

Bibliotherapy: The review, organization, and dissemination of recommended reading for psychiatry patients

A high-quality, low-barrier form of therapy.

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Background

Bibliotherapy is the prescription of literature for healing. The term was coined by American essayist and minister Samuel Crothers in a 1916 *Atlantic Monthly* article, in which a fictional character named Bagster prescribes books for various afflictions.¹ However, the “reading cure” was in use a century earlier, when libraries were a part of many Victorian-era psychiatric hospitals and army hospitals.²⁻⁴ In 1802, Benjamin Rush, widely considered the founder of American psychiatry, stated, “For the amusement and instruction of patients in a hospital, a small library should by all means compose a part of its furniture.”⁵ In 1853, American physician John Minson Galt outlined five reasons why reading is beneficial to psychiatric patients in his essay “On reading, recreation, and amusements for the insane.”^{3,5} Bibliotherapy may include imaginative materials such as short stories, novels, and poetry, and didactic materials, which are nonfiction and instructive.^{2,3,5}

Bibliotherapy has enjoyed a fresh surge of attention in the mainstream media over the past few years, with articles in the *New Yorker*, the *National Post*, and *Maclean's*.

Various organizations and experts have generated reading lists for patients with virtually any mental health disorder. Bibliotherapy has practical utility in medicine due to its acceptability, ease of use, low cost, and availability. It can be used alone, as adjunctive treatment, or while a patient awaits other treatment. But at the point of the clinical encounter, how is a physician to know what reading to recommend for which patient? Clinical guidelines do not recommend specific books, and there is no catalog of existing reading lists.

Objectives

The objectives of this project were to review, organize, and disseminate recommended reading for psychiatry patients and their families. The first step was to review the medical research literature for evidence for bibliotherapy, review clinical guidelines for references to recommended reading, and scan for existing patient reading lists. The next step was to review available books, organize and catalog them, and publish this catalog on a public website.

Methods

A systematic review of the medical research literature was undertaken to answer the topic question: What is the evidence for bibliotherapy for psychiatric disorders? Databases searched included all UBC Library indexes, databases, and articles, including Medline (Ovid), PubMed, and Google Scholar. Medical Subject Heading (MeSH) terms

used were *bibliotherapy, psychiatry, depression, anxiety, bipolar, schizophrenia, psychosis, personality disorders, borderline, dementia, and eating disorders*. Systematic reviews and meta-analyses were favored. Twenty-two articles were reviewed.

Next, clinical guidelines were reviewed for references to bibliotherapy. These included the Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 depression guidelines; the CANMAT and International Society for Bipolar Disorders 2018 guidelines for the management of patients with bipolar disorder; Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress, and obsessive-compulsive disorders (2014); the Canadian schizophrenia guidelines (2017); the American Psychiatric Association clinical practice guidelines; and the National Institute for Health and Care Excellence guidelines.

A search was then undertaken for existing recommended reading lists for psychiatric patients. First, widely known groups were scanned, such as the Canadian Psychiatric Association, the Centre for Addiction and Mental Health, the Canadian Mental Health Association, the Mood Disorders Society of Canada, the Schizophrenia Society of Canada, the American Psychiatric Association, the National Institute of Mental Health, and the American Academy of Child and Adolescent Psychiatry. Then a Google search was used to determine what recommended reading lists existed for psychiatric patients. Search terms used

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were *bibliotherapy, recommended reading, books, psychiatry, mental illness, depression, anxiety, bipolar, schizophrenia, psychosis, personality disorders, borderline, dementia, and eating disorders*. Inclusion criteria required that the lists be in English; be produced by professional organizations or programs, patient advocacy groups, literary or library programs, or mental health clinicians; and have no apparent conflict of interest in the recommendations (e.g., lists by booksellers).

Books with multiple recommendations were reviewed, and a decision was made to accept or reject each book for the catalog. For books where there was uncertainty regarding suitability, another search of the medical literature with the MeSH term of the book title was undertaken for further information. Selected books were organized by illness, audience, genre, and category of evidence. The number of books in each category was limited to a maximum of six.

To disseminate the resulting catalog, the domain bibliotherapy.ca was purchased. A website was built using the Squarespace platform. The final collection of accepted books was published on the public website, named Pacific Bibliotherapy.

