

# Effects of Bibliotherapy on Student Counsellors' Knowledge of and Preference for Telephone Counselling

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## ABSTRACT

This study is on effects of bibliotherapy on student counsellors' knowledge of and preference for telephone counselling. Two null hypotheses were generated to guide it. A researchers' designed instrument was used for both pre-test and post-test. It used 47 trainee-counsellors as sample for the study. Bibliotherapy was the counselling strategy applied in the study. The data collected were subjected to t-test analysis. The result revealed thus:

- a. That there is significant mean difference between the pre-test and post-test knowledge scores of subjects exposed to telephone counselling using bibliotherapy.
- b. That there is significant mean difference between the pre-test and post-test preference scores of subjects exposed to telephone counselling using bibliotherapy. Based on the findings, some implications of the results were highlighted.

**Keywords:** Bibliotherapy, Counselling, Telephone counselling, Internet Counselling.

## Introduction

Counselling in Traditional African set up is characteristically of the face to face type. Even in developed world, face to face counselling is what is in vogue until recently when innovative counselling mid-wifed by technology gave birth to e-counseling which has the variants of telephone counselling, internet counselling etc. Presently, in most African countries, the face to face counselling practice still dominates. A prediction that electronic counselling will have its way in the practice of counselling in Africa is a prediction of the obvious. As different counselling practices from developed world creep into Africa, so will telephone counselling. Given the scenario of the use of telephones including mobile phones in Africa, the stage is set for telephone counseling. Many an individual use telephones to carry out one guidance service or the other including information service without knowing that they are in the realm of counselling. The counsellors should be able to do this following some trainings.

Telephone counselling is counselling provided via the medium of a telephone. It is non face to face counselling. It is electronic counselling delivered from a distance. It is viewed as a strategic system to provide support by telephone for clients who are homebound ([http://www.pec-journal.com/article/50738-3991\(01\)001163-x/abstract](http://www.pec-journal.com/article/50738-3991(01)001163-x/abstract) retrieved 12/6/15). It is also viewed as provision of advice and verbalized moral support to a person with a particular need by a group of either volunteers or paid staff with some level of experience and or expertise in the area of interest. (<http://www.problemgambling.ca/EN/ResourcesForProfessionals/Pages/telephoneorFacetofacetherecounseling.aspx> retrieved 10/6/15). Telephone counselling is said to have taken place when a client speaks with a counselor over the phone on issues or challenges bothering a client. Tele-counseling is suitable for a number of people including:

1. People who need therapy.
2. Persons who need a second opinion on a psychological matter;
3. For persons experiencing depression or anxiety;
4. For parenting or caregiver issues;
5. Persons considering going through or recovering from divorce;
6. For persons having work related concerns;
7. To persons going through aging and life transitions

([http://hubpages.com/hub/advantagesoftelephonecounselingoverfacetherapy/retrieved 9/8/2010](http://hubpages.com/hub/advantagesoftelephonecounselingoverfacetherapy/retrieved%209/8/2010)).

Telephone counselling has some advantages as well as disadvantages. It claims some degree of visible efficacy. In terms of advantages, telephone counselling is said to have the following advantages:

1. The decision about which therapist to work with isn't limited by geography; you can choose to work with the counselor with whom you have the best rapport or because she or he specializes on the issues for which you're seeking counselling.
2. You don't have to travel anywhere for your appointment which makes carving out time for therapy easier. You don't have to deal with traffic or other transportation problems, making the overall therapeutic experience less stressful.
3. You can participate in therapy even if you aren't feeling completely well or are particularly upset. No preparation is required. If you're having a bad day, you may want to let your therapist know, but you don't have to worry about whether or not your nose is running or your eyes are swollen from crying.
4. It is usually easier to schedule an additional appointment if one is needed, for example, after a difficult and devastating divorce court hearing. Your schedule won't have to change much to fit in another hour of counselling, and your counsellor will likely have a more flexible schedule than someone with a brick and mortar practice.
5. Continuity of care by the counsellor is another advantage of telephone counselling. You can maintain your relationship with your counsellor even when you go on a business trip, on a vacation or move to a different state or even a different country. Should one wish to re-establish contact with his or her therapist after having terminated counselling, she or he is only a phone call away, no matter where one happen to be living.
6. Many telephone therapy clients feel there is greater equality between themselves and the counsellor than in traditional face to face sessions. This can be comforting for clients who don't like the power disparity that sometimes accompanies face to face sessions.
7. Many telephone counselling clients find it easier to talk openly about deeply personal issues, emotions and experiences over the phone than in person. Knowing that the therapist can't see client's face when the client discusses sensitive issues, telephone counselling can make it easier to talk about them. This is particularly comfortable for clients who don't like to show their emotions to others. (<http://hubpages.com/hub/advantages-of-telephone-counselling-over-face-to-face-therapy-retrieved/9/8/2010>).

