

BIBLIOTHERAPY AS A SELF MANAGEMENT METHOD TO TREAT MILD TO MODERATE LEVEL OF DEPRESSION

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Abstract

Keywords:

depression,

bibliotherapy,

hopeless,

suicidal ideation,

without psychotic

Background: Bibliotherapy can form an integral part of treating depression naturally at primary care level. Bibliotherapy in conjunction with natural remedies for depression can play an effective role in self management of depression. It is the term used to describe the use of self-help books to help those who are experiencing mild to moderate symptoms of anxiety, depression and other common emotional difficulties. Objective: This study was conducted to see its effects on reducing depressive symptoms, hopelessness and suicidal ideation on depressive patients. Method: With purposive sampling method 12 patients of depression without psychotic symptoms (6 patients in experimental group and 6 patients in control group) were taken from psychiatric OPD. The total duration of the study was three months. Assessment was done six times an interval of 15 days. Result: Subjects in the Bibliotherapy group had significantly less depressive symptoms, hopeless and suicidal ideation than those in the control group at the end of three months. Conclusion: Bibliotherapy is effective as an adjunct to psychotherapy in the management of depressive patients.

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INTRODUCTION

Depression is a common and important public health problem which is often associated with anxiety, although people with pure anxiety disorders often have their own behavioural and cognitive strategies that are different from depression. Written self-help materials or bibliotherapy, based on psychological treatments of proven efficacy, would seem a sensible option in providing a more accessible source of psychological help. Self-help is often difficult to define but there is consensus that self-help books should aim to guide and encourage the patient to challenge their unhelpful thoughts, resulting in improved self-management, rather than just provide information (Lewis C. et al, 2012).

The powerful effects of reading have been known since ancient times and it has been obvious to everyone that individuals do change attitudes and behavior based on what they read but it was only in the early 1900s that a specific term was coined for the use of books to effect a change in a person's thinking or behavior. In a 1916 issue of Atlantic Monthly, Samuel Crothers discussed a technique of prescribing books to patients who need help understanding their problems, and he labeled this technique "bibliotherapy" (Crothers, 1916, p.291).

Bibliotherapy refers to book therapy or a list of books that may be helpful in understanding a newly developed problem, a diagnosis, or suggested treatment. Bibliotherapy can be best described as a 'reading therapy'. Bibliotherapy reduces both the impact of stigma and the time burden associated with visiting a clinic besides these it is easy to use without any cost with greater privacy (Shoshani Helvitz I., 2016). It involves a prescription of books for patients to read. This method can be adopted as part of psychotherapy where the patient is asked to read certain books between sessions. The self help works best because this method of treatment presupposes that the patient is aware of the problem and willing to do something about it. Under bibliotherapy, it becomes clear to the patient that others also face similar situations. Self-help has been proven to be successful in the treatment of depression, mild alcohol abuse, and anxiety disorders (**Jennifer A. et al, 2003**). Its efficacy for adolescents who were experiencing mild and moderate depressive symptom was examined with a group of 22 community-dwelling adolescents. The treatment produced both statistically and clinically significant improvements in depressive symptoms. Treatment gains were maintained at 1-month follow-up (**Ackerson J. et al,**

1998). Thus, this type of study motivated me to see its efficacy on depression for maintaining their mental hygiene with the help of Bibliotherapy.

Objectives-

- 1) To assess and compare the level of depression in both experimental and control group.
- 2) To see the effect of bibliotherapy on level of depression from pre to post intervention in both experimental and control group.
- 3) To compare the effect of bibliotherapy on level of depression in both experimental and control group.

RESEARCH METHOD

Inclusion Criteria

- Diagnosed depressive patients according to ICD-10 DCR Criteria
- Age range 20-40 years only.
- Only male patient
- Education not less than intermediate
- Mild to moderate level of depression

Exclusion Criteria

- Illiterate or less than intermediate
- Severe or with psychotic features
- Other severe medical condition

Sample

Present study was conducted in outpatients department (OPD) of Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi. According to purposive sampling technique 12 patients were taken for the study. Written consent was taken for participation for the study. The age ranges of 20-40 years meeting the ICD-10 DCR criteria of depression without psychotic symptoms were taken for the study. Firstly, 12 patients were selected on the basis of predetermined inclusion and exclusion criteria. The selected patients were interviewed

individually on the basis of the semi structured socio-demographic and clinical Performa developed for the study. After that the sample was divided into two groups as experimental group and control group by random method, consisting 6 patients in each group.