Results

Most robust research studies on bibliotherapy have focused on its efficacy in unipolar mild to moderate depression. A 1997 meta-analysis by Cuijpers and colleagues reported a mean effect size of 0.82 (95% CI, 0.50-1.15) for six studies comparing cognitive-behavioral therapy (CBT) bibliotherapy patients with wait list controls. Analysis of five contrast groups comparing bibliotherapy to individual therapy resulted in an effect size of 0.10 (95% CI, -0.48 to 0.28), demonstrating that bibliotherapy is as effective as individual therapy for unipolar depression.⁶ Similarly, a 2004 meta-analysis of 17 studies of CBT bibliotherapy for depression reviewed by Gregory and colleagues yielded an effect size of 0.77 (95% CI, 0.61-0.94).⁷ Gualano and colleagues' 2017 systematic review of randomized clinical trials on the long-term effect of bibliotherapy in depression, looking at

follow-up from 3 months to 3 years, concluded that bibliotherapy maintained its effect long term.⁸ Yuan and colleagues' 2018 meta-analysis of randomized clinical trials looking at the efficacy of bibliotherapy for depression and anxiety disorders in children and adolescents, including eight studies of 979 participants, concluded that bibliotherapy is significantly more effective than control conditions in reducing symptoms of depression or anxiety, with a standardized mean difference of -0.52 (95% CI, -0.89 to -0.15), although the evidence was more robust for depression than for anxiety.⁹

Of the guidelines reviewed, two referred to bibliotherapy. The CANMAT 2016 depression guidelines state:

“Overall, bibliotherapy has practical utility due to ease of use and low cost, may be useful for people waiting to be seen for clinical care, and remains a second-line treatment, either alone or as an adjunct to medication, ideally with clinician encouragement and monitoring.”¹⁰

The Canadian clinical practice guidelines for the management of anxiety, post-traumatic stress and obsessive-compulsive disorders (2014) state:

“[A] variety of self-directed or minimal intervention formats (e.g., bibliotherapy/self-help books, or internet/computer-based programs with or without minimal therapist contact) have demonstrated significant improvements in anxiety symptoms.”¹¹

The Canadian guidelines state that for panic disorder and agoraphobia, bibliotherapy is “more effective than wait-list or relaxation controls, as effective as face-to-face CBT, and may be cost-effective options particularly for agoraphobic patients who are unwilling or unable to attend a clinic,” and with regard to obsessive-compulsive disorder (OCD), “[b]ibliotherapy in the form of self-help manuals delivered to patients via email has demonstrated significantly greater improvements in OCD symptoms compared with wait-list control groups in two [randomized controlled trials].”¹¹

A search for existing recommended reading lists for psychiatric patients yielded 35 reading lists, summarized in the Table.

TABLE. Sources for existing recommended reading lists for psychiatric patients.

Health professional organizations	Canadian <ul style="list-style-type: none"> • BC Children's Hospital Kely Mental Health Resource Centre • Canadian ADHD Resource Alliance • School Mental Health Ontario • Toronto Public Health International <ul style="list-style-type: none"> • American Academy of Child and Adolescent Psychiatry • Association for Behavioral and Cognitive Therapies • Children's Wisconsin • US Department of Veterans Affairs
Patient advocacy groups	Canadian <ul style="list-style-type: none"> • Centre for ADHD Awareness, Canada • Ottawa Network for Borderline Personality Disorder International <ul style="list-style-type: none"> • Alzheimer's Association • Anxiety and Depression Association of America • Australian BPD Foundation • Bipolar UK • Child Mind Institute • DailyCaring • International Bipolar Foundation • National Alliance on Mental Illness • National Education Alliance for Borderline Personality Disorder • SANE Australia • Senior Link
Libraries and literary programs	Canadian <ul style="list-style-type: none"> • Regina Public Library • Surrey Libraries • Toronto Public Library • Vancouver Public Library International <ul style="list-style-type: none"> • Carnegie Library of Pittsburgh • New York Public Library • Read Yourself Well • Reading Well Books on Prescription • Reading Well for Children • BookTrust
Expert opinion	International <ul style="list-style-type: none"> • BookAuthority • DBT-Linehan Board of Certification • MentalHealth.com

PREMISE

Eighty-four books with multiple recommendations were selected for review. After considering quality, appropriateness, availability, practicality, and duplication of material when compared with other books in the same category, 51 books were accepted for the catalog, and 33 were rejected. The selected books were published on www.bibliotherapy.ca under seven illness categories: depression and anxiety, bipolar illness, schizophrenia, borderline personality disorder, eating disorders, dementia, and child and adolescent mental health [Figure 1]. Each illness category was divided into non-fiction and creative reading recommendations. A brief review of each book and a list linking the evidence and/or the sources of the recommendations were included for each title [Figure 2].

