

Effect of Council on Books in Wartime's Program on Homesickness and Stress in WWII Servicemen

To what extent did the Council on Books in Wartime's book contributions affect homesickness and stress in deployed servicemen in WWII?

Jennifer Mesa¹ and JannetteSierra^{1#}

¹Pinecrest Preparatory High School, Miami FL, USA

[#]Teacher

ABSTRACT

Bibliotherapy, the therapeutic use of reading, was introduced to the U.S Military in World War II by the Council on Books in Wartime, a non-profit organization who sent millions of books to the deployed servicemen. Since its effectiveness was never examined, the military's use of bibliotherapy ended with the war. Therefore, this study focused on analyzing the effect of the Council on Books in Wartime's book contributions upon homesickness and stress in deployed servicemen in WWII. The findings would evaluate the effectiveness of reading as a tool to mitigate homesickness and stress, two factors which heavily impact the mental wellbeing of deployed servicemen and women. To conduct this study, a retrospective correlational case study was conducted on a sample of eight WWII veterans, two of which reported reading while six reported never reading during their service. Each veteran was interviewed with questions derived from the Utrecht Homesickness Scale and the Perceived Stress Scale to quantify the change between both variables after reading. The data was disaggregated for those who did read and those who did not and further disaggregated into early-deployment and late deployment (or pre-reading and post-reading). After conducting the interviews, it was found that the difference between the change in both groups (those who did read and those who did not) was statistically significant for both homesickness and stress. Although there are a number of limitations to the results of this study, the data does suggest that there is a negative correlation between reading and homesickness and stress.

Context

Despite its major contributions to the U.S military, there is little detailed analysis on the Council on Books in Wartime. Its origins are known, but scarce research exists about the effects of their contributions. For example, the WWII era organization was based on the idea of embracing knowledge and freedom of speech to counteract the Nazi's censoring ideologies and book burnings (Scutts, 2014). With this goal, libraries, book publishers, and book sellers all over the United States formed the Council on Books in Wartime. With the intention of promoting free speech and book sales, in 1943 the organization published the Armed Services Editions: pocket sized, paperback versions of the nation's best sellers, and eventually even worked with the Office of War Information and publishing competitors to amplify its impact (Brozyna, 1970a). By the end of the war, the Council on Books in Wartime donated 122,951,031 books in 1,324 different titles (Appelbaum, 2014).

Literature Review

Research on the effects of reading has been conducted to examine how bibliotherapy, the therapeutic use of reading, may possibly reduce symptoms pertaining to stress, anxiety, depression, and homesickness (Wang et al., 2020; Robertson et al., 2008). For example, Wang et al. (2020) conducted a systematic review and meta-analysis of nine clinical trials where the random sample was given a controlled bibliotherapy treatment, analyzing the results based on the subjects' previously diagnosed mental health disorders and how much improvement was observed before and after bibliotherapy. The study suggested that reading can reduce some signs of depression while also improving self-efficacy (Wang et al., 2020). Other studies have also suggested that reading provides small benefits to individuals with very mild mental health issues (Robertson et al., 2008). While these studies analyzed the effects reading can have on mental health, none of them addressed its effect on homesickness and stress specifically. In addition, both of these studies have shown that bibliotherapy only has benefits in people with mild symptoms of stress and anxiety therefore, presumably a deployed service man, with significant stress and anxiety, would have little to no results from reading it. The effect of deployment is so extensive that it causes post-traumatic stress disorder in about 30% of veterans (Reisman, 2016). In addition, approximately 1 in every 4 active servicemen and women are diagnosed with a mental health issue as a result of deployment (*Veterans & Active Duty*, n.d.) Since bibliotherapy has only shown benefits with subjects with mild disorders or symptoms, theoretically, it would have less impact upon military personnel.

However, research has also shown that after WWII, veterans served as the catalyst to the formation of a reading generation; books became increasingly popular as they were commonly read recreationally (Weisenburg, 2020). For instance, Weisenburg found that this was as a result of the Council on Books in Wartime's contributions; reading seemed to encapsulate the servicemen and intrigue them to the extent that they even pursued studying through literature. Weisenburg noted that reading became a healthy component of veterans' routine and somehow contributed to their mental wellbeing, driving thousands to continue reading and even pursue higher education.