Patients in both the study and control group were comparable in age, education, marital status, socio-economic status, occupation, religion and residence. In clinical characteristics, groups were comparable in respect to, duration of illness and suicidal ideation. There is no statistically significant difference was found between both the groups related to socio-demographic detail and clinical characteristics (table-1).

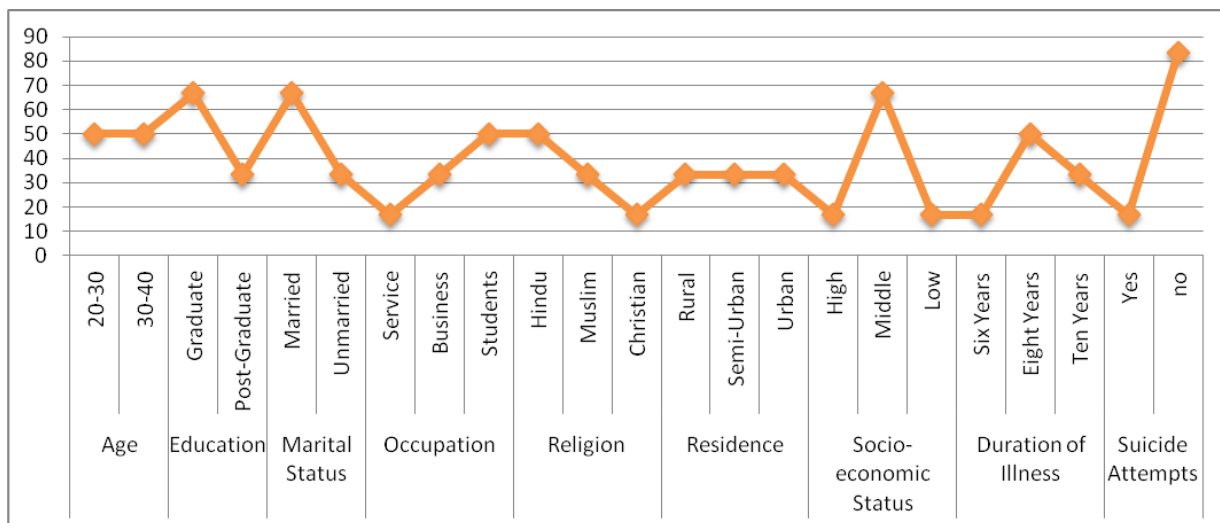
Table-1 shows comparison of socio-demographic and clinical variables of the groups

Variables	Characteristics	Experimental group (n=6)	Control group (n=6)	X^2	p-value
Age	20-30	3 (50%)	3 (50%)	.000	1.00
	31-40	3 (50%)	3 (50%)		
Education	Graduate	4(66.7%)	2(33.3%)	1.33	.24
	Post graduate	2(33.3%)	4 (66.7%)		
Marital status	Married	4(66.7%)	3 (50%)	.34	.55
	Unmarried	2(33.3%)	3 (50%)		
Occupation	Service	1(16.7%)	2(33.3%)	.53	.76
	Business	2(33.3%)	2(33.3%)		
	Students	3(50%)	2(33.3%)		
Religion	Hindu	3(50%)	4(66.7%)	.47	.70
	Muslim	2(33.3%)	1(16.7%)		
	Christian	1 (16.7%)	1(16.7%)		
Residence	Rural	2 (33.3%)	1(16.7%)	1.33	.51
	Semi-urban	2(33.3%)	1(16.7%)		
	Urban	2(33.3%)	4(66.7%)		
Socio-economic	High	1(16.7%)	2(33.3%)		

