WOMEN AND SELF-HELP BOOKS

By

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ABSTRACT

Over the past forty years, psychological self-help books have become increasingly

popular. Despite the success of self-help books and popular psychology in the media,

relatively little research has been done in this area, especially in self-selected and

self-administered conditions. The purpose of this dissertation was to assess a

representative sample of American women on their attitudes and beliefs about self-

help books via an online survey. Specifically, this study examined 343 women's

general positive or negative attitudes towards self-help material, beliefs about their

credibility and effectiveness, ideas why women read self-help books, and what they

perceive to be the best solutions to social, emotional, or behavioral problems. In

addition to collecting demographic information, participant's attitudes towards

feminism were also measured. Results from this study indicate that women were

generally positive about self-help, did not believe they were effective, and prefer

individual solutions for social, emotional, or behavioral problems. Demographic

variables and feminist beliefs were not found to account for differences between

"self-help readers" and "non self-help readers".

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CHAPTER I

Introduction

Over the past forty years, psychological self-help books have become
increasingly popular. To the layperson, psychologists and psychology are
synonymous with pop psychology. The Dr. Phil's, Dr. Laura's, and the latest self-
help books topping the best-seller lists and appearing on Oprah, represent to America
what psychology is and what psychological services look like and do. And self-help
is no small industry. A trip to one of the popular bookstore chains such as Borders or
Barnes and Noble reveals that the popular psychology and self-help sections are
quickly invading more and more shelf space. In fact, there were about 3,500 to 4,000
new self-help books on the market in 2003 and a fifty percent growth in the market
for self-help books between 2000 and 2004 (Salerno, 2005). Self-help is currently
about an $8 billion dollar industry that is only continuing to increase (Salerno, 2005).

Interestingly, professional psychology has generally refrained from making
much comment on these books, or the self-help industry more broadly. Moreover,
despite the success of self-help books and popular psychology in the media,
relatively little research has been done in this area, especially in recent years. The
influence of the self-help industry on its consumers, the quality of self-help books
and products, who consumes these products, and what they get from them have all
gone largely unstudied by psychologists. Although there are some notable
exceptions, such as the work done by psychologists Starker (1986, 1988, 1989,
1990), Rosen (1976, 1977, 1978, 1981, 1987, 2004), and sociologist Simonds (1992,

1996), there has been little academic commentary on this phenomenon that so much of America is literally buying into. The closest thing to researching self-help books and popular psychology, that has received serious attention in the literature, is research on biblotherapy. Although this line of research certainly has applicability to understanding the self-help culture, biblotherapy has one important difference—it is defined as "the use of literature in psychotherapy" and is typically selected and guided by the therapist for the client (Chrisler & Ulsh, 2001, 71; Adams & Pitre, 2000). In other words, biblotherapy usually occurs within the context of therapy and is not necessarily self-selected or completely self-directed by the consumer. Psychologists really do not know much about what happens when people use self-help products as they are marketed: self-selected and self-administered. Furthermore, psychologists have not taken it upon themselves to do any sort of consistent review of these do-it-yourself books or regularly test the efficacy of these treatments when people self-diagnose and self-administer them (Starker, 1988). This has been raised by some psychologists as problematic (i.e., Rosen and Starker) given the strict ethical and empirical standards our profession usually requires of treatments administered by psychologists to the public. The American Psychological Association (APA), seeing the rise in self-help therapies developed a task force to address the evaluation of these therapies in 1978 (APA Task Force on Self-Help Therapies, 1978). However, by 1987, Rosen commented in the American Psychologist that "in general, recommendations made by the APA's Task Force on

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Self-Help Therapies has gone unnoticed." (50). Another task force, similarly ignored, was formed in 1990 with little lasting impact.

       The limited research and scholarly commentary that does exist on self-help books includes three main themes. In the area of professional concerns, psychologists such as Rosen (1977, 1981, 1987, 2004) claim that self-help books that promise quick and easy results have the potential to be harmful to consumers. Rosen (1987) noted that most of the self-help books published are not tested for self-administered purposes. Furthermore, reviews and evaluations of self-help books remain anecdotal and not based on efficacy research. Najavits and Wolk (1994), in a survey of 76 metropolitan residents, found that the licensure of self-help book authors and self-help radio show hosts were, indeed, viewed as important to consumers. Moreover, what we know about placebo effects suggests that expectations and beliefs about credibility are also important to the effectiveness of self-help treatments (Ogles et al, 1991). Rosen concluded that consumers, under the impression that these books represent legitimate psychological treatments, are being misled. Rosen argued that it is the field of psychology's responsibility to provide guidelines and information to the public about these psychological self-treatment manuals. Rosen's argument notwithstanding, consumers' expectations and beliefs when buying self-help treatments books have not been specifically studied. As a result, the beliefs and expectations of those who purchase such books—particularly with regard to the credibility of claims made by the books' authors--are not known.

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This dissertation, in part, seeks to be a very basic litmus test as to the public opinion about self-help credibility and effectiveness as we move from speculation to data.

The second major theme in the available literature focuses on research of self-help materials, such as efficacy research and the characteristics of self-help book readers. A few literature reviews and meta-analyses on self-administered therapies have been conducted in the effort to understand their effectiveness (i.e., Glasgow & Rosen, 1978, Glasgow & Rosen, 1979; Scogin, Bynum, Stephens, & Calhoon, 1990; Gould & Clum, 1993; Marrs, 1995). To date, these meta-analyses on the effectiveness of self-help treatments suggest that self-help treatments consistently exceed wait-list and no treatment controls with mean effect sizes of self-help compared to controls being .70 to .80 and slightly lower effect sizes when compared to placebo controls. (Norcross, 2006). Although this appears to be promising news, effectiveness research has a number of limitations, which temper the research community's ability to embrace these findings. The most troubling limitation is the lack of research using completely self-selected and self-administered conditions—conditions that most closely approximate these material's intended use.

The small collection of research on characteristics of self-help readers report results that are divergent and that lack replication. Forest (1987, 1988, 1991) found that neuroticism, as measured by the Eysenck personality measure, was related to self-help readership, but also found that reading self-help books failed to influence changes in personality measures. Najavits and Wolk (1994) found that individuals in a sample of metropolitan residents did not often read self-help books. In addition,

they found that among those who did read self-help books, they did so more for entertainment and factual information than for advice solving a particular problem (Najavits & Wolk, 1994).

In contrast, Delin and Delin (1994) found that people were extremely interested in self-help materials and used them for problem solving and self-development. Delin and Delin did not find, however, any significant correlations between any of the Eysenck personality variables and self-help readership. Starker (1992) also found that over half a sample of veterans read and were interested in self-help books and self-help readers reported a more positive outlook on life and more social support than did non self-help readers. Mahalik and Kivlinghan (1988) studied who might be most able to profit from self-help materials for depression. Using Holland's RIASEC model, Mahalik and Kivlinghan discovered that Realistic, Investigative and Conventional types benefited more from reading self-help books than Artistic, Enterprising, and Social types.

In order to encourage more research on attitudes about self-help, Wilson and Cash (2000) developed a Self-Help Reading Attitudes Survey (SHRAS). Wilson and Cash validated the measure using participants from an undergraduate college population and found that persons with more positive attitudes towards self-help also had better attitudes about reading, generally were psychologically minded, had a stronger self-control orientation, and greater life satisfaction. However, the SHRAS has not spawned the research for which Wilson and Cash had hoped. Only three research articles to date have cited Wilson and Cash (2000) and the SHRAS was not

used as a measure in any of these studies. Thus, we do not know what the SHRAS might reveal about more diverse populations attitudes' about self-help books.

Researchers have paid more attention to the personality characteristics of self-help readers than to their demographic characteristics. The only consistently reported demographic finding is that women read more and have more positive attitudes about self-help books than men (Starker, 1989; Delin & Delin, 1994, Wilson & Cash, 2000). Other demographics have received little mention. This is perhaps because there have not been significant differences between self-help readers and non-readers on variables such as race/ethnicity, income level, education level, or age. Furthermore, the majority of the research on self-help use has been limited to undergraduate students (Saper & Forest, 1987; Forest, 1988; Mahalik & Kivlighan, 1988; Forest, 1991;Wilson & Cash, 2000) or populations that may have specific biases such as veterans (i.e., mostly male, Starker, 1992), or heads of households in the telephone book (i.e., mostly men, Najavits & Wolk, 1994). This dissertation seeks to rule out demographic variables of age, race/ethnicity, income, education level, and gender (by virtue of an all female sample) as accounting for differences between self-help readers and non-readers. Furthermore, the variable of previous mental health treatment will also be included to determine if it can be ruled out as a variable accounting for significant differences between the self-help and non self-help readers.

The third major theme in the self-help literature is in the area of psychology of women and feminist psychology. Approximately 20% of the self-help books

topping the best seller list from 1963 to 1991 were specifically written for women, such as *Women Who Love Too Much* (Norwood, 1985)*, Secrets about Men Every Woman Should Know* (DeAngelis, 1990)*, How to Marry the Man of Your Choice* (Kent, 1984)*,* and Cowan and Kinder's (1985) *Smart Women, Foolish Choices* (Simonds, 1992), whereas, only 4% were written specifically for men. In addition, many other books, while not explicitly for women only, largely speak to women, such as the blockbuster *Codependent No More* (Beattie, 1987) which was on the bestseller list from 1988 to 1991(Simonds, 1992)*.* More recently, 6.5 million viewers, mostly women, watch Dr. Phil's daily talk show and his books are staples on current best-seller lists (Salerno, 2005). Furthermore, of the 3.6 million people who visit Oprah's self-help oriented website each month, 91% are females (Audience & Usage). Simonds (1992) argues to women scholars this is an important phenomenon to attend to, "any cultural activity in which people participate enthusiastically merits the attention of students of culture, when this activity involves how women think about ourselves and our lives, it is an especially grave error to simply dismiss such a trend" (3). And, indeed, research has not borne out why this phenomenon especially appeals to women and what effects it may be having specifically on women and their mental health.

Because most self-help books are marketed towards and consumed by women (Salerno, 2005; Wilson & Cash, 2000; Schilling & Fuehrer, 1993) feminists have commented on this phenomenon (McGee, 2005; Rapping, 1996; Simonds, 1992; Fauldi, 1991). Bell hooks (as cited in Enns, 1997) defines feminism as "a

commitment to eliminating all form of oppression, including racism, sexism, heterosexism, and classism." A feminist psychologist, therefore, is a person who self-identifies as feminist and chooses to use theories, methods of inquiry, and techniques of counseling that are consistent with the value system of feminism (Enns, 1997). Feminist psychology, at least at a general level, includes three core ideas. The first idea is "the personal is political," a slogan of the feminist movement of the 1960s and 1970s. Feminist psychologists believe that this statement has important implications for understanding people's problems. The personal is political is basically the idea that the problems many people face, particularly marginalized groups, are connected to the political, economic, and social environment in which they live (Enns, 1997). Feminist psychologists avoid localizing the pathology exclusively in the individual and pay special attention to how the social context influences the types of problems people face. They suggest that perhaps problems we see as individual weaknesses are instead societal weaknesses.

The second main idea of feminist psychology is the view of symptoms as communication and coping tools (Enns, 1997). Feminist psychologists see symptoms as client's attempts to cope with their environment and communicate their struggles. Symptoms, especially for marginalized groups, may be the only socially acceptable method through which these people can express pain.

Finally, feminist psychologists see the counseling relationship as foundational to all therapy. It is important in feminist therapy for the counselor to

examine his/her own values and biases, and communicate these to their clients. The client's rights as a consumer and expertise on their own life are also emphasized. Feminist therapists recognize that by virtue of the nature of the help-seeking situation, it is impossible to totally erase power inequalities between therapist and client. However, feminist counselors attempt to share power allowing the client to hold expertise on their life and preferred worldviews, and the counselor to have expertise and resources for helping the client with particular concerns. The goals and outcomes of feminist therapy include matching internal cognitive, behavioral, and emotional change with attempts to influence societal and institutional change. Feminist therapists seek to empower their client's agency while simultaneously encouraging their relationships and sense of community (Enns, 1997).

Feminist psychologists and scholars have given self-help mixed reviews. On the one hand, feminists argue, it was the feminist movement of the 1960's that helped put mental health in the public eye by urging women and men to examine the wounds inflicted by a racist, classist, and patriarchal society (hooks, 1995). In fact, a number of feminist writers believe that the modern day self-help culture and recovery language were themselves originally spawned from the feminist movement, consciousness raising groups, and the feminist idea that women could change their lives (Simonds, 1992; hooks, 1995; Rapping, 1996; Schrager, 1993). It was the feminist movement that brought to light issues of abuse, sexual harassment, rape, incest, and other such issues as topics we, individually and as a society, must

recognize, publicize and for which we could seek redress and recovery (Rapping, 1996).

On the other hand, even though a number of feminist authors suggest some beneficial and positive aspects of the self-help movement, the majority of the commentary cautions women against potentially dangerous trends of which, they propose, either self-help is a symptom or a cause. Feminist psychologists Schilling and Fuehrer (1993) argued, after reviewing 28 popular self-help books, that there is an unquestioning acceptance of women's social pathology as an individual problem in these types of books. They suggest that many of the self-help books targeted for women turn a blaming finger to the socialization of women as the cause of women's problems and go on to offer individual, psychological, and behavioral explanations for the problems. In this regard, Schilling and Fuehrer suggest social pathology is boiled down to an individual problem to be dealt with individually.

