DOI: 10.14744/DAJPNS.2024.00232
Dusunen Adam J Psychiatr Neurol Sci
2024;37:5-14

RESEARCH ARTICLE

A randomized controlled trial of the effect of cognitive behavioral therapy-based self-help psychotherapy books on anxiety and depressive symptoms: A bibliotherapy study

Alisan Burak Yasar[1], Ibrahim Gundogmus[2], Rumeysa Tasdelen[3], Afra Selma Taygar[4], Esra Uludag[5], Erdogdu Akca[3], Kaasim Fatih Yavuz[6], Alp Karaosmanoglu[7], Mehmet Hakan Turkcapar[8]

[1]Istanbul Gelisim University, Department of Clinical Psychology, Istanbul, Turkiye
[2]Kirikkale Yuksek Ihtisas Hospital, Department of Psychiatry, Kirikkale, Turkiye
[3]Marmara Univesity, Pendik Training and Research Hospital, Department of Psychiatry, Istanbul, Turkiye
[4]Uskudar University, Department of Clinical Psychology, Istanbul, Turkiye
[5]Istanbul Sabahattin Zaim University, Department of Clinical Psychology, Istanbul, Turkiye
[6]Medipol University, Department of Clinical Psychology, Istanbul, Turkiye
[7]Psikonet Psychotherapy and Training Center, Istanbul, Turkiye
[8]Social Sciences University of Ankara, Department of Psychology, Ankara, Turkiye

ABSTRACT

Objective: The aim of this study is to compare the effects of self-help psychotherapy books based on cognitive behavioral therapy (CBT) approaches on anxiety and depressive symptoms, with those of a placebo psychology book and a control group receiving only antidepressant treatment.

Method: The current study was conducted with 110 patients admitted to the psychiatric outpatient clinic, diagnosed with depressive disorder and anxiety disorder. The study utilized a book each from CBT, Schema Therapy, Cognitive Therapy, Acceptance and Commitment Therapy, and a placebo book. Participants' depressive symptoms were evaluated using the Beck Depression Inventory (BDI), and their anxiety symptoms with the Beck Anxiety Inventory, both before and after the intervention.

Results: The median age of participants was 34.71±10.40, and 80% were female. The difference in BDI decrease between books was found to be statistically significant as a result of a mixed design Analysis of Variance (ANOVA). Although the difference in depression scores between the books was not statistically significant according to time in post hoc analyses, when all groups with the books were considered, the difference in depression scores was statistically significant compared to the decrease seen in the group that received only antidepressant treatment, according to the planned contrast analysis. When the analysis was repeated, excluding the group receiving antidepressant treatment, similar results were found in the placebo book group.

Conclusion: When compared to the placebo book group and the usual treatment group, self-help books written within the framework of CBT approaches are significantly effective in reducing depressive scores in patients diagnosed with depression and anxiety disorder. Further research is needed to observe the long-term effects of these books.

Keywords: Anxiety, bibliotherapy, book, cognitive behavioral therapy, depression, self-help

How to cite this article: Yasar AB, Gundogmus I, Tasdelen R, Taygar AS, Uludag E, Akca E, Yavuz KF, Karaosmanoglu A, Turkcapar MH. A randomized controlled trial of the effect of cognitive behavioral therapy-based self-help psychotherapy books on anxiety and depressive symptoms: A bibliotherapy study. Dusunen Adam J Psychiatr Neurol Sci 2024;37:5-14.

Correspondence: Alisan Burak Yasar, Istanbul Gelisim University, Department of Clinical Psychology, Istanbul, Turkiye
E-mail: abyasar@gelisim.edu.tr
Received: August 31, 2023; **Revised:** January 06, 2024; **Accepted:** January 08, 2024

INTRODUCTION

Major depression is a recurring mental disorder that affects over 300 million people worldwide and is one of the causes of suicide of approximately one million people each year. It leads to deterioration in social adaptation, functionality, and quality of life in individuals, as well as a significant loss of workforce and economic burden for society (1). Despite clinical guidelines recommending both pharmacological and psychosocial interventions in the treatment of depression, antidepressant drugs alone are the most commonly used treatment in clinical practice, especially in outpatient clinics (2). While pharmacological agents have positive effects in treating depression, the lack of adequate response in some patients and the need for continuous use to prevent recurrence pose various challenges. Patients experiencing drug-related side effects or who are reluctant to use drugs continuously face an increased risk of recurrence when attempting to reduce or discontinue antidepressant treatment. Recurrence rates after drug withdrawal can reach 60% after 24 months, although this varies depending on the population (3). Studies have shown that when psychosocial interventions are combined with pharmacotherapy or added to the treatment during the drug reduction period, the risk of depression recurrence decreases (4).

Psychosocial interventions are defined as interventions that emphasize psychological or social factors rather than biological ones (5). Although there are hundreds of psychosocial intervention approaches in the literature, only a few have evidence supporting them. Clinical guidelines recommend Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IPT) as first-line therapy for individuals with moderate depressive symptoms, and counseling (humanistic, psychodynamic, or cognitive behavioral approaches) for mild clinical situations (6). Many studies and meta-analyses have concluded that CBT is the most effective therapy for reducing depressive symptoms when compared to psychodynamic psychotherapy, IPT, and supportive psychotherapy (7).

