Literary Prescriptions: Applying Bibliotherapy in a Psychotherapeutic Context

Andrew Correll, Matthew Correll, and Terry Correll, D.O.
Wright State University Boonshoft School of Medicine, Department of Psychiatry



Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY

ABSTRACT

Bibliotherapy 📚, a relatively underutilized lifestyle intervention in psychotherapy, is a unique **cost-effective** 💸 avenue of treatment that **empowers patients** 💪 by integrating therapeutic reading into their treatment plan. This approach strategically uses empirically-validated **cognitive-behavioral and self-help literature** to facilitate the application of therapeutic topics outside of psychotherapy sessions. Bibliotherapy's **range of administration** styles highlights its potential as an adjunct to medication or psychotherapy in a comprehensive treatment plan. Most meta-analyses conducted so far regarding bibliotherapy in a clinical setting consist of studies that use **minimal patient interaction via short phone calls ☎️ or emails 📬**. Despite this, meta-analyses show **medium to large effect sizes that are comparable to traditional psychotherapy modalities** for common disorders, most notably depression.





CASE VIGNETTE

Mr. Z, a 68-year-old male, reported a metaphorical loss of color and joy in his life during his initial psychiatric evaluation. Physical limitations, loss of friends, and reduced social interactions plague Mr. Z along with sleep disturbances, fatigue, reduced appetite, and feelings of guilt for missing social obligations.

P: One healthy lifestyle intervention that I believe could be very beneficial for you would be bibliotherapy, which involves therapeutic reading. Do you have any preferences among the treatment options that I have offered to you?
Mr. Z: Hmm, I like the idea of therapy and reading, since I enjoy the newspaper so much already.
P: Great! We can set you up for weekly psychotherapy and weave in talking about a book. So, during the next week, I would like you to do some brief research on a book about depression that you would like to read. I promise, most books on the topic are not actually depressing despite the subject matter! One really good book is "Feeling Great" by David Burns that has helped others a great deal, if you need a starting place.

KEY TAKEAWAYS

- Commonly researched books include ***Feeling Great*** by Burns, ***Control Your Depression*** by Lewinson, and ***Man's Search for Meaning*** by Frankl. *(17)*
- Letting patients take the primary role in selecting readings promotes autonomy and buy-in.
- Book clubs or book discussions in group psychotherapy could be a great way to obtain healthy socialization.
- Retention is relatively high (84%) *(17)* and patients read ~83% of assigned text. *(18)*
- **Tailoring reading level is important** b/c 15% of those in the U.S. have low English literacy. *(19)*
- **Audiobooks**, akin to rhythmic music, may make exercise feel easier and more enjoyable, potentially **extending exercise duration** which itself helps (g = 0.43-0.50) with depression. *(20-21)*
- A "shock of recognition" may occur by linking reading to life experiences. *(22)*

WHY BOTHER?

- Between 1998 and 2007, the number of individuals treated solely with psychotropic medication increased 📈 from 44% to 57%. In contrast, during the same period, **the use of psychotherapy alone as a treatment decreased 📉 from 15.9% to 10.5%.** *(1)*
- There is a **shortage of psychiatric care** in the United States, as a recent sampling found that only 18.5% of psychiatrists were taking new patients with a median wait time of 67 days 📅. *(2)*
- Most studied forms of bibliotherapy involve a personal meeting at the beginning and subsequent **weekly telephone calls for 5 to 15 minutes** in which the psychotherapist gives support. *(3)*
- Among different protocols, psychotherapist time is weakly positively correlated with outcome measures. *(4)*

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PRACTICE POINTS

- Bibliotherapy ➠ "interaction between the reader and certain literature which is useful in aiding personal adjustment." *(5)*
- Traditional psychotherapy for depression has an **effect size of d = 0.75**. *(6)*
- Meta-analyses of bibliotherapy for depression found **effect sizes of d = 0.77, 0.84, 0.82**. *(7-9)*
- Self-help bibliotherapy was **not statistically different** than traditional therapy for depression. *(10)*
- Bibliotherapy helps **alcohol** addiction (d = 0.65) *(11)* and **sexual dysfunction** (d = 0.68) *(12)*, but less for **Panic Disorder** *(13)*
- Traditional psychothx may initially outperform bibliothx in treating depression, but **bibliothx subjects continued improving** leading to no outcome differences at 3 mos. *(14)*
- A trial found a **46% cost reduction** for treating self-harming depression compared to normal treatment. *(15)*
- Effects seem to last to at least 3 yrs. *(16)*

Two weeks later, Mr. Z relates how his wife was hospitalized for a heart attack.

Psychiatrist: Anything from your reading that applies to what happened this week?
Mr. Z: I suppose I was initially catastrophizing she would die, but I tried to change my distortion, which I remembered would help change my feelings and help me handle the situation.



