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Bibliotherapy in existential psychotherapy: a hermeneutic phenomenological exploration

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BIBLIOTHERAPY IN EXISTENTIAL PSYCHOTHERAPY:
A HERMENEUTIC PHENOMENOLOGICAL EXPLORATION

By

Carmel Laura Proctor

PhD, University of Leicester, 2011

A THESIS SUBMITTED IN FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
DOCTORATE

In

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NEW SCHOOL OF PSYCHOTHERAPY AND COUNSELLING

&

MIDDLESEX UNIVERSITY

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Declaration:

I declare that this thesis is original and has been composed solely by me. Ethical approval for the research was obtained through the NSPC research ethics committee (7th Dec 2021) and conformed to the ethical guidelines set out by Middlesex University.

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CONTENTS

CONTENTS.....	2
LIST OF ABBREVIATIONS.....	8
LIST OF TABLES.....	9
LIST OF FIGURES.....	10
ABSTRACT.....	11
CHAPTER 1: Thesis Introduction.....	12
1.1 Background and Aims.....	12
1.1.1 Personal Experience.....	12
1.1.1.1 Psychiatric Case Presentation.....	14
1.1.1.2 Treatment.....	15
1.2 Research Aims and Objectives.....	19
1.2.1 Definition of Terms.....	20
1.3 Thesis Overview.....	20
1.3.1 Contents.....	21
1.3.2 Chapter 1 Summary.....	21
CHAPTER 2: Bibliotherapy.....	22
2.1 Introduction.....	22
2.1.1 Contribution to Knowledge.....	25
2.1.2 Personal Resources.....	27
2.1.3 Personal Reflexivity.....	28
2.1.4 Chapter 2 Summary.....	30
CHAPTER 3: Literature Review.....	31
3.1 Focused Literature Review.....	31
3.1.1 Literature Search Strategies.....	31

3.2 Bibliotherapy: Self-Help – Minimal or No-Therapist Contact	34
3.2.1 Anxiety and Panic Disorder	34
3.2.2 Obsessive-Compulsive Disorder	36
3.2.3 Perfectionism and Stress	37
3.2.4 Sexual/Orgasmic Dysfunction	38
3.2.5 Depression	39
3.3 Bibliotherapy: Individual or Group Therapy Contexts	41
3.3.1 Fluency Disorder	41
3.3.2 Anxiety-Related Disorders	41
3.3.3 Depression	42
3.4 Discussion	43
3.4.1 Chapter 3 Summary	45
CHAPTER 4: Methodology	47
4.1 Research Aims	47
4.1.1 Research Objectives	47
4.1.2 Methods Considered	48
4.1.2.1 Mixed-Method Approach	48
4.1.2.2 Interpretive Phenomenological Analysis	49
4.1.2.3 Hermeneutic Phenomenological Approach	50
4.1.3 Methodology	52
4.1.3.1 van Manen – Hermeneutic Phenomenology	52
4.1.3.2 Defining and Understanding Terms	53
4.1.3.3 Approaches to Theme Analysis	56
4.1.3.4 Hermeneutic Phenomenological Writing	58
4.1.3.5 Sample	60

4.1.3.6 Recruitment	60
4.1.4 Ethics	61
4.1.5 Chapter 4 Summary	62
CHAPTER 5: Findings – Participant I (Jane)	64
5.1 Participant I - Pilot Research	64
5.1.1 Themes	64
5.1.1.1 Directive Approach	64
5.1.1.2 Identification With Bibliotherapy	65
5.1.1.3 Benefits of Bibliotherapy	66
5.1.1.4 Meaning-Making Through Literature	66
5.2 Discussion	67
5.2.1 Conclusion	69
5.2.2 Chapter 5 Summary	69
CHAPTER 6: Findings – Participant II (Alan)	70
6.1 Participant II	70
6.1.1 Themes	70
6.1.1.1 Identification With Bibliotherapy	70
6.1.1.2 Extension of Therapy	71
6.1.1.3 Repeating Themes	72
6.1.1.4 Meaning-Making Through Literature	73
6.1.1.5 The Opposite of Being Phenomenological	74
6.2 Discussion	75
6.2.1 Conclusion	77
6.2.2 Chapter 6 Summary	77
CHAPTER 7: Findings – Participant III (Mary)	78

7.1 Participant III.....	78
7.1.1 Themes.....	78
7.1.1.1 Identification With Bibliotherapy.....	78
7.1.1.2 Extension of Therapy.....	79
7.1.1.3 Benefits of Bibliotherapy.....	80
7.2 Discussion.....	82
7.2.1 Conclusion.....	83
7.2.2 Chapter 7 Summary.....	83
CHAPTER 8: Findings – Participant IV (George).....	85
8.1 Participant IV.....	85
8.1.1 Themes.....	85
8.1.1.1 Identification With Bibliotherapy.....	85
8.1.1.2 Benefits of Bibliotherapy.....	86
8.1.1.3 Repeating Themes.....	87
8.2 Discussion.....	88
8.2.1 Conclusion.....	90
8.2.2 Chapter 8 Summary.....	90
CHAPTER 9: Findings – Participant V (Henry).....	91
9.1 Participant V.....	91
9.1.1 Themes.....	91
9.1.1.1 Identification With Bibliotherapy.....	91
9.1.1.2 Benefits of Bibliotherapy.....	92
9.1.1.3 Extension of Therapy.....	94
9.2 Discussion.....	94
9.2.1 Conclusion.....	96

9.2.2 Chapter 9 Summary.....	96
CHAPTER 10: Findings – Participant VI (Catherine).....	98
10.1 Participant VI.....	98
10.1.1 Themes.....	98
10.1.1.1 Identification With Bibliotherapy.....	98
10.1.1.2 Benefits of Bibliotherapy.....	99
10.1.1.3 Extension of Therapy.....	100
10.2 Discussion.....	102
10.2.1 Conclusion.....	103
10.2.2 Chapter 10 Summary.....	104
CHAPTER 11: Reflexive Discussion.....	105
11.1 Reflexive Discussion.....	105
11.1.1 Participant I – Jane.....	105
11.1.2 Participant II – Alan.....	109
11.1.3 Participant III – Mary.....	113
11.1.4 Participant IV – George.....	117
11.1.5 Participant V – Henry.....	121
11.1.6 Participant VI – Catherine.....	124
11.2 Chapter 11 Summary.....	128
CHAPTER 12: Thesis Overview: Results, Discussion, and Conclusion.....	129
12.1 Thesis Overview: Results, Discussion, and Conclusion.....	129
12.1.1 Literature Review: First Steps and Outcomes.....	129
12.1.1.1 Manuals and Self-Help in Existential-Phenomenological..._	130
12.1.2 Thematic Analysis.....	132
12.1.2.1 Identification With Bibliotherapy.....	133

12.1.2.2 Directive Approach.....	134
12.1.2.3 Benefits of Bibliotherapy.....	134
12.1.2.4 Meaning-Making Through Literature.....	135
12.1.2.5 Extension of Therapy.....	135
12.1.2.6 Repeating Themes.....	136
12.1.2.7 Opposite of Being Phenomenological.....	136
12.1.3 Nested Within Context.....	136
12.1.2.1 Impact of How, Why, What, and Lived Experience.....	138
12.1.3 Personal Reflexivity and Learning.....	140
12.1.4 Limitations and Future Directions.....	141
12.1.5 Contribution to the Knowledge.....	143
12.1.5.1 Dissemination of the Research Findings.....	144
12.1.6 Conclusion.....	145
REFERENCES.....	146
APPENDICES.....	159
Appendix A – Interview Questions.....	159
Appendix B – Recommended Authors.....	160
Appendix C – Recommended Books.....	161
Appendix D – Vocative Words.....	163
Appendix E – Participant Information Sheet.....	165
Appendix F – Participant Consent Form.....	168
Appendix G – Ethics Submission and Approval.....	170
Appendix H – Debriefing Form.....	180
Appendix I – Thematic Analysis.....	182

LIST OF ABBREVIATIONS:

ACT – Acceptance and Commitment Therapy

CBT – Cognitive Behaviour Therapy

DSM-V – Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition

IAPT – Improving Access to Psychological Therapies

IPA – Interpretive Phenomenological Analysis

LED – Lived Experience Description

NHS – National Health Service

NICE – National Institute for Health and Care Excellence

NSPC – New School of Psychotherapy and Counselling

MS – Multiple Sclerosis

OCD – Obsessive-Compulsive Disorder

WWI – World War I

LIST OF TABLES

CHAPTER 3: Literature Review

3.1 Literature Search Strategy Results	34
3.4 Self-Help Books/Workbooks and Bibliotherapy Resources	45
4.1 Sample Demographics	60

LIST OF FIGURES

CHAPTER 12: Thesis Overview: Results, Discussion, and Conclusion

12.1 Key Themes to Emerge From the Thematic Analysis	133
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ABSTRACT

Background:

Bibliotherapy uses literature to facilitate the psychotherapeutic process, and therapeutic reading is often used as an adjunct to various psychotherapy modalities. The utilisation of books in psychotherapeutic treatment for the benefit and promotion of psychological well-being is well-established.

Aims:

This study aims to explore the use of bibliotherapy by existential psychotherapists who consider therapeutic reading an essential adjunct to their way of working. Specifically, I am interested in *how* existential psychotherapists experience the use of therapeutic reading with clients.

Method:

In-depth, face-to-face, open-ended/semi-structured interviewing via an online video platform was used to conduct the research. Recorded data was thematically analysed using van Manen's (2016a, 2016b) hermeneutic phenomenological approach.

Findings:

The literature review revealed bibliotherapy as successful in treating fluency disorder, anxiety-related disorders, and depression. The research highlighted that bibliotherapy is most efficacious when therapists deeply understand their client's problem and choose literature accordingly (Gerlach & Subramanian, 2016) and when used as a supplemental tool rather than an individual therapy approach (Heath et al., 2005). Participants of this study actively used bibliotherapy with their clients. Half of the participants identified with the term bibliotherapy, and half did not. Literature recommended to clients was based on the therapist's cultural context, background, training, and lifeworld. Recommendations were both spontaneous and targeted based on considered client therapeutic need, idiographic features, and symptomatology (Menninger, 1978).

Discussion:

This thesis contributes to the knowledge by bringing bibliotherapy in existential-phenomenological practice into focus for the psychotherapeutic and counselling psychology community. It demonstrates that with or without using the term, therapists are drawn to using literature in their work. Importantly, this thesis demonstrates through lived experience descriptions the contextual nature of *how* books enable the existential-phenomenological practitioner to co-explore, co-create, and co-construct meaning with their clients.

1.1 Background and Aims

My supervisor, Dr Patricia Bonnici, introduced me to the application of bibliotherapy in existential psychotherapy. In working with Patricia, I began to use existential texts to help clients understand existential themes and their own experiences of existential givens. Specifically, I became interested in bibliotherapy to facilitate the treatment process and create a shared experience with clients that allowed the opening up of existential themes and discussions.

In 2018, I exited my doctoral studies in counselling and psychotherapy to take up a secondary mental health services position as a psychological therapist. My use of bibliotherapy as an adjunct to therapy has grown and developed throughout my training and employment as a psychological therapist. In deciding to return to my doctoral studies, I wanted to conduct research in an area of personal interest and meaning, and bibliotherapy feels like a natural area of focus. Indeed, bibliotherapy has been a constant for me since the earliest beginnings of my work. Therefore, my desire to bring bibliotherapy into focus for other existential practitioners is a meaningful endeavour, both personally and professionally.

1.1.1 Personal Experience

My first experience of using bibliotherapy occurred one year into my clinical placement and training, with the first client assigned to me by the voluntary organisation with which I was placed. At the time, the client's eyesight had begun to deteriorate. However, she had expressed a keen interest in existential texts and a desire to unpack existential themes together. We considered the joint reading of Victor Frankl's *Man's Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963) a fitting choice. Given the client's deteriorating eyesight, I agreed to spend 15 minutes of every session, during which I would read a section aloud and then discuss it together. As I had no previous frame of reference for how to work with books in

therapy, I was open to exploring how to approach bibliotherapy. Further, as a budding existential psychotherapist, I was not restricted by preconceived notions of whether bibliotherapy applies to existential therapy. Therefore, reading aloud to my client was undertaken because it *felt right* in this circumstance, and thus, I was unencumbered in undertaking the reading.

Specifically, I began by inviting my client to consider and describe the text's meaning to her. During the first reading session, we enjoyed the passage so immensely that we continued for 20 minutes, following which the rest of the session was spent in deep discussion over the holocaust and what it is to be human. That first discussion, which followed the introduction of bibliotherapy into our work, was enlightening and enriching for us both:

[The client] quite astutely noted...wondering why the Germans bothered to carry everyone off to camps and put them to work, etcetera, instead of just killing them right away. I had been discussing with [the client] two famous psychological experiments that mirrored an examination of humanity (e.g., the Milgram experiment) and man's ability to control his humanity just before this. I reflected that, quite possibly, the Germans could not just kill them right away without losing their humanity. So, in order to kid themselves that no one person was responsible, they all played a small part in bringing them to their deaths. [The client] noted that they went so far as offering medical assistance in the form of a "hospital" but did not bother offering care. We discussed these matters at length and filled the whole session with our thoughts. (Session 38, 03.06.14)

Our reading and discussions of this text facilitated unpacking existential themes during several further sessions. The client's reflections evidenced consideration of temporality, death, and meaninglessness:

[The client] noted that it was interesting how the author was able to do what most could not and be in such a terrible, unimaginable situation and still step outside of it all to wonder what was happening for others and think about it psychologically. [The client] further noted that likely, this preoccupation with analysing the effect of the camp on the other prisoners' psychological well-being saved him from demise. We also spoke about the text in view of spiritual beliefs and society's move away from accepting death as a part of life – most now feel death is just something that happens to other people, we do not expect our children to die before us, all children live (even premature babies), we will all live into old age, etcetera. We noted that in previous generations, death was a regular occurrence, with many dying of disease and things that we just would not accept today. (Session 39, 17.06.14)

Over time, I began to put aside a selection of texts I had read and believed may be of therapeutic benefit to clients. Bibliotherapy became a regular adjunct to my way of working.

I worked within secondary mental health services throughout my training and accreditation as a psychotherapist until leaving my employment for private practice in 2020. My work in secondary mental health services afforded me many opportunities to include bibliotherapy. Moreover, with the support of psychiatry, I was able to undertake an extended and focused piece of bibliotherapy with one client. The following section presents the case overview as it was prepared for the psychiatric team and details the application of bibliotherapy during psychotherapeutic treatment.

1.1.1.1 Psychiatric Case Presentation.¹ A 51-year-old male presented to the hospital psychiatric ward following the police removing him from his home.

Police officers had attended the man's home following concerns being raised by his stepfather regarding his welfare. It was reported that the man had not been seen or heard from in about three weeks and that a large pile of unopened post was outside his door. Attempts were made to raise the man's attention by knocking loudly on the front door, but there was no response. On arrival at the property, the police officers noticed a strong-smelling odour coming from underneath the front door and, upon looking through the door windowpanes, could see flies on the other side. The front door being the only point of entry, the police forced it open.

Police officers were forced to squeeze through the door and climb over a lot of rubbish and decaying debris, including empty bottles, rotting take-out boxes, and cat food. The officers made their way down the hallway and, as they approached the living room, entered it and found the man lying on top of a pile of rubbish wrapped in a rug. The room was heavily littered, with an intense smell of rotting mould, urine, and faeces. A light was shone on him, and it was confirmed that he was breathing. The home was extremely hazardous, so great care was taken to assist the man, who was naked under the rug, until medical professionals arrived.

¹ For further reading, see Proctor and Rahman (2021, 2022).

The home was searched for other individuals. Police officers found it difficult to move around the property due to the excessive amount of rubbish and debris – as they walked, 'bottles cracked under their feet'. Empty bottles and rubbish filled the bathroom sink, toilet, and bath. It appeared that the toilet no longer worked and that the individual had been using small plastic bags to defecate in, which he stored in the corner of the room – hundreds of bags of faeces were found. In the living room, the ceiling was covered with thick cobwebs. 'The windows were crusted over, and the garden outside, though barely visible, was clearly overgrown. The pots and pans in the kitchen were stacked high and unwashed with leftover food, mould, and maggots all over them'. The flat was covered throughout in several feet of rubbish. In the living room, plates of dried and decayed cat food were found that were hardly recognisable – the floor moved underneath the police officers' feet from rats running under the debris.²

Upon conferring with staff at the emergency and the on-call psychiatrist, the man was deemed in an unfit mental state to care for himself and was admitted to the hospital (see Proctor & Rahman, 2021, 2022).

1.1.1.2 Treatment. Following a three-week ward admission, the client was referred to psychology for psychotherapy. The client was provided with ongoing psychotherapeutic intervention throughout two years. Initially, a psychological therapy assessment was conducted that included the following formulation:

I believe that the client will benefit at this time from an intensive piece of narrative work that will enable him to create a story of his life that incorporates his lived experience and his facticity. [The client] may also benefit from the use of a genogram or timeline to aid him in putting together the pieces of his life – to help him become demystified and untangle the knots. [The client] expressed feeling like he is a spectator of his own life, viewing his body from the outside – walking three steps behind. Important to [the client] will be moving away from his objective perception of himself towards a subjective embodied experience and making sense of the manifested symptoms, represented by his physical environment and bodily state prior to hospitalisation, and determining what meaning they hold for him. (Assessment Report, 08.05.17)

² The local authorities provided information contained in this section. Quotes taken directly from the confidential Police Report, 2017, pp. 1-2. Used with permission.

Our work began with a genogram, which was used to start a narrative and create a timeline. After three months of therapy, during which we continued to build his narrative and explore existential themes, the suggestion was made to investigate a classic philosophical text and watch a film that reflected the themes of the session:

We also discussed [the client's] thoughts with regard to meaning and how we come to discover this for ourselves. [The client] also resonated with the benefits of engaging with positive emotion – that is, purposefully seeking out those things that make us feel good. We spent time reflecting and discussing all the positive experiences [the client] has had in life, including "the simple things", places he has travelled, and things he has experienced. [The client] reflected that it was "not all bad" and acknowledged that he could spend more time thinking about good things than ruminating on the bad events of life. [The client] agreed to investigate a classical philosophical book [Viktor Frankl's *Man's Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963)] and watch a film [*It's a Wonderful Life* (Capra, 1946)] we agreed upon, which reflected the themes of the session. (Session 15, 25.09.17)

In the sessions that followed, this introduction to bibliotherapy facilitated rich discussion and unpacking of existential themes. The client actively journaled his thoughts on the chosen text (and the various texts that followed) to discuss them in session. We spent time in each session reflecting on the emerging themes and considering their meaning for the client – which he often related to specific events in his life, such as the death of his wife. Our work also often facilitated the use of the whiteboard, which we used to explore concepts such as the existential nature of time and the creation of a future past (e.g., Heidegger, 1962; Sartre, 1943), and our discussions explored and unpacked various existential concepts, such as death, responsibility, freedom, meaning (Wong, 2016; Yalom, 1980), and the four worlds of existence (van Deurzen, 2010). After spending three sessions drawing from *Man's Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963), it was agreed that engaging with bibliotherapy greatly enriched our work.³ It was, therefore, agreed to continue to explore other seminal existential works. Over the course of fifteen sessions, the following books comprised the therapeutic reading list of our individual sessions:

- *Man's Search for Himself* (May, 1953)
- *Beyond Psychology* (Rank, 1941)

³ Specifically for this client, the bibliotherapy and his reflected interpretations of the text highlighted his cognitive processes and the possibility of undiagnosed autistic spectrum traits. The client was later assessed for autistic spectrum disorder, the outcomes of which assisted in his final diagnosis of Diogenes syndrome.

- *Love and Will* (May, 1969)
- *The Myth of Sisyphus* (Camus, 1942)
- *Staring at the Sun: Overcoming the Dread of Death* (Yalom, 2008)

At this point, a review of the outcomes of incorporating bibliotherapy into the psychotherapeutic work with a complex client of secondary mental health services was undertaken with the referring psychiatrist. Overall, it was deemed that bibliotherapy had positively affirmed a few of the known basic questions about its benefits, such as:

(1) To what extent can bibliotherapy help the patient understand his own psychological and physiological reaction to frustration and conflict? (2) To what extent can bibliotherapy help the patient verbalize problems otherwise difficult to discuss because of fear, shame, or guilt? (3) Can bibliotherapy save time in the treatment process? (Favazza, 1966, p. 138)

Therefore, it was suggested to expand the bibliotherapy work into a group, beginning with the introduction of one other client.⁴ We commenced this group directly following the completion of the last individual session, during which each client had been asked to read *Staring at the Sun: Overcoming the Dread of Death* (Yalom, 2008). The first bibliotherapy group session began as follows:

The session began with a brief introduction of ourselves to each other. Next, we discussed the nature of the group. [Client 2] specifically wished to know if he was paired with [Client 1] because of them sharing some particular symptomatology. CP made it clear that unlike a group formed by members all sharing the same disorder or disease, such as cancer, this group was an open group to those clients who did not fit neatly into a diagnostic category nor would resonate well with some traditional forms of therapy, such as cognitive behaviour therapy (CBT), but were high functioning and introspective and therefore well suited for philosophical discussion. CP noted that the books were chosen with the intent to facilitate conversation on the existential givens of life, impacting all human beings and that she would be a participant observer and facilitator of the group. (Bibliotherapy Group Session 1, 09.10.18)

Over five months, six fortnightly/monthly group bibliotherapy sessions were conducted (i.e., 09.10.18, 23.10.18, 22.11.18, 18.12.18, 15.01.19, 12.02.19), which were comprised of the following texts:

- *Travels with Epicurus: Meditations from a Greek Island on the Pleasures of Old Age* (Klein, 2014)
- *Love's Executioner and Other Tales of Psychotherapy* (Yalom, 1989)
- *The Examined Life: How We Lose and Find Ourselves* (Grosz, 2013)
- *Flourish: A New Understanding of Happiness and Well-Being – and How to Achieve Them* (Seligman, 2011)

⁴ Referred to in the bibliotherapy sessions as Client 2, with Client 1 being the previously discussed bibliotherapy client.

Unfortunately, the last bibliotherapy group session was unattended by Client 2; the final text *Flourish: A New Understanding of Happiness and Well-Being – and How to Achieve Them* (Seligman, 2011) was discussed with Client 1 in his second to the last session before discharge (Session 47, 02.04.19). However, throughout the meetings, important themes emerged, even from the first session:

We went on to discussing "rippling", and [Client 2] insightfully noted that it was similar to my analogy of the "sliding door" – that no matter what we do in life, each choice, no matter how small, leads us in a direction that will inevitably impact not only ourselves but everyone we touch. [Client 1] reflected that it is rippling itself, which he has always been afraid of, that he might impact someone else's life negatively, and that this will ripple out. Both agreed, however, with Nietzsche's idea of being so afraid of dying that man does not begin to live. This led to an examination of the section on "shielding" and living one's whole life protecting oneself from getting hurt or involved, but by doing so, not actually living – just existing – something that [Client 1] suggested he felt he has done. (Bibliotherapy Group Session 1, 09.10.18)

Importantly, the sessions illuminated the benefit for both clients of engaging with texts that presented case studies that they could resonate with. Yalom's (1989, 2008) texts presenting case studies (i.e., *Love's Executioner and Other Tales of Psychotherapy* and *Staring at the Sun: Overcoming the Dread of Death*) elicited lively discussion and reflection of their own lives and what they considered as parallel stories. For example:

[Client 1] noted [in his individual therapy session] that in reading the last agreed bibliotherapy [group] book, he found many of the case stories reflective of his own life. According to [Client 1], he saw little bits of himself in snippets of the stories, which resulted in him realising many things about himself that he had either avoided or had previously failed to address. We discussed the power of the written word to move us in ways that talking therapy may not. [Client 1] identified with this and reflected that reading about others had helped him identify aspects of his own life which appear troubling. (Session 43, 29.01.19)

Conversely, both clients reported that some of the case studies in *Love's Executioner and Other Tales of Psychotherapy* (Yalom, 1989) were 'hard to read about...in such depth' and expressed that they 'would like to read something else' (Bibliotherapy Group Session 5, 15.01.19). We, therefore, moved on to another related text of case studies by another author (i.e., *The Examined Life: How We Lose and Find Ourselves* (Grosz, 2013)). Interestingly, however, both clients reflected that 'they came away with very little from the book', and Client 2 noted:

[T]hat the case studies did not move him, and he could not relate to the patients discussed. [Client 1] expressed that the book had impacted him negatively in that he resonated too much with some

of the stories, and this caused him to spend much time in reflection. (Bibliotherapy Group Session 6, 12.02.19)

Thus, we discussed various aspects of what they liked and did not like about the current selection. Both reflected that they would like to work with something more positive – hence, the final text *Flourish: A New Understanding of Happiness and Well-Being – and How to Achieve Them* (Seligman, 2011) was chosen. Nevertheless, despite both group member's reflections regarding the book selection, the material facilitated the unpacking of important themes:

We spent time considering the case story of Emily (p. 136), which [Client 1] reflected was very much his own experience as a child – being invisible. We spent time in conversation about embodiment – based on the discussion of Emily wetting the bed in childhood. [Client 2] noted that one of his stepdaughters used to wet the bed and walk in her sleep. We considered this behaviour in light of unrest and upset in a child's life – [Client 2] reflected that she was traumatised regularly by her father appearing at the house, looking through the windows in the dark and lying about on the grass. According to [Client 2], her father has always been mentally ill and used to present in quite a scary manner. [Client 1] discussed the embodiment by reflecting that the opposite was true for him – that is, unlike the sleepwalker, he wants to move and is conscious but cannot at times. (Bibliotherapy Group Session 6, 12.02.19)

Overall, although a final bibliotherapy group session did not occur, the six sessions during the group trial proved most enlightening. Specifically, they informed the experienced differences and perceived benefits for the clients from the varying forms of literature chosen. Imperatively, the chosen texts facilitated an interactive dialogue based on the client's response to the selected texts and the relevance to specific presenting or historical issues present for the client (Hynes & Hynes-Berry, 1986).

1.2 Research Aims and Objectives

This study explores the use of bibliotherapy by existential psychotherapists who consider therapeutic reading an important adjunct to their way of working. Specifically, I am concerned with how existential psychotherapists experience the use of therapeutic reading with clients in their clinical practice.

In-depth, face-to-face hermeneutic phenomenological interviewing via an online video platform was used to conduct the research. Questions were developed to form an open-ended/semi-structured interview from a hermeneutic phenomenological perspective. The research interview follows a series of questions, such as: *How did using books in therapy first arise for you? How do you use bibliotherapy/therapeutic reading in your clinical practice?* (see Appendix A).

1.2.1 Definition of Terms

In this research, *bibliotherapy or therapeutic reading* is defined as the selection of literature (fiction or non-fiction) as an adjunct psychotherapeutic treatment method based on the client's therapeutic need, idiographic features, and symptomatology (Menninger, 1978). For the purposes of this study, books or any other literature (e.g., self-help resource, journal article) recommended by a therapist must have been discussed in therapy as part of treatment to be considered bibliotherapy or therapeutic reading. Further, this research defines literature as written works (i.e., fiction or non-fiction books, excerpts or book chapters, journal articles, and leaflets) published in printed form or transcribed into audio.⁵

1.3 Thesis Overview

Work on the thesis began with a systematic and comprehensive review of the bibliotherapy and psychotherapy literature (Chapter 3). In general, the review process revealed an extensive application of bibliotherapy across various related fields of study, including poetry, film analysis, spirituality, self-help, and positive psychology, to name a few. In relation to psychotherapy specifically, the review process revealed a dearth of peer-reviewed journal articles of adult studies examining therapeutic reading as defined in this research – that is, the selection of literature (fiction or non-fiction) as an adjunct to psychotherapeutic treatment

⁵ Specific criteria of literature included in this research can be found in Chapter 3, section 3.1.1, pp. 31-34.

method based on considered client therapeutic need, idiographic features, and symptomatology (Menninger, 1978).

1.3.1 Contents

Chapter 1 introduces the thesis by considering the background and aims of the work and personal experience, as evidenced by a case and group example. Chapter 2 begins by providing a general introduction to bibliotherapy and its contribution to the knowledge and my resources and reflexivity in undertaking this research. Chapter 3 presents a systematic and comprehensive review of the bibliotherapy and psychotherapy literature. Chapter 4 presents the research methodology, including the research aims and objectives. Chapter 5 presents van Manen's (2016a, 2016b) hermeneutic phenomenological method. Chapter 6 presents the pilot research results and conclusions. Chapters 7 through 11 present the research results and conclusions for participants two through six. Chapter 12 presents the reflexive discussion of the gathered lived experience descriptions from participants one through six. Finally, Chapter 13 presents the overall discussion and conclusion of the thesis.

1.3.2 Chapter 1 Summary

This chapter has detailed my introduction to bibliotherapy and how I have developed my use of it with clients in various settings. Further, this chapter has presented this study's research aims and objectives and operationalised the terms for the purposes of this project. The chapter also included a brief overview of the contents of the thesis to follow.

Next, Chapter 2 presents a general introduction to bibliotherapy and its contribution to the knowledge and my resources and reflexivity in undertaking this research.

2.1 Introduction

Bibliotherapy is the use of literature to facilitate the psychotherapeutic process and is often used as an adjunct to various psychotherapy modalities. Bibliotherapy has been defined as 'a program of selected activity involving reading materials which is planned, conducted, and controlled under the guidance of a [practitioner]' as part of treatment for patients (Favazza, 1966, p. 138). The *Oxford Dictionary of Psychology* defines bibliotherapy as 'any form of psychotherapy in which the reading of prescribed texts forms an important part of the therapeutic process' (Colman, 2006, p. 89).

The term 'bibliotherapy' first appeared in 1916 (Crothers, 1916; Rubin, 1978a, p. xi). However, the psychotherapeutic utilisation of books extends to the ancient world – as noted by du Plock (2005), '[t]he therapeutic potential of literature...has probably been known since the beginning of written communication' (p. 14). According to Rubin (1978a), '[t]he first published article "On Reading, Recreation and Amusements for the Insane" appeared in 1853, although most researchers only date bibliotherapy literature back to the First World War when the term "bibliotherapy" was coined' (p. 3). The use of bibliotherapy has continued to increase since World War I (WWI) and throughout the 20th century, beginning with the prescription of reading material for therapeutic benefit to hospitalised psychiatric patients (Menninger, 1978). By the 1940s and 1950s, there were more than 400 published journal articles (Rubin, 1978a). During that time, one prominent medical doctor, Dr Louis H. Twyeffort (1940), defined bibliotherapy as 'an aid to treatment which aims at the acquisition, through reading, of a fuller and better knowledge of oneself and one's reactions, resulting in a better adjustment to life. It also connotes the relief of suffering by the psychological process induced by reading' (Rubin, 1978a, pp. 4-5) – a definition which feels just as apt today.

The early prescription of books was undertaken by specialised librarians, with the use of literature for therapy broadening and evolving over time. Such early prescriptions followed the return of soldiers from WWI between 1914 and 1918 (Brewster, 2018b). During this period, hospitals relied on libraries and librarians to help patients continue engaging with life by providing books on new skills or interests they may engage with upon recovery (Brewster, 2018b). Bibliotherapy became aligned with psychology in 1949, following the first publication of a thesis on the subject (see Shrodes, 1949). Interest continued to grow between the 1960s and 1970s, peaking with Rubin's (1978a, 1978b) publications of literature supporting the use of bibliotherapy for improving mental health and well-being (Brewster, 2018b). Rubin's (1978a) *Bibliotherapy Sourcebook* is a comprehensive collection of information, research studies, and case reports on bibliotherapy known at the time. The volume includes classic works on bibliotherapy (1927-1949), applications in psychotherapy, psychiatry, and medicine, and cultural/foreign perspectives of its use with diverse populations. Moreover, Rubin (1978b) was instrumental in creating the first three known classifications of bibliotherapy: institutional, clinical, and developmental. Since then, the evidence base supporting bibliotherapy has continued to develop and grow through rigorous scientific testing and assessment (Brewster, 2018b; see Chapter 3: Literature Review).

More recently, in 2005, UK libraries rolled out a nationwide *Books on Prescription* scheme, which has quickly become the most widely used model of bibliotherapy in the UK – known as *Reading Well Books on Prescription* since 2013 (Brewster, 2018b). Various other models of bibliotherapy have grown out of the collective activity of reading for well-being, including *Shared Reading* (text read aloud) and *Group Bibliotherapy* (text read in advance to be discussed) (McNicol, 2018). However, the majority of nationally recognised bibliotherapy schemes are associated with clinical bibliotherapy and thus adopt a CBT-based approach – for example, the National Institute for Health and Care Excellence (NICE) has 'produced

guidelines recommending the effectiveness of self-based help based on CBT principles for a range of conditions, including anxiety (CG113), depression (CG90) and common mental health disorders (CG123)' (McNicol, 2018, p. 25). Nevertheless, important in understanding *how* bibliotherapy works involves taking into consideration 'reader development and the reading experience' (McNicol, 2018, p. 26). Outside of self-help, CBT-based approaches, other bibliotherapy initiatives consider the impact of reading on the reader through transportation (Green, 2008), absorption (Slater & Rouner, 2002), escapism (Brewster, 2016), involvement (Moyer-Gusé, 2008), identification (Brewster, 2018b), and affiliation (Schrack & Engels, 1981), with the character or story. The implications of such experiences allow for the reader to 'project their own emotions or interpretations within the fictional context', providing a 'safe space to experiment with alternative' selves with a 'degree of emotional distance and control' (Brewster, 2018b, pp. 26-27). In contrast, other theories, such as Hynes and Hynes-Berry's (1986) four-step (recognition, examination, juxtaposition, self-application) bibliotherapy process, seek to explain the impact of bibliotherapy from a psychological or counselling perspective (Brewster, 2018b):

THE STEPS IN THE BIBLIOTHERAPEUTIC PROCESS are fourfold: After a participant's attention is caught by something in the reading (*recognition*), he or she goes on to look at the issues and the personal feeling-response to them (*examination*). The process then moves to a deeper level of understanding as the person considers the first level of understanding in light of any new feelings or ideas that emerge in the dialogue (*juxtaposition*). Finally the individual evaluates the impressions and insights and integrates them into his or her inner self (*self-application*). The whole process culminates in a new, deeply personal meaning that will inform future attitudes and actions. (Hynes & Hynes-Berry, 1986, p. 43, capitalisation in original, italics added for emphasis)

Broadly speaking, there are two overarching models of bibliotherapy: (1) self-help, clinical, and CBT models aimed at improving mental health problems, and (2) the use of (imaginative) literature, such as novels and poetry, aimed at improving well-being through meaning-making, understanding, and storytelling (Brewster, 2018a). As noted by Hynes and Hynes Berry (1986):

The recognition that literature can be a healing tool is as old as Aristotle's discussion of catharsis. In bibliotherapy, an individual reads or listens to a work of literature specifically for its

therapeutic value...the whole spectrum of literature – from poetry to science fiction – [can be used] to promote greater self-knowledge, to renew the spirit, and, in general, to aid in the healing process. (p. i)

However, these existing models of bibliotherapy are limiting within the context of existential-phenomenological practice. Hynes and Hynes-Berry's (1986) *Bibliotherapy: The Interactive Process – A Handbook* is a classic example of a 'directive' model. The handbook is instructive on the interactive bibliotherapy process. Indeed, it is a complete step-by-step guide on undertaking bibliotherapy in clinical practice. Such models have been instrumental in creating clinical, CBT, and self-help approaches adopted by the NHS and NICE.

In contrast, the use of literature to facilitate meaning-making (Brewster, 2018a) is less well-known or understood. Hence, for the existential-phenomenological community, there is little understanding, uptake, or training on the use of books to co-explore, co-create, and co-construct meaning (du Plock, 2006). Therefore, there may be a need to redefine, relabel, and re-construct bibliotherapy in terms that the existential-phenomenological and counselling psychology community can understand – something that this research hopes to shed light on.

Overall, the importance of bibliotherapy cannot be underscored, as noted by Pomeroy (1978) '[t]he effect of the printed page is far-reaching – how far, it is impossible to measure in any satisfactory way' (p. 11). Therefore, understanding the nuances and experience of applying bibliotherapeutic reading in existential-phenomenological practice could not be a more relevant endeavour.

2.1.1 Contribution to Knowledge

Bibliotherapy is based on the basic idea that literature has therapeutic properties; indeed, the term 'bibliotherapy' comes from the Greek *biblion* (book) and *oepatteid* (healing) (Rubin, 1978a). As noted by du Plock (2005), '[t]he question "why" humans are literature-producing and literature-consuming animals is at the heart a psychological one' (p. 13). Indeed, the evolution of narrative and its place and purpose in what it means to be human continues to metamorphose (cf. Feldman Barrett, 2018, 2021; Sapolsky, 2018). Our brains are prewired to

understand words and language (Siegel, 1999, 2017). The written word allows us to share, communicate, remember our past, and traverse time and space (Clayton, 2019). Thus, by its very nature, reading is also cathartic; it relieves us of our emotions and incites them (du Plock, 2005) – functionally, it educates and elucidates simultaneously. Thus, it is no wonder that, as noted by Rubin (1978a), bibliotherapy has been used 'since the Greeks called their libraries pharmacies of "medicine for the souls," and the Romans felt that orations could be read by patients to improve their mental health' (p. xi).

The results of the focused literature review revealed considerable published literature on bibliotherapy. However, the searches conducted evidenced a dearth of literature contributing to the existential-phenomenological field and the practice of psychotherapy specifically. My aim in conducting this research is to add to the field by demonstrating how existential-phenomenological therapists can engage with bibliotherapy meaningfully with their clients. In accordance with du Plock (2016a), this work will assist in devising 'ways in which to bring these aspects of therapeutic practice more fully into focus for the existential-phenomenological therapist community' and demonstrate how bibliotherapy can usefully be used as a beneficial adjunct to their way of working (p. 85). Moreover, this work will contribute to the dialogue started by du Plock (2006) by adding to the debate in counselling psychology about the benefits of adopting 'existential bibliotherapy' into the National Health Service (NHS) (p. 31; cf. du Plock, 2002). As noted by du Plock (2006), the NHS has adopted the USA form of bibliotherapy, which takes a technical, manualised (self-help) approach (see also du Plock, 2016a). Indeed, as noted by du Plock (2016b):

- In the U.S., CBT health practitioners frequently use self-help literature to support their work. Bibliotherapy generally takes the form of one of the following interventions:
1. "Self-Administered Bibliotherapy" – Clients have an initial session in which they are prescribed a CBT self-help text. They have a post-test assessment at the end of treatment.
 2. "Minimal-Contact Bibliotherapy" – Limited written, phone and face-to-face contact with a therapist.
 3. "Therapist-Administered Bibliotherapy" – Regular, but not weekly, meetings with a therapist.
 4. "Therapist-Directed Bibliotherapy" – Standard weekly therapy sessions. (pp. 41-42)

In contrast, returning to the phenomenon of clients' reading and *how* they use books enables the client and therapist to co-explore, co-create, and co-construct meaning – that is, 'to provide a way of moving beyond symptom alleviation in order to assist people to engage with problems of living' (du Plock, 2006, p. 31). Through the lived experience of the co-investigators of this project, I demonstrate the nature of bibliotherapy in an existential-phenomenological context.

