

Bibliotherapy: An Alternative Therapy in Dealing with Adolescent Problems

Monique Elizabeth Soekamto
Faculty of Psychology
Universitas Surabaya

Studies in psychiatry and psychology have been conducted to find alternatives of therapies to deal with the adolescent problems. One of the alternatives is bibliotherapy. Recently, the studies of bibliotherapy in Indonesia, especially in Surabaya, have been increasing. The purpose of this article is to explore the effectiveness of bibliotherapy in dealing with the adolescent problems based on theoretical review and results of some studies on bibliotherapy (Novitawati, Rahayu, & Lasmono, 2001; Sukamto, 2005; Hidayat, 2008; Patricia, 2007; Suprpto, 2009). Some studies proved that bibliotherapy was effective in reducing smoking behavior (Novitawati et al., 2001), body image dissatisfaction (Sukamto, 2005), and enhancing self-concept (Patricia, 2007), whereas the other studies (Hidayat, 2008; Suprpto, 2009) still could not prove the significant effectiveness.

Keywords: bibliotherapy, adolescent problems, smoking behavior, body image dissatisfaction, self-concept

Beberapa penelitian di bidang psikiatri dan psikologi telah dilaksanakan untuk menemukan berbagai alternatif terapi untuk mengatasi permasalahan pada remaja. Salah satu alternatif terapi adalah *bibliotherapy*. Penelitian mengenai *bibliotherapy* di Indonesia, khususnya di Surabaya, semakin meningkat akhir-akhir ini. Tujuan dari artikel ini adalah untuk mengeksplorasi efektivitas *bibliotherapy* dalam mengatasi permasalahan pada remaja berdasarkan tinjauan teoretis dan beberapa hasil penelitian mengenai *bibliotherapy* (Novitawati, Rahayu, & Lasmono, 2001; Sukamto, 2005; Hidayat, 2008; Patricia, 2007; Suprpto, 2009). Beberapa penelitian membuktikan bahwa bibliotherapy efektif dalam mengurangi perilaku merokok (Novitawati et al., 2001), ketidakpuasan terhadap citra tubuh (Sukamto, 2005), dan meningkatkan konsep diri (Patricia, 2007), sedangkan penelitian yang lain (Hidayat, 2008; Suprpto, 2009) masih belum dapat menunjukkan efektivitas yang signifikan.

Kata kunci: *bibliotherapy*, permasalahan remaja, perilaku merokok, ketidakpuasan terhadap citra tubuh, konsep diri

According to Erikson's statement that finding an identity was the major life task of adolescence, researchers have been studying how teenagers go about this process of self-discovery (Berzonsky, Rice, & Neimeyer, as cited in Rice & Dolgin, 2002). According to Offer; Offer and Schonert-Reichl (as cited in Papalia, Olds, & Feldman, 2002), adolescence is a time of increasing divergence between the majority of young people, who are striving for a fulfilling and productive adulthood, and a sizable minority (about 1 out of 5) who will be dealing with major problems.

Koenig (as cited in Rice & Dolgin, 2002) stated that individuals who have weak self-identities or low self-esteem manifest a number of symptoms of emotional ill health. For example, Abernathy, Massad, and Romano-Dwyer (as cited in Rice & Dolgin, 2002) reported that early smoking may be related to self-esteem and status needs of some youths, whereas Koff, Rierdan, and Stubbs (as cited in Rice & Dolgin, 2002) found that adolescents' physical attractiveness and body image have an important relationship to their positive self-evaluation, popularity, and peer acceptance. The teasing about body weight or body shape by family members could cause an 'ideal' body shape internalization, body image dissatisfaction, dieting behaviors, and eating disorders among the adolescent girls (Moreno & Thelen; Pike & Rodin, as cited in Vincent & McCabe, 1999).

