

# The Bibliotherapeutic Maze: How to Pick a Book for Client Home Exercises

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*Be careful about reading health books. You may die of a misprint.* — Mark Twain

**T**he selection of a good client self-help book or workbook is now both easier with internet and also more difficult given the proliferation of titles now available. Although most are probably worthless, the American Psychological Association (Jacobs, 2009) estimated that some 2000 self-help books each year are published! Indeed, there is a pseudo psychology or pop psychology genre of books written by those of doubtful credentials, as for example the books of marriage guru John Gray, PhD, which are to be viewed with scepticism since his PhD was via correspondence through “Columbia Pacific U” (an unaccredited institution closed down in 2000 by Court order). Other pop psychology books flatter with empty promises of hidden potentials, beguile with shallow bromides and banalities, or even promote advice that is outright harmful.

In spite of the proliferation of humbuggery, there are some very good and helpful self-help books. In fact, self-help books have been popular for two centuries and available for a much longer period starting with the literature of the ancient Greek

and Roman Stoic philosophers like Epictetus. William James was one of the first Philosopher/Psychologists to offer practical self-help in his published lectures to teachers and students on psychology (James, 1899). Another book that became popular and also came from the Psychological community was Karl Menninger's book, “*The human mind*” published in 1945 that was perhaps one of the first more respectable books from the Psychological community at the time to have been popular for dealing with emotional problems.

The attraction to the public of self-prescribed and self-administered help has probably never been greater in what Philip Rief criticized as the “*triumph of the therapeutic*” in modern society: Whatever the unique social conditions for this hunger for self-improvement and personal meaning, the more sound self-help books, as opposed to pop-psychology books of psychobabble, do address in a practical manner some very real problems for suffering individuals. The better genre of self-help has evolved to now include respectable self-help manuals which can be a great adjunct for psychological treatment. One survey indicated that 85% of psychologists have reported recommending a self-help book to some of their clients (Norcross et al., 2000). Indeed, the

proper client treatment manual can be a substantial cost benefit to clients who cannot afford to see a Psychologist as frequently as recommended.

The advantages of having clients work on their problems outside of their therapy sessions in their real life settings would seem to be self-evident. There is unfortunately a lack of research on the therapeutic efficacy of particular materials although there are some exceptions like David Burns' *Feeling Good Handbook*. Meta-analysis of the studies that have been conducted on a few books has shown bibliotherapy to be effective with effect sizes ranging from 0.5 to 1.1 (Richard, E., 2008). Nevertheless, we need to keep in mind that not all clients are amenable to having an additional burden of “homework,” and choosing the right book for a particular client can be daunting. Many clients suffer from negative self-attitudes and such clients can conceivably be made to feel worse by particular statements in a book that they read when the Psychologist is not present to correct or explain. A depressed client may feel even more depressed if he or she doesn't complete the “homework” and have to report the failure to the therapist at the next session. Clearly, how one presents the option of some homework is important and it is probably best not to call it homework

but use some other term like “*exercises*” or “*helpful readings*” that a client may wish to try out but not feel obliged to complete. Whether one assigns the whole book or a specific chapter each week seems to make no difference (Carlbring, 2011).

The question becomes which ones to recommend and by what criteria. Obviously you cannot depend on book covers or even a quick skimming of the book, not if you want to avoid books that could be potentially harmful or employ disreputable methods and half-baked, pretentious advice. We now know that thought stopping and distraction techniques for certain problems have been shown to be ineffective and may even make symptoms worse (Richards & Farrand, 2010). Given the plethora of materials to choose from, what are we to do? Maybe a

more reliable method is to depend on the opinion of trusted colleagues or accept the word of a general survey of many psychologists like that found in Narcross (2003) who surveyed some 3500 psychologists for their personal ratings of self-help books.

Of course, our scientific training demands that we seek evidence for the bibliotherapeutic materials we may want to use and indeed there are some efficacy studies on a few books for depression (Songprakun, 2012) and anxiety. There are even some recent studies on problems like occupational stress (Kilfedder, 2010), child sexual abuse (Ginns-Gruenberg, 2012), hoarding (Muroff, 2012), low sexual desire (Mintz, 2012), tinnitus distress (Malouff, 2010), and community psychology applications such as ACT for grade twelve students (Jeffcoat, 2012).

Unfortunately, studies of efficacy are too few and far between. A final method would be to rely on the systematic and considered judgement of experts in the speciality of concern. For example, Richard Redding and colleagues (2008) actually reviewed and rated 50 of the top best selling self-help books for depression, anxiety and trauma related disorders. The four expert psychologists prominent in their respective fields served as raters, used a consistent inter-judge rating scale, checked for consistency and rank ordered the fifty books in terms of depending on psychological science, stating reasonable expectations, providing general guidance and being useful overall, and hopefully providing some warning of possible iatrogenic effects. In table 1 are the top 10 from that list.

**Publication Information and Total Quality Score of Books**  
**Ranking/Book title/Primary author/Year/Publisher/Total quality score**

rank	Author, (date), Title, Publisher	Score*
1	Hyman, B.M. (1999). <i>The OCD Workbook</i> . New Harbinger	94
2	Markway, B. (1992). <i>Dying of Embarrassment</i> . New Harbinger	92
3	Antony, M. M. (2000). <i>The Shyness &amp; Social Anxiety Workbook</i> New Harbinger	92
4	Neziroglu, F. (2004). <i>Overcoming Compulsive Hoarding</i> . New Harbinger	90
5	Foa, E. B. (2001). <i>Stop Obsessing</i> . Bantam Books	90
6	Prentiss, P. (2004). <i>The Cyclothymia Workbook</i> . New Harbinger	88
7	Castle, L. R. (2003). <i>Bipolar Disorder Demystified</i> . Marlowe	84
8	Burns, D. D. (2000). <i>Feeling Good</i> . Avon Books	83
9	Hyman, B. M. (2004). <i>Overcoming Compulsive Checking</i> New Harbinger	82
10	Penzel, F. (2000). <i>Obsessive-Compulsive Disorders</i> Oxford University Press	81

\*The last number is the over-all score based on whether the book was based on sound science, provides specific guidance, realistic expectations, warnings of potential iatrogenic effects and overall usefulness.

With respect to the above list, I personally use Burn's *Feeling Good Handbook* (1999) for some of my clients suffering depression and or anxiety since it is a better buy for clients, with more coverage and more useful tools and exercises for clients to utilize.

Of course, *caveat emptor* here applies as for example, Redding et al (ibid) found that of the 50 popular self-help books they reviewed, at least 18% could be deemed potentially iatrogenic! Other books may not be iatrogenic but would be of unproven worth and may be useless. Also, not all populations of clients, such as the subthreshold depressed elderly (Joling, 2011), will necessarily benefit from bibliotherapy.

It is to be noted that the best rated books, like the ones listed above, were books addressing a specific problem written by professionals with a doctoral degree that advocate cognitive behavioural interventions. In the end, whatever means you employ to find and select bibliotherapeutic materials, professional psychologists are responsible for what they recommend to their clients.

*The man who does not read  
good books has no advantage  
over the man who can't read  
them. — Mark Twain ■*

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