

**Popular Self-Help Books for Anxiety, Depression and Trauma:  
How Scientifically Grounded and Useful are They?**

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### **Abstract**

Self-help books for psychological disorders have become increasingly popular, yet there is surprisingly little research on their scientific status or overall utility. We identified 50 top-selling self-help books for anxiety, depressive, and trauma-related disorders. Using a scale derived from the literature on bibliotherapy, expert psychologists rated each book on overall usefulness, grounding in psychological science, the extent to which it offers reasonable expectations, the extent to which it offers specific guidance for implementing the self-help techniques and for monitoring treatment progress, and whether it offers potentially harmful advice. The results revealed strong intercorrelations among the scales, such that books scoring high along one dimension tended to score high along others. There was wide variability in the overall quality of the books, but several factors emerged as predictors of book quality. The highest rated books tended to be those having a cognitive-behavioral perspective, books written by mental health professionals and those having a doctoral degree, and books focusing on specific problems. Implications of the findings, including specific recommendations for authors and consumers of self-help books, are discussed.

*Keywords:* Bibliotherapy, self-help, anxiety, depression, trauma

## **Popular Self-Help Books for Anxiety, Depression and Trauma: How Scientifically Grounded and Useful are They?**

Ever since Benjamin Franklin published *Poor Richard's Almanac* in 1732, Americans have been consumers of self-help books, which became widely popular in the late nineteenth century and throughout the twentieth century. Most early books dealt with physical health, child rearing, character development, and interpersonal relations (Pardeck, 1993). The first best-selling guide for coping with psychological problems was likely Karl Menninger's *The Human Mind*, published in 1945. Menninger became a promoter of "bibliotherapy" – the use of self-help books to treat physical or mental problems, and many psychiatric hospitals of the time "began offering bibliotherapy treatment as a program entirely in the hands of librarians" (Pardeck, 1993, p. 3).

Popular self-help books have emerged as a multimillion dollar per year industry, and have become an integral feature of modern American culture. Today, numerous self-help books are available for coping with a wide range of mental health problems. These books may be used as a self-prescribed and self-administered treatment, providing a very cost-effective substitute for professionally delivered therapy. Self-help books may also be used as a therapist-recommended component of professional treatment. Indeed, "[i]t appears that more and more therapists are beginning to assign bibliotherapy to their patients as psychotherapy 'homework' between therapy sessions" (Burns, 2000, p. xxix). According to one large survey, 85% of psychologists report recommending self-help books to their patients (Norcross et al., 2000).

Meta-analyses of bibliotherapy effectiveness studies have found that bibliotherapy is generally an effective treatment for emotional disorders. The effect sizes for self-help programs range from 0.5 to 1.1 (Cuijpers, 1998; Den Boer, Wiersma, & Van Den Bosch, 2004; Gould & Clum, 1993; Gregory, Canning, Lee & Wise, 2004; Hirai & Clum, 2006; Marrs, 1995; Scogin, Bynum, Stephens, & Calhoun, 1990), and these effects are often maintained months after treatment (Hirai & Clum, 2006). Most meta-analyses have found that the effectiveness of self-administered bibliotherapy approaches that of professional psychotherapy (Den Boer, Wiersma, & Van Den Bosch, 2004; Gould & Clum, 1993; Marrs, 1995; Scogin, Bynum, Stephens, &

Calhoun, 1990), perhaps in part because consumers are actively involved in achieving behavioral change when implementing a self-help program. A recent meta-analysis of bibliotherapy studies targeting clinically significant anxiety and depression found that

[b]ibliotherapy is significantly more effective than placebos or waiting lists ( $ES = 0.84$ ) and may be as effective as professional treatment of relatively short duration ( $ES = -0.03$ ) . . . Our effect size equals the results of cognitive therapy in depressed patients ( $ES = 0.82$ ) and is larger than the effect size of antidepressants ( $ES = 0.50$ ) (Den Boer, et al., 2004, p. 967).

Despite their widespread use and apparently impressive effects, some have expressed skepticism about the validity and usefulness of many self-help books (see Pearsall, 2005; Rosen, 1987), most of which have never been empirically tested. Reviewing the research (over 100 studies or case reports) on the efficacy of self-help materials, Rosen (1987) concluded that the potential problems with self-help books were threefold: (1) self-help techniques are not always easy to administer and may be administered inappropriately, (2) self-help efforts can have iatrogenic effects, only worsening the problem, and (3) the effectiveness of self-help books is unknown, since most have not been empirically tested. Drop-out is often a problem, and outcome findings from therapist-administered programs do not necessarily reflect an individual's ability to self-administer the program (Glasgow & Rosen, 1978; Polivy & Herman, 2002). In addition, many self-help books contain exaggerated claims of the effectiveness, often promoting the treatment as an easily self-administered cure without explaining the limitations of the self-treatment approach (Rosen, 1987).