2.1.2 Personal Resources

In undertaking this research, I bring various personal and experiential resources. My interest in undertaking this research is ultimately rooted in my personal experience of reading and the impact that it has had on my life and academic career. The profound impact of reading began for me during my undergraduate degree in psychology. Among the works to have had the most profound effect on me are Aristotle's *Nicomachean Ethics* (c. 330 BCE/1980), Kierkegaard's *Fear and Trembling* and *The Sickness Unto Death*, Nietzsche's *On the Genealogy of Morals* and *Beyond Good and Evil*, Heidegger's *Being and Time*, and Sartre's *Being and Nothingness* (see Beardsley, 2002; Kaufmann, 1992; Marino, 2004). Indeed, reading existential literature was and continues to be a prime motivating factor for my continuing studies and personal growth. I credit the *Nicomachean Ethics* in particular as instrumental to the undertaking of my PhD research – the overall impact of which is evidenced by the thread of Aristotelian philosophy woven throughout my published work (e.g., Proctor, 2018; Proctor, Maltby, et al., 2011; Proctor, Tsukayama, et al., 2011; Proctor & Tweed, 2016; Proctor et al., 2015; Proctor et al., 2021).

As a clinical practitioner, I have gained implicit knowledge over time by applying therapeutic reading. Similar to du Plock (2016a), I have noted how clients have used literature, both in terms of their reading and journaling and considered how these activities might inform existential practice. My experience has shown me how chosen literature can open up important

themes for clients, provide needed psychoeducation, facilitate healing, improve rapport, and reduce existential isolation.

Over time, I have developed my own way of working that has come from personal experimentation with bibliotherapy, which closely aligns with 'Interactive Bibliotherapy' – defined by du Plock (2016b) as '[a]n alternative broadly humanistic approach...[which] uses guided dialogue with the therapist about the client's personal response to a story' (p. 42). Texts are chosen from my own personal repertoire and are a specific therapeutic intervention. Level of complexity, format (printed versus audio), and functionality (e.g., the feasibility of outside-of-session client journaling versus in-session reading or discussion) are individually assessed. My interest in understanding the experience of bibliotherapy and the reasons other existential therapists might consider it a valuable adjunct to their way of working has grown with my experience. My passion for and belief in using books in therapy is the driving force behind my undertaking this research. I was specifically interested in what the hermeneutic phenomenological process would elicit about the lived experience of existential-phenomenological practitioners who consider bibliotherapy an important adjunct to their way of working. Moreover, I was particularly drawn to this process because it allowed for my own subjective perspective, experience, and knowledge of bibliotherapy to guide and inform my inquiry of this topic (see Neubauer et al., 2019 for a discussion) – and consider my application of it reflexively.

2.1.3 Personal Reflexivity

Through the process of beginning my research for this study, I began to understand the important role that my own love of reading for personal growth and insight played. As noted by Laverty (2003), the hermeneutic approach involves the researcher consistently engaging in a process of self-reflection, where biases and assumptions are not set aside but are an embedded and essential part of the interpretive process. Indeed, the researcher is required in this process

to give ongoing thought and reflection on how their own experience relates to the research topic. To this end, reflective journaling formed an essential reflexive part of the research process and enabled the inclusion of personal biases, assumptions, and reflections in the final document – and their relationship to applicable philosophical theory. A reflexive journal naturally developed by making regular entries throughout the research process.

Further, an additional integral reflexive part of the research was to trial resources discovered during the literature review process in therapy. For example, I have engaged clients with the following resources thus far: *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy* (Hayes, 2005); *Metacognitive Self-Help Manual – myMCT* (my Metacognitive Training; Moritz & Hauschildt, 2016), an integrative transtherapeutic treatment for Obsessive-Compulsive Disorder (OCD); and *Positive Psychology for Overcoming Depression: Self-Help Strategies for Happiness, Inner-Strength and Well-Being* (Akhtar, 2012). My experience of using such resources informed the reflexive process and facilitated my reflection on how undertaking the thesis changed my clinical practice.

As noted by Bager-Charleson (2016), reflexivity 'invites us to critically review our use of *self* in research' and puts it at the forefront of our relation to others – knowledge is 'inseparable from a knower and the knower (usually) develops meanings in the context of others' (pp. 59 & 68, emphasis in original). Therefore, critical reflexivity evidenced my ability to examine any underlying personal assumptions I held that were inherent in my meaning-making, learning process, and epistemological and methodological position (Moore, 2016). This reflexive process enabled me to consider whether my position and use of bibliotherapy were consistent with other existential practitioners and how my position related to the research objectives – how my held beliefs and assumptions informed the direction of the research.

Moreover, reflexivity regarding the methodology necessarily involved intersubjective reflection and relational supervision (see Bager-Charleson, 2016).

Noteworthy here are the limitations of the research. These include the small number of participants, lack of contextual data that can be gathered from a virtual interview, and maintaining the quality of interpretation or analysis. Overall, I agree with Stephenson et al. (2018), who argued:

[T]he limitations researchers of hermeneutic phenomenological should recognize include the need to stay sustained, immersed, in the research for significant periods of time while contemplating stories for ontological meanings. Such an immersion experience requires researchers to remain open and available for new ways of knowing a phenomenon. Hermeneutic phenomenological researchers need to be skilled in conversational interviews that create space for the participant to share their stories of experience. Finally, arguably, and most importantly, hermeneutic phenomenological researchers need to become comfortable with the uncomfortable and for this reason this method is not for the faint hearted. (p. 270)

2.1.4 Chapter 2 Summary

This chapter has presented a general introduction to bibliotherapy, including its historical development and modern uses in psychotherapy and mental health services. This was followed by evidence of how this thesis research contributes to the extant knowledge and consideration of my personal resources and reflexivity in approaching this project.

Next, Chapter 3 provides a focused review of the bibliotherapy and psychotherapy literature.

3.1 Focused Literature Review

A systematic review of the literature is the chosen methodological review process. This approach enables the collection, appraisal, and synthesis of all available research and data relevant to the research topic.

Firstly, this review begins with a discussion of the literature search strategies employed in identifying the literature to be included. Secondly, given that considerable literature garnered for the purposes of this research naturally crossed the boundary between therapeutic reading as defined in this study and the use of self-help materials as bibliotherapy (i.e., minimal or no-therapist contact), the outcomes of a selection of this research is reviewed as a comparison to the main focus. Thirdly, literature demonstrating the outcomes of therapeutic reading chosen as an adjunct to individual or group psychotherapeutic treatment is reviewed. Finally, a brief discussion of the findings from the literature is presented.

3.1.1 Literature Search Strategies

In the first instance, a review of the relevant databases and search engines to be employed in conducting the systematic search was undertaken in February 2021. Based on the outcome of these small initial searches, three online EBSCOhost databases, accessed via PsycNet, were chosen for inclusion: PsycInfo, PsycArticles, and PsycExtra. Secondly, various small PsycNet literature searches were conducted in the topic area to determine the selection of specific search terms. Multiple searches were conducted with individual and paired keywords of interest, including bibliotherapy, existential, psychotherapy, 'prescribed reading', 'therapeutic reading', and 'existential psychotherapy'. The pairing of bibliotherapy and existential, and bibliotherapy and 'existential psychotherapy' revealed 8 and 5 non-empirical results, respectively. The pairing of bibliotherapy and 'therapeutic reading' and bibliotherapy and 'prescribed reading' resulted in 4 and 0 results, respectively – 3 of which were empirical peer-reviewed journal articles.

Whereas pairing of psychotherapy and existential resulted in 504 results, and psychotherapy alone resulted in over 67,000 results. Finally, the pairing of bibliotherapy, psychotherapy, and existential resulted in 0 results.

The small initial searches used to determine the specific search terms revealed literature from various related fields of study, including poetry therapy, film analysis, spirituality, self-help (children, adults, elderly), positive psychology, and psychiatric inpatient treatment⁶. Illuminated by these various searches was a complete dearth of articles based on existential psychotherapy or existentialism broadly – with du Plock's (2005, 2016a, 2016b) previously published examinations of the topic consistently reappearing on all pairings with the words existential or existential psychotherapy. These various small searches also assisted in identifying the index terms associated with the few articles that were of significance and supported the essential need for more research in the area.

Several additional specification literature searches were conducted to formulate the research objectives further. Formulation began by broadly searching the main interest *bibliotherapy* (Any Field), which revealed 1,322 results. From this, the literature search was focused by the removal of PsycNet's default inclusion of PsycBooks and PsycTests from the overall search and the selection of Peer-Reviewed results only. This process reduced the results to 788, which was further reduced to 734 when the search was limited by Language (English). Given the broad application of bibliotherapy across various domains within health and education, the search was further limited by including 'psychotherapy' (Any Field) as a specific search term. This process reduced the overall results to 326.

Further, given that the study aims to explore the use of therapeutic reading by existential psychotherapists among adults, the search was further limited by Age Group (Adulthood [18

⁶ Each of these fields, although related, were independent research areas and therefore outside the scope of this thesis. Moreover, given that a systematic review of the literature was conducted, by the very nature of this procedure, these additional areas comprising the broader literature were filtered out during the selection process. However, poetry therapy appeared to have the highest crossover with the literature garnered for this review. For further information on poetry therapy, see the *Journal of Poetry Therapy* (<https://www.tandfonline.com/journals/tjpt20>) or Mazza, N. (2021). *Poetry therapy: Theory and practice - Third Edition*. Routledge.

years & older]) – resulting in 146 articles for review. Finally, to ensure only peer-reviewed journal articles whose population consists of human subjects were included, the search was further limited by Population Group (Human) and Document Type (is not Dissertations). Overall, this process yielded 142 abstracts (PsycInfo 118; PsycArticles 24) identified for review. The 142 abstracts identified for review were scanned by title and abstract for inclusion. Non-empirical comment/reply, review articles, and studies with no therapist involvement were excluded – specifically, the exclusion of non-empirical studies controlled for the crossover of this research study with the broad base of extensive literature dedicated to fiction, poetry, and film. Secondly, the forward citation searching method (see Wright et al., 2014) identified articles chosen for inclusion had their references screened by title for other relevant publications. Finally, references known by the author to be directly relevant to the review but not detected using the other two search strategies were also included.

Using the first strategy, 124 publications were excluded from inclusion in the review: 26 nonrelevant, 47 other related topic or no therapist contact, 17 child population, 21 review, 10 non-empirical, 2 foreign language, and 1 retracted publication. Therefore, this strategy yielded 15 publications to be retained for review. References obtained from the search using the first search strategy are listed in the first column in Table 3.1.

Second, using the forward citation searching method (Wright et al., 2014), the 15 identified articles chosen for inclusion had their references screened by title for other relevant publications. These publications were then collected, and this process was repeated until no further relevant references were derived. This process yielded 3 additional publications. References obtained from the second strategy's search are listed in the second column in Table 3.1.

Third, references known by the author to be directly relevant to the review but not detected using the other two search strategies were also included. This process yielded no

further publications for inclusion in the review. Therefore, the three strategies employed yielded 18 publications for review.

Table 3.1 Literature Search Strategy Results

Search Strategy 1	Search Strategy 2
1. (Abramowitz et al., 2008)	(Ghosh & Marks, 1987; Gould & Clum, 1995)
2. (Lidren et al., 1994)	
3. (Gould et al., 1993)	(Holden et al., 1983)
4. (Ghosh et al., 1988)	
5. (Power et al., 2000)	
6. (Carlbring et al., 2011)	
7. (Fritzler et al., 1997)	
8. (Proctor et al., 2018)	
9. (Gerlach & Subramanian, 2016)	
10. (Shechtman & Nir-Shfir, 2008)	
11. (Trudel & Laurin, 1988)	
12. (Linden & Wasilewski, 2019)	
13. (Muto & Mitamura, 2015)	
14. (McClay et al., 2015)	
15. (Grant et al., 1995)	

3.2 Bibliotherapy: Self-Help – Minimal or No-Therapist Contact

Bibliotherapy can be distinguished from 'self-help' primarily because the former includes discussion/written reflection of the reading in therapy (Gerlach & Subramanian, 2016). As defined, therefore, for this study, therapist recommended self-help literature not discussed in therapy as part of treatment will not be considered therapeutic reading. Nevertheless, considerable literature garnered for this research naturally crosses the boundary between therapeutic reading as defined in this study and the use of self-help materials as bibliotherapy with minimal or no-therapist contact.

The following sections present literature demonstrating the outcomes of therapeutic reading for various conditions, including minimal therapist and no-therapist contact examples, to demonstrate results through review and comparison.

3.2.1 Anxiety and Panic Disorder

Preliminary research has supported using self-help workbooks for individuals with mild to moderate social anxiety with minimal therapist involvement versus a wait-list control group receiving no intervention. Abramowitz et al. (2008) demonstrated the efficacy of an 8-week self-directed CBT-based treatment for social phobia using the *Shyness and Social Anxiety Workbook* (Antony & Swinson, 2000). Participation involved infrequent adjunctive meetings with a therapist to review/reinforce the material. Reductions in social anxiety, global severity, general anxiety, and depression were observed across the entire sample at post-test and 3-month follow-up using this method (Abramowitz et al., 2008). Similar results were found by Gould et al. (1993) using the self-help book *Coping With Panic* (Clum, 1989), where subjects in the bibliotherapy group were significantly more improved than subjects in the wait-list control – findings which were later replicated and extended by Gould and Clum (1995) and later re-evaluated with a skills-training group therapy condition (Lidren et al., 1994). Buwalda and Bouman (2009) found similar benefits of direct bibliotherapy treatment without therapist involvement in comparison to wait-list controls among a group with hypochondriacal complaints, which were assigned the book *Doctor, I Hope It's Nothing Serious?* (Bouman & Visser, 1993) – bibliotherapy was demonstrated to reduce hypochondriacal complaints and associated depression and anxiety effectively. In addition, bibliotherapy has also been shown to be an effective adjunct to teletherapy among sufferers of multiple sclerosis (MS). In a randomised controlled study by B. J. Proctor et al. (2018), participants read *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy* (Hayes, 2005) alongside eight weekly support calls, with results suggesting a favourable result for reducing anxiety among those with MS.

Equal benefits of random assignment to either self-exposure instructions by a psychiatrist, a self-help book, or computerised instructions have also been demonstrated among agoraphobic outpatients, with substantial improvement up to 6 months follow-up (see Ghosh

& Marks, 1987; Ghosh et al., 1988; cf. Holden et al., 1983; Maltby et al., 2002). Similar results of the effectiveness of bibliotherapy for anxiety disorders and panic have also been demonstrated among studies without therapist contact – however, results are not conclusive (Carlbring et al., 2011; Febraro et al., 1999; Ritzert et al., 2016). Howbeit, Power et al. (2000) demonstrated that the benefits of 'standard' therapist contact outweigh that of no therapist contact among a group of 104 panic-disordered patients. Indeed, compared to minimal or no therapist contact, standard therapist contact in CBT for panic disorder combined with a treatment manual demonstrated the greatest proportion of patients achieving clinically significant change at treatment end and at 6 months post-test (Power et al., 2000).

Further, Wright et al. (2000) have demonstrated that compared to wait-list controls, individuals receiving bibliotherapy and the minimal phone contact relapse prevention programme during a 6-month follow-up period experienced a significant reduction of panic-related symptoms and increased clinically significant change. Finally, Calbring et al. (2011) have shown that there is no significant difference between pacing (i.e., assignment of weekly chapters) or providing a book all at once by way of CBT treatment for panic disorder – these authors note, however, that '[p]acing of chapters in guided self-help could be more important in the treatment of other conditions' (p. 233). In contrast, bibliotherapy alone is less effective than group cognitive behavioural treatment utilising a structured manual and workbook in treating hoarding disorder (Muroff et al., 2012).

3.2.2 Obsessive-Compulsive Disorder

The prevalence of OCD in the UK is relatively high, with about 1-3% of people suffering from it at some point in their lives (NICE, 2005). However, many individuals with OCD go untreated due to various social, personal, and environmental barriers to treatment (Cludius et al., 2015). Therefore, accessible interventions for OCD are urgently required to reach those patients who may not engage with traditional mental health care system treatment, such as CBT or other

forms of psychotherapy (Cludius et al., 2015). As noted by Moritz et al. (2016), many individuals with OCD seek out self-help materials due to the limited access to or avoidance of psychological treatment. Further, the efficacy of most self-help materials has not been tested in randomised controlled studies, even though bibliotherapy using eBooks has the potential to benefit individuals on a large scale (Moritz et al., 2018). For example, various online (no therapist contact) studies have demonstrated the benefit of the *Metacognitive Self-Help Manual – myMCT* (my Metacognitive Training; Moritz & Hauschildt, 2016), an integrative transtherapeutic treatment for OCD. Participants who received *myMCT* have been shown to experience a significant reduction in OCD symptoms as measured by the Yale-Brown Obsessive-Compulsive Scale (Storch et al., 2010) and depression (Moritz et al., 2020; Moritz et al., 2018; Moritz et al., 2019; Moritz et al., 2016). Similar results of self-directed treatment for OCD have been demonstrated with minimal therapist contact and bibliotherapy by Fritzer et al. (1997).

3.2.3 Perfectionism and Stress

Research also indicates the benefits of self-directed treatment for perfectionism. In a study by Wimberley et al. (2016) examining the effectiveness of a mindfulness-based bibliotherapy intervention for perfection and associated stress, results indicated that in comparison to wait-list controls, the intervention group improved more over time on measures of perfectionism and perceived stress. Participants of the intervention group read the self-help book *Present Perfect: A Mindfulness Approach to Letting Go of Perfectionism and the Need for Control* (Somov, 2010) over 6 weeks and experienced greater gains in reduction of perceived stress, negative affect, and levels of self-critical perfectionism, with effects maintained at 6 weeks post-test (cf. Rice et al., 2011). Similarly, support has been suggested for mindfulness-based bibliotherapy treatment for depression among individuals with psychosis (cf. Chien et al., 2016; Moritz et al., 2015). Moreover, Hazlett-Stevens and Oren (2017) demonstrated that

mindfulness-based stress reduction bibliotherapy might provide an acceptable alternative in treating stress. Participants of this study completed the workbook *A Mindfulness-Based Stress Reduction Workbook* (Stahl & Goldstein, 2010), with results indicating reductions in depression, anxiety, stress, perceived stress, and anxiety sensitivity and increases in mindfulness and several domains of quality of life (i.e., physical health, psychological, environmental) among a sample of college students. Indeed, Kilfedder et al. (2010) demonstrated bibliotherapy (via an occupational stress management workbook) to be equally effective as face-to-face and telephone counselling in the treatment of occupational stress among a randomised group of NHS employees – suggesting that bibliotherapy could be considered as the first line of intervention in stepped care approaches.

3.2.4 Sexual/Orgasmic Dysfunction

Many self-help books have been written for the treatment of sexual/orgasmic dysfunction. However, there is a dearth of literature examining their effectiveness (Trudel & Laurin, 1988). The effectiveness of the book *Becoming Orgasmic: A Sexual Growth Program for Women* (Heiman et al., 1976) was examined by Trudel and Laurin (1988) among a small group of women diagnosed with primary and secondary anorgasmia. In this study, a female therapist called the participants weekly to discuss treatment problems and to offer support. Results indicated that bibliotherapy combined with minimal therapist contact was useful in improving some aspects of sexual life for women with anorgasmia (i.e., sexual arousability, repertoire, and satisfaction). However, as no significant results were observed in orgasmic response, bibliotherapy may have its most significant impact as an adjunct to sexual dysfunction therapy (cf. Fichten et al., 1986; Libman et al., 1984; Trudel & Laurin, 1988). Similarly, bibliotherapy alone has been demonstrated to have minimal impact on increasing satisfaction among cohabitating nonmarried couples who read *Loving: A Self-Help Guide to Relationship Satisfaction* as part of a relationship improvement program (see Bornstein et al., 1985).

Minimal therapist contact bibliotherapy has also been shown to be effective in treating lifelong vaginismus, with 15% of participants reporting successful intercourse following intervention compared to 21% of group therapy participants (see van Lankveld et al., 2006). There is also evidential support for the use of books for symptoms associated with love loss, such as depression, anxiety, interpersonal sensitivity, and hostility (Ogles et al., 1991). Similarly, in a related study, Kaldo et al. (2015) investigated the difference between minimal therapist input (telephone support) versus no support among 89 insomniac patients randomly assigned to either one of two groups. Participants in the bibliotherapeutic self-help treatment condition with the addition of therapist support had significantly increased outcomes than those without therapeutic support.

3.2.5 Depression

Depression and affective disorders are among the most common mental health problems experienced by adults and older adults (Floyd et al., 2004). Moreover, as Wollersheim and Wilson (1991) highlighted, the scientific literature has been dominated by studies examining the efficacy of psychopharmacological and psychotherapeutic treatments, such as CBT, with little attention to viable contrasting treatments. Wollersheim and Wilson (1991) evaluated the efficacy of contrasting treatment approaches for depression in a study examining four treatment conditions: coping therapy, supportive therapy, bibliotherapy, or a delayed treatment group. Participants of the bibliotherapy condition read a specific number of chapters each week of the unpublished manuscript *Bye Bye Blues: Overcoming Depression* (Wollersheim & Wilson, 1991) and had therapist contact before, midway, and after completion of the book. Results indicated that all groups experienced clinically significant improvement during the treatment program, indicating bibliotherapy as an effective means of treatment alongside other treatments.

Similarly, Floyd et al. (2004) examined the effectiveness of bibliotherapy alone compared to individual psychotherapy among a group of older adults. This study indicated no differences in clinician-rated depression following either 16 sessions of individual cognitive therapy or reading *Feeling Good* (Burns, 1980). Moreover, bibliotherapy participants improved at 3-month follow-up and had no significant differences at 2 years post-treatment (Floyd et al., 2006; Floyd et al., 2004; cf. Smith et al., 1997). Similar results were found by Moldovan et al. (2013) among a group of young adults who experienced statistically and clinically significant changes in depressive symptoms and cognitions following reading *Feeling Good*, compared to placebo, delayed treatment, and no treatment groups (cf. Bowman et al., 1995; Rohde et al., 2014). Comparatively, Bilich et al. (2008) demonstrated significant reductions in levels of depression among a group of mildly to moderately depressed Australian adults who read *The Good Mood Guide: A Self-Help Manual for Depression* (Phipps et al., 2003) – similar results were found among a group of depressed outpatients in Thailand (see Songprakun & McCann, 2012).

In contrast, Hanson (2019) compared the efficacy of positive psychology versus CBT bibliotherapy among a group of untreated depressed participants. Results indicated that participants experienced equal reductions in levels of depression by reading either *Positive Psychology for Overcoming Depression: Self-Help Strategies for Happiness, Inner-Strength and Well-Being* (Akhtar, 2012) or *Overcoming Depression: A Self-Help Guide Using Cognitive Behavioural Techniques* (Gilbert, 2009). Moreover, a longitudinal randomised controlled study by Poerio and Totterdell (2020) comparing the effects of fiction and non-fiction on the well-being of older adults from diverse urban populations over 6 weeks suggests that audiobooks can have a positive, enduring impact on various aspects of well-being. However, results indicate that personal engagement with a book's content, whether fiction or non-fiction, is crucial to its impact on participants' well-being.

3.3 Bibliotherapy: Individual or Group Therapy Contexts

The following sections present literature demonstrating the outcomes of therapeutic reading chosen as an adjunct to individual or group psychotherapeutic treatment.

3.3.1 Fluency Disorder

According to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-V; American Psychiatric Association, 2013), '[t]he essential feature of childhood-onset fluency disorder (stuttering) is a disturbance in the normal fluency and time patterning of speech that is inappropriate for the individual's age' (p. 46). Few evidence-based treatment options exist among adults who stutter to treat the specific cognitive and affective components that contribute to the successful management of this disorder (Gerlach & Subramanian, 2016). The use of bibliotherapy as an effective supplementary therapeutic tool to facilitate cognitive and affective growth among adults who stutter was conducted by Gerlach and Subramanian (2016). Individual and group therapy clients read and discussed the memoir *Out With It: How Stuttering Helped Me Find My Voice* (Preston, 2014) during 15-30-minute segments of ongoing therapy sessions. Participating clients reported experiencing shifts in the cognitive and affective components of the disorder that contribute to the successful management of stuttering, such as increased confidence, motivation, and self-acceptance (cf. Anderson & Felsenfeld, 2003; Plexico et al., 2010). Indeed, as noted by Gerlach and Subramanian (2016):

Bibliotherapy appears to be the most efficacious when the professional has a deep understanding of the client's problem and chooses literature that is specific to the client's individual needs. Additionally, bibliotherapy is more efficacious when used as a supplemental tool as opposed to stand-alone therapy approach (Heath et al., 2005). (p. 2)

Overall, results support bibliotherapy as an effective supplemental treatment in working with adults who stutter.

3.3.2 Anxiety-Related Disorders

Patient psychoeducation is a recognised essential element for informed decision-making and accurate understanding of illness, treatment options, and prognosis (Linden & Wasilewski, 2019). However, information can often be misleading or incorrect, and therefore, an essential task for psychotherapists is to provide trustworthy and understandable information. Linden and Wasilewski (2019) examined the impact of written self-help materials in a study to determine if better patient knowledge positively impacted the overall outcomes of CBT among a group of inpatients of behavioural and psychosomatic medicine. Brochures on phobia, general anxiety, hypochondriasis, cognition and emotion, coping, and chronic illness were developed for the study. Results indicated that patients who received the self-help materials during CBT had increased health knowledge. However, unexpectedly compared to controls, participants of the bibliotherapy condition rated the overall outcome of the treatment less favourably than those receiving CBT alone. This study highlights the importance of the content of the reading materials provided to patients and their ability to discuss the content in session and integrate it with treatment – for example, in this study, the brochures' content was addressed by the therapists in 50.7% of cases.

3.3.3 Depression

According to the UK National Institute for Health and Care Excellence (NICE), CBT should be offered to patients with moderately low mood and depression. However, due to the large volume of patients with depression, waiting lists for treatment are often long (McClay et al., 2015). An alternative approach to overcome these difficulties, reduce waiting lists, and provide effective treatment is to utilise guided self-help bibliotherapy materials to deliver the CTB content:

This approach is utilised in the Increasing Access to Psychological Treatment (IAPT) government programme across England, which was introduced due to the commitment to widening access to psychological therapies for mental health problems such as depression, anxiety and eating disorders. (McClay et al., 2015, p. 2)

The impact of group-based guidance/support bibliotherapy was trialled in a randomised controlled 8-week CBT group self-help intervention by McClay et al. (2015). Participants of this study attended eight 90-minute community-based weekly classes focusing on common problems individuals face when feeling low or anxious. Results revealed the intervention to positively impact depression and anxiety, suggesting provisional support for similar future interventions.

Similarly, Grant et al. (1995) assessed the efficacy of Quality of Life Therapy for depression among 16 clinically depressed community volunteers who met weekly for 15 weeks to discuss their progress in reading *The Happiness Handbook: A Tool Kit for Life Based on Quality of Life Therapy* (Frisch, 1994). Results indicated that all participants who completed the treatment were reclassified as non-depressed and demonstrated significant increases in quality of life and self-efficacy at the end of treatment. Comparatively, the effect of affective bibliotherapy on client functioning in group therapy was examined in a study by Shechtman and Nir-Shfir (2008), with results indicating that participation in bibliotherapy increased affective exploration and productive behaviour in therapy in comparison to participation in group therapy alone. In contrast, Muto and Mitamura (2015) demonstrated the benefits of therapist-assisted step-by-step instruction of Acceptance and Commitment Therapy (ACT) on a chronically depressed Japanese man. This case study highlights the benefit of bibliotherapy with ACT self-help materials combined with therapeutic instruction on alleviating depression (cf. Muto et al., 2011; Ritzert et al., 2016).

3.4 Discussion

The small initial searches of the literature undertaken to determine the specific search terms to be used in this research illuminated a dearth of literature in existential bibliotherapy. Moreover, most of the bibliotherapy literature retrieved by the various search strategies employed fell into

the *manualised self-help* category. This is unsurprising given du Plock's (2006) observation that the NHS has adopted the American form of bibliotherapy, which takes a technical, manualised self-help approach (see also du Plock, 2016a) – not to mention that a significant proportion of research studies across psychology are conducted in the USA. Overall, the literature revealed considerable support for using self-help workbooks with minimal or no-therapist involvement versus wait-list control groups receiving no intervention. For example, significant reductions in anxiety, depression, hypochondriasis, agoraphobia, and panic have been observed by various researchers using self-help workbooks (see section 3.2.1).

Similarly, significant reductions in OCD have been demonstrated using the integrative transtherapeutic *Metacognitive Self-Help Manual – myMCT* (Moritz & Hauschildt, 2016). Further, self-help books and manuals have also proved to be effective in treating perfectionism, psychosis, stress, sexual/orgasmic dysfunction, relationship satisfaction, and depression (see Table 3.4 for a list of resources). Indeed, self-help manuals can be utilised across a broad range of treatment applications and are effective with minimal or no-therapist involvement, therefore providing support for bibliotherapy as the first line of intervention in stepped care approaches (Kilfedder et al., 2010).

Overall, the literature search strategies employed in identifying articles for inclusion in this review resulted in 15 research papers – with 3 additional publications garnered from strategy two. In sum, the three search strategies employed revealed 18 publications for review – demonstrating a dearth of literature in this area. The collated papers indicating the outcomes of bibliotherapy as an adjunct to individual or group psychotherapeutic treatment formed three main subcategories: Fluency Disorder (3.3.1), Anxiety-Related Disorders (3.3.2), and Depression (3.3.3). Indeed, bibliotherapy proved to be an effective supplementary therapeutic tool among adults who stutter, such that clients reported experiencing cognitive and affective shifts that facilitated the management of the condition. Moreover, this research highlighted that

bibliotherapy is most efficacious when the therapist has a deep understanding of the client's problem and chooses the literature according to their specific needs (Gerlach & Subramanian, 2016) and when used as a supplemental tool rather than an individual therapy approach (Heath et al., 2005) – which is in keeping with therapeutic reading as defined in this research.

Table 3.4: Self-Help Books/Workbooks and Bibliotherapy Resources

Topic	Self-Help Books/Workbooks and Bibliotherapy Resources
Anxiety/Panic Disorder	<i>Shyness and Social Anxiety Workbook</i> (Antony & Swinson, 2000)
	<i>Coping With Panic</i> (Clum, 1989)
	<i>Doctor, I Hope It's Nothing Serious?</i> (Bouman & Visser, 1993)
OCD	<i>Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy</i> (Hayes, 2005)
	<i>Metacognitive Self-Help Manual – myMCT</i> (Moritz & Hauschildt, 2016)
Perfectionism/Stress	<i>Present Perfect: A Mindfulness Approach to Letting go of Perfectionism and the Need for Control</i> (Somov, 2010)
	<i>A Mindfulness-Based Stress Reduction Workbook</i> (Stahl & Goldstein, 2010)
Sexual/Orgasmic Dysfunction	<i>Becoming Orgasmic: A Sexual Growth Program for Women</i> (Heiman et al., 1976)
	<i>Loving: A Self-Help Guide to Relationship Satisfaction</i> (see Bornstein et al., 1985)
Depression	<i>Bye Bye Blues: Overcoming Depression</i> (Wollersheim & Wilson, 1991)
	<i>Feeling Good</i> (Burns, 1980)
	<i>The Good Mood Guide: A Self-Help Manual for Depression</i> (Phipps et al., 2003)
	<i>Positive Psychology for Overcoming Depression: Self-Help Strategies for Happiness, Inner-Strength and Well-Being</i> (Akhtar, 2012)
	<i>Overcoming Depression: A Self-Help Guide Using Cognitive Behavioral Techniques</i> (Gilbert, 2009)
Fluency Disorder	<i>The Happiness Handbook: A Tool Kit for Life Based on Quality of Life Therapy</i> (Frisch, 1994)
	<i>Out With it: How Stuttering Helped Me Find my Voice</i> by Preston (Preston, 2014)

Further support for the use of bibliotherapy in the form of self-help materials aimed at improving clients' health knowledge enhanced the outcomes of CBT treatment (Linden & Wasilewski, 2019). Finally, results from the literature show support for bibliotherapy in the form of group-based guided self-help materials with CBT and bibliotherapy as an adjunct to group therapy in the treatment of depression. Overall, the literature supports the efficacious use of bibliotherapy/therapeutic reading in individual and group therapy contexts and suggests that it may be an essential first line of intervention in stepped-care approaches.

3.4.1 Chapter 3 Summary

This chapter has presented a detailed overview of the extant literature in this area. This includes comparative literature demonstrating results of minimal therapist and no-therapist contact and research demonstrating the outcomes of therapeutic reading chosen as an adjunct to the individual or group psychotherapeutic treatment.

Next, Chapter 4 presents the research methodology, including the research aims and objectives.

CHAPTER 4: Methodology

4.1 Research Aims

This study aimed to explore the use of bibliotherapy by existential psychotherapists who consider therapeutic reading an important adjunct to their way of working. Specifically, my concern is with *how* existential psychotherapists experience the use of bibliotherapy with clients.

The following sections examine the research objectives, methodology, sample procedure, and ethics.

4.1.1 Research Objectives

The specific objectives of this study were to determine:

1. How existential psychotherapists use bibliotherapy;
2. Why existential psychotherapists use bibliotherapy;
3. What impact does existential practice have on the application of bibliotherapy; and
4. What insight is obtained by using a hermeneutic phenomenological investigation of existential psychotherapists' lived experience of bibliotherapy.

The *how* of therapeutic reading includes exploring the bibliotherapy format (e.g., printed text, audiobook), the rationale behind the choice of text (e.g., client symptomology, intelligence, psychoeducation), and function (e.g., homework, to improve rapport, reviewed in session). The *why* of therapeutic reading includes exploring the underlying/historical beliefs of the therapist in the benefits or impact or outcomes of using bibliotherapy as an adjunct to therapy – that is, what it is used for and why. Further, of specific interest is the impact of modality on the application of therapeutic reading. That is, *what* impact does practising as an existential psychotherapist have on the application of bibliotherapy. For example, *what* impact does modality have on the choice of text (e.g., use of existential or philosophical texts) and function (e.g., does discussion form a formal part of the session) as part of the therapeutic work. Finally, what is the *lived experience* of the therapist – that is, what themes emerge by using the hermeneutic phenomenological method of investigation to understand the *lived experience* of

existential therapists who engage with bibliotherapy. For example, does it put pressure on clients, how can it go wrong, how do they decide who to use it with, does it improve understanding, rapport, or 'speed up' the therapeutic process, and what does it feel like to meet (or depart from) the client through this adjunct to therapy. Overall, what is their personal experience of therapeutic reading in the context of their clinical practice (i.e., detailed reflections of their use of bibliotherapy in their client work).

4.1.2 Methods Considered

Various methodologies were considered in determining the appropriate approach for the research aims.

4.1.2.1 Mixed-Method Approach. A mixed-method design incorporating qualitative (e.g., open-ended) and quantitative (e.g., closed-ended) questions was considered. Indeed, quantitative methods (i.e., experimental research) were the 'predominant paradigm used for psychotherapy research since its inception more than 100 years ago' (Lutz & Hill, 2009, p. 369). However, over the last four decades, dissatisfaction with quantitative methods for investigating the psychotherapeutic process has only facilitated continued development, integration, and reliance on qualitative methods to help us better understand psychotherapy (Lutz & Hill, 2009).

At first glance, the mixed-method approach sounds like a 'combined approach' that might prove appropriate here. However, this approach is not a combined approach; it is the explicit integration of qualitative and quantitative elements (Halcomb, 2019). As a result, ensuring the quality of the mixed-method approach is an issue. Indeed, experts advise that this approach should only be used when integrating qualitative and quantitative methods will answer the research question more fully than either method alone (see Creswell & Plano Clark, 2011). Given that this research aims to consider *how* existential psychotherapists experience

the use of bibliotherapy with clients, the additional gathering of quantitative data did not offer any clear advantages in answering the objectives of this research.

Further, the mixed-method approach involves the concurrent collection of qualitative and quantitative data, whereby one approach is built upon the findings of the other (Halcomb, 2019). As a result, mixed-method research requires qualitative and quantitative expertise exceeding that of the individual researcher, making it a poor choice for doctoral research (Halcomb, 2019). Furthermore, ethical considerations associated with an experimental/mixed-method design, such as a bibliotherapy group, also precluded this as an appropriate method for doctoral research.

Additionally, a hermeneutic phenomenological perspective was more applicable to the research aims of this study than a mixed-method design because it also overcomes the difficulties in qualitative research associated with bracketing. Hermeneutic phenomenology rejects the idea of suspending personal biases and expectations because it recognises that researchers cannot be rid of their *lifeworld* (Kafle, 2011; Neubauer et al., 2019) – a key consideration for this research study.

4.1.2.2 Interpretive Phenomenological Analysis. The interpretive phenomenological analysis (IPA) qualitative approach was also considered. Interpretive phenomenological analysis involves exploring and examining experiences or how individuals make sense of major life experiences (Smith et al., 2022). This phenomenological approach to qualitative research is concerned with individuals in context and thus is an appropriate method for this doctoral research (Braun & Clarke, 2013). It is phenomenological because it is interested in studying human experience, and interpretive because the researcher must make sense of the participant's world using their own interpretations (Braun & Clarke, 2013). Moreover, the approach involves a double hermeneutic or interpretive process because the researcher is attempting to make sense of the participant making sense of their lifeworld (Braun & Clarke, 2013; Smith et al., 2022).

