



Do Self-Help Books Help?

Sales are booming, but readers are not always getting their money's worth

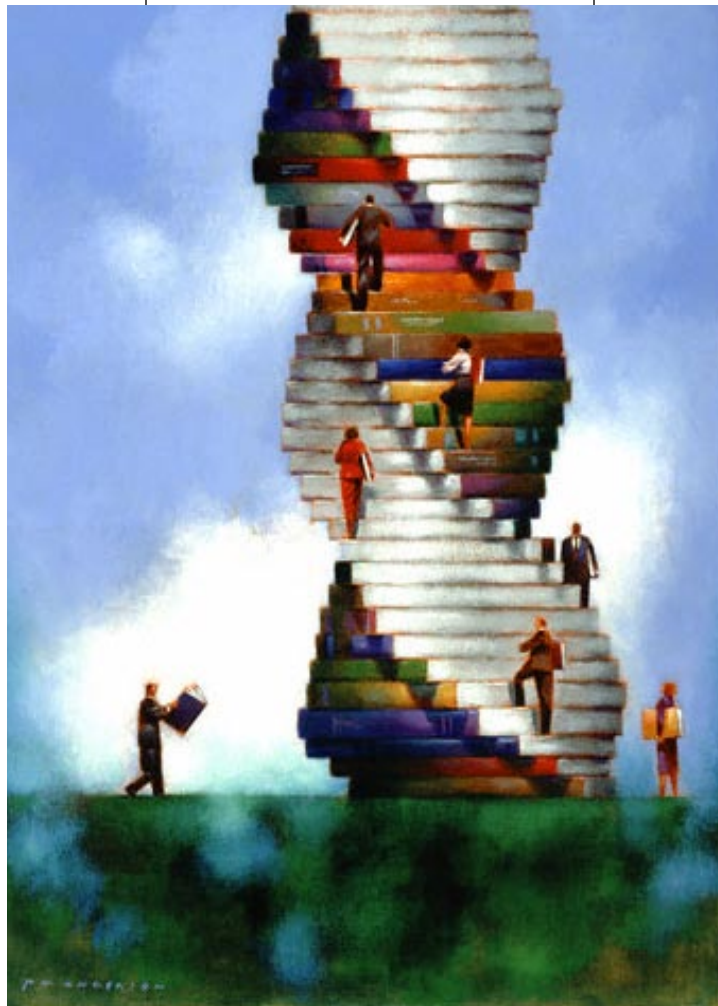
BY HAL ARKOWITZ AND SCOTT O. LILIENFELD

HAVE YOU EVER purchased a self-help book? If so, you are like most Americans. In 2003 alone, publishers put out more than 3,500 new self-help titles, ringing up more than \$650 million in sales. Many of the buyers cannot or will not seek psychotherapy, but surveys by John Norcross and his colleagues at the University of Scranton indicate that 80 percent or more of psychotherapists recommend such books to their patients, too. How well are self-help books fulfilling their purpose?

Authors of self-help books often make grandiose promises which invite a skeptical look. Consider the title of a best-seller by Anthony Robbins: *Awaken the Giant Within: How to Take Immediate Control of Your Mental, Emotional, Physical and Financial Destiny!* (Free Press, 1992). The dust jacket describes Robbins as an “acknowledged expert in the psychology of change.” Yet he lacks any formal mental health credentials. Elsewhere, Robbins has made eyebrow-raising claims, such as that he can cure any psychological problem in a session, make someone fall in love with you in five minutes and even revive brain-dead individuals. (If he can do this with enough people, he might sell even more books.)

Even trained psychologist authors

are not immune to hyperbole. Wayne Dyer, a counseling psychologist, wrote *You'll See It When You Believe It: The Way to Your Personal Transformation* (Harper Paperbacks, 2001). The dust jacket promises that “through belief



you can make your most impossible dreams come true, turn obstacles into opportunities, rid yourself of guilt and inner turmoil, and spend every day doing the things you love to do.” That's nice work if you can get it.

In view of how much time, money

and effort buyers spend on these materials, not to mention the hopes they raise, it is remarkable how little the average person knows about their effectiveness. Moreover, as clinical psychologist Gerald Rosen of the University of Washington has noted, professional psychological organizations have done little to educate the public concerning the strengths and weaknesses of self-help. Still, some researchers have conducted informative studies of the effects of self-help books, or as they call it “bibliotherapy.”

Typically investigators recruit participants with a specific problem (such as depression, panic attacks or obesity). They take objective measures of the problem before and after the bibliotherapy and compare such statistics with a group that gets no book or any other treatment (the “control” group); the intervening period usually lasts four to 12 weeks. Some studies also compare bibliotherapy with face-to-face psychotherapy.

