

Bibliotherapy:

Practice applications with a simple intervention.

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Definition of Bibliotherapy

- "A therapeutic approach in which a planned reading program facilitates the recovery of patients living with mental illness or emotional disturbance"¹



¹ Korte, L. (2022, September 26). Reading First Hand Stories May Help Reduce Suicide Thoughts. Psychiatric Times. <http://www.psychiatrictimes.com/>

Topic Importance and Goals

- It is important to me that treatment is transformational, not just preventing despair, but actively promoting meaningful lives.
- I believe there is an overreliance on pharmaceuticals in the field.
- Integration of therapies into the treatment plan has helped with professional burnout.
- My goal is that you walk away with an understanding of the usefulness of books for therapeutic purposes.
- Secondly, I hope you take the time to incorporate one or two of the recommended books into your practice after a sample of important concepts from the texts.
- Thirdly, and most importantly, I hope this blends the science of mental health treatment with the joy and art of patient care.

Outlining the General Purpose, Continued

- Many psychiatric conditions and diagnoses are supported by psychoeducation and other literature.
 - Suicidal Ideation
 - Major Depressive Disorder
 - Adjustment Disorder.
- Many psychological concerns exist for which there is no medication.
 - Bereavement
 - Symptoms of personality disorders
 - Subthreshold depressive symptoms
 - Children of parents with mental illness

Part I: History and Utility of Bibliotherapy

- In 1850, doctors had begun to see Bibliotherapy as an integral part of patient rehabilitation. The terminology at the time for prescribed reading was called "moral therapy".
- After WW2 and the expansion of medical education, libraries began to serve clinicians over patients.
- Sadie Peterson Delaney, saw the therapeutic value in books for patients, working as a hospital librarian for the VA from 1920s to 1950s. She worked with disabled and mentally ill veterans. Additionally she taught braille to 600 blind veterans.²
- Sentinel texts are released in the 60s and 70s on the application of Bibliotherapy. While the concept exists today, it maintains no stronghold, or robust training in the medical community. It is sometimes dismissed with "self-help" book fatigue.

² Yount-Olson, J. (2017). Bibliotherapy for Mental Health. *International Research in Higher Education*, 22, 67-73.
<https://doi.org/10.14301/ahr.v22p67>

Dr. Sadie Peterson Delaney

- The chief librarian at the Veterans Administration (VA) hospital in Tuskegee, Alabama.
- She witnessed "shell shocked" patients severely disconnected and bored, only engaging in talk centering on their own disheartening stories in the segregated VA hospital.
- Her work promoted individual growth, community, and variety into the lives of Veterans. She helped to provide more joy and purpose in those suffering from mental illness.
- In her 34 years of service she started the library debate club, reading hour on the mental ward, the nature study group, numismatics (coins) club, and philatelic (stamps) club.¹



¹ Young, J. M. (2023, February 26). *Black History Month: The story of Sam Marie Peterson Delany*. VA News. <https://news.va.gov/116180/black-history-month-story-sam-marie-peterson-delany/>

Important Considerations & Time Investment

- Studies show the results are better when the process is interactive.²
- The peer reviewed *Journal of Consulting and Clinical Psychology* published a RCT of digital bibliotherapy.
- The study involved 528 participants who read 1 suicidal narrative daily for 14 days. Participants who read the narratives had lower suicidal thoughts and behaviors. This was reproducible. This shows the simplicity and effectiveness of reading exercises.
- Feelings of shared experience and optimism were experienced to a higher degree in those who read the stories compared to those who did not.³

¹ Kuntz, L. (2022, September 29). *Reading First Hand Stories May Help Reduce Suicidal Thoughts*. Psychiatric Times. <http://www.psychiatrictimes.com/>

² Yonke-Ostrowski, J. (2017). Bibliotherapy for Mental Health: Interventional Research in Higher Education, 22(2), 67–73. <https://doi.org/10.5430/ehcr.v2i2p67>

The Place of Psychoeducation within Psychotherapy

- Bibliotherapy is considered an intervention in Cognitive Behavioral Therapy (CBT). In part, this is because CBT relies on replacing old beliefs with new beliefs. Thoughts which are distorted or unfavorable (such as having low utility) are reframed. The thoughts do not have to be rose-colored, but do have to be a *believed truth* by the patient.
- The Beck Institute has a list of book recommendations for both professionals and clients.³

