

**Patients' and Providers' Perspectives on Bibliotherapy in Primary Care**

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## **Abstract**

Bibliotherapy is a form of self-administered treatment in which structured materials provide a means to alleviate distress. Although the treatment has evidence of effectiveness, evaluations of bibliotherapy have typically focused on outcomes, and the perspectives of both the client and the service provider have been understudied. In the present study, eleven users of a bibliotherapy scheme were interviewed regarding their experiences of bibliotherapy. In addition, five referring practitioners to the scheme were also interviewed. Thematic analyses revealed three super-ordinate themes in the transcripts: participants' personal experiences of the bibliotherapy scheme factors that facilitate change and the influence of the professionals involved. The implications of these findings for bibliotherapy schemes are considered.

## **Key Practitioner Message:**

- In primary care, bibliotherapy can be useful for early intervention with people experiencing mild to moderate psychological problems.
- Referring practitioners actively involved in bibliotherapy can benefit from the feedback obtained from recipients in terms of monitoring progress.
- There is a relatively high level of patient acceptability for participation in bibliotherapy schemes.
- The role of allied professionals in bibliotherapy delivery requires consideration as it impacts on client engagement with the scheme.

## **INTRODUCTION**

*Come, take choice of all my library,*

*And so beguile thy sorrow.*

Shakespeare ([1954](#)), *Titus Andronicus* (Act IV, Sc, 1.34)

Psychological distress is prevalent within the general population: approximately one in six adults has a diagnosable mild or moderate psychological condition at any given point in time (Frude, [2004](#)). Most people who seek professional help are dealt with entirely within the primary care setting; however, such treatment for mild or moderate mental health problems is almost exclusively pharmacological (Frude, [2004](#)). Despite recognition of the importance of psychological therapy, actual provision of such services is minimal. The comparative expense of psychological therapies coupled with the relatively few numbers of trained professionals in the area limits the availability of psychological therapy. Alternative models of psychological service delivery are required and research suggests that bibliotherapy, particularly cognitive-behaviourally orientated bibliotherapy, may be of benefit.

### **Bibliotherapy**

Although the term 'bibliotherapy' was first coined by Samuel Crothers ([1916](#)), the prescribed use of books to change behaviour and to ameliorate human distress has a long history, dating back to at least the middle ages (Jack & Ronan, [2008](#)). When applied in a therapeutic context, bibliotherapy can comprise both fictional and non-fictional materials. Fictional bibliotherapy (e.g., novels, poetry) is a dynamic process, where material is actively interpreted in light of the reader's circumstances. From a psychodynamic perspective, fictional materials are believed to be effective through the processes of identification, catharsis and insight (Shrodes, [1950](#)). Through identification with a character in the story the reader gains an alternative position from which to view their own issues. By empathizing with the character the client undergoes a form of catharsis through gaining hope and releasing emotional tension, which consequently leads to insights and behavioural change. Amongst a non-clinical adult population, Cohen ([1993](#)) found identification with characters or situations were acknowledged by virtually all participants as being critical to experiencing positive effects in stress reduction. Generally however, the effectiveness of fictional books has not been researched to the same extent as non-fictional resources (Dysart-Gale, [2008](#); Scogin, Bynum, & Stephens, [1990](#)).

Gregory, Canning, Lee, and Wise ([2004](#)) refer to bibliotherapy as a form of self-administered treatment in which structured materials provide a means of self-improvement to help alleviate distress. This definition highlights the fact that structured materials use a didactic approach and contain suggested programmes of treatment (McKendree-Smith, Floyd & Scogin, [2003](#)). This approach rests on

the underlying premise of cognitive behavioural therapy (CBT), wherein depressed mood or thoughts are maintained by maladaptive ways of thinking; modification of these patterns is required for improvement (Floyd & Scogin, [1998](#)). CBT endeavours to enable the client become aware of thought distortions causing distress, and of the behavioural patterns reinforcing them. CBT helps the client to target maladaptive thought patterns and to substitute and replace these with more rational and realistic thinking.

As CBT is structured, transparent and clear it lends itself very well to use in a self-help therapeutic format (Floyd & Scogin, [1998](#)). CBT-based bibliotherapy can include strategies for thinking about and coping with a clinical problem. Structured activities are also incorporated to stimulate problem-solving and to demonstrate alternative ways of responding to situations (Coleman & Ganong, [1990](#)). Such activities can be assigned as homework during a therapy session, can form the basis of group activities or can become a fixed feature during treatment. Within CBT-based bibliotherapy, it is hypothesized that mastery of information is important, as it is related to the acquisition and subsequent application of skills.