With the emergence of effective behavioral change processes, methods other than face-to-face interaction are increasingly being used in psychotherapy practices. In this regard, there has been a significant increase in the use of written materials as well as technology-based methods such as virtual reality and web-based systems (8, 9). There is a notable accumulation of findings in the literature indicating that bibliotherapy, a method of psychotherapy where individuals read books about psychological change processes with minimal or no interaction with a therapist, can help individuals better understand their difficulties, improve their behavior, and cope with problems and symptoms in daily life (9–11). The primary advantages of bibliotherapy include its ease of use, accessibility, low cost, reduced need for healthcare professionals, increased privacy, and the option for readers to revisit the material later (12). Furthermore, bibliotherapy offers a self-help opportunity for people who may have difficulty accessing more traditional forms of treatment due to stigma, other diseases, dysfunction, or transportation difficulties (13, 14).

For mental health professionals, bibliotherapy can be an effective adjunctive therapeutic tool in the second line of treatment. Initially thought to be effective only for mild disorders under professional guidance, later studies have shown that it can also have significant effects in more severe clinical situations (15, 16). The National Institute for Health and Care Excellence (NICE) in (17) recommended self-help treatments as a first-line treatment for mild depression. Meta-analyses indicate that self-help interventions for depression are comparable to psychotherapies and antidepressant therapy, in addition to being more effective than receiving no treatment. There is extensive research on the efficacy of bibliotherapy for a wide range of clinical conditions, including mild to moderate depression and anxiety. Cuijpers' (18) meta-analysis on the efficacy of bibliotherapy in treating depression examined six studies and found a large mean effect size of 0.82 (95% confidence interval 0.50–1.15). A more recent meta-analysis by Gregory in (19), reviewing 17 studies, demonstrated a large effect size of 0.77 (95% confidence interval 0.61–0.94). The use of bibliotherapy has grown over the last three decades as its efficacy has been demonstrated. A study conducted by Adams and Pitre (20) in 2000 concluded that 68% of the therapists surveyed used bibliotherapy with their clients. This study found that experienced therapists (with 10 years or more of practice) were more likely to use self-help books than less experienced therapists. They reported recommending books to their clients to improve traditional therapy, develop client independence, and respond to the increasing client demand for self-help materials (20).

The majority of bibliotherapy methods tested in research are based on CBT principles. These methods aim to introduce individuals to the basic cognitive and behavioral processes that contribute to the

emergence of their clinical problems and to assist them in effectively addressing these processes (18, 19). Most effectiveness studies highlighted above consist of works written based on CBT approaches (18–20). However, comparative studies of bibliotherapy works written with different CBT approaches are not found in the literature. In this context, the present study aimed to randomly compare self-help psychotherapy books based on various CBT approaches in terms of different clinical variables with a book providing general information in the field of psychology (a placebo book with psychological content) and a control group to which no book was recommended. The first hypothesis of our study is that the depression and anxiety levels of the participants in the CBT groups will significantly change compared to the placebo book and control groups. Another hypothesis is that, as seen in comparative clinical studies, the efficacy levels in intervention groups will be similar.

METHODS

Patients who applied to the psychiatry outpatient clinic, met the inclusion criteria, and were prescribed antidepressant treatment were also invited to participate in the study. The study is a form of bibliotherapy, defined as the use of books in the therapeutic process (21). It was designed so as not to affect the usual psychiatric treatment of participants. After the examination, a randomized book was recommended to the patients who agreed to participate in the study, and the relevant scales were applied. The books 'Feeling Good: The New Mood Therapy' by David Burns (22), 'Notice, Think, Feel, Live' by Hakan Turkcapar (23), 'Reinventing Your Life' by Jeffrey E. Young and Janet S. (24), and 'The Happiness Trap' by Russ Harris (25) were selected as randomized books, and 'Being a Human' by Engin Gectan (26) was chosen as the placebo book. Schema therapy and acceptance-commitment therapy have been recognized as methods within cognitive behavioral therapy (27). The Semi-Structured Sociodemographic Data Form, created by the researchers, along with the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI), were used as data collection tools. Participants were given feedback on the data obtained at the end of the interview and were informed about potential risks. They were also informed about the research and provided their consent both verbally and in writing. The recommended book was distributed by the research team to all patients included in the study who were advised to read it.

Sample

Following routine psychiatric examination and treatment, all patients aged between 18 and 65, with at least a primary school diploma, who applied to the psychiatry outpatient clinic and met the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) diagnostic criteria for depression (mild to moderate) and anxiety disorders (generalized anxiety disorder and panic disorder), were invited to participate in the study. The research team had the sociodemographic forms and scales filled out and recommended a randomly determined book to the patients who volunteered to participate in the study. 'Feeling Good' was given to 20 patients (22), 'Notice, Think, Feel, Live' (23) to 21 patients, 'Reinventing Your Life' to 20 patients (24), 'The Happiness Trap' (25) to 14 patients as randomized books, and 'Being Human' (26) to 18 patients as a placebo book. In total, 110 participants were included in the study, along with 17 people in the waiting group who were not given books.

The books assigned to the participants based on randomization were distributed in the hospital by the research team. The participants were encouraged to read their assigned books. All patients in the study were contacted weekly via phone call or message to answer their questions about the book and to encourage them to follow the guidelines it provided. The scales were re-administered to the participants at a control appointment scheduled one month after they finished reading the books. The treatment team, who followed the patients in the outpatient clinic, completed the clinical measurements without knowing whether the participants had received a book or which book they had received. During the study, no changes were made to the participants' usual treatments. Patients who received adequate doses and treatment durations according to current guidelines and who continued their usual treatments were included in the study. The study's flow chart is presented in Figure 1.

Treatment Conditions

The characteristics of the books used in the study are briefly described as follows:

The Happiness Trap: This book, based on Acceptance and Commitment Therapy (ACT), aims to help individuals cope more effectively with negative inner experiences, create a more meaningful behavioral repertoire, and increase life satisfaction (25).

