The Effect of Bibliotherapy on Depression

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Abstract

This paper undertakes a non-exhaustive literature review of the use of bibliotherapy in the treatment of a single mental health condition – that of depression. Ten papers reporting on empirical studies were selected from this body of research. Various parts of these studies are compared and contrasted with each other in an effort to reach a thorough understanding of the benefits and limitations in the use of bibliotherapy as an intervention for depression.

The full integrative paper includes the author’s personal reflections on her learning while completing a Master’s Degree at the Adler Graduate School. Many facets of coursework, internship experiences, and independent readings and trainings are examined for their impacts on the author’s professional and relevant personal development. An electronic and a bound copy are presented to the school’s library as part of its permanent record. According to school policy, it omits the portions including the author’s evaluations of the internships she completed and her examination of her development as a psychotherapist.
The Effect of Bibliotherapy on Depression

According to the World Health Organization, depression is the leading cause of disability and the fourth leading contributor to the global burden of disease in 2000 (WHO: Depression, n.d.). In the U.S. alone, the economic burden of depression was calculated to cost more than 83 billion dollars in 2000 (Greenberg, Kessler, Birnbaum, Leong, Lowe, Berglund, & Corey-Lisle, 2003). The scope of this problem is difficult to conceive. There are many factors which limit access to treatment of depression. Cost, convenience, and unwillingness to seek treatment in a mental health setting are all factors which can potentially be addressed through the use of bibliotherapy. Measurably useful methods that are also effective and cost-efficient are more and more being looked to as one response to the increasing pressures of managed care and increasing health care costs.

The purpose of this paper is to explore the effect of using bibliotherapy (sometimes referred to as cognitive bibliotherapy) for the treatment of depression. Several studies of this intervention are reviewed and the benefits and pitfalls discussed. Comparison is made between numerous aspects of these studies including such factors as the time period involved, assessments used, participation criteria, treatment parameters, outcome findings and research design, among others. This paper is not intended to be an exhaustive literature review of all studies published on this topic. Not covered is any detailed consideration of the statistics used, nor is any meta-analysis performed on the findings.

For the scope of this paper bibliotherapy is defined as the use of written materials expressly created with the intent of alleviating symptoms of depression in persons suffering from this illness. Many books are written about depression or in an attempt to help a person ameliorate his or her own depressed state. However, the studies considered distinguish between books that
are primarily inspirational or informational and books which take as their main objective self-administered course of treatment of depression. Additionally, though several computer programs have been created with the aim of treating people suffering from depression, they are not considered here. Although both types of interventions are meant to be read as well as typically based on a cognitive-behavioral framework, the use of computer-based treatments is a separate (though certainly related) field and has its own growing body of research. Finally, there are several studies of bibliotherapy for depression in combination with another mental or medical condition. Consideration of those studies is not undertaken here.

Bibliotherapy in the Treatment of Depression

Bibliotherapy treatment has been explored as a potential treatment for several mental disorders. The condition that has been studied most extensively in this context is depression. In all the studies considered here there were no findings of adverse effects from treatment with bibliotherapy. Furthermore, efficacy is demonstrated for several age groups and over varying time periods of treatment and post-treatment.

In an early study in this area, Scogin, Hamblin and Beutler (1987) used three treatment conditions to investigate the efficacy of bibliotherapy for the amelioration of symptoms in mild to moderately depressed older adults. The bibliotherapy treatment condition was assessed three times over a two-month program. The first month was active treatment and there was a post-treatment follow-up one month later. The other two conditions consisted of a delayed condition which received the same treatment staggered one month behind the immediate treatment condition and an attention control treatment group. Of 29 original participants 60 years of age or older, only 20 completed the study – a sample too small to be generalizable. Although there was no significant relationship found between age or severity of depression on completion of the
program, there was a correlation found between less education and lower socio-economic status and likelihood of dropping out of the study. This suggests characteristics that warrant further study as possible predictors of a candidate’s potential success in using bibliotherapy for depression.