³ Beck Institute Home. Beck Institute. (2023, Winter). <https://beckinstitute.org/>

Beck Institutes Recommendations

For Professionals

- The core formulation approach to Cognitive Behavior Therapy by Jacques B. Persons
- Cognitive Behavior Therapy for psychiatric problems: A practical guide by Keith Hammen, Paul M. Lewinsohn, Jean Roth, and David M. Clark
- Cognitive therapy techniques: A practitioner's guide, second edition by Robert L. Libby
- Executive regulation in psychotherapy: A practitioner's guide by Robert L. Libby, Thomas Teich, and Lisa A. Popolano
- Treatment plans and interventions for depression and anxiety disorders, second edition by Robert L. Libby, Stephen J. P. Holland, and Lisa K. McGinn
- The clinician's guide to CBT: Using mind over mood, second edition, by Christine A. Padesky, Dennis Greenberger

For Clients

- Cognitive Behavioral Therapy made simple: 10 strategies for managing anxiety, depression, anger, panic, and worry by Judith J. Gillman
- **Feeling good: The new mood therapy** by David D. Burns
- Feeling great: The revolutionary new treatment for depression and anxiety by David D. Burns
- Mind over mood: Change how you feel by changing the way you think, second edition by Dennis Greenberger and Christine A. Padesky
- **Flourish: A visionary new understanding of happiness and well-being** by Martin E. P. Seligman

¹ Beck Institute Home, Beck Institute, (2021, Winter). <https://beckinstitute.org/>

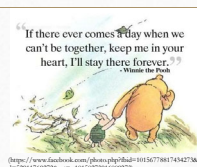
Data Driven Support: Depression

- Study of older adults reading "Feeling Good", a cognitive therapy book vs. delayed treatment vs. a behavioral therapy book called "Control your depression" demonstrated both book groups showed significant improvement in the Geriatric Depression Severity Score (GDS) compared to the control group at both 6 months and 2 year follow-ups.⁴
- Several studies in people ranging from 14-22 years old with symptoms from subthreshold depression or elevated depressive symptoms showed improvements in symptoms using the Beck Depression Inventory at the three month follow-up. The cognitive bibliotherapy group used a book similar to "Feeling good".⁴

⁴ Guidano, M. R., But, F., Marinova, M., Voglio, G., Andrich, V., Thomas, R., Gramaglia, C., Zappalà, P., & Siligini, R. (2017). The long-term effects of bibliotherapy in depression treatment: Systematic review of randomized control trials. *Clinical Psychology Review*, 56, 49-58. <https://doi.org/https://www.sciencedirect.com/>

Does Fiction Have A Place in Bibliotherapy?

- It is not the fiction itself that cures, reflection and application are the important tools within fiction works.⁵
- In Children ages 5 to 16, creative bibliotherapy shows a small to moderate effect on prosocial behaviors.⁶

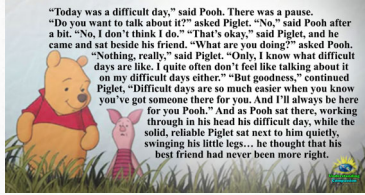


(https://www.facebook.com/photos.php?fbid=1015677881743427366&_ft=1015677881743427366&_ft=1015677881743427366)

⁵ Carney, J., & Robinson, C. (2020). Five studies evaluating the impact on mental health and mood of reading, rereading, and discussing fiction.

⁶ Montgomery, P., & Maughan, K. (2015). The effectiveness of creative bibliotherapy for emotional, social, and personal behavior in children: A systematic review. *Children and Youth Services Review*, 55, 33-47. <https://www.sciencedirect.com/>

Prosocial Behavior Modeling for Children



https://www.facebook.com/ever.php?story_fbid=1108616077209701&uid=1000043304042506_200

Adolescents and Fiction

- American Library Association has book recommendations for mental health
 - Organized by topic and grade (K-8th) for both adults and children.
 - Topics include bullying, divorce, grief, adoption, body image, and more.
 - Make this a collaborative effort between children and adults.¹
- For adolescents, the more negative and sensationalized a text, the more likely a negative emotion will be experienced when recalled by the adolescent reader. Being prompted to remember the experience of immersion in a fictional world has proved a benefit on measures of distress.²
 - For adolescents, reading discussions can act as appropriate conversation practice outside of the stress of talking about their depression or anxiety (selective attention concept in CBT).



