ARTICLE

CBT-Based Bibliotherapy and Psychological Health

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Introduction

The therapeutic value of reading has long been recognised and is formalised through bibliotherapy. Bibliotherapy can be defined as “the use of reading matter for therapeutic purposes in the treatment of nervous disorders” (O.E.D.) but the term can apply to a wider range of reading materials than this definition implies and is used to denote any form of directed reading which may serve a therapeutic purpose. The therapeutic effect may be curative in the sense of addressing a pathology or merely beneficial in a more general sense. Bibliotherapy can utilise didactic texts, imaginative works or biography, to address issues relating to development, adjustment and physical health, in addition to specific mental health concerns. While fiction has long been read for its psychological insights and thereby its role in promoting psychological adjustment, in recent years non-fiction recommendations are increasingly used in supporting development, life transitions and mental health. The latter use of bibliotherapy is formalised by means of book prescription schemes whereby specific recommendations are made to address particular issues. Given the profusion of ‘self-help’ books on the market, recommendations based on expert opinion and, ideally, on evidence relating to efficacy are increasingly sought.

In their survey of 1,229 clinical and counselling psychologists in the United States, Norcross et al. (2000) reported that 85% of respondents recommended self-help books to clients. Confidence in recommendations would seem to be important; Norcross (2006) notes the relationship between therapists’ positive attitudes towards such materials and outcome for patients. He warns that “many mental health professionals maintain an ambivalent, hostile-dependent relationship with self-help” (p.684). It is only recently that particular books have been evaluated with respect to suitability and efficacy in addressing specific issues. Williams (2001) cites a survey conducted by Quackenbush (1991) that identified a wide range of material being recommended by clinical psychologists in the United States, less than 10% of which had been empirically evaluated.

In Ireland it would appear that many GPs and mental health practitioners recommend books to clients. Gibbons (2005) reported that book recommendations were provided by two thirds of GPs and therapists surveyed, with agreement on particularly useful titles evident (although the GP sample was small). In March this year, the North Inner City Partnership in Primary Care, in collaboration with Dublin City Public Libraries, launched the first book prescription scheme in Ireland (led by Elaine Martin). Through the scheme, prescriber packs are made available to GPs, psychologists and other professionals working in the area of mental health. Included is a list of 38 books which were selected by committee from a short list, including titles from Gibbons’s (2005) survey. In the main, the books are written by esteemed psychologists, psychotherapists and psychiatrists; they are written from an evidence base and incorporate a treatment strategy. Prescribers can write prescriptions and make recommendations tailored to individuals presenting with particular issues. Dublin City Public Libraries stock the listed books in the six library branches in the partnership area (Cabra, the Central Library at the Ilac Centre, Charleville Mall, Drumcondra, Marino and Phibsboro). Once an individual has been prescribed a particular book, the ‘book prescription’ may be produced at one of these libraries and the book may be borrowed. All of the books are also stocked on the open shelves in the library. There are currently 90 prescribers enrolled in the scheme, a third of whom are professionals working in secondary and tertiary mental health settings. There has been widespread interest expressed in the scheme from those working in primary care, adult mental health, and child and family services. Informal feedback to date from prescribers is favourable, with anecdotal evidence of interest expressed by clients in such books. Data on the scheme and readers’ feedback will be available mid-2008.

The Dublin scheme is based on the Welsh model pioneered by Professor Neil Frude (who spoke at the launch of the Dublin scheme). The first Welsh scheme launched in Cardiff in 2003 and has since been extended to an all-Wales scheme, Book Prescription Wales, with prescribed books available from 400 public libraries. In the scheme’s first year in Cardiff more than 1,600 book prescriptions were issued by participating libraries. The majority of the prescriptions concerned depression and anxiety, however other problem categories included on the list were anger, eating issues, obsessions and compulsions, panic, self-esteem, stress and trauma (Frude, 2007). This follows the self-help approach more broadly, which tends to deal with concerns that have specific treatment goals...
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and most commonly addresses depression and anxiety (Williams, 2001). While such schemes typically involve instructive or didactic reading materials, bibliotherapy can also use fiction, and this method may be particularly useful with young children and in a classroom setting.