Schilling and Fuehrer (1993) suggest that the way in which self-help books propose that women solve their problems is also problematic. Although socialization is blamed for the development of many of women's problems, social context is not considered as subject to change and is not incorporated into suggestions for solutions to problems. Most self-help authors suggest that the best solutions involve an individual woman's effort to change her cognitions and behaviors. Rarely do the self-help authors acknowledge external obstacles or social conditions that might limit a women's ability to modify herself and her life. So feminist scholars argue, self-

help, which had perhaps been spawned by feminist seeds has not grown to be feminist fruit.

Schilling and Fueher (1993) also note an absence of collective action as a viable solution or as even part of the solution to women's problems. Although women may have similar problems, and these problems may at least be partially created or maintained by the social system, self-help books generally do not encourage women to work together or mutually aid each other in addressing these problems. Furthermore, Schilling and Feuher argue that if institutional change is mentioned at all in self-help books, it is more as an afterthought with few recommendations for change. Although strongly critical of self-help books for women, it is important to keep in mind there has been no quantitative research to substantiate Schilling and Fuehrer's claim either that there is a relationship between self-help readership and preference for individual solutions or that self-help books *cause* this individualistic orientation. Based on this literature, however, the hypothesis is that there is a relationship between preference for individual solutions and self-help readership. In addition, this literature also seems to suggest that feminists would not be avid self-help readers due to differing perspectives on the problems facing women. This dissertation seeks to find if there is any preliminary data to suggest that these relationships do, in fact, exist.

Although the majority of the data-based research on self-help was conducted in the late seventies, eighties, and early nineties, the self-help market has continued to expand and become more popular since that time (Salerno, 2005), and it seems

timely to review/update, and expand the research on self-help books in light of its growth and criticism. The purpose of this dissertation is to examine the empirical bases for the comments and criticisms directed at contemporary self-help books and to begin to update the self-help research in the three major areas described here, professional issues, descriptive features, and feminist psychology. In addition, this dissertation would uniquely add to the self-help literature in that it seeks to study a more diverse and representative sample.

Research Questions

1. What do contemporary American women generally think about self-help? Is the current public opinion about self-help books (among women) positive or negative according to the SHRAS (Wilson & Cash, 2000)?

2. What do women self-help readers look like in 2006? Specifically, what do women self-help readers look like on the demographic variables of age, race/ethnicity, income level, education level, and previous use of mental health services?

3. Do women perceive self-help books' (and authors') claims to be credible? Do they perceive self-help books to be efficacious? Is there a difference in these beliefs between readers and non-readers of self-help books?

4. For what purposes do women buy/read self-help books?

5. Is there a relationship between women self-help readers and the belief that the best solutions to social, emotional and behavioral problems are individual solutions?

6. Is there a relationship between feminist beliefs and self-help readership?

Hypotheses

1. A representative sample of contemporary American women will show positive attitudes (an average higher than 3.0) towards self-help books on SHRAS.

2. There will be no significant relationships between women self-help readers and the demographic variables of age, race/ethnicity, and income or education level. Likewise, there will be no significant relationship between self-help readership and previous mental health treatment.

3. A representative sample of contemporary American women will show a general belief in the credibility and efficacy of self-help books (an average score of higher than 3.0 on the four credibility/efficacy questions). Women who read more self-help books will endorse stronger beliefs in the credibility of the self-help authors/books than will those who read less self-help books.

4. Women self-help readers will endorse problem-solving items more strongly as a purpose for using self-help emotion or other focused items.

5. There will be a positive relationship between self-help readership and the endorsement of individual solution items.

6. There will be a negative relationship between feminist beliefs and self-help readership.

Definition of Variables

Self-Help Readership

Before we can assess self-help readership we must first define what this study will consider a "self-help book." People use many types of books for self-help purposes from the "do-it-yourself" household project manuals, to inspirational fiction or non-fiction stories, to religious books like the Bible. In this study, however, the researcher is concerned with the specific popular psychology genre of self-help. Prior research on self-help books has used a variety of definitions for their studies. Those studies that align most closely with the purposes of this research have defined self-help as "books intended to assist or enable people to overcome behavioral or emotional problems and books to promote personal growth and well-being" (Wilson & Cash, 2000, 126). Similarly, Simonds (1996) defines self-help books as books "in which an 'expert' specifically describes a problem or set of problems and then sets out a program for resolution" (16). In the instructions for the questionnaire for this study, participants are told, "This questionnaire asks about your personal opinions concerning self-help books. By "self-help" we mean psychological self-help – namely, non-fiction books intended to assist or enable people to overcome social, behavioral, or emotional problems to promote personal growth and well-being." (Appendix A). Subsequently, in this study we define self-help readership as the participant's perceived amount of time spent reading books that fit the given description.

Self-Help Books'/ Authors' Credibility

Self-help authors'/ books' credibility is defined, for the purposes of this study, as the degree to which participants agree that self-help books are effective, that authors are experts, and that claims, and the books themselves, are screened for quality and accuracy. This variable is a rough approximation of credibility and is intended as a starting point for future research on self-help consumers' perceptions and expectations of self-help products.

Problem Solutions

Problem solutions are defined as what a person believes are the best solutions to the problems for which they would seek assistance from a self-help book. In this study, the research simplifies "solutions" into two broad categories, internal change solutions versus external change solutions. Internal problem solutions require the individual to change something about themselves, such as the way they think, feel or behave. In contrast, external problem solutions require the environment or others to change.

Feminism

Feminist beliefs will be measured using the Shortform Attitudes Towards Feminism Scale (FEM), which examines beliefs in traditional sex-role norms, anti-feminine stereotypes, and authoritarian attitudes towards women (Singleton & Christiansen, 1977). This definition of feminism is limited and reflects a liberal feminist perspective. In recent years, feminism has become feminisms and this measure is consciously used as only a rough approximation of general sexist

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attitudes. Due to length constraints, more in depth classification of feminist beliefs

(i.e., womanist, lesbian, radical, socialist, cultural, etc.) is not in the scope of this

dissertation.

CHAPTER II

Literature Review

Self-help books are not an entirely new phenomenon but have been present in America, and what would become American culture, since the first European pilgrim set foot on this land (Starker, 1989; McGee, 2005; Simonds, 1992). Self-help's history is a surprisingly long and complicated story. And in many respects, self-help history is American history. Throughout the ebb and flow of our past there has been some representation in the popular culture that speaks to how people "should" be. Religious movements, social movements, fads, trends, and political change have all been echoed in the pages of self-help books (or perhaps started by these books). Before examining self-help literature today, and specifically its place in scholarly psychological literature, a brief history of self-help's development in American culture will be reviewed to provide a context for further analysis.

Self-Help: A Brief History

Starker (1989) and McGee (2005) credit a Protestant New England and a Puritan spirit with providing the seed from which self-help has grown. Starker (1989) explains that early Puritans believed that although much of one's life was predetermined, individuals did have some control over the quality of life they lived and their potential after lives. This idea came to evolve into the belief that good works on earth would result in rewards in heaven. However, the Puritans did not completely release followers to a life of free will and choice of destiny, but bracketed "good works" on earth to include those behaviors that leaders of the church believed

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to be "God's will" (Starker, 1989). In the seventeenth century, important public

figures like Massachusetts Bay Colony clergyman Cotton Mather, wrote and

published several books and essays on the subject of doing good works as a way of

fulfilling God's will on earth, with specific suggestions for "right living." Starker

compares these seventeenth century writings to self-help guides for the Puritan. The

desire to do good and work hard, Starker argues, became ingrained in American

culture and produced the Protestant work ethic mentality, a foundation of American

culture.

McGee (2005) argues that vocation is intertwined in the Puritan ideas of

"good work" and "God's will" and still remains at the root of the self-help industry

today. Finding one's "calling," McGee states, was originally a Protestant idea. A

"calling" initially had two common connotations in early America. First, it was

considered as a mandate to serve the church and, second, it was seen as the

manifestation of a person's God given talents in an occupation that serves God by

serving the community (in whatever role that may be). Following one's "calling"

was the path to doing good works on earth, which would be rewarded later. Thus,

one did not just need to work hard but to work "good." The puritans turned to leaders

in their community, such as Cotton Mather, to guide them as to how to achieve these

goals (McGee, 2005).

McGee (2005) notes that historians have long cited the industrial revolution

as a turning point in American culture. As such, the Protestant work ethic and

concept of a "calling" were required to adjust to this change. The industrial

revolution shifted the workforce from mainly domestic production and labor by families (i.e., farms) to factory production with individual employees. With this shift also came the emergence of "gendered spheres," where the "public sphere" became associated with men, production, and business concerns, and, the "private sphere" became the domain of women, reproduction, and consumption. These spheres suggested a complementary division of labor in society and allowed for smooth functioning of a capitalist system that runs on production and consumption. McGee suggests that these different spheres, created different, and often competing ideals for individual development. The ideals of what was "good work" and one's "calling" became increasingly defined along gender lines. Success in business and the public sphere became the focus of development among men, and motherhood and the development of interpersonal relationships became the focus for women's development. These differing foci became synonymous with different "callings" for men and women, both in service to the church/God and the community/society. Developing in these areas was the "American dream," accessible to all because it only required diligent hard work.

In the twentieth and twenty-first centuries, again the world of work changed. With increasing numbers of women entering the "public sphere" of paid labor, changing ideas about gender roles, globalization of business, and the growing instability of the economy, Protestant work ethic and the notion of a "calling" again had to be adapted to serve a changing society. McGee (2005) suggests that the notion of "calling" has morphed into the idea of doing a job that one "loves" or as seeing

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vocation as an artistic endeavor of self-expression. McGee suggests that this shift is not merely convenient but has become a sort of consolation prize for those in a workforce that no longer has "company men," job security, and a rising economy; a sort of new opiate for the masses. She states, "With social welfare programs all but dismantled, and with lifelong marriage and lifelong professions increasingly anachronistic, it is no longer sufficient to be married and employed; rather, it is imperative that one remains marriageable and employable." (McGee, 2005, p.12). The growing instability of our social and economic worlds has strong repercussions for the Protestant work ethic. If Americans believe one "can pull themselves up by their bootstraps" and that hard work invariably leads to success, then society sees failure, similarly, as due to personal shortcomings or lack of hard work (McGee, 2005).

McGee suggests that one way to cope with anxiety over the loss of personal and professional stability in American society is to constantly work on improving the self and one's marketability as a way to protect oneself. Self-help books have been offered as one solution to this problem, creating a society in which one is constantly "belabored," in an endless toil to continually improve the self. She credits this drive and individualistic focus with fueling the increasing popularity of the self-help industry.

Self-Help's Success and Popularity

Rosen (1976) was one of the first psychologists to discuss self-help in psychology's scholarly literature and note its dramatic proliferation. As early as

1954, a writer in the *New Yorker* joked, "How-to writers are to other writers as frogs

are to mammals; their books are not born, they are spawned" about self-help (qtd. in

Starker, 1990). And, in fact, this may not be a completely absurd comparison.

Between 2000 and 2004, the self-help industry grew by 50 percent and is now an

estimated 8.56 billion dollar industry. Just four years prior, in 2004, it was a 5.7

billion dollar industry (Salerno, 2005). In addition, the number of new self-help

books released has grown from 2,000 a year in 1993 to 3,500-4,000 in 2004

(Norcross, 2006; Salerno, 2005). The popularity of self-help books has become so

immense that in 1983 the *New York Times Book Review* created a separate "advice

book" best seller list so as not to totally eclipse other non-fiction books from making

the list (Salerno, 2005). One of the most recognizable self-help names, Tony

Robbins, has an estimated annual income of a whopping 80 million dollars (Salerno,

2005). Furthermore, self-help is arguably America's primary source of healthcare. It

has been noted that, "consumers have voted their confidence in the self-help genre

by repeatedly purchasing such works. Were this not the case, these books would long

ago have diminished in number and significance." Starker, 1990, p. 189). In a recent

article on how to integrate self-help into psychotherapy, Norcross (2006) notes,

> This year, more people will read a self-help book than visit a mental health
>
> professional, more people will receive psychological information and advice
>
> from the Internet than from a mental health professional, and indeed,
>
> Americans will make more visits to self-help groups for addictions and
>
> mental disorders than to all mental health professionals combined. (p. 683)

The popularity of a cheap, relatively quick, and success-promising format for help is not particularly surprising. What is surprising is that professional psychology and its governing body, The American Psychological Association (APA), have made relatively little public comment on this phenomenon and have produced only a small amount of research on the topic in the 40 years of its burgeoning popularity. Thus, the influence of the self-help industry on its consumers, the quality of self-help books and products, who consumes these products, and the benefits (if any) received from them have gone largely unstudied by psychologists (Starker, 1990).