In a similar study seeking to expand on the findings of the 1987 study, Scogin, Jamison and Gochneaur (1989) conducted a comparison of cognitive bibliotherapy and behavioral bibliotherapy with mildly and moderately depressed older adults. Both bibliotherapy treatment groups made use of a self-help text; one employing cognitive therapy for the cognitive bibliotherapy group and the behavioral bibliotherapy group using a book based on a behavioral therapy approach. A delayed-treatment condition served as a control. Both versions of bibliotherapy were found to be efficacious, with no significant difference between them. The delayed treatment condition showed the same pattern of results as the preceding cohort.

Scogin continues to be one of the most prolific researchers in the area of bibliotherapy treatment for depression. In 2004, he and colleagues extended the research on depressed older adults’ response to bibliotherapy by comparing treatment outcomes of individual psychotherapy and bibliotherapy and attempting to discover if one of these treatments is more effective than the other (Floyd, Scogin, McKendree-Smith, Floyd and Rokke). A delayed-treatment control condition was also present in this study. One finding that was unexpected was that while individual psychotherapy appeared to be superior at the time of post-treatment assessment, bibliotherapy participants continued to improve, and significant differences between the groups disappeared at the time of the three-month follow-up.

In a further expansion of the investigation on the effect of bibliotherapy on depression, Bowman, Scogin and Lyrene (1995) completed a study weighing participant outcomes in each of
three treatment conditions: bibliotherapy, self-examination therapy and a wait list control. The self-examination treatment condition consisted of giving participants a short booklet of guided activities for determining relevant topics in their lives and a flow-chart format for addressing their difficulties. The researchers’ hypothesis that bibliotherapy would demonstrate greater efficacy than self-examination therapy was not supported by their findings. Both treatment groups measured gains that were equally efficacious and gains were maintained at the one-month post-treatment follow-up. Control group participants, which were randomly assigned one of the two treatment groups after the one-month waiting period showed comparable gains as the original treatment groups.

Likewise, in 1991, Wollersheim and Wilson undertook to contribute to this growing body of research and evaluated the comparative efficacy of contrasting treatment approaches for unipolar depression. In this study four treatment groups were used: coping group therapy, supportive group therapy, individual bibliotherapy using a self-help book describing how to use the principles of coping therapy, and delayed treatment. Their findings indicated significant improvement in all treatment conditions with the highest alleviation in the coping group treatment and bibliotherapy conditions. During the post-treatment to six-month follow-up period the coping group therapy participants showed additional and greater improvement than the other two groups.

In order to enlarge the generalizability (in terms of age of participant) for research in this area, Jamison and Scogin (1995) published results of a study of bibliotherapy with depressed adults between 18 to 60 years of age. Results were both clinically and statistically significant showing bibliotherapy to be an effective treatment for depression with a general adult population. Treatment gains were maintained at a three-month follow-up as in earlier studies.
One finding that differed from an earlier study with older adults was that of significant decreases in dysfunctional attitudes and automatic thoughts following the intervention.

Another study by Ackerson, Scogin, McKendree-Smith and Lyman (1998) selects an even younger cohort with depressive symptomatology to study the effect of bibliotherapy. Adolescent participants from grades 7 through 12 took part in either an immediate-treatment bibliotherapy condition or a delayed-treatment condition. The bibliotherapy intervention was found by some measures to result in an abatement in number and severity of depressive symptoms as well as dysfunctional attitudes. Treatment gains were maintained after treatment ended. Significant results were not found in examining comprehension, compliance and participation as possible predictors of treatment outcome. However, one analysis showed significant correlations between reading ability, number of pages read and comprehension – underscoring the importance of not only determining what treatments tend to help alleviate mental disorders but examining what factors account for or influence efficacy.