<https://www.amazon.com/Eve-Animals-Haig-Matt/dp/1780894209>

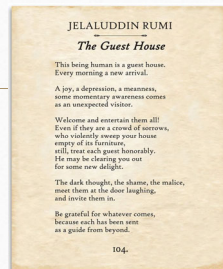
¹ American Library Association. (2019, May 13). ALSC Tough Topics Booklist 2019.

ALSC. <https://www.ala.org/ala/publications/ebooks/book-lists/tough-topics-2019>

² Carter, J., & Robertson, C. (2022). Five studies evaluating the impact on mental health and mood of reading, trading, and discussing fiction.

Short Works and Poetry

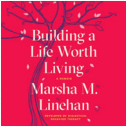
- Short works of fiction and poetry can be used to drive concepts deeper for patients. For instance, I pair the "finger trap analogy" from CBT with the famous poem by Rumi (roo-mee), "The Guest House".
- International Federation of Biblio/Poetry Therapy has a certification program.
- One study with 55 teenagers demonstrated a large effect size in mindfulness and a moderate change in optimism through a selection of short works by Rumi.⁸



<https://www.amazon.com/Quote-Guest-House-Poetry-Poems/dp/B07JK63127/dp=1>

⁸ Arnes, G., Ylloinen, M., Zengonh, M., & Ali, I. (2022). Benefits of Positive Psychology-Based Story Reading on Adolescent Mental Health and Well-Being. *Child Indiv. Res.*, 15(3), 781–793. <https://doi.org/10.1007/s12187-021-02187-021-00901-4>

Building A Life Worth Living



- Autobiography of Dr. Marsha Linehan
- Celebrated as the creator of Dialectical Behavioral Therapy
- Of the books recommended, this is the most inspiring. The autobiographer can be a positive role model for a patient with Borderline Personality Disorder.

Source: <https://www.randomhouse.com/books/07221224/Building-a-life-worth-living-by-marsha-m-linehan/cover-0>
© Linehan, M. (2021). *Building a life worth living: A memoir*. Random House.

Early Chapters

- The first part of the book documents her relatively happy childhood and teen years; then her sudden plight into impulsive and self-damaging behavior.
- She narrates institutionalization in the 1960s from a first person perspective.
- She was given antipsychotics and shock-treatment for her cutting and unpredictable self-loathing, and depressed feelings.
- She discusses how the reinforcement of her suicide attempts, receiving external affection and praise, lead to more frequency of suicidal gestures.
 - The subtext is to continue to support positive aspects of identity at regular intervals in mood homeostasis and stability.¹²

© Linehan, M. (2021). *Building a life worth living: A memoir*. Random House.

Middle Chapters

- After her time in the institution, she first decides to study psychiatry to honor her vow that she will help others with the same condition, then she discovers a passion for research.
- During the end of her bachelors program she has a religious revelation having a positive impact on her suicidal and cutting impulses. There is a return of symptoms resulting in a hospitalization that impacted further academic aspirations momentarily.
- She received her doctorate in clinical psychology and post doctorate in behavioral therapy.¹²

© Linehan, M. (2021). *Building a life worth living: A memoir*. Random House.

End of the Book

- She concludes academia has a shallow understanding of mindfulness during the late 70s. She sets off on an unexpected, life long journey, eventually becoming a Zen Master in 2010.
- Dr. Linehan's process of developing DBT produces four categories: mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance.
- DBT underwent critical review and study. A clinical trial demonstrated patients receiving DBT were less likely to injure themselves and more likely to stay in therapy (16% versus 50% in the control group of standard behavioral therapy). Inpatient days averaged 8 days for DBT versus 38 in the control group. The study ran for a year with 50 women, with suicidal or parasuicidal history, most met criteria for BPD.¹²

¹² Linehan, M. (2021). *Building a life worth living: A memoir*. Random House.

