
Corporate Gibberish or the Missing Therapist - The Role and Value of Self-help Materials

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Abstract: Self-improvement or self-help literature has become increasingly popular as a means of conveying psychological insights, encouraging personal growth and development in addition to suggesting treatment strategies for diagnosable mental health conditions. This genre of writing is potentially wide ranging overlapping with multiple areas of human endeavor from business to spirituality, sport and nutrition, yet the ubiquity of offerings in the field of mental health has meant that self-help is recognized, both as an alternative to and as a critical element of, professionally administered therapies. Accusations of commercial hype, blatant self-promotion and lack of empirical evaluation have resulted in professional derision and academic disengagement from designing and evaluating such interventions that could be a useful adjunct to effective therapy. The evidence base and scarcity of high quality research into the effectiveness of the myriad of self-administered therapies and their different formats is discussed, in the context of the author's observation that self-help materials are frequently recommended by clinicians to their patients, potentially on an anecdotal basis. Self-help materials have the potential to educate and support people experiencing a variety of forms of psychological distress in a non-stigmatizing fashion and may rightly be regarded as the initial step to accessing more formalized care and as such deserve greater academic scrutiny.

Keywords: Self-help, Evidence Base, Psychological Insight, Bibliotherapy, Cost Effectiveness, Mental Health Disorder

1. Introduction

Psychology has accumulated an abundance of useful knowledge over many decades, central tenets of which have been translated for public consumption in the form of a self-help or self-improvement literature. This purpose of this genre of writing is to ostensibly assist in understanding and overcoming problems or life challenges, and to promote human flourishing and personal growth [1]. With the emergence of behavior therapy and its techniques from the late 1960's, the promise and means of improving the psychological circumstances "of the masses" has led to a flourishing of materials translating psychological insights [2] but also potentially treating the symptoms of specific mental disorders. Distinguishing between materials that have application to and relevance for, specific diagnosable, mental disorders and

general self-improvement is extremely challenging for the consumer. The self-help industry, promoting and marketing such literature, has moved from constituting a relatively niche market pre- World War Two, to being a post-modern cultural phenomenon by the late 20th century. It fills shelves of bookshops and conference rooms and has created media celebrities and legions of followers, yet detractors have accused the self-help industry of capitalizing wildly off the growing self-consciousness and individualism of recent generations. The quality of the available offerings, in a market driven, as opposed to a peer reviewed industry varies greatly, from writings about bizarre superstitions, to legitimate life advice, to "translated" descriptions of actual treatment techniques. During the recent extraordinary COVID-19 pandemic, it is not unreasonable to assume that many people in lockdown are keeping company with self-help literature and materials of some form or another to assist them cope with the recent crisis for example.

It was also noteworthy in 2012 (in the aftermath of the recent global financial crisis) that the publishing imprint Vermilion reprinted four of the classic or seminal self-help texts ('How to Win Friends and Influence People' Dale Carnegie 1936 [3], 'The Power of Positive Thinking' Norman Vincent Peale 1952 [4], 'The Road Less Travelled' M Scott Peck 1978 [5], and 'Feel the Fear and Do it Anyway' Susan Jeffers 1987 [6]) anticipating further demand for these perennial bestsellers in a society-wide crisis. Although at first glance this field of writing may not lend itself to immersive research in terms of evaluating its impact, yet in the modern era of technological innovation and non-stop communication, what was once vague aspiration has yielded to a harder doctrine of self-optimization. Many self-improvement writers have impressive academic credentials and employ metrics and scientific methodology to measure progress along the path of implementation of their insights, in areas ranging from athletic and intellectual prowess to spirituality, motivation, prosperity and pleasure. Norcross [7] believes that about 85% of psychologists in clinical practice routinely recommend self-help books to their clients. Is there an evidence base though for self-improvement products and if so how effective are these approaches? This article will examine the growing influence of the drive towards self-transformation over recent decades, and discuss the role of self-administered treatments in healthcare.