However, IPA is a specific methodological approach to qualitative research, with guiding theoretical principles, research questions, study designs, and data collection and analytic procedures, which does not allow for interpretation through conversation – the focus of this research study (Braun & Clarke, 2013). As a methodological approach, IPA has been criticised for its ability to capture meaningfully rich experiential data from participants, resulting in a collection of participant opinions instead of experiences (Tuffour, 2017). In particular, researchers have suggested that the methodology is conceptually flawed in recognising the role of language (Tuffour, 2017) – that is, the analytic procedures do not uncover the meaning hidden within the narrative. Accordingly, the approach limits understanding because it does not consider the participant's life world in understanding the experiences being described (Tuffour, 2017). Therefore, although IPA offers a strategy to facilitate the gathering of lived experiences, it does not allow for phenomenological interpretation through conversation. Moreover, by its very nature, this approach's theoretical principles and analytic procedures create a rigidity that would have precluded a true phenomenological exploration of the research topic – that is, exploring the *how*, *why*, and *what* of the participants' lived experience.

4.1.2.3 Hermeneutic Phenomenological Approach. The hermeneutic phenomenological approach was chosen over IPA because it is aimed at the contextual aspects of the lived experience. Although embedded in hermeneutic phenomenology, IPA is a specific analysis strategy used with phenomenological data. For example, as noted by Smith et al. (2022):

IPA is committed to the detailed examination of the particular case. It wants to know in detail what the experience for *this* person is like, what sense *this* particular person is making of what is happening to them. This is what we mean when we say IPA is idiographic...It is possible to move to more general claims with IPA, but this should only be after the potential of the case has been realized. (p. 3, emphasis in original)

In contrast, hermeneutic phenomenological methodology takes into account the life history of both the researcher and the participant, which 'are embedded and essential to the interpretive

process of the phenomenon of interest' (Laverty, 2003, p. 28). As noted by Laverty (2003), '[t]he researcher is called, on an ongoing basis, to give considerable thought to their own experience and to explicitly claim the ways in which their position or experiences relates to the issues being researched' (p. 28) – overtly naming their assumptions and their influence on the process of reflection and interpretation. Indeed, hermeneutics is, by definition, 'the art of interpretation' (Kakkori, 2009, p. 22) and the chosen interview method will facilitate 'interpretation through conversation' (van Manen, 2016b, p. 97). As highlighted by van Manen, both the researcher and the interviewee participating in the hermeneutic interview have a vested interest in the research topic in which they have involved themselves – hence, an interviewee is often considered a co-investigator. Meaning-making is undertaken through a hermeneutic circle of interpreting (dialogued text), reflective writing, and reading, which lends itself to reflecting the themes of the phenomenon under study and the broader understanding that emerges therein (Kafle, 2011; Stephenson et al., 2018).

Criticisms of undertaking van Manen's approach, such as his method being inarticulate, ambiguous, and poorly understood, were also considered when choosing it as the research methodology (Kakkori, 2009). Indeed, the expression 'hermeneutic phenomenology' has been considered a contradiction in terms because there are fundamental differences between these two philosophies and many phenomenological methods – phenomenology is concerned with essence and hermeneutics, the process of interpretation (Kakkori, 2009). Furthermore, it has been argued that his method is not accessible and applicable to researchers who are not professional philosophers (Zahavi, 2020). However, for this research, van Manen's approach provided a unique opportunity to unpack the contextual aspects of lived experience. Being grounded in existential-phenomenological philosophy and theory, it was more accessible than it might have been to a researcher without an existential training background. Further, it provided an opportunity to learn and hone a method of inquiry previously unknown to me as a

researcher. Thus, making it an ideal choice for a doctoral research project aiming to make a unique contribution to the knowledge.

4.1.3 Methodology

In-depth, face-to-face interviewing via an online video platform was used to conduct the research. Questions were developed to form an open-ended/semi-structured interview from a hermeneutic phenomenological perspective. The research interview followed a series of questions, such as: *How did using books in therapy first arise for you? How do you use bibliotherapy/therapeutic reading in your clinical practice?* (see Appendix A).

The interviews were recorded and transcribed in preparation for thematic analysis. The data was thematically analysed using van Manen's (2016a, 2016b) hermeneutic phenomenological approach. van Manen's approach includes four rigorous criteria associated with ensuring the quality of this type of qualitative research: orientation, strength, richness, and depth, which was undertaken to add trustworthiness (Kafle, 2011). Accordingly, a selective reading approach was taken to isolate or uncover thematic aspects of phenomenon in the transcribed text. As described by van Manen (2016b):

In the selective reading approach we listen to or read a text several times and ask, *What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?* These statements we then circle, underline, or highlight'. (p. 93, emphasis in original)

The reflective phenomenological text resulting from the analysis of the emerged themes will aim to 'let us see that which shines through, that which tends to hide itself' (van Manen, 2016b, p. 130).

The thematic analysis thus also provides an opportunity to consider what authors (see Appendix B) and books (see Appendix C) co-investigators have recommended to their clients and the vocative statements (see Appendix D) they have used in describing the *whatness* of bibliotherapy for them.

4.1.3.1 van Manen – Hermeneutic Phenomenology. An open-ended/semi-structured hermeneutic phenomenological interview was used to gather and explore the experiential material of the interviewees/co-investigators (van Manen, 2016a). The hermeneutic phenomenological interview has the very specific purpose of exploring and gathering experiential material through narrative, such as stories or anecdotes, that serve as the resource of phenomenological reflection. Hermeneutics, 'is the interpretation of experience via some "text" or via some symbolic form', whereas phenomenology is the 'pure description of lived experience' (van Manen, 2016b, p. 25). The accounts sought from the interviewees are prereflective experiential accounts – that is, they are shared 'lived experiences', not personal perspectives, views, or interpretations. Thus, the gathered material from a hermeneutic phenomenological investigation provides a deeper understanding of the human phenomenon under investigation because it is an experiential account. However, this technique is extremely challenging, as it can be difficult to 'get interviewees to actually tell an experiential account in prereflective terms' (van Manen, 2016a, p. 315). As noted by van Manen (2016a), '[i]t is much easier to get a person to tell *about* an experience than to tell an experience as lived through' (p. 315, emphasis in original). The art of the interviewer in the hermeneutic phenomenological interview' is to keep the question (of the meaning of the phenomenon) open, to keep himself or herself and the interviewee oriented to the substance of the thing being questioned' (van Manen, 2016b, p. 98).

4.1.3.2 Defining and Understanding Terms. van Manen (2016a) provides the following definition of hermeneutic phenomenology:

[A] method of abstemious reflection on the basic structures of the lived experience of human existence. The term *method* refers to the way or attitude of approaching a phenomenon. Abstemious means that reflecting on experience aims to abstain from theoretical, polemical, suppositional, and emotional intoxications. Hermeneutic means that reflecting on experience must aim for discursive language and sensitive interpretive devices that make phenomenological analysis, explication, and description possible and intelligible. Lived experience means that phenomenology reflects on the prereflective or prepredicative life of human existence as lived through it. (p. 26, emphasis in original)

By its very definition, the hermeneutic phenomenological tradition does not seek to code or develop categories of recurring concepts or themes (van Manen, 2016a). In considering whether this dissertation *looks like* hermeneutic phenomenology, it is clear that broad recurring themes emerged from the structured interview style. Most notably, whether the interviewee did or did not identify with using bibliotherapy, the benefits of using bibliotherapy as an adjunct to therapy, and how this method serves as an extension to therapy. Nevertheless, the process of thematic analysis uncovered unique human experiences represented in the narrative. Sections have been titled with recurring and unique headings to organise the content of the gathered lived material – the 'themes may be understood as the *structures of experience*' (van Manen, 2016b, p. 79, emphasis in original). As noted by van Manen, '[g]rasping and formulating a thematic understanding is not a rule-bound process but a free act of "seeing" meaning that is driven by the epochè and the reduction' (2016a, p. 320; 2016b).

Indeed, the etymological meaning of *phenomenology* is made up of *logos* 'to let something be seen' and *phenomenon* 'that which shows itself in itself' (Heidegger, 1962; van Manen, 2016a, p. 27). Thus, the headings are for organisational purposes and to facilitate exploration and insight in the reflexive (see Chapter 12) and discussion sections (see Chapter 13). Epochè suspends, or brackets assumptions that might get in the way of accessing a phenomenon, and the reduction is the method that leads back to the phenomenon:

[T]he reduction is an attentive turning to the world when in an open state of mind, effectuated by the epochè. It is because of this openness that the insight may occur that remembrances are held in the things around us, and they may be released through sensory contact, even though these occurrences are not really predictable or under our control. (van Manen, 2016a, p. 218)

In the context of this research, interviewees have remembrances or memories of how they have used books that emerge from the act of talking about bibliotherapy, which elicits the felt experience of the phenomenon that is therapeutic reading:

The reduction aims at removing any barriers, assumptions, suppositions, projections, and linguisticities that prevent the phenomena and events of the lifeworld to appear or show themselves as they give themselves...we need to engage in the reduction in order to let that which gives itself show itself. (van Manen, 2016a, p. 221)

The experience of reflective writing elicits another form of the reduction: the *vocative* (van Manen, 2016a). The vocative is the experience of reflective writing that emerges from adopting a phenomenological attitude, such that the text produced provides access to a phenomenon. The more vocative a text is, the more we can see what is hidden. Thus, to address the uniqueness of a phenomenon, the methodology 'seeks to describe *what* shows itself in experience or consciousness and *how* something shows itself' (van Manen, 2016a, p. 229, emphasis in original). That is, 'phenomenology is the attempt to uncover and describe the eidetic structures, the internal meaning structures, of lived experience' (van Manen, 2016a, p. 229). The *eidōs* is the *whatness* of a phenomenon – 'what is distinct or unique in a phenomenon' (van Manen, 2016a, p. 229). For example, 'the *eidōs* of a phenomenon are the invariations that makes a "something" what it is and without which it could not be what it is' (van Manen, 2016a, p. 229). Therefore, the eidetic reduction is interested in the experience of something, not the facts. It helps us to answer questions such as: *How do we know what it is to be doing bibliotherapy?*

The vocative is a challenging dimension of the hermeneutic phenomenological reduction. The outcome of reflective writing is the experience of resonance in the reader, such that they can feel the experience from the words, even if they have never experienced it in life. Vocative text involves caressing words so that they speak to the reader, imparting the meaning that is embedded in the text. Indeed, 'hermeneutic phenomenological research is fundamentally a writing activity' (van Manen, 2016b, p. 7). The vocative is a phenomenological device that 'triggers the imaginary faculty' (van Manen, 2016a, p. 262). According to van Manen (2016a):

The image that we meet in a vocative phenomenological text is an alluring figure of speech...Image enriches the sense of a text with the depth of meaning that invokes the ineffable quality of lived experience. Thus, when a text images (becomes image), it acquires (in)audibility, (in)visibility, and the (in)sensitivity of touch. If not, the phenomenological text would remain incapable of communicating the concrete lived throughness of lived experience. (p. 262)

An example of vocative phenomenological text was gathered from Alan (see Chapter 7), who presented the images of a book being like a mirror that one can look into and see themselves in it or like a soundboard that one can bounce reflections off of to see oneself more clearly: '[C]lients...who can use it as a soundboard...Almost like a mirror...You know, looking into it and seeing something about themselves in it' (PII:7:14-15).

4.1.3.3 Approaches to Theme Analysis. Three methods of isolating thematic aspects of a phenomenon from a transcribed text are described by van Manen (2016a, 2016b):

- The wholistic reading approach;
- The selective reading approach; and
- The detailed reading approach.

(1) In the wholistic reading approach the text is attended to as a whole. The research asks, "How can the eidetic, originary, or phenomenological meaning or main significance of the text as a whole be captured?" This meaning is then formulated into a phrase that captures it.

(2) In the selective reading approach a section of text is reviewed several times. The researcher then asks: "What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?" These statements are then highlighted and flagged for later writing of the vocative phenomenological text.

(3) In the detailed reading approach every sentence is examined. The researcher then asks: "What may this sentence or sentences cluster be seen to reveal about the phenomenon or experience being described?" These sentences or anecdotal clusters can be lifted right out as examples of the phenomenon or edited and presented to reveal the lived experience. (van Manen, 2016a, p. 320)

These approaches to thematic analysis facilitate the construction of anecdotes taken from the lived experience descriptions (LEDs) gathered during the interview. As described, some 'experiential descriptions are so well narrated that they already have the narrative shape of an anecdote', whereas other descriptions must be constructed through hermeneutic phenomenological writing (van Manen, 2016a, p. 320). Indeed, van Manen notes that 'phenomenological anecdotes can be powerful texts that function as "examples" in describing a phenomenon' (van Manen, 2016a, p. 254).

These approaches were carried out by reading the entire transcript in the first instance to capture the essence of the interview and the meaningfulness of the phenomena being discussed. Sections were then read and re-read, and statements or sections were highlighted that appeared to be particularly revealing about the experience being described (van Manen,

2016b). These segments of text were then linked to the interview questions and highlighted in colours that are representative of the meaning derived (e.g., vocative word). Finally, in the detailed reading approach, sentences or sentence clusters or words were lifted out as examples of the phenomenon being described. Overall, a collection of individual sentences, anecdotes, sentence clusters, and vocative words were lifted out, edited, and re-presented as examples of the lived experience (see Appendix I – Thematic Analysis for an example).

For the purposes of this research, the narratives gathered from the interviewees have been presented in a format so that the anecdotal editing of the researcher could be observed. Square brackets have been used to indicate a change in letter case, verb tense, or wording, and ellipses have been used to indicate the omission of words. Presented below is an example from the interview with Alan (see Chapter 7) of how a LED was converted into an anecdote to make the 'text more insightful and accessible in terms of the phenomenological themes and understandings' (van Manen, 2016a, p. 254):

Unedited:

Exactly. Exactly. It helps me to see them. It helps you to see. It helps them to see themselves as well. And also, I, I'm in some sense, since I'm quite what is it called post-structuralism. I really believe that we colour the things we read. We colour the things we watch. We. We, we, we all have this very personal take on. From. From movies. From documentaries, from, from novels, books, anything. So that, I'm interested in that personal colour that that person felt as, as one was reading the book. (PII:7:22-27)

Edited:

It helps me see them...It helps them see themselves as well...We all colour the things we read...We all have this very personal take...So I am interested in that personal colour that person felt as one was reading the book. (PII: 7:22-27)

The power of the anecdote is that it allows the reader to experience the felt sense of the co-investigator's lived experience. As described by van Manen:

The "anecdotal example" does not express what one knows through argument or conceptual explication, but, in an evocative manner, an "anecdotal example" lets one experience what one does not know (in an intellectual or cognitive sense). So, both the anecdote and the example (which may be the same textual unit) can make the singular knowable. They can do this because the exemplary anecdote, like literary fiction, always orients to the singular. Indeed, any literary story or novel is always some unique story that brings out the particular or singularity of a certain phenomenon or event. (van Manen, 2016a, p. 254)

Below is another example from the interview with Mary (see Chapter 8) of an unedited LED and edited anecdote. Both anecdotal examples engage the reader in imagery. As discussed by van Manen (2016a), Heidegger (2001) notes that language can become image, which enables the invisible to be visible. Words as images:

Unedited:

I sort of think they can. Obviously, whatever it's may, it may, it may open up the, open up some paths which been kind of closed., Yes. So that's the, and any form of indirect way, artistic or kind of, you know, stuff, or even work with decided some kind of body work as well as do everything that's anything can kind of open the door. So yes. To something because they obviously what happens they, they relax because it's not the attention is not on them, but it's indirect. They investing into something. And then the way we talk about it, they can think about themselves in a in a safe way, maybe because it's, it's about, you know, like externalising whatever. Going on for them. Into this kind of book. So it's easier to kind of think about it that way. And then, you know. Taking it back. So I think you can help, especially with, with clients who have a lot of resistance and there's a lot of resistance because there is a pain there. And. Fear. And, and also the books and the novels could be a platform to really help them to, to see that, actually. If the sum of the story is that there's been difficulties and stuff, but then it's kind of a positive that it means there's hope. So that's with hope it's easier for them to okay, so I can do it as well. It's a sense of. Shared experience, you know? (PIII:9:31-44)

Edited:

[I]t may open up some paths, which...[have been] closed...[It can] open the door...to something because...they relax, because...the attention is not on them...it's indirect...And then...we talk about it, they can think about themselves in a safe way, maybe because it's...externalising...So...[it] can help, especially with clients who have a lot of resistance and there's a lot of resistance because there is pain there...and fear...[B]ooks...[are] a platform to really help them see...there's a hope...I can do it as well. It's a sense of shared experience. (PIII:9:31-44)

These examples also demonstrate the *pathic* (experiential) meaning that is evoked from the text – that is, the power of the text to express a deeper secondary meaning (inner meaning) in addition to the primary meaning (informational content) that can be taken from it. The hermeneutic phenomenological interview is the process of gathering LEDs. They are *interpreted* experiential accounts, not *concrete* experiential accounts (van Manen, 2016a). For example, Mary (see Chapter 8) lets us know how it feels to use books in therapy – this is the *whatness* of bibliotherapy for her. She describes experiencing books as opening paths in therapy that have been closed because of the indirectness of focusing on the text, which helps the client relax and unpack painful material in a safe way. This is a shared experience of overcoming resistance through books as platforms for seeing hope.

4.1.3.4 Hermeneutic Phenomenological Writing. According to van Manen (2016a, 2016b), phenomenological writing is phenomenological reflection and vice versa; the two concepts cannot be separated. Indeed, he notes that '[p]henomenological inquiry cannot really be separated from the practice of writing' – that is, 'phenomenological reflection is writing' (van Manen, 2016a, p. 254). Thus, phenomenological writing and reflection is an experience of language. It is the phenomenological reflection of prereflected life as gathered through the LEDs. In accordance with Heidegger (1982), phenomenological writing is a creative language process that utilises words to enable access by the reader to the lived experience – it is not a formal 'phenomenological research method' because there is no one phenomenology (van Manen, 2016a, p. 372). As noted by van Manen (van Manen, 2016a):

Phenomenology does not just aim for the clarification of meaning, it aims for meaning to become experienced as meaningful. Meaningfulness happens when meaning speaks to our existence in such a way that it makes "contact" and touches us. (p. 373)

Therefore, the object of the research process *is* the creation of the phenomenological text (van Manen, 2016b). Writing phenomenologically 'is not so much a hermeneutic circle as it is a kind of constant circulating in all relevant directions' of the phenomenological question (van Manen, 2016a, p. 376). As noted by van Manen (2016a, p. 376), phenomenological writing involves several literary techniques:

- Heuristic writing (what question?)
- Experiential writing (what experience?)
- Thematic writing (what aspect of meaning?)
- Insight cultivating writing (what scholarly thought/text)
- Vocative writing (what vocative words)
- Interpretive writing (what inceptual meaning?)

Overall, phenomenological writing is 'the art of being sensitive' to language and is best achieved 'when it allows the things themselves to speak' (van Manen, 2016b, p. 111).

These literary techniques are evidenced in this research in the individual chapters dedicated to each co-investigator within the theme analyses and discussions (see Chapters 6-11) and in the final reflexive discussions of each participant (see Chapter 12). Therein the

writing includes consideration of what question was being considered, what lived experience best describes the phenomenon, what is the meaningfulness of the provided lived experience description, what scholarly thought or text is evidential of the foundations of the thoughts expressed, what vocative words were used in describing the lived experience, and how can this be interpreted – the art of interpretation through conversation involves holding these literary techniques in mind, allowing them to be implicitly considered and integrated when writing phenomenologically.

4.1.3.5 Sample. The participants of this study consisted of 6 existential psychotherapists who consider therapeutic reading an important adjunct to their way of working. Inclusion criteria comprised formal training as an existential practitioner and personal admission of working as such, with a minimum of 5 years post-qualification experience. Both counselling psychologists and psychotherapists with a minimum master's level qualification were eligible to take part. Existential psychotherapists who had not previously used bibliotherapy as part of their psychotherapeutic practice were not eligible to participate. Participants must have identified as using bibliotherapy as defined in this study (see p. 18). Including only therapists who consider therapeutic reading an important adjunct to their way of working facilitated the overall research aims to explore the experience of bibliotherapy. Inclusion/exclusion was not based on the regularity of application or type of text chosen, as a central aim is to understand the *how*, *why*, and *what* of therapeutic reading.

Table 4.1: Sample Demographics

Participant	Age	Sex	Ethnicity ⁷	Years of Practice	Interview Location
Jane	52	Female	White/Jewish	27	Guernsey
Alan	38	Male	White/European	13	Turkey
Mary	51	Female	White/European	15	England
George	50	Male	White	9	Australia
Henry	40	Male	Greek	10	Greece
Catherine	60	Female	White/Irish	8	Ireland

⁷ As described by participants.

4.1.3.6 Recruitment. The primary researcher recruited participants by direct canvassing and consisted of individuals listed on the register of approved New School of Psychotherapy and Counselling (NSPC) therapists, fellow existential practitioners known to the primary researcher, and individuals recommended by the primary researcher's supervisors or colleagues. In the first instance, recruitment involved an email invitation to each participant to participate in the research. This was followed by an email containing the participant information sheet (see Appendix E) and consent form (see Appendix F). To protect participant identity, each was provided with a pseudonym by which they are referred.

The recruitment procedure was purposeful in its intent to gather examples of lived experiences from existential practitioners engaged in using books in therapy. In considering how many participants to interview, it was essential to 'gather enough experientially rich accounts' to present powerful evocation of experiential data that will enable the reader to 'make contact with life as it is lived' (van Manen, 2016a, p. 353). However, this outcome needed to be balanced with ensuring that there were not too many transcripts or textual content to analyse so as to 'encourage shallow reflection' (van Manen, 2016a, p. 353). Thus, this was evaluated as the research was conducted, and the final amount of included participants was deemed to 'contain just the right amount of experiential material' and 'reflective phenomenological text' for the purposes of this research (van Manen, 2016a, p. 353).

4.1.4 Ethics

Ethical approval for the research was sought through the NSPC research ethics committee and conformed to the ethical guidelines set out by Middlesex University (see Appendix G for the Ethics Submission and Approval). Participants were informed about the implications of participation in a provided participant information sheet, including signed consent. The principal investigator contacted each participant to check eligibility criteria and confirm that they had understood the provided information. At this time, participants were also given the

opportunity to ask any questions or voice any concerns which may have required further explanation from the principal investigator. Contact details of the principal investigator's supervisor and the NSPC were provided on the information sheet should participants wish to speak to a third party regarding any concerns about the conduct of the study.

Full details of the procedure were outlined in the participant information sheet, including that participation is voluntary, participants may withdraw at any time without penalty, participant anonymity will be guaranteed, and personal information will not be shared or used except for the purposes of the research. Moreover, during the interview, the participant was requested to protect the identity of her clients and reminded that client details should not be discussed in the interview. Reference to compliance with relevant data protection policies was included, along with how the data will be stored.

Given that the interviews took place via video call, participants were explicitly advised to ensure the interview was held at a private location where they would not be interrupted. Further, the participant's consent for the interview to be recorded so that the data may be transcribed and thematically analysed was included. Moreover, participants were informed of any disadvantages of taking part, such as that talking about personal experiences may be distressing, and possible benefits, such as the facilitation of new ideas about how they may use bibliotherapy in their practice. Participants were sent a debriefing form after completing the data collection and thematic analysis (see Appendix H).

Another ethical requirement is to ensure the safety of the researcher. I kept myself safe by engaging in regular supervision and private therapy and keeping a reflexive journal of my experiences, all of which facilitated regular exploration and unpacking of self-doubt and concern that emerged throughout the process.

4.1.5 Chapter 4 Summary

This chapter has presented an overview of the research methodology, aims, and objectives. Also presented here was a summary of hermeneutic phenomenology, which included defining terms and presenting scholarly text. This was followed by a presentation of how I have approached and undertaken the thematic analysis in this research and a consideration of what it is to write phenomenologically. Finally, this chapter detailed the sampling procedure, participants, and ethics employed.

Next, Chapter 5 presents the pilot research results and conclusions. Five further chapters present the research results and conclusions for each additional participant.

CHAPTER 5: Findings – Participant I

5.1 Participant I – Pilot Research

Participant I (Jane) was a female existential therapist who had been practising for 27 years. The participant was contacted in the first instance by email to enquire about her interest in participating in the pilot research and to determine if she met the inclusion criteria. Subsequently, she was sent the participant information sheet and consent form and, following the return of the signed forms, was scheduled for an interview, which was conducted and recorded via Zoom. The interview took place on 19.09.22 and was 60 minutes in duration.

5.1.1 Themes

Four themes emerged from the thematic analysis: directive approach, identification with bibliotherapy, benefits of bibliotherapy, and meaning-making through literature.

5.1.1.1 Directive Approach. The first theme to emerge is the belief that the use of literature in therapy is *directive*. Moreover, the therapist appeared to believe in a shared presupposition that *it* (i.e., bibliotherapy) is *more directive* and hence is more applicable for use with those with an eating disorder – this is the *why* of bibliotherapy for Jane:

I suppose it's a very difficult balance with any type of therapy, but certainly, working with eating disorders is more directive...I do use books quite a bit with that specific niche of clients. (PI:1:25-26)

As an existential therapist, Jane expresses a belief that:

[T]here is something quite prescribed about suggesting [books]...[there is a] fine line between not overstepping and being too directive...[and] wanting to make a difference to someone's health and well-being overall. (PI:1:43-47)

Indeed:

It almost feels more appropriate to be able to prescribe something or suggest it [from an existential perspective with an eating disorder, because there is]...pressure against further weight loss. So it feels, I feel, more comfortable with being a little bit more directive [when it is a matter of life or death]. (PI:1:50-55)

In considering the *how* of therapeutic reading, Jane expresses a belief that she would 'couch' literature:

[I]n terms of this is something that's been recommended to me, a book, or a publication, or a manual, or an exercise manual. It's been really helpful, and I'm passing it on if you're interested in reading it...[is] a slightly less directive approach. (PI:2:47-53)

However, for particular client groups:

I have a list of resources where I can kind of say that I think it's going to suit that particular family, or I'll give that workbook or manual to that particular client because they're in that stage or in that phase of recovery where a little bit more work outside of therapy, maybe a little bit more reflection [is required]. That sounds very directive. But again, it's, I think, it's a particular client group. Where being directive is appropriate in the circumstances [i.e., for families dealing with eating disorder]. (PI:3:32-39)

Furthermore, Jane notes that:

[D]ownloading some of the resources or the links...[from her] own membership organisation...[and] kind of picking it. I know, again, it sounds very directive. (PI:3:58; PI:4:1-2)

That is, for Jane, it is *very directive* when she picks a resource for a family or child, however, there is a delicate balance for parents 'themselves between not being too directed but supporting a child or family member with an eating disorder' (PI:4:7-8). Moreover, Jane expresses that:

[M]any sessions [are] required before I can sit and apply that judgement...[that] they're actually able to take in information at that stage...[w]hich again sounds very directive, but it's a very, I think, quite an organic, yeah, probably a very organic process of taking in a lot of information and learning enough about a client. (PI:4:33-44)

5.1.1.2 Identification With Bibliotherapy. The second theme to emerge is that Jane did not identify with or consider herself to be using bibliotherapy:

I've never really thought about it too much...I probably wouldn't have said that...Certainly, bibliotherapy would never have been a term that I would have used at all. (PI:1:32 & 41-42)

Further, there is a reticence in Jane's identification with presenting literature as something she has chosen. Jane notes preferring a consensus that the literature:

[I]s something that I [and others] think will help...It's not as if I'm just saying: "Here, I want you to read this". It's more consensus. (PI:2:54-56)

However, Jane notes that she must place:

[M]anuals in a bit of a separate category because we will often bring that back into the room or do those particular CBT-type questions together...I would be more inclined to suggest reading that I have a list of recommended reading or CBT manuals or books that have been really successful with clients [- that is, there is more identification with therapeutic reading when it is a manual or workbook]. (PI:3:1-2 & 28-30)

However, throughout the transcription, Jane's difficulty with bibliotherapy being directive is consistently noted time and again with statements such 'again, quite directive' (e.g., PI:5:52).

5.1.1.3 Benefits of Bibliotherapy. The third theme to emerge is the benefits of using bibliotherapy as an adjunct to therapy. For example, Jane notes 'pretty profound shifts in a client's...negative cognitions' (PI:2:11-12) with the use of a specific author's books for teens with anorexia. Moreover, she noted gauging if they are 'taking some action to help themselves to take a step forward' (PI:3:10-11) by engaging with an 'actual book' (PI:3:3) discussed. That is, by checking with them in session:

[I]f it's something that they really have gone out to look for it [or] whether it's something they've just agreed to do it to please me. (PI:3:8-10)

Jane expresses a felt sense that there is a 'genre of clients that always demands a bit more directive, kind of, you know, presses a directive button' (PI:7:30-32), and thus, there is a great benefit to this way of working for this client group. Books emerge for Jane as:

[T]ools that we bring in to engage and to connect with people existentially...[and] to shift or to facilitate some shift. (PI:8:20-21 & 27-28)

This is the *what* of therapeutic reading for Jane – that is, the impact of using bibliotherapy is the creation of a shift in a client towards their goals. Further:

[A]ll these tools, whatever tools and resources, books, videos, it might be a TED talk. All these tools...fit under the brief of psychoeducation...[that assists clients in understanding and can] decrease their total therapy time...[and] economise the whole process. (PI:12:19-21 & 43-46)

Thus, another *why* of therapeutic reading is to bring clients along between sessions and speed up the therapeutic process and reduce cost.

5.1.1.4 Meaning-Making Through Literature. The fourth theme to emerge is that therapeutic reading and working with books in therapy is an organic meaning-making process:

It's something that I probably wouldn't do early on until I felt there was trust, rapport, and my own kind of level of understanding about where they are physiologically, psychologically, cognitively, and whether we're in that space where it feels appropriate to say, "Hey, this is something that might be helpful". (PI:4:44-49)

Eating disorder clients, for example, use an app to log feelings, thoughts, and emotions, which are then discussed in session such that 'it kind of becomes a piece of work or writing itself

(PI:5:28-29). Jane also reflects upon clients becoming 'authors' (PI:5:56) of their own life story through journaling and lifeline work whereby:

I might have a copy, they might have a copy, and it is like going through their life story. (PI:5:55-56)

The experience of working with the written word is expressed as reaching different stages of 'cognition or understanding or meaning-making' (PI:6:23) with the client. What emerges is for Jane an understanding through literature that clients may have had an:

[I]nability to verbalise something...[but] if we read it, or feel through something we've read or even if we've written something...it's a different way of connecting...[a]nd if there are no words for that, but someone else has created or come up with the words, perhaps they can then understand their own situation and create meaning through someone else's. (PI:6:24-26 & 29-32)

An important element to emerge is the co-created creative process of therapy and the power of the written word to help therapist and client understand each other.

I always think that understanding is a form of love...to be understood is almost to be held...for some clients saying, "Oh read this" is an "I want you to understand me"...[or] "I want to see how you respond and whether you understand the same way or see the world in a similar way". (PI:10:3-7)

Using literature is an emergent co-created meaning-making process – the desire to impart knowledge to the client such that the 'penny drops for them' (PI:11:6) and a 'shared process of enlightenment' (PI:10:26) occurs.

5.2 Discussion

The central theme to emerge from this research was the struggle for the co-investigator between being an existential-phenomenological practitioner and using a methodology in therapy that she perceived as being directive (i.e., bibliotherapy). Indeed, Jane uses the term directive 11 times during the interview and her struggle to process this emerging theme and what it means for her was evident through her consistent use of 'um'. The embodied experience of what the interviewee and co-investigator were bringing is a significant struggle with being directive or being seen as directive. There is a felt sense that Jane had, for the first time, experienced and saw herself as someone who uses bibliotherapy. This view of herself as a practitioner clashed

with her felt sense or conception of what it is to be an existential-phenomenological practitioner. There is a sudden realisation early on that Jane uses therapeutic reading, and this is a directive tool, but she is non-directive. Being non-directive is a closely held value for Jane, and she is suddenly faced with a new way of seeing herself and finding a way to incorporate this view into her already-held concept. For example, Jane's struggle is evidenced in the following excerpt:

Because I consider myself an existential practitioner and work phenomenologically. And I would do with somebody who has an issue with their relationship or their job. I guess it's almost a foreground-background...And not that I would work. Yeah. No, I would work more directly. I wanted to say not that I'd work more or less directly, but of course, absolutely. I think there is a spectrum for certain of bringing in tools like bibliotherapy and other maybe non-existential tools, more dogmatic tools, into the work I do. But bizarrely, and I don't know, I'm just trying to work out whether it's my justification. I still can't see them falling outside the realm of existential-phenomenological because I still think that that is a state. It's almost a belief system, and it's a state of mind or the way one engages rather than a tool that I bring in...Maybe CBT practitioners use bibliotherapy, maybe existential-phenomenological practitioners use it? Is there anything un-existential about it? It's a big question. (PI:7:39-42 & 44-53; PI:8:34-36)

There is an emerging felt sense that for Jane, there is a realisation that on the surface of it, books and reading literature feels directive, but once brought into the therapy room, they emerge. That is, they help unpack themes – a client can read a piece of literature that resonates with them, and this can be the difference, for example, between life and death. There is power in the written word, and Jane's use of it with the client is emergent and phenomenological in that meaningfulness shines through in the writing – 'people will write what they won't say' (PI:9:43-44).

Under the umbrella of psychoeducation, Jane expresses no concern about the use of resources, especially noting the use of audiobooks in couple's therapy, but that this 'sounds so different from bibliotherapy' (PI:12:22). Further, Jane expresses a shared sense of understanding and rapport with clients who can resonate with existential literature:

I'm not suggesting that we can see the world in the same way at all, but if there's some shared understanding or meaning...I think it has a lot to do with trust and rapport. (PI:13:45-47)

However, it emerges that existential literature and ideas would:

[C]ome up in my vocabulary, but certainly, I don't think I'd make nearly as many recommendations for existential literature, funnily enough. (PI:14:47-48)

Thus, despite Jane's embodied experience of being an existential-phenomenological practitioner, she would not recommend existential literature to clients. Indeed, being existential means a great deal to Jane:

[I] think it's an extension. My work is an extension of myself, my own belief system, the way I see the world. It is existentially...[v]ery important, very, very important. (PI:15:15-17 & 19-20)

Finally, Jane notes that she has previously checked with her supervisor regarding her use of reading materials for what she had considered 'psychoeducation'. There is a felt sense right to the end of the interview of her struggle with how she is using books and her need to process this following the interview.

5.2.1 Conclusion

The idea that the written word has therapeutic properties has existed for thousands of years. This research aims to expand our understanding of the use of therapeutic reading by existential-phenomenological practitioners and to demonstrate how it can be used as a beneficial adjunct to their way of working. Through engaging in a co-created meaning-making process, this research facilitated the emergence of the co-investigators felt sense of discovering herself from a new perspective and my embodied experience of the process of her making sense of herself.

5.2.2 Chapter 5 Summary

This chapter has presented the thematic analysis and overall discussion of the findings from Participant I.

Next, Chapter 7 presents the research results and conclusions for Participant II. This chapter is followed by similar chapters, one for each research participant. This presentation of separate chapters for each participant has been chosen to add to the richness of the phenomenological experience of each interview and to facilitate consideration of both convergent and divergent emerging themes to be considered in the final discussion.

CHAPTER 6: Findings – Participant II

6.1 Participant II

Participant II (Alan) was a male existential therapist who had been practising for 13 years. The participant was contacted in the first instance by email to enquire about his interest in participating in the doctoral research and to determine if he met the inclusion criteria. Subsequently, he was sent the participant information sheet and consent form and, following the return of the signed forms, was scheduled for an interview, which was conducted and recorded via Skype. The interview took place on 11.02.23 and was 40 minutes in duration.

6.1.1 Themes

Five themes emerged from the thematic analysis: identification with bibliotherapy, extension of therapy, repeating themes, meaning-making through literature, and the opposite of being phenomenological.

6.1.1.1 Identification With Bibliotherapy. The first theme to emerge is that Alan did not identify with or consider himself to be using bibliotherapy or therapeutic reading:

I've always been interested in, but have never received an official training in it...So as a therapist...it's not an integral part of my work...I would not describe myself as doing this. (PII:1:16-17)

Alan is clear to suggest that books serve a function for him in existential-phenomenological practice. This is the *how* of therapeutic reading for this practitioner:

I want to see books as a jumping board so that clients can get in touch with their experiences more closely in different ways and different channels...because in phenomenological work...talking about experiences is all good, but sometimes we may feel stuck...but it doesn't have to be. (PII:1:25-28)

The question: *Do you consider yourself to be using bibliotherapy?* Elicited a disavowal of the term while at the same time bringing to light something that may have been otherwise unknowable – Alan's lived experience of using books in therapy for specific purposes, such as mental health workers, the general public, and philosophical/existentially minded individuals:

[I] do have two different sets of books, and I tend to give more, well, I have more professional, more therapeutic books, more theoretical books for colleagues, for mental health workers...[where] I tend to be a bit more brave in terms of recommending more, so to say, technical books... And I have more daily, so to say, books reserved for my average Joe every Jane kind of regular public clients. (PII:1:7-10 & 30-31)

The tension between Alan's use of books and his disavowal of considering himself to be engaging in bibliotherapy is evidenced in the following excerpt:

I can add one more thing about my story of how I started to include books in therapy...[W]ell, at the beginning, I wasn't really keen on including books at all. I always liked the idea of bibliotherapy. Indeed, I had a supervisor at NSPC who was a bibliotherapist... And we talked about it in our supervision...But again, for the reasons I've just mentioned, I always was a bit distanced from using it. But after a while, I saw that even though I don't bring books into therapy, clients do. So books are a part of this exploration... And I think it's also because of my hesitancy about bringing books into the work. It's because of my psychoanalytic background as well...I just can't be. I just. I'm just a therapist. I'm a human being in the room kind of attitude with my previous [psychoanalytic] training. But after seeing that the clients are bringing books into therapy, I started to feel a bit more encouraged to include books as well. So it started with clients...bringing them so that I can start doing it as well. (PII:10:33-45)

From the pattern of meaning co-created in the interview emerges a disclosure by Alan of being impacted by his early psychoanalytic training, which does not allow him to 'just be' with the client – Alan is just 'a human being in the room' (PII:10:41-42). For Alan, sharing an excerpt from a favourite book or recommending a text to a client reveals himself to them. However, his reticence of *being-in-the-world* this way with them is lessened when they bring a book to therapy (Heidegger, 1962). In this instance, Alan is encouraged to allow it to 'just reveal itself' (PII:11:41) between them (Heidegger, 1962) – this is the *why* of therapeutic reading for this practitioner.