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Correspondence concerning this article should be addressed to Monique Elizabeth Sukamto, Faculty of Psychology, Universitas Surabaya, Jl. Raya Kalirungkut, Surabaya 60293, Indonesia. E-mail: monique@ubaya.ac.id

In their studies, Berndt and Perry; Buhrmester; Hartup and Stevens (as cited in Papalia, Olds, & Feldman, 2002) found that the capacity for intimacy is linked to psychological adjustment and social competence. Adolescents who have close, stable, and supportive friendships generally have a better evaluation of themselves, perform well in school, are sociable, and are unlikely to be hostile, anxious, or depressed.

By realizing that some adolescents may have difficulties in handling so many changes at once and need help in overcoming the crisis; therefore, many studies in psychiatry and psychology have been conducted to find alternatives of therapies which are effective in dealing with the adolescent problems. One of the alternatives is bibliotherapy, that is, a kind of therapy using an activity of reading selected literatures to promote mental health (Sclabassi, 1980; Hynes & Hynes-Berry, 1994).

According to Reynales (as cited in Nugent, 2008), bibliotherapy provides an opportunity for imaginative interaction between the reader and the reading material which can be less threatening than direct confrontation. As a tool in personal problem-solving and social adaptation, bibliotherapy has the ability to enable students to meet various developmental adjustments of adolescence. In addition, adolescent boy/girl readers may feel relief that they are not the only ones facing a specific problem. *"They learn vicariously how to solve their problems by reflecting on how the characters in the book solve theirs"* (Hebert & Kent, as cited in Abdullah, 2008, p. 1).

The studies of bibliotherapy in Indonesia, especially in Surabaya, have been increasing lately. Some researchers were interested in using bibliotherapy to deal with adolescent problems, such as smoking (Novitawati, Rahayu, & Lasmono, 2001), body image dissatisfaction (Sukanto, 2005; Hidayat, 2008; Suprpto, 2009), and negative self-concept (Patricia, 2007). The effectiveness of bibliotherapy from those studies varied. In this article, the author will explore the effectiveness of bibliotherapy based on the theoretical review, integrated with the results of some studies on bibliotherapy.

Bibliotherapy

The belief that reading can affect an individual's attitudes, feelings, and behavior is as old as reading itself. In the early 1920s, the librarians also had a role of searching out and offering reading materials which had therapeutic potential (Bryan, as cited in Hynes & Hynes-Berry, 1994). Since then, many professionals, such as librarians, counselors, English teachers, and social workers have

compiled lists and suggested reading materials that they believe will help an individual's emotional growth or offer insight into a personal crisis. *"Biblio-* means *books* and, by extension, *literature*; *-therapy* comes from *therapeia*, meaning *to serve* and *to help medically*, and it suggests the concept of healing. Basically, bibliotherapy is the use of literature to promote mental health" (Hynes & Hynes-Berry, 1994, p. 10).

According to Sclabassi (1980), bibliotherapy involves activity of reading selected literature, planned and conducted as a treatment procedure with therapeutic objectives. "Therapeutic reading, in particular, promotes the conscious recognition of clients' ways of knowing and experiencing so that both emotional and cognitive understanding of problems are enhanced" (Cohen; Hynes & Wedl, as cited in Myers, 1998, p. 244).

Shechtman (2009) differentiated bibliotherapy between cognitive and affective bibliotherapy. "Cognitive bibliotherapy is the process of learning from high-quality written material (not necessarily literature) for therapeutic benefit" (Glasgow & Rosen, as cited in Shechtman, 2009, p. 23). "Affective bibliotherapy uses fiction and other high-quality literature to help the reader connect to emotional experiences and human situations through the process of identification" (Shechtman, 2009, p. 26).

The underlying assumption of bibliotherapy is that reading is a dynamic process. While reading, people bring their own needs and problems to the reading experience interpreting each text in light of their own experiences (Schlichter & Burke, as cited in Nugent, 2008). In addition, Gladding and Gladding (as cited in Abdullah, 2008, p. 1) stated that "the underlying premise of bibliotherapy is that clients identify with literary characters similar to themselves, an association that helps the clients release emotions, gain new direction in life, and explore new ways of interacting."

Specifically, some studies (Newman; Reeves & Stace, as cited in Jacobs & Mosco, 2008, p. 23) "recommended that bibliotherapy be offered to clients with moderate symptom severity, screening negative for personality disorders, low levels of emotional avoidance, and low levels of interpersonal problems."