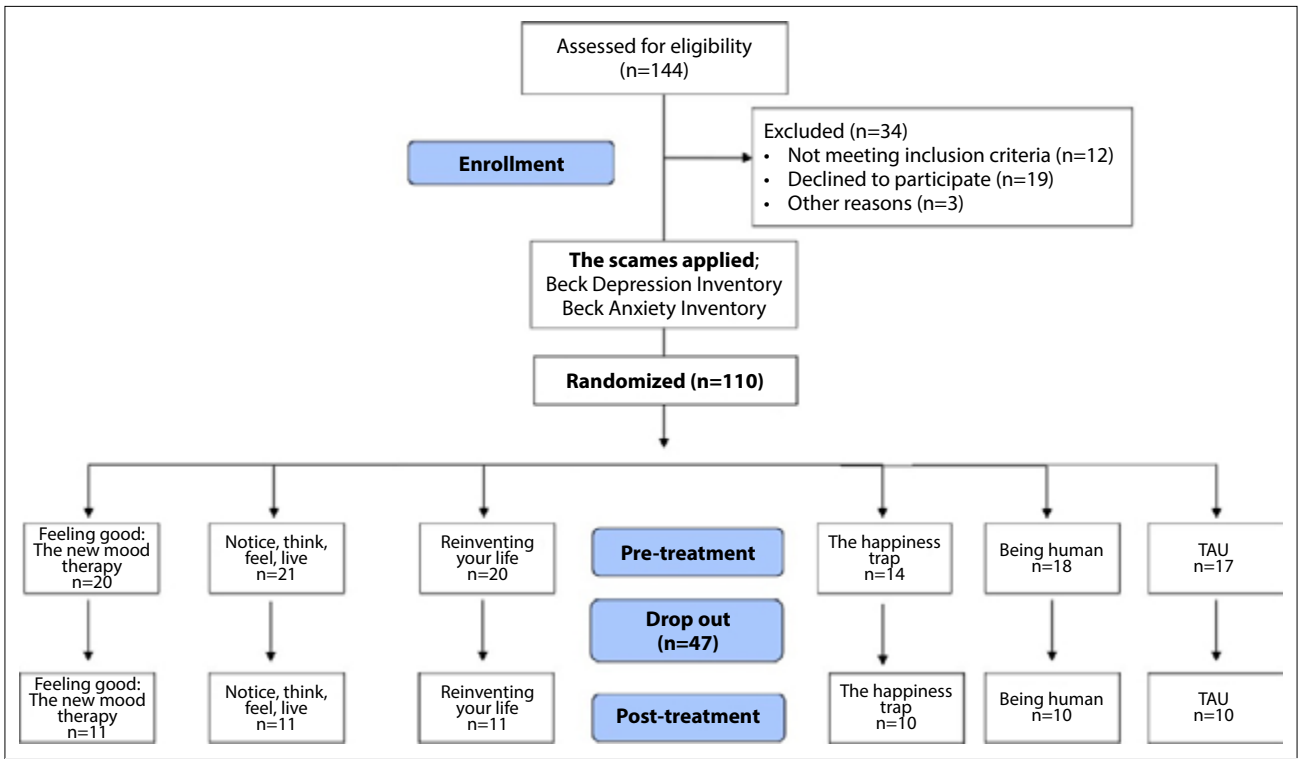

Figure 1. Flowchart of participants through each stage of the study.

Feeling Good: Written from the perspective of Cognitive Behavioral Therapy, this book aims to help readers understand their mood swings, the causes of negative thoughts, and the underlying meaning of depression (22).

Notice, Think, Feel, Live: This book explains how to cope with depression and anxiety disorders, the relationship between the brain and mental disorders, and the elements that make life meaningful from a Cognitive Behavioral Therapy perspective, providing a kind of roadmap for readers (23).

Reinventing Your Life: Based on schema therapy, this work discusses how beliefs that were accepted without being noticed and examined previously affect the relationships, lives, and mental health of individuals (24).

Being a Human: Written from an existential perspective, this book focuses on human behavior, the relationship between the individual and society, and family dynamics, aiming to raise the reader's awareness in these areas (26).

Data Collection Tools

Beck Depression Inventory (BDI)

The BDI was created by Beck and Steer (28) in 1984, this scale measures the severity of behavioral symptoms of depression. It is a 21-question Likert-type self-assessment scale. The Turkish validity and reliability study of the scale was conducted by Hisli (29).

Beck Anxiety Inventory (BAI)

The inventory was developed by Beck, Epstein, Brown and Steer in 1988 (30), this scale is designed to assess the frequency and severity of anxiety symptoms in individuals. The highest possible score on this 21-question scale is 63. The Turkish validity and reliability study of the scale was conducted by Ulusoy in 1993 (31).

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS) 22.0 software package was used for statistical analysis of the study data. Descriptive data were presented with frequency and percentage for categorical variables, and mean and standard deviation for continuous variables. The Pearson Chi-square test for categorical variables and parametric assumptions for continuous variables were used to compare the pre-application variables of the groups. This was followed by the one-way Analysis of Variance (ANOVA) for variables that met the parametric assumptions and the Kruskal-Wallis test for those that did not. Separate mixed-design analyses of variance were used to determine if the books alone resulted in significant

Table 1: Sociodemographic and clinical characteristics of the participants and comparison between groups