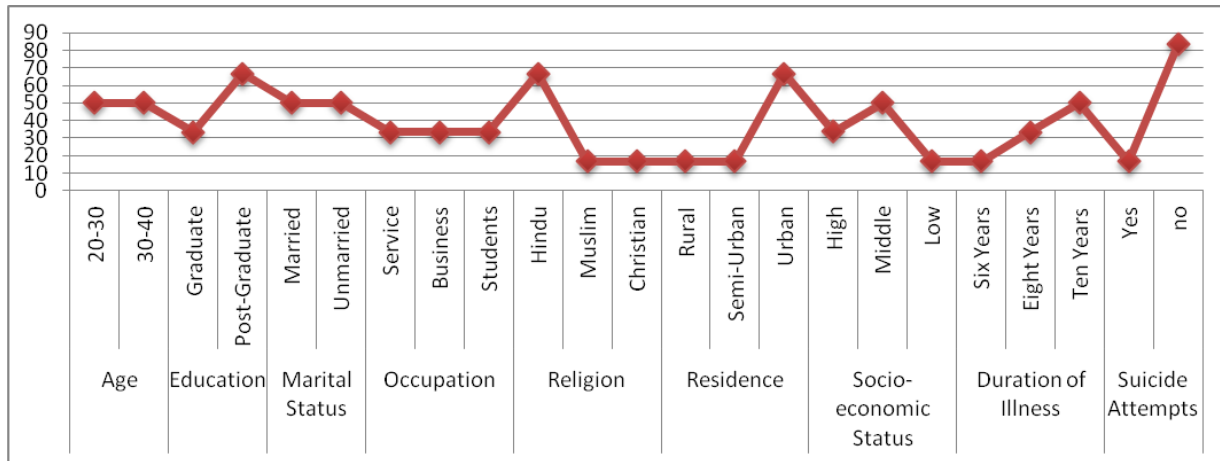
status	Middle	4(66.7%)	3 (50%)	.47	.78
	Low	1(16.7%)	1 (16.7%)		
Duration of illness	Six years	1(16.7%)	1(16.7%)	.40	.81
	Eight years	3 (50%)	2(33.3%)		
	Ten years	2(33.3%)	3(50%)		
Suicidal attempts	Yes	1(16.7%)	1(16.7%)	.000	1.00
	No	5(83.3%)	5(83.3%)		

Table-1 shows there is no significant difference between the groups. They were more or less same in their age, education, marital status, SES, occupation, duration of illness and suicidal attempts of the patients. Following graphs depict the socio-demographic details of both experimental and control group.

Graph 1 explains the socio-demographic details of patients in experimental group.



Graph 2 explains the socio-demographic details of patients in control group.



Procedure

The total duration of the study was three months (12 weeks). Base line assessment was gathered by Beck Depression Inventory (BDI-II), Adult Suicidal Ideation Questionnaire and Beck Hopelessness Scale from the patients. After the base line assessment, the study group was taken up in the session of bibliotherapy. Experimental group (n=6) was given bibliotherapy along with pharmacotherapy and the control group (n=6) given pharmacotherapy alone. For bibliotherapy suitable book was selected and its Hindi translation was done before the book was given to patients. Every 15 days throughout the following months patients were called for discussion and asked about summary of the book and what they learned from the book. Therapist's role is only supportive or facilitative for the experimental group.

Tools used

1) Socio-demographic and clinical data sheet: Especially designed socio-demographic data sheet was used for assessing the socio-demographic and clinical correlates. It included, age, education, marital status, socio-economic status, occupation, language, residence, duration of illness, & suicidal attempts (table 1).

2) Beck Depression Inventory: The long form of the BDI is composed of 21 items, each with four possible responses. Each response is assigned a score ranging from zero to three, indicating the severity of the symptom. Items 1 to 13 assess symptoms that are psychological in nature, while items 14 to 21 assess more physical symptoms. The BDI usually takes between five to ten minutes to complete as part of a psychological or medical examination.