**Bibliotherapy using didactic materials**

This idea of bibliotherapy as directed, didactic reading is the dominant model as applied to adults and the therapeutic context. It is particularly associated with the treatment of disorder, as reflected in the use of the terms bibliodiagnostics, when books contribute to diagnosis, and biblioprophylaxis when used in prevention of illness (Silverberg, 2003). Silverberg notes that the goal of bibliotherapy is “to promote behavioural change in a normative direction” (2003, p.131), however many writers recommend the use of bibliotherapy for life transitions or challenges and not just treating disorders (e.g., Norcross, 2006). The therapeutic value of bibliotherapy for adults is generally taken to involve the supervised or directed use of self-help books. Lewis et al. (2004) define self-help materials as involving minimal practitioner input but going beyond relying information so as to provide instruction that may facilitate change. For Campbell and Smith (2003) bibliotherapy differs from self-help in that bibliotherapy is “the active use of books in psychotherapy rather than a self-help approach in which the individual conducts self-directed parallel reading” (p.178). The directed use of texts and their active reading, with opportunity for discussion, reflection and intervention when necessary, are key here. Although most readers of fiction could identify a particular book that served a self-help function, interpretation and appreciation of fiction is less readily controlled in the therapeutic context. Furthermore, in addressing some problems facing adults, fiction may serve an escapist function rather than facilitating the directed exploration of the issue. In relation to certain mental health issues, Russell and Shrodes (1950) suggested that factual books may be best for “the individual who needs more contact with reality” (p.416). This advice might apply widely. Research suggests that, for the average reader, fiction is not accurately monitored for veracity and readers often take information as fact from fiction (e.g. Marsh & Fazio, 2006).

Riordan and Wilson (1989, p.506) see bibliotherapy as “the guided reading of written materials in gaining understanding or solving problems relevant to a person’s therapeutic needs”. Much therapeutic bibliotherapy involves the use of books to facilitate change in the context of a specific mental health issue, such as depression, anxiety and related disorders. Generally, these didactic texts aim to bring about a change in the reader’s conceptualisation of his or her situation or to provide tools for change. A cognitive-behavioural therapy (CBT) approach is often employed, with some reviews identifying cognitive bibliotherapy as a genre (Gregory et al., 2004, p.275).

Given the evidence for the effectiveness of CBT, among other approaches, for a wide range of psychological problems, and the fact that CBT programmes can generally be translated into guided self-help programmes, it would seem likely that CBT-based bibliotherapy might also be an effective form of treatment. This does seem to be the case, as there is now very good evidence that CBT-based bibliotherapy can be highly effective. This was the conclusion reiterated in three reports by the UK’s National Institute for Clinical Excellence (NICE) published in 2004. NICE publishes clinical appraisals of whether particular treatments should be considered worthwhile by the NHS in England and Wales. Having reviewed all of the available evidence, NICE concluded that high quality CBT-based bibliotherapy is often effective for the treatment of panic disorder, generalised anxiety disorder, mild and moderate depression, bulimia nervosa and binge eating disorder. NICE recommend the use of bibliotherapy (or ‘guided self-help’) at an early stage of stepped care programmes for these conditions (NICE, 2004a, 2004b, 2004c). Furthermore, according to NICE the quality of the evidence supporting the recommendation to make use of bibliotherapy was of the highest order.

These recent reviews have drawn on a substantial number of controlled clinical trials of specific self-help books. Well-designed effectiveness studies have been conducted on particular books relating to, for example, depression, panic disorder, agoraphobia, and bulimia nervosa. Although the results of these studies have generally indicated powerful therapeutic effects, they have also shown that the level of effectiveness depends to a very great extent on the quality of the book. Some books (used as controls in studies) have been shown to have no significant therapeutic effect. There were five published studies between 1987 and 1997 conducted by a team of researchers headed by Dr. Forrest Scogin from the University of Alabama. They evaluated the effectiveness of ‘Feeling Good: The New Mood Therapy’ by David Burns and the results of four of these studies were published in the

“**Bibliotherapy following a CBT approach has been shown to be particularly effective in addressing anxiety disorders and mild to moderate depression and dysthymic disorder.**”

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of studies showing efficacy for depression, citing a number of interventions in mild to moderate depression. Scogin et al. (2003) support the evidence base” (2006, p.111). However, enthusiasm for the use of bibliotherapy for severe depression, as memory, attention or motivation may be compromised (e.g., Veiel, 1997) to the point that benefit from books is unattainable, in which case any perceived failure would further consolidate low mood. Silverberg (2003) suggests the use of audiobooks in some cases where literacy, language level or cognitive deficits might preclude effective reading. Whatever, the medium, the selected book must offer realistic hope (Pardeck, 1994) and attainable goals.

Fewer research studies address the role of bibliotherapy in the treatment of anxiety disorders, but from the available data it has also been shown to be effective in this regard. Mains and Scogin (2003) provide a useful overview of the data with respect to panic disorder, phobias, obsessive-compulsive disorder, and generalised anxiety disorder. Some accounts suggest that symptom severity is key (e.g., Newman, 2000) with milder symptoms associated with most benefit. Many studies note that therapist contact may be necessary for optimal outcome. Therapist input must be handled carefully. As Williams (2001) observes, “if handled poorly, such patients may misperceive the offer of self-help as a rejection” (p.235).