A section summarizing the major bibliotherapy research studies and clinical guideline references was included on the website, as was a section on the history of bibliotherapy.

Discussion

Bibliotherapy has been in use for centuries. Meta-analyses have demonstrated a large effect size when bibliotherapy is used to treat unipolar mild to moderate depression, and this effect has been shown to be enduring. Bibliotherapy has also been shown to be effective in reducing symptoms of depression and anxiety in children. Current Canadian guidelines for the treatment of depression and anxiety recommend bibliotherapy. A scan of current resources yielded 35 existing recommended reading lists for a wide range of mental health issues. Until now, there has been no catalog of these efforts. This project reviewed and organized these reading recommendations and published them on a website.

The website has limitations. There is a lag between a book being published, it being included on a recommended reading list, and that recommendation being reviewed and added to the website. Known resources for reading lists may add books not currently included on this website, and new resources may emerge that were not

The screenshot shows the Pacific Bibliotherapy website interface. At the top, the logo 'PACIFIC Bibliotherapy' is displayed. Below it, a navigation bar lists categories: ANXIETY & DEPRESSION, BIPOLAR, SCHIZOPHRENIA, BORDERLINE, DEMENTIA, CHILDREN, and EATING DISORDERS. The main heading is 'BIPOLAR DISORDER' under the 'NON-FICTION' section. Three book listings are visible:

- THE BIPOLAR DISORDER SURVIVAL GUIDE BY DAVID J. MIKLOWITZ, PHD**: A book cover with a blue and green design. The text on the cover includes 'Over 200,000 in Print', 'The Bipolar Disorder Survival Guide', and 'What You and Your Family Need to Know'. The author's name, David J. Mikowitz, PhD, is at the bottom.
- THE BIPOLAR II DISORDER WORKBOOK BY STEPHANIE ROBERTS ET AL**: A book cover with a yellow and green design. The text includes 'THE BIPOLAR II DISORDER WORKBOOK' and 'A Practical Guide to Managing Depression, Anxiety, and Mania'. The authors' names are listed at the bottom.
- THE BIPOLAR WORKBOOK: TOOLS FOR CONTROLLING YOUR MOOD SWINGS BY MONICA RAMIREZ BASCO, PHD**: A book cover with a blue and green design. The text includes 'The Bipolar Workbook' and 'Tools for Controlling Your Mood Swings'. The author's name, Monica Ramirez Basco, PhD, is at the bottom.

Each listing includes a brief description of the book's content and a 'RECOMMENDED BY' section with links to organizations like the International Bipolar Foundation and Choosing Therapy.

FIGURE 1. A screenshot of a portion of the bipolar category of the Pacific Bibliotherapy website, www.bibliotherapy.ca.

The screenshot shows a book listing for 'WHAT TO DO WHEN YOUR BRAIN GETS STUCK BY DAWN HUEBNER'. The book cover features a colorful illustration of a child and a dog. The text on the cover includes 'WHAT TO DO WHEN YOUR BRAIN GETS STUCK' and 'A Kid's Guide to Overcoming OCD'. The author's name, Dawn Huebner, is at the bottom.

The listing includes a brief description of the book's content, which is a guide for children on overcoming OCD. It includes a 'RECOMMENDED BY' section with links to the American Academy of Child & Adolescent Psychiatry, BC Children's Hospital - Kelly Mental Health, and the Anxiety & Depression Association of America.

FIGURE 2. A screenshot of a book listing on the Pacific Bibliotherapy website, www.bibliotherapy.ca.

discovered on the initial scan. The website includes books on select topics but does not include books on other important subjects, such as substance use disorders or postpartum mental health, although more categories may be added in the future.

Bibliotherapy has its own limitations. Most of the evidence is for mild to moderate depression and anxiety and used CBT-based books. Exclusion criteria for most studies included comorbidities, as well as severe depression, cognitive issues, suicidality, and crisis situations.⁶ Risks of the patient using bibliotherapy without professional guidance include incorrect self-diagnosis (e.g., major depressive disorder versus bipolar illness)⁷ and experiencing failure when not finishing a book (e.g., phobias).⁶ However, when used judiciously, bibliotherapy can be a high-quality, low-barrier form of therapy. The website www.bibliotherapy.ca aims to make book prescriptions more accessible to clinicians and their patients. ■

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Competing interests

None declared.

Meta-analyses have demonstrated a large effect size when bibliotherapy is used to treat unipolar mild to moderate depression, and this effect has been shown to be enduring.

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