Self-Help and Professional Psychology

Disdain for popular culture among the intellectually and culturally elite has persisted throughout time in American culture (Simonds, 1992). In the history of cultural and scholarly works there persists a clear hierarchy as to the quality and value of different literature. As such, the anecdotal nature of many self-help books, coupled with substantial (and sometimes unbelievable) claims, has lead a number of research-orientated psychologists to question the credibility and any benefit of taking the "pop psychology" genre seriously (Starker, 1986). Can this genre be confidently shunned by professionals and relegated to the category of "entertainment for the masses" or should psychologists pay attention to the trends of self-help? Starker, Rosen, and Ellis have argued that Self-help books' immense popularity and media visibility presents a number of issues unique to the field of professional psychology and require the attention of the field (Rosen, 1986; Starker, 1990; Ellis, 1993). The issues of importance to psychologists center around ethics and what responsibility, if

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any, the profession has to the general public regarding the sale and use of self-help materials. Goldiamond (1976) summarized these concerns as "consumer protection," "quality control," and "protection of the profession."

The impact of self-help on professional psychology was first discussed in the academic literature in the mid 1970's (i.e., Rosen, 1976; Goldiamond, 1976; Rosen, 1977; Glasgow & Rosen, 1978). Since this time, there has been a somewhat sporadic dialogue in the literature about psychologists' role in self-help. The issues surrounding self-help are both positive and negative in nature. In an article on the advantages and disadvantages of self-help, Ellis (1993) suggested several advantages of self-help. These include a benefit to people who learn better through reading than through listening or interaction, who find that their improvement in therapy to be quicker and deeper when used in conjunction with self-help, who find it more financially and physically accessible than formal therapy, and who are concerned about the stigma of being in therapy. These advantages echo what Norcross (2006) noted about the degree to which the public is utilizing this resource. The general public's strong support of self-help in terms of buying and participating, suggests that many of these advantages are sufficiently persuasive to many people.

In his article, Ellis (1993) discussed some of the disadvantages of self-help, concerns previous raised by Rosen and Starker. These disadvantages include the fact that there are a variety of types and quality of self-help books available. He argues that many, if not most, self-help books have not been researched for effectiveness, that there is no regulation on who can write a self-help book and what they can

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claim, and that some self-help books creep into the realms of magic, fortune telling, and faith healing. With many self-help resources created with the purpose of making money, the needs and protection of potential readers could be overlooked. In addition, without the aid of a therapist, there is some question about a person's ability to accurately self-diagnose and develop appropriate expectations. Finally, Ellis also argues that the personally tailored, responsive, and interactive nature of therapy simply cannot be achieved through a completely written format.

Rosen (1976), in one of the first articles on the topic, stated that while some do-it-yourself treatments such as systematic desensitization have been highly researched and even shown to be effective in a self-administered format, he was not optimistic that other self-help treatments would be developed in the same scientifically rigorous manner. His concern was that "consumers run the risk of purchasing programs that may be ineffective or harmful when used on a totally nonprescription basis. Ineffective programs are likely to affect consumer attitudes and discredit programs that have been properly developed" (p. 140). Starker (1986) argued that it is not just behaviorally based or highly structured programs that are troublesome, "other works, less prescriptive and more informational/inspirational in content, also promise help, life changes, and/or cure in a way that ethical practitioners cannot" (p. 19). Rosen (1977) further emphasized, "Under the name of *psychological* findings, *psychologists* are publishing what *they* are calling *treatments* for a variety of clinical-health-related problems. It would seem that some vehicle should be established so that psychology as a profession can consider these

developments" (p.178). In fact, Rosen (1986) believed that psychologists were in a unique position to do this, in that they had the training and the professional knowledge to assess do-it-yourself treatments. What Rosen specifically suggested was that APA develop a task force to discuss issues such as possible regulation or endorsement of acceptable self-help materials.

Rosen's suggestion was accepted and an APA task force on self-help therapies, sponsored by the Committee on Scientific and Professional Ethics and Conduct, was created in 1978. The stated task of the group was to evaluate the applicability of APA's *Ethical Standards of Psychologists* to professional activity in the area of self-help (APA Task Force on Self-Help Therapies, 1978, p. 2). More specifically, the group considered the questions, "how can psychologists be encouraged to develop in a responsible manner self-help therapies?" and "how can psychologists help to educate the public in the appropriate use of self-help materials?" (APA Task Force on Self-Help Therapies, 1978, p. 2).

To begin, the task force examined the 1978 revision of the Ethical Standards of Psychologists. They noted areas generally applicable to self-help in the Preamble, Principle 1, Principle 2, and Principle 4 (APA, 1977a, APA 1977b). The following sections were quoted in the task force's report:

> Preamble: Psychologists…are committed to increasing knowledge of human behavior and people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare.

Principle 1: . . .in providing services they maintain the highest standards of

their profession . . . and make every effort to insure that their services are

used appropriately. (1e) Psychologists know that they bear a heavy social

responsibility because their recommendations and professional actions may

alter the lives of others. They are alert to personal . . . financial, or political

situations or pressures that might lead to misuse of their influence.

Principle 2: Psychologists . . . only provide services, use techniques, or offer

opinions as professionals that meet recognized standards.

Principle 4: In public statements . . . . psychologists take full account of the

limits and uncertainties of present psychological knowledge and techniques.

(4d) Psychologists associated with the development or promotions of

psychological devices, books, or other products offered for commercial sale

make every effort to insure that announcements and advertisements are

presented in a professional, scientifically acceptable, and factually

informative manner. (4f) Psychologists who interpret the science of

psychology to the general public accept the obligation to present material

fairly and accurately avoiding misrepresentation through sensationalism,

exaggeration, or superficiality. (APA Task Force on Self-Help Therapies,

1978, pp.2-3)

Based on these sections of the ethics code, the 1978 task force concluded that the

code does apply to self-help therapies, as it does to therapist-administered therapies.

Self-help books do support the preamble in that their stated intention is to increase

knowledge and promote healthy human functioning. However, the task force questioned whether psychologists who develop self-help therapies are really bearing the responsibilities for the influence their role as psychologists may play on the general public, as many of the available self-help programs do not follow recognized standards of empirical study. Furthermore, the task force argued that many self-help programs are compromised by pressure from publishing companies, and have fallen prey to misrepresentation, sensationalism, exaggeration and superficiality. The task force concluded that the ethics code applies to self-help therapies, and as such, should be held to these standards.

The task force suggested two relatively minor changes to the text of the ethics code in order to make its applicability to self-help therapies explicit. In addition to these recommended changes, the task force made recommendations for a committee on self-help therapies that would further promote answers to the original questions raised by the task force. The task force suggested that a committee on self-help therapies could further consider such ideas as (a) developing guidelines, similar to those used for psychological test development, to guide development of self-help therapies, (b) developing a list of informational points to be included in self-help books that would be helpful for consumers (i.e., extent to which the program has been tested, recommended uses, reading level, etc.), (c) developing a set of guidelines to help psychologists who are negotiating contracts with publishers to avoid exaggeration and sensationalism in promotion of the therapy, (d) developing a special section in the journal *Contemporary Psychology* to review the quality of self-

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help treatments, (e) developing a short pamphlet to educate the public about selection and use of self-help materials, (f) working with APA to consider developing alliances with other professional associations or consumer advocate groups, and (g) consider publishing these types of materials in APA publications.

By 1978, Rosen began attempting to get these recommendations noticed and implemented. He wrote an article for *Behavior Therapy* encouraging its editors to consider data-driven reviews of treatment outcomes of self-help books rather than reviews that were subjective or guided by personal opinion (Rosen, 1978). In 1981, Rosen helped complete the task force's fourth recommendation by publishing guidelines in *Contemporary Psychology* for the journal's reviewers of self-help books. Rosen defined a self-help book as any book which itself suggests its contents are a do-it-yourself treatment or that make claims to that extent. In this regard, Rosen left the definition of self-help mainly in the hands of the author of the book. The guidelines asked reviewers of self-help books to consider seven different questions:

1) What claims exist in the title or contents of the book that define the text as a do-it-yourself treatment program?

2) Has the author attempted to convey accurate information regarding empirical support for the program, and has the author determined if readers develop accurate expectations?

3) Does the book provide a basis for self-diagnosis (in the sense of a reader determining appropriate applications), and have the methods for self-

diagnosis been evaluated to establish rates of false positives and false negatives?

4) Have the techniques that are presented in the book received empirical support?

5) Has the book itself been tested for its clinical efficacy, and under what conditions of usage have the tests been conducted?

6) In light of the above points, what is the accuracy of any claims made in the title or content of the book?

7) Can comparisons be made between the book under review and other books on the same or related topics? (Rosen, 1981).

By establishing these guidelines, Rosen hoped to encourage psychologists to take more professional responsibility in the self-help arena.

The suggestions of Rosen and the task force did encounter some criticism. Goldiamond (1976) claimed that self-help treatments were not comparable to psychological assessments and that attempts to regulate self-help books like psychological assessments made little sense. With assessments, Goldiamond argued, one is assured that standardized procedures will be followed as assessments are only administered by professionals. In contrast, with self-help books there are no assurances that consumers will follow the instructions in a standardized manner, thus making any attempt at regulation futile. Furthermore, Goldiamond criticized the idea of APA endorsing books, suggesting that with the diversity of theoretical orientations and approaches that exist in the APA membership, consensus would be

hard, if not impossible, to achieve. In all, Goldiamond believed that the matter of self-help quality was better left to consumers to decide.

Despite Goldiamond's criticisms, the prevailing sentiment around the work of Rosen and the task force appeared to be one of indifference. By 1987, Rosen expressed his discouragement stating, "in general, recommendations made by the APA's Task Force on Self-Help Therapies have gone largely unnoticed" as none of the other suggestions had been attempted in the 10 years since the task force issued its report (p. 50).

In 1990, Rosen again attempted to revive the suggestions made by the 1978 task force by writing to APA's Board of Professional Affairs (BPA) on the topic of developing guidelines or standards for writers of self-help manuals. His letter met with some enthusiasm by the BPA, and a 1990 task force on self-help therapies was launched with the revised and reduced focus of (a) developing model contracts for psychologists to use with publishers and (b) discussing ways to educate the public on use of self-help materials. Unfortunately, the results of the 1990 task force met a fate similar to that of the 1978 task force. The BPA, in concert with the APA's Committee on Legal Issues, essentially deferred the responsibility for moving forward on the development of model contracts to the APA Publications and Communications board, where it subsequently died (G. M. Rosen, personal communication, 2007). To date, no additional movement on the recommendations of either task force has been accomplished.

Psychological Research on Self-Help

The empirical research on self-help in the psychological literature generally has examined three main areas: effectiveness/efficacy, characteristics of self-help readers, and usage by professionals.

Effectiveness Research

Glasgow and Rosen literature reviews (1978, 1979). Glasgow and Rosen were among the first to collectively examine the efficacy of self-help. The focus of Glasgow and Rosen's (1978) review of the literature was on behavioral therapy self-administered treatments that were primarily in written format, specifically addressed to clients, and commercially available or empirically tested. The researchers reported collecting "over 75 self-help manuals" that had been "published or reported during the past 5 years." (p.16). The researchers defined the self-administered treatment into three categories: self-administered (no contact with a therapist), minimal contact (minimal contact with a therapist), and therapist administered (regular contact with a therapist). The comparison treatments were also put into three categories: therapist directed, placebo, and no-treatment control groups. Glasgow and Rosen (1978) considered the following issues when they evaluated the self-help programs; (a) whether the program was single or multi-component, (b) how subjects were recruited, (c) what comparison groups were used, (d) how placebo effects were accounted for, (e) how and when the programs were evaluated, (f) cost effectiveness, and (g) if there were guidelines to consumers about who the program was suited for.

Glasgow and Rosen (1978) reviewed and grouped the available self-help manuals according to the problem areas for which they were developed. The review pre-dates Glass, McGaw, and Smith's (1981) introduction of a statistical meta-analytic technique and thus the information is summarized more like a literature review rather than a statistical aggregation. Glasgow and Rosen (1978) reviewed the research on commercially available and empirically tested manuals for fear reduction, smoking cessation, weight reduction, sexual dysfunctions, assertiveness—social skills, child behavior problems, test anxiety, physical fitness, and general instruction materials for setting and achieving goals. The researchers noted the variability of the extent to which self-administered treatments had been studied and indicated that areas such as weight reduction, fear reduction, and exercise appeared to be the most developed areas of self-help at that time. Results from these studies indicated that self-administered treatments were at least showing short-term benefits. The areas of smoking cessation, sexual dysfunctions, assertiveness training, and child behavior problems had been less developed in the literature.

Based on their review of the literature, Glasgow and Rosen made a number of generalizations about the study of self-administered treatments and recommendations for future validation efforts. The authors emphasized the need to be consistent with terms such as "self-administered," "minimal contact," and "therapist administered," when evaluating treatments and distinguishing between them when reporting effectiveness. Issues of participation, drop out, and maintenance also were inconsistent but pertinent to evaluating the effectiveness of various treatments.

Although Glasgow and Rosen did not provide aggregate empirical data, their recommendations have served as a guideline for the subsequent meta-analyses on self-administered treatments.

In the two years following the writing of Glasgow and Rosen's article published in 1978, 73 additional self-help manuals meeting the previous study requirements (primarily in written format, specifically addressed to clients, and commercially available or empirically tested) were published. Following the same format and approach, Glasgow and Rosen (1979) again reviewed the literature on self-help in the following areas, fear reduction, assertiveness—social skills, weight reduction, smoking cessation, exercise and physical fitness, child behavior problems, sexual dysfunctions, academic behavior, general manuals, and other (i.e., depression, interpersonal problems, drinking behavior, etc.).