6.1.1.2 Extension of Therapy. The second theme to emerge is that Alan views books as 'almost like an extension of therapy happening outside the session' (PII:2:31). For Alan, books enable the emergence of togetherness – 'it's like, you know, bridging two sessions, you know, not being alone with themselves' (PI:2:29-30). Indeed, it 'almost like opens a different dimension' (PII:1:29) when we use books with clients. Books help clients find the words; this is another part of the *why* of bibliotherapy for Alan:

[It] is another kind of stream of including books in the work...[I] like to hear how they make sense of it, how they get in touch with their experiences through the text...For example, one of my favourite books that I prescribe to both groups is Viktor Frankl's *Man's Search for Meaning*.

It's very accessible. It's very relatable. It's very strong, powerful. I like to see how they relate with the text, what really resonated with them. [Returning] back to clients' experience and talk about it, so they can find the name for what they are struggling with...It's about finding the words. (PII:1:30-35 & 41; PII:2:15-18)

However, Alan notes that he has had 'a few clients who got a bit upset with [him] recommending books...as if [he] just can't deal with them anymore and [he is] just referring them forwards to books' (PII:2:32-34). That is, sending the message to the client to 'go ahead and do your reading and sort your things out and come back' – whereas other 'clients find it very helpful' (PII:2:34-35 & 29). Therefore, for some clients' books are the tether and, for others, a means of being pushed away. Hence, Alan does not consider therapeutic reading to be a 'structured kind of work or intervention'...he is very 'liberal about it', and if the client wants to discuss anything from a book that he has recommended, the session is 'a space that [they] can always bring anything from the book' (PII:2:5-10). Further, books extend the therapy by facilitating 'a second dialogue' (PII:8:24) between himself and the client. This facilitates 'a better chance of communicating and a better chance of exploring the client's perspective' (PII:8:18-19).

6.1.1.3 Repeating Themes. The third theme to emerge is that Alan tends to recommend books to clients when he is cognizant of a recurring theme during therapy. This is a significant part for Alan of the *how* and *why* of bibliotherapy with his clients:

[I]f I recommend, it's generally about a repeating theme that we always come back to in therapy. So, for example, if I hear something...[or] we touch upon something about relating, relationships, objectifying, subjectifying...[I think] Buber could go very well with this...[or] if I hear there is a lot of fear of petrification and engulfment and all ontological insecurities, I recommend...R. D. Laing's *The Divided Self*. So it's more about the themes that we talk about in the sessions, but there should be repeating themes. I tend to withhold myself from recommending a book in the first instance that I think of a book when I'm listening to the client, but it happens quite spontaneously. (PII:4:15-18 & 26-29; PII:3:41-42)

What shows itself throughout is the importance of the lists and the use of these lists with different types of clients. For example, Alan has books for 'mental health workers who are in therapy for their own professional development' (PII:1:6), a 'public list' (PII:3:5), and a 'professional list' (PII:4:24). As themes emerge from his work with clients, if they appear to

Alan to be someone who likes books, he is more attuned to address recurring themes discussed in therapy by suggesting reading to them. Alan notes using 'technical books...for mental health workers, [such as] *Attachment in Psychotherapy* by David Wallin' to facilitate psychoeducation (PII:3:30-32). However:

[For] clients who are very intellectual...I refrain from recommending, say, psychotherapy books or more technical books to them because...I'm quite mindful that those texts could be used to rationalise things more, to put a barrier between themselves and their experiences. So, if I see something like that, I don't, I can recommend something else. Less technical books. (PII:4:40-45)

Indeed, Alan believes that books can 'put something between [him] and the client' (PII:5:30). Despite his intent to 'improve the dialogue...it could be also a dialogue break, a dialogue killer' (PII:5:30-31). Nevertheless, Alan's 'choices of books are very existential', and when he 'encounter[s]...topics and themes...about meaning, Viktor Frankl is the obvious choice...[or] difficulties relating...R. D. Laing is a good choice' (PII:5:33 & 43-45). This is the *what* of bibliotherapy for Alan. That is, being an existential-phenomenological practitioner impacts Alan's choice of text and the function of it in the session (i.e., to address recurring themes).

6.1.1.4 Meaning-Making Through Literature. The fourth theme to emerge is that therapeutic reading and working with books in therapy is an organic meaning-making process. Alan recommends books 'with good intentions' (PII:5:29). When clients take something from a book that differs from his intention, it is surprising, but Alan 'like[s] to be surprised because it's something [he] hasn't seen or...has somehow ignored without knowing' (PII:6:8-9). Alan goes on to note that he shares books:

With the intention of showing you this or being more able to talk about that...to have an opportunity to discuss the contrast we have...[to see] what he or she sees in it...[and] just try to immerse myself into the client's experience and try to understand the whole context of that meaning-making. (PII:6:14-16 & 36-37)

Alan experiences this meaning-making as both positive and negative. The lived experience of using books in therapy for Alan is mixed:

Sometimes I feel defeated because, you know, I just want to put something more positive into our work...[But, for example,] if the client comes back and says: "Well, Viktor Frankl was a very powerful man...and I am not like that...I can't do that in my life...and he did it in the concentration

camps"...that's not my intention. But rather than going ahead and saying, "Oh, I gave you this book to show that meaning is made not only in one way",...I just go ahead and [ask], "How did you feel about it?"...Sometimes, I am positively surprised, you know. He or she just found something much more impactful in a positive sense than I intended in the first place from the book. So it's nice. (PII:6:29-36 & 43-47)

Alan's experience of this meaning-making is that it can improve and impinge on the therapeutic relationship – this is the *what* of therapeutic reading for Alan. Indeed:

Both are possibilities. They happen...[but it] rarely happens that we have an impasse in relationship because I recommended a book...I tend to recommend books to clients that I know who can use it as a soundboard...Almost like a mirror...looking into it and seeing something about themselves in it. (PII:7:10-15)

Although a recommended text rarely causes an impasse, it can happen. However, when the client identifies with the book, it helps Alan to see them clearly:

It helps me see them...It helps them see themselves as well...We all colour the things we read...We all have this very personal take...So I am interested in that personal colour that person felt as one was reading the book. (PII:7:22-27)

Moreover, when the colour between the therapist and client matches, the client feels felt and seen by Alan because he has recommended a particular book. Similarly, it allows something previously unknown to emerge – for example, that there is an 'unverbalised conflict' (PII:7:35) or tension between them:

So it also somehow reveals that, you know, there's a push and pull between us...[not discussed] with the client...[that indicates] I am not on the same page...So maybe it's time for me to change position a bit or...be more phenomenological in exploring the experience rather than sticking to my goals for the clients...I think books can be like these triangulation points between me and the client. (PII:7:37-42; PII:8:9).

6.1.1.5 *The Opposite of Being Phenomenological.* The fifth theme to emerge is that sharing a section of text or a book with a client to share something a practitioner might find important or meaningful 'invades the client's therapeutic space...[and sends] too many messages' that Alan is uncertain how the client would perceive them (PII:9:24-26). Alan fears the power of sharing a favourite passage because he does not know how it will impact the client, and it reveals too much about himself. He is uncomfortable being with the client this way – Alan likes a blank slate with everything bracketed. Books make Alan vulnerable, and this destroys his therapeutic frame:

[T]here's two paragraphs that I really like in which Buber really describes how I-Thou is and how I-It is...[and] it really moves me every time I read them. But if I send these two paragraphs to a client...it's too direct...I don't have control over the impact those paragraphs would have on the client...I'm too powerfully present...So that's why I'm afraid of this...being too present...is the opposite of being phenomenological. (PII:9:33-41; PII:10:2-3)

The literature can expose Alan and reveal the things about him that are personal – this is his *lived experience* of therapeutic reading in the context of his clinical practice. If the client brings the book, they emerge before him, and he remains hidden. To do otherwise is un-phenomenological:

I want to be present in the session within my head, with my hearing, listening, being with them, everything else, but not with my favourite paragraphs and favourite ideas. (PII:10:4-5)

However, despite Alan's reticence, books do alight something for him in the room, and his experience of it is of a spontaneous emerging process between himself and the client:

I mean, it just reveals itself. It's not something I planned for. And, I hope that it's phenomenological. I do. I'm still a bit hesitant to use books, but I'm using it. (PII:11:41-43)

Again, there is tension for Alan between his psychoanalytic background and his desire to be an existential-phenomenological practitioner. Using literature in therapy challenges him on how he experiences himself with the client.

6.2 Discussion

The first theme to emerge was the co-investigator's struggle with identifying with the terms bibliotherapy or therapeutic reading. Indeed, despite actively engaging with books with his clients and retaining several specific lists of books for this purpose, Alan notes that: 'it's not an integral part of my work' (PII:1:2-3) and states that he 'would not describe [him]self as doing this' (PII:1:17). The felt sense is that this initial disavowal of being associated with a label, frees him to express the significance that engaging with books has for him with his clients. Importantly, his felt sense of being vulnerable or exposed by suggesting texts that are meaningful to him is lessened by being client-led and allowing the meaning-making that arises from the literature to unfold naturally.

The phenomenological experience of working with texts is described as a felt sense that books extend the therapy and connect therapist and client in another dimension where the client can safely explore their experience. However, Alan's reticence at recommending books to clients is expressed by his felt experience of being considered rejecting or unable to handle what a client has brought to him. Hence, Alan does not consider bibliotherapy a structured intervention but something he uses when a repeating theme emerges where a specific reading would be applicable to adding dialogue, meaning, or understanding. As themes emerge from Alan's work with clients, if they appear to like books, this encourages him to suggest a book that addresses a discussed theme, and the process happens phenomenologically. However, Alan's lived experience of meaning-making through literature is mixed. It can improve and impinge the therapeutic relationship and positively or negatively impact the client.

Nevertheless, books help Alan see and understand his clients, and he experiences therapeutic reading, facilitating clients to see themselves as well. Indeed, Alan describes books as a mirror that clients can look into and see something about themselves that enables him to see and understand them in return. Furthermore, books can highlight something phenomenological happening in the room between the therapist and the client that was hidden or did not emerge without the tension or togetherness that was brought through the therapeutic reading – books are a tether or triangulation point between therapist and client that provide a naturally emerging hermeneutic circle of interpretation (van Manen, 2016a).

Finally, the co-investigator's lived experience is one of being afraid to share favourite passages or texts with clients because this would be too directive and reveal too much about him – making Alan feel 'too present', which he feels is 'the opposite of being phenomenological' (PII:10:2-3). There is an expressed struggle with Alan's previous psychoanalytic background, his clinical practice as an existential-phenomenological practitioner, and his interest and desire to use books in therapy. What reveals itself that was hidden before the co-investigation is this

practitioner's internal struggle with his belief that he is just a 'human being in the room...just a therapist' (PII:10:42), and his experience of himself when he is not, when he is unbracketed and comes alongside the client and meets them as himself inside the room.

6.2.1 Conclusion

This co-investigation emerged what was previously unknowable – that using books in therapy is a powerful adjunct to this practitioner's way of working. Indeed, Alan notes that:

I haven't really reflected on how I use books in therapy before this interview. So my answers were, right here and now, and just fresh...it's interesting...that I use it, but I haven't really reflected on it. (PII:11:14-18)

He concludes with, 'I thank you. I [had] some part of my practice that I didn't think about, that I hadn't thought about' (PII:12:2-3), which supports the idea that discussions and training on how therapists use books in therapy is a needed component of formal training programmes (du Plock, 2006, 2016a).

6.2.2 Chapter 6 Summary

This chapter has presented the thematic analysis and overall discussion of the findings from Participant II.

Next, Chapter 7 presents the research results and conclusions for Participant III.

CHAPTER 7: Findings – Participant III

7.1 Participant III

Participant III (Mary) was a female existential therapist who has been practising for 15 years. The participant was contacted in the first instance by email to enquire about her interest in participating in the doctoral research and to determine if she met the inclusion criteria. Subsequently, she was sent the participant information sheet and consent form and, following the return of the signed forms, was scheduled for an interview, which was conducted and recorded via Skype. The interview took place on 06.03.23 and was 60 minutes in duration.

7.1.1 Themes

Three themes emerged from the thematic analysis: identification with bibliotherapy, extension of therapy, and benefits of bibliotherapy.

7.1.1.1 Identification With Bibliotherapy. The first theme to emerge is that despite actively using books in therapy, Mary did not identify with or consider herself to be using bibliotherapy or therapeutic reading:

Labels, I don't like labels...I'm very much phenomenological and existential at the root. But also, I would call myself integrative...But you know, I may fall into this label...[I] didn't know even such a thing existed...but maybe I'm not consciously using it. (PIII:1:44-46; PII:2:6-7 & 17-18)

However, Mary notes that her use of books in therapy 'goes back to my interest in the existential approach, which is phenomenological' (PIII:1:6). Moreover, Mary credits the existential-phenomenological approach for enabling her to 'move outside the box...in terms of specific frameworks in use in therapy...the tools' (PIII:1:9-10). Further, clients invite Mary to be more inclusive, and books have helped her connect with them:

[One] trauma client...she talks a lot about different...books...she's read...[I] recommended her to look up on Frankl...And she was really able to connect to some of his experiences...So that kind of works. You know, I'm becoming more relaxed over the years and really thinking, okay, let me draw from whatever is available because it's useful. (PIII:1:26-34)

The *how* of the use of books in clinical practice for this practitioner occurs 'whenever there's a space', but this 'obviously comes from the client' (PIII:3:1). Mary is clear to reflect that the function of books in therapy is based on whether the 'client is open to it' (PIII:3:2):

So, I'm not like bringing this up myself...I go with a client if they are open. Sometimes, they openly ask me..."Do you recommend any reading?" And...we have a chat about it..."What is it that you need [or] want to read about, and what is it? How could this be helpful?" And then, after having this chat, I may kind of recommend something. (PIII:3:8-13)

Further exploration of the *how* of therapeutic reading reveals that Mary doesn't 'really know [about] audiobooks' (PIII:6:32), but she uses 'books and...novels' (PIII:9:41). However, Mary does not identify with having a list – 'not a list' (PII:3:39) – or prescribing books to clients – 'I don't do prescriptions' (PIII:6:22) or using it in a planned way – 'I [do not] do it in a planned way' (PIII:5:21-22). Nevertheless, Mary is open to accepting that she might 'invest in this more' (PIII:3:30) and 'probably [she has] been doing [this] unconsciously [and] not really thinking in detail' (PIII:10:22). What emerges for Mary is a new way of thinking about the *how* and *why* of therapeutic reading:

So maybe the next thing I would think about is not actually recommending the whole book, but maybe just a chapter as an invitation...[to being] more targeted. (PIII:5:19-22)

7.1.1.2 Extension of Therapy. The second theme to emerge is that books serve the function of extending therapy such that Mary feels 'it help[s] connect with the clients on a different level' (PIII:2:26). Mary notes feeling that books allow for issues to be explored without directly confront the client with them:

So it's like a door into further exploration...they engage in something which is...external, but it's a safe place for them to explore different things...So it's kind of indirectly addressing some of the...issues that might be difficult for them to start exploring directly and openly. (PIII:2:26-31)

The *why* of therapeutic reading for this practitioner is that it acts as a platform for further exploration:

[B]ooks give you this platform to really engage with some characters and see parts of yourself in them and/or have different responses to the parts you have which are being denied or, you know, rejected...[It's] using that space...[like] what we do in Gestalt, that kind of chair work...clients are able to have some sense of what is going on with the different parts, which are dissociated and naming them. (PIII:2:34-39)

Moreover, Mary only recommends books she has 'found useful for [her]' and believes are 'going to be helpful...[or] therapeutic' for the client (PIII:4:3 & 8-9). For example, a novel can present a story that acts as a metaphor for a client of an important therapeutic theme that the therapist is trying to elucidate to the client:

But it was more about someone's journey...it's not about getting to a place. It's about the journey itself...I recommended it to one client...[T]his was more about putting the emphasis on...[that] it's not about reaching the goal...on [a] kind of particular activity. I want this...I need to...[fix] everything. And so it's like inviting more in about what it means...to embrace life as it is, here and now, and go through the kind of journey. (PIII:4:36-42)

Also, books extend therapy by co-creating a dimension where the therapist and client meet and depart. Furthermore, this facilitates 'curiosity' (PIII:8:42) because clients rarely 'take from [a] book whatever I've taken' (PIII:8:46). What emerges is that whatever Mary is 'suggesting is only the...door to something and whatever comes out of it' creates a space to talk about it and be curious (PIII:8:37-38) – 'the beauty of this work is that [we are] always surprised' (PIII:8:45).

7.1.1.3 Benefits of Bibliotherapy. The third theme to emerge is the benefits of using bibliotherapy as an adjunct to therapy. For example, Mary finds it particularly useful '[w]hen psychoeducation...is clear...[and] they need some more information' (PIII:5:22-23). In particular, it is helpful in trauma, especially when the client is 'more advanced' (PIII:5:24):

I've got a client who...[is] a doctor. So I told her...[about this] neuroscientific book...I wouldn't recommend it to any other client. But because she is a medical professional and she's had trauma...So that's been very kind of targeted. (PIII:5:24-28 & 31-32)

Indeed, targeted book sections can help clients with a variety of health problems, for instance:

[T]he impact on the emotional experience on your body and on your illness...[is] related to anxiety and to all sorts of...health issues...So this was...an invitation to think about...[how] whatever is happening in your health can be linked and it's always linked...to what's going on in your...self...on a psychological dimension. (PIII:5:45; PIII:6:1-2 & 7-10)

Furthermore, the lived experience of using books in therapy is that it provides the opportunity to explore existential issues – this is the *what* of using books as an existential-phenomenological practitioner:

Talking about existential [issues]...Well...books...can be really helpful because it's...an area that...[is] not only psychological...[but] also spiritual. And some people...lack...access to the spiritual dimension...[B]ooks can be really helpful to really introducing them into this...That life

is not only about...this dimension...[W]hen say existential threat...gets activated. (PIII:7:30-33 & 36-39)

Specifically, Mary reflects on the beneficial impact of telling Frankl's (1963) story to a client struggling with existential dread:

I told her Frankl's story, you know...And...[what] it meant for him to be in a concentration camp and what he made out of it...[and I drew] on my own experience because my grandfather was in Auschwitz...[and] he survived...So...[I] really like connected with [it]...This client...there was so much work...[and] she said, "What can I do?"...So then, I just...thought about that story and told his story...And...[we] talked about it...what it means...[to] have hope...even where the suffering is beyond. And you just think that's not you just trapped in it. There is always a choice. (PIII:7:39-43 & 46-47; PIII:8:3-8)

Therefore, Frankl's (1963) work provided Mary with a platform which opened a way of meeting the client and talking to her about her existential angst and difficulties. Moreover, books positively impact on Mary's relationship with the client because:

I think it draws us closer...because...when we talk about...[it, we] share something, what I thought about the book...So it's like...a safe space...I'm making a disclosure, but I'm not. The disclosure is more about...the impact something has had on me...about something external and not about my private life...[C]lients really value...targeted disclosures...talking about books, it just makes the relationship...You know, she's a human...it's a normal relationship. (PIII:9:7-15)

Books allow Mary to be seen by the client and for them to meet her without making a personal disclosure – they can understand each other. Importantly, they also act as a tether in the room, connecting them both to the phenomenon being considered:

[I]t may open up some paths, which...[have been] closed...[It can] open the door...to something because...they relax because...the attention is not on them...it's indirect...And then...we talk about it, they can think about themselves in a safe way, maybe because it's...externalising...So...[it] can help, especially with clients who have a lot of resistance and there's a lot of resistance because there is pain there...and fear...[B]ooks...[are] a platform to really help them see...there's a hope...I can do it as well. It's a sense of shared experience. (PIII:9:31-44)

The lived experience of using literature this way is:

Well is very...energising, I would say...I also feel like I am...connecting with them...in a slightly different way...It's positive, but it's also...[an] opportunity for me to learn from them, you know, experience. (PIII:10:8-11)

The *what* of bibliotherapy is the co-created phenomenological element of books coming alive in the room. They create a safe space between Mary and the client – something within and between. Like a tether away from them and onto the externalised phenomenon, which allows

'that which gives itself show itself' (van Manen, 2016a, p. 221) so that they can discuss it and bring it back to the client.

7.2 Discussion

In keeping with Participants I and II, the first emerging theme was her lack of identification with the term bibliotherapy or therapeutic reading. However, despite Mary disliking labels, she actively uses books in therapy and credits her use to her interest in and training in the existential-phenomenological approach. Specifically, the existential approach has allowed Mary to think broadly and bring in tools that enable her to 'move outside the box' (PIII:1:9), and the use of books in therapy falls into this category. Mary learned about recommending books to clients from her peers or 'therapist friends', which led her to conclude, 'Well, why not do that' (PIII:1:21-22). The felt experience of this co-investigator is that therapists should draw from whatever is useful. Mary's experience is that clients connect with the experiences of the author, subject, or character of a book, which helps them relate those experiences to their own.

The lived experience of using books in therapy is described as a co-created extension that opens the door to another dimension where experience can be unpacked and explored. Books can provide metaphors that therapists and clients can use to engage in perspective-taking. This facilitates dialogue about complex issues in a safe space where the therapist and client can meet and understand one another without challenging each other directly. The felt experience for this co-investigator is to go with the client in an unplanned way and consider 'what it is that [they] need or want to read about...and how could this be helpful?' (PIII:3:11-12). 'I can only recommend what I found useful for me...from my experience' (PIII:4:2-3). Important to Mary's way of working is to recommend books that are 'going to be helpful...[and] therapeutic' (PIII:4:8-9) – Mary chooses books she knows well.

Moreover, books are beneficial as an adjunct to therapy, especially regarding psychoeducation, because they can be used in a targeted manner to help clients create a link between psychological and physical health. Furthermore, important works (e.g., Viktor Frankl) provide Mary with a platform to open up a way of meeting with the client and discuss existential issues. The outcomes of using books in therapy constantly surprise Mary:

You think that things are going in this direction, and you think that this is the path...and they actually come up with something else...It's often the case that whatever I intend, whatever I have in mind, they bring up something else, and that's good. That actually shows that...whatever I am...suggesting is only...the door to something, and whatever comes out of it...is what needs to happen...[T]hat's what I really like about the existential approach. It's just bracketing all the time and...being curious...that's enough and then we'll take it from there...[T]his is the beauty of this work, that we [are] kind of always surprised. (PIII:8:33-45)

Mary reflects that 'it's very rare that...they would take up from the book whatever I've taken' (PIII:8:46).

7.2.1 Conclusion

This co-investigation of the research topic emerged a felt sense that books act like a tether connecting therapist and client. They provide a safe, reflective space to consider complex, challenging themes and issues. For Mary, what emerged was her engaging in bibliotherapy 'unconsciously' (PIII:10:22). The process created a space for both co-investigators to consider the phenomenological element that books bring to therapy and how to use them more consciously:

[A]fter having a chat with you, I will just think more about it because...there's opportunity for something...you know...I'm just realising maybe just invest in this more and think more about the books I've read...and group them in a way...But I haven't thought about it yet. (PIII:3:26-31)

Indeed, the co-investigation experience is described as 'very raw', resulting in Mary thinking that the 'next thing I would think about is not actually recommending a whole book, but maybe just a chapter, that as an intervention [is] more targeted...[T]his was helpful for me' (PIII:5:20-21; PIII:10:19).

7.2.2 Chapter 7 Summary

This chapter has presented the thematic analysis and overall discussion of the findings from Participant III.

Next, Chapter 8 presents the research results and conclusions for Participant IV.

CHAPTER 8: Findings – Participant IV

8.1 Participant IV

Participant IV (George) was a male existential therapist who had been practising for nine years. The participant was contacted in the first instance by email to enquire about his interest in participating in the doctoral research and to determine if he met the inclusion criteria. Subsequently, he was sent the participant information sheet and consent form and, following the return of the signed forms, was scheduled for an interview, which was conducted and recorded via Skype. The interview took place on 22.05.23 and was 45 minutes in duration.

8.1.1 Themes

Three themes emerged from the thematic analysis: identification with bibliotherapy, benefits of bibliotherapy, and repeating themes.

8.1.1.1 Identification With Bibliotherapy. The first theme to emerge is that George strongly identified with and considered himself to be using bibliotherapy:

Sure...I definitely do it...I like the idea of bibliotherapy...I think it's a great word to use...yeah bibliotherapy is probably my favourite term for it. (PIV:1:17, 32-33, & 42)

George expressed feeling that using it occurs when he is 'sparked' by a client's questions, and he recalls something he 'read in a book' (PIV:1:21-22). Part of the *why* of bibliotherapy for George originates from his training:

I mean, most of us are learning to be therapists from reading books anyway, so, you know, why not?...You know, there's been a million books probably written about how to live a better life...why not recommend them to clients if they're books that we read and found them somewhat helpful or if there's a message in there they we're trying to get across to the client. I think it's quite a valuable thing. (PIV:1:36-41)

Another part of the *why* for this co-investigator is his belief that books can help 'get a point across' (PIV:2:1) to a client:

You know, maybe they need to hear it in a different way to the way that I might be able to convey that idea or that point, and so it can help from that point of view...[I]t's also trying to help a client sometimes to get perspective. (PIV:2:6-9)

Important to George when conveying an idea to a client is his rationale behind his choice and the function this has on the therapeutic relationship. George describes an example of his lived experience that demonstrates both the *how* and *why* of bibliotherapy for him:

I was trying to get her to, mostly, my idea was to try to have the client think about...how they were being treated in their relationship. That's all I really wanted to bring her attention to, and it went further...I guess when...it was brought to her attention how she was being treated in a relationship, she ended it. Which was an unintended consequence...[S]o I was trying to make a point and trying to get that point through, and that had a tremendous effect, obviously. (PIV:2:9-14)

The *why* of bibliotherapy also includes George's belief about the importance of shared ideas:

[Y]ou know, it's interesting sometimes, even going through a thousand years of university to learn how to be a psychologist. There's a lot of things you don't get taught, you know, there's little methods, there's little ideas that you don't get taught. And, you know, some of these books have got very good ideas that have been written by psychologists...concepts which are found to be quite important and quite formative...are not taught anywhere, right? [They are] in a book. (PIV:2:17-21 & 31-33)

Furthermore, part of the *how* for George is related to his own love of reading. 'I do my own reading' (PIV:4:7-8). George notes that he has:

[G]ot them all on my bookshelf...right behind me...and I have them sort of in themes...my World War II books, my military history, my existential books, my self-help books...and some sport psychology books...[They are] a record of my knowledge. (PIV:4:44-47; PIV:5:1 & 10)

For George, reading is an 'experience' that he expresses as facilitating a 'flow state' that enables him to 'switch off from the outside world' (PIV:6:18-21).

8.1.1.2 Benefits of Bibliotherapy. The second theme to emerge is the benefits of using bibliotherapy as an adjunct to therapy. For example, George notes a specific benefit of bibliotherapy is 'building...the therapeutic relationship' (PIV:2:39-40). This, George believes, can occur simply by sharing books that are of interest to both therapist and client, even though they may not necessarily have a particular therapeutic benefit:

You know, I've got one or two particular clients I've had over the years that...have similar interests to me. For example, [I have]...got a big interest in World War II, and you know, they might say, "Well, what books do you recommend I read?" And you know, I can recommend a book that I've read that I've found compelling or extremely interesting. And it's not therapeutic necessarily, but [it's]...shared. You know, after they've read that book, we can discuss the book and see what they thought or discuss other recommendations. And I think it builds a therapeutic relationship, a tighter therapeutic relationship as well...[And] I guess...maybe a consequence of that can also be perspective making as well. You know, maybe my life is not so bad after all. You know, maybe I'm doing okay. (PIV:2:40-47; PIV:3:5-6)

Further, George notes that he believes in sharing quotes that have 'inspired' him 'over the years, and it's a very long list' (PIV:4:8). George's lived phenomenological experience is that even quotes can be valuable tools to share. Indeed, George's ability to pull themes from a book and share those with a client informs his work:

[T]hose that have inspired me...or made a point to me...I'll certainly share that with the client...[Q]quotes that come from a book that I found valuable...[or] it might not necessarily be that you quote directly from a book, but you've picked up an idea from the book, and you share that with your client. You might not even tell them that you got it from a book, or you might not be able to remember the name of the book or the author, but you've shared with them an idea that you've found in a book, and I think that's probably more...more the theme of my bibliotherapy than anything we've discussed so far. (PIV:4:8-21)

Specifically, George reflects on an unexpected outcome of recommending a book to a client that was significantly beneficial:

You know...the client that I felt was in a...relationship where...she was being treated badly...I wanted to...say to her...[it is] not working, and I think there's probably a number of reasons for that...So I recommended...*The Dance of Intimacy* to her as a way of learning how to balance...more in the relationship and potentially put some lines in the sand and start to get him to take a little bit more responsibility. And unbeknown to me...After reading the book, she loved the book, and then she just dumped her partner...[S]he'd already had themes of "I'm not living my life the way I want to be living it. I'm not achieving what it is I want to achieve. I'm being held back from living the life I want to live". And so I was helping her to find ways to, I was hoping to help her find ways, to bring that about in her relationship. And it led to her breaking up with him...and she's not looked back. (PIV:8:11-47)

8.1.1.3 Repeating Themes. The third theme to emerge is that George tends to recommend books based on repeating 'therapeutic themes' (PIV:3:22). Hence, the themes can be discussed in light of the reading 'rather than discussing the book' directly (PIV:3:22). George's felt sense is that it is essential for the client to 'bring and talk about what they want to talk about rather than forcing them towards a particular idea' (PIV:3:43-44). For example:

I have a sense [that]...what a client comes for is very rarely what they end with...[A] theme emerges in therapy...[E]ither we're not setting boundaries well...not assertive enough in life...we have trouble with relationships, or we've got workplace stress, and maybe they read [a] book [I recommended], but that doesn't change the theme of therapy...So we continue to talk about workplace stress or relationship problems or lack of assertiveness in life...rather than bringing it back specifically to the book. (PIV:3:31-39)

George's personal experience of bibliotherapy in the context of his clinical practice is that 'it is really all about the themes' (PIV:6:26). The *what* of bibliotherapy is the function it serves within the therapeutic work:

[If] the client and I are discussing something...they are having trouble with meaning, they're having trouble about understanding a choice in life...we go with *Man's Search for Meaning*...[W]hen people are having trouble and it's usually not the person that's in a position of power that comes to therapy, it's the person in the position without the power in the relationship...*The Dance of Intimacy* or *The Dance of Connection* might be good books you can recommend...But yeah, I think the theme is more of, this is how you can do it, and this is how this is, what it really is, and this is how you can work with that. I think that's...the theme that I am going to clients with. (PIV:6:27-33 & 39-41)

Moreover, it is about sharing ideas – this is also the *what* of therapeutic reading for George. What George likes 'about existential thought or existential philosophy...is the idea of choice, the idea of freedom, the idea of responsibility, the idea of death, the idea of anxiety, the idea of isolation, of loneliness, groundlessness' (PIV:7:28-30). George's lived experience is that by sharing existential books on these ideas, he is 'setting them on that path, [that] brings them into an understanding of [those] theme[s] as well' (PIV:7:33-35). For George, it is about opening up space for him to have dialogue about meaningful aspects of who they are and what they believe are the big questions about their lives – how they should live. Existential themes need to be spoken about, and George hopes that some of the insight that he has taken from books will grow inside the client:

I think that's what it is. It's trying to light a flame, right? I guess that's the theme...[In] their own life, they start to live more like the way that they want to. That's what's more important...So [I'm] trying to light a flame for their own life...I think that's what it's about. (PIV:10:44-45; PIV:11:8-10)

8.2 Discussion

The first theme to emerge was the co-investigator's identification with bibliotherapy, which departed from the feelings of the first three co-investigators, whom all struggled to identify with the term. George expresses a felt sense of being connected to bibliotherapy since engaging in personal therapy as a young man:

I think it started for me because...a therapist did it with me, first of all...when I first started seeking therapy around the age of 27 or 28. A therapist recommended a book to me, and I went away and read it. And then, from that author, I realised that the author had a couple of other books. So, I grabbed those books and read those as well. (PIV:1:5-9)

George's lived experience of *what* can happen in therapy due to using bibliotherapy as an adjunct to therapy is that 'it can be incredibly powerful'. George's reflections on his way of working with bibliotherapy are indicative of *how* he experiences it in his clinical practice:

[I] set up the reading...stay tuned until next week type thing...You know, I'm sort of setting that up because I want them to read it if I'm recommending it...I'll be interested to see what you think of this book...you might find this book quite powerful...read it and find out yourself...[Sometimes] I have a quote, or I have a piece, or I have a theme that I've learnt in a book that I want to introduce into the therapeutic space. (PIV:9:38-47)

The feeling of using literature this way is enjoyable for George:

I enjoy it...Maybe there's a complete bias there because I enjoy reading myself...Assumption that everybody else might enjoy reading as well, or they might enjoy self-discovery...[My] bias is that I'm pushing ideas because I like them. You know I believe in them...[T]he things that I recommend or the things that I quote from, I wholly believe with my whole being as a therapist and as a person. (PIV:10:12-14 & 29-32)

An important theme to emerge from this co-investigation is the significance for George that the client is responsible for what they take from bibliotherapy and the psychotherapeutic work itself. George's desire is for the client to have an outcome that is entirely their own and directed by them – for them to go where they would like to go – not where he anticipated. George notes that a quote from Yalom (2002) sums up his feeling: 'It's not my job to heal my clients, but it's my job to remove the barriers to growth so that the client can heal himself' (PIV:11:35-37). The benefit of the existential approach for George is that the therapist has freedom in working with the client. The power of bibliotherapy is the power it has on imparting ideas to clients and the rippling effect that comes from that:

Yeah, and you know...maybe that woman that I've talked about that I recommended *The Dance of Intimacy* to, you know, maybe she goes to a friend and doesn't necessarily say read this book, but [says] I learnt [this] you know?...We never know in which way we've helped, even those that we don't know and will never meet. That girl might give that book to somebody whose husband was very abusive, and you might have saved a life by recommending a book. (PIV:14:6-8 & 23-25)

One book helps a person, who helps another person, who helps another person, and so on. The felt experience of this co-investigator is that books provide him with ideas that help him explore themes important to the client. Books have intentionality. They are read 'out there' (PIV:13:33), and at the heart of bibliotherapy is the rippling effect of the ideas they convey.

8.2.1 Conclusion

This co-investigation emerged a felt sense that books create a rippling effect of therapeutic healing. Further, they provide ideas that can be used to open up and unpack important themes for clients. For George, books have meaning and inspire him to help clients find a way to their own healing – to engage fully in their own journey. Even if not being used therapeutically, books offer a way to connect with clients and share common interests, thoughts, and feelings:

I've got one or two particular clients I've had over the years that have similar interests to me...[E]verybody knows that I've got a big interest in World War II, and they might say: "Well, what book would you recommend I read?"...I can recommend a book that I've found to be compelling or extremely interesting. And it's not therapeutic necessarily, but after they've read that book, we can discuss the book or, see what they thought or discuss other recommendations. (PIV:2:40-46)

George describes the co-investigation experience as 'fantastic', noting that: '[It] make[s] you reflect on your own practice and why you do things. How you do things, and why did I do that? And that it was good that I did that. I'll try that again' (PIV:14:37-39).

8.2.2 Chapter 8 Summary

This chapter has presented the thematic analysis and overall discussion of the findings from Participant IV.

Next, Chapter 9 presents the research results and conclusions for Participant V.

9.1 Participant V

Participant V (Henry) was a male existential therapist who had been practising for ten years. The participant was contacted in the first instance by email to enquire about his interest in participating in the doctoral research and to determine if he met the inclusion criteria. Subsequently, he was sent the participant information sheet and consent form and, following the return of the signed forms, was scheduled for an interview, which was conducted and recorded via Skype. The interview took place on 08.06.23 and was 40 minutes in duration.

9.1.1 Themes

Three themes emerged from the thematic analysis: identification with bibliotherapy, benefits of bibliotherapy, and extension of therapy.

9.1.1.1 Identification With Bibliotherapy. The first theme to emerge is that Henry identified with using bibliotherapy and considered himself to have been using it from the time he started practising:

I think I was inspired by my own therapist when I was a student. She knew that I was starting existential therapy, and she always suggested philosophical and existential books to me. And I found it really helpful. When I started practising, I just remembered how those books helped me, and I tried when there was space in the session to see if I can suggest some of those books to my own clients. So I started like this. (PV:1:13-18)

This is the foundational part of the *why* of bibliotherapy for Henry. However, Henry reflects that he 'didn't know what bibliotherapy is' or that there were 'any official procedures for this' – he started by 'recommendations to people that...had interest to read books' (PV:1:18-20). Nevertheless, more recently, Henry has become 'familiar with the term', and although he does not consider himself to 'do it often', he has 'a huge library in [his] office, with different kinds of books' (PV:1:30-32). The *how* for Henry is, in part, the function that books serve in his work:

[W]hen I see that people need more when they ask for more..."Do you have any books to suggest?"..."Can I do some kind of reading on my own?"...I do [have] some suggestions...I just try to facilitate a reading process...I just motivate the client to have a discussion on the book. (PV:1:32-45)

He notes that he does not 'use this term in the therapeutic room', but he believes in the client being able to undertake 'reading on [their] own in order to learn more about what [they] are talking about' (PV:1:41-42 & 34-35). Further, another essential part of the *how* for Henry is the format the client may require. He notes the importance of audiobooks for 'clients that say to [him] "I would like to read more", but cannot read' for one reason or another (PV:5:10-11). For example, Henry notes specific reasons that an audiobook might be requested:

[S]ome say they have ADHD and cannot concentrate...I have clients that have asked me, "[Can] you recommend an audiobook?"..."I cannot read this, this text is huge. I don't have the time. I don't have the space to read"...The majority of people prefer to have a book...some of them...don't like to [borrow] my book...they say..."I will go to buy it because I have a library and I want to appreciate that you have recommended it to me". (PV:5:11-20)

9.1.1.2 Benefits of Bibliotherapy. The second theme to emerge is the benefits of using bibliotherapy as an adjunct to therapy. For Henry, books extend the work, improve the relationship, facilitate trust, and enable the client to work outside the room – these are further elements of the *how* of bibliotherapy for Henry:

I think that it is a means to establish the psychotherapeutic relationship because you share something with the other person...[If] I give one of my own books...in this way, I show that I trust...It's not about the object. It's about the essence of the object...[I]t facilitates the process, the relationship, and also it's about the knowledge...[a] book can open your horizons to think more about it...It's about reflection as well...[Y]ou can continue to work psychotherapeutically on your own during the week till the next time. (PV:2:6-18)

Henry notes using 'books in different ways' (PV:2:28) and using them as 'a good starting point to open the discussion' (PV:3:13-14). Books benefit Henry, for example, when 'talking about freedom' or 'existential terms' such as 'something that Sartre said', but 'it depends on the client' (PV:2:31-34). Indeed, he notes that for clients who are 'psychologists' or 'studied philosophy' or 'literature and they are familiar with it', it is 'beneficial' to engage in bibliotherapy (PV:2:34-36).