Beyond the treatment of mild to moderate depression and anxiety, effectiveness is less readily demonstrated. Mains and Scogin (2003) suggest a possible use for milder alcohol problems, but more modest effects for serious habit control or addiction issues. A meta-analysis by Apodaca & Miller (2003) supports its use with self-referred problem drinkers, but suggests less successful outcomes with problem drinkers identified through screening. The study of bibliotherapy for smoking cessation has produced mixed results, although its use within a treatment programme may be effective (Mains & Scogin, 2003).

Who might benefit?
Estimated dropout rates for self-help range from 7% up to about 50% according to Williams (2001). Dropout rates for drug treatments do not fare better however. Dropout rates for antidepressant medications (most commonly SSRIs) are estimated at about 25% for inpatients whose compliance is monitored (e.g. Anderson, 1998) with higher rates for outpatients. Nemeroff (2003) reports that a third of patients discontinue antidepressants within the first month and estimates non-adherence at between 44% and 60% overall. Nemeroff also notes data showing that provision of written educational materials increases the likelihood of early adherence. According to Mains and Scogin (2003), good candidates for bibliotherapy are “those with high motivation, resourcefulness, and positive attitudes towards self-help” whereas individuals with “severe symptomology, emotional avoidance, or extensive interpersonal problems are better served through more intensive, traditional-treatment courses” (p.244). Individuals with milder symptoms, and those resistant to medication and psychotherapy as treatment options may benefit most (Mains & Scogin, 2003).

Those who receive further support will benefit more. Bibliotherapy is generally seen as an adjunct to, and not a replacement for, other therapies (e.g. Pardeck, 1994) and is differentiated from self-help in this regard (e.g., Norcross, 2006). Recently, commentators have noted the usefulness of bibliotherapy within a stepped care model of healthcare provision. Stepped care involves the application of low grade, minimally restrictive interventions as a first step, before more intensive treatments are offered. Such cost-effective, low-intensity treatment might be offered within a waiting period; ideally, the process is self-correcting in that further, more intensive, steps are available if required (Bower & Gilbody, 2005). In an evaluation of self-help materials more broadly, Lewis et al. (2004) support use within a stepped care approach but highlight the importance of a clinically supervised context and the availability of alternatives should self-help fail. Gregory et al. (2004) also suggest that bibliotherapy
might be offered within a stepped care model as a starting point for patients with mild to moderate depression. The possibility of a negative outcome is less likely when bibliotherapy is integrated into a treatment programme (Scogin, 2003). Norcross (2006) notes the use of self-help generally during a waiting period and maintenance stage.

The client needs to accept the approach as a viable treatment option. Particularly if recommended during a waiting stage, the effectiveness of a programme of bibliotherapy must be communicated and, as Norcross (2006) notes, therapists’ attitudes affect outcome. The fit of the materials to the individual client would also seem to be crucial. Williams (2001) outlines some related issues, noting the need for appropriateness of materials to the individual and their culture, as well as consideration of factors such as level of education and literacy (e.g., see Safeer & Keenan, 2005). With regard to literacy, many studies have highlighted the relationship between increasing self-efficacy and positive outcome (e.g., Francis et al., 2007), however adequate literacy levels cannot be assumed. In Ireland, the National Health Promotion Strategy 2000-2005 acknowledged the role of literacy skills in accessing and understanding health information and estimated that 25% of the adult population may be at a disadvantage in this regard, with the figure rising to 42% in the Traveller Community. The health information - reading comprehension gap is wider for populations with known literacy problems or language issues, affecting an increasing number of people in a multi-cultural society (see for example, Calderon & Beltran, 2005). Such factors must be considered when recommending particular bibliotherapy titles.

Conclusion
Bibliotherapy is a cost-effective, low intensity approach to mild to moderate mental health concerns, behavioural and emotional challenges. There appears to be a growing evidence base supporting the efficacy of CBT-based bibliotherapy in particular. However, the quality of materials provided via mental health bibliotherapy programmes must be monitored and evaluated.

McKendree-Smith et al.’s (2003) assertions that good books “don’t have bad days” and that “perhaps a sound book is better than a sub-par therapist” (p.282) assume the quality of the book. An informed judgement must be made as regards a book’s suitability for the individual reader. Consideration should include: the book’s messages, overt and implicit; its medium, including the language used; and the particular requirements and capabilities of the individual reader. Norcross’s (2006) advice to “tailor the recommendation to the person, not the disorder” (p. 687) might also be heeded.

References