Moreover, research and analysis of meeting notes and donated books, shows that the Council on Books in Wartime sought to distribute a mixture of genres to suit different tastes while also selecting books to be read recreationally (Brozyna, 1970c). Research shows that books of popular fiction and fine literature were selected to assist the servicemen in handling the extreme pressures of the war; however, none has focused on how or why the books might have done so (Weisenburg, 2020). The Council's books were carefully selected current and optimistic pieces of literature (Brozyna, 1970c). This is significant because the genre is a confounding variable that was not addressed in the previous studies which analyzed bibliotherapy while the Council on Books in Wartime, by nature, controlled this variable. The genre of a book has been shown to be a contributing factor in bibliotherapy; for example, neuroscientists have found that fiction can assist in helping readers "keep an open mind while processing information, a necessary skill for effective decision-making" (Seifert, 2020 para. 8). This means that the particular books picked by the Council could possibly have had a positive effect on the soldiers' mental wellbeing because of their positive genre. In fact, when Weisenburg (2020) analyzed used books that were left behind by soldiers, he found that their annotations and letters to authors suggested that recipients of the Armed Services Editions felt as though these stories helped them beyond curing their boredom and easing their anxiety. The letters and annotations often discussed gratitude, reminders of home, and relief that reading brought them (Weisenburg, 2020). Perhaps the Council on Books in Wartime's book contributions assisted in treating what plagues the military during war: homesickness and stress.

During deployment in WWII, servicemen were sent overseas thousands of miles away from their homes. Naturally, this caused many soldiers to experience homesickness (Niziurski & Berntsen, 2018). In addition, considering the extremes of their situation, servicemen experienced extreme levels of stress from being deployed, watching their companions being injured, and acknowledging the risk of losing their lives (Niziurski & Berntsen, 2018). A prospective study conducted by Niziurski and Berntsen (2018) found these two factors, homesickness and stress, to be the most common yet most treatable components of being deployed to war. Unlike anxiety and depression, homesickness and stress do not directly need a prescribed medication as treatment. Moreover, during the 1940s, mental health resources were less innovative and widespread than today (Lesser, 2021); thus, it is possible to study the impact

of the Council's bibliotherapy without the confounding variable of antidepressants or other medication. Since previous studies (Wang et al., 2020; Robertson et al., 2008), have found that bibliotherapy does not help treating anxiety and depression especially to the extremes that deployed soldiers experience, then perhaps reading was assisting in the more widespread, treatable contributors to the servicemen's declining mental wellbeing: homesickness and stress. Yet, the extent of the effects the Council on Books in Wartime's book contributions had on homesickness and stress on WWII servicemen has not been explored, hence the gap that this study addresses. Research on this topic could provide more insight on the effectiveness of reading to mitigate homesickness and stress among current active-duty members. Homesickness and stress is still prominent in the military and can even contribute to the development of mental illnesses such as anxiety and depression (Niziurski & Berntsen, 2018). Currently, 1 in every 4 active-duty members of the military is diagnosed with a mental illness even though resources for mental health have increased significantly since WWII (*Veterans & Active Duty*, n.d.). In evaluating the effectiveness that bibliotherapy had on soldiers in World War II, this study could yield a better understanding of how it could impact soldiers today.

Methods

Overview

This study analyzed the extent to which the "Council on Books in Wartime's" book contributions affected homesickness and stress in deployed servicemen in WWII. I conducted a retrospective correlational case study with mixed method analysis. World War II ended 86 years ago, so the results relied on the subjects' memories to find data, thus this had to be a retrospective study. Memory was also a confounding variable that precluded finding causation, thus I focused on correlation. In addition, since the examined population was very small and specific, a case study would provide the most detail on the variables being analyzed. The data produced was quantitative and qualitative and therefore the results were examined in both ways respectively- hence the use of a mixed methods analysis.