Furthermore, telephone counselling is said to have the following merits:

- a. It affords privacy and simplicity for therapy to be had at home or workplace.
- b. Usually, most counselors in the United States of America using telephone for counselling provide free counselling for the first 30 minutes. This helps to determine counselling compatibility with the medium being used.
- c. Three way calling is available if one wishes to include someone else in the therapy.

Telephone counselling has its demerits. Some of the demerits as advanced by Rubin (1978) are:

- a. Although telephone counselling may be more comfortable for some clients, some counsellors who believe that they have to see the client to mirror and match him or her non-verbally may find it difficult to establish rapport.
- b. Some counsellors believe that their clients tend to exaggerate the truth (i.e., lie). In fact, it is commonly heard in addiction circles that clients are "liars, manipulators and cheats". Many counsellors believed that they can "tell" if a person is lying, manipulating or cheating, just by looking at his or her face. For these counsellors, telephone counselling would be very challenging. So far, there are no references in the literature to support the belief that one person can interpret another's state of mind consistently and accurately just by looking at him or her.
- c. Because non-verbal cues are missing, counsellors need to use more verbal acknowledgements than they would in face to face setting where they are able to use non-verbal minimal encouragers with the clients in front of them.
- d. If telephone counselling is being done with a client who is unknown to the counsellor, and who lives at a distance, it is possible that the counsellor would lack the necessary knowledge of community resources. This might be critical, for example, when dealing with a suicidal client who would need immediate referral to a community resource where he/she stays.
- e. Because of the dynamics involve, couple counselling can be very difficult over the phone.
- f. It might be important for counsellors to pay attention to their own physical discomfort when spending a long time on the telephone. Using headphones because of the discomfort factor might provide some relief.

Apart from all the above, Marcus, Garrett, Kulchak-Rahm, Barnes, Dortch and Juno (2002) posited that within the medical field, telephone counselling can be used and it is seen as being successful. They reported how cancer patients and relations accessed telephone counselling and were happy with it. Furthermore, people are generally more satisfied with telephone counselling than face to face counselling (<http://en.wikipedia.org/wiki/telephone-counselling>). It buttressed this by reporting that a high percentage 93% for telephone counselling compared to 63% for face to face counselling said they would seek telephone counselling again. The above points to the fact

that telephone counselling can be effective. This being the case, it should be incorporated into counsellor education programme to enrich it and its products.

In this study, bibliotherapy as a counselling strategy was used to increase the knowledge and preference for telephone counselling. Bibliotherapy, according to Dawin (1959) is a process of dynamic interaction that may be used for personality adjustment and growth, development and specific positive personality change. It involves the use of books, fiction and non-fiction, within therapeutic contexts to facilitate both normal development and clinically significant challenges (Pehrsson and McMillen, 2007). Bibliotherapy can be used to address conditions such as abuse, behavioural issues, chemical dependence, chronic illnesses, homelessness, self-destructive behaviours and etc (Pehrsson & McMillen, 2005). Egbochukwu (1997) sees bibliotherapy as the use of books to help children, adolescents and adults cope with problems. The therapy makes use of printed materials which will be given to clients to read. Bibliotherapy is seen as an adjunct to psychological treatment that incorporates books or other written materials, usually intended to be read outside of psychotherapy sessions, into the treatment regimen. ([www.encyclopediaofmentaldisorder.com/bibliotherapy](http://www.encyclopediaofmentaldisorder.com/bibliotherapy) retrieved 07/06/15). Two types of bibliotherapy are discernible namely, clinical and developmental bibliotherapies. According to Rubin (1978) clinical bibliotherapy is utilized by mental health practitioners to address emotional-behavioural problems to meet therapeutic goals while developmental bibliotherapy is employed by educators, counsellors, librarians and health care workers to facilitate transition with basically healthy individuals. In this therapy, the counsellor's task is to clarify instructions. According to Egbochukwu (1997) clients are influenced by what they read while Iwuama (2002) affirms that the technique was found to be useful as a large number of clients could be reached with minimal personal contact with the therapist. In the views Pehrsson and McMillen (2007), the interpretations of and reactions to literature are highly subjective primarily because it is often incorporated into a larger therapeutic process, hence its effectiveness is difficult to measure. Besides, Pardeck (1998) in his review on researches on the use of bibliotherapy concluded that there were evidences supporting the use of non-fiction like self-help books and that it is stronger than the use of fictions. Marrs (1995) in his study concluded that he found evidence for benefits in the use of bibliotherapy when self-help books were used for clients with anxiety, depression and alcoholic abuse. In view of the established efficacy in some quarters, the strategy was applied in this study.