Hawker ([2009](#)) notes that bibliotherapy features strongly as a low-intensity component of stepped care models (e.g., Richards & Suckling, [2008](#)) and as part of UK's Improving Access to Psychological Therapies programme. Where its use is supported by therapists, bibliotherapy generally uses less therapist time and is less expensive than conventional therapy (Hawker, [2009](#)).

In the 1980s and early 1990s, bibliotherapy was a widely used but poorly researched therapeutic modality (Dysart-Gale, [2008](#)). However, numerous randomized controlled trials (RCTs) have documented the positive effects of bibliotherapy for clinical conditions such as deliberate self-harm (Evans et al., [1999](#)), obsessive-compulsive disorder (OCD) (Lovell, Ekers, Fulford, Baguley, & Bradshaw, [2004](#)) and bulimia nervosa (Ghaderi, & Scott, [2003](#)) and insomnia (Morin, Mineault, & Gagne, [1999](#)). Of note, a series of meta-analyses support bibliotherapy as an intervention for a wide array of psychological issues including emotional disorders (Effect Size (ES) = 0.76; Den Boer, Wiersma, & Van den Bosch, [2004](#)), alcohol addiction (ES = 0.80; Apodaca, & Miller, [2003](#)) and sexual dysfunction (ES = 0.50; Tate & Zabinski, [2004](#)). In a recent Cochrane review of psychotherapeutic treatments for older depressed people, bibliotherapy emerged as an effective intervention (Wilson, Mottram, & Vassilas, [2008](#)). Similarly, in a systematic review of RCTs investigating self-help interventions for depressive disorders or depressive symptoms, Morgan and Jorm ([2008](#)) reported beneficial effects of bibliotherapy. Another recent systematic review also concluded that bibliotherapy was beneficial for service users and economical for the health service in assisting treatment of a range of conditions (Fanner & Urquhart, [2008](#)). The effect sizes reported in these meta-analyses would typically be considered moderate to large (Cohen, [1988](#)), and are comparable to other interventions in mental health (Floyd, Scogin, McKendree-Smith, Floyd, & Rokke, [2004](#)). However, despite the evidence of its effectiveness, provision of bibliotherapy is minimal in libraries funded by the health service (Fanner & Urquhart, [2009](#)).

## **Bibliotherapy in Primary Care**

Bibliotherapy can potentially be used as an interim intervention for those waiting to receive treatment for psychological problems (Frude, [2004](#)). Rapee, Abbott, and Lyneham ([2006](#)) found that bibliotherapy eliminated the need for therapy 12 weeks later amongst 20% of patients on a waiting list for treatment. Frude ([2004](#)) describes a number of advantages to bibliotherapy: low relapse rates, high adherence rates, high patient acceptability, long-term appreciable benefits, few adverse side effects, low cost and no rebound effects when treatment ends. In contrast, Mohr ([1995](#)) concluded that self-administered treatments, including bibliotherapy, can result in a significant degree of deterioration. However, Scogin et al. ([1996](#)) pooled data from five studies that used cognitive or behavioural bibliotherapy as a self-administered treatment for depression and reported much lower deterioration rates than those cited in Mohr's review (9% versus 19%). The negative response rate of 9% compares favourably with negative response rates in therapist-administered treatments provided in the National Institute of Mental Health Treatment of Depression Collaborative Research Program; at present, it does not seem empirically justified to suggest that bibliotherapy is a particularly dangerous treatment modality (McKendree-Smith et al., 2003).

The current emphasis on 'client-centred' health services recognizes the importance of assessing patient attitudes towards psychological therapy. Qualitative research can offer personal insights into the experiences of the service user (Martin, Marsh, Williamson, & Debus, [2003](#)). To date, evaluations of bibliotherapy have predominantly focused on outcomes and have understudied the perspective of both the client and the service provider. Although early research focused on case studies (Jack & Ronan, [2008](#)), research from the 1970s onwards tended to evaluate bibliotherapy using quantitative methods. As Dysart-Gale ([2008](#)) notes, such research prioritized outcomes but neglected the personal engagement of the reader with the texts.

A small number of qualitative studies have examined children's and adolescents' responses to fictional bibliotherapy using qualitative methods. Raingruber ([2004](#)) describes her positive experiences relating to the use of poetry in a variety of clinical situations to help manage issues with both colleagues and patients in a hospital setting. Hayes and Amer ([1999](#)) interviewed 27 children with short stature or diabetes in relation to their responses to prescribed fiction novels. The children reported identifying with the main characters and such reading facilitated increased discussions of emotional responses to their conditions and enhanced the children's engagement with the management of their illness. A recent evaluation of the Book Prescription Scheme in Wales interviewed prescribers and library staff regarding their experiences of the scheme (Porter et al., [2008](#)). Uptake of the scheme varied amongst staff; for example, one in three family doctor practices did not avail of the scheme at all, whereas over 70% of the community mental health teams reported issuing prescriptions. Some potential prescribers were not aware of the scheme or had

not yet informed themselves on the scheme. Four professionals involved a library scheme, comprising both standard bibliotherapy and other self-administered treatments, in Canada were interviewed and reported positive experiences with the scheme (Church, Cornish, Callanan, & Bethune, [2008](#)). The respondents noted that the anonymity of the scheme was beneficial in overcoming stigma. In addition, they reported that the self-directed materials supplemented their mental health practice and consequently reduced demands on their time.