2. A Definition of the Concept of Self-help

Definitions of self-help at first glance seem as varied as the myriad of available programs and materials that employ this label to describe their contents. Anderson et al [8] believe that self-help materials should "guide and encourage" the reader to make changes resulting in "improved self-management" as opposed to just providing information. The broadest definition of self-help may include the act of absorption of psychological information, not merely by oneself, but also in a group context. Distinction should be made between self-help or peer led services (such as Alcoholics Anonymous) as opposed to clinically or professionally facilitated groups however and many commentators prefer to reserve the term 'Bibliotherapy' for interventions that are delivered in a written format only and for individual consumption [9]. An all-encompassing definition of bibliotherapy is the guided use of reading as a complement to other help, always with a therapeutic outcome in mind [10]. Bibliotherapy may be implemented "in the real world" outside the framework of a therapeutic relationship however, which in a sense speaks to the very essence of self-help materials for many consumers, as a "do-it-yourself" or an "over-the-counter" approach to therapy.

The spectrum of self-help materials is widely heterogeneous and may include books, manuals, DVD's, audiotapes, magazines and a myriad of web-based materials including podcasts, mobile apps, websites and eBooks-often describing transformative experiences while 'fleshing out' the detail and

steps along the journey to self-reinvention. Common among the plurality of these approaches, media or products is the focus on the self as the object and subject of intervention. Books and written programs remediating difficulties such as major depressive disorder by use of cognitive behavioral techniques were traditionally felt to be the most rigorous articulations of the personal change roadmap, but internet based CBT is also an effective treatment for depression [11]. These forms of self-help have received most empirical attention, yet a Dutch analysis of 57 best-selling psychology books clearly highlighted the primary aim of self-help from a readers' perspective, was not the alleviation of the symptoms of psychological disorders, but the enhancement of personal strengths and functioning [12]. A common thematic underpinning, is the central ethos in contemporary neoliberal societies, that consider human troubles as primarily individual problems as opposed to pressing public health concerns with social, political and economic causes [13].

3. A Categorization of Current Offerings

Although most agree that self-help materials fall under the rubric of bibliotherapy, the spectrum of books on offer may range from "vague and inspirational prose" [14] to highly scientific therapeutic procedures intended for self-application by individual consumers, or for prescription by mental health professionals. If one includes self-improvement products and programs that cover business, finance and investing- the range of tools, methods and value of the self-improvement market rises exponentially. The total market for such services covering motivational speakers, personal coaching, training organizations, apps, holistic institutes, seminars etc has been estimated at 11 Billion Dollars annually in the United States [15].

Self-help media and products take different forms of advice, perspectives, narratives and foci with genres discussing health and personal memoir, spiritual or scientific discourses, practices such as meditation or journaling and messages (be resilient, exercise courage, love yourself) or foci (e.g. chakras) [16]. It is however an emphasis on quality of life as a cognitive theme helps to distinguish many self-help books from other advisory materials that focus on spirituality, physical health, money, diets and appearance - according to Bergsma [12]. His survey found that personal growth, relationships, coping and identity were the dominant categories of the psychologically based titles surveyed. In his summation of self-help classics, Butler-Bowden [1] groups works by "self-help legends" as well as sacred scriptures from different spiritual traditions into the following areas: The Power of Thought; Following Your Dream; Secrets of Happiness; The Bigger Picture; Soul and Mystery and Making a Difference. Patti-Lou Watkins and George Clum however in their 'Handbook of Self-Help Therapies' [17] have covered clinical topics in relation to the domain of self-help and evaluated the evidence for treating conditions such as anxiety disorders, depression, eating disorders, insomnia, problem drinking and sexual dysfunction among others.

Any discussion about self-help should also reference the categories of self-awareness and self-development offerings by organizations such as Harvard Business Review (HBR) focusing on management practice and leadership skills in business since its inception in 1922. Many concepts and terms, which have filtered into a myriad of workplaces, were first given prominence in HBR such as change management, work-life balance, team work and applying emotional intelligence in professional life [18]. The slow filtration of therapeutic ideas, assumptions and practices through public and private life, politics and popular culture has been truly a global phenomenon according to authors such as Daniel Nehring who [19] highlight the potential for commercial exploitation and even oppression by this therapeutic culture.