Schools of Thought About Bibliotherapy

According to Hynes and Hynes-Berry (1994), schools of thought about bibliotherapy can be divided into reading bibliotherapy and interactive bibliotherapy.

Reading bibliotherapy. One school sees the healing process as taking place through reading itself. In 1949, Caroline Shrodes' dissertation seemed to confirm the definition of bibliotherapy as a process in which

an individual reads a book selected specifically for its therapeutic potential for that person. Although her discussion made it clear that the critical interaction was not in the suggestion of the book itself, but in how the reader used the content, her definition is still used to equate bibliotherapy with the process of “prescribing books”. The point is that the interaction takes place between the reader and the work and does not directly involve the person who made the suggestion.

Interactive bibliotherapy. In interactive bibliotherapy, the process of growth and healing is centered not as much in the act of reading as in the guided dialogue about the material. In effect, the triad of participant-literature-facilitator means that there is a dual interaction: The participant’s personal response to the story is important, but dialoguing with the facilitator about that response can lead to a whole new dimension of insight. (Hynes & Hynes-Berry, 1994, p. 10-11)

According to Gladding (as cited in Myers, 1998, p. 244), “*although bibliotherapy may be used by individuals to promote personal growth, it is most effective when viewed as an interactive process in which guided discussion is used to achieve therapeutic goals.*”

In interactive bibliotherapy, a trained facilitator uses guided discussions to help the participant(s) integrate both feelings and cognitive responses to a selected work of literature, which may be a printed text, some form of audiovisual material, or creative writing by the participant. (Hynes & Hynes-Berry, 1994, p. 17)

Interactive bibliotherapy has been used in conjunction with other techniques, such as play therapy, in the treatment of sexually abused children (Rasmussen & Cunningham), grieving children (Moody & Moody), depressed adults (Jamison & Scogin), cancer patients (Pardeck), people with eating disorders (Blair, Lewis, & Booth), people who abuse alcohol (Gallant), and people with panic disorders (Gould, Clum, & Shapiro; Lidren, Watkins, Gould, & Clum). (Myers, 1998, p. 244)

The Goals of Bibliotherapy

According to Pardeck (1994), the goals of bibliotherapy include: (a) to provide information about problems, (b) to provide insight into problems, (c) to stimulate discussion about problems, (d) to communicate new values and attitudes, (e) to create an awareness that others have dealt with similar problems, and also (f) to provide solutions to problems.

Furthermore, Aiex (2008) stated that there are many reasons to apply bibliotherapeutic intervention, such as: (1) to develop an individual’s self-concept; (2) to increase an individual’s understanding of human beha-

avior or motivations; (3) to foster an individual’s honest self-appraisal; (4) to provide a way for a person to find interests outside of self; (5) to relieve emotional or mental pressure; (6) to show an individual that he or she is not the first or only person to encounter such a problem; (7) to show an individual that there is more than one solution to a problem; (8) to help a person discuss a problem more freely; and finally, to help an individual plan a constructive course of action to solve a problem.

The Bibliotherapeutic Process

Hynes and Hynes-Berry (1994) described that the steps in the bibliotherapeutic process are fourfold, beginning with recognition, examination, juxtaposition, and finally, self-application.

Step one: recognition. There is something in the material that engages the participant—something that piques interest, opens the imagination, stops wandering thoughts, or in some way arrests attention. There is some variation in the way in which the recognition comes. At times, it is immediate. In other cases, the literature itself does not directly spark a catalytic response. The facilitator may have to probe a bit before any recognition takes place. Or the remarks of other members in a group may stir a response. However, even when the response comes through the dialogue, it is still the literature that initiated the discussion and thus can be considered a catalyst. (Hynes & Hynes-Berry, 1994, p. 44-45)

Step two: examination In bibliotherapy, we must move beyond the flash of recognition to examine the concept or feeling for ourselves. Examination involves the questions who, what, when, why, how, how much, and wherefore. Probing feelings until cognitive awareness emerges can be a subtle and difficult task for both the facilitator and the participant. Furthermore, probing can also be dangerous if the therapist has not been both empathic and accurate in analyzing problem areas. (Hynes & Hynes-Berry, 1994, p. 49-50)