3) Adult Suicidal Ideation Questionnaire: The Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991b) is a 25-item self-report measure of suicide ideation and behavior in adults. The ASIQ was derived from the 30-item Suicidal Ideation Questionnaire (Reynolds, 1987), developed to assess suicide ideation in adolescents. Respondents rate the frequency of suicidal thoughts or behavior during the past month using a 7-point scale for each item. The scale ranges from 0 ("never had the thought") to 6 ("almost every day"). The ASIQ yields a total score, ranging from 0 to 150. A cut-off score is used to identify individuals who need further evaluation of suicidal behavior. The measure takes approximately 5 minutes to complete.

4) Beck Hopelessness Scale: The Beck Hopelessness Scale (Beck & Steer, 1988) is a self-report instrument that consists of 20 true/false statements designed to assess the extent of positive and negative beliefs about the future during the past week. Each of the 20 statements is scored 0 or 1. It is designed to measure three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. Total scores range from 0-20 with higher scores indicating a greater degree of hopelessness. The test is designed for adults aged 17 – 80. The BHS takes less than 5 minutes to complete.

5) Self-Help Book: The treatment involved reading a book that emphasized a self-help approach to treating depression with minimal involvement by therapist. The book “A Self-Help Guide to Managing Depression” Philip J. Barker, have been used successfully in this study. It is 74 pages in length. It provided a comprehensive self-help treatment for depression that included both treatment and treatment maintenance. It contained the elements of cognitive therapy that is (i) supplying a rationale for cognitive therapy and its goals; (ii) explaining the relationship between thoughts and feelings; (iii) instructing the reader in the identification, examination, and testing of automatic thoughts; (iv) teaching "retribution"; (v) teaching how to generate alternative interpretations and solutions; and (vi) teaching the identification and modification of silent assumptions. It instructed the reader in the use of an activities schedule, graded task assignments, cognitive rehearsal, and assertion techniques.

Statistics Used

In the present study, data has been analyzed by using of Mann Whitney ‘U’ test. Both the groups were very small in sample size (only 12). Due to fulfillment of above assumption Mann Whitney

'U' test was used. The examined the comparison of socio-demographic and clinical variables x^2 and percentage was used.

RESULTS and ANALYSIS

Table-2 shows pre assessment score on Beck Depression Inventory

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney 'U' test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		
Sense of punishment	8.50	51.00	4.50	27.00	6.00	.021
Self punitive wishes	4.33	26.00	8.67	52.00	5.00	.023

Table-2 presents the baseline assessment score of the patients on the Beck Depression Inventory. Table indicates that there is no significant difference between the groups prior introducing therapy. Here mean scores of the patients are same but item 'sense of punishment' and 'self punitive wishes' was significant from the both the groups.

Table-3 shows pre assessment score on Beck Hopelessness Scale

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney 'U' test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		
I don't expect to get what I really want	8.50	51.00	4.50	27.00	6.00	.019

Beck Hopelessness Scale has been done to know the hopelessness of the patients. Table-3 indicates that there is no significant difference between the groups before therapy. Mean ranks of both the groups are different only on item 'I don't expect to get what I really want' at significant level (0.05 level).

Table-4 shows Pre assessment score on Adult Suicidal Ideation Questionnaire

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney 'U' test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		
I thought that others would be better off if I was dead	8.50	51.00	4.50	27.00	6.00	.019

Table-4 presents Mean ranks and sum of rank of the patients. According to them 'U' test has been done. Table shows there is no statistically significant difference between the groups except item 'I thought that others would be better off if I was dead' (U=6.00, P>0.05).

After three months, post assessment was done to know that any significant difference having between the groups or not.