Purpose

This case study aims to inform the discussion of reading as an effective resource for our present-day active members of the military who are struggling with deployment-related mental health challenges. Currently, over 30% of active military personnel deployed in Iraq and Afghanistan have developed a mental health condition that requires treatment; 730,000 of which are dealing with PTSD and severe depression (National Council for Mental Wellbeing, 2020). Numerous studies have shown that these are direct effects of trauma caused by stress and homesickness (Van Praag, 2005; Bodkin et al., 2007). Despite the developed treatments for these disorders, deployment has plagued the mental health of active-duty members: 22 veterans per day lose their life to suicide and less than 50% of veterans in need receive the care they need for their acquired mental health disorders (National Council for Mental Wellbeing, 2020).

This study looked at a sample of veterans who served in a time where treatments for mental health were even far more rare, to see what tools helped them cope and what that could mean for those who are currently serving in the military. A retrospective correlational case study of the Council on Books in Wartime's book distribution program could help determine whether bibliotherapy would be effective in preventing or reducing symptoms of homesickness and stress.

Hypothesis

This study began with the hypothesis that there would be a negative correlation between reading (through participation in the Council's reading program) and homesickness as well as a negative correlation between reading and stress. This would mean that as reading increased, homesickness and stress would decrease (and vice versa).

Operational Definitions

Since some of this study's terms can be subjective, it is important to operationally define them. For the purposes of the study, homesickness will be defined as a measure calculated by the Utrecht Homesickness Scale (Van Vliet, 2001). Likewise, stress will be defined as a measure calculated by the Perceived Stress Scale (Cohen et al., 2010). Early deployment will be operationally defined as the first two months of deployment whether they had been released from training or not. Late deployment will be defined as the last two months of being deployed. The terms early and late deployment were used to see if reading affected their levels of homesickness and stress to analyze their levels prior to (or starting) reading versus the end of their deployment after reading. Finally, reading will be defined as the leisure activity of reading at least a dozen books that was provided by the Council on Books in Wartime (during their service in WWII).

Subjects and Ethical Considerations

The participants of this study were recruited by contacting the American Veterans Center and the National WWII Museum to obtain the contact information of WWII veterans without reported memory loss or deficiencies. Then, each veteran was individually contacted through email or phone to ask if they would be willing to participate and when they would like to be called for the interview. After many months of reaching out to organizations and veterans, the subjects of this particular study consisted of eight World War II veterans. They were all around the age of 90 and identified as Caucasian American males; five had served in the U.S Army, two in the Air Force, and one in the Navy. Two of the eight veterans interviewed reported reading the books that were provided to the military while six reported never reading during their time serving in WWII.

Ethical considerations were taken especially seriously because of the sensitive nature of the topic as well as the vulnerable age of the participants. A consent form was prepared to address disclaimers, the study's focus, and its intended purpose. The signed consent forms were secured via email or postal mail depending on their preferences. I prepared a basic script that provided a brief introduction of the researcher, explanation of the directions, request to record the interview, and other basic disclaimers. Adherence to the script also ensured consistency and continuity between interviews. The consent form can be found in Appendix A.

Research Instrument

This study's Homesickness and Stress Questionnaire was designed with questions from the Utrecht Homesickness Scale and the Perceived stress scale (Van Vliet, 2001; Cohen et al., 2010). It entails a total of 34 questions which consist of multiple-choice questions derived from the Utrecht Homesickness Scale and the Perceived Stress Scale, long response questions that elicit the veteran's personal thoughts and experiences with homesickness and stress during deployment, and finally demographic questions. The Utrecht Homesickness Scale and the Perceived Stress Scale both have been used before in similar studies to test homesickness and stress. These scales use a 4-point Likert scale where 0 is experienced almost never, 1 is not often, 2 is sometimes, 3 is often, and 4 is very often. As the multiple-choice questions were derived from these scales, they were labeled as stress or homesickness indicators so that each variable could be analyzed independently. The instrument was organized into five sections: introduction questions, early deployment, reading, late deployment, and the demographic and open-ended questions. The introduction questions included open response questions about service branch, deployment year, enlistment terms, and rank achieved. The early deployment section consisted of 10 questions derived from the Utrecht Homesickness scale and the Perceived Stress scale and were answered in the context of the first two months of deployment. The reading section asked participants if they read, how much they read, and what genres they preferred. The late deployment section was the same as the early deployment section except the subjects were asked to respond to them in the context of the last two

months of their time deployed during WWII. The last section first asked about their personal experiences with homesickness and stress during WWII (to collect qualitative data), and then for some demographic background (to collect contextualizing data that could later identify confounding variables with potential for future research). These questions asked them for the number of books they read, military branch served, family on the home front, favorite pastimes, military rank, and race and ethnicity. Other long response questions asked for the subject's explicit response to reading (if applicable). These questions included whether those who read personally believed reading made an impact on their homesickness and stress during deployment and whether some other factor may have contributed to their experiences with homesickness and stress. The instrument can be found in Appendix B.

