, to provide moments of pleasure and distraction to patients and their families, to assign a new meaning to care delivery, to promote outreach partnerships, to socialize people and so, to contribute to the humanization of care [1].

**Bibliotherapy from the perspective of hospital humanization: Practical implications**

In search of an integral care to restore health and to promote the humanization of care, health professionals are seeking tools to meet the expectations and needs of the patient and his family that are momentarily weakened by disease in perspective to cover the problems that interfere health mental.

Although it is known that health care is not focused only at the hospital, it is in this space that fragility of the individual [patient / family] happens caused by the disease process and is increased by the lack of care humanization. As they are in a strange and impersonal environment in which their daily routines are modified and privacies shaken, many concerns arise and feelings are mentioned. Anxiety, insecurity, stress, helplessness and fear are some of them that can be explained [11-12]. Thus, humanization presumes a caring environment where the sensitivity of health professionals superimpose the technical and scientific knowledge in order to value and respect human dignity [13].

Concern about humanization care in health services has been constant. In Brazil, this reflection was intensified specifically from the National Humanization of Hospital Care Program and proposed a set of integrated actions with a view to change the user standard of care in public hospitals in order to improve the quality and effectiveness of services pro-
vided [14]. The main objective of this program was to improve the relationship between health professionals and users, different health professionals and from the hospital to the community, promoting a human and subjective dimension and strengthening the humanization initiatives.

In 2004, the National Policy of Humanization expanded the humanization of care perspective through the promotion of concepts such as ambience, embracement, amplified clinic, defence of the rights of users and others. In this sense, the ambience is made to be understood as the physical space, propitiating the encounter between the user and the professional and through interpersonal relations favors warm attention, human and termination [15]. From this perspective, the embracement anchored to the practice of qualified listening, respecting the uniqueness and the primacy of each being established with the supply of resources that increase the effectiveness of health practices for the sake of human dignity.

The practice of bibliotherapy as a humanization proposal is being carried out in various hospitals in Brazil. The reconstitution of a vitality space, balance and reconstruction of mental health and better acceptance of treatment at the hospital environment are some of the proposed goals [12].

Some of the successful projects developed through partnerships and solidarity actions at hospital environments geared to different age audiences can be singled out. In Rio Grande do Sul, the “Living Library Project” developed in several hospitals in the country; the “Children’s Literature Project and Pediatric Medicine: an approach to human integration” in the pediatric sector of the Hospital São Lucas, the bibliotherapy at Bruno Born Hospital in Lajeado, and bibliotherapy at Tacchini Hospital in Bento Gonçalves. In São Paulo, the project “Daily Dose by Lae de Souza” and the “spectacled owl Program, storyteller” at the hospital of Assis [1].

Thus, among many activities and strategies developed in hospitals, bibliotherapy has made the hospital more human and less aggressive to people, because it offers a mechanism of promotion of life, and methodologically, it helps the finding of answers, even if they are provisional at the moment of confrontation, tension and human imprisonment [3, 12].

In this light, to discuss the humanization of nursing in hospital care interposes the understanding that this is a broader concept. You can go from knowing how to listen and talk to the patient/Family as well as how to have a sensitive eye and empathy to change the standard of care. The vision is to treat the individual holistically and reorganize the work process while respecting the individuality and priorities of each one [11, 13].

So, in the professional nursing practice, bibliotherapy can be used as an element of the humanization of care. By means of bibliotherapy, patients/families can receive skilled care so that they’ll feel welcomed in a unique way. This special attention will provide a better deal with the disease and hospitalization.

As we can see, bibliotherapy has an implicit intention of listening to the other, promoting moments of relax, observation, interaction, change in the pattern of behavior and encouraging dialogue [2, 3, 6]. Consequently it can provide stress relief, balance of feelings, psychological and emotional rescue, trust between patients, families, nurses and consequently help in the process health-disease [14].

Another fundamental aspect to be observed regards to how the practical bibliotherapy should be applied by nurses. First of all, he must nurture interest in the human aspect of his profession since nursing has in its specific essence the care to human beings and brings in its own concept the perspective of humanization [12, 16].

Nurses can possibly achieve humanization by means of reading. In this step, some prerequisites are indispensable for the application of bibliotherapy such as to demonstrate empathy, affectionate look, to have an interest and concern in the well-being
and problems of the other, to have an attentive listening, be flexible in the activity program planned, to have emotional control, to domain literary texts and theoretical basis [6, 16].

As a result of its essence, bibliotherapy promotes the relief of dark feelings, stimulates creativity, allows the individual to check his emotions in parallel with the emotions of the others, grants experience emotions and feelings safely, helps the fruit use of vicarious experience, helps to deal with feelings of stress, anger and frustration, creates an independent universe of everyday life. It helps people feel that their problems are universal and that they have to face them by means of action. It also facilitates socialization and communication, transpires difficulties, reduces isolation feelings, increases self-esteem and contributes to maintain mental health [2, 3-4]. Finally, it is necessary to point out that all these attributes corroborate to the hospital adaptation and favors the care humanization improving a better quality.

Conclusions

Based on these facts, bibliotherapy is considered as a therapeutic proposal provided by means of reading and dialogue through informational texts focused on preventing or facing emotional and psychological problems showing new ways to overcome difficulties, solve problems and control emotions and behaviors.

Applied by the nurse as a therapeutic strategy, bibliotherapy enables the development of a holistic and comprehensive care. As nursing is a profession in which the act of caring means its essence and specificity, to improve the emotional state of the individual and nurture his mental health becomes some of its priorities.

In hospital practice, bibliotherapy allows users to relieve their suffering, anguish, stress, physical weakness and emotional problems through reading and dialogue. The consequence is that new options and new thoughts arise, as well as feelings and perspectives to face experienced difficulties.

Thus, bibliotherapy can be applied as a humanization technique and it provides moments of relax and leisure; creates opportunity to approach people; values the professional/user; promotes a healthy and less stressful environment; fosters the exchange of experiences; stimulates the host and finally meets the needs of each human being and all the quality of care.

References