Table-5 shows Post assessment score on Beck Depression Inventory

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney 'U' test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		
Mood	4.50	27.00	8.50	51.00	6.00	.019
Lack of satisfaction	4.00	24.00	9.00	54.00	3.00	.005
Self punitive wishes	4.50	27.00	8.50	51.00	6.00	.027

Work inhibition	4.00	24.00	9.00	54.00	3.00	.005
Weight loss	4.50	27.00	8.50	51.00	6.00	.019

Table-5 indicates BDI symptoms score. Scores on Mood (U=6.00, P>0.05), Lack of satisfaction (U=3.00, P>0.05), Self Punitive Wishes (U=6.00, P>0.05), Work inhibition (U=3.00, P>0.01) and Weight Loss (U=6.00, P>0.05) were significant differed. Result table indicates that depressive patient with bibliotherapy group has less depressive symptoms on different items of Beck Depression Inventory. However, few items were not statistically significant. In few items on BDI, experimental group patients had more or less similar Mean Rank with comparison to control group.

Table-6 shows Post assessment score on Beck Hopelessness Scale

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney 'U' test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		
I have great faith in the future	4.00	24.00	9.00	54.00	3.00	.005
The future seems vague and uncertain to me	4.50	27.00	8.50	51.00	6.00	.019

Table 6 exhibits the hopelessness of the patients. After three months, post assessment was done. Here only item "I have great faith in the future" (U=3.00, P>0.01) and item "The future seems vague and uncertain to me" (U=6.00, P>0.05) were statistically significant differ. If we see the table, we found that mean rank of both the groups were differ on different items. Mean rank as well as sum of Mean rank were high in control group but experimental group was low. It's also indicates that experimental group patients improved after bibliotherapy.

Table-7 shows Post assessment score on Adult Suicidal Ideation Questionnaire

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney 'U' test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		

I wished I were dead	4.50	27.00	8.50	51.00	6.00	.021
I thought that life was not worth living	4.00	24.00	9.00	54.00	3.00	.007
I wondered if I had the nerve to kill myself	4.50	27.00	8.50	51.00	6.00	.019

Table 7 gives information about the suicidal ideation of both the groups. Result table indicates that experimental group patient had decrease suicidal ideation. In ASIQ items experimental and control group were statistically significant differ with each other in item “I wished I were dead” (U=6.00, P>0.05), “I thought that life was not worth living” (U=3.00, P>0.01), and item “I wondered if I had the nerve to kill myself” (U=6.00, P>0.05). However, again difference was not statistically significant in most of the item of ASIQ. But Mean rank and sum of rank were low in experimental group, it shows bibliotherapy plays an important role in treating depression.

Table-8 shows grand total of post test assessment of experimental and control group patients

Variables	Experimental group (N=6)		Control group (N=6)		Mann-Whitney ‘U’ test	Sig. (2-tailed)
	Mean rank	Sum of rank	Mean rank	Sum of rank		
Beck Depression Inventory	3.50	21.00	9.50	57.00	.000	.004
Beck Hopelessness Scale	3.50	21.00	9.50	57.00	.000	.004
Adult Suicidal Ideation Questionnaire	3.50	21.00	9.50	57.00	.000	.002

Table- 8 shows grand total of the patients on different scale. Result table indicates that after three months bibliotherapy experimental group patients show significant less difficulty in BDI, BHS, and ASIQ items in comparison to control group. On Beck Depression Inventory, Beck

Hopelessness Scale and Adult Suicidal Ideation Questionnaire experimental group and control group statistically significant differ ($U=0.000$, $P>0.01$).

DISCUSSION

This study was conducted to assess the efficacy of Bibliotherapy on mild to moderate depression in the recovery of depressive symptoms and improvement of cognitive functions among the depressive outpatients and compared to the control group of patient who received only pharmacotherapy. The two groups did not differ significantly with respect of age, marital status, education, occupation, domicile, religion, language known etc. This study also tried to match clinical characteristics of the patients to a certain extent (Table-1). It explains that there has been no significant difference between the experimental group and control group in terms of duration of illness, course of illness and suicidal attempts.