The authors commented on the rapid increase of self-help behavior programs developed over the two-year period and correctly predicted that this would probably be the last time these manuals would be able to be reviewed in a single article. Glasgow and Rosen again concluded that there was a need for more empirical studies on the existing programs. In the 1978 review, the ratio of studies to manuals was 74 research studies to 86 manuals or, in other words, 86% of the manuals had at least one accompanying research study. In the 1979 review, they found that the ratio had dropped to 43 research studies to 73 (new) manuals, meaning 59% of the manuals had at least one research study. When combining both studies, the authors found that 53% of manuals had not been evaluated in any way.

Glasgow and Rosen (1979) noted that at that time, behavior, smoking cessation and weight reduction were getting the most research while assertiveness and sexual dysfunction had been the most inadequately assessed manuals. Fear reduction, physical fitness, and general texts had fallen from being fairly well assessed to being overwhelmed by new unevaluated programs. Again, Glasgow and Rosen (1979) found that self-help generally appeared to have favorable outcomes comparable to psychotherapy conditions.

Glasgow and Rosen (1979), attempted to summarize the state of validation efforts by distinguishing levels of validation that appeared in the studies they reviewed. The first level, which all the manuals in their review had met, was "when a manual is based on procedures which have generally been found effective in research." The second level was "when authors of self-help manuals have done systematic work in an area of interest and developed effective programs in therapist-directed conditions." And finally, the third level was "when the manual itself has been evaluated under conditions of intended use." (p. 14). Fewer studies met level two and only 27% of studies reviewed in 1979 met level three. Glasgow and Rosen lamented, "this is unfortunate since the least well-researched conditions are those for which many commercially published manuals claim to be effective." (p. 15). Glasgow and Rosen, thus, urged researchers to study existing commercially available manuals in self-administered formats.

Meta-Analyses

      A number of meta-analyses on self-administered therapies have been conducted since Glasgow and Rosen's (1978, 1979) original reviews (i.e., Scogin, Bynum, Stephens, & Calhoon, 1990; Gould & Clum, 1993; Marrs, 1995). To date, these meta-analyses on the effectiveness of self-help treatments suggest that self-help treatments consistently exceed wait-list and no treatment controls with mean effect sizes of self-help compared to controls being .70 to .80 and slightly lower effect sizes when compared to placebo controls. (Norcross, 2006).

      Scogin, Bynum, Stephens, and Calhoon (1990). Scogin, Bynum, Stephens and Calhoon conducted the first review of the self-help literature using meta-analytic techniques. The researchers were looking to answer the following questions: (a) "Do self-administered treatments work?" (b) "How do they compare with more traditional modes of intervention such as psychotherapy?" (c) "Is self-administered treatment suited for particular types of difficulties?" and (d) "Do self administered treatments work best when a therapist maintains contact with a client?" (p. 42). The researchers defined self-administered treatments as "any therapeutic intervention that was presented in a written or audio taped format and was designed to be implemented by the client." Any program that required substantial individual or group therapy in addition to the treatment intended for the individual to self-administer, was not included (p.42).

      Inclusion criteria included a comparison between the self-administered treatment and a control condition. Control conditions were then divided and

classified into four categories: no or delayed treatment, self-monitoring, therapist-administered treatment, and therapist plus self-administered treatment. Additionally, the researchers classified the self-administered treatments into two categories completely self-administered treatments and minimal therapist contact self-administered treatments. The researchers also considered the quality of research studies by examining the validity, reliability, sample size, and statistics used and weighted the studies according to their quality in the final analyses. Articles from Glasgow and Rosen (1978, 1979) were included, as well as a comprehensive search via computer databases and 21 hand searched journals. The search resulted in 40 articles that met their inclusion criteria.

The results of Scogin, Bynum, Stephens, and Calhoon (1990) indicated that self-administered treatments were generally effective. The self-administered treatments were more effective than no treatment and were comparable to therapist administered treatments. The researchers reported that 82% of the average effect sizes for completely self-administered treatments were larger than the average no treatment effect sizes. The percent of larger effect sizes of self-administered treatments compared to no treatment controls rose to 88% when minimal therapist contact self-administered treatments were added. When comparing the overall effect sizes of the two categories of self-administered treatments: completely self-administered and minimal therapist contact self-administered treatments, no significant differences were found. The researchers also discovered that there were no significant differences in effect sizes across problem type treated. Although the

researchers were careful to analyze and weight individual studies according to their quality, they found that quality of the study did not significantly influence effect sizes.

Several limitations of Scogin, Bynum, Stephens, and Calhoon's (1990) meta-analysis have important implications for generalizability of the findings. The researchers suggested that for the problems addressed in these studies, self-administered treatments compared favorably to therapist administered treatments. However, the researchers cautioned that the problem areas addressed by the majority of the studies were circumscribed problems that may lend themselves to education based interventions. The researchers were not willing to comment on the capabilities of self-administered treatments with more complicated or dual diagnosis problems.

Additionally, the researchers stated that the therapist administered treatments, which the self-administered treatments were compared to, were in most cases not traditional psychotherapy but instead group therapy in which a therapist taught the self-administered materials.

Another important limitation was that the self-administered treatments used are not those commonly recommended by therapists (i.e., those in Starker's 1988 survey) or commercially available. Many of the materials used were developed for the purpose of the studies and not generally available in bookstores.

Finally, the researchers stated that most of the studies they examined did not include information on the dropout rates in the various conditions. Thus, the results

are reflective only of those who completed the programs, which may have made a difference in the cumulative effectiveness of self-administered treatments.

Gould and Clum (1993). Since Rosen and Glasgow (1978, 1979) could not directly compare many of the studies they reviewed due to the differing methodological rigor of the studies, Gould and Clum (1993) also sought to expand on Rosen and Glasgow's work by using meta-analytic techniques. These authors defined self-help as employing "media based treatment approaches" that were used "largely by an individual independent of a helping professional" (p.170). The inclusion criteria for the study included research that employed random assignment, comparison to a control group, and the presentation of specific therapeutic procedures to readers. However, since only 18 studies existed where individuals were "largely independent of a helping professional," Gould and Clum modified their requirements to include studies with minimal contact with therapists (i.e., weekly or monthly check-ins).

The authors located the studies by searching the Psych Lit, Medline, and Psych. Abstract databases with the following keywords; "biblotherapy," "manual," "videotape," "audiotape," and "minimal contact." In addition, the reference sections of all related studies were also searched for additional articles. The authors found 40 articles that met the inclusion criteria. The authors used meta-analytic techniques to examine differences in internal validity, self-administered versus minimal contact conditions, type of control conditions (no treatment, placebo, and wait list), type of dependent measures (self-report, behavioral observation, physiological measures),

format of the self-help materials (written, video, audio), duration of treatment, type of problem, dropout rates, treatment follow-up effect sizes, and compliance rates.

Gould and Clum (1993) found a medium large effect size of .76 for the overall effectiveness of self-help for the problems presented in this study. Self-help for skill oriented problems (i.e., assertiveness) and diagnosable problems (i.e., depression) were more effective than self-help for habit control problems (i.e., smoking cessation). The results also suggested that there were no statistically significant differences between effect sizes of self-administered and minimal contact conditions, types of dependent measures used, format of the self-help materials, or dropout rates between conditions.

There was a significant difference between effect sizes for studies using no treatment versus placebo controls. Studies using placebo controls showed self-help having a medium effect size of .49. However, when self-help treatments were compared to no treatment controls, self-help was shown to have a large effect size of .99. Gould and Clum attributed the difference in effect size to placebo controls accounting for placebo effects whereas, no treatment controls do not account for these variables, which were unrelated to the program itself.

In general, most studies did not assess for compliance (15 out of 40 studies) or follow-up effect sizes (17 out of 40 studies). For those studies that did assess compliance, effect sizes were more than three times higher for those with higher compliance as compared with those with lower compliance rates. Follow-up effect sizes were medium at .53. Posttreatment (follow-ups done after some time had

elapsed since the study) effect sizes were not statistically different from the follow-up data collected immediately after the completion of the studies.

Duration of treatment was inversely related to effect size. The authors of the study suggested that this finding might be confounded by the fact that longer treatments tended to be for habit control problems, which generally seemed less amenable to self-help.

The authors found that self-help was generally effective. However, they stated that few of the studies actually conducted the research under completely self-administered formats or in naturalistic settings. Therefore, they concluded more research using these types of conditions and settings were needed to determine generalizability to the "real world."

Marrs (1995). Marrs (1995) noted several limitations of the previous literature reviews and meta-analyses on self-help/ bibliotherapy effectiveness. For example, he noted that since the Glasgow and Rosen (1978) review pre-dated meta-analytic techniques, their review of the literature and its results are somewhat subjective. Furthermore, Marrs argued that Gould and Clum (1993) and Scogin, Bynum, Stephens, and Calhoon (1990) used the out-of-date meta-analytic techniques of Glass, McGraw, and Smith (1981) and suggested that the meta-analytic techniques of Hedges and Olkin (1985) and Hunter and Schmidt (1990) were more sophisticated and are more appropriate for assessing self-help's effectiveness. Furthermore, Marrs also suggested that Gould and Clum (1993) and Scogin, Bynum, Stephens, and Calhoon (1990) may present a publication bias in that they chose to review only

those studies that have been published in scientific journals or dissertations. Marrs

sought to address these limitations in his meta-analyses.

Marrs (1995) defined bibliotherapy as "the use of written materials or

computer programs, or the listening/viewing of audio/videotapes for the purpose of

gaining understanding or solving problems relevant to a person's developmental or

therapeutic needs. The goals of the biblotherapy should be relevant to the fields of

counseling and clinical psychology" (p. 846). Marrs' analyses did not contain studies

of self-help groups. The inclusion criteria for the study included correspondence with

Marrs' definition of bibliotherapy: (a) only adults working on their own

issues/concerns, (b) the inclusion of a comparison group drawn from the same

population as the treatment group, (c) bibliotherapy as the primary treatment

strategy, (d) bibliotherapy strategies longer than 10 pages, studies reported in

English, and (e) data amenable to meta-analytic procedures.

Databases such as Psych Lit, Dissertation Abstracts, Educational Resources

Information Center, and Infotrac were searched with the keyword "bibliotherapy." In

addition, reference sections of all articles and books related to bibliotherapy were

also searched. Finally, the author hand searched six journals from 1970-1992 for

appropriate studies. Marrs collected 79 studies that met his requirements, 9 of which

were unpublished studies. Marrs and a graduate student coded the studies and inter-

rater reliability was found to be adequate.

Overall, Marrs (1995) found an unbiased effect size ($d++$) of .565, which

suggested a moderate degree of effectiveness for bibliotherapy. However, Marrs

reported that there was significant heterogeneity among the effect sizes. Effect sizes varied significantly for problem type, with sexual dysfunction problems having the highest effect size at 1.28 and impulse control problems having the lowest at .22. In addition, those studies that used placebo controls had lower effect size estimates than those studies that used no treatment controls. This is consistent with Gould and Clum's (1993) finding. In general, assertiveness, anxiety, and sexual dysfunction problems appeared most amenable to change via bibliotherapy, whereas, weight loss, studying problems, and impulse control problems were the least amenable to change via bibliotherapy.

Marrs (1995) also found that time spent in contact with a therapist was positively and significantly related to effect size in bibliotherapy studies for anxiety and weight loss. However, there was not a significant relationship between contact and effect size for any of the other problem types (assertiveness, career indecision, depression, impulse control, self-esteem, sexual dysfunction, and studying problems). Marrs also found a positive relationship between effect size and retention rate.

Marrs (1995) concluded that there was no difference between therapist-directed treatments and biblotherapies/self-help therapies. There also appeared to be minimal erosion of the effect size at follow-up. However, Marrs cautioned that this analysis is based on only a small amount of studies that conducted follow-up assessments (n=25).

Marrs (1995), as many other researcher studying the topic of biblotherapy/self-help, also noted how few self-help programs commercially available and often recommended by therapists, have been empirically investigated. Furthermore, we still do not know the effectiveness of self-help books bought off bookstore shelves and administered without any help from a professional. Potential moderating effects of education, reading level, and personality type remain unclear as there are an insufficient number of studies for meta-analytic review. The author also was careful to remind readers that the problems examined in these studies were not of clinical severity or with clinical populations. Thus, conclusions about self-help's effectiveness are necessarily limited to sub-clinical problems in the specific areas studied. Marrs agreed with Rosen (1987) that developing guidelines for self-help materials could help spur psychologists to fill in the current holes that exist in this literature.

Although the consistently medium to high effect sizes of self-help therapies is promising news, effectiveness research is fraught with a number of problems that temper the research community's ability to embrace these findings. One problem is that effectiveness and efficacy research in the area of self-help appears to suffer from a lack of uniformity in use of language. Terms such as "self-help," "self-administered," and "biblotherapy" lack a consistent usage in this area of research. Biblotherapy is generally defined as "the use of literature in psychotherapy" and is typically selected and guided by the therapist for the client with the differences between biblotherapy and self-help being whether the material is self-selected or

recommended and whether the program is carried out with the help of a professional or on one's own (Chrisler & Ulsh, 2001, p.71; Adams & Pitre, 2000). However, in many of the effectiveness research studies "biblotherapy" is used interchangeably with "self-help." Further, a treatment program may be said to be "self-administered" even though there remains some therapist contact during "treatment phases" of the research, such as occasional phone calls by the researcher to the participant to answer questions or provide encouragement (McKendree-Smith, Floyd, & Scogin, 2003). For this reason, some have found it necessary to classify self-help research by the amount of therapist contact that is involved. Newman and colleagues (Newman et al., 2003) even distinguish four levels of contact: (a) completely self-administered, (b) predominately self-administered, (c) minimal contact, and (d) predominately therapist administered. This delineation, however, is far from consistent in the literature.