Nonetheless, the APA Task Force on Self-Help Therapies, chaired by Rosen (1987), noted several advantages of self-help programs; they (a) are able to reach large numbers of people, (b) are highly cost-effective, (c) can help maximize autonomy and individuality by decreasing reliance on mental health professionals, and (d) can serve educative and preventive functions. As Albert Ellis observed thirty years ago, "imagine what a really great potential for improved human functioning a set of scientifically researched, written and periodically revised do-it-yourself manuals would probably have" (Rosen, 1987, p. 50). To date, however,

bibliotherapy effectiveness studies have been conducted on a very small number of high-quality books written by mental health professionals (see Den Boer et al., 2004, for a listing of studies).

The current study assessed the scientific grounding and usefulness, as judged by expert psychologists, of fifty currently popular self-help books designed for the self-treatment of anxiety, depression, or trauma. We did not conduct effectiveness studies on each of these books. Rather, our goal was to ascertain the extent to which this genre of popular self-help books – books that purport to dispense valid psychological advice – provide guidance that is consistent with current psychological science, and in a form that consumers can use in self-diagnosis and treatment. In this way, our methodology and purpose differ substantially from the studies conducted by Norcross and colleagues (Norcross et al., 2000; 2003). Taken together, their studies surveyed a total of 3,500 clinical and counseling psychologists, who only provided omnibus ratings of each book's usefulness and accuracy, based on their personal opinion, and without standard criteria on which to base their ratings. While impressive in its comprehensiveness—over 700 self-help books were rated dealing with a wide range of topics—and in the size of the survey pool, the extent to which the ratings reflect the books' scientific grounding is unknown.

We focus on anxiety and depressive disorders (which frequently are comorbid) for several reasons: these disorders are among the most common mental disorders and among the most common disorders for which people seek professional treatment (Kessler, Chiu, Demler, Merikangas, & Walters, 2005; Kessler, Olfson, & Berglund, 1998), the mental health care system cannot meet the needs of the vast number of people suffering from depression and anxiety (Den Boer et al., 2004,), treatment can be expensive, and many are reluctant to seek help because they feel ashamed. Thus, many people with these disorders turn to bibliotherapy as a cost-effective, convenient, less stigmatizing alternative to professional therapy. Focusing on depression and anxiety also readily allowed us to evaluate the extent to which the proffered self-help treatments are consistent with psychological science, because more is known about the etiology and effective treatment of these disorders than most any other psychological condition (see Kopta, 1999; Chambless & Ollendick, 1991).

## Method

### *Measure*

In order to evaluate each book, the expert raters completed a 19-item measure of book quality using a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree). Items included in the measure, which was created for the purpose of this study, were constructed with reference to the literature and commentary on how to evaluate self-help books and the characteristics that contribute to their effectiveness (see Glasgow & Rosen, 1978; Pardeck, 1993; Rosen, 1981, 1987). As specified in *Table 1*, the measure consisted of five subscales: (1) the extent to which the book is grounded in psychological science, i.e., whether the diagnostic guidance and self-help techniques offered are consistent with current psychological theory and research (*Psychological Science*, 5 items), (2) whether the book provided specific guidance for self-diagnosis, for implementing and practicing the self-help techniques, and for monitoring short- and long-term treatment progress (*Specific Guidance*, 5 items), (3) whether the book promotes reasonable expectations about the use and limitations of the self-help techniques (*Reasonable Expectations*, 4 items), (4) whether the book provides potentially iatrogenic advice (*Iatrogenic Advice*, 1 item), and (5) the book's overall usefulness as a self-administered treatment for behavioral or psychological change (*Overall Usefulness*, 4 items). Raters assessed each book's grounding in psychological science by evaluating the degree to which the proffered etiological explanations and treatments were consistent with current scientific research and theory, irrespective of theoretical orientation. Subscale scores were derived by summing the items in each subscale.

### *Procedure*

*Expert Raters.* The four rates are academic Ph.D. clinical/community psychologists with considerable expertise in anxiety and depressive disorders, who are knowledgeable about the research literature on the etiology, diagnosis, and treatment of these disorders, and who have published on these disorders. Each rater has been a practicing clinician, and three of the four are currently practicing. Three of the four sit on editorial boards of scientific psychological journals. Three regularly review manuscripts relating to mood and anxiety disorders, and have taught or

are currently teaching graduate-level courses related to mood and anxiety disorders. All have conducted research on anxiety or depression, and the rater (J.D.H.) who served as the criterion judge is a nationally recognized researcher on the treatment of anxiety disorders. The theoretical orientations of the raters include two who are eclectic, and two who are cognitive-behavioral/biological.

*Selection of self-help books.* For several reasons, we did not rely on “bestsellers lists,” such as the N.Y. Times Bestseller List, to identify the leading self-help books. Such lists rarely include self-help books for anxiety, depression, or trauma, and they are based largely on anticipated, rather than actual sales (see Woudstra, 2007). Instead, we identified leading self-help books (as of December, 2005) for anxiety, depression, or trauma by conducting an on-line search of the internet book dealer Amazon.com (with results sorted by sales ranking), and by cataloging the shelves of two major national bookstore chains, Barnes and Noble and Borders, which generally only keep top-selling books on their bookshelves. This same technique has been used in other recent studies of the self-help literature (see Irick & Fried, 2001; Norcross et al., 2003).