Organizing and Evaluating Quantitative Data

Surveys were administered by phone with individual phone calls for each participant. Then, the points were tallied for each section using the Likert scale and then dividing the sum by the number of questions in that section. This was repeated to calculate the number of points they had for stress and homesickness separately in the early deployment section and the late deployment section. Finally, as can be seen in Tables 1, 2, 3, and 4, the levels of homesickness and stress were graphed separately for each group: those who reported having read and those who reported not having had read.

Organizing and Evaluating Qualitative Data

The qualitative data was evaluated by rewatching recordings and using iterative coding for the open-ended responses that indicate homesickness. This included the mentioning of family, hometowns, familial traditions, or other aspects of their life back home. Next, the iterations were disaggregated into reader and non-reader groups. Then, this process was repeated to collect the qualitative data that indicated stress. This included the mentioning of preoccupying tasks, lost loved ones, war wounds, or any other traumatic experiences.

Statistical Evaluation

To evaluate the quantitative data, homesickness and stress were analyzed individually, rather than cohesively, in order to follow the line of reasoning. Statistical evaluations were conducted to find the significance of the results and to ultimately conclude what the results suggest. First, the difference between early and late deployment was calculated for each individual veteran for homesickness and stress separately. This was divided between the group that did read and the group that did not read. Then, the mean for the difference between early and late deployment was found for both groups separately and both homesickness and stress separately. Using the difference between early and late deployment, standard deviation was calculated for each group and each variable which ultimately led to a p-value. Finally, these results were interpreted using a confidence interval to determine the degree of uncertainty, the probability that the parameter falls within the calculated range, and essentially the stability of the estimate. The calculations and data points can be seen in Appendix C.

Limitations of the Methods

In order to establish credibility, it is important to mention the limitations of the method of research. The limitations of the results are analyzed on pages 17-18. Most notably, this research method uses a very small sample size; this limits the conclusion as it reduces generalizability. Similarly, the disproportionality of the two groups, the group that did read versus the group that did not read, also limits the statistical evaluation. In addition, although the use of a retrospective correlational case study was ideal for this particular scenario, it is important to note that attrition has occurred

in the subjects as it has been over seven decades since they had been in the situation being analyzed. This is a significant limitation to the methods and the results as it affects the data collection and the final conclusions.

Findings

Homesickness and Stress Scales

After conducting interviews on eight WWII veterans, scores were calculated for homesickness and stress for each subject. The interview yielded results from eight veterans who served in various branches in the military during World War II. The quantitative results found from the questions derived from the Utrecht Homesickness Scale and the Perceived Stress Scale questions from each individual can be seen displayed below in Tables 1, 2, 3, and 4.

Figure 1 shows the homesickness levels reported for Veteran 1 and Veteran 2 who reported that they had read over a dozen books during their service. Between early and late deployment (or pre-reading and post-reading), Veteran 1's average homesickness level decreased by 1.03 points while Veteran 2's decreased by 0.92 points, thus making an average decrease of 0.98.

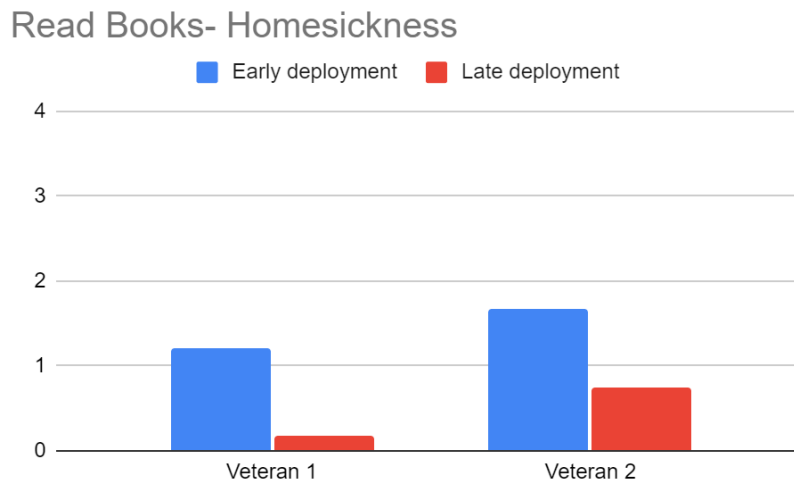


Figure 1. Homesickness levels for participants who read during deployment.