	1	2	3	4	5	6	Total	p
Age								0.586
Mean	31.95	32.76	35.35	35.71	35.94	37.47	34.71	
SD	10.20	9.95	10.76	13.22	8.914	9.92	10.40	
Equivalent Dose of Usual Treatment (Fluoxetine)								0.918
Mean	22.67	26.18	24.01	25.82	21.59	21.92	23.69	
SD	13.48	17.64	17.01	14.35	13.82	15.93	15.29	
Duration of disorder (weeks)								**0.019**
Mean	267.80	166.47	147.60	371.42	404.55	195.71	251.02	
SD	278.48	197.39	128.82	317.42	376.58	292.40	282.61	
Gender, n (%)								0.385
Female	13 (65)	19 (90.5)	15 (75)	11 (78.6)	16 (88.9)	14 (82.4)	88 (80.0)	
Male	7 (35)	2 (9.5)	5 (25)	3 (21.4)	2 (11.1)	3 (17.6)	22 (20)	
Marital status, n (%)								0.980
Single	9 (45)	8 (38.1)	6 (30)	6 (42.9)	6 (33.3)	7 (41.2)	42 (38.2)	
Married	10 (50)	13 (61.9)	13 (65)	8 (57.1)	11 (61.1)	10 (58.8)	65 (59.1)	
Divorced	1 (5)	0 (0)	1 (5)	0 (0)	1 (5.6)	0 (0)	3 (2.7)	
Education, n (%)								0.917
Primary	3 (15)	3 (14.3)	3 (15)	2 (14.3)	4 (22.2)	2 (11.8)	17 (15.5)	
Secondary	1 (5)	3 (14.3)	2 (10)	2 (14.3)	3 (16.7)	2 (11.8)	13 (11.8)	
High school	6 (30)	7 (33.3)	4 (20)	3 (21.4)	4 (22.2)	4 (23.5)	28 (25.5)	
Bachelor's degree	10 (50)	8 (38.1)	11 (55)	7 (50)	7 (38.9)	6 (35.3)	49 (44.5)	
Master's degree	0 (0)	0 (0)	0	0 (0)	0 (0)	3 (17.6)	3 (2.7)	
Employment, n (%)								0.154
Unemployed	6 (30)	13 (61.9)	9 (45)	11 (78.6)	10 (55.6)	8 (47.1)	57 (51.8)	
Employed	13 (65)	7 (33.3)	9 (45)	2 (14.3)	7 (38.9)	9 (52.9)	47 (42.7)	
Student	1 (5)	1 (4.8)	2 (10)	1 (7.1)	1 (5.6)	0 (0)	6 (5.5)	
Diagnosis, n (%)								0.893
MDD	11 (55)	11 (52.4)	12 (60)	9 (64.3)	12 (66.7)	10 (58.8)	65 (59.1)	
GAD	7 (35)	3 (14.3)	4 (20)	3 (21.4)	3 (16.7)	3 (17.6)	23 (20.9)	
PD	0 (0)	3 (14.3)	1 (5)	1 (7.1)	1 (5.6)	0 (0)	6 (5.5)	
MDD+comorbidities	2 (10)	4 (19)	3 (15)	1 (7.1)	2 (11.1)	4 (23.5)	16 (14.5)	
Drugs, n (%)								0.803
No drug	2 (10)	2 (9.5)	3 (15)	2 (14.3)	3 (16.7)	2 (11.8)	14 (12.7)	
Escitalopram	10 (50)	11 (52.4)	6 (30)	7 (50)	7 (38.9)	7 (41.2)	48 (43.6)	
Sertraline	4 (20)	6 (28.6)	2 (10)	3 (21.4)	2 (11.1)	3 (17.6)	20 (18.2)	
Fluoxetine	0 (0)	1 (4.8)	4 (20)	0 (0)	2 (11.1)	1 (5.9)	8 (7.3)	
Paroxetine	1 (5)	0 (0)	3 (15)	1 (7.1)	1 (5.6)	0 (0)	6 (5.5)	
Duloxetine	2 (10)	0 (0)	2 (10)	1 (7.1)	2 (11.1)	1 (5.9)	8 (7.3)	
Venlafaxine	0 (0)	1 (4.8)	0 (0)	0 (0)	1 (5.6)	1 (5.9)	3 (2.7)	
Others	1 (5)	0 (0)	0 (0)	0 (0)	0 (0)	2 (11.8)	3 (2.7)	
Pre-treatment BDI								0.608
Mean	21.30	24.90	19.95	18.97	22.39	21.12	21.60	
SD	12.97	11.00	9.06	9.51	10.96	8.06	10.42	
Pre-treatment BAI								0.685
Mean	22.50	28.14	23.75	24.32	28.56	25.00	25.41	
SD	13.82	15.03	13.43	12.59	14.25	12.08	13.54	

BAI: Beck Anxiety Inventory; BDI: Beck Depression Inventory; GAD: Generalized Anxiety Disorder; MDD: Major Depressive Disorder; PD: Panic Disorder. Groups: 1 - "Feeling Good", 2 - "Notice, Think, Feel, Live", 3 - "Reinventing Your Life", 4 - "The Happiness Trap", 5 - "Being Human" (placebo), 6 - Treatment as usual. $p<0.05$ statistically significant (bold values).

Table 2: Univariate test results of differences between pre- and post-treatment measurements (n=63)

Scale	Book	Pre-test		Post-test		Between time			Between groups		
		M	SD	M	SD	F (df)	p	η^2	F (df)	p	η^2
Beck Depression Inventory	"Feeling Good"	21.60	13.45	12.90	9.10	21.326 (1/57)	<**0.001**	0.272	2.621 (5/57)	**0.033**	0.187
	"Notice, Think, Feel, Live"	19.90	8.25	13.45	5.64						
	"Reinventing Your Life"	18.53	5.56	9.84	8.29						
	"The Happiness Trap"	18.87	8.28	11.90	7.80						
	"Being Human"	24.33	9.75	24.00	12.83						
	Treatment as usual	22.20	9.02	23.40	6.56						
Beck Anxiety Inventory	"Feeling Good"	18.70	12.28	14.40	10.10	27.133 (1/57)	<**0.001**	0.323	1.122 (5/57)	0.359	0.090
	"Notice, Think, Feel, Live"	23.90	10.61	16.27	13.23						
	"Reinventing Your Life"	23.30	11.80	10.15	8.50						
	"The Happiness Trap"	23.64	14.44	16.50	12.82						
	"Being Human"	33.66	17.15	28.66	15.02						
	Treatment as usual	24.60	10.45	19.60	12.76						

p<0.05 statistically significant (bold values).

changes in the dependent variables and if there was a difference in changes between the two groups. In cases where the Mauchly test indicated that the sphericity assumption had been violated, the Greenhouse-Geisser adjustment was applied, and the corrected results were reported. The effect size was presented using η^2. A p-value of <0.05 was considered statistically significant.