*Book ratings and interrater reliability.* Each of the 50 books, listed in *Table 2*, were randomly assigned to a rating sequence (i.e. a sequence that specified the order in which the books were rated), rating reliability phases, and raters. Raters read each assigned book in its entirety and completed a corresponding rating form. The following steps were taken to ensure the interrater reliability of ratings among the four judges. In phase one, each of the judges independently rated an initial selection of three books from the disorder categories (depression, anxiety, and trauma). Ratings were then compared and discussed among the judges, and modifications were made to rating items to improve their clarity and agreement. In phase two, the judges each rated four books from the sample until a minimum intra-class correlation coefficient (ICC) of  $> .70$  was achieved. In phase three, one of the authors (J.D.H.) served as the “criterion” judge based on his considerable clinical and research expertise in the content areas of the books selected for review. In this phase, each rater read and rated 10-12 books, and four of each judge’s randomly-assigned selection of books were also rated by the criterion judge to prevent rater drift and ensure continued reliability (ICC  $> .70$ ). Final interrater reliability among

the four judges was  $ICC = .75$ . Average interrater reliability between the criterion judge (J.D.H.) and each of the other judges was  $ICC = .72$ .

## Results

### *Internal Consistencies of Rating Scales*

Fifty books were rated in the analyses. Internal consistencies of the rating scales according to Cronbach's alpha were .94 for the Total Score (19 items), .87 for the Psychological Science subscale (5 items), .83 for the Reasonable Expectations subscale (4 items), .82 for the Specific Guidance subscale (5 items), and .88 for the Overall Usefulness subscale (4 items). Internal consistencies  $> .80$  are considered adequate for the purposes of group research (Nunnally, 1978).

### *Characteristics of Books*

Most of the books were published or revised between the years 2000 and 2005 ( $n = 33$ , 62%). New Harbinger was the most frequent publisher of the books in the sample ( $n = 17$ , 34%). Authors tended to be male ( $n = 32$ ; 64%), to have a doctoral degree ( $n = 42$ ; 84%), and to be a practicing mental health professional ( $n = 41$ ; 82%). In addition, most of the books were written from a cognitive-behavioral ( $n = 29$ ; 58%) or eclectic ( $n = 12$ ; 24%) perspective, and covered one specific disorder or psychological problem area ( $n = 36$ ; 72%). The most frequently addressed problem was depression ( $n = 36$ ; 72%). In addition, the books most often cited peer-reviewed scientific articles ( $n = 15$ ; 30%) or other writings from the professional literature ( $n = 13$ ; 26%). However, 18% ( $n = 9$ ) of books provided no citations to support the claims made.

### *Individual Book Ratings*

Table 2 displays the Total scores ( $M = 62.3$ ,  $SD = 17.7$ ) derived by summing the 19 items from the rating scale to provide an indication of the overall quality of each book. Based on a possible range of 19-95, the actual scores ranged from 34-94, indicating substantial variability in book quality.

*The OCD Workbook* (Hyman & Pedrick, 1999) was the highest rated book. Its main thesis is that obsessive-compulsive disorder (OCD) is a neurobehavioral disorder that can be successfully treated with certain medications, cognitive-behavioral therapy (CBT), or both. The



book does not claim that treatment will completely eliminate obsessions, and instead emphasizes the benefit of treatment in reducing the distress associated with these symptoms. It also is unusually clear in pointing out instances when professional help should be sought.

Another highly rated book was *The Shyness and Social Anxiety Workbook* (Antony & Swinson 2000), which presents a step-by-step guide for implementing cognitive-behavioral strategies for social phobia. The book makes clear that its approach is CBT, but also acknowledges relevant biological factors and treatments (i.e., evolutionary perspective, genetics, pharmacotherapy). It includes an unusually good section on diagnosis, including differential diagnosis, and makes it clear that accurate diagnosis may require professional consultation. It also includes a discussion in the last chapter about identifying and correcting the factors that may interfere with progress.

The top five rated self-help books shared several features in common. They all covered specific anxiety disorders (three on OCD and two on social phobia), were written from a CBT orientation, had doctoral-level first authors, and most frequently cited peer-reviewed journals or the professional literature. In addition, four of the books were published by New Harbinger press and were written by individuals who are among the top researchers in their respective areas.