On the other hand, as can be seen in Figure 2, the average change of homesickness levels from early deployment to late deployment in the six subjects that didn't read was about a 0.41 decrease. In calculating the standard deviation and then p-value confirmed the statistical significance of the decline in homesickness when comparing the sample that did read versus the sample that did not read.

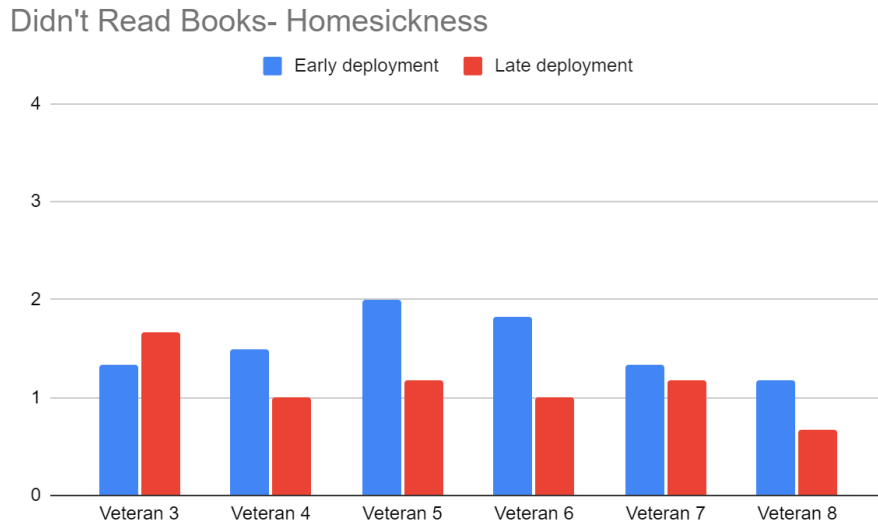


Figure 2. Homesickness levels for participants who did not read during deployment.

Similarly, stress levels were calculated for both groups of the sample. As can be seen on Figure 3, on average, the group that did read experienced a drop of 0.7 points from early deployment to late deployment.

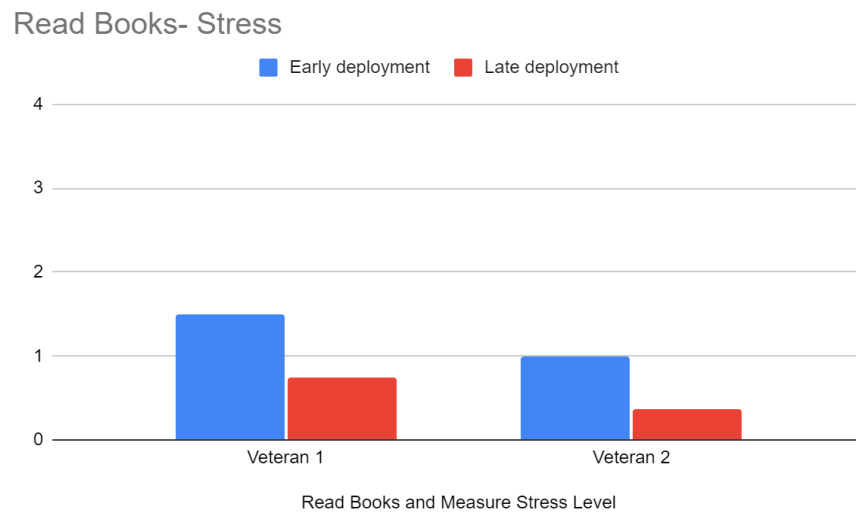


Figure 3. Stress levels for participants who read during deployment.