Exploring the parameters of treatment in order to determine which are efficacious is one of the primary considerations when devising a new direction in which to conduct initial studies on some topic. After such data have been gathered another, concurrent goal enters the picture – that of answering the question of how long treatment gains are maintained. It is important that treatment effects be shown to be durable in order to gain adoption by mental health professionals as valid interventions. One such post-treatment follow-up study was undertaken in 1990 by Scogin, Jamison and Davis. This two-year follow-up used both a clinician-rated and self-rated measure of depression with participants completing the earlier study. The first study indicated improvement for mildly to moderately depressed older adults using bibliotherapy and the follow-up study findings suggest that treatment gains were maintained two years later. Of 44 eligible
participants 28 completed this study and although a 68% follow-up is considered somewhat lean, analysis showed no significant differences between participants and people that did not participate.

Another follow-up study in 1997 by Smith, Floyd, Scogin and Jamison conducted telephone interviews with 50 of 72 potential participants three years after a study assessing the effectiveness of bibliotherapy for depressive symptoms to discover whether treatment gains were preserved. Not only did results indicate that treatment gains were maintained, but participant relapse or recurrence of depression was lower than would be predicted based on research of chronicity of depressive disorders.

In a slightly different slant on the subject, Mahalik and Kivlighan (1988) sought to determine which variables could accurately predict who would be successful in using a bibliotherapy approach to treat depression. They employed six inventories and questionnaires to measure a number of characteristics of participants and sought correlations in their data. One instrument used that was unique among the studies reviewed is the Self-Directed Search (SDS), a personality measure that is based on Holland’s vocational typologies. The final sample numbered 52 participants selected from an undergraduate population for scoring as at least mildly depressed on the Beck Depression Inventory. Unlike many other studies which used books published for the general public, this study used an unpublished self-help manual for improving depression. Results indicated that the more successful self-helpers differed significantly from those less successful by scoring high as a Realistic type on the SDS, and to a lesser extent, as Investigative and Conventional types. Enterprising types composed a large percentage of treatment drop-outs. Other characteristics that showed a significant lessening of depressive
symptoms as well as satisfaction with this treatment method were individuals with an internal locus of control and generalized self-efficacy.

Methodological Considerations

A major characteristic in bibliotherapy treatment is minimized (or even no) contact with a therapist. In such minimal contact studies, participants are typically telephoned periodically (or less commonly make visits to a clinic). After completing any assessments and receiving self-study materials they are left to their own devices for the most part. Usually minimal contact (for example, weekly telephone calls limited to 5-10 minutes) is undertaken to briefly answer any questions that might arise. In the case of delayed-treatment control groups all the studies reviewed here also made minimal contact with those participants as a way of monitoring their condition. Ethical considerations require that if a participant starts experiencing increasingly severe symptoms or suicidal ideation they must be withdrawn from the study and referred to appropriate resources. Most of the study reports specifically mention this important matter.

Another ethical issue is that of informed consent. Only three papers (Ackerson et al., 1998; Mahalik and Kivlighan, 1988; and Jamison and Scogin, 1995) specifically mention discussing informed consent with participants and obtaining signed consent forms. It may be that the practice of getting informed consent from participants has become such an ingrained part of research design that the authors did not feel a need to explicitly mention. Ethical practices can easily be overlooked as they are more a part of the over-reaching requirements in sound and responsible research design rather than an integral piece of the attributes and effects being studied. However, it takes very little space to assure readers that this step was taken.

All ten studies reported on here stated that they used random assignment of participants to the treatment and control conditions. In cases where the protocol included a delayed treatment
control group, these studies additionally stated that participants from the control condition were also randomly assigned among the treatment conditions where applicable – some studies had only one treatment condition (Ackerson et al., 1998; Smith et al., 1997; Jamison and Scogin, 1995).