The lowest rated book was *How to Win Over Depression* (LaHaye, 1996). LaHaye, co-author of the popular “Left Behind” series of Christian fiction books, is an evangelical Christian minister. The recommended treatment approach is based largely on his interpretations of Christian Biblical scriptures, and the book emphasizes regular prayer as the treatment. LaHaye also recommends that readers complete a “Personalized Temperament Analysis,” which he offers for \$29.95. Another lower-rated book was *Tapping the Healer Within* (Callahan & Turbo, 2002), which claims that even severe psychopathology is caused by “blockages” in an invisible “energy” system within the body, and that these conditions could be completely cured with simple self-administered techniques that involve tapping on specific parts of the body in a particular sequence. The book claims that traditional therapy does not work well because “[t]he problem is not fundamentally in the brain or nervous system. It is in the thought field” (Callahan & Turbo, 2002, p. 39). Although there is no systematic research demonstrating that the approach is effective (in fact, there is evidence to the contrary; see Pignotti, 2005; Waite & Holder, 2003),

the techniques described in the book, known as Thought Field Therapy, have been aggressively marketed and promoted in recent years (Gaudio & Herbert, 2000; Lohr, Hooke, Gist, & Tolin, 2003; Pignotti, 2005). In fact, 16% ( $n = 8$ ) of top-selling books in our study were based on some form of “energy therapy.”

All of the five lowest-rated self-help books shared the characteristic of being based largely on unorthodox or non-scientific approaches. They also tended to cover multiple problem areas and to make claims that extended well beyond the evidence supported by current research. Some of the authors of these books were not mental health professionals, and the authors tended not to have academic affiliations and were professional practitioners or paraprofessionals.

#### *Overall Book Ratings*

*Table 1* summarizes the book ratings for each of the scale items for the entire sample, along with the descriptive statistics for each item. Although a few books were dense and used unnecessary jargon, most (76%) were judged to be written in an accessible way for readers. Most authors (70%) clearly discussed the underlying assumptions that informed their self-help approach.

Overall, 60% of books were judged to be adequately grounded in psychological science. However, there was variability in the degree to which the etiological explanations also were consistent with current psychological science and theory (e.g., Items 5, 6, and 10). Some books failed to discuss etiology at all, or presented the authors’ own idiosyncratic and unsupported theories about the origins of psychopathology (e.g., sin, perturbations in the thought field, cellular memory, five major brain systems). In contrast, others noted that the exact etiologies of the anxiety and mood disorders remain unclear, and are likely multiply determined (e.g., “depression is not a single problem with a single cause and a single treatment,” Yapko, 1997, p. xviii). Many books presented techniques commonly associated with a cognitive-behavioral approach (e.g., cognitive restructuring, relaxation training, behavioral activation, exposure) that have been shown to be effective for depression and anxiety disorders. Several books emphasized strategies designed to improve interpersonal relationships and functioning. In contrast, other

books recommended unorthodox psychological treatments and techniques (e.g., body-tapping, self-hypnosis).

Only 42% of books provided readers with reasonable expectations about the potential benefits that could be expected from the implementation of self-help techniques. In addition, 32% inappropriately promised a complete cure after using the self-help techniques. In contrast, some books provided clear warnings about the limitations of self-help. For example, Yapko (1997) tells readers “this book is no substitute for participating in psychotherapy with a qualified professional”(p. 2).

Furthermore, only 50% of books prepared readers for the possibility of setbacks and failures while using the techniques. Less than half (44%) provided the reader with clear guidance about seeking professional help when needed. Only a minority of the books (34%) provided a clear discussion of long-term treatment strategies, even if the self-help strategies recommended in the book did not prove to be effective for the reader. These findings suggest that readers often are given overly optimistic expectations for improvement and then are not properly prepared for dealing with treatment failures, including how to seek appropriate professional help. A few books, however, did include chapters on relapse prevention, long-term treatment maintenance, treatment troubleshooting, or referral sources and guidelines for seeking professional help.

Most books (72%) provided specific guidance for implementing the self-help techniques. For example, several books were written in a “workbook” format and provided reproducible worksheets for readers to use when implementing the techniques. Although most books provided adequate guidance for implementing the self-help techniques, only a minority (24%) provided clear methods for measuring progress and improvement from the implementation of the treatment strategies. In other words, little specific guidance was given to readers on how to determine whether the self-help techniques they implemented were working. Moreover, only a minority (36%) of the books provided proper guidance for the reader to self-diagnose their problems. In most cases, there was an implicit assumption that the reader already understood his or her specific problem area and had somehow already arrived at an accurate clinical diagnosis. Although some books did present information based on the current *DSM-IV-TR* (APA, 2000)

classification system and discussed the sometimes complex issues involved in differential diagnosis, this was not commonly the case.