Step three: juxtaposition. Examination may lead to juxtaposition—that is, to the act of putting side by side, for purposes of comparison and contrast, two impressions of an object or experience. The new impression that the participant juxtaposes with his or her original response may be either an image, character, situation, or concept found in the literature itself or a concept or feeling that emerged through the dialogue. In either case, the participant looks at his or her original reaction in light of the new input. Particularly when the original values, situations, concepts, attitudes, or feelings have been relatively unexamined, juxtaposing the old with the new input forces a deeper examina-

tion of the issues involved. Several possible responses can result from this process. First, juxtaposition may lead to an affirmation of the original position. Second, some modification will come from the process, or may trigger a recognition that the first idea or sensation was not at all valid. (Hynes & Hynes-Berry, 1994, p. 50-51).

Step four: application to self. The feelings and concepts that have been recognized, examined, and juxtaposed must now become genuinely experienced. The participants complete the process by engaging in the twin steps of evaluation and integration. Evaluation calls for a new level of recognition and examination. The participants must look within to become aware of themselves; they must look at how their attitudes and behaviors are affected by their new viewpoints, then they must go beyond cognitive awareness and make a personal commitment to using the new attitudes as a reference point for response or action. In other words, the insights must be *integrated*.

In effect, the self-awareness that has been developing throughout the previous three steps now comes into focus by means of this final step. Both evaluation and making a commitment to change take time before participants show signs of reaching or completing the final step of self-application. (Hynes & Hynes-Berry, 1994, p. 52-53)

The Bibliotherapeutic Materials

Bibliotherapeutic materials encompass not just imaginative but also didactic and informational works. Plays, short stories, novels, essays, magazine articles, and sections from textbooks can all be used in their entirety or in abridged form; so, too, specific passages from any of these forms can be extracted for use.

In fact, the bibliotherapist does not restrict literature to the written word. In our world, audiovisuals are an important expression of people's thoughts and feelings. Therefore, recordings, films, videotapes, and filmstrips have all been successfully used as material for bibliotherapy sessions. The added dimensions of sound and/or visual images can increase the impact of language.

We do feel that all bibliotherapeutic material should involve language and have some internal coherence. Thus, whereas photos, paintings, and music are frequently used to intensify the effect of a written text, of themselves they are not suitable material for a bibliotherapy session. (Hynes & Hynes-Berry, 1994, p. 12-13)

McKendree-Smith, Floyd, and Scogin (as cited in Shechtman, 2009, p. 23) reminded that "not every self-help book is considered bibliotherapy, only when a specific program or treatment exists it is considered bibliothe-

rapy material."

There is no one particular manner of applying bibliotherapy in the treatment situation (Sclabassi, as cited in Herink, 1980). Bibliotherapy has been viewed both as a major technique as well as an adjunct to various other therapeutic means.

Pardeck and Pardeck (as cited in Jacobs & Mosco, 2008, p. 24) argue that such adjunctive bibliotherapy should be utilized with the guidance of a therapist at every stage, including selection of the self-help material, reading and understanding of that material, and integration of the material into the rest of the therapeutic process.

Results and Discussion of Studies on Bibliotherapy

The studies described below will help us of understanding the supporting and inhibiting factors in applying bibliotherapy. Furthermore, we can also elaborate about the effectiveness of the tool of bibliotherapy (the literature), the facilitator, and the participant.

The Study of Bibliotherapy on Smoking Behavior

Novitawati, Rahayu, and Lasmono (2001) investigated the effect of rational bibliotherapy on the reduction of smoking behavior. The rational bibliotherapy was expected to alter the smoking habit, i.e. the cessation of smoking habit and decline of smoking intensity per day.