Treatment Materials

There was not much variety in printed materials used in these studies. Studies that were primarily comparing bibliotherapy against delayed bibliotherapy (or were extended follow-ups to such studies) all used *Feeling Good* by David Burns (Ackerson et al., 1998; Floyd et al., 2004; Smith et al., 1997; and Jamison and Scogin, 1995). This self-help book of almost 400 pages is based on a cognitive framework and includes assessments and behavioral exercises for the reader such as identifying maladaptive thinking, improving self-esteem, and developing coping strategies for criticism and guilt. Of the two studies using other texts, one study used *Bye Bye Blues: Overcoming Depression*, an unpublished manuscript by one of the researchers (Wollersheim and Wilson, 1991); the other study also used an unpublished manuscript, *A Self-Help Guidebook for Improving Your Mood* (Mahalik and Kivlighan, 1988). The remaining studies used *Feeling Good* for the cognitive bibliotherapy control and another text for one of the comparison control conditions. Since all the studies found at least some support for the therapeutic use of *Feeling Good* as an effective treatment for depression, it makes sense to continue using the same text as a constant so it can afford comparisons among other variables which are manipulated to extend the applicability of this treatment.

Participation Eligibility

Researchers tried to control potential confounding variables through their study’s eligibility requirements. All but two studies (Mahalik and Kivlighan, 1988 and Wollersheim and
Wilson, 1991) included the Hamilton Rating Scale for Depression (HRSD) both as an eligibility screen and an outcome measure. The HRSD is considered to be the interview standard for depression studies and has high validity and reliability. Most eligibility criteria involved some degree of clinician-rated assessment and rater reliability measures were generally given. Scogin et al. (1989) didn’t directly give interviewer ratings but claimed them to be reliable. Not providing rater reliability information were Mahalik and Kivlighan, Wollersheim and Wilson, and Smith et al. (1997).

Other eligibility standards were as straightforward as age, ability to attend clinic visits and willingness to participate to more restrictive factors such as absence of psychotropic medication use, no evidence of substance abuse and no symptoms/history of other significant psychopathology. The rationale for numerous and/or stringent eligibility criteria can be understood as the researcher’s desire to minimize uncontrolled-for and confounding variables affecting the outcome measures and therefore the conclusions able to be drawn from the study’s results. Most of the studies mentioned evaluating potential participants for suicide risk, a crucial issue to attend to in studies involving depression. A few of the papers disclosed in the participant selection sections that one or more individuals were referred to other resources for immediate treatment; a reassuring demonstration of appropriate ethical conduct.

Outcome Measures

Altogether 28 different self-report or interviewer/clinician-rated assessments were used among the ten studies considered here. The most-used outcome measure by far was the HRSD as previously indicated. Two other assessments proved to be quite widely used, the Beck Depression Inventory (BDI), a 13-item self-report inventory of depression and the Automatic Thoughts Questionnaire (ATQ), a 30-item self-report measure of depression-related cognitions.
Both of these assessments have demonstrated validity, reliability and internal consistency. Of the remainder of outcome measures used, the respective papers all allocated a section to declare the suitability of the measures and cite findings from previous studies to demonstrate their suitability for use in the current study.

The two studies done as follow-ups to previous studies (Scogin et al., 1990 and Smith et al., 1997) were done two and three years, respectively, after the initial study was completed. These represent the longest time periods to assess for maintenance of treatment gains. One group was adults 60 years and older and the other was adults between 18 and 60 years of age. The research suggests that there may be long-term benefits to structured, minimal-contact bibliotherapy programs for the treatment of depression. Although these studies contained no control conditions, making it difficult to isolate the mechanisms of effectiveness, the authors hypothesize that owning the book was an advantage in that it allowed for the periodic “booster” treatments. One study found that 48% of participants reported using the book in such a fashion (Scogin et al.) although the other study found no reliable correlation between this activity and HRSD or Geriatric Depression Scale (GDS) scores. Going back to Scogin et al. the interviews yielded data that relapse, recurrence, or chronicity was better than predicted based on research findings of these conditions. This has important ramifications as such rates are generally reported to be anywhere from 50% to 80% for depression. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000, 4th ed., text revision) state that 60% of individuals who have had a single episode of Major Depressive Disorder will experience a second episode, and each subsequent episode increases the likelihood of experiencing a future occurrence. Not all studies expressed the degree of participant depression in terms of a DSM-IV-
TR diagnosis, however these statistics are very sobering. It is a factor that definitely warrants more research.