Table-2 and table-5 describes the differences between pre and post test assessment for the experimental group and for the control group on Beck Depression Inventory (BDI). At the end of three months, even though the scores for different items significantly dropped from pre to post assessment for the both the groups, depressive patients who received bibliotherapy showed better ratings than the groups without bibliotherapy on different items. Table-2 indicates that experimental group and control group does not differ on BDI symptoms score before therapy. They had same difficulty on different items on BDI, but two items significantly differ from the control group. In item 'sense of punishment' experimental group patient showed problem and in item 'self punitive wishes' control group patient showed problem. After three months bibliotherapy, study group patient showed better improvement in depressive symptoms (table-5). Significant difference was found on items "mood", "Lack of satisfaction", "work inhibition" and "weight loss". Significant difference between the experimental group and control group suggests that bibliotherapy participants benefited significantly from the [Self Help Book](#). The present findings agree with the findings of Ackerson et al (1998), who also found that depressive patients in the bibliotherapy had a better rating in the BDI after 1-month follow-up than to a delayed-treatment control condition. Our findings supported to another study which were done by [Smith NM](#). et al (1997), they used Hamilton Rating Scale for Depression, Beck Depression Inventory, and questions relating to participant's perceptions of the program were administered.

Results indicated that treatment gains were maintained over the 3-year follow-up period and support the usefulness of cognitive bibliotherapy as an adjunct to traditional treatment modalities in a general adult population. The present findings also agree with the findings of Philip Landreville & Lynda Bissonnette (1997), who also studied 4-week cognitive bibliotherapy on depressive patients. Result indicates that treated subjects showed greater improvement on depressive symptoms than untreated subjects and that the treatment effect was maintained over a 6-month period.

In another study contradictory findings were found by Floyed M et al (2006). Results indicated that treatment gains from baseline to the 2-year follow-up period were maintained on the Hamilton Rating Scale for Depression and Geriatric Depression Scale, and there was not a significant decline from post treatment to follow-up. There were no significant differences between the treatments on the GDS or HRSD at the 2-year follow-up; however, bibliotherapy participants had significantly more recurrences of depression during the follow-up period. But it is very clear from the present study that bibliotherapy plays an important role for reducing depressive symptoms on mild to moderate depressive patients.

Table-3 and table-6 shows the difference between pre and post assessment data related to hopelessness of the patients. Before starting therapy, pre assessment was done on both the groups and no statistically significant differences were found. Experimental group as well as control group having similar difficulty on item of Beck Hopelessness Scale. After three months post assessment was done. In between three months, experimental group's patients were taken for bibliotherapy. Patients came in time at date fixed by therapist. They were asked and discussed about what they read and what they learned from the book. After that, post assessment was done. Item "I have great faith in the future" was highly significantly different from that of control group. Here experimental group patients showed very less difficulty after bibliotherapy than control group patients. Patient who received bibliotherapy showed significantly lower hopelessness score on BHS at the end of treatment compared to the control group. In other items of BHS, patients of both the groups showed similar reduction on hopelessness but it was quite clear from the table-6 that Mean Rank of experimental group patient was less than the control

groups. It indicates that bibliotherapy play an important role on reducing hopelessness in depressive patients.

ASIQ was administered to measure suicidal ideation in the patients, and they were assessed before and after the introduction of bibliotherapy in order to see whether there is any significant change from pre to post test and evaluate the effect of bibliotherapy on experimental group. Table-4 showed there was no significant difference found between the experimental and control group before therapy. After three months of bibliotherapy, post assessment was done. It is evident from the table-7 that experimental group patient showed better rating on suicidal ideation questionnaire. Table also exhibits that no significant difference was found on overall post assessment data between the groups but Mean Rank was lower in comparison to control group patients it means Bibliotherapy reduced suicidal ideation in experimental group depressive patients. So, this study clearly indicates that bibliotherapy based on CBT reduced suicidal ideation of the depressive patients.

From above explanation it is evident that the bibliotherapy group patients significantly reduced in terms of depressive symptoms, hopelessness, and suicidal ideation. It was noted that after one and half months of bibliotherapy the patients were highly motivated and asked about keeping the book for themselves and help in the treatment procedure.

Table-8 represented the overall scores on Beck Depression Inventory, Beck Hopelessness Scale and Adult Suicidal Ideation Questionnaire. The patients were assessed prior and after the introduction of bibliotherapy to determine whether bibliotherapy played any significant role in changes in terms of improvement for these areas. The group, which received bibliotherapy showed significant improvement after the three months bibliotherapy in all the scales and the improvement is significant at 0.01 level. This is evident from Table-8.