## **Current Study**

In the current study, users of a bibliotherapy scheme were interviewed regarding their experiences of bibliotherapy. In addition, the opinions of referring practitioners were also elicited to provide an inclusive evaluation.

## **METHOD**

### **Design**

After reading an information sheet and providing written consent, participants completed a questionnaire, which assessed clinical and demographic information. An open semi-structured interview was used and interviews were recorded using a Marantz CP430 audio cassette recording device. At the conclusion of the interview, participants had the opportunity to ask questions relating to the research. Each interview was coded to ensure confidentiality. Following each interview, the researcher transcribed all interviews verbatim. Participants were given a debriefing sheet that provided contact details for relevant support services. Ethical approval was granted by the relevant university ethics committee.

### **Participants**

Participants were recruited from an established inner city Book Prescription Scheme. Book prescriptions, for both fictional and structured CBT materials, were issued by authorized prescribers, such as general practitioners (GPs), accredited counsellors, therapists and psychologists. The prescriptions were issued without charge and were handed in by the clients to the librarian, who dispensed the book. The primary researcher (G. McK.) collected prescription slips from each library. Participants who indicated consent on the prescription slips to be contacted for research purposes were contacted in their preferred manner, either by telephone, letter or email. Interviews were arranged and conducted at a place convenient for the participants. Eleven service-users who had used the bibliotherapy scheme within the previous 18 months were interviewed. In addition, five GPs involved in the scheme participated in the research.

### **Interview Schedule**

Following a literature review an interview topic guide was developed. Each client interview began with a standard introduction that included a summary of the research study, the limits of confidentiality, estimated time frame and the availability of support following the interview. Open-ended questions related to initial perceptions of bibliotherapy, accessibility of the scheme and the suitability of the book dispensed. In addition, probe questions around participant opinions on why bibliotherapy did or did not work, and strengths or weaknesses of the scheme were included. The GP interviews focused on their perceptions of bibliotherapy, their frequency of book prescription, their rationale for referring patients to the scheme and the feedback they received from the patients. The researcher used clinical judgement to focus on and probe more sensitive areas of discussion.

### **Method of Analysis**

Data were analysed using thematic analysis, in accordance with Coffey and Atkinson's (1996) guidelines. Pseudonyms were assigned to each individual to ensure confidentiality. Each transcript was read repeatedly to become familiar with the data and meaningful units of text were identified. Subsequently, units of text involving similar issues were clustered into categories and provisional category names were generated. The inclusion of units of texts in groups was not exclusive, such that text could be included under several categories. Themes shared by participant were identified and similarities and differences in clusters of themes were considered. Associated subordinate themes were grouped with relevant representative quotes from the transcripts. Each transcript was then re-read to ensure the themes encapsulated the experience of the participants. Finally, the themes were named.

### **RESULTS**

The participants varied in terms of their gender (five men and six women) and age ( $M = 41.5$  years; age range = 27–64 years). On average, the participants spent 13 years in education. The length of involvement with the Books on Prescription Scheme varied from 1 month to 18 months, with a mean period of participation of 9 months. No participant was familiar with bibliotherapy prior to commencing the scheme. Participants were primarily referred with either depression ( $n = 5$ ) or anxiety ( $n = 5$ ) as the primary diagnosis; one individual was referred for OCD. Four participants had secondary co-morbidities including OCD, back pain and addiction. GPs provided the majority of referrals (64%), with the remaining referrals coming from psychologists, psychiatrist and an occupational therapist. Three individuals had follow-up contact after involvement in the scheme. A majority of participants (64%) had tried previous treatments, consisting mostly of medication (66%) but also including hypnosis, massage, physiotherapy and counselling. While the majority of GPs expressed enthusiasm towards bibliotherapy, the extent to which each practitioner implemented it varied considerably, from quite infrequently to regularly recommending it. Texts were predominantly recommended for anxiety and depression.

Participants' narratives captured a multitude of attitudes and feelings in relation to their experiences of bibliotherapy. As many of the views expressed by GPs complement and relate to those expressed by service users, results from both sources will be incorporated and presented alongside each other. Although not unanimous, a sense of positivity and enthusiasm towards the project resonated strongly throughout.