**Dropout Experience**

Data on dropouts was given in all studies. The rate ranged from 0% to 45%. Several studies (Floyd et al., 2004; Jamison and Scogin, 1995) reported a dropout rate that did not reflect dropouts during the follow-up period, though they did indicate the number of dropouts during that period so a total dropout rate could be calculated. Because the follow-up assessments are primarily used to determine the effect of time on treatment effects, perhaps it is understandable why only a rate for the active portion of the study would be reported. Either there is not a single, standard convention in reporting dropout rates or some studies do not follow the convention.

Interestingly, the study with the highest total dropout rate (Floyd et al.) cited a study purporting to find that dropout rates of 30% in psychotherapy treatment studies are fairly typical. Indeed, the average dropout rate was 27%. The study with a 0% dropout rate actually had 2 of the 30 participants drop out. They were replaced to maintain power at .8 for the study. Dropout rates did not seem to correlate to a study’s length of time. Perceived difficulty of treatment, frequency of contact, and implicit or explicit encouragement from study staff may have had an impact, but there seems no certain way to assess this. Wollersheim and Wilson (1991) in particular mentions that the study’s delayed group condition participants were given reassurance that they would receive treatment and that seeking more immediate treatment would necessitate exiting the study, perhaps invoking a “please the authority figure” effect. Unanswered by any of the studies is the question of whether dropout rates result in higher positive correlation of treatment benefit than might really be the case, and therefore differing dropout rates may have varying impact on findings.
Three studies did not report performing any comparisons between participants and non-participants: Bowman et al., 1995; Wollersheim and Wilson, 1991; and Mahalik and Kivlighan, 1988. Years of education was found to be significant in comparing dropouts to non-dropouts in the studies by Scogin et al. (1989) and Jamison and Scogin (1995). Another study (Scogin et al., 1987) found significant differences only in terms of socio-economic status as measured by the Hollingshead formula. In Scogin et al. (1990), several cross-analyses found a significant difference in regards to gender, however the researchers concluded that this finding was not indicative of a systematic difference. Smith et al. (1997) determined that there were significant differences for age and taking psychotropic medication during original study, but these factors were subsequently analyzed as not significantly predictive of follow-up status on HRSD or BDI measures of depression. The remainder of the studies performed analyses comparing completers with non-completers and found no significant differences on any of the demographic or pretreatment variables measured. The findings suggest that attrition may be weakly predictable by lower socio-economic status, years of education. No study reported a correlation between dropping out of a study and reading level, perhaps in part because the most commonly used text, *Feeling Good* is rated to have a sixth-grade reading level.

**Limitations**

Studies where the size of the subject group is 25 or smaller cannot make generalizability claims as strong as when a larger group is used. However, this applies to only three of the studies covered in this paper. Other studies focused on specific populations, for example, adults aged 60 and older, or adolescents in the 7th to 12 grades. Taken as a whole, there seems to be good coverage of the different age groups except for young children. A stronger reservation would be light representation of different races. Another aspect of generalizability concerns the finding
that people with a lower socio-economic status, fewer years of education, reading or cognitive difficulties tend to drop out of the studies so the efficacy of bibliotherapy as a treatment for depression in these groups is not supported by the research at this time.

Most of the outcome measures were broader measures of depression. There was no assessment of the use of specific skills to determine what the actual components of efficacy were. Being able to break out this information and apply it in future studies could lead to even more parsimonious and effective treatments. A few studies compared the various outcome measures used to each other. Measures previously shown to have high validity and reliability were used to assess the potential value of other measures. Where there was a significant lack of correlation, the less-established measures earned comments by researchers dissuading future use of them or recommending further studies to reach stronger conclusions: the Cognitive Error Questionnaire (CEQ) in Scogin et al. (1987), the Child Behavior Checklist Depression scale (CBCL-D) in Ackerson et al. (1998), and the Cognitive Therapy Scale (CTS) in Floyd et al. (2004).