This experiment is a two groups pretest-posttest design, consisting mild smokers (the intensity of smoking 1 – 10 cigarette(s) per day) aged 16 – 18 years ($N = 10$). Using the U-Mann Whitney test, the results reveals the effect of rational bibliotherapy on the reduction of smoking behavior ($z = 2.193$; $sig. < \alpha = .05$), though most of the behavior change could only reach the contemplation phase (starting to realize that he or she must change the behavior), not the preparation and action phase (the changing to the new behavior). This might be due to the reading materials which were not suitable with the condition of the participants. The materials gave too much emphasis on the risks and physical damage of smoking behavior, whereas the psychological factors that kept the participants smoking, such as be more confident and braver, were less emphasized. As a result, participants who tried to stop their smoking behavior were only the participants who were beginning to experience physical illness.

Novitawati et al. (2001) also stated that the reduction

of smoking behavior could only reach the contemplation phase because of the very short duration of bibliotherapy that was only three sessions for four days. Therefore, the process of learning experienced by the participants was so brief that they still did not get enough reinforcement to shape a new behavior. The reduction of smoking intensity in experimental group very possibly was still in trial and error process.

The other conditions that could hamper the change of smoking behavior were the strength of environmental influence and psychological gain, i.e. feeling more confident. In addition, the participants' failure to stop smoking might lead to the feeling of helplessness.

The study of bibliotherapy on body image dissatisfaction

The author (Sukamto, 2005) evaluated the effectiveness of bibliotherapy in reducing body image dissatisfaction among high school girls. Participants were 45 girls from three different high schools, whose Body Mass Index (BMI) were normal (18.5 – 22.9) and experienced moderate to very high body image dissatisfaction.

This study was Pre-test – Post-test Control Group Design, so the participants from each high school ($N=15$) were assigned to one of three conditions: interactive bibliotherapy as experimental condition 1, reading bibliotherapy as experimental condition 2, or as waiting-list control group. The body image dissatisfaction scores of each participant were assessed at pre-treatment, post-treatment, and 1-month follow-up using One-Way ANOVA and General Linear Model – Univariate from SPSS 12.0 for Windows.

One of the limitations of this study was related to the time spent for reading bibliotherapy sessions. The duration of some reading bibliotherapy sessions were more than 30 minutes because the participants would not go back to their classroom and stayed to talk with the facilitator and their friends. The author thought that it could influence the bibliotherapy process and might change the reading into semi-interactive bibliotherapy.

The result indicated that there was no significant mean difference of body image dissatisfaction changes between pretest and posttest from the group that received the interactive bibliotherapy and the one that got reading bibliotherapy ($sig. = .054 > \alpha = .05$). The author assumed that it could be the effect of the limitation mentioned above because the examination of the means plot of pretest–posttest changes revealed that there was a difference in body image dissatisfaction changes between the interactive and reading bibliotherapy groups.

The research findings revealed that the group who got

interactive bibliotherapy (Experimental Group 1) had gone through a significant mean decrease of body image dissatisfaction before (60.60) and after (47.20) the training. Besides, the mean of body image dissatisfaction changes between the pretest and posttest (Δ) in this group also pointed out a significant difference from the mean of changes of the control group's ($sig. = .000 < \alpha = .05$). These entire results had demonstrated that the interactive bibliotherapy was effective in reducing the body image dissatisfaction among high school girls.

The group that got the reading bibliotherapy (Experimental Group 2) also experienced a major decrease in the mean of body image dissatisfaction before (65.87) and after (57.73) the training. Moreover, the mean of body image dissatisfaction changes between the pretest and posttest showed a significant difference from the mean of changes of the control group's ($sig. = .012 < \alpha = .05$). This result had proven that the reading bibliotherapy was also effective to lessen the body image dissatisfaction among high school girls.

The result also showed that there was no mean difference of body image dissatisfaction between the posttest and follow-up assessment in interactive bibliotherapy ($sig. = .262 > \alpha = .05$) and reading bibliotherapy ($sig. = .883 > \alpha = .05$). It proved that the effectiveness of the interactive and reading bibliotherapy in reducing body image dissatisfaction could maintain up to a month long. It might be due to the willingness of some participants from the interactive and reading bibliotherapy groups to reread the materials according to their needs and problems.