Another part of the *why* of bibliotherapy for Henry is that 'it's a good starting point to discuss in terms of phenomenology' (PV:3:28). For example, if a client has borrowed a book and not brought it back:

[This] is a good starting point for discussion because when they say, "Oh, I forgot your book" or "I want to keep it [longer]"...You [can ask], "How did you feel that you didn't bring it back?" or "How do you feel that you have had [it] for a long time and you haven't read it yet?". (PV:3:27-30)

Notably, Henry 'always keeps a shelf where [he] puts the books [he] wants or is willing to share with others' or 'found useful for' bibliotherapy (PV:3:30-33).

Another benefit of using bibliotherapy as an adjunct to therapy for Henry is that it gives him the 'opportunity...to reflect more' (PV:6:38). Importantly, an outcome of using bibliotherapy is his own growth and learning that comes from a client's interpretation of a text:

[I]t's always an interesting process for me because when we are focusing on a specific extract from a book...sometimes...I learn from the interpretation of the client via the story...or how a client interprets the text and sometimes in a way that is different than my own interpretation. So...it's always useful for me to listen to what clients bring from a text and say..."Would you like to discuss it more?". (PV:6:37-45)

Similarly, for the client, Henry experiences books 'opening new ways of thinking' (PV:8:7). He notes his lived experience of the impact that bibliotherapy can have on clients as helpful in various ways – this is an important part of the *why* of bibliotherapy for Henry:

[M]any times clients are coming and saying...it was really helpful for me...[or] I haven't ever realised this or that...Certainly books have an impact on the way that people sometimes find solutions...[or] the way of doing reflections...for themselves or others...I have witnessed things like this. (PV:8:7-12)

Moreover, Henry observes that 'there are people that didn't even read before the therapeutic process' who have 'started to read after it', and this has 'helped them to become more wise or more reflective...it's a process of growth' (PV:8:18-21). The lived experience or *what* of bibliotherapy for Henry is one of gratitude, enjoyment, growth, understanding and introspection:

I feel very good that I share my books with others...I'm really grateful that others learn from my books...I enjoy the suggestions from my clients as well...[I]t's an opportunity to understand a text further because when clients come to discuss the book or when clients have to ask something about the book, it's an opportunity for me to reread the text, and there are many times that I see things I haven't seen before...[I]t's an opportunity for me to see my own growth. Because we can interpret the text in a deeper way or different way...[I]t's always an opportunity for discussion, self-reflection, and introspection. (PV:8:30-44)

Overall, for Henry, books 'bring back memories' that allow him to 'see where [he] was' and 'where [he] is now' (PV:8:45).

9.1.1.3 Extension of Therapy. The third theme to emerge is that bibliotherapy extends the work by enabling clients to read outside the session to facilitate a greater understanding of existential themes and to discuss these in therapy:

[I]t's a good opportunity for the client to read more about the existential issues, and it [is]...beneficial for them to read more about them...[M]ost of them say to me that they enjoyed reading more about the existential issues, and they become more familiar with them. I have many clients that come back to me and say to me, "Now I understand what you meant when we were talking about freedom" [or] "Now I understand what you meant when we were talking about responsibility" because they have the time [at] their own pace and in their own homes to read extensively about the term. (PV:6:6-14)

Henry's lived experience of working with an existential text with a client is that it 'facilitates the existential therapeutic process' because it 'helps clients to be more deep' (PV:6:14-15). Moreover, he believes it also helps the 'existential therapist to speak his or her own language with the client as well' (PV:6:15-16). However, it also comes with the caveat that it can cause 'a bit of stress' (PV:6:33). That is when Henry hears a client saying: 'Could you please help me understand this more?', he experiences 'the essence' of also being a 'teacher' and feeling the stress of 'explaining something...in a good enough way to answer the question in a meaningful way' (PV:6:30-35).

For Henry, another part of the lived experience or *what* of using books in therapy is that 'it's about the object' (PV:7:14). Indeed, the phenomenological experience is that it is not about the book as an object, but what the book means in this context:

[Y]ou give something that is your own. And sometimes this...helps [me] to feel more connected with the client or I have experienced this the opposite way...I have clients that [suggest] books that they like, and [this says to me], "I was thinking about you, and I was wondering if this would be useful for you to read"...So...sometimes...it's not about what the book says, but it's about a book. The book as a means of exchange. The object as a book, but also speaking about the concept of a book...[I]t's not about what the books says, but it's about bringing the concept of a book as a means to saying to you that I was thinking about you or that this reminded me of you. (PV:7:15-25)

This then facilitates Henry's ability to 'go deeper with the context of the book', which extends and 'opens the discussion more' – 'having an inspiration from a book' (PV:7:33-35).

9.2 Discussion

Three main themes emerged from this co-investigation. The first was Henry's identification with using bibliotherapy as an adjunct to psychotherapy. Henry's use of books in therapy stemmed back to his training in psychotherapy, and although he did not know 'if there are any official procedures for this' (PV:1:19), he began recommending texts to clients that he had found helpful. Important for Henry is how books enable him to 'expand a theme' by facilitating a 'reading process' (PV:1:37 & 40). The felt sense is that books are an integral part of his way of working. Henry enjoys using literature to facilitate the psychotherapeutic process, improve his relationship with clients, and engender trust through a shared meaning-making experience that emerges from this process.

The phenomenological experience for Henry is that bibliotherapy is not only beneficial, but it also extends the work. However, he notes that using it 'depends on the client' (PV:2:42). Henry's felt sense is that some clients 'could feel stress from it' because 'they probably see it as a test or something', so he sets 'something like a timetable' and 'the client reads the book on his own or on her own and then we spend some minutes on it after a couple of sessions, for example' (PV:2:38-46). Proceeding this way, he can do what 'they feel comfortable with' (PV:3:6). One difficulty expressed by Henry in actively using bibliotherapy is that 'sometimes they don't bring the book back' (PV:3:24-25). Nevertheless, he enjoys 'combining the literature with the psychology or existential theme' (PV:3:41-42) being discussed in therapy and 'recommending books that are related' to it (PV:4:33-34). Being grounded in existential-phenomenological practice impacts Henry's work because, from his perspective, 'we are always talking about existential issues like meaning or loss or responsibility or freedom', and these existential givens are discussed 'in the room' (PV:6:2-4). Bibliotherapy is, for Henry, an essential part of opening up and unpacking existential themes with clients because 'there is a huge list of books about these issues' (PV:6:4-5).

The co-investigator's lived experience is that books are more than objects. They represent a shared understanding of being thought of or held in mind. Henry sees books as an opportunity to share something with the client, let them know that he trusts them and has thought about them, and is guiding them to personal growth. Moreover, by engaging in this phenomenological process with the client, Henry also experiences personal growth through discussion and reflection of texts in new ways, which touch him and improve his practice.

9.2.1 Conclusion

This co-investigation emerged a felt sense of the phenomenological essence of working with books – it is not what they are as an object, but their meaningfulness. The process enabled the co-investigators to consider the meaningfulness of working with literature in therapy. Most importantly, how it could be used in a different way going forward:

I think our discussion was an inspiration for me to search about bibliotherapy and see if I can use books in a different way...What I am doing with books is coming from the inside...[This has been] a really good opportunity for me to bring back the term of bibliotherapy and search more about how other people use books in the therapeutic room and other beneficial ways to use them. (PV:9:13-19)

Important for Henry is that he was 'doing it by instinct', and the phenomenological co-investigatory process facilitated an emerged sense of how he 'can use it in an organised way' (PV:9:26-27). Indeed, Henry was aware that it 'would be beneficial' and that he 'was doing it' (PV:9:27-28). However, this process enlightened him to the knowledge that 'there are many, many different ways of using books in the therapeutic room' (PV:9:27-30).

Indeed, the process resulted in Henry realising that he could use 'literature books' in addition to 'psychology books and philosophical books' and how this 'could be for the client...for the teenager or for the adult' – that is, 'to bring literature books into therapy and discuss more about the story', instead of an existential theme directly, because 'you can bring existential issues from a story', from a character in a story 'you can feel connected with or inspired by' (PV:10:5-10 & 30).

9.2.2 Chapter 9 Summary

This chapter has presented the thematic analysis and overall discussion of the findings from Participant V.

Next, Chapter 10 presents the research results and conclusions for Participant VI.

CHAPTER 10: Findings – Participant VI

10.1 Participant VI

Participant VI (Catherine) was a female existential therapist who had been practising for eight years. The participant was contacted in the first instance by email to enquire about her interest in participating in the doctoral research and to determine if she met the inclusion criteria. Subsequently, she was sent the participant information sheet and consent form and, following the return of the signed forms, was scheduled for an interview, which was conducted and recorded via Skype. The interview took place on 01.09.23 and was 36 minutes in duration.

10.1.1 Themes

Three themes emerged from the thematic analysis: identification with bibliotherapy, benefits of bibliotherapy, and extension of therapy.

10.1.1.1 Identification With Bibliotherapy. The first theme to emerge is that she identified with and considers herself to be using bibliotherapy or therapeutic reading, noting when questioned, 'Yes, I'd say I do' (PVI:1:36). Catherine expresses her deep love of literature and how it informs her practice as an existential-phenomenological practitioner:

Talking about literature has just been part of my life since I could read...and my professional life. So one of the reasons I was drawn to existential psychotherapy is as an approach rather than other types of psychotherapy was because of its grounding in fiction poetry. You know, literature generally. (PVI:1:19-23)

Indeed, she notes a love of 'de Beauvoir, Camus...[and] Samuel Beckett' (PVI:1:23-24) and being engaged currently in creating a bibliotherapy resource that includes 'self-help books and also literature and poetry that might be inspirational' (PVI:1:42-43). For Catherine, poetry forms an important part of the *how* of working with bibliotherapy:

I use a lot of poetry, and that would be more even than recommending specific books...I sometimes read a poem to a [client] or send them a poem after a session. (PVI:2:4-7)

Another part of the *how* of bibliotherapy for Catherine is what the client is reading or interested in:

I very often ask clients...what they are reading generally...if they are reading for pleasure [and] what they're reading. And we just discuss that...I can pull out themes and ideas and reflect on literature very meaningfully and very easily...[O]ften what they describe, I've probably read...but even if I haven't...or if I haven't read it for a long time...they can describe to me what's happening and [I] find resonance and connection or help them find resonance and connection, which is more to the point. (PVI:2:36-45)

For Catherine, being grounded in existential-phenomenological philosophy is a significant part of the *why* of bibliotherapy for her: '[T]hey know from the outset that I'm an existential psychotherapist and that I'm inspired and informed by existential literature and philosophy' (PVI:3:2-4).

10.1.1.2 Benefits of Bibliotherapy. The second theme to emerge is the benefits of using bibliotherapy as an adjunct to therapy. For Catherine, bibliotherapy enables her to introduce literature to her clients that opens up exploration of the 'big questions about life' (PVI:3:20-21). The impact of practising as an existential psychotherapist resides in her felt sense of being able to draw from literature that speaks explicitly to the issues her clients are encountering – this is the *what* of bibliotherapy for this practitioner:

[T]hey're also concerned about what it is to be human and who they are and what's their place in the world. So underlying a lot of their anxieties...[are] themes of loss...human themes, sexuality and connection and life. So it's very natural then to perhaps draw on some of the literature that speaks to that...[T]he idea of reading, as literature, as a way of opening their world a little bit...So, one of the things that I do is encourage and, perhaps, reignite that love of literature...And I've got a whole list of good literature that might be relevant and interesting. (PVI:3:24-30 & 37-40)

For Catherine, reading is 'life-enhancing', and she thrives on her ability to recommend, discuss, and 'reconnect [clients] with that love of literature and reading' (PVI:4:1-2). Books and literature are Catherine's 'ally', and she notes the benefit of therapeutic reading to help clients with 'some of the struggles that they might be describing' (PVI:4:24-25). Another *why* of bibliotherapy for Catherine is that the right book helps her to sensitively address the presenting problem given the intelligence and engagement of the client:

I'm quite attuned to...bringing the right bit of literature in at the right time. That's really important...that you don't turn [clients] off literature by bringing the wrong piece of literature inappropriately...[In] the psychotherapeutic dimension...[not all clients have] the same intellectual capacity. There is a wide range of needs...intellectual...abilities...If the ability was of a lower level, you would then reach for literature which is appropriate for that. (PVI:4:34-43)

Important for Catherine is not 'looking at matching psychopathology', but looking at 'matching the existential...aspect of the [client]' (PVI:5:13-16). Another part of the what of bibliotherapy that comes from being an existential practitioner is the benefit of working with emerging existential themes:

[P]robably because I'm an existential psychotherapist. I'm attuned to certain themes...[I]t makes it a little bit easier because I can...tune into...the themes that the client is...grappling with...I've got a ready stock of poems or extracts to speak about various human issues...themes...loneliness, or loss, or anxiety...or guilt...whatever is going on, shame, all of those existential issues. (PVI:5:7-12)

The *how* of bibliotherapy for Catherine involves 'whatever format they are most comfortable' with (PVI:5:23). She reflects that 'some like books' and some clients like 'e-book versions' or to 'listen to them...if they want' (PVI:5:23-24 & 27-28). However, the choice of format is up to the client.

10.1.1.3 Extension of Therapy. The third theme to emerge is that bibliotherapy extends the work by enabling clients to read and reflect outside the session, which facilitates a greater understanding of themes being discussed in therapy:

[Clients] come back and say, "That made me think", or "I really felt like connected with that character. It made me feel, [think], about my own situation slightly differently", or it "[M]ade me feel really sad about my mum, when I read that" or "It made me feel really sad...that I'm not in touch with my ex anymore" or something like that. So it's more they've come back and just talked about how it's touched them and made them think or reflect a bit more...[A]nd sometimes it would be about...the reason I gave it to them, the theme that I'd identified...actually, a lot of the times it would be. But sometimes, they can come up with something else. And I've never had a [client]...they never come back, "That was rubbish. Didn't like that". (PVI: 5:40-47; PVI:6:1-2)

For Catherine, 'literature is simply one of those dimensions that [she] use[s]' to help the client 'reflect on their lived experience and...come closer to what's going on for them' (PVI:6:10-12). Catherine expressed her absolute 'love of literature and the world of literature...absolute passion, absolute joy' and the 'pleasure' she gets from it (PVI:6:26-28). Catherine's lived experience is described as 'there's something about literature that is really almost like [her] home' (PVI:6:31-32). Literature is Catherine's way of extending the therapy space:

Exploring a piece of literature that I've loved is, I suppose, a bit of a disclosure...because I communicate with this...I've thought about you. Outside. Sometimes, I've thought about you outside the therapy space, and I've thought about this book, and I've brought it with me. Or I've

got this poem that I thought would be good. So I'm saying, disclosing, that I've thought about them between the sessions...I might share with them, "I absolutely love this book" [or] "I read this book when I was your age"...And so there's a bit of disclosure that happens in sharing a bit of literature...because [of] wanting them to connect to with it. (PVI:6:33-42)

The process of engaging in sharing literature further extends her work by facilitating insight based on the client's response:

So that gives me insight into their response...This is about their response to the themes on a really much more psychologically personal way...I'm sharing that I read it, I liked it or was challenged by it. So, I usually preface it with why I'm offering it to them. (PVI:6:42-46)

This is a meaningful process for Catherine of learning to get to know the client through their response to literature. She is passionate about literature, and working with it in therapy feels like making a disclosure – it is a means of sharing or giving something to the client, trusting them with it, and learning at the same time based on their response.

Another essential part of the *what* of bibliotherapy for Catherine is that working with literature is relational. Catherine describes her felt experience of working with bibliotherapy as creating 'a sort of connection' (PVI:7:17). It is 'working essentially with a very relational...place where we are meeting in a slightly different space' (PVI:7:17-19). In this relational space, Catherine experiences books as a way of meeting the client, like a bridge connecting them:

And we're equal...It's a book that we can both read...[Y]ou've got your interpretation. I've got my interpretation. [O]ne is not more significant than the other. I've got my response to this poem. You've got your response...So it's not like...I've got the answers...It's simply this is their therapist sharing a book or a poem that they really liked. So, there is equal mutuality. So it's a way, it's like a bridge. (PVI:7:19-25)

Catherine's feeling is that similar to how a therapist might 'titrate the intensity of the therapeutic relationship', she does 'something similar with the way [she] use[s] literature' – that is, she likes to 'get the titration right' (PVI:8:2-4).

Bibliotherapy also extends Catherine's work by supporting her clients in engaging in reflection outside the room. Her felt sense is that 'the most important thing is to support their reflection and the depth of their reflection' (PVI:8:22-23). Catherine is reflective in considering that for her clients, 'reflecting on yourself can be a bit intimidating', so 'slightly displacing it onto a character from a book can be a little less threatening' (PVI:8:23-25). An essential part

of the *what* of bibliotherapy for Catherine is that 'you can get a lot of rich conversations about a character that actually is probably about himself and then it makes it easier for them...to break into talking about themselves' (PVI:8:25-27).

10.2 Discussion

The first theme to emerge was this co-investigator's joy, enthusiasm, and identification with bibliotherapy as an essential adjunct to her way of working. Throughout the co-investigation, Catherine expressed her feelings about literature, noting: 'I love literature' (e.g., PVI:6:22) and described possessing a 'love of literature' (PVI:3:37). Her felt sense is that 'it just makes [her] feel more authentically [her]' because she is 'bringing aspects of [her]self into the space that are very core to who [she] is' (PVI:8:38-39). This experience she describes as being 'very powerful' (PVI:8:40), creating a felt sense of being 'authentic' and wanting to 'celebrate [her] journey to where [she] is now' and 'share that dimension' with clients (PVI:9:15-16). However, Catherine notes that she does not 'give a [client] something to read and then ask them [directly] to talk about it in the next session' because, for her, 'that would be a bit too like having homework' (PVI:2:24-25). Instead, Catherine works with literature more phenomenologically and 'invite[s] [clients] to reflect on what is resonant for them in the book or character, or any characters that they resonate with' (PVI:2:34-35). For Catherine, this approach works well and results in clients 'often bring[ing] something they might like to talk about this week' – for example, 'a postgraduate [student] was talking about *The Myth of Sisyphus*' (PVI:3:4-6).

Catherine describes enjoying getting clients to engage with a book 'just for fun' to 'reconnect [them] with that love of literature and reading, as something that is life-enhancing' (PVI:4:1-2). She often finds herself reading to them from a 'section that leads suddenly' or is 'really resonant' from the books she has in her therapy room (PVI:4:12-13). Catherine expresses the importance of finding the right piece of literature for the client based on their therapeutic

need, ability, and presenting problem – 'I'm pretty good at getting the right book for the right person' (PVI:7:39-40). Furthermore, she describes using literature not only to meet her clients where they are but also to understand them and show them that she understands – 'bringing the right bit of literature in at the right time...that's really important' (PVI:4:34-35). She notes keeping a 'ready stock' of literature in order to facilitate her speaking about 'various human issues' and notes being happy to work with 'whatever format they're most comfortable' with (PVI:5:10 & 23). Indeed, Catherine's lived experience is one of identification with literature as an essential part of herself, and thus, sharing a piece of literature with a client is like making a 'disclosure' (PVI:6:34). It extends the therapy space by indicating to the client that she has 'thought about' them 'outside' the room – she is trusting them with a personal disclosure and learning from them at the same time by working with 'their response to the themes' (PVI:6:34-35 & 43). This space is further extended by the client engaging in reflection outside the therapy space and reconnecting with her through 'equal mutuality' that emerges through discussion (PVI:7:24). Moreover, an important benefit of bibliotherapy for Catherine is that it acts like a link between herself and client. It enables both therapist and client to discuss important themes by focusing on the character or characters of a book without needing to talk about themselves directly. This meaning-making process is a joyful one for Catherine because books allow her to bring 'aspects of [herself] into the space that are very core to who [she is]' (PVI:8:38-39).

10.2.1 Conclusion

The process of this co-investigation created a space for this co-investigator to 'surprise herself' with how much passion she has for talking about her use of literature in therapy (PVI:9:25). What emerged that was previously unknowable is how 'very integral to [her] practice' bibliotherapy is and how much she believes that there 'should be so much more psychotherapy, psychology, literature [in] psychotherapy' (PVI:9:9-10). Important for Catherine is the idea that she 'can bring this dimension...as an existential psychotherapist'

because 'human experience' exists within literature 'this is where it is, and this is where it is captured, in poetry and literature, and novels and plays' (PVI:9:12-15). Certainly, for Catherine, the co-investigation experience was a '[l]ovely, reflective opportunity to consider' her use of bibliotherapy in existential-phenomenological practice (PVI:9:32).

10.2.2 Chapter 10 Summary

This chapter has presented the thematic analysis and overall discussion of the findings from Participant VI.

Next, Chapter 11 presents a reflexive discussion of participants one through six.

11.1 Reflexive Discussion

Stemming naturally from the opening questions of the structured interview (i.e., *How did using books in therapy first arise for you?* and *Do you consider yourself to be using bibliotherapy/therapeutic reading?*, see Appendix A), the first theme to emerge in all but the first interview was whether or not they identified with or considered themselves to be using bibliotherapy or therapeutic reading. The other themes to emerge from the questions of the open-ended/semi-structured interview were: (1) directive approach, (2) benefits of bibliotherapy, (3) meaning-making through literature, (4) extension of therapy, (5) repeating themes, and (6) the opposite of being phenomenological.

In the following sections, I present a reflexive discussion of each participant.

11.1.1 Participant I – Jane

For Jane, her disavowal of the term bibliotherapy was experienced as an extension of her belief system of what it is to be an existential-phenomenological practitioner. Jane expresses there is 'something quite prescribed' about suggesting books (PI:1:43). My felt sense at the beginning of the interview is that Jane was speaking from a shared presupposition that we both agreed bibliotherapy was a 'directive' approach – causing me to wonder if she understood the nature of my research. Indeed, Jane appeared to be excusing herself for using books in therapy because she identifies as an existential-phenomenological practitioner. Moreover, given that I, too, am an existential-phenomenological practitioner, I experienced her need to excuse herself (in front of me) for using it with only a 'specific niche of clients' (PI:1:26).

At the beginning of the interview, I experienced Jane telling me *about* her experience of using books in therapy, not the experience as it is *lived* through (van Manen, 2016a). However, within her words, I was also experiencing her touching on the lived experience of working with eating disorders. I was moved by her vocative description of the pressure she

feels in working so closely with life and death: '[I]t feels like there's time pressure...pressure against their observations that they are coming in, pressure against further weight loss' (PI:1:48-50). Further, there was a sense of meaningfulness in her description of it being 'more appropriate' to suggest books when it is a matter of life and death (PI:1:54).

However, experiencing that she was not entirely describing a lived experience, I noticed myself hedging my next question by acknowledging her sentiments regarding bibliotherapy as being 'quite directive', alongside a further attempt to access the *whatness* or meaning of using bibliotherapy for this co-investigator. That is, I experienced myself reacting by trying to purposefully orient the interviewee back to the substance of bibliotherapy. This elicited further description of what publications are helpful in eating disorders and how many clients she had recommended specific readings to. My experience was that the interview was diverting away from the phenomenological substance (i.e., the gathering of a lived experience description [LED]) and more and more towards a descriptive or perspective-taking exercise. Within the context of question three of the interview (see Appendix A), I attempted to open up a description of her interaction with clients and specific types of reading material – such as eating disorder workbooks. My reflection of myself in this moment is paradoxical. My co-investigator was basing her discussion with me on bibliotherapy from the perspective that it is a directive approach. In turn, I experienced myself as being directive in my attempts to lead her into a prereflective dialogue. Noticing this, I make another attempt to open up an experiential account:

I'm getting the sense you feel that you as a therapist are non-directive, but this piece of your work is directive in as much that you have this list of resources and previously haven't considered those bibliotherapy per se, but you do gently prescribe or ask if people would be willing to have a look at. And in other cases, you bring it into the room, and you use work booklets. And I think one of the next questions I was going to ask is, how do you decide, and what are some examples of texts that you might, say a work booklet, that you would choose for somebody? So, what is on your list? What can you give us? Give me an example. (CP:PI:1:42-51)

This invitation was met with further descriptive dialogue, indicating that my co-investigator and I were still failing to meet one another in a hermeneutic exchange.

Understanding the challenges of getting interviewees to provide an experiential account of their lived experience, I was aware that I was reflecting on the moment-to-moment lived experience I was having and my considerable desire to 'do this right'. What was it to have a phenomenological discussion? Was I using the correct method? How does one get another to orient with you and consider a phenomenon of shared interest without providing a personal perspective? I wondered what could be done to facilitate approaching the meaning of the phenomenon in question, and in doing so, I asked the following question:

I think that brings me to my next question, which is: Do you also make judgement on what you prescribe based on your client's ability to have insight, their presenting problem, even their own intellectual level, and their ability to read? Like what you might prescribe to one client is going to be over and above the level that you might have chosen for another one, in as much as you think they would *get it*? Like you mentioned about the teenagers, more resonate towards one author, which you think they get. So I'm thinking that you make quite a lot of judgement there, although it feels directive. (CP:PI:4:19-27)

The felt sense was that the word *judgement* opened the door to prereflection at last:

That is a judgement call there. That's a judgement call in terms of age and age-appropriate matter. There's a judgement call in terms of whether somebody might be more triggered...there's quite a lot...firing in the background and many sessions before I can sit and apply that judgement...[It is] a very organic process of taking in a lot of information and learning enough about a client. (PI:4:34-42)

What begins to shine through that was previously unknowable is that Jane's application of bibliotherapy *looks* or *sounds* directive but *feels* phenomenological. Indeed, Jane feels she needs to explain or even excuse her use of bibliotherapy because, on the surface, it *appears directive*. However, her personal lived experience of engaging with bibliotherapy is a phenomenological organic process of *getting a feel* for a client and what is right for them.

The depth of Jane's emerging LED is evidenced by her use of the vocative:

People write in a very different way than they speak...It's a different form of communication. So, some might be more *poetic* when they're writing. Some will be more emotional or *emotive*. And a lot of that writing comes through to the therapy room. Some are *prolific* journalers. I will have pages of journal writing from any particular day if something comes up, and that's that...[W]e create a *lifeline* together...some people will go away and create this history, be it 20 pages of their own life, which is often a story. And even if it's in *zero-point form*, it's *a story*. And they sit and tell that story...It does feel like so many people put that lifeline down if they've worked on it on their own and say: "This is my story", and we go through it together. I might have a copy, they might have a copy, and it is like going through their life story, which is interesting. They're authors...[They are authors of their own story]. (PI:5:40-56, emphasis added)

This reflection created a felt sense of meaning-making between us. My felt sense was a shift in the interview toward shared phenomenological reflection. Jane begins to actively open up and interpret her own lived experience of what it is like for her to make a judgement of what might be suitable to recommend to a client:

I suppose, even if you're sat with a client wondering: "Is this appropriate?", you know, that brief, fleeting thought...[There is] that whole bodily awareness of how, you know, your own phenomena, the connection or not, the engagement with your client, and how they respond and react and looking at the phenomena of their reaction, and all of that is "being with"...it is all phenomenological. I guess it depends on what does existential-phenomenological mean and what does it mean in this context. (PI:6:57-58; PI:7:1-7)

I experience Jane moving toward describing what it is like for her to work with literature in a directive way, but at the same time feeling that there is not in her mind 'anything un-existential about it' (PI:8:36). However, I also experienced myself as engaging with her like I might a client, doing some reflecting back on what I heard in my continued attempt to open up a prereflective account. I learned from this interview how to draw the interviewee into a phenomenological exchange, staying within the structured interview. This learning was assisted by offering to participate in another student's research. Observing how well he carried out the interview – this experience gave me a model of how to 'do it right'. Nevertheless, I experienced Jane proving powerful LEDs throughout the second half of our interview. For example:

Enlightening. Absolutely. And enlightening is a...it's quite a profound experience, and I suppose it is, maybe it's that, that the client might want us to share. We want to impose upon them. If you can read this, you may be enlightened. We may share this understanding of this challenge that you are experiencing. For example, body image. What is that? What is body? What does that even mean? And what is it like to be in that body that you, you just don't even love, that you don't like. So to have a tool or a book or a resource...it really...a shared understanding. It is a shared process of enlightenment of...a particular topic that myself and my client could read and go, "Wow...I really felt that. That's such a good point"...It is about enlightenment...learning...Becoming enlightened, having that opportunity for change or shift...If we could pick apart the process and write down what you would need...there'd be so many ingredients...[F]or example, if I suggest that someone reads something and a client comes back and says "I didn't like that, I didn't get it, didn't find it helpful". That would be interesting. That would almost be a refusal to share in an understanding...It would almost be like the conversation stopping the communication, stopping there, and us having to either find another way to connect and engage and communicate...I haven't had that yet, thank God. (PI:10:17-47)

For Jane, books provide a means of enlightenment, which is what therapy is all about – a process of enlightenment. It is a co-created meaning-making process. Her disavowal of the term stems from not wishing to be seen on the surface as directive when using literature in therapy is so meaningful for her. Jane desires to facilitate change, shift, and growth in her clients and to do so thoughtfully and carefully, which means that the books she chooses to use are felt choices based on her understanding of her client. They allow her to meet her clients and engage in a process of learning and enlightenment, which for her is being true to her identification as an existential-phenomenological practitioner.

11.1.2 Participant II – Alan

For Alan, there is an immediate felt sense that he does not experience himself as 'doing' bibliotherapy, and he states this quite clearly (PII:1:17). However, he is also quick to note within his answer to the first question: *How do you use books in therapy, and how did it arise for you?*, that he only uses books 'on request' and that it is 'not an integral part of [his] work' (PII:1:2-3). In listening to his answer, I noticed myself applying what I had learned from the first interview and allowing Alan space to articulate his answer without my reflection or intervention. That being said, I am also aware that Alan's lack of identity with bibliotherapy appears in conflict with his disclosure of having sets/lists of books for different types of clients – especially those clients desiring 'more in-depth insight about existential ideas' (PII:1:4). Alan's lack of identity with bibliotherapy leads to further disavowal of ever considering himself to be using bibliotherapy because he had 'never received an official training in it' (PII:1:16). I experienced myself having concern in the background whether or not my questions were right for getting a LED and if Alan was an appropriate participant? Nevertheless, I was also simultaneously aware that the art of the interview process is to 'keep the question (of the meaning of the phenomenon) open' and myself and the 'interviewee oriented to the substance of the thing being questioned' (van Manen, 2016b, p. 98).

Alan was opened up by my third question: *What is the function that it serves for your therapy?* At this point, I experienced Alan beginning to use vocative statements to describe the *how* of books in therapy for him, which suddenly provided access to the phenomenon – that is, the words he chose to describe the impact of books allowed access to how he experiences them in therapy, their *whatness*. For example, he describes books during the interview using the following terms: jumping board, channel, dimension, accessible, relatable, strong, powerful, soundboard, mirror, colour, triangulation point, second dialogue, and mystical. My experience of Alan was his orientation to phenomenology and his ability to use vocative statements that triggered my imagination and allowed me access to how he experiences the phenomenon that is bibliotherapy. There was a real sense of what it is like for him to use books and the safety of the therapy space in sharing with the client what they have 'experience[d] through [the] text' (PII:2:16-17). His reflexivity around their use and whether his 'intention' in 'recommending [a] book' (PI:5:14) is received the way that he hoped or whether the client has felt that the book symbolises that 'I just can't deal with them anymore' (PII:2:33). Alan's use of vocative words to describe his experience of books as something that bridges a session or extends therapy, provide access to the meaningfulness of using books for him. He describes his selection process as happening 'quite spontaneously' but being firmly based on what he has come to understand about the client based on 'repeating themes' and what he 'hears' them saying (PI:4:24-29). However, I also experience Alan having preconceived ideas and lists of appropriate books based on the client's therapeutic need, idiographic features, and symptomatology (Menninger, 1978), which feels like something pushing against his non-directive existential-phenomenological way of being.

Alan describes books as having the ability to put a 'barrier' between the client 'and their experiences' (PII:4:43-44) and reflects that he might 'be more comfortable with recommending books if [he] wasn't a phenomenological therapist in the first place' (PII:5:27-28). Indeed, he

reflects that in using books, he 'put[s] something between [him]self and the client' (PII:5:30). My experience was of Alan giving access to the phenomenon that is his struggle to use books as an existential-phenomenological practitioner. Although he states that he has not been formally trained in bibliotherapy, his own learning in existential philosophy comes from literature. I experienced him clearly describing his careful and thoughtful use of existential texts and thought to aid his clients, but at the same time, his fear that he cannot control the impact that the text will have – it can 'improve the dialogue between us, but it could also be a dialogue break, a dialogue killer...[or] it could, in some cases, [not] support the dialogue the way I wish it supports' (PII:5:30-32).

As the interview progressed, I experienced myself getting insight from his words into a more profound struggle within himself in being with the client and what this means for him – and what it means to use books in therapy based on this internal struggle. For Alan, books can expose his inner self, thoughts, and ideas, and his intentions as a therapist in recommending a book in the first place. Books symbolise his thinking – his thinking and interpretation of the client and his personal interpretation of important texts. Alan expresses being 'very mindful about recommending books' unless he feels confident that the client can use it as a 'soundboard' or 'mirror' that enables the client to look 'into it and see something about themselves in it' (PII:7:11-15). Alan's reflections on the power of literature to be experienced by the reader as a mirror that they have the freedom to look into and interpret with 'personal colour' echo, and feel influenced by Sartre (1950):

Yet, almost in spite of himself, the mirror which he modestly offers to his readers is magical: it enthralls and compromises. Even though everything has been done to offer them only a flattering and complaisant image, more subjective than objective and more internal than external, this image remains none the less a work of art, that is, it has its basis in the freedom of the author and is an appeal to the freedom of the reader...The result of which is that there is no "gloomy literature", since however dark may be the colours in which one paints the world, one paints it only so that free men may feel their freedom as they face it. (pp. 72 & 47)

Nevertheless, I experience and am excited by Alan's detailed description of how books can reveal 'unverbalised conflict' or aspects of the therapy that are objectively unknowable and

unspoken (PII:7:35). Such as the 'push and pull' between himself and a client that reveals they are 'not on the same page' and that he needs to be 'more phenomenological in exploring the experience rather than sticking to [his] goals for the client' (PII:7:38-42). What emerges out of our co-investigation that was previously unknowable is that books can be 'triangulation points' between the therapist and client that facilitate communication and understanding. Moreover, Alan expresses in vocative terms how books can open up a 'second dialogue' that allows that which was previously unspoken or unseen to be knowable and communicated (PII:8:24).

Significant for Alan is the challenge that using books presents for him as a therapist. They are symbolic of his 'favourite ideas', and offering them up to clients feels 'too direct' (PII:9:37; PII:10:5). He does not feel he has 'control over the impact that those paragraphs would have on the client' and thus he is 'afraid of this' (PII:9:38 & 41) – afraid of being 'too present' with the client, of being the 'opposite of phenomenological' (PII:10:2-3). What emerges through the epochè and the reduction is Alan's felt sense of being exposed to the client through literature – existential texts represent his true self, which he does not feel is part of what needs to enter the therapy space. Further, Alan struggles because he 'wasn't really keen on including books' in therapy despite 'always lik[ing] the idea of bibliotherapy' early in his training (PII:10:34-35). However, he experiences himself as having been heavily influenced by his 'psychoanalytic background' and his existential-phenomenological training and what it is to be 'a therapist...a human being in the room' (PII:10:40-42) – schools of thought that do not fit easily together with bibliotherapy. The co-created learning and meaning-making I experienced through this co-investigation is the struggle between the basis of existential-phenomenological training in existential philosophy and the held belief that using literature in therapy is directive and, thus, the opposite of being phenomenological. However, as noted by Sartre (1950), 'the writer deals with meaning' (p. 5) – one writes to not to 'say certain things, but for having chosen to say them in a certain way' (pp. 15-16). Indeed:

[T]he operation of writing implies that of reading as its dialectical correlative, and these two connected acts necessitate two distinct agents. It is the joint effort of author and reader which brings upon the scene that concrete and imaginary object which is the work of the mind. There is no art except for and by others...Thus, the author writes in order to address himself to the freedom of readers, and he requires it in order to make his work exist...Reading is the induction, interpolation, extrapolation...[and] *experience* of the reader...To write is thus both to disclose the world and to offer it as a task to the generosity of the reader. (Sartre, 1950, pp. 31, 38, & 40, emphasis in original)

For Alan, the courage to use literature in therapy and face his fears rests in something that he has 'learned from them' (PII:11:7) – that literature has power, and everything about *how* humans produce it is phenomenological.

11.1.3 Participant III – Mary

Applying what I learned from the first two co-investigators, I experienced myself as more self-assured in meeting Mary. I began confidently with the first opening question: *How would you say that using books within therapy first arose for you?* I experienced Mary as relaxed and open, willing to give her full attention and thoughtfulness to her answer, and, in turn, myself, as patient while she gave her answer uninterrupted. Mary expressed feeling that her use of books in therapy was linked to her existential-phenomenological training. Mary gave a very long, detailed first answer, telling me about her training and how she has become 'more relaxed over the years' about drawing 'from whatever is available because it's useful' (PIII:1:33-34).

I experienced Mary as being good at telling me *about* her experiences and wondered how I might open up our discussion to get at her LEDs. Therefore, in my next question, I reflected on what I believed I had heard her saying and inquired as to whether she considered herself to be using bibliotherapy. This was met with an immediate disavowal of the term: 'Labels, I don't like labels' (PII:1:44). I experienced myself as being caught slightly off guard by the abruptness of her response and felt a slight sense of doubt once again about whether the participant was suitable for my research. I had someone who did not use the term bibliotherapy, and I was conscious of wondering what this is all about. What is stopping the participants from using the term? What is the connection between how participants came to be in my study and

their disconnection with the term? Thus, I decide to proceed carefully and ask next: *So, you've veered away from using the label bibliotherapy?* With this, there was a felt sense of meeting my co-investigator in a 'softer' exchange – indeed, I felt we may have got off on the wrong foot at first.