RESULTS

A total of 110 volunteer outpatients were randomly allocated to six groups: 1 - "Feeling Good", 2 - "Notice, Think, Feel, Live", 3 - "Reinventing Your Life", 4 - "The Happiness Trap", 5 - "Being a Human" (placebo), and 6 - Treatment as usual (TAU). The sample comprised 88 females (80%) and 22 males (39.6%). The mean age was 34.71±10.40, ranging from 18 to 68. The four treatment groups, the control group, and the TAU group were similar in sociodemographic variables, with no significant differences in age ($F_{(5,104)}$=0.753, p=0.586); gender ($\chi^2_{(5,110)}$=5.242, p=0.385), education ($\chi^2_{(20,110)}$=12.439, p=0.917), and marital status ($\chi^2_{(10,110)}$=4.404, p=0.980). Nearly all participants had been administrated at least one antidepressant (n=96, 87.3%). The equivalent dose was calculated with reference to fluoxetine (1), with a mean equivalent dose of 23.69±15.29 mg/day. There were no statistically significant differences among the groups in terms of antidepressant use ($\chi^2_{(35,110)}$=26.312, p=0.803) and the equivalent dose ($F_{(5,104)}$=0.289, p=0.918). The most common diagnosis was major depressive disorder (n=65, 59.1%) followed by generalized anxiety disorder (n=23, 20.9%). The mean duration of disorder was 251.02±282.61 weeks. The sample size of the completers over time was 63. The number of dropouts was not significantly different among the groups ($\chi^2_{(5,110)}$=2.678, p=0.750) (Table 1).

Separate mixed-design analyses of variance were performed on depression (BDI) and anxiety (BAI). The between-subject factor was the type of bibliotherapy: 1 - "Feeling Good", 2 - "Notice, Think, Feel, Live", 3 - "Reinventing Your Life", 4 - "The Happiness Trap", 5 - "Being Human", 6 - Treatment as usual. The within-subject factor was time periods: (a) pre-treatment and (b) post-treatment. The sample size for each group ranged from 14 to 21. The results of the one-way ANOVA test performed to evaluate whether the pre-treatment measurements differed between the groups are presented in Table 1. Accordingly, no statistical difference was observed between the groups in pre-treatment measurements (p>0.05).

Univariate results indicated that there was a significant interaction effect of book by time for the BDI. However, no significant interaction effect was found for the BAI (Table 2). In the mixed-model ANOVA, a significant interaction effect of the book over time was observed ($F_{5,57}$=2.621, p=0.033, η^2=0.187). In the follow-up planned contrast analysis, it was observed that the depression score decreased significantly compared to the "usual treatment" group when all book groups were considered (t_{57}=2.525, p=0.014). A second ANOVA was performed to examine the effect of treatment books compared to

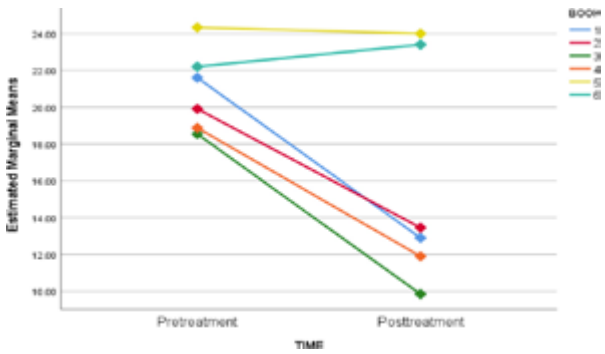

Figure 2. Graphical representation of participants' Beck Depression Inventory results before and after treatment.

Books: 1 - "Feeling Good", 2 - "Notice, Think, Feel, Live", 3 - "Reinventing Your Life", 4 - "The Happiness Trap", 5 - "Being Human" (placebo), 6 - Treatment as usual.

placebo, excluding TAU. Despite the non-significant interaction effect ($F_{4,48}$=1.758, p=0.153), the profile graph (Fig. 2) suggested that other books may be more effective than placebo. Planned comparisons revealed a significant difference between treatment books and placebo (t_{48}=2.501, p=0.016), but not between any treatment book pairs. In the comparison of effectiveness only between the treatment books, there was no statistically significant difference between the books ($F_{3,40}$=0.227, p=0.887, ηp2=0.017).

DISCUSSION

This study was conducted to evaluate the effect of self-help books written based on CBT approaches, such as Schema Therapy, Acceptance and Commitment Therapy, and Cognitive Therapy, on anxiety and depressive symptoms in the clinical patient population. It also aimed to compare these effects with both placebo and control groups. Books written in accordance with CBT approaches were randomly recommended to patients who applied to the outpatient psychiatry clinic and were starting antidepressant treatment. A more significant regression in depressive scores was observed in these groups compared to the group recommended another psychology book, which was not presented as a self-help guide, and the control group, which received no book.