The differences between self-help and biblotherapy are important for several reasons. First, self-help books are marketed as being treatments individuals can select and use successfully without any therapist contact. The studies that have been done on self-help do not look at this specific condition. In this regard, McKendree-Smith, Floyd, and Scogin (2003) claim "there have been no efficacy studies of biblotherapy, as it is practiced by those who select their own self-help book" (p. 282). For this reason, whether self-help in its intended form, and probably in the way it is most often used, is effective, remains unclear.

Second, there appears to be a difference in the effectiveness of such programs depending on how they are implemented. There is only limited research which compares minimal therapist contact with no therapist contact. Some of these studies on the effectiveness of self-administered therapies suggest that treatments that are successfully administered with the help of a therapist are not always as successful when used without the help of a professional (Rosen, 1987; Mains & Scogin, 2003). For example, in a study of the effectiveness of a toilet training regimen published in self-help format, four out of five mothers were successful with the help of therapists, whereas, only one out of five was successful in the self-administered condition (Matson & Ollendick, 1977). Results suggesting reduced effectiveness of treatment when completely self-administered was a common finding in a variety of studies and a meta-analysis (i.e., Lowe & Mikulas, 1975; Zeiss, 1977; Zeiss, 1978; Marrs, 1995; Mains & Scogin, 2003; Den Boer et al., 2004; Gregory, Canning, Lee, & Wise, 2004). In contrast, however, several of the meta-analyses found no statistical differences between self-administered and minimal contact biblotherapies (i.e., Gould & Clum, 1993; Scogin, Bynum, Stephens, & Calhoon, 1990). Nonetheless, the majority of self-help books are never tested in any self-administered format. Instead, if the therapy was successful when administered by a therapist, it was assumed successful when self-administered.

In addition, Rosen found detrimental effects when he made slight modifications to one of his already tested self-help treatments for phobias (Rosen, 1986). Modifications are common in the publishing industry, as popular books are

consistently revised and new editions released. Rosen's experience suggests that even seemingly minor differences can affect the success of treatments, which adds to the argument that each self-help treatment needs to be evaluated individually before it can be promoted as effective in self-administered form.

Another factor to consider when evaluating the efficacy of therapist-assisted versus completely self-administered therapies is the issue of the placebo effect. McKendree-Smith, Floyd, and Scogin (2003) argue, "providing a self-help book is an endorsement of the book and essentially communicates the professional's confidence in the efficacy of the book" (p. 282). The therapist's or researcher's recommendation of a book is likely to instill hope in the participant that the treatment will work, which could be sufficient in and of itself to produce positive evaluations from many participants (Starker, 1990). In this regard, Starker (1986) found that 69% of professionals reported having patients say they were "really helped" by self-help books. In a study by Halliday (1991), about 86% of psychotherapy clients believed the self-help books recommended by their therapists were useful. It is well known that positive expectations, such as hope, are an important factor in the success of any therapy (Tallman & Bohart, 2002). Thus, having the support of, and accountability to, the therapist/researcher may contribute to the superior effectiveness of self-help with even the minimal assistance of a therapist or professional, or contact with a researcher, due to the impact this may have on client motivation and compliance (Tallman & Bohart, 2002). Such support,

accountability, and hope are likely absent for the typical person who individually selects and administers self-help treatments.

It seems logical that both the credibility of the person serving as the referral source for the self-help treatment, as well as the credibility of the person producing the self-help treatment also would influence the effectiveness of a self-help treatment (Ogles et al., 1991). However, there has been little formal research on the impact of credibility on effectiveness in self-help or on the importance of credibility at all to self-help readers. In one of the only studies to examine the topic of credibility and effectiveness, Najavits and Wolk (1994), in a survey of 76 metropolitan residents, found that the licensure of self-help book authors and self-help radio show hosts were, indeed, viewed as important to consumers. However, consumers' expectations and beliefs when buying self-help treatment books have not been specifically studied, and as a result, the effects of the beliefs and expectations of those who purchase such books on self-help outcomes is not known.

As Norcross (2006) points out, meta-analyses can only aggregate the results of existing research. Since there is such a discrepancy between available self-help treatments and studies evaluating them, as well as other significant problems in the existing research, it is hard to reach a confident conclusion on self-help's effectiveness or efficacy. There remains some hope, however, despite faults in the research literature, that self-help is helpful--especially if the programs are developed and tested in the intended conditions of their use prior to releasing them to the public. For example, several self-help books have tested their treatments in

controlled studies and found favorable results (Norcross, 2006). These books include

Feeling Good (Burns, 1999); *Coping with Panic* (Clum, 1990); *Mastery of Your Anxiety and Panic* (Craske & Barlow, 2000); *Overcoming Binge Eating* (Fairburn, 1995); *Parent Effectiveness Training* (Gordon, 1975); *Becoming Orgasmic* (Heiman & LoPicolo, 1988); *Control Your Depression*; (Lewinsohn, Munoz, Youngren, & Zeiss, 1996); *1-2-3 Magic: Effective Discipline for Children 2*-12 (Phelan, 1996); as well as training for child management (Elger & McGrath, 2003) and instructions for sleep stimulus control (Morin et al.,1999). Although the work of these authors is laudable, when one considers that approximately 4,000 new self-help books are introduced each year, this list of ten seems inadequate.

Characteristics of Self-Help Readers

Another area that has been focused on in the psychological research literature on self-help is the psychological and demographic characteristics of self-help readers and people who are successful at implementing self-help treatments. The small collection of research that has been published, report results that are divergent and lack replication. Zalman and Forrest (1987) and Forrest (1988, 1991) found that only neuroticism, of the five Eysenck personality variables, was related to self-help readership, but also that reading self-help books failed to influence changes in personality measures. Najavits and Wolk (1994) found that self-help books were not often read by individuals in a sample of metropolitan residents. In addition, they found that among those who did read self-help books, they did so more for

entertainment and factual information than for advice on solving a particular problem (Najavits & Wolk, 1994).

In contrast, Delin and Delin (1994), using samples from bookstores, a university, and a mental health agency, found that people were extremely interested in self-help materials and used them for problem solving and self-development. The researchers did not find, however, any significant correlations between any of the Eysenck personality variables and self-help readership. In a survey of 1000 randomly selected individuals from a metropolitan phonebook, the majority reported having read self-help books and found them to be at least "sometimes helpful" (Starker, 1986). Starker (1992) also found that over half a sample of veterans read and were interested in self-help books. These self-help readers reported a more positive outlook on life and more social support than did non self-help readers.

Mahalik and Kivlinghan (1988) also examined how personality characteristics might relate to self-help readership. Approaching the measurement of personality differently than Delin and Delin and Forrest, they studied who might be most able to profit from self-help materials for depression using Holland's RIASEC model. Mahalik and Kivlinghan found that Realistic, Investigative and Conventional types benefited more from a self-help treatment for depression than Artistic, Enterprising and Social types. Specifically they found that Realistic types were most successful in reducing their depression scores on the Beck Depression Inventory and Enterprising types had the highest attrition rate. The researchers hypothesized that these differences were due to variation in the Realistic person's needs versus the

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Enterprising person's needs for support, structure, and/ or direction. Realistic, Conventional, and Investigative types, in general, require less social support and more direction, whereas, Artistic, Social and Enterprising types tend to prefer more social support and less structure. Thus, it seems reasonable that Realistic, Conventional and Investigative types would do better with the directive and independent nature of self-help books. In Mains and Scogin's (2003) review of the literature on self-administered treatments, they concluded that individuals with severe psychopathology, Axis II disorders, extensive interpersonal problems and emotional avoidance were better served by traditional psychotherapy than self-administered treatments. However, they suggested that good candidates for self-help include people with high motivation, resourcefulness and positive attitudes towards self-help. These variables, though, have yet to be studied independently as contributors to success in attempted self-help treatments.

In order to encourage more research on attitudes about self-help, Wilson and Cash (2000) developed the Self-Help Reading Attitudes Survey (SHRAS). They validated the measure using participants from an undergraduate college population and found that persons with more positive attitudes towards self-help also had more positive attitudes about reading, generally were more psychologically minded, had a stronger self-control orientation, and greater life satisfaction.

Researchers have paid more attention to the personality characteristics of self-help readers than to their demographic characteristics. The only consistently reported demographic finding is that women read more and have more positive

attitudes about self-help books than men (Starker, 1989; Starker, 1990; Delin &

Delin, 1994; Wilson & Cash, 2000). Little is known about the relationship between

self-help readership and socio-economic status. Starker (1992), in his research with

veterans, reported no difference in readership across socio-economic statuses. Other

demographics have also received little mention. This is perhaps because there have

not been significant differences between self-help readers and non-readers on

variables such as race/ethnicity, income level, education level, or age (i.e., Starker,

1986). Furthermore, the majority of the research on self-help use has been limited to

undergraduate students (Saper & Forest, 1987; Forest, 1988; Mahalik & Kivlighan,

1988; Forest, 1991;Wilson & Cash, 2000) or populations that may have specific

biases such as the veterans (i.e., mostly male, Starker, 1992), or heads of households

in the telephone book (i.e., mostly male, Najavits & Wolk, 1994; Starker, 1986).

Professional Usage of Self-Help Materials

A third area of focus in the research on self-help examines professionals'

opinions and usage of these materials. In 1986, Starker conducted research on

professional's attitudes about bibliotherapy and behaviors when prescribing self-help

books. Starker specifically looked at the attitudes of psychologists, psychiatrists, and

internists. He found that 88.6% of his telephone book sample of psychologists,

58.8% of psychiatrists, and 85.7% internists reported that they prescribed self-help

books to supplement their work (Starker, 1986). The majority of psychologists and

internists tended to rate self-help books as "sometimes helpful" and "often helpful."

Psychiatrists were somewhat more skeptical, generally stating that self-help books

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were "rarely helpful" or "sometimes helpful." Psychologists were the most positive about self-help books out of the professional groups surveyed. Additionally, few professionals seemed concerned or "perturbed" by the influence of self-help's influence on patients (Starker, 1986). Starker reported that while providing a foundation for future study, his research also had a number of flaws. In particular, his sample was exclusively from the Northwestern United States and was limited in diversity. He suggested that future research in this area would benefit from studying a sample more representative of the United States population (Starker, 1986).

Following up on his own suggestion, in 1988 Starker used a similar survey to distribute to psychologists listed in the *National Register of Health Service Providers in Psychology* in the San Diego and Boston/Cambridge area with the intention of examining regional differences in attitudes towards self-help books and prescription of self-help materials in therapy. Starker validated his earlier research by again finding positive attitudes towards self-help. In this study, 66.4% of the entire psychologist sample rated self-help books as "sometimes helpful" and "often helpful." Furthermore, 60.3% of the entire sample stated that they prescribed self-help to supplement their treatment (Starker, 1988). Starker did find a regional difference with therapists from San Diego prescribing self-help books more often than those from Boston/Cambridge. Starker also found that therapists of various orientations reported prescribing self-help books. However, "dynamic/analytic" therapists (most of whom were in the Boston/Cambridge area) tended to prescribe self-help less often than other orientations, which may account for the regional

differences discovered. Starker also speculated that the increase in popularity of self-help may mirror the increase in cognitive behavioral and humanistic psychologies over psychoanalytic psychologies.

In a survey of mental health practitioners in the under serviced area of North Bay, Ontario, a majority (86%) of professionals reported prescribing self-help to their clients (Adams & Pitre, 2000). The researchers hypothesized that case load may be related to frequency of recommending self-help books. This hypothesis was not supported. However, years of professional experience as a practitioner was related to likelihood of recommending self-help books, with counselors having more than 10 years experience being more likely to prescribe self-help books than counselors with less experience (Adams & Pitre, 2000). The mental health professionals in this survey cited "encouraging clients to take responsibility for helping themselves," "enhancing the therapy process" and "requests by the client" as the most frequent reasons for prescribing self-help books.