Mary openly tells me that she 'didn't know even that such a thing existed' and that she 'may fall into this label' (PIII:2:6-7). My experience at this point is that of a co-investigator who is open to the approach and interested in my topic. Mary is brought into a LED by my third question: *What function do books serve for you in therapy, do you think?* Her response is phenomenological and expresses the *whatness* of bibliotherapy for her. Specifically, books enable clients to engage with something external but safe – they allow for the indirect exploration and unpacking of themes that emerge in therapy that might otherwise be difficult to explore 'directly and openly' (PIII:2:31). Mary uses vocative words to describe *how* she experiences *what* books bring to therapy, such as door, metaphor, and platform. For Mary, books provide a 'platform to...engage with some characters and see part of yourself in them and or have different responses to the parts you have which are being denied, or...rejected' (PIII:2:37-39). In keeping with Alan, it appears that Mary may have been influenced by Sartre's (1950) *What is Literature*, but does not objectively identify with this in mentioning that books are like a 'door to further exploration' (PII:2:31).

Following this, Mary returns, in answer to the subsequent two questions, to tell me *about* how she uses books, not her experience as it is *lived* through (van Manen, 2016a). For example, Mary details her use of specific works with clients and how she recommends books that she knows well. I attempt to orient her back toward the substance of our topic (van Manen, 2016b) but experience myself unable to formulate a question that opens up another LED. Mary continues with an excellent description of how a book about a journey allowed a client to realise that life is not about the end goal but the journey, and we do not need to 'fix everything'

(PIII:4:41). She goes on to discuss how specific works by Frankl and Yalom have been helpful to clients. However, I find myself lost in her musings. I am mindful of van Manen's (2016a) definition of the hermeneutic phenomenological method as a 'way or attitude of approaching a phenomenon' (p. 26). My felt experience of my co-investigator is that she had never considered her use of books in therapy before and that our discussion has opened up a stream of consciousness that is flowing out about how she has used it and how she might do things differently going forward – for example, by making a list or selecting specific texts. In response, I experience myself reflecting on what she has said to try and orient myself:

I'm thinking, from what you've just said, it sounds like sometimes you have an actual chapter in mind that is very applicable to a particular client. So, even though maybe perhaps you hadn't formulated it before, you do actually match, or it emerges when a client is in front of you, a thought about something that might suit them. And if it's applicable, you seem to have suggested that they read it but not prescribed so much. Would that be accurate? (CP:PIII:6:14-19)

This elicits another disavowal by Mary that she does not 'do prescriptions' and then the lived description that it is about 'living it with a client' – about them 'having a choice' and not telling them 'you need to read this, you need to read that' (PIII:4:22-24). This puts me at ease, and I find myself picking the interview back up at question five (see Appendix A). Like most of my other co-investigators, Mary does not use audiobooks and thus has no lived experience to share on her experienced difference in their use compared to printed text. Nevertheless, I experienced Mary wanting to meet me and engage in phenomenological discourse by including her thoughts on using media and film in working phenomenologically with her clients. However, I was still not getting at Mary's prereflective account of *how* she experiences using books in therapy.

In listening to Mary's stories about her use of key existential texts with clients, my felt experience is one of feeling her passion for her work. Indeed, for Mary, 'books can be really helpful...[in] introducing them into [existential philosophy]...or the spiritual dimension' (PIII:7:35-36). I attempt to orient her to a prereflective LED with my next question:

Have you ever had a time when you, for instance, with one of the novels or even with Frankl's work, where you were talking about a book or a client went off and read a novel or a book, and they got something from it that you didn't intend. And then it was kind of a shock for you that they maybe took something from the book that was different than what you would have taken

from it, that they reached some other, either positive or negative, conclusion about themselves?
(CP:PIII:8:18-23)

Mary responds by detailing her experience as it is lived through:

You think things go in this direction and that you think this is the path, and they will actually come up with something else...It's often the case that whatever I intend, whatever I have in mind, they bring up something else, and that's good. That actually shows that...it's not my intention only. Whatever I'm providing, or I'm suggesting, is only the door to something, and whatever comes out of it needs to happen...I've learned, you know, that's what I really like about the existential approach. It's just bracketing all the time and thinking about, okay, let's see, we're being curious and just talking a lot about curiosity, you know, you just need to be curious about yourself. That's the *whatever* you need to do in therapy. When they start, I say, just be curious, that's enough and we'll take it from there...so...this is the beauty of this work, is that we've been kind of always surprised. But it's very rare that you know, they would take something from the book that I've taken. (PIII:8:33-46, emphasis added)

Important for Mary is the ability to work with books to bring her closer to the client – discussing what they thought about a book is something she shares with the client. My experience of Mary is that the longer she engaged in our dialogue, the more access she gave me to her lived experience.

What revealed itself that was previously unknown was the passion Mary has for literature and its ability to join people together. She experiences it as something that allows her clients to see her – 'she's a human...we can have a normal relationship' (PIII:9:15). Mary expresses the unique ability for books to be a 'safe space' where she can make a 'disclosure' about the 'kind of impact something has had on me', which is 'external and not about my private life' (PIII:9:8-10). For Mary, working with books is creative and artistic. It allows her to open up 'paths' that have been 'closed' (PIII:9:32). Working this way is artistic because it is indirect and enables the client to relax and put the attention onto the character instead of themselves – 'they can think about themselves in a safe way...because it's...externalised' (PIII:9:37-38). Mary uses vocative words in her description, such as platform, path, and door, that allow us to see the *whatness* with vivid imagery. Books are a phenomenological element that comes alive in the room. They are felt as something energising between Mary and her clients – within and between. My felt sense from her vocative description is that books are like a tether between herself and a client. Books are the thing between them that they are both directly connected to

in their own unique way that can be used to reflect off of like one might use an 'empty chair' (PIII:10:3). For Mary, this is an opportunity to 'connect...in a slightly different way...and learn' (PIII:10:9-10).

11.1.4 Participant IV – George

With George, I experience myself continuing to grow in confidence. I begin by asking my first question with ease: *So, first off, how do you think that using books in therapy first arose for you?* George begins by reflecting that his use of books stems back to his therapy and his therapist's recommendation of books to him. I experienced feeling immediately connected to him in my resonance with my use of books stemming from my work with my supervisor. Thus, I proceed with continued confidence to my next question: *And do you consider yourself to be using therapeutic reading or bibliotherapy? Do those words resonate with you?* George is quick and clear to respond in the affirmative. He notes that '[b]ibliotherapy is probably [his] favourite term for it' (PIV:1:42). I experience myself moving through my open-ended/semi-structured interview with ease. However, I am uncertain as to whether I am experiencing a LED or not. George is different from my other co-investigators, and I am wondering how. I notice myself percolating in the background that the difference I am feeling might be cultural or a result of his training or the previous career that he had.

Nevertheless, I press on and feel I am getting closer to hearing a LED after my third question concerning how he uses it in clinical practice. I experienced George responding in a structured and well-thought-out manner. For George, books act as a 'back up' for him because clients might 'need to hear it in a different way to the way that [he] might be able to convey [an] idea or point' (PIV:2:4 & 6-7). They are also 'instruction' or 'how to manual[s]' that can teach clients about the things they need to learn (PIV:2:33 & 38). They are 'relationship building' and facilitate the building of a 'tighter therapeutic relationship' (PIV:2:39 & 47).

George's description of bibliotherapy is naturally vocative and easily 'triggers the imaginary faculty' (van Manen, 2016a, p. 262). Indeed, there is great meaning imparted by George about the *whatness* of bibliotherapy for him. What was hidden that shines through is that literature teaches us about things that 'are not taught anywhere' (PIV:2:32; van Manen, 2016b). George's use of the vocative allows access to his felt experience of books as 'powerful' resources that teach us about the 'little methods...little ideas that you don't get taught' (PIV:2:19-20 & 34). For George, books are something 'shared' with a client (PIV:2:45) – they are 'motivational' and facilitate 'perspective making' (PIV:3:3 & 5). My felt sense is that the power of literature for George rests in the meaningfulness and impact it has had on him. What is evidenced through the epochè and the reduction is that books communicate ideas, which can be shared and understood without being directly discussed – books are the mechanism by which transformative ideas can be communicated.

George clearly expresses a love of literature and reading. Books are for him a 'record of [his] knowledge' (PIV:5:10). My experience of this co-investigator is that it would be easy, given his loquacious manner and detailed descriptions of the influential books he has read, to miss the meaningfulness hidden in his words. He not only recommends books that he has understood 'well because they've had an impact on [his] life' or necessarily because 'they have certain messages' that have had 'a profound effect' on him, but because reading is for him 'an experience' (PIV:6:14-18). My understanding is that George wants to share his experience of reading and the 'flow state' he gets into, and how it enables him to 'completely switch off to the outside world' with his clients (PIV:6:20-21). Important for George is the power of the written word and the act of reading itself. As noted by Sartre (1950), reading is 'the synthesis or perception and creation...[it] supposes the essentiality of both the subject and the object' (p. 31). Thus, reading is objectively mechanical, but the experience is subjective (Sartre, 1950).

The written word elicits imagery, and as the reader reads, he creates and *experiences* the work in subjectivity – reading is phenomenological (Sartre, 1950).

Indeed, novels are so attractive because they allow us to experience the inner thoughts and feelings of others, to see what is hidden (but knowable), and also to see what is mysterious (and therefore unknowable in a direct way). (van Manen, 2016a, p. 281)

How I experience and understand the impact that the written word has on George is what van Manen (2016a) describes as epiphany:

Epiphany means that a text has a *provocative* quality, so that its deeper meaning may exercise and provoke a transformative effect on the self of the reader. Epiphany refers to the sudden perception of intuitive grasp of the life meaning of something. This experience is so strong or striking that it may stir us at the core of our being. (p. 293, emphasis in original)

George does not resonate with using audiobooks – they do not hold the same experiential, phenomenological, or epiphanal quality. George states that he 'prefers to read' and that when he is 'recommending a book', he is 'recommending a book in physical form' (PIV:7:15-16). However, he is contemplative in considering that 'how [a] client absorbs [a] book or consumes [a] book is...up to them' (PIV:7:8). Indeed, Heidegger (2001) refers to the power of literature to turn into image – 'making the invisible visible' (van Manen, 2016a, p. 263) – which undoubtedly is also experienced by listening.

From George's perspective, 'existential thought or existential philosophy' texts are 'hard to argue with' because existential givens 'exist' for all of us (PIV:7:27-31). Hence, recommending existential texts to clients enables George to present philosophical ideas and open up discussion about existential givens. Books also have the power to elicit change in clients when they take action in their lives following reading an influential text. In considering whether George has ever experienced a client taking something from a text that was different from what he expected, he reflects on what might be considered a 'power differential' (PIV:8:43). That is, that he as a therapist has power over the client in recommending a book that might elicit an unexpected epiphany and provoke a transformative outcome in their lives – for example, leaving a partner after reading *The Dance of Intimacy: A Woman's Guide to*

Courageous Acts of Change in Key Relationships (Lerner, 1997). However, from George's perspective, clients take what they take from a text and 'we're not responsible for this...[for a] person's life...outside of the therapeutic environment' (PIV:8:45-46) – a view that he notes is supported by Yalom (2002).

As we progress, I am conscious of George's vocative use of the word *powerful* to describe his experience of using books in therapy as it is lived through. What shines through from his LED is his desire to introduce ideas to his clients through books such that he is 'setting up...the mystery of it...read it and find out for yourself' (PIV:9:43). He describes the outcome of working with bibliotherapy as 'incredibly powerful' (PIV:9:38) – he gives *ideas* to clients through books and allows them to 'do as [they] will' with them (PIV:10:4). However, my felt sense is that this is also difficult for George. He describes the eloquence of the case vignettes of famous existential writers he has read and how this has made him question himself – 'sometimes I think, geez, am I doing something wrong because my clients don't act that way...I find therapy is a lot more messy than that' (PIV:10:20-22 & 26). What shines through that was unknowable is the feelings of 'self-doubt' that working with literature creates for George. My felt experience is that he struggles to know whether clients experience the same inquisitive exploration of self that he experienced in therapy. Do the ideas in important works of literature impact his clients the way that they impacted him? Furthermore, because these ideas have had such a profound impact on him and are at the heart of his *why* of therapy, is he 'pushing ideas' because he likes them or because they are *true*? (PIV:10:29).

Indeed, George expresses a desire to 'light a flame' (PVI:10:44) within his clients that will facilitate the opening up of a shared dialogue about these meaningful aspects of who they are and how they should live. What emerges is George's passion for his clients to begin to 'live more like the way that they want to' (PIV:11:9). He hopes that the texts he recommends will spark their interest in beginning a journey of self-discovery of who they are and how they

would like to live. In the words of Nietzsche (Kaufmann, 1992), George wants his clients to follow themselves, not him, but he wishes to share in that journey by imparting ideas through literature.

Clients taking responsibility for themselves is an important theme to emerge from our co-investigation that was previously unknowable. What I experience from George as essential to his being is his belief in the power of the written word to inform, educate, and transform. Books have intentionality. 'We produce them so that they are read out there' (PIV:13:36). The ideas presented in their pages ripple across the world – this is at the heart of bibliotherapy. Moreover, when used in therapy, bibliotherapy touches our clients, and they subsequently have knowledge they can use to change others with the ideas they have been introduced to. 'It helps another person, help another person, who helps another person' (PIV:14:11). For George, the written word can save lives.

11.1.5 Participant V – Henry

I continue to grow in confidence in my interview style. However, I am simultaneously aware of my concern regarding whether Henry identifies with bibliotherapy and, if not, what this will mean for the interview. My first reflection about Henry is that he takes his time formulating his response and is a thoughtful and considerate co-investigator. He begins by reflecting that his therapist inspired him to recommend books in therapy when he was training and notes how much these books helped him – in keeping with mine and George's experiences. Henry notes that he is 'familiar with the term' but does not follow any 'official procedures' or offer bibliotherapy as 'an official form of therapy' (PV:1:19 & 29-30). I experience myself being relieved and put at ease by the knowledge that Henry identifies with bibliotherapy and values it as an important adjunct to his way of working. We progress quickly and easily through the first few questions, and I wonder how to open up our dialogue to access the prereflective lived experience of using books in therapy for Henry.

In answer to my question regarding the function it serves in therapy for him, Henry begins to offer a LED. Henry expresses how he experiences books as symbolising trust and evokes vocative imagery through his expression of books as something that 'can open your horizons' (PV:2:14-15). Through my hermeneutic thematic analysis of the text, I can see Henry's lived experience through his phenomenological description. However, in situ, I was unclear that I had experienced a LED. Instead, I experienced myself as not having heard something that was oriented to the substance of what was being investigated. Thus, I replied by reflecting on what I had heard and attempting to directly orient Henry to what I was expecting:

So various functions, extends the work, it improves relationships, people can work on it on their own. It's a way of trust. It's quite a lot...The next question is around the sort of how, if you can maybe think about times you've used it, whether you've assigned a book to someone and said, "We're going to talk about this next time". Have you ever read to clients? We're looking at sort of how you're, how you're using it. (CP:PV:2:21-25)

In hearing myself, I wonder how I have got off track, having started so well. Nevertheless, I experience Henry as unperturbed and willing to offer another thoughtful reply. Although his reply tells me more *about* how he uses books in therapy, instead of his experience as it is *lived through*, his description is important to the research. Henry describes recommending literature to clients that he believes, based on what has been discussed in therapy, that they might find beneficial in expanding their learning. He then describes setting a schedule for discussing the literature across sessions for a specified amount of time per session. Henry is the first co-investigator to describe so clearly the pragmatics of bibliotherapy by an existential-phenomenological practitioner using philosophical texts with clients.

Henry proceeds by describing his lived experience of using a book to open up a discussion by unpacking the meaningfulness of whether a client has brought a book back or not – for example, what does it mean 'in terms of phenomenology' that a client 'didn't bring it back' or maybe had a book 'for a long time and [hasn't] read it yet' (PV:3:28-30). Henry also describes using his understanding of 'the background of [a] person' and 'suggesting a book that

combines the literature with the psychology or existential theme' (PV:3:39-42). Henry expresses his desire to 'recommend philosophical books' to clients who have 'come to develop themselves' and 'live a better life' (PV:4:34-37). I experience Henry's sensitivity to the client's ability and format when recommending texts. Henry describes his experience with clients who want to engage with bibliotherapy but may not be able or want to read. He notes his use of audiobooks, TED talks, or YouTube videos to assist his clients in engaging with a theme or topic being discussed in therapy.

Henry is oriented back toward a more LED in reflecting on whether he has recommended a text to open up an existential theme. For Henry, choosing a philosophical text to open up an existential theme with a client enables 'the existential therapist to speak his or her own language with a client' (PV:6:16). However, for Henry, recommending philosophical texts comes with the stress of the clients asking for help in understanding what they are reading. Henry describes his experience of being both a teacher and a therapist simultaneously and wanting to answer their questions meaningfully. For Henry, he expresses the process of reflection on a specific text being discussed with a client as one where he actively 'learns from the interpretation of the client, via the story, via [the client's] own story, or how a client interprets the text, and sometimes in a way that is different from [his] own interpretation' (PV:6:39-41). Engaging in a process of reflection with the client over a shared text helps him 'feel more connected with the clients' he is working with (PV:7:15-16). The *whatness* of bibliotherapy for Henry is in the book, not as an object, but as a concept – the meaningfulness of recommending a book to a client because it lets them know you were thinking of them or holding them in mind. Within the context of a book, Henry can reach his clients on a deeper, more meaningful level because books can provide 'inspiration' (PV:7:35). Moreover, he expresses witnessing clients finding 'solutions...for themselves or others' and his lived experience is one of transformation and growth (PV:8:10-11).

What shines through that was unknowable is Henry's belief in the personal growth that comes from engaging with philosophical and existential literature. He reflects on his gratitude to his clients for books they have shared with him because he learns through the process of exchange: 'I have bought a lot of books that are suggestions of my clients' (PV:8:34). Important for Henry is the power that books have to 'bring back memories' (PV:8:45) – memories of how he interpreted or understood the text earlier in his training versus how he understands them now. Re-reading a text is, for Henry, 'an opportunity for discussion, an opportunity for self-reflection, an opportunity for introspection, an opportunity to bring back memories and see where I was and where I am now' (PV:8:43-45).

What emerged from this co-investigation is the process of exchange and how this impacts the therapeutic space. As brought to light by Henry, books are exchanged with the client as physical objects that impart a message: *I thought about you, and you thought about me*. Books represent our subjectivity and mutuality. They impart understanding and knowledge and facilitate inspiration and growth. Henry's use of books in therapy is 'coming from inside' (PV:9:15) – from his 'love for books' (PV:8:30). It stems from his learning and training and thus is rooted in existential philosophy and phenomenology. His resonance with using bibliotherapy comes from his lived experience of how books can facilitate the process of self-actualisation and growth – books hold the key to gaining wisdom.

11.1.6 Participant VI – Catherine

I came into my interview with Catherine knowing this would be my last co-investigation. A review of the experiential data gathered to that point evidenced the need to ensure that there was not too much textual content for the research. Thus, the decision was made to add just one more co-investigator to enable the reader to experience the gathered LEDs in full richness.

Catherine began by wanting to clarify what 'books' included (i.e., fiction, non-fiction, etc.) and clearly outlined her personal history that led to her using literature in therapy. My

experience meeting Catherine was that she was very experienced at using books in her work and had loved literature 'since [she] could read' (PVI:1:20). In contrast to my other co-investigators, Catherine immediately articulated the link between poetry and philosophical literature being the foundations of her training in existential therapy and therefore why 'it was very easy for [her] to look to literature for inspiration in [her] practice' (PVI:1:27-28). Catherine also clearly identified with using bibliotherapy and noted being involved in developing a bibliotherapy section of her institution's library. I experienced Catherine as reflective in her descriptions of sending poems to clients after a session or reading a poem to them during a session that she feels 'might be helpful or might be inspiring' to them (PVI:2:7). However, I am conscious that what I am experiencing from Catherine is that she is very good at telling people *about* what she does but finds it difficult to express her experiences as they are *lived through*. Thus, I attempted to get at a LED by asking her *how* she uses therapeutic reading or bibliotherapy in her practice. Catherine's response is very detailed and feels instructional, and I wonder what this is all about.

From the reduction, what shines through that was unseen is that Catherine is afraid of using literature as 'homework' because this feels directive. Nevertheless, her description of the *whatness* of bibliotherapy for her is educational. She wants her clients to learn from the books she recommends and discusses with them. Moreover, she expresses a desire to 'formalise' the use of poetry therapy in her department:

I'm going to really formalise a little bit more across the service of poetry therapy...sort of...introducing into the service every week a new poem and inviting my team of counsellors to...take it in turns to bring a poem that we put up in the waiting room and have copies there and also maybe have outside the counselling room for [clients] who are just walking past the corridor to maybe take and be inspired by. (PVI:1:45-47; PVI:2:1-3)

Indeed, Catherine's fear as an existential-phenomenological practitioner is that she will be seen as an educator and directive in her approach. However, my lived experience of *being-with-her* is that she is *educator*, and I, too, am *student* – not co-investigator. Catherine clearly explains how she can 'pull out themes and ideas and reflect on literature very meaningfully and very

easily' (PVI:2:39-40). She notes that part of her role is to 'help them find resonance and connection' with what they are reading (PVI:2:44). She continues by explaining how existential literature helps her clients examine 'human themes' (PVI:3:26). However, I am also acutely aware that Catherine fills the space with telling me *about* literature and *how* she uses it but diverts her gaze to some papers in front of her and begins jotting things down when I am speaking. I realise that she has come to the interview as an interviewee – she is there to give her 'expert' testimony of how she uses bibliotherapy in existential practice, not to engage in a phenomenological dialogue. Hence, I wonder how I can orient her to the substance of what we are investigating and access a LED.

As I continue, I am aware that my next two questions about how Catherine chooses a text and what format to recommend also fail to illicit a LED. In response, Catherine tells me about how she uses her existential knowledge to attune to client needs and recommends texts in 'whatever form they feel most comfortable' (PVI:5:23). Hence, I make another attempt to orient Catherine to the substance of our co-investigation with the following question:

You've sort of touched on this quite a bit...[but] can we get maybe a little bit deeper, how your use of bibliotherapy is impacted by being grounded in existential-phenomenological practice? And you've already said that you're aware of using texts specifically to unpack existential themes, but maybe going a bit deeper. Have you been aware of what clients take away from the text and how they use it, might be in tune with your intention or maybe depart from it? How have you experienced it? What's it like for you? (CP:PVI:5:31-36)

Catherine responds by noting that she 'hasn't done any formal evaluation of what they have taken from it', which is followed by her description of some of the responses she has had from clients, such as 'I thought about my own situation slightly differently' (PVI:5:39 & 42). However, at the end of her response, I notice that she describes clients' reflecting 'on their lived experience' and uses this to get 'closer...to what's going on for them' (PVI:6:10-11). This enables me to reflect back with:

And I guess that's where I'm sort of coming from, wondering what your lived experience is like, what it's like for you to use your knowledge of literature in this way. And as I say, you recommended something to them because you felt it was in keeping with what they might need or what they might like to read. And I guess what it's like for you to witness it, the impact that it might be having? (CP:PVI:6:15-19)

At last, this facilitates Catherine's experience of using books in therapy as it is *lived through*. She clearly describes her love of literature and how it feels like 'home' to her (PVI:6:32). What shines through that was previously unknowable is that, like Henry, sharing literature is for her a disclosure to the client that she has thought about them. She has thought about them outside the session and is willing to share something personal with them.

However, Catherine's vocative description of her love of literature and her willingness to share her favourite pieces of literature with clients, I experience as being in direct opposition to the lived experience of Alan – who considered this 'opposite of being phenomenological' (PII:10:3). Nevertheless, for Catherine there is a felt sense of the meaningfulness and passion that she experiences in using literature with clients. For Catherine, sharing literature *is* phenomenological. She uses the text she shares to get to know the client by their response to it – while simultaneously trusting them with the disclosure that she loves the text. The lived experience is one of 'connection' with the client in a 'relational' way that creates a feeling of 'equal mutuality' (PVI:7:17-18 & 24). Catherine evokes the imaginary with her use of the vocative words 'bridge' and 'titrate' to describe the *whatness* of bibliotherapy for her (PVI:7:25; PVI:8:2) – literature is a bridge of connection to the client that she can use to titrate the therapeutic relationship.

Catherine describes having a 'deep, profound relationship with literature' and expresses how this informs her ability to recommend 'the right book for the right person' (PVI:7:36 & 39-40). However, I experience us moving away from a LED dialogue and attempt to orient her back to the substance of our co-investigation by asking: *What is it like to use reading in existential-phenomenological practice?* Catherine responds in a prereflective and open manner about her lived experience of feeling like using literature in therapy 'was not quite as valued or not valued' in her training as it could have been (PVI:8:44-45). She then shares a personal

experience at a conference that she describes as 'utterly liberating' and how it 'freed' her to use literature in her work (PVI:9:10-11).

What emerges from this co-investigation that was previously unknowable is that Catherine feels liberated and free to celebrate her love of literature with clients because it is where she believes life is captured. Because she wants to acknowledge our roots and connections with literature as psychologists and psychotherapists. My experience of Catherine is that our co-investigation 'surprised' her (PVI:9:25) – it unleashed her passion for bibliotherapy. She moved from expert teacher to phenomenological co-investigator during our dialogue.

11.2 Chapter 11 Summary

This chapter has presented a reflexive discussion of the findings of participants one through six.

Next, Chapter 12 presents the final thesis discussion and conclusions.

12.1 Thesis Overview: Results, Discussion, and Conclusion

12.1.1 Literature Review: First Steps and Outcomes

My first step in approaching this project was conducting a systematic literature review. The literature review results indicated a lack of published scientific research on bibliotherapy in existential psychotherapy. Specifically, there was very little research literature demonstrating the outcomes of therapeutic reading as an adjunct to individual or group psychotherapeutic treatment. However, my literature search revealed successful outcomes of bibliotherapy in treating fluency disorder (Gerlach & Subramanian, 2016; Preston, 2014), anxiety-related disorders (Linden & Wasilewski, 2019), and depression (Frisch, 1994; Grant et al., 1995; McClay et al., 2015; Muto & Mitamura, 2015; Shechtman & Nir-Shfir, 2008). Overall, the literature review supported bibliotherapy as the first line of intervention in the NHS stepped-care model and the use of self-help materials with or without therapist support (Kilfedder et al., 2010). Indeed, this research highlighted that bibliotherapy is most efficacious when the therapist has a deep understanding of the client's problem and chooses the literature according to their specific needs (Gerlach & Subramanian, 2016) and when used as a supplemental tool rather than an individual therapy approach (Heath et al., 2005) – which is in keeping with therapeutic reading as defined in this research.

Specifically, the majority of the research findings were on the impact of minimal or no-therapist contact self-help-oriented book prescriptions for the treatment of a host of common mental health issues: anxiety and panic (Abramowitz et al., 2008; Buwalda & Bouman, 2009; Calbring et al., 2011; Gould & Clum, 1995; Gould et al., 1993; Lidren et al., 1994; Power et al., 2000; Proctor et al., 2018; Wright et al., 2000), agoraphobia (Ghosh & Marks, 1987; Ghosh et al., 1988), hoarding (Muroff et al., 2012), OCD (Fritzler et al., 1997; Moritz et al., 2018), perfectionism (Rice et al., 2011; Wimberley et al., 2016), psychosis (Chien et al., 2016; Moritz

et al., 2015), stress (Hazlett-Stevens & Oren, 2017; Kilfedder et al., 2010), sexual/orgasmic dysfunction (Trudel & Laurin, 1988; van Lankveld et al., 2006), love loss (Ogles et al., 1991), insomnia (Kaldo et al., 2015), and depression (Bilich et al., 2008; Floyd et al., 2006; Floyd et al., 2004; Hanson, 2019; Moldovan et al., 2013; Wollersheim & Wilson, 1991). These findings support the (2005) decision by the UK government to roll out bibliotherapy programs through libraries (Brewster, 2018b) and the NICE guideline's recommendation of self-based help for a range of common mental health disorders (McNicol, 2018). Moreover, highlighted by du Plock (2002, 2006, 2016a, 2016b), the findings of the literature review provided evidential support for adopting a manualised/self-help form of bibliotherapy by the NHS. However, there are no published research studies directly supporting existential bibliotherapy as defined by this research study.

12.1.1.1 Manuals and Self-Help in Existential-Phenomenological Practice. As someone who had been using books in therapy for many years at the time of conducting the literature review, I found the results highly interesting and beneficial to my practice. Overall, the results were interesting to me because, at the time, I had long been using a set of workbooks that I came into contact with while working in secondary mental health services to assist clients with engaging in dialectical behaviour therapy (e.g., McKay et al., 2019). Moreover, I had more recently come into contact with a set of teen resources called *An Instant Help Book for Teens* (e.g., Tabone, 2018) when I was asked by a colleague to review *The Positivity Workbook for Teens: Skills to Help You Increase Optimism, Resilience & A Growth Mindset* (Bocci & Niemiec, 2021). In reviewing this workbook, I was alerted to the existence of the series and its potential usefulness with teenage clients. Moreover, the literature review made me aware of supporting evidence for using such resources and educated me on other resources I could include in my repertoire (see Table 3.4).

I was simultaneously surprised and unsurprised that the participating co-investigators interviewed for this project seemed to dislike workbooks unless they were being used to treat specific issues. Given that all the co-investigators identified as existential-phenomenological practitioners, it is no surprise that such resources are considered directive and fall outside common existential-phenomenological practice. For example, Jane noted using them with eating disorders and Alan if clients brought them in or requested to use one. For me, such workbooks are helpful because they help guide the client in covering complex psychoeducational material. Moreover, they have evidenced success in assisting in the treatment of various psychological disorders and are applicable within the context of working in mental health services. Thus, I felt disappointed that they seemed reluctant to consider them. Indeed, following learning of the *Metacognitive Self-Help Manual – myMCT* (my Metacognitive Training; Moritz & Hauschildt, 2016), an integrative transtherapeutic treatment for OCD, while conducting the review for this research, I successfully treated a case of treatment-resistant OCD. I hope my review of the literature will assist other existential-phenomenological practitioners in accessing self-help material and workbooks that can be used with clients to treat an array of common complaints and issues. However, this will depend on whether my research has successfully demonstrated that there is nothing un-existential or un-phenomenological in utilising books or workbooks as an adjunct to existential-phenomenological practice. As eloquently expressed by Jane:

I'm thinking, well, is it a tool? You know, our books [are] tools... You know, you could look at the existential-phenomenological model as a tool. But if we're bringing in, if we're always bringing ourselves to sessions and over the course of our own career, we've kind of found doing our CPD, "Oh, that's a great tool". EMDR is a fantastic tool for working with trauma, and this understanding that people don't want to be in therapy for ten years anymore and that culture shifted. So the tools that we bring in to engage and to connect with people existentially, logically, is this just another tool to bring a book in or an app that might be helpful or a manual where even though it's CBT? Because CBT is a term that we use for sending people off with homework or doing a manual together, filling out a form of how they might feel and then acting on that and taking that back into session. Is it just another...tool to connect... I guess what we are trying to do, is to shift or to facilitate some shift towards, and this is definitely what's going to be a little bit of controversy here, but towards the client's goals. Now, an eating disorder client. Their goal is not necessarily to live. Not necessarily to gain weight, but isn't it?... Maybe we look at bibliotherapy as a tool to connect... Maybe we use tools with whatever therapy that we subscribe to as our model. Maybe CBT practitioners use bibliotherapy, maybe existential-

phenomenological practitioners use it. Is there anything un-existential about it? It's a big question. (PI:8:12-36)

The core of existential therapy is the therapeutic relationship and the client's lived experience. Indeed, existential-phenomenological practice is not *non-directive* but rather *directional*. As van Deurzen (1999) noted, 'it is unhelpful to avoid dealing with dilemmas by retaining a neutral position' – 'there is no such thing as value-free dialogue or even a value-free statement' (pp. 581 & 584). Indeed, '[w]e are inexorably drawn to making value judgements as therapists, no matter how person-centred or neutral we intend to be' (van Deurzen, 2010, p. 303) – and I believe this statement extends to our use of bibliotherapy as existential-phenomenological practitioners, we apply judgement about what literature applies to a particular client's needs, and hence, depart from a neutral position to a *directional* and value-laden one. How we present the term alongside demonstrations of how it can be used phenomenologically will be influential in introducing bibliotherapy to existential-phenomenological practitioners.

12.1.2 Thematic Analysis

The participants were interviewed throughout twelve months, beginning in September 2022 and completing in September 2023. The investigator transcribed and reviewed the interviews for accuracy before starting the thematic analysis using van Manen's (2016a, 2016b) hermeneutic phenomenological approach. Seven key themes emerged from the thematic analysis:

1. Identification with bibliotherapy
2. Directive approach
3. Benefits of bibliotherapy
4. Meaning-making through literature
5. Repeating themes
6. Opposite of being phenomenological

These themes are represented in Figure 12.1.

In the following sections, I will discuss these themes individually, illustrating them through anecdotes that function as examples of the phenomenon.

Figure 12.1: Key Themes to Emerge From the Thematic Analysis



12.1.2.1 Identification With Bibliotherapy. The first theme to emerge was whether or not participants identified with using bibliotherapy. Participants were asked if they considered themselves to be using bibliotherapy. The first three participants did not identify or consider themselves to be using bibliotherapy. Statements from these participants included:

I probably wouldn't have said that. Certainly, bibliotherapy would never have been a term that I would have used at all. (PI:1:40-41)

I've always been interested in it, but I have never received any official training in it. So, I would not describe myself as doing this. (PII:1:16-17)

Labels, I don't like labels. I'm very much phenomenological and existential at the root. But you know, I may fall into this label, maybe I'm unconsciously using it. (PIII:1:44-45; PIII:2:17-18)

Despite a lack of identification, it emerged that books formed an essential part of their way of working:

I would be more inclined to suggest CBT manuals or books that have been really successful with clients. (PI:3:28-30)

I have two different sets of books. I have more professional therapeutic books for mental health workers, and I have more daily books reserved for my average Joe and every Jane kind of regular public clients. (PII:1:7-10)

I go with a client if they are open. Sometimes they openly ask me, "Do you recommend any reading?" And we have a chat about it. "What is it that you need or want to read about? How could it be helpful?" And then, after having this chat, I may recommend something. (PIII:3:9-13)

The last three participants did identify with using bibliotherapy:

Sure, I definitely do it. I like the idea of bibliotherapy. I think it's a great word to use. Bibliotherapy is my favourite term for it. (PIV:1:17, 33, & 42)

I think I was inspired by my own therapist when I was a student. She knew that I was starting existential therapy, and she always suggested philosophical and existential texts to me. (PV:1:13-15)

Yes, I'd say I do. (PVI:1:36)

Books formed an essential part of their way of working:

Most of us are learning to be therapists from reading books. There's been a million books probably written about how to lead a better life. Why not recommend those to clients? (PIV:1:36-40)

When I see that people need more, when they ask for more. I do have some suggestions. I try to facilitate the reading process. I just motivate the client to have a discussion on the book. (PV:1:32-33, 36, & 45)

Talking about literature has just been part of my life since I could read. So, one of the reasons I was drawn to existential psychotherapy as an approach rather than other types of psychotherapy was because of its grounding in fiction poetry. You know, literature in general. (PVI:1:19-23)

12.1.2.2 Directive Approach. The second theme to emerge was that bibliotherapy is a directive approach. Participants were asked how they felt about using books in therapy. For one participant, bibliotherapy was seen as a directive approach:

I suppose it's a very difficult balance with any type of therapy, but certainly, working with eating disorders is more directive. I do use books with the specific niche of clients. (PI:1:15-16 & 25-26)

There's something quite prescribed about suggesting books. There is a fine line between not overstepping and being too directive and wanting to make a difference to someone's health and well-being overall. (PI:1:43-47)

I'll give a workbook or manual to a particular client because they're in that phase of recovery. That sounds very directive. But again, I think, it's a particular client group. Where being directive is appropriate in the circumstances. (PI:3:34-35 & 37-39)

12.1.2.3 Benefits of Bibliotherapy. The third theme to emerge was that there are specific benefits of using bibliotherapy as an adjunct to therapy. Participants were asked how they use bibliotherapy in clinical practice. Such as, how they decide what text to recommend and how they engage with it:

It provides a better chance of communicating and a better chance of exploring the client's experience. (PII:8:18-19)

It draws us closer because we share something, what I thought of the book. So, it's a safe space. I am making a disclosure, but I am not. The disclosure is about the impact something had on me, about something external, and not about my private life. Clients really value talking about books. (PIII:9:7-11)

It is a means to establish the psychotherapeutic relationship because you share something with the other person. If I give one of my books, I show that I trust. It's not about the object. It's about the essence of the object. It facilitates the process and the relationship, and it's also about knowledge. A book can open your horizons. (PV:2:6-15)

12.1.2.4 Meaning-Making Through Literature. The fourth theme to emerge is that working with books in therapy is an organic meaning-making process. Participants were asked how they have experienced the impact of bibliotherapy on their relationship with clients:

I think it's human beings meaning-making as we are. If you've made a suggestion to read something, and a client comes back, and there's an element of shared understanding, or it's been helpful, or it's moved them, there's a real shift. Not just in their outlook or enlightenment but in the relationship. Their shared understanding or meaning. (PI:13:49-50 & 54-58)

It helps me see them. It helps them see themselves as well. We all colour the things we read. We all have this very personal take. So, I'm interested in that personal colour, what that person felt as one was reading the book. (PII:7:22-27)

I always think that understanding is a form of love. To be understood is almost to be held. For some clients, saying "Oh, read this" is a "I want you to understand me" or "I want to see how you respond and whether you understand the same way or see the world in a similar way". There are different stages of meaning-making. (PI:10:3-7; PI:6:23)

I tend to recommend books to clients that I know can use it as a soundboard. Almost like a mirror – looking into it and seeing something about themselves in it. (PII:7:13-15)

12.1.2.5 Extension of Therapy. The fifth theme to emerge was that bibliotherapy was seen as an extension of therapy – something that happens both inside and outside the room, connecting the therapist and client together. Participants were asked what the function of bibliotherapy was for them:

It's an extension of therapy. It bridges two sessions, so they are not alone with themselves. (PII:2:30-31)

It's another kind of stream to the work. It's almost like a second dialogue between the client and I. (PII:2:17; PII:8:23-24)

It helps connect with clients on a different level. It's like a door to further exploration. (PIII:2:26 & 31)

You can continue to work psychotherapeutically on your own during the week until the next time. (PV:2:17-18)

Books give you this platform to really engage with some characters and see parts of yourself in them and/or have different response to the parts you have, which are being denied or rejected. (PIII:2:37-39)

12.1.2.6 Repeating Themes. The sixth theme to emerge was that choice or text was based on repeating themes. Participants were asked how they decide what texts to recommend:

If I recommend, it's generally about a repeating theme that we always come back to in therapy. So, for example, if I hear something, or we touch upon something about relating, relationships, objectifying, subjectifying – I think Buber could go very well with this. (PII:4:15-17)

It's more about the themes that we talk about in the sessions, but there should be repeating themes. For example, if I hear there is a lot of fear of petrification and engulfment and all ontological insecurities, I recommend R. D. Laing's *The Divided Self*. (PII:4:24-27 & 18)

If the client and I are discussing something – they are having trouble with meaning, they're having trouble about understanding a choice in life, we go with *Man's Search for Meaning*. The theme, this is how you do it, and this is how it is, what it really is, and this is how you can work with that. (PIV:6:27-29 & 39-40)

12.1.2.7 Opposite of Being Phenomenological. The final theme to emerge was that sharing a section of text is the opposite of being phenomenological. Participants were asked how they have experienced the impact of bibliotherapy on their relationship with clients. For one participant, this was the opposite of being phenomenological:

There's two paragraphs that I really like in which Buber really describes how I-Thou is and how I-It is, and it really moves me every time I read them. (PII:9:32-35)

If I send these two paragraphs to a client, it's too direct. I don't have control over the impact that those paragraphs would have on the client. (PII:9:35-38)

I'm too powerfully present. So that's why I am afraid of this. Being too present is the opposite of being phenomenological. (PII:9:39-41; PII:10:2-3)

I want to be present in the session with my head, with my hearing, listening, being with them, everything else, but not my favourite paragraphs and favourite ideas. (PII:10:4-5)

12.1.3 Nested Within Context

Half of the participants considered themselves to be using bibliotherapy, and half did not. Interestingly, the even split between the three who identified with the term bibliotherapy and the three who disavowed the term was not an outcome of geographical location, cultural background, or training. Each participant represented an internationally distinct cultural and contextual background and current lived experience and, thus, was linked purely by their training as existential-phenomenological practitioners by the NSPC. One might be tempted to

preclude that European practitioners, for example, could be more open to the term than those from other international locations. However, my research suggests no such presupposition.