Although only a minority of books (18%) was judged to provide potentially iatrogenic advice, this issue is a major concern in the literature on self-help programs. Some books advocated the use of herbal supplements by authors who sometimes were not qualified medical professionals, and then failed to provide a proper discussion of potential side effects or contraindications when combined with other common medications. For example, in *Beyond Anxiety and Phobia* (Bourne, 2001), some of the discussions about herbal supplements appeared questionable and at times the author sounded as if he were dispensing medical advice without a license, e.g., “The natural antidepressant SAM-e . . . is for many people as effective as a prescription SSRI antidepressant, such as Prozac, yet it works within a few days (rather than weeks) with few or no side effects” (p. 31). Other books (e.g., *Thoughts and Feelings*, McKay, Fanning, & Davis, 1997) overemphasized the benefits of thought stopping or other distraction techniques, which have been found to be largely ineffective and may even exacerbate symptoms (Hannan & Tolin, 2005; Wegner, Schneider, Carter, & White, 1987). The book *Post-Trauma Stress* (Parkinson, 2000) recommended forms of psychological debriefing and forced counseling for victims of trauma, even though research suggests that these treatments are inert at best and harmful at worst (McNally, Bryant, & Ehlers, 2003; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). Finally, some books (e.g., Herman, 1997, *Trauma and Recovery*; Levine, 1997, *Waking the Tiger Within*; Williams & Poijula, 2002, *The PTSD Workbook*) promoted the erroneous idea that traumatic memories are frequently unconsciously repressed (for a critique, see McNally, et al., 2003), and that certain symptoms are an indication of abuse even when the person may not have an actual memory of a traumatic event.

## **Rating**

### *Relationships Among Subscales*

The five rating subscales were all strongly intercorrelated, particularly Psychological Science, Specific Guidance, and Overall Usefulness ( $r_s = .65$  to  $.82$ ,  $p < .001$ ). The Iatrogenic

Advice Subscale was also strongly inversely correlated with the Overall Usefulness ( $r = .72, p < .001$ ) and Psychological Science Subscales ( $r = .54, p < .001$ ), but it was less highly correlated with the other subscales. The Reasonable Expectations and Specific Guidance subscales also were strongly correlated ( $r = .61, p < .001$ ).

#### *Score Comparisons Based on Book Characteristics*

We compared rating scores based on book characteristics (CBT orientation vs. non-CBT, eclectic orientation vs. non-eclectic, one primary disorder/problem area vs. multiple disorders/problem areas) and primary author characteristics (doctoral vs. non-doctoral degree, academic vs. non-academic, mental health professional vs. paraprofessional/non-professional). Because these analyses were considered exploratory, and in order to reduce the risk of committing a Type I error due to multiple comparisons, only Total Scores were examined. Books with a CBT orientation ( $M = 70.1, SD = 15.3$ ) had significantly higher scores than those with a non-CBT orientation ( $M = 51.6, SD = 15.2, t = 4.25, df = 48, p < .001$ ), and the effect size for CBT orientation was substantial ( $d = 1.21$ ). In addition, Total scores were significantly higher if the primary author was a recognized mental health professional ( $M = 64.9, SD = 16.8$ ) compared to a paraprofessional/non-professional ( $M = 50.7, SD = 17.8, t = 2.27, df = 48, p = .03$ ), and again the effect size was substantial ( $d = .82$ ). Also, books focusing on one specific disorder or problem area ( $M = 65.5, SD = 18.0$ ) had significantly higher ratings than those that covered multiple problems ( $M = 54.2, SD = 14.4, t = 2.09, df = 48, p = .04$ ), with a moderately large effect size ( $d = .69$ ). Finally, the Total score difference for type of degree, favoring doctoral ( $M = 65.0, SD = 17.4$ ) over nondoctoral authors ( $M = 54.7, SD = 17.0$ ), approached significance ( $t = 1.85, df = 48, p = .07, d = .66$ ). Tests of eclectic orientation and academic/research status of the author were not significant ( $ps > .10$ ).

### **Discussion**

The present study assessed the scientific grounding and usefulness, as judged by expert psychologists, of fifty currently popular self-help books designed for the self-treatment of anxiety, depression, or trauma. We evaluated the extent to which popular self-help books provide advice that is consistent with psychological science, and in a form that consumers can readily use

for self-diagnosis and treatment. Four key findings emerged from the results. First, there were strong relationships between the various rating subscales, so that books that were strong on one dimension tended to be strong on the other dimensions as well. Of particular note, books that provided specific guidance also tended to be among the best in promoting appropriate expectations about the benefits that could be derived from the self-help treatments. Second, only 50% of books prepared readers for the possibility of setbacks and failures, and only 42% of books provided readers with reasonable overall expectations about the potential benefits that could be expected from the self-help techniques. Moreover, 18% of the books provided potentially iatrogenic advice. Third, although a majority of the books (72%) provided specific guidance for implementing the self-help techniques, only 36% provided proper guidance for self-diagnosis, and only 24% provided clear and specific methods for measuring treatment progress. Fourth, the highest rated books tended to be those having a cognitive-behavioral orientation, books written by mental health professionals and those having a doctoral degree, and books focusing on specific problems. In contrast, the lowest-rated books were frequently written by authors who were not mental health professionals (and who did not have academic affiliations), often covered multiple problem areas, were based largely on unorthodox or nonevidence-based treatment approaches, and tended to make extravagant claims not supported by current research.