All studies used either the HRSD, the BDI, or both in determining eligibility. These measures seem to be the gold standard in diagnosing depression so their consistent use across studies makes it more likely that they are measuring the same thing. Another possible selection bias in all these studies is based on the fact that all participants knew they were to be given reading materials in order to help themselves. A certain amount of self-selection of good readers and those motivated to try and help themselves may have taken place, thus making the results less generalizable.

Mahalik and Kivlighan (1988) explored personality characteristics that may have had an influence on bibliotherapy treatment outcomes. People scoring higher in internal locus of control
tended to attain greater relief from depressive symptomatology, as did those scoring lower on superiority. Results from determining participant’s Holland typologies showed strong differences in outcome measures, for example the Realistic type saw the most improvement while Enterprising types were the most likely to drop out of treatment. Other attributes that appeared to also be involved but generally were not measured or commented on dependably across studies are conscientiousness, resourcefulness, and motivation.

It is very hard to tell what influence contact with the people conducting the studies might have had. Though all of them described protocols of maximum amount of time spent during weekly (or periodic) contact as well as the structure of such contact and what could or could not be discussed, these are somewhat fuzzy criteria. Offering any type of encouragement, even the act of giving someone suffering from depression a book and telling them to read it and do the exercises in it, may have influenced the participants to feel more hopeful which has therapeutic implications. This is at least partially addressed by the Scogin et al. (1987) study, in which the control group received a placebo, or attention holder, book deemed to have no particular therapeutic value and were found to have no significant improvement while the bibliotherapy treatment group did show significant improvement. Even completing evaluations can affect the patient’s state of mind. The Smith et al. (1997) study findings implied this in that 12% of the participants said the most helpful aspect of the treatment was talking with the researcher. This potentially positive impact may have influenced the outcome measures and done so inconsistently across studies with different professionals having contact with the participants. The effect on participant expectations and its influence on outcomes would be difficult to measure yet may have been a factor.
Some studies were limited by very short follow-up periods, some as short as a month. However, the two long-range follow-up studies discussed earlier showed strong maintenance of treatment gains two and three years post-treatment.

Clinical Applications

All of the studies found some degree of positive outcome; of course it is unknown whether positive-outcome bias played a part in this. Data were obtained suggesting certain populations for which bibliotherapy treatment for depression might be contraindicated. Potential recipients of this intervention must first be assessed for suicidal ideation, and if present, an immediate treatment referral would be the only appropriate response. Periodic contact should be maintained in order to remain aware of the client’s response to treatment and monitoring for severe and sudden deterioration. Other significant disorders may adversely affect effectiveness. There is not enough empirical evidence to validate the use of bibliotherapy for depression where there exists co-morbid disorders.

In most studies the active treatment period was 4 weeks and in most cases this timing would probably be appropriate, though future studies may wish to seek evidence of this. If using Feeling Good, an average of 14 pages per day to read is not overly difficult, yet it maintains a certain momentum and immediacy of material already covered. In a real-life treatment situation, it is probably advisable for the therapist to maintain minimal contact in order to monitor the client’s condition. Should it worsen severely or the client just lose impetus, alternate treatment formats may need to be considered.

Relationships have been found between dropping out of treatment and several factors: lower levels of education, low socio-economic status, low reading level, and a lack of motivation to work independently. Persons falling into one of these groups cannot at this time be considered
top choices for bibliotherapy, at least until additional research confirms or discounts these somewhat tentative findings. Though, neither were findings significant enough to warrant excluding such populations from attempting this treatment intervention. Perhaps in conjunction with increased therapist contact to provide more human connection and encouragement, bibliotherapy may prove more successful with such individuals (another potential study hypothesis).

Only a few texts have been studied in the context of providing bibliotherapy treatment. Only these texts should be used until additional texts or text attributes are clearly identified by empirical studies. One of the best selling segments of the book publishing industry is self-help books. Their popularity is undeniable. In fact, the interest in self-help exceeds the research base that proves what an effective approach is to dealing with various types of mental health issues. Some texts are published by professionals in the field and yet they rarely justify their methods. Practitioners need to uphold the ethics of their profession and show that their product is effective.