Nevertheless, it was difficult for the first three participants to say they used bibliotherapy despite actively engaging with it. *What stopped them from saying it when they clearly valued it?* As argued by this thesis, bibliotherapy resides outside of formal training in existential-phenomenological psychotherapy and counselling psychology when it does not need to be. Moreover, as evidenced through the lived descriptions of the participants of this study, bibliotherapy or therapeutic reading can be done existentially. Indeed, existential-phenomenological psychotherapy and counselling psychology training programmes utilise and are based on literature that forms the foundation of practice.

Most importantly, existential-phenomenological psychotherapy is rooted in existential literature and philosophy. As practitioners, our reading and knowledge of existential texts inform our work and are inherently used to assist our clients. However, neither counselling psychology nor existential-phenomenological psychotherapy makes a direct claim for using literature in treating the client, despite it being where our knowledge rests.

As demonstrated here, each participant was nested within their context and training. Therapists and clients are inherently nested on multiple levels. For example, therapists are nested within their modality and training; clients are nested within therapists; therapists are nested within clinics, private practice, or mental health institutions; sessions are nested within clients; and both therapist and client are nested within their own cultural, social, and environmental context (Flückiger et al., 2018). Each co-investigator of this research evidenced the impact of nesting by way of *how* bibliotherapy is used by existential-phenomenological therapists. For example, being introduced to it by colleagues (Mary) or by a supervisor during training (Alan, George, Henry) and interweaving it into practice because of a love of reading

(George [philosophy, WWII], Catherine [classical literature, poetry]) or specific therapeutic benefit/functionality (Jane [eating disorders]).

12.1.3.1 The How, Why, What, and Lived Experience of Bibliotherapy. The *how* of bibliotherapy was most often client-directed recommend reading. On occasion, recommendations were noted for clients requiring texts to address a specific existential issue or theme (e.g., meaninglessness, *Man's Search for Meaning* (Frankl, 1963)), technical books for mental health practitioners (e.g., attachment, *Attachment in Psychotherapy* (Wallin, 2007)), novels for the general public (e.g., *Journey to the West* (Cheng'en, 1980)), and, more rarely, books, worksheets, and exercise books for clients presenting with specific problems (e.g., anorexia, *Anorexia and Other Eating Disorders* (Musby, 2014)).

The *why* of bibliotherapy included that it helps clients find the words to describe what they are going through. Books can be beneficial in providing information or psychoeducation to clients about specific concerns. Books can speed up the therapeutic process by extending the work outside the room, enabling continued learning and exploration outside of the session. Most importantly, books create a safe space for discussion of important themes by taking the focus off the client and onto an externalised phenomenon created by an author that opens up exploration through metaphors that can then be safely brought back to the client.

The *what* of bibliotherapy included using it to increase communication, connection, or rapport with the client and understanding each other. To this end, books were described as a way of facilitating a therapeutic shift when a client is stuck, as a jumping board or platform to explore their experiences through the voice or story provided by an author. Books were also described as a means of opening up a second dialogue or dimension, another level of communication that is external to both client and therapist but simultaneously shared.

Finally, the *lived experience* of bibliotherapy was described as being like a triangulation point or tether in the room to something external but shared that enables both the client and

therapist to explore important themes in a safe space. Also, the therapists described feeling like books come alive in the room and allow us to both see and reveal ourselves. Stories were seen as powerful metaphors of life that have the capacity to draw us closer, facilitate communication, and create shared meaning-making experiences. However, they were also seen as having the capacity to push us apart, expose our inner worlds, and challenge us in unexpected ways.

The *how*, *why*, and *what* of bibliotherapy was significantly impacted by what books the therapist read and in what format. For example, Jane's use of workbooks and apps in treating eating disorders, Alan's use of theoretical or philosophical books, Mary's use of novels, George's use of history books, Henry's use of existential texts, and Catherine's use of poetry. Further, the co-investigators all seemed to be significantly impacted by what they were reading or interested in at the moment or was fresh in their mind to recommend to a client. Furthermore, recommendations were both spontaneous and based on the practitioner's knowledge base or targeted and specific based on considered client therapeutic need, idiographic features, and symptomatology (Menninger, 1978).

Surprisingly, all of the co-investigators noted that they only specifically used audiobooks if it was a format requested by the client. I found this interesting, given the emerging evidence of the benefits of bilateral stimulation to neural integration and the usefulness of listening while walking, which also induces a natural active meditative state and potentiates peak experience (Maslow, 1968; May, 1953). It could be that the co-investigators of this research study are less interested in the work of authors such as Siegel (1999, 2017), Feldman Barrett (2018, 2021), and Sapolsky (2018), who dive deep into our neurological world, because of their existential-phenomenological foundations resting in existential-philosophical literature. However, questions about format failed to illicit an LED that involved an audio recommendation.

12.1.4 Personal Reflexivity and Learning

Conducting this research challenged me to look at my use of bibliotherapy within existential-phenomenological practice and consider how my fellow co-investigators use it. There were many similarities, including being introduced to bibliotherapy by my supervisor, using workbooks for specific niches of clients, recommending existential and philosophical texts, and being influenced by what I am reading now. There were also several points of departure, such as reading aloud to clients, using novels, poetry, and history texts, and taking recommendations from clients. Another important point of departure with half of the sample was being cognizant of my use of books in therapy falling under the umbrella of bibliotherapy and identifying with this. Moreover, it appeared that, unlike myself, the co-investigators of this research study had not previously spent time reflecting on their use of books in therapy or their important role as adjuncts to their clinical practice.

The research methodology challenged me to engage effectively in a hermeneutic phenomenological discussion of lived experiences. This has benefited me considerably in being phenomenological with my clients and eliciting experiential accounts that can be unpacked and explored together. I also learned van Manen's (2016a, 2016b) approach to thematic analysis, the art of interpretation through conversation, and meaning-making through a hermeneutic circle of interpreting dialogued text. The research also broadened my consideration of using novels and poetry in my work. Further, I believe that my research and reflections on this topic may inspire other existential practitioners to read in session with their clients and/or incorporate bibliotherapy into their work in a more structured manner – for example, by agreeing to make their way through a text in sections each week and discuss it together.

My aim is that this research has brought bibliotherapy into focus for other existential-phenomenological practitioners and highlighted the benefits of engaging in it as an adjunct psychotherapy. Most importantly, I hope that this research has demonstrated that it is possible

to engage with books and literature in therapy creatively and to do so unencumbered by preconceived connotations over the use of terms. Just because something *sounds* directive does not mean it cannot *feel* phenomenological – this rests entirely with the practitioner and *how* they decide to use it or any tools available to them.

12.1.5 Limitations and Future Directions

Several limitations are noteworthy. Firstly, this research was limited by the small number of participants, which precludes making population generalisations. Secondly, conducting research via a virtual interview, by its very nature, precludes gathering rich contextual data. Thirdly, this research is limited by my ability to maintain the quality of the interpretations and analyses. Throughout this process, I developed and honed my conversational skills at drawing out lived experiential accounts and remaining open and available to new ways of knowing a phenomenon (Stephenson et al., 2018). Undoubtedly, these aspects of my lifeworld impacted the research, the data collected, and the views expressed herein.

Future research should collect further lived experience descriptions to broaden our understanding of the *how*, *why*, and *what* of bibliotherapy in existential-phenomenological practice. Indeed, additional qualitative research would shed further light on how existential-phenomenological practitioners weave bibliotherapy into their work. Such research would assist in understanding the findings that emerged in this research study and shed light on unexplored areas. For example, the *how*, *why*, *what*, and *lived experience* of poetry, fiction, history, or biography in existential-phenomenological practice. Such findings would be beneficial in consideration of creating a training component that could be incorporated into existing existential-phenomenological and counselling psychology programmes.

Further, increased research would shed additional light on the methodology and potential outcomes of incorporating bibliotherapy into clinical practice. Moreover, additional research would support calls for existential bibliotherapy and therapeutic reading in general as

recognised components of specialised and integrated psychotherapeutic practice by NICE and the NHS. However, a bibliotherapy 'toolkit' must be created to accomplish this. Such a toolkit will necessarily include methodologies that inform practitioners from diverse modalities about the *how*, *why*, and *what* bibliotherapy, including potential benefits and outcomes of applying it in existential-phenomenological practice.

Moreover, additional qualitative research would enable further gathering of vocative words used by psychotherapists and counselling psychologists in describing their lived experience of using books in therapy. A resource list of these vocative words/statements could be collated and incorporated into a bibliotherapy training toolkit, as phenomenological examples. A vocative word list would thereby allow individuals in training to experience the phenomenon that is bibliotherapy. Indeed, the etymological meaning of *phenomenology* is made up of *logos*, 'to let something be seen', and *phenomenon*, 'that which shows itself in itself' (Heidegger, 1962; van Manen, 2016a, p. 27). Vocative words and statements allow the essence of bibliotherapy to be seen and felt – they are the *whatness* of the phenomenon.

Furthermore, there is a need for a redefinition of terms. The term bibliotherapy is interpreted differently and means different things to different people, organisations, and practices. Therefore, individual agreed-upon and acknowledged titles should be provided for each specific area of bibliotherapy to facilitate clarity. For example, the use of literature in poetry therapy or philosophical instruction should be titled accordingly. Moreover, if the term bibliotherapy is already associated with directive, manualised, self-help approaches due to its historical foundations, these, too, need clarification. The correct operationalisation of terms would greatly assist the field of psychotherapy broadly and the existential-phenomenological and counselling psychology community, specifically on the various ways literature can be used in clinical practice. For instance, as discovered in this research, the use of self-help literature for specific client issues and the use of academic texts for those more intellectually inclined.

Possibly, there is a term that would sit comfortably within the existential-phenomenological community, such as existential bibliotherapy or therapeutic reading, as suggested by this thesis. Currently, existing terms include bibliotherapy, self-help bibliotherapy, clinical bibliotherapy, book therapy, reading therapy, poetry therapy, therapeutic storytelling, existential bibliotherapy, and others. Essential for the existential-phenomenological community, specifically, will be something with the essence of non-directive, phenomenological, and philosophical underpinnings.

Finally, collaboration is needed across the many domains of bibliotherapy practice to create a toolkit and training model that would provide practitioners with the foundational knowledge they need to consider weaving literature into their clinical work in the most efficacious and informed manner. Necessarily, this will involve the creation of a think tank of experts from diverse modalities to make initial decisions concerning what belongs under the umbrella of bibliotherapy in the context of psychotherapy and counselling psychology. Once terms and categories are proposed and agreed upon by a panel of experts, the operationalisation of components of a training toolkit can be undertaken through validation studies. Qualitative research studies targeting training or recently trained practitioners could be undertaken to determine what is missing from existing training programmes. Essentially, qualitative research would enable the exploration of what practitioners would like to know about the *how*, *why*, and *what* of using literature in clinical practice. Findings from such research would enable the proposal of what bibliotherapy training might look like within the NHS and allow for the trialling of new training components into existing training modules. However, foundational work to un-muddy what is currently muddied water surrounding the term bibliotherapy and the interweaving and use of it in clinical practice is essential to move forward toward training components for new practitioners and creating a much-needed toolkit.

12.1.6 Contribution to the Knowledge

This thesis contributes to the knowledge and debate in counselling psychology about the benefits of adopting 'existential bibliotherapy' into the NHS and existential-phenomenological training programmes. It demonstrates that with or without using the term, therapists are drawn to using literature in their work. Indeed, as noted by du Plock (2005), '[t]he question "why" humans are literature-producing and literature-consuming animals is at the heart a psychological one' (p. 13). Furthermore, this work brings 'these aspects of the therapeutic practice more fully into focus for the existential-phenomenological therapist community' (du Plock, 2016a, p. 85) by demonstrating how fellow existential-phenomenological practitioners are using bibliotherapy as an adjunct to their way of working. Importantly, this work has demonstrated through lived experience descriptions the contextual nature of *how* books enable the existential-phenomenological practitioner to co-explore, co-create, and co-construct meaning.

12.1.6.1 Dissemination of the Research Findings. The pilot research findings were previously disseminated at two international conferences and in one published paper:

Proctor, C. (2023, January). *Bibliotherapy in psychotherapy: When therapists prescribe reading*. Paper presented at the 5th International Conference on Counselling, Psychotherapy and Wellness, CHRIST (deemed to be university), Bengaluru, India.

Proctor, C. (2023, May). *How do existential psychotherapists experience the use of bibliotherapy with clients?* 3rd World Congress of Existential Therapy. Living in the Here and Now: Embracing our Roots, Creating our Future. Athens, Greece.

Proctor, C. (2023). How do existential psychotherapists experience the use of bibliotherapy with clients? *Existential Analysis*, 34(1), 275-283.

I plan to disseminate the research findings by way of several academic avenues. Firstly, I plan to submit another paper to *Existential Analysis* to reach other existential-phenomenological practitioners. Secondly, I plan to include the outcomes of this research as part of two lecturing opportunities afforded to me each year as a visiting teaching fellow at Buckinghamshire New University. This will facilitate the outcomes of this research, reaching a broad selection of psychology and counselling psychology students studying in the UK at the

master's level. Further, I have been invited to disseminate the research findings via a poster, workshop, and presentation at Christ University, Bengaluru, India, in December 2024 – I have been invited as a conference keynote speaker and undergraduate visiting lecturer. This will enable me to reach a large audience of psychology undergraduates and counselling psychology graduate students. Finally, following completion, I plan to speak at another existential conference within the UK or Europe during 2024 or 2025.

12.1.7 Conclusion

van Manen has challenged me to write from my lifeworld, to express the experience of the participants as they expressed their lived experience of literature. Simultaneously, we have co-created the written reflections – indeed, we are literature-producing animals. Through the stories of the co-investigators, I have learned of their lived experiences, which will now ripple out and reach others as they read my reflections. The co-investigators of this research study have eloquently described the written word as triangulation points, tethers, mirrors, soundboards, and reflective safe places that allow the client to consider complex and challenging mental health issues safely with their therapist. By its very nature, reading is cathartic, educational, motivational, phenomenological, and emotional. Bibliotherapy engages the client actively in approaching existential givens that exist for all of us. Literature can open up important themes for clients, provide needed psychoeducation, facilitate healing, improve rapport, and reduce existential isolation. The hermeneutic phenomenological process has elicited a vitally important part of practice that was previously unknowable – all learning is based on literature, and the sharing of it is natural, spontaneous, and emotive. Literature is at the core of what it is to be human – it is existential and phenomenological in its very essence.

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APPENDICES

Appendix A

Interview Questions

1. How did using books in therapy first arise for you?
 - a. Do you consider yourself to be using bibliotherapy/therapeutic reading?
2. Have you always been interested in bibliotherapy?
 - a. What is the function of bibliotherapy/therapeutic reading for you?
3. How do you use bibliotherapy/therapeutic reading in your clinical practice?
 - a. Do you assign texts as homework, or does reflection and discussion of texts make up a designated part of individual sessions?
 - b. Do you read to your clients?
 - c. Do you have a list of chosen texts to assign to clients?
4. How do you decide which texts to recommend?
 - a. Can you give examples of texts you have recommended and why you chose them?
 - b. What role does client insight, presenting problem, intelligence, or engagement in therapy play in your choice?
5. How do you decide what format to recommend?
 - a. Have you experienced any difference between the use of printed books versus audiobooks?
 - b. Is there any reason you might choose one over another?
6. How is your use of bibliotherapy/therapeutic reading impacted by being grounded in existential-phenomenological practice?
 - a. Have you been aware of using texts specifically to unpack existential themes or givens?
 - b. Have you been aware when what clients take from a text and how they use it differs from your intention in recommending the text, and if so, what has this been like for you?
7. How have you experienced the impact of bibliotherapy/therapeutic reading on your relationship with clients?
 - a. What has it felt like? Has it improved the relationship or impinged it?
 - b. What is your experience of what can happen in therapy as a result of using bibliotherapy/therapeutic reading as an adjunct to your way of working?
8. What is it like to use bibliotherapy/therapeutic reading in existential-phenomenological clinical practice?
9. Is there anything else you would like to add that I have not asked you about? Is there anything important that has emerged for you that you would like to add?
10. How was the interview for you? Were the questions too repetitive? Was there something I could have asked you that I did not include?

Appendix B

Recommended Authors

Interview I – Jane:

- Martin Heidegger

Interview II – Alan:

- Rollo May

Interview III – Mary:

- Irvin Yalom

Interview IV – George

- David Butler
- Lorimer Moseley
- Viktor Frankl
- Erich Fromm
- Irvin Yalom
- Ernesto Spinelli

Interview V – Henry:

- Jean-Paul Sartre
- Albert Camus
- Irvin Yalom
- George Bush
- Emmy Van Deurzen
- Mick Cooper
- Ernesto Spinelli
- Søren Kierkegaard
- Friedrich Nietzsche
- Martin Heidegger

Interview VI– Catherine:

- Simone de Beauvoir
- Albert Camus
- Samuel Beckett
- Viktor Frankl
- Mary Shelley

Appendix C

Recommended Books

Interview I – Jane:

- *Body Positive Power: How to Stop Dieting, Make Peace With Your Body and Live* (Crabbe, 2018)
- *Anorexia and Other Eating Disorders: How to Help Your Child Eat Well and Be Well. Practical Solutions, Compassionate Communication Tools and Emotional Support for Parents of Children and Teenagers* (Musby, 2014)
- *Nausea* (Sartre, 1938)
- *Master Slave Husband Wife: An Epic Journey from Slavery to Freedom* (Woo, 2023)

Interview II – Alan:

- *Man's Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963)
- *The Unbearable Lightness of Being* (Kundera, 2000)
- *The Myth of Psychotherapy: Mental Healing as Religion, Rhetoric, and Repression* (Szasz, 1998)
- *Love and Will* (May, 1969)
- *Attachment in Psychotherapy* (Wallin, 2007)
- *Psychoanalytic Psychotherapy: A Practitioners Guide* (McWilliams, 2004)
- *Psychotherapy and the Quest for Happiness* (van Duerzen, 2009)
- *I and Thou* (Buber, 1986)
- *The Divided Self: An Existential Study in Sanity and Madness* (Laing, 1969)

Interview III – Mary:

- *Man's Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963)
- *Journey to the West* (Cheng'en, 1980)
- *The Angel and Assassin: The Tiny Brain Cell That Changed the Course of Medicine* (Nakazawa, 2021)
- *When the Body Says No: The Hidden Cost of Stress* (Maté, 2003)
- *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (van der Kolk, 2014)

Interview IV – George:

- *The Dance of Intimacy: A Woman's Guide to Courageous Acts of Change in Key Relationships* (Lerner, 1997)
- *Explain Pain* (Butler & Moseley, 2013)
- *Man's Search for Meaning: An Introduction to Logotherapy* (Frankl, 1963)
- *The Highly Sensitive Person: How to Thrive When the World Overwhelms You* (Aron, 1997)
- *The Aladdin Factor: How to Ask for What you Want – And Get it* (Canfield & Hansen, 1995)
- *The Dance of Connection: How to Talk to Someone When You're Mad, Hurt, Scared, Frustrated, Insulted, Betrayed, or Desperate* (Lerner, 2002)
- *The Art of Loving* (Fromm, 1956)

Interview V – Henry:

- *Psychotherapy and the Quest for Happiness* (van Duerzen, 2009)

Interview VI – Catherine:

- *The Myth of Sisyphus* (Camus, 1942)
- *We Were Liars* (Lockhart, 2014)
- *Stoner: A Novel* (Williams, 2012)
- *East of Eden* (Steinbeck, 1952)

Appendix D

Vocative Words

Interview I – Jane:

- Enlightening
- Organic
- Lifeline
- Meaning-making
- Tool
- Co-created
- Love
- Understanding
- Psychoeducation
- Ingredient

Interview II – Alan:

- Jumping board
- Dimension
- Accessible
- Relatable
- Strong
- Powerful
- Bridge
- Extension
- Soundboard
- Barrier
- Dialogue break
- Dialogue killer
- Mirror
- Colour
- Triangulation point
- Second dialogue
- Mystical

Interview III – Mary:

- Door
- Metaphor
- Platform
- Safe space
- Disclosure
- Path
- Energising

Interview IV – George:

- Instruction manual
- Powerful
- How to manual

- Relationship building
- Shared
- Motivational
- Perspective making
- Empowering
- Flow
- Self-discovery
- Light a flame
- Rippling

Interview V – Henry

- Open horizons
- Means of exchange
- Inspiration

Interview VI – Catherine

- Inspirational
- My home
- Disclosure
- Connection
- Relational
- Equal mutuality
- Bridge
- Titrate

Appendix E

Participant Information Sheet



NSPC

Information about a research project:

Bibliotherapy in Existential Psychotherapy – When Therapists
Prescribe Reading: A Hermeneutic Phenomenological
Exploration

Being carried out by:

Dr Carmel Proctor

as a requirement for a DCPsych in Counselling Psychology and Psychotherapy from NSCP
and Middlesex University

Supervisor: Dr Patricia Bonnici, office@nspc.org.uk

**Participant Information Sheet**

NSPC Ltd
Existential Academy
61-63 Fortune Green Road
London
NW6 1DR
Middlesex University
The Burroughs
London NW4 4BT

Dated: Academic Year 2023

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

What is the purpose of the research?

This study is being carried out as part of my studies at NSPC Ltd and Middlesex University. This study explores the use of bibliotherapy by existential psychotherapists and counselling psychologists who consider prescribed reading an important adjunct to their way of working. Specifically, I am concerned with how existential psychotherapists and counselling psychologists experience the use of prescribed reading with clients. The utilisation of books in psychotherapeutic treatment for the benefit and promotion of psychological well-being is well-established; however, it is often a neglected element of most formal psychotherapy training programs (du Plock, 2005). More research is required to fully bring the benefits of prescribed reading to and demonstrate congruent methods with the existential-phenomenological community.

What will happen to me if I take part?

Therapists who agree to participate will be contacted in the first instance by telephone or email for the principal investigator to check eligibility criteria and obtain confirmation that all

provided information has been understood. Following this, participants will take part in an interview over Skype that will take approximately 45 minutes. The interview will follow an open/semi-structured format of seven main research questions that will explore the main research interest from a hermeneutic phenomenological perspective. Participation will require the participant to secure a private location where they will not be interrupted during the interview. The interview will be recorded in order for the data to be transcribed and thematically analysed. Any issues, such as potential technical problems or anything else related to the Skype interview, will be discussed via email or during the initial telephone conversation prior to the interview.

All information you provide by participating in this research will be confidential and, if published, will not be identifiable as yours. Confidentiality will be overridden, and the appropriate agencies notified, should you disclose information that I am required by law to pass onto a third party.

What will you do with the information that I provide?

The interview will be transcribed by another person. Your name will not be used in the interview, and the person transcribing the interview will not know who you are. The interview will be digitally audio-recorded via the Skype platform and saved locally to an encrypted USB stick for storage (e.g., MP3). All of the information you provide me with will be identified only with a unique identifier code saved on the encrypted USB stick and stored in a locked cabinet within the researcher's home. I will keep the key that links your details with the identifier code assigned to you inside a secure cloud-based password vault (e.g., 1Password) accessible only by the principal investigator. Research procedures and data handling will comply with the Data Protection Act (2018), the Data Protection Policy issued by Middlesex University, and the Freedom of Information Act (2000). Data will be preserved post-project for 10 years in accordance with Middlesex University's Research Data Management Policy.

What are the possible disadvantages of taking part?

It is unlikely that participation in this research will cause you harm; however, you may find that talking about personal experiences is distressing. Should this occur, please let me know, and if you wish, I will pause or stop the interview.

What are the possible benefits of taking part?

Being interviewed from a hermeneutic phenomenological perspective about your lived experience may facilitate new ideas about how you use bibliotherapy in your practice and enable the nature of bibliotherapy in an existential-phenomenological context to be shared with the wider community.

Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins.

Participation in this research is entirely voluntary. I understand that I can ask for my data to be withdrawn from the project until data analysis begins on 1 October 2023.

Who is organising and funding the research?

No funding has been provided for this research.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC research ethics sub-committee has approved this study.

Thank you for reading this information sheet. If you have any further questions, you can contact me by email at: CP773@live.mdx.ac.uk.

If you have any concerns about the conduct of the study, you may contact my supervisor: Dr Patricia Bonnici, at admin@nspc.org.uk

Or

The Principal

NSPC Ltd. 61 – 63 Fortune Green Road

London NW6 1DR

admin@nspc.org.uk

0044 (0) 20 7435 8067

Appendix F

Participant Consent Form

**Participant Consent Form**

Study Title: Bibliotherapy in Existential Psychotherapy – When Therapists Prescribe Reading:
A Hermeneutic Phenomenological Exploration

Researcher: Dr Carmel Proctor, student of the DCPsych degree in Counselling Psychology
and Psychotherapy from NSPC and Middlesex University

Contact: CP773@live.mdx.ac.uk

Supervisor: Dr Patricia Bonnici, office@nspc.org.uk

Dated: Academic Year 2023

- I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet.
- I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from participating in the project up to 2 weeks following the interview without any obligation to explain my reasons for doing so.
- I understand that I can ask for my data to be withdrawn from the project until data analysis begins on 1 October 2023.
- I consent for my data being saved on an encrypted USB stick and stored for 10 years in accordance with Middlesex University's Research Data Management Policy in a locked cabinet within the home of the researcher and that my data will not be shared with third parties.
- I further understand that the data I provide may be used for analysis and subsequent publication in a doctoral dissertation or journal article, and I provide my consent that this may occur.

Print name

Sign Name

Date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

Appendix G

Ethics Submission and Approval



Application for Ethical Approval

Section 1 – Applicant Details

1. Details of Applicant

Given Name Carmel Laura

Family Name Proctor

1.1 Is this an application for a student research project?

 Yes No

Resubmission

1.2 Please indicate below:

 This is a NEW Application, not submitted before. This is a RESUBMISSION of the application to address issues raised by the reviewers. This is a resubmission to address MINOR AMENDMENTS.

Co-investigator/collaborator details

1.3 Are you the Principal Investigator? (Supervisors are usually the PI, unless the applicant is a doctoral student)

 Yes No

Section 2 – Details of proposed study

2.1 Project Short Study Title (max of 5-6 words)

Bibliotherapy in existential psychotherapy

2.2 Project Full Time (This should be consistent on all documents relating to this research study)

Bibliotherapy in existential psychotherapy – When therapists prescribe reading: A hermeneutic phenomenological perspective

2.3 Proposed start date (This must be a minimum of 10 working days after

September 2021

submission of your application to allow for the review process.)

2..4 Proposed end date

December 2023

Aim(s)

2..5 Please state the main aim(s) and research question(s) with references and citations (where applicable.) (The word limit is 250 words)

This study aims to explore the use of bibliotherapy by existential psychotherapists who consider prescribed reading an important adjunct to their way of working. Specifically, I am concerned with how existential psychotherapists experience the use of prescribed reading with clients.

Research Objectives

The specific objectives of this study are to determine:

5. How prescribed reading is used by existential psychotherapists;
6. Why prescribed reading is used by existential psychotherapists;
7. What the impact of existential practice has on the application of prescribed reading; and
8. What insight is obtained by using a hermeneutic phenomenological investigation of existential psychotherapists lived experience of prescribed reading

2..6 Would you like to include a document with further information?

Yes

No

Section 2 - Summary of research study and rationale

2..7 Please provide full details of the method(s), study design, data to be collected, how data will be obtained, with rationale and information about participants, hypotheses, data analysis and benefits of the research, with references and citations (where applicable)

Method

I plan to use in-depth, face-to-face interviewing via a video platform, such as Zoom or similar. Questions will be developed to form an open/semi-structured interview from a hermeneutic phenomenological perspective. The research interview will follow a series of questions, such as:

1. How did the idea of using prescribed reading with clients as an adjunct to therapy first arise for you?
 - Have you always been interested in bibliotherapy?
 - What is the [existential] function of literature for you?
2. How do you use prescribed reading in your clinical practice?
 - Do you prescribe texts as homework or does reflection and discussion of texts make up a designated part of individual sessions?
 - On what basis have texts been chosen for inclusion in your prescribed reading list?
3. How do you decide which texts to prescribe?
 - Can you give an example of texts you have prescribed and the reason that you chose them?

- What role does client insight, presenting problem, intelligence, or engagement in therapy play in your choice?
- 4. How do you decide what format to prescribe?
 - Have you experienced any difference between the use of printed books versus audiobooks?
 - Is there any reason you might choose one over another?
- 5. How is your use of bibliotherapy impacted by being grounded in existential-phenomenological practice?
 - Have you been aware of using texts specifically to unpack existential themes or givens?
 - Have you been aware when what clients take from a text and how they use it differs from your intention in prescribing the text and if so what has this been like for you?
- 6. How have you experienced the impact of prescribed reading on your relationship with clients?
 - What has it felt like? Has it improved the relationship or impinged it?
 - What is your experience of what can happen in therapy as a result of using prescribed reading as an adjunct to your way of working?
- 7. What is it like to use prescribed reading in existential clinical practice?

Various methodological methods were considered in determining the appropriate approach for the research aims. For example, a mixed method design incorporating both qualitative (e.g., open-ended) and quantitative (e.g., closed-ended) questions was considered. Indeed, quantitative methods (i.e., experimental research) was the 'predominant paradigm used for psychotherapy research since its inception more than 100 years ago' (Lutz & Hill, 2009). However, over the course of the last four decades dissatisfaction with quantitative methods for investigating the psychotherapeutic process have only facilitated continued development, integration, and reliance on qualitative methods to help us better understand psychotherapy (Lutz & Hill, 2009). Further, ethical considerations associated with an experimental/mixed method design, such as a bibliotherapy group, precluded this as an appropriate method for doctoral research. Moreover, a hermeneutic phenomenological perspective allows for difficulties in qualitative research associated with bracketing, as it rejects the idea of suspending personal biases and expectations – that is, that a researcher cannot be rid of their *lifeworld* (Kafle, 2011; Neubauer et al., 2019).

The hermeneutic phenomenological approach was chosen over other related phenomenological methods, such as interpretive phenomenological analysis, as it is aimed more at the contextual aspects of the lived experience. Hermeneutics is by definition 'the art of interpretation' (Kakkori, 2009, p. 22) and the chosen method of interview will facilitate 'interpretation through conversation' (van Manen, 2016b, p. 97). As highlighted by van Manen, both the researcher and the interviewee participating in the hermeneutic interview have a vested interest in the research topic in which they have involved themselves – hence, an interviewee is often considered a co-investigator. The meaning-making is undertaken through a hermeneutic circle of interpreting (dialogued text), reflective writing, and reading, that lends itself to reflection of the themes of the phenomenon under study and the broader understanding that emerges therein (Kafle, 2011; Stephenson et al., 2018). In contrast, interpretive phenomenological analysis (IPA), although embedded in hermeneutic phenomenology, is a specific analysis strategy used with phenomenological data. For example, as noted by Smith, Flowers, and Larkin (2022):

IPA is committed to the detailed examination of the particular case. It wants to know in detail what the experience for *this* person is like, what sense *this* particular person is making of what is happening to them. This is what we mean when we say IPA is

idiographic...It is possible to move to more general claims with IPA but this should only be after the potential of the case has been realized. (p. 3)

In contrast, hermeneutic phenomenological methodology takes into account the life history of both the researcher and the participant, which 'are embedded and essential to the interpretive process of the phenomenon of interest' (Laverty, 2003, p. 28). As noted by Laverty (2003), '[t]he researcher is called, on an ongoing basis, to give considerable thought to their own experience and to explicitly claim the ways in which their position or experiences relates to the issues being researched' – overtly naming their assumptions and their influence on the process of reflection and interpretation (p. 28).

The interviews will be recorded and transcribed in preparation for thematic analysis. The data will be thematically analysed using van Manen's (van Manen, 2016a, 2016b) hermeneutic phenomenological approach. van Manen's approach includes four rigorous criteria associated with ensuring the quality of this type of qualitative research: orientation, strength, richness, and depth, which will be undertaken in order to add trustworthiness (Kafle, 2011). Accordingly, a selective reading approach will be taken to isolating or uncovering thematic aspects of phenomenon in the transcribed text. As described by van Manen (2016b), 'In the selective reading approach we listen to or read a text several times and ask, *What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?* These statements we then circle, underline, or highlight' (p. 93). The reflective phenomenological text resulting from analysis of the emerged themes will aim to 'let us see that which shines through, that which tends to hide itself' (p. 130).

Sample

The sample will consist of 6 to 8 existential psychotherapists who consider the use of prescribed reading an important adjunct to their way of working. Inclusion criteria will include formal training as an existential practitioner and personal admission of working as such, with a minimum of 5 years post-qualification experience. Both counselling psychologists and psychotherapists with a minimum master's level qualification will be eligible to take part. Existential psychotherapists who have not previously used bibliotherapy as part of their psychotherapeutic practice will not be included. That is, participants must identify as using bibliotherapy as defined by this study (see pp. 5-6). Inclusion of only therapists who consider the use of prescribed reading will facilitate the overall research aim to explore the experience of bibliotherapy. Inclusion/exclusion will not be based on regularity of application or type of text prescribed, as a central aim is to understand the 'why' and 'how' of prescribed reading. In the first instance, recruitment will involve an email invitation to participate in research via the NSPC's database of existential psychotherapists. Should the initial recruitment procedure not garner enough participants to conduct the research, the remaining participants shall be recruited by direct canvassing of listed existential psychotherapists.

2..8 Would you like to include a document with further information?

Yes

No

Section 3 – Method(s) and Data Source(s)

3.1 **Step 1:** Please indicate design/methods included in the study (Please tick all that apply)

Simulation, computational, theoretical research, product design/build

Analysis of existing/available data e.g. digital forensic investigation techniques etc.

Case study (in-depth investigates of a single person, group, event or community, may require observations and interviews)

Direct observation(s) and/or taking photographs, video recordings etc. of participants

Action research, insider/participatory research, ethnography

Questionnaire(s)

Interview(s) / Focus group(s)

Field study

Lab-based study (excluding computer lab)

Experiment/quasi-experiment (e.g., with control groups/interventions)

3.2 Step 2: Please indicate data source(s) below. (Please tick all that apply)

Simulation, computational, theoretical research, product design/build

Existing/archived data or documents, e.g., from UK Data, external organization, internet site, social media site, mobile device(s), app(s) etc.

Human participant(s) – children (under 18yrs), vulnerable adults or with impaired mental capacity to give consent

Human participant(s) – non-vulnerable groups, but may include adults in an unequal power relationship to the researcher e.g., students/employees

Human participant – ONLY my own data (e.g., personal data)

Archived human tissue samples stored under MUHTA licence

Collective or use of human tissue/products (e.g., blood, saliva)

Genetically modified/engineered organisms (GMO's)

Primary human cell lines (directly cultured from their source organ tissue or blood cells

Imported human and or non-human samples

Human or non-human materials requiring transfer between UK

Institutions

Materials from UK tissue banks

Animal(s) or animal parts (not included in above categories)

Flora, foliage, minerals or precious artefacts

Section 3 – Risk Assessment to be completed by ALL Applicants

Evaluation of risk level - The level of risk will determine the number of reviewers required to consider your research ethics application. (A higher risk application does not mean that the application will not be approved)

3.3 'Higher Risk' research ethics applications include the following activities. Please tick whether your research involves any of the following:

- Animal or animal parts
- Genetically modified / engineered organisms
- Possibility of causing serious harm to others or the environment
- Primary cultured human cells (not commercially available)
- Collection/analysis of human tissue/blood
- Non-compliance with legislation
- Potential to adversely affect the reputation of the university
- Concerns security sensitive research e.g., terrorist or extreme groups
- Radioactive materials
- Drugs, placebos or other substances (e.g., food, caffeine) given to participants
 - Adults who lack mental capacity to give consent
 - None of the above

Research Location

3.4 Will the research, or any part of it, require travel to another country?

- Yes
- No

3.5 Will this research require in-country travel and/or be conducted in a location that may present potential hazards? (e.g., fieldwork)

- Yes
- No

Approval from an External Research Ethics Committee

3.6 Do you HAVE evidence of research ethics committee approval from an EXTERNAL UK Research Ethics Committee for this research study? (e.g., another Higher Education Institution etc.)