#### *Implications of Findings*

It is widely accepted by both professionals and consumers that bibliotherapy can be useful for a range of psychological problems. The present findings confirm that many self-help books are indeed grounded in the scientific literature and are readily accessible to the lay reader. Nevertheless, bibliotherapy is limited by two principal factors. First, our findings demonstrate that books targeted at specific, circumscribed problems tend to be of higher quality, yet comorbidity and multidimensionality of problems are the norm rather than the exception in psychopathology (Scogin et al., 1990). Because most empirical research on psychological interventions focuses on a single diagnostic entity such as major depressive disorder or obsessive compulsive disorder, it follows that the more problem areas covered in a book, the less likely it is to be based on scientific research. When possible, however, self-help books should explicitly

address commonly co-occurring conditions and problems, and how they might impact the particular intervention program.

The second factor limiting the utility of self-help books is the paucity of research directly examining their effectiveness. Apparently, only two of the books we reviewed have themselves been evaluated for their effectiveness as a self-help book: Burns' (2000) *Feeling Good: The New Mood Therapy* (see Burns, 2000) and Ellis' (1997) *A Guide to Rational Living* (see Dan Boer et al., 2004). Even treatments that are efficacious when administered by a professional may not be effective when self-administered (Rosen, 1987). The failure of a self-help book to alleviate symptoms may discourage some consumers from seeking potentially useful treatment from a mental health professional, since it may lead them to mistakenly believe that psychological treatment is ineffective.

Our findings revealed that books written from a cognitive behavioral perspective tended to be rated higher by expert psychologists. This result is consistent with bibliotherapy effectiveness studies showing that CBT-based readings tend to be more effective (Pardeck, 1993), as well as research on psychotherapy effectiveness showing that CBT programs are predominant among those labeled as "efficacious, well-established" treatments (Chambless & Ollendick, 2001; Kopta, 1999). However, these findings must be interpreted with caution. The superiority of CBT-based books in our ratings undoubtedly reflects in part the fact that more research has been conducted on CBT than on interventions derived from other models (e.g., psychodynamic psychotherapy), as well as the fact that CBT approaches naturally lend themselves to a self-help format by providing concrete, specific techniques than can be readily implemented by consumers. While acknowledging the overall stronger scientific foundation of CBT approaches for mood, anxiety, and trauma-related disorders, we cannot conclude that non-CBT approaches are necessarily inferior. Indeed, when CBT approaches have been directly compared to alternative programs, the latter often perform comparably (e.g., Elkin et al., 1989). More research is needed on the effectiveness of bibliotherapy, regardless of specific theoretical orientation.

The findings suggest guidelines for authors in writing self-help books. First, authors would do well to be mindful of the features that characterize the best self-help books. First and foremost, in keeping with the principle of *primum non nocere* (first do no harm), authors should be especially careful to avoid suggesting practices that have been shown to be harmful. Although there is a widespread assumption among mental health clinicians that psychotherapy is benign, growing evidence suggests that some interventions may actually prove harmful in some cases (Lilienfeld, 2007). For example, several studies have found iatrogenic effects of post-trauma debriefing (van Emmerik et al., 2002). Self-help books should not advocate interventions unless and until research demonstrates convincingly the conditions under which they may be useful. Second, authors should address issues related to differential diagnosis, ongoing self-assessment, relapse-prevention, and when to seek professional help. They should provide clear, user-friendly guidelines for implementing self-help techniques. Finally, as much as possible, authors should ground their approaches in the best available scientific evidence. Although it may often be useful to bring to bear one's clinical experience in describing interventions, authors should be aware of the limitations associated with over reliance on clinical judgment (Garb, 1998; Herbert, Neeren, & Lowe, 2007).

Our results also suggest some general heuristics for consumers and practitioners to use when selecting self-help books for themselves or their clients. Our findings suggest that the best books tend to focus on a limited range of problems, are authored by doctoral-level mental health professionals (often with academic affiliations), avoid claims that appear too good to be true, and provide specific guidance for implementing the self-help techniques and for monitoring treatment progress. None of these factors are fail proof indicators of quality, and with the exception of exaggerated claims, exceptions can be found along each of these dimensions. Nevertheless, the more of these features that characterize a given book, the more likely it is to be scientifically sound and useful. Given the wide variability in the quality of self-help literature, the consumer would be wise to adopt the cautious stance of *caveat emptor*.

### *Limitations*



The current study has several limitations. First, the particular choice of items included in the rating scale necessarily reflects to some degree the values of the investigators. Although any such study will be colored to some extent by the researchers' values, several factors increase our confidence in our ratings. We began the study without an *a priori* agenda concerning self-help books. In constructing our rating scale, we examined the psychological literature on bibliotherapy for factors that have been associated with the quality of self-help books. What emerged were general themes that are consistent with scientifically-based practice, and that we believe are unlikely to be controversial, except perhaps by those who reject the very idea that psychological interventions should be scientifically informed. In addition, the strong inter-rater reliability, inter-item consistency within the subscales, and intercorrelations among the subscales all support the validity of our rating strategy.