### **The Problem**

Technology assisted counselling is an emerging counselling practice the world over. Its reception is slow but gradual in the face of face to face counselling practice. As an innovation, telephone and internet counselling are not easily accepted (Ugwuegbulan, 2007). Telephone counselling as well as internet counselling have their merits yet their uses for counselling purpose seem not to be easily accepted. In a survey conducted by the authors with a class of trainee-counsellors on their knowledge of telephone counselling, 94 % of the trainee counsellor indicated that they have no ideas about telephone counselling. In the same survey, the researchers sort to find out from the trainee counselors if they would want to practice telephone counselling and 76% of the trainee counselors indicated that they would not want to practice telephone counselling. The researchers reasoned that since telephone counselling is an innovation, letting trainee counsellors know about it would increase their preferences for its use. In view of this, bibliotherapy as a counselling strategy was employed to find out its effect on the knowledge and preference of trainee-counsellors for telephone counselling, hence this study.

### **Purpose of the Study**

The purpose of the study is to ascertain the impact of bibliography on trainee counsellors' knowledge of and preference for telephone counselling, that is, to find out if there will be significant change in their knowledge of and preference for telephone counselling as a means of effecting counselling.

### **Hypothesis**

The following null hypotheses were formulated to strengthen the study and were tested at 0.05 level of significance:

**Ho<sub>1</sub>:** There is no significance mean difference between the pre-test and the post-test knowledge scores of subjects exposed to telephone counselling using bibliotherapy technique.

**Ho<sub>2</sub>:** There is no significance mean difference between the pre-test and post-test preference scores of subjects exposed to telephone counselling using bibliotherapy technique.

### **Methodology**

The design of the study is pre-experimental one group pre-test and post-test design. The population comprised of all pre-ultimate year students studying Guidance and Counselling in Imo State University, Owerri, Nigeria. The students were 56 in number (Department of Psychology, Guidance and Counselling Statistics, 2014). The essence of using this group as the population of the study was that, although they have one year of study to graduate, they have spent three years studying Guidance and Counselling. The sample for the

study consisted of 47 trainee counselors who claimed to have no knowledge about telephone counselling as well as not having preference for it.

### Research Instrument

The instrument for data collection was a structured questionnaire designed by the researchers. The instrument is called Subjects' Knowledge of and preference for tele-counselling questionnaire. The questionnaire has three sections namely: A, B and C. Section A deals with subjects biographic data while section B and C were on knowledge of telephone counselling and preference for the use of telephone counselling respectively. There were six and eight items in sections B and C respectively. The four point modified likert response pattern was adopted for sections B and C of the questionnaire. The initial draft of the questionnaire was given to two senior lectures in research and measurement who went through it, made inputs that improved the quality of the instrument. By this, the instrument could be said to have both face and content validity. Furthermore, the instrument was tested for reliability using a different group. The Pearson Product Moment Correlation Statistics was used to determine the reliability of the instrument after two administrations. It yielded a correlation co-efficient score of 0.68 which the researchers adjudged as being highly reliable for the study.

### Ethics

The researchers got the consent of the participants through their signing of a contract form. They were informed that the session will be confidential and that they should only use the materials provided to them for the study.

### Procedure

The lone instrument developed for this study was used twice, first during the pre-test and secondly during the post-test. As a pre-test instrument it was administered as a screening test used as basis to identify subjects for the study. Copies of the instrument were produce and administered to the population of the study. Their responses were scored and those who score below 8 and 10 in sections B and C of the instrument respectively were taken to constitute the sample and they were 47 in number. This was done for convince in handling the groups for effective interaction.

