

## Discovering Bibliotherapy A Treatment for Depression and Other Problems

By Henia R.

I discovered Bibliotherapy by accident. Some months ago, I was browsing in a bookstore, when I noticed the book *FEELING GOOD-The New Mood Therapy* by Dr. David Burns. I liked the book when I read it years ago. It's an excellent self-help book that explains the principals of cognitive therapy in a clear, friendly, humorous, and engaging style.

Cognitive Therapy is based on the principal that our negative emotions are caused by our negative and distorted ways of thinking, and that these painful feelings can be alleviated by learning healthier, more positive, and more productive thinking habits and perceptions.

That day in the bookstore, I found myself looking through this book once again, and something in it caught my attention – something I didn't remember reading the first time. The book said that simply read-

ing a good self-help book like *FEELING GOOD* can be an effective treatment for depression. This form of therapy is called Bibliotherapy or "Reading Therapy."

This idea really appealed to me because Reading Therapy seems so easy, pleasant, and empowering! How encouraging that people suffering with depression can be helped by simply reading a book!

Is this too good to be true? As ridiculously easy as it sounds, I believe it makes sense. If depression is caused by distorted negative ways of thinking, then theoretically, a depressed person can be helped by reading a book which educates him or her on how to think more positively and productively. So although it almost sounded too good to be true, I didn't dismiss the idea as impossible.

Dr. Scogin at the University of Alabama, and his colleague, Dr. Jamison, conducted a study on eighty

change brain chemistry.

Reading about these studies was very encouraging. In my research I learned that Bibliotherapy is used to help resolve a variety of personal problems, and that fiction books are used as well.

In using fiction in Bibliotherapy, a book is selected in which the main character experiences a similar problem to that of the reader. The reader identifies with the character and sees how the character solves the problem. A fictional book can enable easier discussions between patient and therapist, as the patient can first discuss the character in the book, rather than himself.

In 1994, 500 American mental health professionals were asked if they recommend books to their patients to read between sessions. 70% responded that they do, and 86% said that reading books was helpful to their patients.

Bibliotherapy can be used either as an add-on treatment to psychotherapy in which the therapist gives the patient a book to read between sessions to speed recovery and facilitate healthy discussion, or as a stand-alone treatment in which the person suffering from depression (or other problem) reads a book as a self administered treatment without the additional help of medication or psychotherapy.

Those who suffer from serious depression should be under the care of a mental health professional and should not use Bibliotherapy alone. In fact, Riordan and Wilson in their review of the literature describing the effects of Bibliotherapy, found most of the studies showed mixed results as to the effectiveness of Bibliotherapy as a stand-alone treatment, and concluded that

people suffering from depression. At the beginning of the study all participants were tested for their level of depression using the Beck Depression Inventory (BDI), and the Hamilton Rating Scale (HRSD).

Study participants were randomly assigned to one of two groups.

The average depression score for both groups on both the BDI and the HRSD was about 20 or above. These scores are similar to depression levels in most published studies on antidepressants and psychotherapy. The initial levels of depression were the same for both groups.

The first group was called the Immediate Bibliotherapy Group.

This group was given a copy of the *Feeling Good* book including copies of the exercises. (I found it noteworthy that they didn't have to do the exercises if they didn't want to, and my guess is many of them didn't bother.) Patients in this group were encouraged to finish the book within four weeks.

The other group was called the Delayed Bibliotherapy Group. This group was told they

Bibliotherapy is more successful as an adjunct therapy.

My personal feelings on all this? This is the best news I've 'read' in a long time! As Dr. Burns states humorously in his book, "Given the tremendous pressure to cut health care costs, this is of considerable interest, since a paperback copy of *FEELING GOOD* costs less than 2 Prozac pills and is presumably free of any troublesome side effects."

Those interested in Bibliotherapy may want to read *Bibliotherapy Handbook* by Arleen Hynes which details what Bibliotherapists need to know and gives basic information on how to become a Bibliotherapist.

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were being put on a four-week waiting list before they could start Bibliotherapy treatment. They were not given a copy of the book. This group served as the 'control' group, and its purpose was to ascertain that any improvement in the Immediate Bibliotherapy Group could not be attributed simply to the passage of time.

Each week a trained test administrator called the participants of each group and conducted the BDI over the phone. The calls were kept to ten minutes – no counseling was offered.

At the end of the four weeks, patients in the Immediate Bibliotherapy group improved significantly. Their test scores on both the BDI and HRSD were 10 or below. These scores are considered within normal range. Scores for patients in the Delayed Bibliotherapy group had barely changed.

Then the participants in the Delayed Bibliotherapy Group were given a copy of the book and encouraged to finish it within four weeks.

After those four weeks, their improvement was similar to that of the Immediate Bibliotherapy group. Both groups maintained their gains at their three-month evaluation and did not relapse.

Five remarkable studies have been published showing the effectiveness of Bibliotherapy on its own – in the *Journal of Consulting and Clinical Psychology* and in the *Gerontologist*.

According to the book, genetic influences account for only 16 percent of depression, and studies show cognitive behavioral therapy may actually