4. Good Intentions Are Not Good Enough – The Evidence Base

Although self-help or self-care over many decades has been promoted as complementary to, rather than as a substitute for mental health services [20], the notion of evaluating the effectiveness and limits of self-help therapies is not new. As far back as 1978, Glasgow and Rosen [21] reviewed over 100 studies and case reports that evaluated behaviorally orientated self-help instructional materials and were generally supportive of programs, especially citing cost effective benefits. Some commentators have expressed surprise that self-help has been neglected in the treatment of emotional disorders owing to its greater efficacy than waiting list or no treatment conditions, but acknowledge more limited literature support for self-help groups [22]. Early studies however tended to lack credibility on the basis that they compared self-help materials with no treatment, and were unsurprisingly found to have benefit [23], as opposed to later direct head to head comparisons with therapist administered interventions. The advantage of self-help over waiting list for treating social phobia and panic disorder highlighted in a 2012 meta-analysis [24] does create an opportunity to widen access to minimal and initial psychological treatments in the context of resource scarcity. A widely quoted meta-analysis of self-administered treatments (which took the form of self-help books, tapes and computer programs for circumscribed problems) concluded that self-administered treatments achieved outcomes comparable to therapist-administered treatments, but only for specific target-problems such as addictive behaviors and habit control [25]. Cuijpers study [26] however surprised many by its observation that self-administered therapy was as effective as therapist administered treatment in remediating many of the symptoms of unipolar mood disorder. A further meta-analysis of randomized controlled trials by Cuijpers and colleagues [27] of guided self-help for depression and anxiety compared with face to face psychotherapies pointed to comparable effects and treatment outcomes and called for implementation of self-administered therapy in routine care.

A critique of the research design qualities of many self-administered therapy studies will note however that in

terms of inclusion criteria, true diagnosis is often absent (being replaced by self-diagnosis), as is the opportunity for the client to have a causal understanding of the factors contributing to their problems, which potentially improves therapist delivered treatment outcomes. Studies that have promoted self-help methods that were claimed to be more effective have tended to utilize cognitive behavioral techniques, often being delivered at the level of primary care for mild to moderate mental health difficulties such as depression, anxiety, panic disorder, insomnia and specific phobias [28]. The Westminster primary care service tended to employ a range of stepped care approaches that still came under the umbrella of what was considered to constitute self-help despite therapist involvement, including bibliotherapy, 'guided' self-help including low intensity CBT classes, anxiety group management and behavioral activation for depression. In respect of anxiety disorders specifically, when self-help was compared to face-to-face treatment, a multiple regression analysis indicated that the type of comparison group, format of treatment (with internet/computer based packages being favored over bibliotherapy) and gender were significantly related to outcome, with studies on community samples being associated with larger effect sizes than on clinical populations [29].

Another trend in self-help literature is a focus on specific seminal publications by notable professionals such as David Burns' *Feeling Good Handbook* [30], which have even been evaluated under randomized controlled trial conditions, faring well in a primary care setting compared with pharmacotherapy [31]. In the authors' opinion such flagship tomes have not only received wide endorsement and sales but have tended to elevate other less respected offerings in the self-help field. While bibliotherapy has also proved useful as a non-stigmatizing intervention for difficulties such as low sexual desire [32], it has yielded less impressive clinical benefits as compared with therapist delivered treatments for social anxiety, PTSD, specific phobias and OCD in a detailed comparison by Hirai and Clum [33]. In Hirai and Clum's analysis of the utility of self-help for various forms of anxiety, similar outcomes in relation to therapist delivered treatments compared with self-help approaches, were found for panic disorder/agoraphobia and exam or test anxiety.

5. What the Evidence Does Not Tell Us

Some trials have not evaluated bibliotherapy without it being part of a treatment package involving guidance and direction from a clinician or professional. An intervention that does not further burden clinical resources is surely preferable though, given that in the context of resource constraints many with severe depressive symptoms, for example, do not access help [34]. Above all we need evidence that promotion to the public of effective self-help strategies could delay or prevent the onset of more severe mental distress such as major depressive disorder, reduce functional impairment and prevent progression to other undesirable outcomes such as substance

misuse. If public promotion of strategies for health and self-care are notoriously difficult to evaluate, then what about Morgan and Jorm's [34] exhortation for inclusion of other forms of evidence such as expert consensus, as opposed to randomized controlled trials that are not always feasible. How self-help therapies will be incorporated into health care systems at primary care and secondary care levels, and valued appropriately by clinicians remains an ongoing challenge- not least to understand the diversity of readers and their experiences and motivations, which may ultimately guide health educators about the positioning of these resources and their ability to promote mental health [35]. The reception of self-help materials by men is also an area of concern, who are frequently aware of stigmatization and who may be challenged in the performance of their masculinity in the context of such reading [36].