Schema Therapy, Acceptance and Commitment Therapy, Cognitive Therapy, and Classical CBT, which fall under the umbrella of CBT, are effective and reliable psychotherapy methods for many disorders, especially depression (32–34). CBT is one of the most researched methods in treating depressive disorders (34). In classical cognitive behavioral therapies for depression, very strong behavioral activation strategies are used. These strategies aim to change thoughts and beliefs that are found to be related to depressive symptoms through cognitive restructuring. Following this, recurrence prevention interventions are implemented (33, 35). CBT has been demonstrated to be a significantly effective treatment modality for mild, moderate, and severe forms of major depression. When used alone in treatment, it is equally effective as drug therapy and more prominent in preventing recurrence (36). Schema therapy, first developed by Jeffrey Young in 1994, was adapted for the treatment of personality disorders and some other psychiatric disorders (37). It is an integrative treatment that combines cognitive, behavioral, psychodynamic, and experiential strategies (38). Studies have shown that schema therapy is as effective as CBT in treating depressive symptoms, chronic depression, and personality disorders (39). Acceptance and Commitment Therapy (ACT) was developed within the framework of a scientific approach known as contextual behavioral sciences and is based on the Relational Frame Theory, which elucidates the empirical principles of the relationship between language and behavior (40). In clinical depression, ACT has been shown to be effective in numerous controlled trials and is at least as effective as classical CBT (41).

It is possible to say that the findings of the present study align with existing literature on the effectiveness of self-help books. There are numerous studies on the efficacy of CBT-based bibliotherapy, especially for subthreshold depression (8, 18, 19, 42). Similar to the existing literature, CBT-based self-help books were found to be effective in reducing depressive symptoms in this study. In this context, the effectiveness of the books in alleviating depressive symptoms, despite focusing on different cognitive and/or behavioral processes, may imply that they do not share common change mechanisms. There are studies in the literature indicating that bibliotherapy mediates the effect of automatic thoughts on depressive symptoms (43). Therefore, the changes in depressive scores observed in groups given books based on cognitive therapy approaches in this study may be related to potential changes in automatic thoughts. However, 'The Happiness Trap,' which adheres to the Acceptance and Commitment Therapy approach, focuses on dealing with automatic thoughts and other inner experiences in a more flexible manner, rather than altering them.

These results suggest that different approaches may be effective in addressing depressive symptoms through different mechanisms. Further research aimed at determining which approach is more effective for specific clients may be beneficial for the more effective selection of materials in bibliotherapy.

Reading a book can itself be considered a form of behavioral activation. Some opinions suggest that activity planning is as effective as cognitive therapy and other psychological treatments, as evidenced by a meta-analysis showing the effectiveness of behavioral activation in treating depression in adults (44). While reading a book without 'Active Self-Help Contents,' such as the book used in the placebo group, can be evaluated as behavioral activation in this context, our study did not find a significant change in depressive scores in this group. Such tasks may still contribute to the reduction of depressive symptoms in the short term as a behavioral assignment, but their long-term effects need to be examined. Another controlled bibliotherapy study, which evaluated the follow-up effects on 96 young adults with subthreshold depression, found that cognitive bibliotherapy caused statistically and clinically significant positive changes in both depressive symptoms and cognitions compared to the control group. Moreover, these changes were sustained at follow-up. This study also noted that patients in the placebo book group lost their temporary gains during follow-up and returned to their pre-treatment depression symptoms (43).

The present study included patients diagnosed with anxiety disorders and depressive disorders. Given that there was no statistical difference in diagnoses between study groups and no difference in the effects of the self-help book groups, it can be inferred that books written in accordance with CBT approaches support the transdiagnostic approach. Although the focus of different cognitive and behavioral therapies varies, this suggests that it does not significantly impact their effectiveness. Our study's results indicate that the books benefit individuals regardless of the diagnosis. Additionally, the fact that a self-help book written in Turkish has shown similar effectiveness to the previously researched book 'Feeling Good' may indicate two important cultural considerations. (45) The first is that a self-help cognitive therapy book written in Turkish is as effective as other books. The second consideration is that bibliotherapy books written from a cognitive behavioral perspective, even when translated, can be effective for the Turkish population as well.

The results of this study should be considered within the context of some limitations. The most significant limitation is the small sample size. Therefore, all results should be interpreted carefully. Another important limitation is the inability to identify intervening variables in recovery. Homework assignments are also important components in CBT. Specifically, the number of exercises completed by participants, as suggested in the bibliotherapy book, was not measured in this study. Furthermore, since change processes such as alterations in cognitions, rules, schema-related attitudes, cognitive dissonance, and acceptance could not be measured in our study, it is not possible to form a clear understanding of the effect mechanism of the books. Significant limitations of the study include the exclusion of patients with bipolar and schizophrenic disorders, the exclusion of those who did not volunteer, and the lack of data on the depressive scores of dropout patients. Although patients were reminded to read the books weekly via phone calls, another important limitation of the study is that the book reading rate at the end of the first month was not measured, and these rates varied among patients. Despite this, the study still demonstrates the benefit of recommending a book in normal polyclinic practices, regardless of the measurement of reading rates. However, when a book is recommended in a real-life setting, patients' motivation to purchase books may change after leaving the treatment team. Another consideration is that the books recommended in this study were provided by the research team, which could be seen as an advantage in terms of acquisition and reading compliance as a requirement of the study. Lastly, the onset of the Coronavirus Disease 2019 (COVID-19) pandemic shortly after the study began impacted participant involvement and the follow-up process, which can be considered a limitation.