This research was conducted in three different senior high schools to minimize treatment imitation, compensation, and demoralization of the group that got reading bibliotherapy and the control group. However, the researcher could not manage the pre-treatment, post-treatment, and 1-month follow-up measurements between the three schools at the same time. It might be consider as another limitation of this study.

Based on the Sukamto's research (2005), Hidayat (2008) was interested in conducting a replication study to examine whether bibliotherapy was really effective in reducing body dissatisfaction among adolescent girls if she used different reading material and questionnaire. Hidayat (2008) tried to use social perspective in understanding body dissatisfaction by constructing questionnaire based on the theory of Rosen and Reiter, which measure individual response when they are in social setting or doing social activities.

The participants were senior high school girls ($N=15$), aged 14-17 years, whose BMI were thin to normal, and experienced average to high body dissatisfaction. These

subjects were divided into three groups, i.e. the interactive and reading bibliotherapy as experimental groups, and the waiting list control group. The result showed that there were no differences of body dissatisfaction in the pre-test-posttest and posttest follow up, between three groups (*sig.* > .05). It meant that neither interactive nor reading bibliotherapy was effective in reducing body dissatisfaction.

According to Hidayat (2008), there were many factors that caused the application of bibliotherapy ineffective, such as (1) the reading material, (2) the facilitator, and (3) the participant.

The reading material. Some participants evaluated that some parts of the reading material were not quite 'up to date' and useful for them. Besides, some participants also assumed that the reading materials and exercises given to them were so many that they did not have enough time to internalize each of them. According to Hynes and Hynes-Berry (1994, p. 48), "one final point to make about recognition in bibliotherapy is the bibliotherapist looks for literature that is universal enough, beautiful enough, profound but true enough to touch each individual in a group." Further, Pardeck (1994) suggested that the assignment of reading should be based on the therapist's understanding of the client's psychological needs. Also, the presentation of the book should be based on a carefully planned strategy that ensures maximal benefits.

The facilitator. Some participants in interactive bibliotherapy group cited that the facilitator talked too much and asked too many personal questions. The effectiveness of bibliotherapy depends on the facilitator's ability to choose material that speaks to the individual participant's needs and interests; to make accurate, empathic interpretations of the participant's responses; and, through literature and dialogue, to draw out deeper self-understanding. (Hynes & Hynes-Berry, 1994, p. 18).

According to Smith (as cited in Aiex, 2008, p. 3), facilitators need to have a light-enough tone in discussing problems so that no one becomes upset, but a thoughtful-enough manner to allow for "comfortable discussion."

The researcher also found out some participants felt uncomfortable when being asked to share about their personal areas. The participants might have already trusted the facilitator, but not the other group members.

Hynes and Hynes-Berry (1994) emphasize that participants in a bibliotherapy group will not feel comfortable sharing their feelings unless they feel sure that they can trust the facilitator and the other group members. Therefore, the facilitator is responsible for bringing up the issue of confidentiality very early on to open discussion and to facilitate an agreement among the members.

The participant. In interactive bibliotherapy group, there were some participants who did not like reading and felt overloaded with the amount of reading materials and exercises. Gladding and Gladding (as cited in Abdullah, 2008) stated that the effectiveness of bibliotherapy may depend on the availability of materials on certain topics and client readiness and willingness to read.

In 2009, Suprpto conducted a research to evaluate whether the combination of cognitive behavioral therapy (CBT) and bibliotherapy was effective in reducing body image dissatisfaction of female college students ($N=7$) aged 18-20 years, whose BMI were normal (18.5 – 22.9), and experienced average body dissatisfaction.

This research used bibliotherapy as an adjunctive treatment to arouse new insights which help the participants change cognitive distortions and maladaptive believe and also build commitment within themselves. In bibliotherapy, the participants' emotional reaction is more important than the intellectual understanding of the reading materials. This was a quasi-experimental study using pretest-posttest independent group design which consisted of one experimental group and one waiting-list control group.

The reading materials used in bibliotherapy were divided into three chapters, i.e. "All about Body Image", "No (body) is Perfect", and "My Weight is Only One Little Thing in My Life". Those reading materials were selected and compiled from books and research journals. The participants' body image dissatisfaction was measured by Body Shape Questionnaire (BSQ).