Meanwhile, Figure 4 suggests that the group that did not read experienced a decline of 0.54 point from early to late deployment. This also resulted in a statistically significant change in the stress levels between the group that did read and the group that did not read.

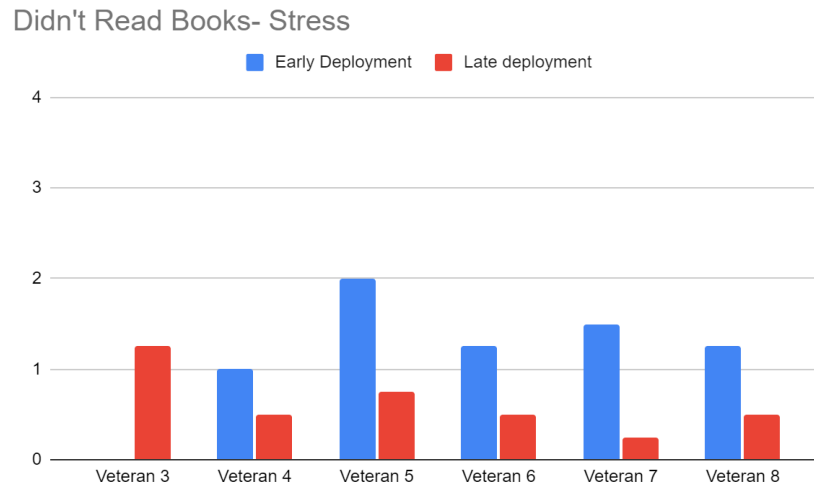


Figure 4. Stress levels for participants who did not read during deployment.

Interviews and Qualitative Data

To collect all of the data, the eight veterans were interviewed, by phone, with a series of scripted questions from the instrument; most questions elicited quantitative data using a 4-point Likert scale from the Utrecht Homesickness Scale and the Perceived Stress Scale. However, a few questions towards the end asked the veterans specific questions in which they could elaborate to discuss their experience serving in the war. All of the subjects agreed to answer these questions and shared in-depth stories of their time in the armed services. From being captured as a prisoner of war, fighting through fatal wounds, to crash landing into a foreign village, these men have seen it all; it was incredibly fascinating to hear their individual stories. Interviews typically ranged from 40 minutes to over an hour and a half depending on how many anecdotes the subject wanted to share. Through these interviews, there were numerous trends found within the subjects' responses; however, it is important to note that although the mentioned trends are homesickness and stress indicators, each veteran had unique experiences. Although veterans from both groups experienced hardships, it would be impossible to quantify the levels of homesickness or stress each of these indicators induced due to the variety of experiences within each category. This would make the homesickness and stress levels unique to the individual depending on the situation they discussed (and their personality) therefore, these results cannot be generalized towards a group (hence why the homesickness and stress scales were used to draw results for the research question; because they were general questions about their thoughts rather than their personal experiences). This qualitative data was meant to reinforce the how and why the veterans may have scored a certain number on the scales. This data was also meant to open discussion for future research on page 19.

Trends found in the interviews include that 37% out of eight veterans discussed stories of losing a close companion, a conductor of stress. 100% of veterans reported being in high stress situations that put their life at risk; more specifically four of which mentioned being fatally wounded, two mentioned being a prisoner of war, and others described a combination of unique situations. This emphasized the impact deployment had on each individual thus presumably causing the increase in stress levels; this showed how despite the variety and intensity in stress-inducing events, the trends between reading and stress remained clear as seen in the quantitative results. Neither of the trends were specific to a group of veterans.

In addition, some of the responses of the interview indicated some confounding variables that may have contributed to both groups' average homesickness and stress levels. One key factor mentioned by 100% of the veterans was that they generally did not fear the war nor did they long to return home because they were determined to fight

for their country. Although this could be as a result of self-serving bias, patriotism could possibly be why the average homesickness and stress levels were always below two points (out of four possible points) for both groups. In addition, 87.5% veterans mentioned that they built close friendships with the members in their division which, upon conducting more research, could also have been a factor that reduced both homesickness and stress (*Why Healthy Friendships are Important for Mental Health*, 2019). Moreover, 100% of veterans engaged in other activities such as dancing or playing an instrument throughout their service; this means that all veterans, from both groups, had a hobby or passion that they continued pursuing whilst in the war. This is incredibly important as it may have possibly had a grand impact on the servicemen's levels of homesickness and stress much like how reading did. Finally, 100% of the veterans also reported sending dozens or even hundreds of letters to their loved ones back in the United States. Further analysis could find how this may have contributed to their homesickness levels. These trends were also not specific to a group of veterans.