Guided self-help remains an attractive option for health planners who see the scalability and effectiveness of such an intervention, even for complex conditions such as binge eating disorders, yet the exact level of optimal patient guidance, staff training and materials required to combine these interventions into existing treatment pathways remains an open question [37]. Does this imply that unguided self-help is implicitly less effective than guided self-help or are there unintended benefits in consuming self-help books, which could perhaps serve as a springboard for earlier engagement with mental health services when necessary? At the pure bibliotherapy end of the spectrum, initiatives in the U.K. include the 2013 'Reading Well Books on Prescription' scheme based on NICE guidelines which recommend CBT-based self-help books (some of which have not been empirically surveyed) for a variety of conditions including depression, anxiety, phobias and some eating disorders [38]. This early intervention (endorsed by the Royal Colleges of Nursing and General Practitioners but not the Royal College of Psychiatrists), which is subject to annual evaluation but not rigorous academic review, is consistent with the Stepped Care Model for mental health [39].

The arrival and widespread availability of the internet has resulted in a plethora of online services for mental health in general and self-help materials including apps, blogs, forums, programs and therapy oriented websites [40]. The number of programs available has threatened to outpace the ability of researchers to conduct even basic evaluations for a limited number of health problems, let alone controlled studies, and little data is available on how to most effectively present therapeutic content to maximize behavior change. Whether internet-based programs are any more effective than the classic self-help tomes of the 1990's is therefore very much an open question, yet web based interactive materials allow ongoing participation and monitoring of client progress in a way that may shape and tailor-make future programs.

6. First Do (and Read) No Harm

There seems little doubt that utilizing self-help resources can have significant advantages for access to mental health

care, as it can overcome many barriers to seeking help, particularly relating to fears about confidentiality, anonymity, self-reliance and stigma. Online support also has the capacity to substantially increase access to mental health interventions by overcoming structural barriers such as cost and availability [41]. Some commentators have spoken additionally of the power of a hidden curriculum of positive thinking underpinning self-help literature alongside the learning originally sought, in that self-help reading may encourage people to be positive, optimistic and confident and to stop thinking negatively and to change the interpretation of themselves and their life circumstances. This is said to reflect a cultural logic of precariousness that characterizes contemporary labour markets and even domestic relationships [42]. The self-reinvention narrative in a large segment of the self-help market though, commodified by many self-help writers, may compromise professional standards which take "a backseat to commercialization factors in marketing self-help products" according to Rosen and colleagues [43]. Many academics have been concerned about the hyperbole associated with false and/or exaggerated claims of success which have a cult-like certainty about their effects [44]. Clearly inflated claims of near effortless and overnight transformation can threaten to discredit an entire genre of writing, which is poorly differentiated, yet may contain many rigorous and clinically relevant articulations of why change in lifestyle and/or attitude is desirable if not essential.

Not everyone has the power to concentrate or absorb self-help concepts and concern has been expressed that for those who fail to do so due to literacy or concentration issues, or who cannot measure up to magical expectations of self-help, a cycle of self-blame may be perpetuated [45]. In a complex uncertain world, bombastic guarantees of success in relation to any aspect of growth or self-improvement runs the risk of alienating people from the true value of professional help when it is really required. It is also somewhat ironic that when we consume self-help materials and place our trust in the advice of others, we can unwittingly disempower ourselves if we fail to find our unique path to fulfillment and passively consume insights of strangers [46]. Anecdotally addiction to self-help materials is increasingly reported among people who remain in the role of passive consumer and who postpone real change in favour of fantastical self-reinvention. Self-help programs are also potentially limited to the extent that the socio-cultural environment contributes to and maintains the problem – thus the onus is not always on the individual to change as broader solutions may be more appropriate (Watkins 2008). The impact of neo-liberal ideology however again deserves consideration as this positions individual responsibility and agency as central to the experience of success or failure, yet the as protectors of communal wellbeing in terms of previously trusted institutions and communities diminish, our personal mental wellbeing can paradoxically be in peril, particularly in older adults less invested in the culture of the self [47]. Cabanas and Illouz [48] further caution regarding the flaws, inconsistencies and generalizations of happiness showing how it has become

central to a blame culture in which structural inequalities are made over as psychological deficits as we obsessively look within as opposed to looking around us.