The top ten self-help books most often prescribed by psychologists in Starker's (1990) study were *The Relaxation Response* (Benson, 1975), *On Death and Dying* (Kubler-Ross, 1969)*, Parent Effectiveness Training* (Gordon, 1970)*, Between Parent and Child* (Ginott, 1965)*, Your Perfect Right* (Alberti & Emmons, 1970)*, What Color is Your Parachute* (Bolles, 1970)*, When I Say No, I Feel Guilty* (Smith, 1975)*, The Boys and Girls Book about Divorce* (Gardner, 1970)*, Feeling Good* (Burns, 1990)*,* and *How to Survive the Loss of a Love* (Colgrove, et al., 1984). With the exception of Burns' *Feeling Good*, most of these books promote treatment

methods that have not been empirically studied in self-administered format or do not

meet most of the criteria Rosen suggested in his 1981 guidelines for reviewing self-

help books (Adams & Pitre, 2000). Despite this, professionals continue to prescribe

these books and other currently popular books regularly to clients. This led Starker

(1986) to conclude that

> While early heroic efforts to determine the validity of a few such
>
> [self-help] works were bogged down by confusing and inconclusive
>
> findings, and discouraged by an unceasing stream of new works,
>
> clinical practice went ahead and incorporated the self-help book into
>
> this armamentarium. This appears to reflect the feeling, by clinicians,
>
> as experienced observers of human behavior, that patients are
>
> sometimes helped by such works and rarely harmed by them—
>
> particularly when self-help programs are selected and monitored by
>
> professionals. (p. 24)

Starker (1986) went on to ask, "On what grounds can clinicians claim the right to

prescribe unvalidated self-help works to their clients?"—a question that harkens

back to Rosen's concerns about the profession of psychology's responsibility when it

comes to self-help (p. 68).

Women and Self-Help

As stated previously, the only demographic variable consistently related to

self-help readership is gender. Research on characteristics of self-help readers

suggest women read more and have more positive attitudes about self-help books

than men (Starker, 1989; Starker, 1990; Delin & Delin, 1994; Wilson & Cash, 2000). Specifically, women tend to buy more self-help books on love and relationships, weight control, and emotional problems (Wilson & Cash, 2000). This is not particularly surprising given that many of these self-help books are marketed to and for women. Approximately 20% of the self-help books topping the best seller list from 1963 to 1991 were specifically written for women, such as *Women Who Love Too Much* (Norwood, 1985)*, Secrets about Men Every Woman Should Know* (DeAngelis, 1990)*, How to Marry the Man of Your Choice* (Kent, 1984)*, and Cowan and Kinder's (1985) *Smart Women, Foolish Choices,* whereas, only 4% of self-help books were written specifically for men (Simonds, 1992). In addition, many other books, while not explicitly for women only, largely speak to a female audience--books such as *Codependent No More* (Beattie, 1987) or various popular diet books that have captured media attention in the last four decades (Simonds, 1992; Wilson & Cash, 2000)*.* Today, approximately 6.5 million viewers, mostly women, watch Dr. Phil's daily talk show and his books consistently top best-seller lists (Salerno, 2005); and of the 3.6 million people who visit Oprah's self-help oriented website each month, 91% are females (Audience & usage). The single most popular book borrowed from U.S. libraries in 2005 was a self-help book targeted for women, *French Women Don't Get Fat: The Secret of Eating for Pleasure* by Mireille Guiliano (*Library Journal*, 2005). At the time of this writing (March 25, 2007), the #2 best seller on *The New York Times* hardcover advice bestseller list is written specifically for women: Suze Orman's *Women and Money* (*The New York Times*,

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2007). Although self-help's popularity with women is clear, research has not provided an explanation as to why this phenomenon appeals especially to women and what affects it may be having on women and their health.

Since most self-help books are marketed towards and consumed by women (Salerno, 2005; Wilson & Cash, 2000; Schilling & Fuehrer, 1993) feminists have paid particular attention to and commented on the self-help phenomenon (McGee, 2005; Rapping, 1996; Simonds, 1992; Fauldi, 1991). Their reviews, particularly those of feminist psychologists and scholars, have been mixed. Some feminists argue that it was the feminist movement of the 1960's that helped put mental health in the public eye by urging women and men to examine the wounds inflicted by a racist, classist, and patriarchal society (hooks, 1995). In fact, a number of feminist writers believe that the modern day self-help culture and recovery language were themselves originally spawned from the feminist movement, consciousness raising groups, and the feminist idea that women could change their lives (Simonds, 1992; hooks, 1995; Rapping, 1996; Schrager, 1993). It was the feminist movement that brought to light issues of abuse, sexual harassment, rape, incest, and other such issues as topics we, individually and as a society, should recognize, publicize, and for which we could seek redress and recovery (Rapping, 1996).

A foundation of feminist theory is the idea that "the personal is political." The feminist movement sought to bring into public awareness the personal and emotional and to challenge the idea that public and private lives were separate entities (Rapping, 1996). The slogan "the personal is political" means that the

seemingly mundane patterns, episodes, and relational dynamics of everyday life represent a microcosm for the problems faced in the larger society. For example, a feminist might argue that a husband's domestic abuse of his wife in the home parallels the dominant, and often violent, role of men over women in society, and women's relative powerlessness. Rapping (1996) argued that recognizing the personal as political has allowed the emotional, "feminine," private sphere to enter the public sphere and public discourse in a way that it never had before. Rapping (1996) has suggested that without this precedent, the popularity and media support of self-help would not have been possible, as the issues of self-help are decidedly personal and often emotional in nature.

Rapping (1996) suggested that self-help offers women a way to cope today in much the same way that that consciousness raising groups of the 1960s offered women a way to cope with the many challenging problems women face. The difference, Rapping (1996) theorized, is to what feminists versus the typical self-help author attribute women's problems. Feminists attribute women's problems to a patriarchal and capitalist society that can only function when specific power differentials exist. Given this perspective, women were encouraged to stop pathologizing themselves and to look at the larger social system as greatly influential to their individual experiences. The vehicle for spreading this view was through consciousness raising groups and the distribution of literature. Change was conceptualized as occurring at the social and political level. In contrast, self-help or recovery language, blames women's problems on intrapsychic characteristics that

were inflicted by the individual's family, their biology, or were a result of personal weaknesses or failings. The proposed solutions in self-help, as Rapping (1996), Simonds (1992), and Schilling and Fuehrer (1993) have noted, is individual change. As a result of this shift in the attribution for the cause of women's problems, Rapping (1996) asserted that self-help, which may at one time had similar messages to the feminist movement, has now almost completely stripped away the original political goals of feminism.

Given the generally "anti-feminist" reputation of self-help, Chrisler and Ulsh (2001) wondered if feminist therapists, like Starker's (1986) mental health professionals, prescribe self-help books to their clients and if they find them helpful. To answer these questions, the researchers surveyed 249 members of the Association for Women in Psychology (AWP), a supporter of feminist psychology. Of these 249 participants, 94% classified themselves as "feminist therapists." Chrisler and Ulsh found that 93% of participants regularly recommended self-help books, with 73% believing biblotherapy to be "useful" or "very useful" for most clients. Fifty-four percent of the sample stated that recommending books written from a feminist perspective was "very important" or "important," while 44% said "it depends" and 2% said it was "not important." Surprisingly, the researchers found that while the feminist therapists were recommending many classic feminist books such as *Our Bodies Ourselves* (Boston Women's Health Collective, 1971) and *This Bridge Called My Back* (Moraga & Anzaldua, 1981), some, though less frequently, also listed books criticized by feminists for pathologizing or stereotyping women such as

Women Who Love To Much (Norwood, 1985) and *Codependent No More* (Beattie, 1987). Thus, despite a less than favorable reputation among feminists, feminist therapists commonly prescribe self-help books, just as do many other mental health practitioners.

Feminist psychologists Schilling and Fuehrer (1993) produced one of the only research studies in psychology to examine the trends that feminist writers were noting in their critiques of self-help books and the self-help culture more broadly. Schilling and Fuehrer selected for examination 28 books written specifically for women. To be included in the study, these books also had to make claims that application of the book's suggestions would lead to improvement of the identified problem. The researchers reported that their selection was "neither systematic nor exhaustive," but represented a variety of topics and included books commonly available in the self-help or recovery sections of bookstores and supermarkets. With a qualitative lens, Schilling, Fuehrer, and two graduate students in clinical psychology read each of the books independently. Each reader attended to specific topics and documented their impressions. The four readers were asked to examine how each book explained information for self-diagnosis, the etiology of the problem, what getting better would look like, how a person was to get better, the locus of authority, and the role of collective action. They were also to keep Rosen's (1987) criteria for examining self-help books in mind (Schilling & Fuehrer, 1993). The information collected was then reviewed in group jury format and conclusions were tentatively drawn based on this information.

Schilling and Fuehrer address each of the five areas they examined in turn. They found that the majority of the self-help books they examined were not helpful in offering guidelines for self-diagnosis. In fact, most of the books presented the problems they discussed as being "inherent in the socialization of women such that *all* women are described as vulnerable to the development of similar problems." (Schilling & Fuehrer, 1993, p. 419). In this regard, readers were generally identified as an undifferentiated group and variables such as socio-economic status, race, age, sexual orientation or life situation were not considered in the description or diagnosis of the problem (as they presumably would be in individual therapy). Thus, the diagnostic criteria, if there was any, usually was sufficiently general to exclude few women.

The researchers also identified in these books a theme of unquestioning acceptance of women's socialization as an individual problem (Schilling & Fuehrer, 1993). Socialization, which is a cultural level phenomenon, is reduced to an individual problem by suggesting that individual cases of inappropriate or inadequate socialization are to blame for a woman's problems. Despite the fact that all women are supposedly vulnerable to developing similar problems, as evidenced through the unspecified or open diagnostic criteria, individual psychological and behavioral explanations for the problems are still employed.

Schilling and Fuehrer (1993) suggested that the way in which self-help books propose that women solve their problems is also consistent. Although socialization is blamed for the development of many of women's problems, social context is not

considered as subject to change and is not incorporated into suggestions for solutions to problems. Most self-help authors suggest that the best solutions involve an individual woman's effort to change her cognitions and behaviors. Rarely do the self-help authors acknowledge external obstacles or social conditions that might limit a women's ability to modify herself and her life.

Schilling and Fuehrer (1993) also noted an absence of collective action as a viable solution, or as even part of the solution to women's problems, in the self-help books they examined. Although women may have similar problems, and these problems may at least be partially created or maintained by the social system, the self-help books generally did not encourage women to work together or mutually aid each other in addressing these problems at a social level. Furthermore, Schilling and Fuehrer argued that if institutional change is mentioned at all in these self-help books, it is more as an afterthought with few recommendations for change.

Although Schilling and Fuehrer were strongly critical of self-help books for women, it is important to keep in mind there has been no quantitative research to substantiate feminist's claim either that there is a relationship between self-help readership and preference for individual solutions, or that self-help books *cause* this individualistic orientation. Based on this literature, it seems reasonable to speculate that there may be a relationship between preference for individual solutions and self-help readership. In addition, the literature also seems to suggest that feminists would not be avid self-help readers due to differing perspectives on the problems facing women.

Feminist scholars argue that self-help, which had perhaps been spawned by feminist seeds, has not grown to be feminist fruit. Even though a number of feminist authors suggest some positive aspects of the self-help movement, and apparently feminist therapists are even recommending such books (Chrisler & Ulsh, 2001), the majority of the intellectual commentary cautions women against trends of which, they propose, either self-help is a symptom or a cause. These trends include the idea that (a) change will involve individuals restructuring their thoughts, behaviors, and relationships rather than a collective restructuring of society (Kitzinger, 1991), and (b) a masking of the gendered nature and problem of self-help by conducting gender-neutral critique and research (i.e., Rosen and Starker; Schilling & Fuehrer, 1993).

Summary

Although the majority of the scholarly commentary and data-based research on self-help was conducted in the late seventies, eighties, and early nineties; in 2007, Rosen's concerns, criticisms, and suggestions have changed little despite the ever increasing growth of self-help (Rosen, Barrera, & Glasgow, in press; Salerno, 2005). Rosen and colleagues remain concerned about self-help's impact on professional psychology, though few are responding to their call for change. Specifically, they have repeatedly raised the issues of the efficacy and credibility of self-help manuals. Efficacy, specifically researched under conditions of self-selection and self-administration, is largely unexamined. Similarly, the credibility of self-help as it is perceived by professional psychologists, and as it is perceived by the general public, is also lacking research.

Although some things about the characteristics of self-help readers may be known, many of the findings remain unclear and unreplicated. The popularity of self-help books suggests a generally positive public regard for these materials. However, there has been little systematic research as to people's opinions about self-help books and the self-help industry. Furthermore, other than gender, little is known about the relationship between demographic variables and self-help readership.

The fact that self-help books are often marketed towards women has been largely unexamined in the psychological literature. The feminist literature argues that the self-help movement is persuading women to look at their problems as individual issues—stripping away the social context of culture, power structures, and socialization and leading to the over pathologizing of women. However, there has not been research to support these claims. Importantly, there is little understanding as to why women are buying self-help and for what psychological purposes they are used. In sum, the self-help industry, remains in need of much more research and attention. Self-help's popularity and persistent presence in the media suggest that this is not a fad that will be disappearing anytime soon and, thus, it is a timely and needy area for additional research.

CHAPTER III

Methods

Participants

The participants for this study were recruited through zSample, a commercial survey respondent service from ZoomPanel. The sample consisted of 343 women. The participants' ages ranged from 18 to 86 with a mean age of 43.19. The majority of the participants were Caucasian (86.6%), with some post secondary education (41.1%), and household incomes in the $34, 999 and below range (44%). Tables 1, 2, 3, 4, and 5 in Appendix B show the frequencies and percentages of the demographic variables measured in the study. The sample is approximately representative of the United States population according to the 2000 Census (see tables for comparison).