Discussion

Both groups experienced a small drop in their homesickness and stress levels but, to produce a clear analysis of the line of reasoning, homesickness and stress were not analyzed independently but rather collectively to contribute to the entire narrative of the impact reading might have had on the homesickness and stress levels experienced by servicemen deployed during WWII. In calculating the standard deviation and then the p-value, it was found that this change was statistically significant for both homesickness and stress levels in comparison to the individuals that did read with those who did not. Since both groups experienced a statistically significant change, this suggests there is a negative correlation to a change in homesickness and stress levels with reading during deployment. Ultimately, this means we can reject the null hypothesis and accept the hypothesis. This resulted in a 95% confidence that the difference between the group of veterans who read and those who didn't read experienced a decline of homesickness between -0.25 and 1.39. In addition, there was a 95% confidence that the difference between the group of veterans who read and those who didn't read experienced a decline of stress somewhere between -1.54 and 1.86. This confidence interval indicates the precision of the estimate of where the actual value of the change between those who did read and those who didn't may fall between. This shows the likely values of the true population mean.

Implications, Limitations, and Future Research

Limitations of the Results

It is important to address the numerous limitations of the results of this study. First, WWII came to an end about 76 years ago. This means that attrition has occurred because it has been nearly eight decades since the subjects had been in the situation being analyzed. Likewise, all of the subjects were in their 90s and while they reported no signs of memory deteriorating conditions, it is important to note this because of attrition and age: there is a possibility that memory distortion or loss is a possible factor that would have affected their responses and the results. In addition, self-serving bias is a possible confounding variable that may have affected the data and results; in the attempt to portray themselves in a favorable way, subjects may have avoided answering questions truthfully. For example, a subject may have answered the question that asks "did you feel isolated and distant from others" as "1" or "not often" because they wanted to avoid appearing antisocial. Most questions asked in the homesickness and stress scales portion of the interview ask similar questions that may have inclined a subject to distort their answers to avoid being seen in a negative way. Finally, time could have had an impact on the levels of homesickness and stress the veterans experienced; after spending many months away from home, perhaps the adaptation to their environment could have contributed as an outside factor that affected the quantified results. As a result, it is important to note these as limitations.

Implications

This study intended to examine the effectiveness of reading as a tool to assist in the increasing numbers of active duty members facing mental health difficulties handling deployment. The findings of this study could be used to implement resources that encourage reading within the current military; while other forms of entertainment have become available to them, such as video games and television, one in every four active military personnel reports being diagnosed with a mental health disorder as a result of deployment (Veterans & Active Duty, n.d.). Although reading is a rather unpopular pastime currently, the current branches of the military can provide copies of popular novels and appeal to their audience to increase engagement of reading. In reinforcing reading, and perhaps mandating some leisure reading, this could possibly significantly improve the homesickness and stress levels of the current active duty members much as it helped those who served in World War II. This can also help mitigate the development or worsening of other mental health disorders (Niziurski & Berntsen, 2018).

Future Research

Future research can be conducted to further understand this topic and how it can be applied to modern-day situations. For example, research on the effect of leisure activities on homesickness and stress can further evaluate how the other activities the veterans reported engaging in might have had an impact on homesickness and stress. In addition, future research can be conducted on a sample of those who are currently deployed, to examine the in depth changes of homesickness and stress on a group that did read select books versus a control group who did not read at all. Other studies can similarly conduct experiments and control variables such as the time frame, the number of books read, or military branches to further analyze the effectiveness of reading as a tool to assist in treating symptoms of homesickness and stress of active servicemen in comparison to the results of this study. Finally, researchers could conduct an analysis of how keeping in touch with family might have influenced homesickness in comparison to reading; all of the soldiers (from both groups) reported sending letters to loved ones and both groups experienced some changes in their homesickness levels therefore, future research on this topic can further explore how communication and sending letters might impact the homesickness levels of those deployed.

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