Three super-ordinate master themes emerged from the analysis. The first theme describes participants' personal experiences and evaluations of the bibliotherapy scheme. The second theme explores a number of factors suggested to facilitate change. The third theme highlights the influence of the professionals involved. Although these themes are interlinked, they are presented separately for the purpose of clarity.

## **Experiences**

As the use of bibliotherapy in a therapeutic context is still a relatively new concept, participants' initial reactions and perceptions provided a rich source of information on how the concept appeals to those in a clinical context. The majority of participants were unfamiliar with the concept, describing it as both 'inventive' and 'weird'. Despite such unfamiliarity, most responded positively and indicated a willingness to participate in such a scheme. According to GP reports, both positive and negative reactions were encountered following suggestions of bibliotherapy. Some clients demonstrated an eagerness to participate whereas others were unwilling.

## **Positive Experiences**

Most participants reported benefiting from the scheme. The scheme was described as 'worthwhile', 'definitely very effective' and 'brilliant', while one user stated that the experience 'was very positive for me, anyway, there were no drawbacks whatsoever' (Ursula).

These views are congruent with those expressed by clinicians. Having witnessed its effectiveness in the context of follow-up consultations, many GPs considered bibliotherapy to be an efficacious treatment. For other service users, their positive experiences were reflected in an obvious willingness to use the scheme again: '...definitely, I would go and use it again' (Sandra). Furthermore, some individuals recommended both the books and the book prescription scheme to their families and friends.

*I was halfway through, and I was doing great as well, but eh, she had a bit of a breakdown eh, a serious breakdown so I, eh, gave her the book. (John)*

The prescription procedure was construed as user-friendly and appealing. The ease of access dispelled negative connotations of going to the library and helped overcome previous failed attempts to find informative literature.

*I've gone into libraries and I've typed in search you know, words into the search engine and things, and eh, you know but eh, often you just often it's quite difficult to get the books. They're either, they're not in this library or they're on loan, or they're in another library that's over across in the other side of the city or something like that... It sounds simple enough and there are, you know, but sometimes it's not actually practical. (Rosslyn)*

Clarity of writing style, suitability of examples, use of appropriate language and relevance to the individual's experiences were deemed appropriate in the recommended books. Sandra's account reflects her belief that bibliotherapy is a treatment option accessible to most people, and not simply for academically orientated individuals.

*I wouldn't be very studious, do you know what I mean or sort of but, yeah, in layman's terms it was very good. It wasn't these big long words, it was very well explained. (Sandra)*

In addition, participants reported that the material could be readily applied to real-life: 'I used the techniques literally only three or four times, and then I was fine' (Ursula).

### **Sense of Empowerment**

For several participants, confronting their problems independently seemed to provide a sense of personal control:

*it empowers the person to take control and to you know, look, you know, take responsibility for their own actions [...] the power is put in their hands, where they say, okay you can read this book, you can be proactive, you can take, you know, you can take control. (John)*

The adoption of responsibility for recovery affected participants' outlook on the nature and course of diagnosis. The feeling of empowerment derived from using bibliotherapy was inextricably linked with being free from medication. Medication was perceived negatively and was coupled with a fear of developing pharmacological dependencies.

*I really don't know how I would've been fixed otherwise, because it would have meant probably that I'd be on a pill or something and I didn't want to be doing that so I'm glad of it... I think a lot of people are concerned about being on something long-term... if you can do the same job without taking the tablet, that's what I wanted... I might have gotten hooked on them. (Ursula)*

Similarly other participants reflected on receiving medication as treatment. For instance, John felt bibliotherapy represented a strategy that incorporated his personal views on mental health.

*I don't believe really, you know in taking medication and stuff like that. I believe in educating yourself you know, as to how to deal with the problem... I don't believe it's something that needs to be medicated. (John)*

### **Removal of Barriers**

For some participants, bibliotherapy represented a way to bring books to individuals who would not normally have either the financial resources or the inclination to engage in therapeutic reading. Bibliotherapy was perceived as promoting inclusion and providing a low cost mental health resource.

*there's no membership, you don't have to sign anything, you walk in with the slip, they give you the book and you walk back out. (Roisin)*

This view was similarly voiced by referring practitioners who felt the economical nature of the scheme and widespread availability of the books were specific advantages of bibliotherapy, making it an accessible medium for intervention delivery.

### **Flexibility of Use in Clinical Settings**

One further positive theme related to the flexible nature of bibliotherapy, wherein it could adopt multiple roles in the context of psychological therapy. While the majority of individuals documented positive experiences when using it in a stand-alone capacity, some incorporated it as a supplement to therapy. Rather than being the sole agent of change, bibliotherapy in this format complimented the work of the therapist. One individual described gaining an enhanced sense of psychological mindedness as a result of reading the bibliotherapeutic literature. Another participant praised its use as an adjunct to therapy as it equipped her with an enriched understanding both of her condition and what ensuing therapy would likely entail: 'It was eh, to give me some understanding of the condition while I was waiting for therapy' (Rosslyn).