After identifying the subjects, they were exposed to materials on the telephone counselling to read. They were given six materials to read. The materials covered the following areas:

1. History of telephone counselling
2. Meaning of telephone counselling
3. Advantages of telephone counselling
4. Disadvantages of telephone counselling
5. How telephone counselling works
6. Some research findings on telephone counselling.

The copies of the materials were each given to the subjects to study for two days and come for a group discussion on the third day and following.

**Table 1: Activities of the Pre-treatment Phase**

Session	Activities
1	(a) Introduction and creation of rapport. (b) Talk on the purpose of the meeting. (c) Signing of contract form to participate in the programme. (d) Request for cooperation during group activities. (e) Fixtures of meeting days, time and venue. (f) Further information e.g. reminding subjects to attend group sessions with paper and pencil.
2	(a) Recap of the previous meeting (b) Rules/guides to group sessions.

The activities for the pre-treatment phase were done for all the 47 subjects after which they went into the treatment phase.

**Table 2: Activities of the Treatment Phase**

Session	Activities
1	(a) Review of the general meeting procedures. (b) Discussion on history of telephone counselling. (c) Encouragement of participants to talk. (d) Giving assignments to be done by subjects.
2	(a) Review of the previous session/collection and review of assignments. (b) Discussion on the meaning of telephone counselling. (c) Discussion on the requirements for telephone counselling. (d) Encouraging participants to talk. (e) Giving of assignments to be done by subjects.
3	(a) Review of the previous session/collection and review of assignments. (b) Discussion on the advantages of telephone counselling. (c) Encouraging participants to talk. (d) Giving of assignments to be done by subjects.
4	(a) Review of the previous session. (b) Discussion on the disadvantages of telephone counselling. (c) Encouraging participants to talk. (d) Giving of assignment to be done by subjects.
5	(a) Review of the previous session/collection and review of assignments. (b) Discussion on how telephone counselling works/how it can be carried out. (c) Discussion on some research findings on telephone counselling.
6	(a) Review of previous sessions. (b) Administration of post test instrument. (c) Thanking the subjects for their participation.

**Control of Extraneous Factors**

Attempts were made to control extraneous factors that have the potency of contaminating the findings of the study. The areas controlled were: control of subject factor, control of therapist factor, control of Hawthorne effect by using same venue for exercise as well as concealing from the subjects the purpose of the study. In addition, the researchers tried to control possible subject's test-wiseness that may have arisen from the use of same instrument as pre-test and post-test instruments. The order of the items were re-arranged but the contents remained the same.

**Data Analysis**

The data collected were analyzed on the basis of the hypotheses. The hypotheses were tested at 0.05 alpha level. The two hypotheses tested in this study were done using t-test statistic.

**Hypotheses 1:** There is no significant mean different between the pre-test and post-test knowledge scores of subjects exposed to telephone counselling practice using bibliotherapy technique.

**Table 1: t-test on pre-test and post-test knowledge scores of subjects exposed to telephone counselling using bibliotherapy**

Variables	N	X Mean	SD	Df	t-cal	t-critical	P
Pre-test	47	7.93	9.86	92	2.42	1.98	0.05
Post-test	47	18.24	9.05				

Since the calculated  $t$  is greater than the critical  $t$ , the decision is to reject the null hypothesis in favour of the alternative hypothesis. This means that there was significant mean difference between the pre-test and post-test mean knowledge scores of subjects exposed to telephone counselling practice using bibliotherapy technique.

**Hypothesis 2:** There is no significant mean difference between the pre-test and post-test preference scores of subjects exposed to telephone counselling using bibliotherapy technique.

**Table 2: t-test on pre-test and post-test preference scores of subjects exposed to telephone counselling using bibliotherapy**

Variables	N	X Mean	SD	Df	t-cal	t-critical	P
Pre-test	47	10.17	7.31	92	8.03	1.98	0.05
Post-test	47	21.83	7.21				

Since the calculated  $t$  is greater than the critical  $t$ , the null hypothesis is therefore rejected in favour of the alternative hypothesis. This means that there was significant mean difference between the Pre-test and post-test preference scores of subjects exposed to telephone counselling technique using bibliotherapy as a counselling technique.