In other study which also support present study, Tom Foster (2006) performed a meta-analysis of six small short-term randomized controlled trials (adult and elderly participants) in which bibliotherapy (varying degrees of therapist contact), based on different types of cognitive behaviour therapy (CBT), was found to be an effective treatment (compared with waiting list

control groups) for unipolar depression (mean effect size 0.82, 95% CI 0.50 to 1.15) and no less effective than individual or group therapy. Mark Floyd et al (2004) found that bibliotherapy and individual psychotherapy are both viable treatment options for depression in older adults. McNaughton J. (2009) and Cuijpers P. et al (2010) done several systematic reviews or meta-analyses in the treatment of different psychological disorders among adults and found bibliotherapy was effective treatment modality for them.

From above explanation it is evident that the bibliotherapy plays an important role in mild to moderate depressive patients to maintain their mental hygiene.

CONCLUSION

Present study concluded that bibliotherapy may be an effective and acceptable psychological treatment for depression in adults with mild to moderate level of severity. There are many instances of mild depression where medication is not necessary. Bibliotherapy can play an effective role in self management of depression. But it needs adequate training and understanding of the concept.

CLINICAL IMPLICATION

This study is the first to evaluate the effectiveness of an integrated treatment for depression. Future efforts should be directed toward exploring the role of bibliotherapy for depression in meeting the needs of the general population. Research directed at exploring its role in education, prevention and promoting public awareness could help in achieving this goal. For example, dysphoria is a strong predictor of future major depressive episodes. Perhaps bibliotherapy could prevent the occurrence of such an episode.

REFERENCE

- [1] Ackerson, Joseph; Scogin, Forrest; McKendree-Smith, Nancy; Lyman, Robert D. (Aug, 1998) *Journal of Consulting and Clinical Psychology*. Vol 66(4), 685-690.
- [2] Beck AT, Steer RA (1988). *Manual for the Beck Hopelessness Scale*. San Antonio, Tex: Psychological Corporation.

- [3] Floyd M, Rohen N, Shackelford JAM et al (2006). Two-year follow-up of bibliotherapy and individual cognitive therapy for depressed older adults. *Behav Modif*; 30: 281- 294.
- [4] Jennifer A. Mains, Forrest R. Scogin (Jan 2003). *Journal of Clinical Psychology*. Vol. 59, issue 2, p.237-246. University of Alabama.
- [5] Mark Floyd, Forrest Scogin, Nancy L. McKendree-Smith, Donna L. Floyd, Paul D. Rokke (2004), *Behavior Modification*, Vol. 28, No. 2, 297-318.
- [6] Reynolds WM. (1991b), *Adult Suicide Ideation Questionnaire: Professional Manual*. Odessa, Fla: Psychological Assessment Resources;
- [7] Smith NM, Floyd M, Jamison CS, Scogin F. (1997). Three-year follow-up of bibliotherapy for depression. *J Consult Clin Psychol.*; 65:324–327.
- [8] Tom Foster (2006) *Ir J Psych Med* 2006; 23(3): 111-113.
- [9] Cuijpers P, Donker T, van Straten A, Li J, Andersson G. Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A systematic review and meta-analysis of comparative outcome studies. *Psychol Med*. 2010;40(12):1943–1957. [[PubMed](#)]
- [10] McNaughton J. Brief interventions for depression in primary care: a systematic review. *Can Fam Physician*. 2009;55(8):789–796. [[PMC free article](#)] [[PubMed](#)]
- [11] Lewis C, Pearce J, Bisson J. Efficacy, cost-effectiveness and acceptability of self-help interventions for anxiety disorders: systematic review. *Br J Psychiatry*. 2012;200 (1):15–21. [[PubMed](#)]
- [12] Shoshani Helvitz I. Bibliotherapy as a clinical tool and its applications in diagnosis, treatment and teaching medicine. *Harefuah*. 2016;155(12):770–773. Hebrew. [[PubMed](#)].