### **Negative Reactions and Experiences**

Despite the predominance of positive initial responses to the suggestion of bibliotherapy, some participants did report a sense of disengagement with the idea. One individual described experiencing conflicting emotions at the suggestion, both a curiosity and a slight frustration at a seemingly obvious idea:

*when the O.T. said to me, okay would you be interested in a book on prescription you know, and I'm there like oh my God, I'm on the waiting list for this therapy like, and all you can do is offer me a book. I can get a book myself. (Rosslyn)*

For others, the idea that reading a book could or would resolve their difficulties was just not considered realistic: '...what's a book going to do for me?... At the time there was so much going on in my head, the last thing I wanted to do was actually read a book' (Roisin).

## **Stigma**

The theme of stigma emerged a number of times in various contexts. A number of individuals, concerned by the opinions of the library staff, recounted feeling daunted at the idea of asking for texts relating to specific mental health issues.

*even going into to library I was thinking, oh no, mortified...you start to have a bit of a complex about the whole thing, but maybe that's because you're thinking Oh God they think you're nuts or something. (Roisin)*

Users of the scheme perceived themselves to be differentiated from others by virtue of using the prescription slips. A number of individuals echoed this view, believing the prescription slips set them apart, leaving them more conspicuous than regular library members.

*I don't know if prescription, kind of you know, maybe if it was just sort of written down, I don't know. The prescription sort of means, oh the doctors are after recommending them, do you know what I mean? It's a bit of a stigma kind of to it. (Sandra)*

## **Factors Facilitating Change**

### **Identification with Literature**

Service users found that identifying with the literature on a personal level provided considerable assistance. Unexpected connections were made with the literature enabling participants to recognize symptoms, actions and experiences from a different perspective. The sense of identification reflected the growing realization that they were not alone in their sufferings, which helped to dispel feelings of isolation. Rosslyn's affinity with the books is transparent in her description below. For most, this recognition facilitated adjustment to their condition and the subsequent adaptation of strategies to manage distress.

*I recognised some things in it, like from, from case studies or just, I just recognised kind of different pieces and said yeah, I kind of like, I've done that or I can relate to that. (Rosslyn)*

The idea of identifying with the literature was also highlighted by one GP who reported that patients found this aspect to be particularly noteworthy, and it was considered conducive to positive treatment outcomes.

### **Generation of Insight into Condition**

Engaging in bibliotherapy provided many clients with a heightened awareness and comprehension of their condition. This enhanced understanding was framed in positive terms as individuals recounted how gaining insights shed light into the complexity of their problems.

*there were a couple of things in the book that I kind of started to understand that I didn't understand before... it was like another couple of jigsaws in the puzzle kind of thing, it's like, oh that helped, that brings me a bit further along reading that book at that particular time, in the overall understanding of the condition... it gave me some insight into my condition that I didn't have before. (Rosslyn)*

For some participants the ability to understand their cognitions and emotions helped alleviate some of the distress that arose from the feelings of confusion that previously shrouded their problem. As Roisin stated: 'if it's in black and white to me on paper, I can see, I can relate to, like have that or that's what I have. And then I'm grand. I can calm down now because that's what I was suffering from. It's not that you're nuts'.

### **Individual Characteristics**

Certain personality attributes, such as persistence, single-mindedness and self-sufficiency, emerged as salient in mediating the effectiveness of bibliotherapy in service users' accounts. This consolidates reports from GPs who found individual characteristics played an important role regarding patient acceptability to the treatment. Service users felt that the idea of reading is unappealing to some and could act as a barrier to participation. Consequently, some individuals might instinctively reject it without gaining a firmer understanding of what the scheme entails.

*I don't know how much success you would have with, there's a lot of people that wouldn't be into reading. (Ursula)*

This issue was also raised by one GP who found that reactions to bibliotherapy were tempered by the low levels of literacy amongst many of her patients. Bibliotherapy may not be applicable to individuals in these instances.

### **The Role of Professionals**

The third theme that emerged related to the role of the professionals. One main theme that emerged was related to the influential nature of the librarian–client interaction. In addition, two subthemes relating to perceived professional credibility and lack of awareness about the scheme also emerged.

### **Impact of Librarian–Client Interactions**

The librarian–client interaction was considered a critical aspect in the delivery of the scheme by many individuals. Experiences amongst participants were mixed; both positive and negative reports were documented, suggesting a marked variability in the nature and quality of service received by service users. Regardless of whether the interaction was deemed favourable or not, the idea that the interactions have a profound effect on the client's subsequent perception of the scheme strongly emanated from the interviews. Ursula's

presentation of the prescription slip marked a new experience for library staff, yet she recounted the event as pleasant and appealing.