**Future Directions**

*Chronicity, Recurrence, and Relapse*

Whatever term it is called by, experiencing depression multiple times in one’s life is as prevalent as it is undesired. More long-term follow-up studies should be undertaken to extend the time period assessing maintenance of treatment gains. In Wollersheim and Wilson (1991), all but one of the 32 participants reported evidence of persistent and recurrent depressive episodes of 4 months to 3 years in the 5 years preceding the study. Another interesting study would be to combine a long-term follow-up with a booster treatment (or several periodic interventions over time) and assess whether that seems to improve participants’ depression, anxiety, or overall satisfaction with their lives.
Co-morbidity

There seems to be enough evidence suggesting that bibliotherapy can at times be an effective treatment for depression, that an expansion of these findings in several directions can be suggested. Depression is a disorder that has a high degree of co-morbidity. In *Abnormal Psychology* (Butcher, Mineka, & Hooley, 2004) several studies are reported on that find few depressions occur without the presence of anxiety at a diagnosable level. Studies including outcome measures of anxiety could further our knowledge about the most effective bibliotherapeutic interventions. Treating anxiety and depression might result in greater improvement.

Materials

Almost all of the studies considered used the book *Feeling Good* and found a significant amount of efficacy. However, at almost 400 pages, reading it may be daunting to some. And in fact, previous mentioned were two factors that were found to bear some correlation between dropping out of a study: lower socio-economic status and fewer years of education. Perhaps shorter texts would be just as efficacious and result in lowered attrition. Even among completers, if a shorter, equally effective text could be used, the time savings would probably be appreciated. It is not inconceivable that comparing other books to *Feeling Good* might uncover an even more helpful book.

*Feeling Good* has many activities and exercises for readers to complete. Categorizing and assessing the actual skills practiced by participants could help to isolate the specific active ingredients in this invention’s recipe. Identifying the concrete mechanisms of effectiveness could help make bibliotherapy treatments more effective.
Bibliotherapy by definition involves reading though we must ask ourselves if there could be a way to translate this intervention to populations that cannot or are reluctant to read. Studies using different formats such as audio, computer-based, or video tapes could have interesting and informative results, though technically they could not be called bibliotherapy.

Round Out Generalizability

Based on the studies considered in this paper there are some gaps in generalizability. Broader representation in participant selection should be addressed in future studies. Several of the studies had a low enough number of participants so as to limit generalizability claims. The strongest support is for older adults. With the rate of incidence of depression growing among adolescents, additional studies with this population are warranted, especially focusing on long-term maintenance, minority groups, and varying socio-economic status.

Optimization of Treatment

Several directions can be pursued to provide data on the most advantageous parameters for this intervention. For example, perhaps it can be established what duration of treatment results in the greatest improvement in depressive symptomatology. Treatment variations based on the severity of depressive symptoms being experienced could also be explored. The degree and level of therapist contact is another variable that can be manipulated to seek out what results in the best outcomes. None of the reports reviewed have looked at the utility of follow-up treatments to enhance or stabilize treatment gains. The study by Mahalik and Kivlighan (1988) suggests some interesting characteristics that may be correlated to more successful outcomes. If these personality attributes can be identified, it might be possible to couple bibliotherapy treatment with interventions that could augment or help develop these attributes in patients and thereby improve the efficacy of bibliotherapy.
Conclusion

It is clear from the studies considered in this paper that there is strong evidence for the effectiveness in the use of bibliotherapy to treat depression. The findings, taken as a whole show substantial support for using this intervention with adolescents through adults where depression is the sole noteworthy diagnosis and education/reading levels are at least average. Follow-up studies of two and three years have been done and add to these findings that treatment gains are maintained over those time periods. This shows some promise towards addressing the chronicity that many people suffering from depression experience. Additional studies on exactly what mechanisms are invoked by bibliotherapy to effect positive change and the amelioration of depressive symptoms as well as the personal traits that positively influence bibliotherapy interventions can possible give rise to assessments that will allow for the individualization of treatment and increase its efficacy even further.
References