The statistical analysis indicated that there was no significant difference of body image dissatisfaction between the group that received the combination of CBT and bibliotherapy and the control group ($t=-2.345, sig. = .066 > \alpha = .05$). The statistical analysis also showed that there was no significant mean difference of body image dissatisfaction change between the group that received the combination of CBT and bibliotherapy and the control group ($t = 1.777, sig. = .136 > \alpha = .05$). Consider the influence of the small number of participants who were included in this study that may impact on the significance of statistical tests, the researchers need to calculate the effect size (Gravetter & Wallnau, 2004) with the d Cohen effect size formula (mean difference/standard deviation). The effect size calculation testing the hypothesis between experimental and control groups obtained the value of $d = 1.791$ ($d > .7$; large effect), so it was assumed that if the number of participant was added, the treatment could be proved significantly effective.

Qualitative analysis revealed that the group who got the combination of CBT and bibliotherapy (experimental group) had gone through a mean decrease of body image dissatisfaction before and after the treatment.

The mean of body image dissatisfaction before the treatment was in moderate category decreased into low and very low category after the treatment. Some participants ($N=2$) in the waiting-list control group also experienced a decrease in the mean of body image dissatisfaction from moderate category before to low category after the treatment. Only one participant in the control group who remained in the moderate category after the treatment.

According to Suprpto (2009), some factors that supported the reduction in body image dissatisfaction were: (1) the seriousness of all participants to attend, do the homework, and involve in discussion, although some of them still needed supervision and support from the researcher; (2) the participants became more skillful in recognizing their cognitive distortions and thinking rationally, so that they could feel more comfortable with their bodies and stop doing maladaptive behavior, such as consuming laxatives in order to be slim; and (3) the participants got many insights about the importance of physical appearance on their self-evaluation through the process of bibliotherapy, such as: they became realized that they were not overweight and the reduction in weight was not the source of their happiness. On the other hand, some factors that might cause the reduction not significant were: (1) the personality characteristic of the participants which were not easy to open themselves; (2) the believe about physical appearance or ideal body that the participants had for quite so long; (3) the influences from the media, family, and peer group to gain the ideal body, such as criticism and dieting behavior; and (4) the sample size.

The study of bibliotherapy on self-concept

Patricia (2007) conducted a research to find out the effect of bibliotherapy on adolescence self-concept. The participants were college students ($N=41$) with 'average' to 'negative' self-concepts. Through a random assignment these subjects were divided into three groups, i.e. the interactive bibliotherapy group and the reading bibliotherapy group, as the experimental groups, and the control group. The result using ANOVA test showed that there was significant differences of self-concept in the interactive bibliotherapy, reading bibliotherapy, and control groups between the pre- and posttests ($sig. = .017 < .05$). A post-hoc test revealed that the control group showed a significant difference, while no significant difference existed between the first and second experiment groups. It meant that bibliotherapy might influence the self-concept improvement.

Limitations of this study related to the loose control of the control group and the limited time for group

discussion. The increase of self-concept in the control group between pretest – posttest might be due to the treatment imitation. Almost half of the control group members said that they had read the reading material which accidentally acknowledged from their friends who became members of experimental group 1 and 2. Some participants even made a note of or photocopied the materials. In addition, the limited time for group discussion made the interactive and reading bibliotherapy statistically proved as having the equal effectiveness.

Recent studies are conducted to evaluate the effectiveness of a brief cognitive-behavioral depression prevention programs, i.e. group cognitive-behavioral (CB) intervention, group supportive expressive intervention, and cognitive-behavioral (CB) bibliotherapy, for high-risk adolescents with elevated depressive symptoms (Stice, Rohde, Seely, & Gau, 2008; Stice et al., 2010; Stice, Rohde, Gau, & Wade, 2010). Stice, Rohde, Seely, and Gau (2008); Stice et al. (2010) find that CB participants show significantly greater reductions in depressive symptoms than the supportive-expressive, bibliotherapy, and assessment-only participants at posttest and 6-month follow-up. Supportive-expressive and bibliotherapy participants show greater reductions in depressive symptoms than the assessment only controls at certain follow-up assessments but produce no effects for social adjustment and substance use. CB, supportive-expressive, and bibliotherapy participants show a significantly lower risk for major depression onset over the 6-month follow-up than the assessment-only controls. Another result shows that bibliotherapy do not significantly affect depressive symptoms or the ostensive mediators (negative cognitions and pleasant activities), and change in depression usually occurs before change in the mediators.