*and the people in the library were very helpful, because mine was the first they had dispensed and it was new to them, and they were very enthusiastic about it as well.* (Ursula)

In stark contrast, Sandra recollected her experience in much more negative terms. She recalled feeling uncomfortable by the seemingly uninformed librarians, and described adopting an 'attitude' as a mechanism to distance herself and deal with the potentially uncomfortable situation.

*the librarians hadn't really a clue. Like this kind of seemed new to them, about the prescription and they didn't know where the books were and so, that would have kind of put me off...I didn't feel intimidated really because I sort of went in with a bit of attitude, do you know that type of way?* (Sandra)

Despite her amiable encounter with the library staff, Roisin demonstrated a solid grasp of the extent to which this meeting could dictate and influence one's judgement: 'If I'd went in on a day and the librarian said, what is the book, I don't know what it is, or...was irritable, then I know I wouldn't have went back'.

The importance of this interaction was also recognized by one GP who felt a negative encounter at such an early stage of involvement in the scheme could have long-lasting effects.

### **Professional Credibility**

Referring professionals played a powerful and sometimes pivotal role in encouraging patients to become involved in the scheme. The professional knowledge and credibility attributed to these individuals were regarded as critical factors in the client's decision-making process. The enthusiasm of these professionals gave credence to the project and helped service users reconsider and modify prior negative preconceptions.

*At the time I was saying, well, \*\*\*\* is a psychologist, I know this sounds terrible, but I was kind of thinking well she'd know more about what was going on inside my head than my GP would...so I was saying well maybe, I mean, after the GP recommending it and then \*\*\*\* recommending it to me, well I was saying obviously well it must work.* (Sandra)

Likewise, Roisin noted that her GP's persistence in recommending the book provided her with the necessary encouragement to use the prescription.

*she was very positive, she was very positive. She said I highly recommend you get the book...Her whole emphasis was on get the book, get the book...The doctor now*

*that I see, she's very, very good And she did recommend, she highly recommended it.*  
(Roisin)

### **Lack of Awareness About the Scheme**

A third subtheme pertaining to the importance of the role of professionals incorporated the suggestion that amongst practitioners and librarians there may be a slight deficit in knowledge of the scheme. Roisin's extract describes encountering this with regard to her doctor.

*I only found out about the scheme about four months ago, five months ago, she never recommended it before, even though all the other times I'd been there like.*  
(Roisin)

Both Rosslyn and Sandra highlighted lack of awareness amongst library staff, for example,

*when I went down to the library, I think she was looking at me a bit funny like. I'm not too sure that she was that up to speed on books, books on prescription. And I didn't feel like she was dealing with it every day of the week. So I think if the librarians were made more aware of it because I've got a sense that they're not all that up to speed with it.* (Rosslyn)

Despite the differences in setting, similar experiences with library staff were reported, highlighting the different levels of awareness of the scheme amongst professionals. Findings from GPs are consistent with this. One GP reported that despite receiving adequate information about bibliotherapy and being enthusiastic towards the concept in theory, he 'couldn't get [his] head around it', inhibiting him from actually referring patients in daily practice. Clearly, referrals to bibliotherapy may be impeded by professionals' attitudes and biases.

## **DISCUSSION**

Most participants' narratives were imbued with a sense of curiosity when the notion of bibliotherapy was first suggested. Subsequent engagement in the scheme reflects an openness and inherent hopefulness relating to its potential for success. Research suggests that hope and openness are important variables in therapeutic settings (Irving et al., [2004](#)), and they are considered vital for good mental health (Menninger, [1959](#)). However, positive reactions were not unanimous, and some clients were reluctant to accept bibliotherapy as a viable treatment option. Williams ([2001](#)) similarly reported that doubts and concerns about the use of self-help materials may obstruct patient acceptability; in these instances, it is important to consider a patient's motivation and literacy level, and suitability of the literature.

Bibliotherapy fostered a sense of empowerment that stemmed from patients becoming actively involved in their treatment. Clients were not the passive recipients of care, but were fundamental agents in the path to recovery. Nikkel, Smith, and Edwards ([1992](#)) reported that increased empowerment is associated

with gains in self-confidence, social support, self-esteem and quality of life. Within the scheme, patients were positively empowered by feeling in control of their problems. This was facilitated by enhancing patients' knowledge about their options, their health conditions and by providing them with choice of treatment consistent with their personal values and preferences. Furthermore, equipping patients with skills to carry out the required recommendations competently was highly valued by individuals. Many patients' narratives indicated a distinct wariness towards the use of medication. Potential side effects of medication include likelihood of dependency, reduced effectiveness over time and unclear efficacy in relation to disorders that do not meet specific diagnostic criteria. Aware of these limitations, patients appreciated the pharmacologically independent nature of this intervention.