Results generally demonstrate that bibliotherapy leads to greater mental health improvements than no treatment, and it often equals the benefits obtained by psychotherapy. Before you log on to Amazon.com or rush to the bookstore, however, let us describe the limitations of this research.

Small sample size. Only a tiny per-

COURTESY OF HAL ARKOWITZ (top); COURTESY OF SCOTT O. LILIENFELD (bottom); CREDIT TK

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centage of self-help books has been evaluated; a larger sampling may show different effects.

Minor problems. Many studies have employed subjects with relatively minor problems (such as mild fears of public speaking), which may be more amenable to self-help strategies.

Uneven results. Improvements occur for some but not all people, and many of those who do get better are still left with significant symptoms.

Study conditions yield greater success. Study volunteers may be more motivated than casual bookstore or airport browsers who purchase the same book. Subjects may be especially encouraged to read the book because researchers often call to monitor how they are doing. (In contrast, one of us [Arkowitz] has had a self-help book for more than 30 years entitled *How to Control Your Time and Your Life*. He has not yet found the time to read it. Maybe he should take part in one of these studies.)

Combined treatments. One review found that bibliotherapy study participants also met with therapists for 36 minutes on average per week, making it difficult to separate how much of the positive effects are attributable to psychotherapy versus bibliotherapy.

False hopes. It is unlikely that self-help books can deliver on many of their expansive promises. As a result, readers may perceive their lack of change as personal failures and even see themselves as hopeless cases (“false hope syndrome”). When unreasonable expectations for self-change go unmet, people feel frustrated and despondent and may give up trying to change.

Even when self-help works, it may not work as well as psychotherapy. A recent review by Marisa Menchola, along with University of Arizona colleague Arkowitz and Brian Burke of Fort Lewis College, examined this

Using Self-Help Books Wisely

- Choose books based on research or on valid psychological principles of change. See if the author makes any references to published research that support his or her claims. Some books that have been used with good effects in bibliotherapy studies are *Feeling Good: The New Mood Therapy*, by David D. Burns (Avon, 1999); *Mind over Mood: Change How You Feel by Changing How You Think*, by Dennis Greenberger and Christine Padesky (Guilford Press, 1995); and *Coping with Panic: A Drug-Free Approach to Coping with Anxiety Attacks*, by George Clum (Thomson Books, Cole, 1989).
- Examine the credentials of the author. Proclaiming oneself an expert (or appearing on *Oprah*) does not an expert make.
- Be wary of books that make promises that they obviously cannot keep, such as curing a phobia in five minutes or fixing a failing marriage in a week. Typically these books are based on the personal biases and preferences of the author rather than on valid psychological principles.
- Beware of authors that offer “one size fits all” solutions. For example, a book that tells you to always express your anger to your spouse fails to take into account the complexity of the people involved and the specifics of the marriage.
- If the problem is a serious one, such as clinical depression, obsessive-compulsive disorder or schizophrenia, you are better off seeking professional treatment than reading a self-help book. —H.A. and S.O.L.

possibility. In contrast to previous reviews, it included only studies in which contact with a therapist or researcher was minimal and in which subjects suffered from serious problems, such as major depression or panic disorder. Overall, bibliotherapy was better than no treatment, although psychotherapy was still superior to bibliotherapy. Certain self-help books can be valuable resources for personal change—especially if readers follow some simple tips in the accompanying box. A famous

Latin phrase, however, remains apt: *Caveat emptor!* (“Buyer beware!”) **M**

HAL ARKOWITZ and SCOTT O. LILIENFELD share an interest in helping the general public to distinguish myth from reality in the field of mental health. They recently wrote an article in *Scientific American Mind* about the science of psychotherapy. Arkowitz is a psychology professor at the University of Arizona, and Lilienfeld is a psychology professor at Emory University. They welcome reader suggestions for column topics: editors@sciammind.com

(Further Reading)

- ◆ **Self-Help Therapy: The Science and Business of Giving Psychology Away.** G. M. Rosen, R. E. Glasgow and T. E. Moore in *Science and Pseudoscience in Clinical Psychology*. Edited by S. O. Lilienfeld, S. J. Lynn and J. M. Lohr. Guilford Publications, 2003.
- ◆ **The Status of Self-Administered Treatments.** Edited by F. R. Scogin in Special section of *Journal of Clinical Psychology*, Vol. 59, No. 3, pages 247–349; March 2003.
- ◆ **Efficacy of Self-Administered Treatments for Depression and Anxiety.** M. Menchola, H. Arkowitz and B. Burke. (Submitted for publication, 2006.)