CONCLUSION

This research has demonstrated that cognitive behavioral bibliotherapy is effective in reducing depressive symptoms in a clinical patient group. Self-help books grounded in CBT theory, including Acceptance Stability Therapy, Cognitive Therapy, Cognitive Behavioral Therapy, and Schema Therapy, and the books recommended in addition to the current treatment, were significantly more effective in reducing depressive scores than the placebo book and the usual treatment group. Cognitive bibliotherapy programs present potential alternatives or supplements to psychotherapy for adults with

mild depressive symptoms. Bibliotherapy is a valid psychological intervention, particularly for patients unlikely to benefit from more traditional psychological treatments. Self-help approaches can provide patients with easier access to assistance that might otherwise be unavailable. Therefore, considering its effectiveness, cost, and availability, bibliotherapy emerges as an attractive alternative. Further studies may aim to complement the results of the present study by including larger sample sizes, as well as by examining broader mechanisms of change and various therapeutic approaches. Moreover, comparisons with alternative treatments would be particularly interesting, considering the scarcity of randomized clinical trials that examine psychological interventions for subthreshold depression.

Contribution Categories		Author Initials
Category 1	Concept/Design	A.B.Y., K.F.Y., A.K., M.H.T.
	Data acquisition	A.B.Y., R.T., A.S.T., E.U., E.A.
	Data analysis/Interpretation	E.A., A.B.Y., I.G.
Category 2	Drafting manuscript	I.G., R.T., A.S.T., E.U.
	Critical revision of manuscript	A.B.Y., I.G., E.A., K.F.Y., A.K., M.H.T.
Category 3	Final approval and accountability	A.B.Y., I.G., R.T., A.S.T., E.U., E.A., K.F.Y., A.K., M.H.T.
Other	Technical or material support	A.B.Y., R.T., A.S.T., E.U., E.A., I.G.
	Supervision	K.F.Y., A.K., M.H.T.

Ethical Approval: The Marmara University Ethics Committee granted approval for this study (date: 05.04.2019, number: 09.2019/693).

Conflict of Interest: The authors declare that they have no conflict of interest.

Informed Consent: Informed consent was obtained from all participants.

Use of AI for Writing Assistance: Not declared.

Financial Disclosure: The authors declare that they have no financial support.

Peer-review: Externally peer-reviewed.

REFERENCES

1. World Health Organization (WHO). Depressive disorder (depression). http://www.who.int/mediacentre/factsheets/fs369/en/. Accessed Jul 08, 2020.
2. National Institute for Health and Care Excellence (NICE). Depression in adults, including adults with a chronic physical health problem. https://www.nice.org.uk/guidance/cg91/resources/depression-in-adults-with-a-chronic-physical-health-problem-recognition-and-management-pdf-975744316357. Accessed Jun 25, 2024.
3. Bockting CL, Klein NS, Elgersma HJ, van Rijsbergen GD, Slofstra C, Ormel J, et al. Effectiveness of preventive cognitive therapy while tapering antidepressants versus maintenance antidepressant treatment versus their combination in prevention of depressive relapse or recurrence (DRD study): A three-group, multicentre, randomised controlled trial. Lancet Psychiatry 2018; 5:401-410.
4. Guidi J, Tomba E, Fava GA. The sequential integration of pharmacotherapy and psychotherapy in the treatment of major depressive disorder: a meta-analysis of the sequential model and a critical review of the literature. Am J Psychiatry 2016; 173:128-137. [CrossRef]
5. Ruddy R, House A. Psychosocial interventions for conversion disorder. Cochrane Database Syst Rev 2005; 4:CD005331. Update in: Cochrane Database Syst Rev 2020; 7:CD005331. [CrossRef]
6. Gelenberg AJ, Freeman MP, Markowitz JC, Rosenbaum JF, Thase ME, Trivedi MH, et al. Practice guideline for the treatment of patients with major depressive disorder third edition. Am J Psychiatry 2010; 167:1.
7. Cuijpers P, Smit F, Bohlmeijer E, Hollon SD, Andersson G. Efficacy of cognitive–behavioural therapy and other psychological treatments for adult depression: Meta-analytic study of publication bias. Br J Psychiatry 2010; 196:173-178. [CrossRef]
8. Cuijpers P, Noma H, Karyotaki E, Cipriani A, Furukawa T. Individual, group, telephone, self-help and internet-based cognitive behavior therapy for adult depression; A network meta-analysis of delivery methods. JAMA Psychiatry 2019; 76:700-707.
9. Andersson G, Carlbring P. Internet-assisted cognitive behavioral therapy. Psychiatr Clin North Am 2017; 40:689-700. [CrossRef]
10. Songprakun W, McCann TV. Using bibliotherapy to assist people to recover from depression in Thailand: Relationship between resilience, depression and psychological distress. Int J Nurs Pract 2015; 21:716-724. [CrossRef]
11. Gualano M, Bert F, Martorana M, Voglino G, Andriolo V, Thomas R, et al. The long-term effects of bibliotherapy in depression treatment: Systematic review of randomized clinical trials. Clin Psychol Rev 2017; 58:49-58. [CrossRef]
12. Yuan S, Zhou X, Zhang Y, Zhang H, Pu J, Yang L, et al. Comparative efficacy and acceptability of bibliotherapy for depression and anxiety disorders in children and adolescents: A meta-analysis of randomized clinical trials. Neuropsychiatr Dis Treat 2018; 14:353-365. [CrossRef]
13. Bilich LL, Deane FP, Phipps AB, Barisic M, Gould G. Effectiveness of bibliotherapy self-help for depression with varying levels of telephone helpline support. Clin Psychol Psychother 2008; 15:61-74. [CrossRef]
14. Moss K, Scogin F, Di Napoli E, Presnell A. A self-help behavioral activation treatment for geriatric depressive symptoms. Aging Ment Health 2012; 16:625-635. [CrossRef]
15. McKendree-Smith NL, Floyd M, Scogin FR. Self-administered treatments for depression: A review. J Clin Psychol 2003; 59:275-288. [CrossRef]
16. Willemse GR, Smit F, Cuijpers P, Tiemens BG. Minimal-contact psychotherapy for sub-threshold depression in primary care. Randomised trial. Br J Psychiatry 2004; 185:416-421. [CrossRef]

17. National Collaborating Centre for Mental Health (UK). Depression: The Treatment and Management of Depression in Adults (Updated Edition). Leicester (UK): British Psychological Society, 2010.