Secondly, our study was limited to books on mood, anxiety, and trauma-related disorders. These disorders have a relatively robust research literature, but it is not clear how the findings would apply to other conditions for which the scientific literature is less extensive. Moreover, a large percentage of popular self-help books are more inspirational in tone, and focus on more general issues of well-being, motivation, or spiritual enhancement. There is even less scientific research on such topics, further limiting the generalizability of our findings. Nevertheless, some of the key features associated with the best books in the present study (e.g., avoiding exaggerated or otherwise dubious claims) are likely to be applicable even to these books.

Third, although we assessed the overall accessibility of the books to lay readers, we did not conduct a comprehensive assessment of how characteristics of the reader may interact with the content of the books. Factors such as consumers' age, education, level of motivation, psychological mindedness, religious and spiritual orientation, cultural background, and readiness for change may impact the effectiveness of bibliotherapy (Campbell & Smith, 2003). Degree of psychopathology may also impact responsiveness to self-help books. For example, recent studies have found that severity of depression moderates the effects of treatment, such that individuals with severe depression respond differentially to alternative treatments, whereas those with less severe depression do not (Dimidjian et al., 2006; Luty et al., 2007). Research is needed to

evaluate whether the degree of depression likewise impacts differential responsiveness to self-help bibliotherapy. Research is also needed to evaluate if subgroups of consumers can be identified who respond better to alternative self-help formats, including computer-assisted or internet-based interventions, audio or videotapes, or self-help combined with minimal therapist contact (Hirai & Clum).

Finally, as noted above, we did not directly evaluate the efficacy of these books in a self-help format. Although we hypothesize that our ratings may be correlated with actual effectiveness, such conclusions should not be assumed, and must await considerable further research.

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Table 1. Summary of Book Ratings

Rating Items	<i>M (SD)</i>	Agreed % ( <i>n</i> )
<b>Psychological Science</b>	17.1 (5.5)	--
1. The author discloses the assumptions or values underlying the treatment approach(es).	3.9 (1.3)	70 (35)
2. The etiological factors described are consistent with psychological research.	3.4 (1.4)	52 (26)
3. The etiological factors described are consistent with psychological theory.	3.5 (1.3)	58 (29)
4. The diagnostic guidance is consistent with diagnostic standards.	3.1 (1.5)	46 (23)
5. The self-help techniques are consistent with psychological research.	3.3 (1.3)	48 (24)
<b>Reasonable Expectations</b>	12.4 (4.5)	--
6. The book offers the promise of a complete cure or near-cure.	2.7 (1.4)	32 (16)
7. The book clearly articulates reasonable expectations about the benefits to expect from self-help therapy.	3.0 (1.3)	42 (21)
8. The book advises when the reader may need to seek professional help.	3.0 (1.6)	44 (22)
9. The book explicitly prepares the reader for the possibility of setbacks and failures.	3.2 (1.3)	50 (25)
<b>Specific Guidance</b>	15.4 (5.1)	--
10. The book focuses on one or more specific problems rather than providing a general approach for all problems.	3.7 (1.3)	62 (31)
11. The book provides specific and accurate guidance for the reader to self-diagnose.	2.8 (1.4)	36 (18)
12. The book provides specific and accurate guidance for implementing and practicing the self-help techniques.	3.9 (1.2)	72 (36)

13. The book provides specific and accurate guidance for readers to measure their progress.	2.4 (1.4)	24 (12)
14. The book explicitly presents strategies for coping with problems in the long-term, including recurrences.	2.7 (1.4)	34 (17)
<b>Iatrogenic Advice</b>		
15. The book provides advice that is clearly harmful.	2.2 (1.2)	18 (9)
<b>Overall Usefulness</b>		
	13.4 (4.3)	--
16. You would recommend this book to your clients.	2.9 (1.4)	40 (20)
17. Overall, this book is helpful.	3.5 (1.2)	60 (30)
18. Overall, this book is grounded in psychological science.	3.2 (1.4)	46 (23)
19. Overall, this book is accessible to readers (i.e., easy to understand by a layperson).	3.9 (1.3)	76 (38)

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*Note.* Percentages pertain to ratings for the total sample of books ( $n = 50$ ).