Procedure

After securing human subjects approval, the questionnaire (see Appendix A) was distributed to the sample obtained through ZoomPanel. Each participant received a link taking her to a questionnaire via the internet. After the participant completed the questionnaire, she then submitted her responses anonymously through the website.

Measures

Self-Help Readership

Self-help readership was assessed through self-report. The participant was asked to give her subjective experience of the amount of time she spends reading self-help books. Participants were presented with the statement, "I enjoy reading

self-help books and read them frequently. Sometimes I like to discuss what I read in self-help books with others, or tell others about the self-help books I have read. When I'm in a bookstore or library, I often walk though the self-help and popular psychology section to see what titles they have. I would call myself a self-help reader." and then asked to rate the degree to which the description does or does not sound like them on a seven-point scale with anchors of "very much like me" and "not at all like me."

Self-Help Reading Attitudes Survey

The Self-Help Reading Attitudes Survey (SHRAS) was created and validated by Wilson and Cash in 2000. The researchers created this survey with the purpose of better understanding people's attitudes and usage of self-help books. A reliability analysis conducted for the SHRAS with the sample from this study had a Cronbach's alpha of .96. This is similar to Wilson and Cash's (2000) reported Cronbach's alpha of 0.94 for their entire sample and 0.93 for the women they studied. Wilson and Cash also found that the SHRAS was significantly positively correlated with the number of self-help books participants read in the last year, total number of books read in the last year, a general reading attitudes scale (ASRA), a psychological mindedness scale (PMS), a self-control orientation scale (SCS), and a satisfaction with life scale (ESWL). Social desirability was reported by Wilson and Cash as accounting for 2% of the variance in scores on the SHRAS.

The dimensionality of the 40-item SHRAS scale was analyzed using principal component factor analysis. Three criteria were used to determine the

number of factors for the SHRAS scale: the a priori hypothesis that the measure was unidimensional, the scree test (Figure 1 in Appendix C), and the interpretability of the factor solutions. Based on all three of these indices, the a priori hypothesis of unidimensionality was supported for the SHRAS. The one factor for the SHRAS, attitude towards self-help books, accounted for 52.2% of the variance.

The participants were given instructions for completing the SHRAS which included a definition of self-help stating "By 'self-help' we mean psychological self-help—namely, non-fiction books intended to assist or enable people to overcome social, behavioral, or emotional problems and to promote personal growth and well-being." The SHRAS contained 40 items such as "I feel that self-help books are mostly meaningless 'psycho-babble,'" and "Most self-help books provide some useful guidance." Participants were asked to respond on a five point Likert scale ranging from "strongly disagree" to "uncertain or neutral" to "strongly agree." Sixteen items were reversed scored to create a scale where higher scores suggest more positive attitudes towards self-help books.

Solutions to Problems

Participants' ideas about the best solutions to their problems were evaluated by six items. Examples of items include, "The best solution to my problem is probably learning how to change something about how I think," and "The best solution to my problem will involve me working with others to change the environment I live in." Again, participants were asked to respond on a 5-point Likert scale ranging from "strongly disagree" to "neutral" to "strongly agree." Three items

were classified as "internal solutions." These items suggest that the best solutions involve the individual person changing something about themselves whereas; the remaining three items were classified as "external solutions," which incorporate other people and/or the environment in solutions. The six items assessing preferred solutions to problems had a coefficient alpha of .63, which is adequate for group research.

Self-help Books'/ Authors' Credibility

Beliefs about self-help books' and their authors' credibility were measured by four items. An example of an item in this section is "You must be an expert, or well educated on a certain subject, to be allowed to publish a self-help book in that area." Participants were asked to rank their agreement with each item on a 5-point Likert scale ranging from "strongly disagree" to "neutral" to "strongly agree." The coefficient alpha for the four questions assessing perceived credibility and efficacy of self-help books was .79. These four items are not intended as a comprehensive assessment of credibility, nor has their validity been established. These items are meant as a starting point for discovering what the general population believes and expects of self-help products. Further research specifically on this area, with more rigorous measures, will no doubt be needed in the future.

Purposes for Using Self-Help Books

Participants' ideas about why people read self-help books were also assessed. Items providing a number of reasons why people might read self-help books were presented and the participants were asked to respond to the items on a 5-point Likert

scale ranging from "strongly disagree" to "neutral" to "strongly agree." Items

included, "People read self-help books because they give them specific strategies for

changing their problem," and "People read self-help books because they feel better

when they read something from someone who understands their problem." There

were ten items assessing the purposes for which people use self-help books. The

items were divided such that five items reflect problem-solving purposes and five

items reflect emotional or other purposes (i.e., fact-finding) for reading self-help

books. The coefficient alpha for the five questions assessing the reasons why people

might use self-help books (problem solving) was .72. The coefficient alpha for the

four questions assessing the reasons why people might use self-help books

(emotion/other) had a lower, but adequate for group research, coefficient alpha of

.62. Question 61 was removed from the scale assessing emotional/other reasons for

reading self-help books to improve reliability from a coefficient alpha of .44 to .62.

See Table 5 in Appendix B for descriptive statistics of all the scales used in this

study.

Attitudes Towards Feminism Scale

Feminist beliefs were measured using the Shortform Attitudes Towards

Feminism Scale (FEM), which examined beliefs in traditional sex-role norms, anti-

feminine stereotypes, and authoritarian attitudes towards women (Singleton &

Christiansen, 1977). This definition of feminism is limited, somewhat dated, and

reflects a liberal feminist perspective. In recent years, feminism has become

feminisms and this measure is consciously used as only a rough approximation of

general sexist attitudes. However, the FEM scale has been used in numerous research studies as a measure of feminist beliefs (i.e., Ardovini-Brooker, 2003, Duffy, 1994; Korman, 1983; Krulewitz & Kahn, 1983). Singleton and Christiansen (1977) found that the shortform FEM scale had a coefficient alpha of 0.96 and has established convergent and discriminant validity with measures such as the Rokeach's Dogmatism Scale, and items measuring anti-black prejudice and identification with the women's movement. With the sample used in this study, the FEM scale had a coefficient alpha of .85. The shortform FEM scale contained 10 items such as "As head of the household, the father should have final authority over his children." Participants were asked, again, to rate their responses on a 5-point Likert scale ranging from "strongly disagree" to "no opinion" to "strongly agree."

The dimensionality of the 10-item FEM scale was also analyzed using principal component factor analysis. Like the SHRAS, three criteria were used to determine the number of factors for the FEM scale: the a priori hypothesis that the measure was unidimensional, the scree test (Figure 2 in Appendix C), and the interpretability of the factor solutions. Based on all three of these indices, the a priori hypothesis of unidimensionality was supported for the FEM scale. The one factor for the FEM scale, feminist beliefs, accounted for 44.6% of the variance.

Data Analysis

Testing the Hypotheses

Hypothesis 1: A representative sample of contemporary American women will show positive attitudes (an average score higher than 3.0) towards self-help

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books on SHRAS. Higher numbers indicate more favorable attitudes towards self-help books and a mean of 3.0 and below indicate a neutral or negative attitude towards self-help. Hypothesis one was analyzed by conducting a single samples *t* test, which compared this sample's mean to the hypothesized population mean. An alpha level of .05 was set for this (and all) statistical procedures used in this study.

Hypothesis 2: There will be no significant relationships between women self-help readers and the demographic variables of age, race/ethnicity, and income or education level. Likewise, there will be no significant relationship between self-help readership and previous mental health treatment.

For hypothesis two, a Pearson correlation analysis was conducted to test if there is a significant relationship between self-help readership and age. To evaluate the other null hypotheses, that there is no difference in self-help readership across race/ethnicity, income level, education level, and previous mental health treatment, four ANOVA tests were conducted.

Hypothesis 3: A representative sample of contemporary American women will show a general belief in the credibility and efficacy of self-help books (an average score of 3.0 or higher on the four credibility/efficacy questions). Women who read more self-help books will endorse stronger beliefs in the credibility of the self-help authors/books than will those who read less self-help books. Higher scores indicate more positive attitudes, or stronger beliefs, in the credibility and efficacy of self-help books.

To determine the general belief in the credibility and efficacy of self-help books a single samples *t* test was conducted to compare this sample's mean to the hypothesized population mean (a mean score of 3.0 and below indicating a neutral or disbelief in the credibility and efficacy of self-help books). In order to test the hypothesis that there is a positive relationship between increased self-help readership and stronger beliefs in the credibility of self-help books, a Pearson correlation analyses was conducted.

Hypothesis 4: Women self-help readers will endorse problem-solving items more strongly as a purpose for using self-help than emotion/other focused items. Again, higher scores indicate a stronger endorsement of the item as a purpose of reading self-help books. To test hypothesis four, a paired samples *t* test was conducted.

Hypothesis 5: There will be a positive relationship between self-help readership and the endorsement of individual solution items. For hypothesis five, three of the six solution items were reversed scored to create an index where higher numbers indicate stronger preference for individual focused solutions. A Pearson correlation analysis was conducted to determine if there was a significant positive relationship between self-help readership and the endorsement of individual solutions.

Hypothesis 6: There will be a negative relationship between feminist beliefs and self-help readership. Finally, a Pearson correlation analysis was conducted to test if there is a negative relationship between feminist beliefs (scores on the

FEM scale) and self-help readership. Lower scores on the FEM scale indicate

stronger feminist beliefs.

CHAPTER IV

Results

Testing the Hypotheses

Hypothesis 1, a representative sample of contemporary American women
will show positive attitudes (a mean score higher than 3.0) towards self-help books
on the SHRAS, was supported. A single sample *t* test was conducted on the SHRAS
scores to evaluate whether their mean was significantly different from 3.0, the
"uncertain or neutral" attitude mean. The sample mean of 3.31 (SD=.67) was
significantly different from 3.0, t (342) = 8.52, $p < .001$. The effect size d of .46
indicates a medium effect. The results support the conclusion that American women
have positive attitudes towards self-help books.

Hypothesis 2, there will be no significant relationships between women self-help
readers and the demographic variables of age, race/ethnicity, income or education
level and that there will be no significant relationship between self-help readership
and previous mental health treatment, was partially supported. As predicted, the
correlation between identity as a self-help reader and age was not significant r (342)
= .03, $p = .53$. Four one-way ANOVAs were conducted to evaluate the relationships
between the independent variables race/ethnicity, income, education, previous
mental health treatment and the dependant variable of identity as a self-help reader.
The first ANOVA, evaluating the relationship between race/ethnicity and identity as
a self-help reader, was not significant, F (5, 337) = 1.47, $p = .198$. This relationship
only accounts for 2.1% of the variance, a small effect size. The second ANOVA,

evaluating the relationship between income and identity as a self-help reader, was also not significant, $F(4, 338) = .30$, $p = .880$, accounting for less than one percent of the variance. The third ANOVA, evaluating the relationship between education and identity as a self-help reader, was not significant, $F(7, 335) = .81$, $p = .58$, accounting for 1.7% of the variance in scores. Thus, age, race/ethnicity, income, and education are not significantly related to perceived identity as a self-help reader.

However, the fourth ANOVA, evaluating the relationship between previous mental health treatment and identity as a self-help reader, in contrast to the hypothesis, was significant, $F(1, 341) = 8.309$, $p = .004$. Previous mental health treatment accounted for 2.4% of the variance in identity as a self-help reader. People who have sought previous mental health treatment rate themselves significantly higher on identity as a self-help reader (M = 3.61) than those who have not had previous treatment (M = 3.02).

Part one of Hypothesis 3, a representative sample of American women will show a general belief in the credibility and efficacy of self-help books (a mean score of 3.0 or higher), was statistically significant, but in the opposite direction predicted. Therefore, the hypothesis was not supported. A single sample *t* test was conducted using the scores from the four credibility/efficacy questions to evaluate whether their mean was significantly different from 3.0, the "uncertain or neutral" attitude mean. The sample mean of 2.86 (SD=.78) was significantly different from 3.0, $t(342) = 3.34$, $p = .001$. The effect size *d* of .18 indicates a small effect. The results support

the conclusion that, in general, American women do not believe that self-help books are entirely credible or efficacious.

The second part of Hypothesis 3, women who identify more as self-help readers will endorse stronger beliefs in the credibility and efficacy of self-help authors/books than will those who identify less as self-help readers, was supported. As predicted, the correlation between identity as a self-help reader and credibility/efficacy of self-help books was significant r (343) = .21, p < .001, suggesting that as women increasingly endorsed an identity as a self-help reader they also increasingly endorsed the efficacy and credibility of self-help books.

Hypothesis 4, women will endorse problem-solving items more strongly as a purpose for using self-help than emotion or other focused items (i.e., fact finding), was supported. A paired-samples t test was conducted to evaluate whether women more strongly endorsed problem solving or emotion/other focused items as purposes for reading self-help books. The results indicated that the mean for problem-solving items (N=343, M = 3.7, SD = .57) was significantly greater than the mean for emotion/other focused items (N= 343, M = 3.64, SD = .55), t (343) = 3.13, p = .002. The standardized effect size, d, was .17, a small effect.

Hypothesis 5, there will be a positive relationship between self-help readership and the endorsement of individual solutions items, was also supported. As predicted, the correlation between identity as a self-help reader and the endorsement of individual focused solutions was significant r (343) = .21, p < .001. Therefore, as

women increasingly identified as being a self-help reader they also increasingly identified individual focused items as preferable solutions to their problems.