18. Cuijpers P. Bibliotherapy in unipolar depression: A meta-analysis. J Behav Ther Exp Psychiatry1997; 28:139-147. [CrossRef]

19. Gregory RJ, Schwer Canning S, Lee TW, Wise JC. Cognitive Bibliotherapy for depression: A meta-analysis. Prof Psychol Res Pr 2004; 35:275. [CrossRef]

20. Adams SJ, Pitre NL. Who uses bibliotherapy and why? A survey from an underserviced area. Can J Psychiatry 2000; 45:645-649.

21. Jack SJ, Ronan KR. Bibliotherapy: Practice and research. Sch Psychol Int 2008; 29:161-182. [CrossRef]

22. Burns D. Tuncer E (translation editor). İyi Hissetmek. Istanbul: Psikonet, 2012. [Turkish]

23. Turkcapar M. Fark Et, Düşün, Hisset, Yaşa. First ed., Istanbul: Epsilon, 2019. [Turkish]

24. Young JE, Klosko JS. Karaosmanoglu HA, Tuncer E, Kohen S, Guler D (translation editors). Hayatı Yeniden Keşfedin. Istanbul: Psikonet, 2012. [Turkish]

25. Harris R. Saher CC (translation editor). Mutluluk Tuzağı. Istanbul: Litera, 2019. [Turkish]

26. Gectan E. İnsan Olmak. Istanbul: Remzi Kitabevi, 1989. [Turkish]

27. Kahl KG, Winter L, Schweiger U. The third wave of cognitive behavioural therapies: What is new and what is effective? Curr Opin Psychiatry 2012; 25:522-528. [CrossRef]

28. Beck AT, Steer RA. Internal consistencies of the original and revised Beck Depression Inventory. J Clin Psychol 1984; 40:1365-1367. [CrossRef]

29. Hisli N. Beck Depresyon Envanteri'nin geçerliği üzerine bir çalışma. Psikoloji Derg 1988; 6:118-126. [Turkish]

30. Beck AT, Epstein N, Brown G, Steer RA. An inventory for measuring clinical anxiety: Psychometric properties. J Consult Clin Psychol 1988; 56:893-897. [CrossRef]

31. Ulusoy M. Beck anksiyete ölçeğinin psikometrik özellikleri. Uzmanlık Tezi, Bakırkoy Ruh ve Sinir Hastalıkları Hastanesi, Istanbul, 1993. [Turkish]

32. Bakos DS, Gallo AE, Wainer R. Systematic review of the clinical effectiveness of schema therapy. Contemp Behav Health Care 2015; 1:11-15. [CrossRef]

33. Sudak DM. Cognitive behavioral therapy for depression. Psychiatr Clin North Am 2012; 35:99-110. [CrossRef]

34. Butler AC, Chapman JE, Forman EM, Beck AT. The empirical status of cognitive-behavioral therapy: A review of meta-analyses. Clin Psychol Rev 2006; 26:17-31. [CrossRef]

35. Beck AT. Cognitive therapy: Nature and relation to behavior therapy. Behav Ther 1970; 1:184-200. [CrossRef]

36. Lepping P, Whittington R, Sambhi RS, Lane S, Poole R, Leucht S, et al. Clinical relevance of findings in trials of CBT for depression. Eur Psychiatry 2017; 45:207-211. [CrossRef]

37. Young JE, Klosko JS, Weishaar ME. Schema Therapy. New York: Guilford, 2003, 254.

38. Thimm JC. Personality and early maladaptive schemas: A five-factor model perspective. J Behav Ther Exp Psychiatry 2010; 41:373-380. [CrossRef]

39. Carter JD, McIntosh VV, Jordan J, Porter RJ, Frampton CM, Joyce PR. Psychotherapy for depression: A randomized clinical trial comparing schema therapy and cognitive behavior therapy. J Affect Disord 2013; 151:500-505. [CrossRef]

40. Twohig MP, Levin ME. Acceptance and commitment therapy as a treatment for anxiety and depression: a review. Psychiatr Clin North Am 2017; 40:751-770. [CrossRef]

41. Bohlmeijer ET, Fledderus M, Rokx TA, Pieterse ME. Efficacy of an early intervention based on acceptance and commitment therapy for adults with depressive symptomatology: Evaluation in a randomized controlled trial. Behav Res Ther 2011; 49:62-67.

42. Smith NM, Floyd MR, Scogin F, Jamison CS. Three-year follow-up of bibliotherapy for depression. J Consult Clin Psychol 1997; 65:324-327. [CrossRef]

43. Moldovan R, Cobeanu O, David D. Cognitive bibliotherapy for mild depressive symptomatology: randomized clinical trial of efficacy and mechanisms of change. Clin Psychol Psychother 2013; 20:482-493. [CrossRef]

44. Cuijpers P, van Straten A, Warmerdam L. Behavioral activation treatments of depression: A meta-analysis. Clin Psychol Rev 2007; 27:318-326. [CrossRef]

45. Naylor EV, Antonuccio DO, Litt M, Johnson GE, Spogen DR, Williams R, et al. Bibliotherapy as a treatment for depression in primary care. J Clin Psychol Med Settings 2010; 17:258-271.