Individuals with positive experiences of bibliotherapy demonstrated considerable determination to recover. These findings mirror those reported by Mahalik and Kivlighan (1988), whereby individual initiative, perseverance and conviction are characteristics considered to be advantageous in self-help formats. As these approaches are challenging, require effortful input from patients and often do not have a supportive counselling environment, highly self-efficacious individuals appear better suited to operating within this framework. This is consistent with the views outlined by Mead et al. (2005) who suggested that minimal interventions such as bibliotherapy may not be effective for patients lacking motivation and confidence. Furthermore, the intervention is unlikely to appeal to those with low literacy levels or those who are disinterested in reading.

The issue of stigma emerged in many interviews, indicating a widespread acknowledgement of the negative connotations associated with seeking psychological services. Fear of judgement and embarrassment also emerged as powerful obstacles: using the prescription slip or seeking a particular book were both related to fears of negative evaluations from others. Similar to findings from research on mental health service uptake, concerns about social stigma may be an important barrier to seeking bibliotherapy from professional and non-professional resources (Corrigan, 2004). However, Canadian health professionals involved in a bibliotherapy scheme reported that the anonymity of the scheme was beneficial overcoming stigma (Church et al., 2008).

Descriptions of the factors triggering change revolved around two principal components: generation of insight into their condition and identification with the literature. Many patients appeared to have an inadequate understanding of their condition, and education allowed them to effectively engage in the health care process by increasing understanding and encouraging the acquisition of health-promoting skills. These findings are congruent with the existing body of psychotherapeutic literature. Education is essential if patients are to become knowledgeable about treatment options and to actively manage their overall health care (Behar-Horenstein et al., 2005). Gaining an understanding of the condition enables patients to create a sense of meaning and control over their health. In addition, the simple and relatively inexpensive practice of providing

educative texts is an effective but under-used method in improving satisfaction with health services (Chien, Kam, & Lee, [2001](#)).

For many participants, the identification process was listed in conjunction with a realization that they were not alone in their suffering. Some clients felt the isolation that accompanied their psychological difficulties increased feelings of segregation. Identification with case studies and vignettes highlighted certain commonalities in the patient experience, consequently allowing individuals to imitate and apply the recommended techniques. The beneficial effect of such identification was reported for children with medical conditions who read prescribed fiction (Hayes & Amer, [1999](#)).

One interesting issue that was voiced related to patient encounters with library staff. Participants regarded as imperative the nature and quality of the librarian-client interaction. The extent to which the nature of the librarian-client interaction dictated subsequent impressions of the scheme was unexpected. A majority of service-users considered their encounter at the library as being a fundamental feature in their evaluation of the scheme. Where interactions were perceived positively, attitudes towards the scheme were more favourable; where interactions were less congenial, clients regarded these as sources of discomfort, which consequently produced negative beliefs about the scheme. This study highlights the importance of approachable, non-judgemental and respectful staff. Similar findings were documented by Leach ([2005](#)), whereby staff engagement characterized by good communication and rapport with clients elicited positive interactions and perceptions.

Clinicians also recognized that these experiences can be powerful determinants of future use of bibliotherapy, and this has important implications for development of such schemes. Efforts must be invested in ensuring service-users are placed at ease, and that relationships are fostered where a non-judgemental attitude prevails. Library staff may benefit from specifically tailored training on working with vulnerable or distressed adults (Chamberlain, Heaps & Robert, [2008](#)). Of note, Church et al. ([2008](#)) describe a bibliotherapy scheme in which the librarian received training prior to the commencement of the scheme, and report that such training proved beneficial. These interactions often mark the first point of entry to the service, occurring at a time when the client is particularly sensitive and vulnerable. As the professional-client interaction is a powerful determinant of receptiveness towards bibliotherapy, enhanced participation in the book scheme may be facilitated by devoting attention to reducing client resistance.

Furthermore, therapist attributes also played a prominent role in encouraging client participation in the scheme. Patients' willingness to subsequently engage with the idea of bibliotherapy reflected their confidence and belief in their practitioners. The active collaboration between therapist and patient enhances perception of treatment. Saunders ([1999](#)) reported that a client's perception of the therapist as neither confident nor interested diminishes treatment effectiveness. As clients placed significant faith and trust in the professional judgement and opinion of the referring practitioner, it is important that the

credibility of the therapist is given significant consideration. When the therapist is perceived as credible, the viability of alternative treatments is enhanced (Hoyt, [1996](#)).