- Yes
- No
- N/A

Section 3 - Supporting Research Conducted by an External Organisation within Middlesex University

3.7 Is this research being conducted within Middlesex University by an EXTERNAL organization?

Research conducted within Middlesex University by other Higher Education Institution (HEI) or organization which requires access to data for/about Middlesex University staff and/or student's needs to be supported by a Middlesex University Senior Manager or delegate.

- No
- Yes, and I can upload the Middlesex letter of agreement for support and access now
- Yes, a letter of agreement is required, but this will be provided after Middlesex ethics approval is obtained. I have a letter confirming this requirement which I can upload.

Compliance with Existing Legislation

3.8 Will you ensure that the data/outputs from the research (e.g., products, guidelines, publications etc.) will comply with existing legislations, e.g., not breach copyright, privacy, use of computer networks etc.

- Yes
- No

3.9 Could the data/outputs from the research (e.g., products, guidelines, publications etc.) cause harm to others directly, or through misuse?

- Yes
- No

Security Sensitive Categories

3.10 Does your research fit into any of the following security-sensitive categories? If so, indicate which:

- Commissioned by the military
- Commissioned under an EU security call
- Involve the acquisition of security clearances
- Concerns terrorist or extreme groups
- None of the above

Section 4 - Materials/Equipment

4.1 Would you like to upload further information/copies of materials/details of equipment to be used in the research?

- Yes
- No

Possible Issues

4.2 What possible data collection issues do you anticipate that have not been covered so far and how will these be managed?

It may be difficult to find enough participants, with recruitment taking several months, which may lengthen the overall research timeline. Further, technical issues such as internet problems, computer crashes, or audio difficulties may be experienced. Should such technical issues arise they will be dealt with in situ by way of reconnecting the internet or restarting wifi, a computer reboot, testing of audio settings, and resetting the recording.

Section 5 - Incentives and Payments to Researchers

5.1 Are there likely to be any personal payments, benefits or other incentives that the Principal Investigator and/or other research collaborators may receive for conducting this research?

- Yes
 No

Section 6 - Safety Issues

6.1 Are there any adverse risks or safety issues (e.g., from potential hazards) that the research may present to you and/or for your participants or others?

- Yes
 No

Potential Impact of the Research

6.2 Are you going to be selecting data that may not accurately represent the wider data set and/or participants' views which may cause bias?

- Yes
 No

6.3 Please state any negative impact(s) that might result from your research, and how this might be managed?

It is unlikely that participation in this research will cause harm, however, participants may find talking about personal experiences is distressing. Should this occur, participants will be invited to stop the interview should they so wish.

The debriefing form will provide the following information:

Your well-being after leaving the research is as important to me as during the process. Should your participation in this research have resulted in the experience of distressing or uneasy feelings, there is a list of resources below to assist you. This list is composed of free telephone hotlines in the UK that offer emotional support and information to anyone affected by a mental health issue:

- SANE: 0 (300) 304 7000
- Samaritans: 116 123
- Support Line UK: 0 (170) 8 765200

Section 7 – Research Funding and Resources

7.1 Is the research part of an application for external funding or already funded e.g., by the ESRC?

- Yes
 No

Resources for Research

7.2 Provide details of any additional resources required for your research (e.g., equipment, travel costs, devices needed to access data etc.) how these resources will be obtained, estimated costs and who is covering the cost.

The interview will be conducted from the home computer of the principal investigator and data will be stored on an encrypted USB stick purchased for the purposes of this research. The key that links participant details with individual ID codes will be stored in a secure cloud-based password vault (e.g., 1Password) accessible only by the principal investigator. The anticipated costs of conducting the research and storing the data are minimal and will be met entirely by the principal investigator.

Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

- Yes
 No

8.2 Are there any other documents you would like to attach?

- Yes
 No

Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

- Yes
 No

Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

- Yes
 No

Section 8 - Data Management, Ownership and Intellectual Property

8.5 Who will be the owner of the data from this research?

Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

The principal investigator will be the owner of the data from this research.

8.6 If there are any intellectual property issues regarding any documents or materials you wish to use, provide details below:

N/A

Signatures

Researcher		17/06/2021
Supervisor	Please ensure you enter an electronic / handwritten signature. (do not just type in name)	Click here to enter a date.
Chair of Ethics	Please ensure you enter an electronic / handwritten signature. (do not just type in name)	Click here to enter a date.



Carmel Proctor
St Michel
Rue A L'or
Guernsey, GY7 9XS

5th July 2021

Dear Carmel

Re: Ethics Approval

We held an Ethics Board 5th July 2021 and the following decisions were made.

Ethics Approval

Your application was approved with some conditions.

Conditions

Please see the conditions listed on page 2 and resubmit your application by email to Sasha accordingly. You will need to include a covering letter detailing how you have addressed each condition. It will be reviewed for Chair's action once received.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module. Once approved, you will be eligible to enroll on Research Project Part 1.

Yours sincerely



Prof Digby Tantam, Chair Ethics Committee NSPC

Conditions:

- Remove Patricia's email address – you can use a generic NSPC one for her contact, such as office@nspc.org.uk
- Include basic demographic data about participants such as gender and age
- Explore the decision to limit it to books rather than other media (this is just for clarification)

Appendix H

Debriefing Form

**Debriefing Form**

Study Title: Bibliotherapy in Existential Psychotherapy – When Therapists Prescribe Reading: A Hermeneutic Phenomenological Exploration
Researcher: Dr Carmel Proctor, student of the DCPsych degree in Counselling Psychology and Psychotherapy from NSPC and Middlesex University
Contact: CP773@live.mdx.ac.uk
Supervisor: Dr Patricia Bonnici, office@nspc.org.uk

Dear Participant,

Thank you for having taken the time to participate in my research and for sharing your use of bibliotherapy with me. Your contribution to this research has been invaluable in adding to the knowledge and my ability to bring the benefits of bibliotherapy to the existential-phenomenological community. I hope that your participation in this research has been an enriching experience that has contributed meaningfully to how you use bibliotherapy in your practice.

The themes that have emerged from your participation in this research will contribute to our understanding of how bibliotherapy is used by existential therapists and counselling psychologists and provide essential insight into the lived experience of therapists using this method as an adjunct to therapy.

As a co-investigator of this project, your lived experience demonstrating the nature of bibliotherapy in an existential-phenomenological context has significantly contributed to a neglected but invaluable area of psychotherapy.

A copy of my thesis will be made available to you upon request, should you be interested in reading the findings of this research in full.

You were allowed to withdraw your data from the project until data analysis began on 1 October 2023.

Your data has now been transcribed and thematically analysed using van Manen's (2016) hermeneutic phenomenological approach. van Manen's approach includes four rigorous criteria associated with ensuring the quality of this type of qualitative research, which was undertaken

in order to add trustworthiness. Accordingly, a selective reading approach was taken in isolating or uncovering thematic aspects of phenomenon in the transcribed text. These statements were highlighted and collated for analysis.

Your well-being after leaving the research is as important to me as during the process. Should your participation in this research have resulted in the experience of distressing or uneasy feelings, there is a list of resources below to assist you. This list is composed of free telephone hotlines in the UK that offer emotional support and information to anyone affected by a mental health issue:

- SANE: 0 (300) 304 7000
- Samaritans: 116 123
- Support Line UK: 0 (170) 8 765200

Please do not hesitate to contact me at the email address listed above should you have any further queries about this research or wish to obtain a copy of my thesis.

Once again, I sincerely thank you for your time and consideration in participating in this research project.

Appendix I

Thematic Analysis

Interview II – Alan

Yellow – Anecdotal text

Purple – Vocative words or statements

Green – Books

- 1 **SPEAKER: Alan**
 2 I use books only on requests. So as a therapist, I don't have it's not an integral part of my
 3 work. But when a client wants to hear about books, wants to read something wants, to have
 4 a greater, more in-depth insight about existential ideas, I do have a list. I do have a set of
 5 books that I can recommend. There is one exception for that. Well, I'm working both with
 6 mental health workers who are in therapy for their own professional development and also
 7 anyone else. So I do have two different sets of books and I tend to give more, well, I have
 8 more professional, more therapeutic books, more theoretical books for for colleagues, for
 9 for the mental health workers. And I have more daily, so to say, books reserved for my
 10 average Joe every Jane kind of regular public clients.
 11
- 12 **SPEAKER: CP**
 13 So did you consider yourself to be using prescribed reading or Bibliotherapy?
 14
- 15 **SPEAKER: Alan**
 16 I, no, I've always been interested in, but I have never received any official training in it. But
 17 no, I wouldn't describe myself as as doing this. Yeah.
 18
- 19 **SPEAKER: CP**
 20 Okay. So what is the function of. So if you are from what I'm understanding, from what you
 21 say is you have a list of books and you do prescribe those, as in you may assign them to
 22 someone if they're interested. So what is the function that serves for your therapy?
 23
- 24 **SPEAKER: Alan**
 25 I, I want to see books as a as a jumping board so that clients can get in touch with their
 26 experiences more closely in different ways and different channels. So to say. Because in
 27 phenomenological work. Yes, talking about experiences is all good, but sometimes we may
 28 feel stuck, but it doesn't have to be, you know, feeling stuck or, you know, being stuck in
 29 therapy. It it's almost like opens a different dimension. For example, so. Well, one of my
 30 favorite books that I prescribe both to to, to, to both groups is Viktor Frankl's Man's Search
 31 for Meaning. It's it's very accessible. It's very relatable. It's very strong, powerful. And I like
 32 to see how they relate with the texts, what really resonated with them. And from there, I
 33 would like to return back to clients experience and talk about it and what what seemed
 34 doable, what seems or sometimes they can find the name of the things that they are going
 35 through, but they can't just find a name for it and just, just, just struggling with it.
 36
- 37 **SPEAKER: CP**
 38 Right. So it helps give them the words.
 39
- 40 **SPEAKER: Alan**
 41 Yeah. Yeah. It's about finding the words. Yeah.
 42
- 43 **SPEAKER: CP**
 44 Okay. And would you give that to them to read, to say if it's Viktor Frankl's man's search for
 45 meaning, is that like something that you would do as homework or do you look at the text
 46 together in the session? What's the function? How does it how do you use it in that way?

Commented [CP1]: Has two or three lists of books, but does not identify as actively doing bibliotherapy

Commented [CP2]: Theme 1 - Identification with bibliotherapy, he did not consider himself to be doing this

Commented [CP3]: This is the why of therapeutic reading

1 Maybe you say we'll we'll look at chapter one this week, that kind of thing. How does that
2 work for you?

3
4 **SPEAKER: JI**

5 No, I'm not using I'm not doing any structured structured kind of kind of work or
6 intervention with books. What I do is more like homework, but I tend to be more, how
7 would you say, more liberal about it? I just recommend a book. I that's why I don't use the
8 word subscribe prescribed. Yeah. So I just recommend the book. And I said if you just have it
9 and read it and if you have anything you would like to discuss with me, this is a space that
10 you can always bring anything from the book here. So it's not like, you know, go and read
11 this book in one week, two weeks in a month, or it's not like together reading a book in, in
12 the session. And also I well rather than it's not rather on top of me recommending books I
13 also appreciate when clients bring books to sessions as well and when they say, oh, I just,
14 you know, read this book. I just saw this book. I read the first few pages or, you know, the
15 whole book. This was good in that sense. This was bullshit in that sense. And I would like to
16 to hear how, how, how they make sense of it, how they get in touch with their experiences
17 through that text. And yeah, this is another kind of stream of of including books in in the
18 work.

19
20 **SPEAKER: CP**

21 Excellent. And so if you did say to give them man's search for meaning you might check in
22 with them and say how are you getting on? Or you might just check, if they have or they
23 haven't read it, for you it's quite flexible.

24
25 **SPEAKER: JI**

26 Yeah, yeah, yeah. I don't check in very systematically but when we are back to that theme or
27 back to that topic, I just ask you did you get it. Have find that if they got it or you know and
28 also on top of that I also tend to ask how they find that I recommend books to them how
29 they they make sense of it because sometimes some some clients find it very helpful. It's
30 like, you know bridging two sessions, you know, not being alone with themselves. Between
31 sessions, it's it's almost like an extension of therapy happening outside of session and also
32 some I had a few clients you who got a bit upset with me recommending books and they
33 just got it as as, as, as if I just can't deal with them anymore and I'm just referring them
34 forwards to, to to books so that go ahead and do your reading and sort your things out and
35 come back.

36
37 **SPEAKER: CP**

38 So some people might not avoid it, but as if you were pushing them away and other people
39 find it's like a tether to you.

40
41 **SPEAKER: JI**

42 Yeah. Yeah.

43
44 **SPEAKER: CP**

45 So you've experienced both of those. And then for you, if it is like a tether, you come back, it
46 sounds like, and ask whether that resonated with them. Did they enjoy that? What did they
47 get from it? Interesting. So can you give an example? You mentioned you had sort of two

Commented [CP4]: This is the how of therapeutic reading

Commented [CP5]: This is an interesting point to consider, whether recommending a book to a client suggests that we as therapists can't deal with them or don't know how to treat

1 lists, these two lists. What kind of what's the difference between these two lists of books?
2 Can you give me just a few examples of what might be on each of these lists?

3
4 **SPEAKER: JI**
5 Sure. The public lists, so to say it's more there could be books by again, therapists,
6 philosophers, but there can be also literary books, novels, classics. So, for example, I really
7 like Milan Kundera's, *The Unbearable Lightness of Being*, and from from all literature side of
8 things. And I have a few more I can't remember now. And also from from therapists or
9 philosophers, more accessible books like Viktor Frankl's book, *Man's Search for Meaning*.
10 And I don't suggest recommend any other books from him. I do like Rollo May's books,
11 especially...
12

Commented [CP6]: He has lists for the public, therapists, and mental health workers

13 **SPEAKER: CP**
14 Man's search for himself, maybe.
15

16 **SPEAKER: JI**
17 Yeah, that's one of them. One of them. *The myths and psychotherapy* is very good as well.
18 There was one more about with the title *With Love*. Can't remember.
19

20 **SPEAKER: CP**
21 Oh, yes.
22

23 **SPEAKER: JI**
24 *Love and will*.
25

26 **SPEAKER: CP**
27 Yes. Yes. I've used that one myself. Yeah.
28

29 **SPEAKER: JI**
30 Yeah. Yeah. And for. For. For mental health worker clients, I tend to be a bit more brave in
31 terms of recommending more so say technical books. For example, one of my favourites is
32 *Attachment in Psychotherapy by David Wallis*, which is quite unknown, I don't know why,
33 but it's really a good source. And also I'm a big fan of *Nancy McWilliams Psychoanalytic*
34 *Books*, and there are a few more. Of course, I, I recommend *Emmy's quest for meaning*.
35

Commented [CP7]: For mental health workers he is a bit more brave - there is a sense that he can show himself more and his own tastes to other like minded or perceived to be like minded individuals. For example, a book on attachment, this particular volume not something the lay person would read or know of - esoteric

36 **SPEAKER: CP**
37 Oh, yes.
38

39 **SPEAKER: JI**
40 That's a very, very relatable one. *Buber's I and thou* know it's even though it's a very thin
41 one, it's it's a very kind of thick kind of reading heavy. But I like them in case we we touch
42 upon something about relating, relationships, objectifying, subjectifying kind of things. Yeah.
43 So the lists are like that.
44

Commented [CP8]: Certain existential books are helpful when certain themes are touched on in therapy

45 **SPEAKER: CP**
46 Actually it's kind of almost three lists there, isn't there? There's this sort of mental health
47 worker, the more general public, if I've understood that. And then perhaps the more

1 philosophical existential list, which maybe has people like you didn't say Yalom, but Yalom
 2 and Victor Frankl and Rollo May there on on that list. Which leads me nicely to the next
 3 question, which is when you consider about the type of book you might be prescribing or in
 4 your case recommending, what do you take in about the client, perhaps the presenting
 5 problem? And to go so far as maybe they're reading level or intelligence, their engagement,
 6 like how do you sense yourself even from a from from a phenomenological perspective,
 7 what's informing your choice? If you really think about it, think about.

8
 9 **SPEAKER: JI**

10 That's a very good question because it happens quite. Um. Yeah, it happens quite
 11 spontaneously. I don't really plan it. But thinking back, reflecting back now, of course, clients
 12 interests is when one of the things if I know that client is not really into books, not really
 13 into philosophy, not really into literature, no. You know, I have many clients that I have. I
 14 haven't recommended any books at all for many years. So there's this group and also it's
 15 yeah, if I recommend, it's generally about a repeating theme that we always come back in
 16 therapy. So for example, if I hear something about yeah, the Buber example could go, could,
 17 could, could go very well with this if I hear something about. You know. Oh, that's a good
 18 one. I really like **RD Lange's Divided Self** as well.

19
 20 **SPEAKER: CP**

21 That's a good one.

22
 23 **SPEAKER: JI**

24 Yeah. Yeah. Yeah. It's more on my professional list rather than on the public list. But if I hear
 25 that there is a lot of fear of petrification and engulfment and all these ontological
 26 insecurities, I recommend that book. So it's more about the themes that we talk about in
 27 the sessions, but there should be repeating themes. I, I tend to withhold myself. From
 28 recommending a book in the first instance that I think of a book when I'm listening to the
 29 client, but it happens quite spontaneously.

30
 31 **SPEAKER: CP**

32 But it feels as well as spontaneous. But it emerges. From this. That's what I'm picking up.
 33 From what you're saying, it's coming as you use the word theme, but it sounds like it's
 34 something that and also I guess I'm wondering then again about even if it was a theme, but
 35 you didn't feel the client could maybe perhaps understand or read, say, the Divided Self,
 36 then perhaps there's a choice to be made there about reading ability.

37
 38 **SPEAKER: JI**

39 Yeah, Yeah, definitely. Definitely. One thing sometimes I have many clients who are very
 40 intellectual, very good readers. Everything they know, psychoanalysis, existential, thinking,
 41 everything very well. But I refrain from recommending, so I would say psychotherapy books,
 42 more technical books to them, because I'm also very. Um, I'm quite mindful that those texts
 43 could be used to, to, to rationalise things more, to put a barrier between themselves and
 44 their experiences. So if I send something like that, I don't I, I can recommend something
 45 else. Less technical books.

46
 47

Commented [CP9]: Repeating themes bring to mind specific literature that might be applicable

Commented [CP10]: As themes emerge from his work with clients, if they appear to him to be someone who likes books, this makes him think of books that address the themes discussed in therapy, and the process happens spontaneously - phenomenologically

Commented [CP11]: This is interesting and quite the opposite of something I would do, I often suggest books to intellectual people in order to give more insight into a theme and facilitate further discussion in therapy. He suggests that doing so would put a barrier up between themselves and their experiences, they would rationalise their issues away, so he uses less technical books with them

1 **SPEAKER: CP**
 2 Have you ever used audiobooks?
 3

4 **SPEAKER: JI**
 5 No, I think yeah, because I don't use audiobooks in my own life, so I don't have the habit to
 6 listen to audiobooks. That's why I don't recommend.
 7

8 **SPEAKER: CP**
 9 And has anything else ever surprised you or emerged from assigning or recommending a
 10 book to a client like something else you discovered about them clinically?
 11

12 **SPEAKER: JI**
 13 Good question. I can't think of any any examples of that no. But I have to say among I'm
 14 always surprised because, you know. I recommend this book with an intention. I want the
 15 client to see this or that, and rarely they see this, but they come back with something else.
 16 So it's always a surprise what they take out of a book. So I really like that and I think it's a
 17 surprise element and I really like to be surprised in that sense. But clinically, no, I no.
 18

19 **SPEAKER: CP**
 20 Nicely to the next questions, which are kind of a combined question is how is your use of
 21 Bibliotherapy impacted by being grounded in existential phenomenological practice
 22 yourself? I think you've sort of said that, but maybe you want to answer that more clearly.
 23 Or again, how do you feel that your position as an existential-phenomenological practitioner
 24 impacts your choice?
 25

26 **SPEAKER: JI**
 27 Mm hmm. One thing is that maybe I could be more comfortable with recommending books
 28 if I wasn't a phenomenological therapist in the first place. Because I know that, you know,
 29 even though it's a book, it's, it's something nice, I do it with good intentions. I also am aware
 30 that I put something between myself and the client. So it's. I use it to. To, to. To improve the
 31 dialogue between us, but it could be also a dialogue break, a dialogue killer or dialogue. It
 32 could in some cases, it doesn't support the dialogue the way I wish it supports. So that's one
 33 thing. And also, of course, my choices of books are obviously very existential, even if they're
 34 just novels. I tend to pick novels that describe human condition in one angle or another in a
 35 very phenomenological descriptive ways.
 36

37 **SPEAKER: CP**
 38 So do you think you would ever use or have you been aware of using a text to specifically
 39 unpack an existential theme?
 40

41 **SPEAKER: JI**
 42 Oh yeah. Oh yeah, yeah, yeah, yeah of course, of course, yeah. I mean, if there's something
 43 happening about meaning Viktor Frankl is the obvious choice for me. Again, you know,
 44 difficulties with relating with the other, you know, fear of relating and things like that. RD
 45 Laing is a good choice. I do have, you know, go to go to authors as, as I encounter these
 46 topics and themes.
 47

Commented [CP12]: How of bibliotherapy - does not use formats that he does not enjoy or use himself

Commented [CP13]: has not discovered any clinical impact of using books

Commented [CP14]: Impacted by his choice, but feels that books put something between him and the client.

1 **SPEAKER: CP**

2 Yeah. The next question you actually already answered is have you been aware that clients
3 take something from the text that differs from your intention? And if so, what? What that
4 was like for you? If you want to expand on that, you find it surprising, I think was the word
5 that you used. So anything.

6

7 **SPEAKER: JI**

8 Yeah, yeah, yeah. I get surprised but I'm fine with it. I like to be surprised by it because it's
9 it's something I haven't seen or I have somehow ignored without knowing. So it's always
10 nice to have this new fresh breath into our work. I when the client comes back, having read
11 a book, I always ask their their take on it and how it relates with their experiences with their
12 lives and I rarely share my intention of why I recommended this book in the first place, but
13 sometimes if I know that the client won't be. Won't feel overwritten with my idea. With my
14 intention. Then I share it. Oh, I share this book with you. With the intention of showing you
15 this or being more able to talk about that. Just to to show and to to have an opportunity to
16 discuss the the contrast we have. My intention and what he or she sees in it.

17

18 **SPEAKER: CP**

19 And I picked up from what you said before, something about though that maybe you might
20 hold back on that initially because if you recommend a book as an existential practitioner,
21 there was something there was something else in there which I noticed you highlighting,
22 that they might know something more about you than you intended, or I wasn't quite sure.
23 Maybe you could explain that what that feels like for you, your maybe reticence to. Is there
24 something there? I was picking up on something. You said something?

25

26 **SPEAKER: JI**

27 Yeah. Yeah. For example, if I have given a book to a client to again, let's take men's search
28 for meaning to for him or her to see that meaning can be created in different ways. In
29 different ways. And if the client comes back and says, Well, Viktor Frankl was a very
30 powerful, powerful man, he had an, invincible soul. And I'm not like that. So what I take
31 from this book is that I'm not as strong as Viktor Frankl. I can't do it in my life. And he did it
32 in the concentration camps, and I can't do it as I'm living a very, very comfortable life here.
33 So. So it's not my intention. But rather than going ahead and saying, Oh, I gave you this book
34 to show that meaning is not made only in one one way. There are many different ways and
35 there are many other opportunities. Rather than that I just go ahead and you know. Or how
36 did you feel about it? I just try to immerse myself into client's experience and try to
37 understand the whole context of that meaning making.

38

39 **SPEAKER: CP**

40 And what does that meaning making feel like for you?

41

42 **SPEAKER: JI**

43 Well, it depends. Sometimes I feel defeated because, you know, I just want to put
44 something more positive into our work. But just. Just it happened. Sometimes, again, I, I, I
45 am positive the surprised, you know, I, you know. He or she just found something much
46 more impactful in a positive sense than I intended in the first place from the book. So it's
47 nice. I think it depends on. But one thing is that I try not to invest a lot into this intervention.

Commented [CP15]: The chosen book may not have the impact on the client that he intended and have an adverse effect

Commented [CP16]: Possible theme of meaning-making through books

1 I just try not to rely a lot on books because if if we can't do it in sessions as two persons, a
2 book can't do it alone. So. Yeah.

3
4 **SPEAKER: CP**

5 Do you found both? I mean, leading on nicely to the next. Next thing is whether it improves
6 the relationship or impinges it. And it sounds like you're trying to say both occur or you've
7 noticed both.

8
9 **SPEAKER: JI**

10 Yeah. Yeah. Both are possibilities. They. They. They happen. Well, I would. Maybe it's
11 because I am very mindful about recommending books. It rarely happens that the the we
12 we have an impasse in relationship because I, I recommend the book it really rarely happens
13 but it happened before. So generally I tend to recommend books to the clients I know that
14 who can who can use it as as as a soundboard. As as. Yeah. As. Would I say? Almost like a
15 mirror. I would say, you know, looking into it and seeing something about themselves in it.

16
17 **SPEAKER: CP**

18 So sometimes they. They identify with the book in a very personal way, and that helps you
19 to see them or.

20
21 **SPEAKER: JI**

22 Exactly. Exactly. It helps me to see them. It helps you to see. It helps them to see themselves
23 as well. And also, I I'm in some sense, since I'm quite what is it called post structuralism. I
24 really believe that we colour the things we read. We colour the things we watch. We. We
25 we we all have this very personal take on. From. From movies. From documentaries, from
26 from novels, books, anything. So that I'm interested in that personal colour that that person
27 felt as as one was reading the book.

28
29 **SPEAKER: CP**

30 And you say about being that color. And I wonder in that sometimes the color matches and
31 they feel felt or they feel seen by you because you also recommended the book.

32
33 **SPEAKER: JI**

34 Yeah. Yeah. And also it's sometimes it just shows that, you know, there is this there's an
35 unverballed conflict between us in the example that, you know, I've given this book to
36 show that there's meaning in life and the client comes back and says, you know, I'm not that
37 strong. I can't find meaning. I'm not like Frankl. So it also somehow reveals that, you know,
38 there's a push and pull between us. And even though I don't I even even I don't discuss this
39 with the client, I think it's a very important point for me that, you know, I'm not on the same
40 page with clients. So maybe it's it's it's time for me to change a position a bit or, you know,
41 become I have to be more phenomenological in exploring the experience rather than
42 sticking to my to my goals for the clients.

43
44 **SPEAKER: CP**

45 So it might highlight to you in a phenomenological sense that you've missed that they feel
46 you have an expectation of them which they can't fulfil.

47

Commented [CP17]: Seems to use books a lot, but is specific to note that he does not rely on them or invest a lot into them, which seems to contradict his described us - possibly he didn't really realise how much he used them until we started discussing it

Commented [CP18]: I feel this interview validates the questions and the order asked as the interviewee nicely moves on to the next questions or answers them before we get there, this is good to know.

Commented [CP19]: Books are a soundboard or mirror that clients can look into and see something about themselves

Commented [CP20]: Books help the client to see themselves and for them to see the therapist. We colour the things we read

Commented [CP21]: Books can highlight something phenomenological happening in the room between the therapist and the client that was hidden or did not emerge without the tension that was brought through therapeutic reading - the book is a tether between them

1 **SPEAKER: JI**

2 Yeah.

3

4 **SPEAKER: CP**

5 Yeah. And maybe you didn't see that before.

6

7 **SPEAKER: JI**

8 Exactly. Exactly. Yeah. I haven't thought about this, by the way, before this interview. But
9 yeah, I think books can be like these triangulation points between me and the client that
10 either we're. Whether we're on the same page or not.

11

12 **SPEAKER: CP**

13 And what do you think happens as a result? So books being this adjunct to therapy that we
14 can use, if you had to sort of say what you think the the impact of that is, what impact do
15 they have? I guess generally what could happen as a result of using them?

16

17 **SPEAKER: JI**

18 I think one way or another we, the client and I, can catch a better chance of communicating
19 and better a chance of exploring the client's experience. So even if, let's say, if we are
20 attuned in terms of the the the impact of that book, okay, then then we can talk about what
21 how we are attuned and what we agree on about if we disagree about something about
22 books, okay, then that's a good sign. Then there's something I missed. Then we can talk and
23 explore this a bit further. So I think it's almost like. I'm just saying it's almost like a second
24 dialogue, a second dialogue possibility between the client and I.

25

26 **SPEAKER: CP**

27 Yeah. You mentioned earlier it helps to sometimes improve dialogue or to bring a more
28 nuanced or layered dialogue. It's another layer to your dialogue, I think you mentioned.

29

30 **SPEAKER: JI**

31 Yeah, yeah, yeah.

32

33 **SPEAKER: CP**

34 And have you ever used any other form of books such as work booklets? Do you ever use
35 any other resources?

36

37 **SPEAKER: JI**

38 No, no, I don't use workbooks. I don't I have I'm not really keen on using any protocol based
39 therapy approaches. And generally workbooks are that they belong to such such
40 approaches. But if, let's say, if a client comes in and says, you know, I found this workbook
41 to help my social phobia and I want to use it, what would you say? I say, Yes, please go
42 ahead and let's talk about it in sessions as you go along and you do these exercises, take
43 notes of it and, you know, write as you write a diary, whatever there is on the work. I ask
44 them to bring the workbook, and if they have the PDF version, I, I ask them to send it to me
45 so that I can have an idea of what they are doing. So I'm not against when the client goes
46 ahead and finds it and wants to use it, but I don't employ that employ them generally.

47

Commented [CP22]: This is a very similar point made by interviewer 3, check the notes and link these.

Commented [CP23]: discussing books offers a space as a type of second dialogue, he notes they afford a triangulation between himself and the client

Commented [CP24]: Workbooklets are too directive - although he does not use this term. However, he would engage with them the client brought them to therapy

Commented [CP25]: Again, this was said by interviewer 3, that she is happy to use books, but it is led by the client.

1 **SPEAKER: CP**
 2 So that more directional approach that you're happy with for the client to bring.
 3

4 **SPEAKER: JI**
 5 Yeah.

6

7 **SPEAKER: CP**
 8 Yeah. And would that be would you ever do that with journaling? Would they share
 9 something through an app or they share something because there's so much now that
 10 clients might bring. Is there anything perhaps we've missed that also fall into this realm of
 11 reading? Really?
 12

13 **SPEAKER: JI**
 14 Just again, I don't directly recommend journaling, but if the client is journaling and if the
 15 client wants to bring something, I want to hear it. And if the client sends an email to me a
 16 part of the journal that that one kept, I asked them to read it with their own words, with
 17 their own toning and everything in the session and then discuss it.
 18

19 **SPEAKER: CP**
 20 And if you ever found yourself reading a section of a book. To a client in a session where you
 21 wanted to share a passage or something that you thought was important.
 22

23 **SPEAKER: JI**
 24 No, no. I'm thinking, why now? I feel like it's. It's almost like. Invading client's therapeutic
 25 space. So yeah, yeah, it's a bit too much. Too too many messages send out and I don't know
 26 how how the client would perceive them. So yeah, I don't do it.
 27

28 **SPEAKER: CP**
 29 Too many messages. What, what can you maybe expand on that just a little bit?
 30

31 **SPEAKER: JI**
 32 Yeah. If. Um. For example, again, going back to Buber's I Thou, there's there's, there's,
 33 there's two paragraphs that I really like in which Buber really describes how I Thou is and
 34 how I-It is. And I really find these paragraphs quite, quite mystical, quite emotional as well.
 35 It really moves me every time I read them. But if I send these two paragraphs to a client, it's
 36 just first of all, it's it's me highlighting something I. And. It's too direct. And and it's it's on
 37 one hand, it's too direct. And on the other hand it's like, how do I say? I don't have the
 38 control over the impact those paragraphs would have on the client. So there's it's it's almost
 39 like there's a discrepancy between I'm to to powerfully present something push something
 40 on to the client and I have no idea how I would how the client would take it. So that's why
 41 I'm afraid of this. I would say.
 42

43 **SPEAKER: CP**
 44 You saying that this is how I this is what I believe. This is what I had. This is me. This is what I
 45 think. And then you read it out to the client, but you're not sure that they would receive
 46 that.
 47

Commented [CP26]: confirmation of directive approach

Commented [CP27]: Same with journaling

Commented [CP28]: Emerges that he is afraid of the power of sharing favourite passages because he does not know how it will impact the client and it shows too much or reveals too much about himself and he is not comfortable being with the client this way - he likes to be a blank slate with everything bracketed. Books make him vulnerable and possibly destroy his frame

1 **SPEAKER: JI**

2 Yeah, it's being too present. And by too, I mean I find it a bit, you know, opposite of
3 opposite of being phenomenological. So I don't want to be that present in a session. I want
4 to be. I want to be present in session with my head, with my hearing, listening, being with
5 them, everything else, but not with my my favourite paragraphs and favorite ideas.

Commented [CP29]: Being fully present in the session is the opposite to him of being phenomenological? it exposes him

6
7 **SPEAKER: CP**

8 Yeah, an interesting. If I pull back to something you said much earlier, we touched on it a
9 couple of times. Is there something about you? The literature perhaps exposes the real you,
10 the things about you that are personal. I like this paragraph. It really mean it's mystical. You
11 use the word it really means something to you. So if you there's something about literature.
12 If we share it, it's very personal.

13
14 **SPEAKER: JI**

15 Yeah, but it's a whole book in the end. I mean, so who and, and clients? I think that client is
16 more free. And there's more space to find something about oneself in a whole book, a
17 paragraph or two. It's just too tight.

18
19 **SPEAKER: CP**

20 Yeah. And yet, as you say, when they bring it, that's that's a good place to be. Because then
21 you see them emerging in front of you. And you become. That safe place where they can do
22 that. I've understood you.

23
24 **SPEAKER: JI**

25 Yeah, exactly. Yeah. Yeah.

26
27 **SPEAKER: CP**

28 Excellent. Well, actually, is there anything else that I haven't asked you that you have come
29 has come to mind while we've been talking? Because we got through most of it quite quickly
30 and.

31
32 **SPEAKER: JI**

33 Okay. Well, I can add one more thing about my my story of how I started to include books in
34 therapy and, well, at the beginning I wasn't really keen on including books at all. I always
35 liked the idea of of Bibliotherapy. Indeed, I had a had a supervisor at NSPC who who was a
36 bibliotherapist as well. And we talked about in our supervisions how to use it. But again, for
37 the reasons I've just mentioned, I always was a bit distanced from using it. But after a while I
38 saw that even though I don't bring books into therapy, clients do. So books are a part of this,
39 this. This exploration. So. And after. And I think it's also because of my my hesitancy about
40 bringing books in in the work. It's because of my psychoanalytic background as well,
41 because it's much harsher than phenomenological attitudes. Just just I can't be. I just. I'm
42 just a therapist. I'm a human being in the room kind of attitude with with with with my
43 previous training. So. But after seeing that the client's are bringing books into therapy, I
44 started to feel a bit more encouraged to include books as well. So it started with clients
45 after seeing clients, bringing them so that I can start doing it as well.

Commented [CP30]: His story is interesting, include this.

46
47

- 1 **SPEAKER: CP**
 2 Yeah. Interesting. In your training, you knew about the Biotherapy. You've been told how to
 3 use it, but actually the clients have kind of, if I can use the term, brought you round. They've
 4 convinced you of the power of literature in some way.
 5
- 6 **SPEAKER: JI**
 7 Yeah. Yeah, exactly. Exactly. It's. Yeah, it's. It's something I learned from them in a way.
 8
- 9 **SPEAKER: CP**
 10 It's nice, the nice way to put it. Is there anything else that's emerged from talking about it
 11 today?
 12
- 13 **SPEAKER: JI**
 14 Well, I have to say I, I, I haven't really reflected on how I use books in therapy before this
 15 interview. So many of my answers were just, you know, right here and now and just fresh,
 16 fresh sides. I would say. So yeah, maybe I was just a bit inconsistent sometimes, or
 17 sometimes I couldn't find a words. But yeah, it's, it's, it's interesting enough that I use it, but
 18 I haven't really reflected on it a lot.
 19
- 20 **SPEAKER: CP**
 21 Yeah, it seems as though something you've used, but you're still sort of distant from it. As
 22 you say, you engage with it and when it comes to you and then sometimes you feel more
 23 brave and you actually.
 24
- 25 **SPEAKER: JI**
 26 Yeah.
 27
- 28 **SPEAKER: CP**
 29 So you do share something of you when you choose a book?
 30
- 31 **SPEAKER: JI**
 32 Yes.
 33
- 34 **SPEAKER: CP**
 35 For a specific client. Because you see, you see something in them. If I've understood you
 36 that. Alights, something in you that says, Oh, I think I should share Victor Frankel or I think I
 37 should share. So I find that fascinating, that's it's very nice and very phenomenological, isn't
 38 it? It's an emerging. It's happening, as you said, it's happening between you.
 39
- 40 **SPEAKER: JI**
 41 Yeah. Yeah, definitely. Definitely. I mean, it just reveals itself. It's not something I planned
 42 for. And yeah, I. Well, I hope that it's phenomenological. I do. I'm still a bit hesitant to use
 43 books, but I'm using it.
 44
- 45 **SPEAKER: CP**
 46 Excellent. Well, thank you. So, anything else? I mean, how was the interview for you? Is
 47 there anything else I could have asked you that you felt might have helped?

Commented [CP31]: This is important to the findings, therapists are not aware of how they are using books, so formal discussion in training of the use of books in therapy is an essential part of training programmes

1 **SPEAKER: JI**
2 I really liked the interview, by the way. I thank you I did something some part of my practice
3 that I didn't think about, I hadn't thought about. And I well, I edit that part after after your
4 questions. But, you know, sometimes I like to think about things in that chronological order
5 and how I started to use it, my first trials and things like that. So I don't know, maybe a
6 question of, you know, how the, the therapists, the therapists story with using books in
7 therapy could be nice at that. That could be a nice addition if it if it's serving to your
8 purposes.
9
10 **SPEAKER: CP**
11 Yes. Thank you very much. Well, thank you for sharing everything that you shared and
12 obviously debrief at the when I get my findings. So you'll be hearing from me in the future.
13
14 **SPEAKER: JI**
15 That would be great.
16
17 **SPEAKER: CP**
18 I hope that everything percolates after this and you think more on on it. And that would be
19 exciting.
20
21 **SPEAKER: JI**
22 So thank you. Thank you so much. Thank you.
23
24 **SPEAKER: CP**
25 Stop the recording. There we go. That's great.