## Discussion

The first hypothesis which states that there is no significant mean difference between the pre-test and post-test knowledge scores of subjects exposed to telephone counselling practice using bibliotherapy technique was rejected based on the result of the analyzed data. A significant mean difference was noticed in the post-test knowledge scores. The finding establishes that there was increase in subjects knowledge about telephone counselling after using bibliotherapy technique. This confirms Egbochukwu's (1997) view that people are influenced by what they read. They were influenced as a result of new knowledge acquired on the subject matter. Furthermore, Iwuama (1998) reported that the efficacy of use of handouts as a method of counselling is useful and effective. In addition, the effectiveness of bibliotherapy as in this study finds support in the studies of Marrs (1995) and Pardeck (1998).

The second hypothesis which states that there is no significant mean difference between the pre-test and post-test preference scores of subjects exposed to telephone counselling using bibliotherapy as a counselling technique was rejected. The result with respect to hypothesis two supports the viewpoints of Marrs(1995), Egbochukwu (1997), Pardeck(1998) and Iwuama (1998) as to the efficacy of bibliography as an effective counselling technique hence their higher preference level.

## Implications and Conclusion

The result of this study has further asserted the efficacy of bibliotherapy in changing/modify behaviour. It has demonstrated that bibliotherapy can be used to build up knowledge and stimulate preference for a thing as in this study. The subjects' preference for telephone counselling means that there are some trainee-counsellors who would want to practice it. This further implies that counsellor education institutions should mount courses on electronic counselling, not just as a variation but as additional, desirable sources in counsellor education programme. Researchers should extend this study by investigating into the attitude of trainee counselors towards the use of skype, Tango, facetime, Imo Messenger in counselling as well as their efficacy in both individual and group counselling. This demand that electronic counselling should be made a visible component in counsellor education in Nigeria.

## REFERENCES

- Dawin, R.L. (1959). *Mental hygiene and books*: Wilson Library Bulletin 32, 293 – 296.
- Egbochukwu, E.O. (1997). *Differential effectiveness of three guidance techniques in fostering career maturity among secondary school adolescents*. Unpublished Doctoral Thesis, University of Benin, Benin City.
- <http://en.wikipedia.org/wiki/telephonenumber>
- <http://encyclopediaofmentaldisorder/bibliotherapy> retrieved on 07/06/15.
- <http://hubpages.com/hub/advantages-of-telephone-counselling-over-face-to-face-therapy-retrived> 9/8/2010.
- [http://www.pec-journal.com/article/50738-3991\(01\)00163-x/abstract](http://www.pec-journal.com/article/50738-3991(01)00163-x/abstract)
- <http://www.problemgaming.ca/EN/ResourcesForProfessional/Pages/Telephoneorfacetofacecounselling.aspx>
- Iwuama, B.C. (1998). *The relative effectiveness of three counselling techniques in fostering career choice among secondary school students in Owerri urban*. Unpublished doctoral dissertation, Delta State University, Abraka.
- Marcus, A.C., Garrett, K.M., Kulchak-Rahm, A., Barness, D., Dortch, W., and Juno, S. (2002). Telephone Counselling in Psychosocial Oncology: A report from the cancer information and counselling line. Retrieved from [www.ncbi.nlm.gov/pubmed/11932126](http://www.ncbi.nlm.gov/pubmed/11932126) on 06/06/2015.
- Marrs, R. W. (1995). A meta-analysis of bibliotherapy studies: *American Journal of Community Psychology*, 23, (6), 843 – 870.
- Pehrsson, D. & McMillen, P. (2007). *Bibliotherapy: Overview and Implications for counsellors in Professional Counselling Digest of the American Counselling Association*.
- Pehrsson, D.E., & McMillen, P. (2005). A Bibliotherapy Evaluation Tool: Grounding counsellors in the therapeutic use of literature: *Arts in Pjsychotherapy*, 32(1), 47 -59.
- Rubin, R.J. (1978). *Using bibliotherapy: A guide to theory and practice*. Phoenix, A Z: Oryx Press.
- Ugwuegbulam, C.N. (2007). Internet Counselling in Nwamuo, A.P and Ajoku, M.U. (eds). *Ethical and Legal Concerns in Counselling psychology*. Owerri: Joe-Mankpa Publishers.