In addition to bibliotherapy, other innovative means of enhancing access to psychological services have been developed. Computer-guided CBT (CCBT) refers to a number of methods for delivering CBT via an interactive computer interface on a personal computer or over the Internet. A recent systematic review of CCBT was generally positive (Kaltenthaler, Parry, & Beverley, [2004](#)). Of note, Kaltenthaler et al. ([2004](#)) describe two studies that compared CCBT with bibliotherapy. One of these found CCBT to be as effective as bibliotherapy (Ghosh, Marks, & Carr, [1988](#)) and one unpublished study found bibliotherapy to be significantly more effective than CCBT (Jones et al., cited in Kaltenthaler et al. 2004) on some outcome measures. Further research is required on the relative efficacy of CCBT and bibliotherapy.

Recent NICE Technology Appraisal 97 (2008) guidelines recommend two CCBT packages 'Beating the Blues' for the management of mild and moderate depression and 'FearFighter' for the management of panic and phobia. CCBT programmes facilitate increased treatment flexibility as individuals can access sessions at their own convenience and it may be perceived as being stigmatizing. Similar to bibliotherapy, CCBT can be used to support clinician-delivered therapeutic inputs. Of note, both guided self-help and CCBT are treatment options in the stepped-care model recommended by NICE ([2009](#)) for people with persistent subthreshold depressive symptoms or mild to moderate depression in primary and secondary care. A recent study reported that CCBT is acceptable to clients and to professionals, and that it could play a valuable part in a stepped care system (MacGregor, Hayward, Peck, & Wilkes, [2009](#)). Although CCBT is an effective treatment for depression, means to improve treatment adherence are needed to address high dropout rates (e.g., de Graaf, Huibers, Riper, Gerhards, & Arntz, [2009](#); Waller & Gilbody, [2009](#)).

Both CCBT and bibliotherapy are recommended treatment options for mild to moderate depression. Although CCBT has been growing in use for the past number of years, bibliotherapy has an important role to play in the management of psychological distress in primary care settings. Bibliotherapy remains a viable treatment option as many clients will not have access to computers or may not have the IT skills required to avail of CCBT; in addition a book's portability provides clients with flexibility in terms of engaging with the material. In the current economic climate, the relatively low cost of book-based schemes and availability of library resources to support bibliotherapy mean that such schemes can be adequately resourced in community based settings.

### **Recommendations for Future Research**

It was suggested by participants that the use of different media formats such as DVD or video would be beneficial. Such visual presentation would facilitate acquisition of skills through modelling or observational learning. For some, modelling would allow demonstration of skills in practice, highlighting subtleties

that are more difficult to explain in words. This reflects the need to evolve existing resources to better meet the needs of patients. In this context, bibliotherapy could transcend the problem of low or limited literacy, which currently curtails participation in the scheme. Church et al. (2008) reported that their scheme included both video- and audiotapes, and that this helped overcome the problems associated with illiteracy. Of note, these non-print materials were borrowed proportionally more often than the print resources.

The possibility for expansion of bibliotherapy formats to include the formation of a reading group was raised. This would generate and facilitate discussion of particular texts amongst clients, simultaneously addressing the issue of isolation amongst individuals. To further expand our knowledge surrounding bibliotherapy, future research should explore drop out rates in studies, and the characteristics of clients who do not complete or are unwilling to engage in bibliotherapy treatments.

### **Limitations of the Present Study**

Librarians reported that while the book scheme titles were popular, the numbers of people turning in prescriptions were consistently low. Consequently, the pool of potential participants was reduced, and it is difficult to gauge the extent to which the results reflect the opinion of all service-users. Individuals willing to participate may have felt particularly strongly about the issue, either positive or negative. To illustrate the themes emerging from the interviews, a number of supporting quotations from participants were used. By virtue of the length of interviews conducted, some participants feature more prominently than others. Future studies may benefit from conducting longer interviews with a larger pool of participants. Similarly, increasing the number of clinicians interviewed could provide valuable insights into their experiences of the scheme. We acknowledge that the majority quotes used are predominantly from the client group; as many of the comments from service-users and GPs were similar regarding the scheme, we prioritized the experiences of the clients. Future research could provide more detailed comparisons and contrasts of the service-provider and client experiences.

### **Conclusion**

A considerable proportion of people with psychological distress do not receive specialized mental health care. Early intervention is critical for the expeditious alleviation of suffering; however, the need for services outweighs the present supply of appropriate practitioners. The results of this study suggest that bibliotherapy offers a potentially valuable method through which adaptive strategies for recovery can be made widely and easily available. Bibliotherapy was employed in a multitude of ways: as a stand-alone treatment, as a low-intensity treatment during the waiting list period and also as an adjunct to group and individual therapy. Such inexpensive and flexible schemes foster a partnership model that allows mental health services meet the substantial unmet need for psychological care.

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