Stice, Rohde, Gau, and Wade (2010) find that risk for onset of major or minor depression over the 2-year follow-up is significantly lower for group CB participants (14%; odds ratio = 2.2) and CB bibliotherapy participants (3%; odds ratio = 8.1) than for brochure controls (23%). Results indicate that this group CB intervention reduces initial symptoms and risk for future depressive episodes, although both supportive expressive therapy and CB bibliotherapy also produce intervention effects that persist long term. Indeed, CB bibliotherapy emerge as the least expensive method of reducing risk for future episodes of depression.

Conclusions

The effectiveness of bibliotherapy still needs evalu-

ation. Although some studies show that cognitive-behavioral bibliotherapy (Stice et al., 2008; Stice et al., 2010; Stice et al., 2010), interactive bibliotherapy, and reading bibliotherapy (Sukanto, 2005; Patricia, 2007) are effective in dealing with the adolescent's problems, but those studies also have limitations. Theoretically, interactive bibliotherapy may be more effective than reading bibliotherapy. Pardeck and Pardeck (as cited in Aiex, 2008) stated that group approach allows members to share common experiences so that it can create a feeling of belonging and provide security for individuals who may feel uncomfortable in situations where they possibly get special attention. In addition, Hynes and Hynes-Berry (1994, p. 218) described that "at times, the group setting can release a therapeutic experience or insight that might never emerge in a one-on-one interchange."

The effectiveness of the interactive bibliotherapy and reading bibliotherapy can be strengthened by the internal validity of the research. For example, conducting the research in different settings will minimize treatment imitation, compensation, and demoralization of the group that get reading bibliotherapy and the control group, but the researcher should also manage about the time of conducting the measurements in the different settings.

The effectiveness of bibliotherapy is also determined by the participants' qualities, such as their willingness to read & reread the literature and their ability to analyze issues, objectivity to view a feeling or behavior pattern from another perspective, and self-confidence to feel that change is possible (Hynes & Hynes-Berry, 1994). "In research analyzing matching effects for various client characteristics with treatment techniques, it is found that clients high in reactance and resistance had better treatment outcomes with self-administered treatments such as bibliotherapy" (Beutler et al., as cited in Jacobs & Mosco, 2008, p. 22).

The effectiveness of interactive bibliotherapy is determined by the capability of the facilitator. As Hynes and Hynes-Berry (1994) state that a facilitator should be able to share accurate and empathic interpretations of the participant's responses and draw out deeper self-understanding through reading material and dialogue. Participants in a bibliotherapy group will feel comfortable sharing their feelings if they feel sure that they can trust the facilitator and the other group members.

Some studies (Novitawati et al., 2001; Hidayat, 2008) show that the literature or reading materials hold a very important role. Therefore, the bibliotherapist should select and prepare reading materials that can fulfill the needs of the individual participant. The assignment of read-

ing should be based on the therapist's understanding of the psychological needs of the client. The practitioner must also aware of the adolescent's interest and reading level (Pardeck, 1994).

The effectiveness of bibliotherapy as an adjunctive therapy still needs exploring. The combination of cognitive behavioral therapy (CBT) and bibliotherapy is not significantly effective due to the small number of participants (Suprpto, 2009).

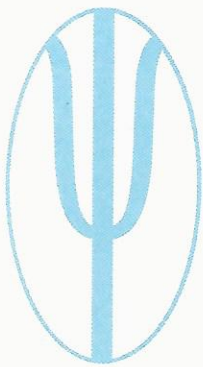
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Call (62-31) 2981246, 2981141
Fax(62-31) 2981271
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