Table 2. *Publication Information and Total Quality Score of Books*

<b>Title</b>	<b>Primary Author</b>	<b>Year</b>	<b>Publisher</b>	<b>Total</b>
1. <i>The OCD Workbook</i>	Hyman, B.M.	1999	New Harbinger	94
2. <i>Dying of Embarrassment</i>	Markway, B.	1992	New Harbinger	92
3. <i>The Shyness &amp; Social Anxiety Workbook</i>	Antony, M.M.	2000	New Harbinger	92
4. <i>Overcoming Compulsive Hoarding</i>	Neziroglu, F.	2004	New Harbinger	90
5. <i>Stop Obsessing!</i>	Foa, E.B.	2001	Bantom	90
6. <i>The Cyclothymia Workbook</i>	Prentiss, P.	2004	New Harbinger	88
7. <i>Bipolar Disorder Demystified</i>	Castle, L.R.	2003	Marlowe & Co	84
8. <i>Feeling Good</i>	Burns, D.D.	2000	Avon	83
9. <i>Overcoming Compulsive Checking</i>	Hyman, B.M.	2004	New Harbinger	82
10. <i>Obsessive-Compulsive Disorders</i>	Penzel, F.	2000	Oxford University	81
11. <i>Anxiety, Phobias, &amp; Panic</i>	Peurifoy, R.Z.	1988	Warner	77
12. <i>The Mood Cure</i>	Ross, J.	2002	Viking	76
13. <i>Breaking the Patterns of Depression</i>	Yapko, M.D.	1997	Doubleday	75
14. <i>Calming Your Anxious Mind</i>	Brantley, J.	2003	New Harbinger	75
15. <i>Mind Over Mood</i>	Greenberger, D.	1995	Guilford	73
16. <i>Overcoming Depression</i>	Gilbert, P.	2001	Oxford University	72
17. <i>The Depression Workbook (2<sup>nd</sup> ed.)</i>	Copeland, M.E.	2001	New Harbinger	71
18. <i>The Anxiety &amp; Phobia Workbook</i>	Bourne, E.J.	2000	New Harbinger	70
19. <i>Don't Panic</i>	Wilson, R.R.	1996	Harper-Perennial	69
20. <i>Overcoming Depression One Step at a</i>	Addis, M.E.	2004	New Harbinger	69

<i>Time</i>				
21. <i>A Guide to Rational Living</i>	Ellis, A.	1997	Wilshire Book Co	68
22. <i>Women Who Think Too Much</i>	Nolen-Hoeksema, S.	2003	Henry Holt & Co	66
23. <i>The PTSD Workbook</i>	Williams, M.B.	2002	New Harbinger	65
24. <i>Post-Traumatic Stress Disorder Sourcebook</i>	Schiraldi, G.R.	2000	Lowell House	64
25. <i>Depressed and Anxious</i>	Marra, T.	2004	New Harbinger	63
26. <i>Change Your Brain, Change Your Life</i>	Amen, D.G.	1998	Random House	62
27. <i>Beyond Anxiety and Phobia</i>	Bourne, E.J.	2001	New Harbinger	61
28. <i>Fearless Living</i>	Britten, R.	2001	Dutton	59
29. <i>The Relaxation &amp; Stress Reduction Workbook</i>	Davis, M.	1995	New Harbinger	58
30. <i>Thoughts &amp; Feelings</i>	McKay, M.	1997	New Harbinger	58
31. <i>Natural Relief for Anxiety</i>	Bourne, E.J.	2004	New Harbinger	55
32. <i>Fear and Other Uninvited Guests</i>	Lerner, H.	2004	HarperCollins	54
33. <i>Full Catastrophe Living</i>	Kabat-Zinn, J.	2005	Delta	54
34. <i>Panic Attacks</i>	Ingham, C.	2000	Thorsons	54
35. <i>Feel the Fear and Do It Anyway</i>	Jeffers, S.	1987	Ballantine	53
36. <i>Trauma and Recovery</i>	Herman, J.	1997	Basic Books	53
37. <i>Undoing Depression</i>	O'Connor, R.	1997	Little, Brown & Co	52
38. <i>The Gift of Our Compulsions</i>	O'Malley, M.	2004	New World Library	48
39. <i>Energy Tapping</i>	Gallo, F.P.	2000	New Harbinger	45
40. <i>How to Stop Worrying and Start Living</i>	Carnegie, D.	1950	Simon & Shuster	45

41. <i>Post-Trauma Stress</i>	Parkinson, F.	2000	Fisher Press	45
42. <i>Overcoming Anxiety</i>	Peurifoy, R.	1997	Henry Hold	43
43. <i>Fear Is No Longer My Reality</i>	Blyth, J.	2004	McGraw-Hill	38
44. <i>Women and Anxiety</i>	De Rosis, H.	1998	Hatherleigh Press	38
45. <i>Healing Anxiety and Depression</i>	Amen, D.G.	2003	Putnam	36
46. <i>Instant Self-Hypnosis</i>	Blair, F.R.	2004	Sourcebooks	36
47. <i>Tapping the Healer Within</i>	Callahan, R.	2002	Contemporary	36
48. <i>Waking the Tiger: Healing Trauma</i>	Levine, P.A.	1997	North Atlantic	36
49. <i>From Panic to Power</i>	Bassett, L.	1995	HarperCollins	35
50. <i>How to Win Over Depression</i>	La Haye, T.	1996	Zondervan	34

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*Note.* Total Scores could possibly range from 19-95, with higher scores signifying better overall quality.