Techniques in the Book

- DEAR MAN for calm assertiveness: Describe, Express, Assert, Reinforce, Mindfully ask, Appear confident, and Negotiate
- Distress Tolerance: 70 percent of max HR, aerobic exercise for 20 minutes, then come back to the problem.
- Coping ahead: concept of imagining being in a difficult situation, working all the way through it with detail, how are you coping with this problem? When and if it happens you will feel prepared. ¹²

¹² Linehan, M. (2021). *Building a life worth living: A memoir*. Random House.

Feeling Good: The New Mood Therapy

DAVID D. BURNS, M.D.

FEELING GOOD
THE NEW MOOD THERAPY
THE CLINICALLY PROVEN
BOOK-PLUS-TELEPHONE-PLUS-EXERCISE
PLAN TO BEAT DEPRESSION (AND MORE)

This book focuses on mainly depression and it's negatively supporting cognitions.

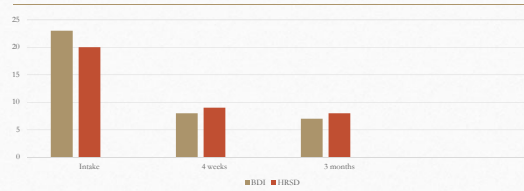
The first three chapters should be read by everyone using subsequent chapters for therapeutic benefit. They are the theory and research chapters that form the framework to support later chapters.

Dr. Scogin and Dr. Christine Jaminon conducted a study randomly assigning eighty individuals seeking treatment for MDD to one of two groups. This is the second study supporting this text from this slideshow.

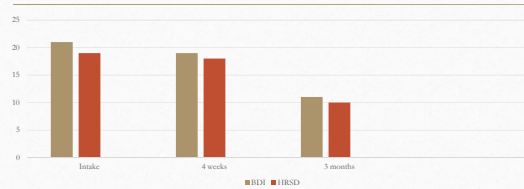
- One was called the immediate Bibliotherapy group, the other delayed Bibliotherapy group (delayed by 4 weeks).
- The Beck Depression Inventory (BDI), and the Hamilton Rating Scale for Depression (HRSD) was administered weekly.
- Both groups received weekly phone calls to administer the BDI and answer questions about the study. These were 10 minute max calls, no counseling in the call, with answers about using the related worksheets only. They also used this tracking to ensure the book was completed in four weeks.⁹

⁹ Burns, D. D. (1986). *Feeling good: The new mood therapy*. William Morrow

Immediate Bibliotherapy Group



Delayed Bibliotherapy Group



Useful Excerpts from the Book

- Chapter 7: Feeling Angry?
 - The question is always where will I draw the line?
 - Review common cognitive distortion of anger
 - Labeling and overgeneralization leads to seeing all aspects of a person as negative, limiting your ability to find solutions or negotiate.
 - Mind reading makes you invent motives to satisfy the reasoning of your ego.
 - Magnification exaggerates the importance of a negative event and its possible duration.⁹

⁹ Burns, D. D. (1986). *Feeling good: The new mood therapy*. William Morrow.

I'm angry, so how do I get what I want?

- Dr. Mark K. Goldstein, a psychologist did clinical research on behavioral conditioning of husbands by wives.
 - The wives he worked with felt neglected and angry, and for good reasons, however they wanted new behaviors from their spouses.
 - **Dr. Goldstein and the participants findings concluded rewarding the positive behavior made a larger impact on desired outcomes than punishing negative behaviors.**
 - Although this is not applicable to ALL behavior, and perhaps the ethical implications require discussion, it demonstrates the principal that some anger can be alleviated with our own behavioral changes.⁷

⁷ Burns, D. D. (1986). *Feeling good: The new mood therapy*. William Morrow

Hot Versus Cool Thoughts

Hot Thoughts	Cool Thoughts
"I've been on hold for an hour!"	This doesn't feel fair, when I do get through I will address my problem and ask to speak to the manager about wait times. If I don't also ask to speak to the manager, they do not have an opportunity for improvement.
"But they don't care about improvement, all they care about is the bottom line!"	As frustrating as this can be, I don't know that they don't care about improvement. Anger clouds decision making and I don't want to become cloudy. I can name at least 5 people who work that do care about improvement.
"Yeah, well the people I am calling are not people I know, they are strangers that don't care, besides now I have been on hold for an hour and ten minutes!!"	In truth I don't know them, but I will try to imagine that it is not the person, but the company that is underutilized. I will imagine the rules as reversed and treat them as I would want to be treated after waiting this long. I would want someone to calmly explain the complaint so I can work to fix it if possible. In the grander scheme of things, I want to have a good day and a good life. This is not the place I want to use anger, I'd rather use it in a more useful place like jogging after this call.