7. A Rationale for Writers Who Utilize the Self-help Genre

It was the strong promoter of positive psychology Martin Seligman [49] who wrote of the ability of individuals to transform themselves “Improving is absolutely central to the American Ideology”, recognizing that the primary agent of change is the self. Albert Ellis has also written about rational emotive therapy as being eminently deliverable in a self-help format, speaking of the “solid advantages” of self-help and its capacity to exert greater and more widespread influence than any professional psychotherapist [50]. This seems to highlight in my view a potentially dual writing mandate of many academics, clinicians and teachers to reach a binary audience - both of their academic peers but also lay spectators. Perhaps such a lay follower has the internet at their disposal and is less skeptical and more eager to uncritically consume insights and observations from their favorite guru or expert, that have not yet been academically ‘road tested’ by a tedious peer review process, but which appear compellingly and personally insightful and relevant. It would be unrealistic in the extreme to not expect notable thought leaders not to want to occasionally deviate from the tedium of research funding, ethics committees and rigid academic critique. The art of self-help writing thus may be a useful way of counterbalancing less stimulating aspects of academic work, by helping to channeling enthusiasm through translation of their work to the public, as well as being a useful profile raising exercise. Given the scale of the potential market for self-help materials, commercial advantages are also obvious. The onus remains on writers to more clearly delineate their offerings as being relevant to a specific cohort who have a mental disorder that is objectively diagnosed which therefore may be regarded as true bibliotherapy, from more general self-improvement commentary. This differentiation would not only be responsible but also ethical.

8. The Secret: Implement More and Consume Less

In the context of making small steps or achievable adjustments in order to sustainably change our behaviors or attitudes and thereby potentially to contentment or fulfillment, general self-help materials can have a useful place in psychological literature aimed at a lay audience. Applying a sense of compassion to ourselves when we don’t always measure up to our vision of what we believe represents perfection however, is potentially more challenging than making endless new year’s resolutions and serially failing to implement them. Powerful tools of self-empowerment which use emotive language undoubtedly connect many people to a sense of urgency to change, and in application many of us will

fall short but this shouldn’t imply we need to abandon our quest for small stepwise improvements nor passively consume the next self-help offering. After all, it can be illusory to believe that we are always in charge of our own destiny as serendipity and circumstance can determine the life trajectory for many. By teaching our patients to critically evaluate their favorite self-help author’s credentials, their writing style, key messages and themes (which are hopefully grounded in reality), we can help to save them much time and money. It is arguably a key clinical skill to be able to assist patients to navigate a market and an industry that sits a plethora of aspirational self-improvement materials on the same shelf as therapy manuals for specific disorders. By discussing the use of such materials during consultation, we may be able to fruitfully coach from the sidelines as we encourage our patients to slowly absorb insights from their chosen self-help literature, make plans for change, take action and hold themselves accountable by applying realizable goals.

9. Conclusion

A significant factor underpinning the phenomenal growth of the self-help movement in recent decades and arguably its most positive benefit is the sense of universality, which fosters a sense of acceptance that one’s problems are not unique and can ultimately be dealt with [51]. This echoes growing calls for more open dialogue about mental health issues throughout society. In the context of time constrained consultations about mental health, especially in primary care, it is a necessary clinical skill to recommend and tailor reliable sources of self-help to patients and indeed to monitor responses to these interventions [52]. Self-help materials can be a cost-effective means of accessing support in the first or initial step in receiving mental health care, building on gains in therapy and even supporting people experiencing minor relapses of their condition. The genre of self-help has certainly produced writing of highly variable quality, yet many of their concepts and much of their terminology has become embedded in mainstream language. Despite this we do not yet have sound methodologies to evaluate much of what passes as self-help and our recommendations are often more anecdotal than rigorous. We need much more comprehensive, critical evaluation of psychology and self-help titles, especially in respect of on-line materials, in order to fully understand their implications for the mental health field, public literacy and awareness of mental health issues and to determine if they are a realistic alternative to face to face therapy in resource-constrained healthcare settings. Presently the positive and negative consequences of self-help are a neglected subject in academic psychology, despite the fact that self-help literature may be the most important channel through which psychological insights find their way to a general audience [12]. As Norcross [7] eloquently put it “The self-help revolution is here and it is growing- psychologists can idly watch with bemused interest-devaluing self-change as shallow-or trivial, and internet sites as harmless- as the train roars past. Alternatively, we can recognize the power and

potential of the locomotive and help steer it to valuable destinations for our patients and the populace”.

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Conflict of Interest

All the authors do not have any possible conflicts of interest.

Ethical Standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation consistent with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that ethical approval was not required for publication of this manuscript.

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