Chapter 11: The Approval Addiction

- It is your belief which makes a compliment feel good, you agree with the person. The same is true for disapproval which can cause needless suffering.
 - This may be from early experiences. We didn't know when we were called "bad" as children that the person was overgeneralizing or exaggerated. This forms a belief that can last a lifetime.
- Errors on your part will happen and you will get disapproval, does it mean you are worthless?
 - No! you can improve on a specific thing. If approval equaled worth, cult leaders would be very worthwhile people.⁹

⁹ Burns, D. D. (1986). *Feeling good: The new mood therapy*. William Morrow

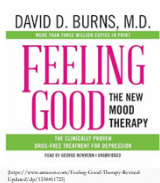
The Approval Addiction: Cost/benefit analysis of taking praise and criticism at face value

Advantages	Disadvantages
The praise will feel quick and good, all compliments are good compliments.	The criticism will feel bad, causing down feelings for the rest of the day.
There is less mental work involved in this way of thinking.	Intentions matter, if the person is attempting to be manipulative then the praise is not true praise or if the praise is for something you morally oppose.
This way of thinking involves outside sources, it can be difficult to see ourselves only from an individual perspective.	It places all praise and criticism on an equal level, discounting that there are people who are experts or whose opinions we value more.

New assumption: "I will take a more active role in criticism and praise, filtering into the categories of what is said, why it is being said, and what, if anything, I can do to rectify the problem that initiated the criticism. Further, I will give myself credit for praise which aligns with my own value system"

Feeling Good: The New Mood Therapy

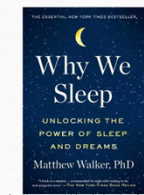
- Other useful chapters include:
 - Start Building Self-Esteem
 - Do-Nothingism: How to beat it!
 - Ways of Defeating guilt
- The book concludes by explaining the mechanism of action of antidepressant medications with supportive studies in their uses.
 - Dr. Burns MD background shines in this section.



Why We Sleep: Unlocking The Power of Sleep and Dreams

Why we sleep is written by Dr. Matthew Walker PhD. His credentials are as a professor of neuroscience and psychology at UC Berkeley and former professor of psychiatry at Harvard University.

- Why recommend for Bibliotherapy?
 - Have you heard patients say, "you harp a lot on sleep?" or "can you put me on a sleep medicine?"
- This is a book that can be given in "chapters" as psychoeducation.



Using “Why We Sleep” for Bibliotherapy

- Educations on melatonin usage
 - Jet lag challenges our circadian rhythms
 - Melatonin levels are set to our time zone
 - Melatonin can be used two hours prior in new time zone going from west to east to signal sleep.
 - Most melatonin supplements are very poor quality. Even good quality melatonin signals sleep, not induces it. Best use of melatonin is in jet lag.
- The role of caffeine on sleep pressure and adenosine.
 - Caffeine blocks adenosine receptors, causing wakefulness
 - Half life of 7 hours so will stay in your system 14 hours.¹⁰

¹⁰ Walker, M. P. (2016). *Why we sleep: The new science of sleep and dreams*. Penguin Books.

Why We Sleep, Cont.

- Functions of NREM versus REM
 - First half of sleep is predominately NREM, second half predominately REM
 - NREM “downloads” information from short term to long term and weeds out useless information; REM makes connections and analyzes old and new information to promote greater understanding.
 - This is not just a random 8 hour session but pertains to your sleep rhythm
 - Ex: if you go to bed from 12 am to 6 am but normally sleep from 10 pm to 6 am, you will not lose 25 percent of sleep hours but lose 60 to 90 percent of all REM sleep.¹¹

¹¹ Walker, M. P. (2016). *Why we sleep: The new science of sleep and dreams*. Penguin Books.

Why We Sleep, Cont.



- In a study of shifting cultural values in Greece conducted by Harvard, missing a mid-afternoon nap among 23,000 Greek adults was shown to increase mortality rate by over 60 percent, predominately with heart disease over a six year period.
- Special populations and sleep ages: There is a 30 to 50 percent deficit in the amount of REM sleep in children with Autism.¹⁰

¹⁰ Walker, M. P. (2016). *Why we sleep: The new science of sleep and dreams*. Penguin Books.

Why We Sleep, Cont.

- sleep deprivation and related conditions
 - Microsleep occurs in patients getting 7 hours of sleep or less, these are two second sleeps where the subject lacks awareness of occurrence.
 - Less than 5 hours of sleep, increases your risk of a car crash by threefold.
 - Sleep deprived individuals showed a 60 percent amplification in emotional activity. Overactive amygdala activity and underactive prefrontal cortex activity is noted.
 - Deep NREM sleep increases cleansing of brain with CSF. This cleansing removes toxic metabolites of the brains such as amyloid plaques. Poor sleep throughout lifespan is causally linked to dementia.¹⁰

¹⁰ Walker, M. P. (2016). *Why we sleep: The new science of sleep and dreams*. Penguin Books.

Other Notable Chapters

- Chapter 10 discusses how prazosin suppresses noradrenaline in the brain, promoting healthier REM sleep quality.
- Chapter 12 explains sleep disorders including Narcolepsy and Fatal Familial Insomnia.
- Chapter 13 is titled "iPads, Factory Whistles, and Nightcaps" and discusses what is stopping you from sleeping.
- Chapter 14: pills vs. therapy- this is a good chapter to assign patients to read prior to prescribing sleep medications. It describes the hidden cost of drugs like Ambien: forgetfulness, daytime fatigue, and slow reaction times the next day. There is also a detailed description and basics of CBT-I (Cognitive Behavioral Therapy for Insomnia).¹⁰

¹⁰ Walker, M. P. (2016). *Why we sleep: The new science of sleep and dreams*. Penguin Books.

On Grief and Grieving

- Written by the Psychiatrist Dr. Elisabeth Kubler-Ross, M.D.
- She reviews the five stages of grief: Denial, anger, bargaining, depression and acceptance; she notes they were not intended to be exactly ordered or considered within a timeline.
- The book mainly normalizes many feelings and experiences of the grieving process. Although it has spiritual aspects, the text is not written from a religious perspective.



(<https://www.amazon.com/Grief-Grieving-Finding-Meaning-Through/dp/1476773309>)

The Inner World of Grief

- Framing and normalization are the primary aims of this section. The book shares anecdotes to give life to these simple, yet important, lessons.
 - Comparisons of loss tend to worsen our pain.
 - It is ok to feel relief that someone is not here and suffering has ceased.
 - Sometimes we have to take more emotional rest than others think is right.
 - Death gives regrets more attention than they deserve.
 - It is an act of strength to be honest with your feelings rather than bottle them up.¹¹

¹¹ Kessler-Ross, E., David. (2024). *On grief and grieving* Kessler-Ross, Elizabeth | Kessler, David. Dream.

The Outer World of Grief

- Mourning is the outer part of grief including the actions we take, the rituals, and customs.
- Anniversary dates can be very difficult and there is more than one anniversary. Calling someone to tell them you are thinking of them on this day may feel odd, but can be very helpful. Also, sharing a happy memory of the person who passed.
- Giving away clothes and possessions can take time, some items you may want to give to certain people or display to keep a positive memory alive.
- Writing letters or continuing to speak to someone can be supported after a passing.¹¹

¹¹ Kessler-Ross, E., David. (2024). *On grief and grieving* Kessler-Ross, Elizabeth | Kessler, David. Dream.

Ending Message

- “The reality is that you will grieve forever. You will not “get over” the loss of a loved one; you will learn to live with it. You will heal, and you will rebuild yourself around the loss you have suffered. You will be whole again, but you will never be the same. Nor should you be the same, nor would you want to be”.¹¹



(<https://www.thechillat.co.uk/news/11941/guide-to-deathbed-requests-learned-by-so-many-in-uncertainty>)

¹¹ Kessler-Ross, E., David. (2024). *On grief and grieving* Kessler-Ross, Elizabeth | Kessler, David. Dream.