Hypothesis 6, there will be a negative relationship between feminist beliefs and self-help readership, was not supported. The correlation between identity as a self-help reader and identity as a feminist was not significant r (343) = .03 p = .59. There does not appear to be a relationship between identifying as a self-help reader and identifying as a feminist (as it is measured by the FEM scale).

CHAPTER V

Discussion

This chapter will first summarize the statistical findings of the study and then discuss the findings and what they may mean for women, psychology, and self-help more generally. Conclusions and implications for future research and the profession of psychology will subsequently be examined.

Summary of the Findings

Hypothesis 1, that a representative sample of contemporary American women will show positive attitudes towards self-help books on the SHRAS, was supported. The results support the conclusion that American women have positive attitudes towards self-help books.

Hypothesis 2, that there will be no significant relationships between women self-help readers and the demographic variables of age, race/ethnicity, income or education level and that there will be no significant relationship between self-help readership and previous mental health treatment, was partially supported. Age, race/ethnicity, income, and education were not significantly related to perceived identity as a self-help reader. However, women who have sought previous mental health treatment rate themselves significantly higher on identity as a self-help reader than those who have not had previous treatment.

Part one of Hypothesis 3, a representative sample of American women will show a general belief in the credibility and efficacy of self-help books, was not

supported. The results suggested that, in general, American women do not believe that self-help books are especially credible or efficacious.

The second part of Hypothesis 3, that women who identify more as self-help readers will endorse stronger beliefs in the credibility and efficacy of self-help authors/books than will those who identify less as self-help readers, was supported, suggesting that as women increasingly endorsed an identity as a self-help reader they also increasingly endorsed the efficacy and credibility of self-help books.

Hypothesis 4, that women will endorse problem-solving items more strongly as a purpose for using self-help than emotion or other focused items, was supported. The results indicated that women thought people bought self-help more for problem-solving purposes than for emotion or other (i.e., fact finding) focused purposes.

Hypothesis 5, that there will be a positive relationship between self-help readership and the endorsement of individual solutions items, was also supported. As women increasingly identified as being a self-help reader they also increasingly identified individual focused items as preferable solutions to their problems.

Hypothesis 6, that there will be a negative relationship between feminist beliefs and self-help readership, was not supported. There does not appear to be a relationship between identifying as a self-help reader and identifying as a feminist (as it is measured by the FEM scale).

Discussion of the Findings

As predicted, an approximately representative sample of American women had positive attitudes towards self-help books. Most, however, did not believe that

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self-help books were credible or efficacious. More specifically, women did not think that self-help books were researched for effectiveness, written by experts on the subject, screened for quality, or made accurate claims. This might be seen as a perplexing set of information. If American women generally think that self-help books are interesting, provide useful guidance, and are helpful yet not necessarily credible or efficacious from a scientific standpoint, why are they consuming them in such high quantities? It is estimated that Americans spend $600 million dollars annually on self-help (Norcross, 2006). For what purposes, if not to be effective, would they use these materials?

According to the items developed to assess purposes for reading self-help, participants indicated that either they have, or they believe people would, read self-help more for problem solving purposes such as getting ideas for specific strategies or help thinking about their problem differently, rather than emotional support or fact finding purposes. If women are choosing self-help books to help them solve a problem then why are they selecting something that they do not think will actually be effective? One hypothesis is that women are turning to self-help resources just for ideas or suggestions and not necessarily to provide the "one" solution or "right" answer.

Additional examination of the data suggests that the more women identify as "self-help readers" the more they believe the books to be credible and efficacious. Another hypothesis is that as one identifies more strongly as a self-help reader they either may be more invested in the process of reading self-help books and to resolve

their cognitive dissonance change their beliefs about the effectiveness of these books, or those who find them effective read them more and, thus, identify more strongly as self-help readers.

Despite the fact that women endorsed problem solving as a stronger reason than emotional support for using self-help materials, there still remains some question in this author's mind as to whether emotional needs are more strongly influential than women reported in this study. When Radway (1983) researched why women continually and repeatedly consumed romance novels, she found that most women reported getting emotional needs met through the novels, and she hypothesized that it was this emotional fulfillment that fueled their buying behavior. Perhaps women's high consumption of romance novels is similar to their high consumption of self-help books. Women may feel they can identify with the author or the people discussed in the book and/or may feel they get emotional support by reading a book by someone who seems to understand their difficulties. Effectiveness would then be less important, if the purpose was solace instead of solutions. Thus, another hypothesis could be that women may not be aware of, or acknowledge, what they are getting emotionally from the process of reading self-help books. Additionally, since self-help materials are marketed as problem solving agents, it may be difficult for people to see them as anything but advice manuals and are thus, less able to identify other, less tangible, purposes they may serve.

Finally, reading specifically for entertainment was not adequately examined in this study. Although women in this study believed that problem solving was the

most likely purpose for which women bought/read self-help, perhaps women are just buying and/or reading these books "for fun," in which case effectiveness would, also, be less important to readers. The one item that assessed this idea, "People read self-help books primarily for entertainment" was excluded from the scale during statistical analyses to improve the reliability of the scale. Therefore, another hypothesis for explaining why women have positive attitudes towards self-help and their immense popularity is that women may simply enjoy them as pieces of entertainment.

In addition to the findings on women's beliefs about self-help, this study examined what self-help reader's look like demographically. As predicted, demographic variables such as race/ethnicity, age, socio-economic status, and education were not related to identity as a self-help reader and none accounted for a significant amount of the variance in identity as a self-help reader. In other words, people of particular groups such as different race/ethnicity groups do not seem to identify as self-help readers any more or less than any other race/ethnicity group. What was not predicted was that prior mental health treatment would be related to stronger ratings of identity as a self-help reader. Previous mental health treatment accounted for a significant proportion of the variance in self-help identity. This finding may indicate that people who have sought mental health treatment before may also be more comfortable seeking psychological services elsewhere, such as through self-help materials, self-help groups, or referral to a professional.

As addressed in the literature review, a consistent feminist argument against self-help has been that it encourages an individualistic view of, and solutions to, problems and discourages collective efforts as valuable and desirable solutions to problems. One of the purposes of this dissertation was to examine if there is empirical evidence to support this contention. The results of this study suggest that there may be reason to study this argument further. There was a positive relationship between identity as a self-help reader and endorsement of items that suggest preference for individual internal solutions (i.e., changing the way one thinks, acts or behaves) over external collective solutions (i.e., changing others, changing the environment, working with others). As with any correlation, this does not suggest that reading self-help books causes one to be more individual solution orientated. It simply tells us there is a relationship. Possible explanations are that self-help could cause women to see individual solutions as preferable. It might also suggest that women who are drawn to individual solutions are also more drawn to self-help books. In other words, if you tend to have a more collective frame of reference to begin with, perhaps you would not seek out self-help books for help. Therefore, the data from this study does not give a clear answer to the question of if self-help causes an individualist orientation towards problems. In order to determine the direction of causality, future studies will need to employ a research design that can examine a cause and effect relationship between the variables.

The additional hypothesis of a negative relationship between feminist beliefs and identity as a self-help reader was not supported. The underlying assumption of

this hypothesis was that if feminists tend to value collective means of change then

feminists as a whole might find self-help problematic and, thus, may also be

reluctant to consume these materials themselves or identify as a self-help reader. The

fact that this hypothesis was not supported suggests that this assumption may not be

valid. There are a number of possible arguments against this assumption. For

example, perhaps some feminists prefer individual solutions for mental health issues

and collective solutions for different problems such as social issues. Or, maybe some

feminists are using the self-help books for purposes other then finding solutions (i.e.,

emotional support or information gathering). Another idea is that many feminists,

especially feminist psychologists, encourage individual *as well as* collective change,

thus allowing for non-mutually exclusive categories for feminists and self-help

readers. Chrisler and Ulsh's (2001) finding that many feminist therapists recommend

self-help books to their clients seem to support this idea. Therefore, based on this

research, we cannot say that there is a relationship between belief in feminist ideals

and identifying as a self-help reader.

Limitations

There are several important limitations of this research that should be noted.

First, since a commercial survey respondent service was used, there were some data

related to the survey collection that this author was not allowed to view or was not

able to collect. For example, the company sends out survey requests to a group of

people who fit the desired demographics. Then, access to the survey is stopped when

the number of completed surveys reaches the paid for sample size. ZoomPanel does

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not allow their clients to access information about how many survey requests went out in total. Thus, it is not possible to determine response rate. Additionally, there are limitations in the sampling method used. Quota sampling was used in which approximate sample sizes for age, race/ethnicity, income, and education were selected based on census data. However, as with quota sampling, participants were not randomly selected and therefore full confidence cannot be placed in the generalizability of the sample to all women in the United States. There may have been some bias or consistent differences in who received or responded to the survey first (i.e., perhaps women who had more regular access to their e-mail were able to complete the survey prior to those with less frequent access, women who do not work outside the home may have more freedom to check their e-mail, women more generally interested in the topic of self-help). Furthermore, people who sign up to be a survey responder for ZoomPanel may also be consistently different in some ways from those who do not sign up to be a responder. An additional potential limitation of this study is that it was done exclusively on the computer. Those populations that do not have computers or do not have access to computers are excluded from this sample. This may include people of lower socio-economic status or some minority groups. Therefore, the exact biases in the sample cannot be fully determined.

Several of the scales used in this research may also present some limitations to the study. The scale assessing the reasons why people read self-help books and the preferred solutions scale were both developed for the purpose of this research, as no published scales of these constructs were able to be found. Although both scales had

acceptable alpha levels for group research, these scales have not been intensively studied for various forms of validity, such as concurrent and discriminate validity. Thus, the results related to these scales should be taken with caution as further research on how well these scales assess these constructs is needed.

The FEM scale also presents some limitations for making conclusions about feminist beliefs and their impact on self-help readership. As described in the introduction and method chapters, the FEM scale was selected with the knowledge that it was somewhat out-of-date and simplistic and was consciously used as only a rough approximation of general belief in traditional sex-role norms, anti-feminine stereotypes, and authoritarian attitudes towards women (Singleton & Christiansen, 1977). Very few new feminism scales have been developed and those that have are much longer in length reflecting the increased complexity of the construct (Henley, Spalding, & Kosta, 2000). In an effort to keep the survey relatively short, the FEM scale was selected due to its length (10 items), its acceptable reliability and validity, and it precedence in other research where feminism is a variable (i.e., Ardovini-Brooker, 2003, Duffy, 1994; Korman, 1983; Krulewitz & Kahn, 1983).

Given that the instrument is thirty years old and the social context as well as the feminist movement has changed substantially, the FEM scale likely only provides part of the picture of feminist ideology as it exists today. In the past several decades, feminism has changed to feminisms. While there still remain some overarching common principles, feminist beliefs can no longer be lumped into one category but now represent a wide array of beliefs on a number of issues. Feminism

now contains such categories as womanist, lesbian, radical, liberal, socialist, cultural, and several other emerging groups (Enns, 1997). One of the problems with the FEM scale is that it does not distinguish between types of feminists, and more subtle theoretical issues between them, which may prove to be important to specific beliefs about self-help books. Future research, focusing specifically on feminism and self-help readership, would benefit from using one of the more up-to-date and comprehensive scales to determine if variations in types of feminisms impacts self-help readership (i.e., Henley, Spalding, & Kosta, 2000).

Conclusions

The purpose of this dissertation was to begin to examine women's attitudes about self-help in an empirical manner and to provide direction for future research and professional growth in this area. Notwithstanding the above limitations, the results of this study suggest that women have positive attitudes towards self-help despite acknowledging that they do not believe that self-help is necessarily credible or effective. At this time the purposes for buying and using self-help materials remains unclear and in need of further exploration. This study also looked for correlates associated with self-help readers and found that both prior mental health treatment and preference for individual orientated solutions was related to identity as a self-help reader. Demographic characteristics and endorsement of feminist beliefs were not found to be correlated to identity as a self-help reader for the women in this study.

This dissertation is unique in that it is one of the first attempts to study empirically the particular criticisms feminist scholars have directed at self-help, namely, self-help's endorsement of individualistic over collective orientated solutions and the assumption that self-help is in conflict with the interests of feminists. Although, this study was only able to begin to examine these questions, the results suggest that there is a relationship between preferences for certain types of solutions (i.e., individually orientated vs. collectively orientated) and self-help readership. Further research will have to examine the direction of causality and what this relationship may mean for self-help and women. This study also found that feminist identity and identity as a self-help reader were not inversely related, as predicted, thus calling into question the assumption that feminist ideals and self-help are necessarily oppositional. More research is necessary to understand if this finding is indeed reliable and what explains it. Overall, the issues of feminism, women, solution orientations, and self-help appear to be more complicated and, thus, cannot be effectively summarized by a simple relationship between two constructs.

Examination of the existing literature on self-help reveals that much more research and scholarly discussion on this topic is needed. Most self-help materials have not been empirically tested in self-selected and/or self-administered format. Furthermore, despite the enormous popularity of self-help in American culture, professional psychologists have refrained from providing public commentary or attempts at regulation or guidance for the public in selecting these materials. Given Norcross' (2006) reminder that the majority of Americans use self-help as their

primary source of mental healthcare, it seems pertinent to the health of this country

and the reputation of the profession of psychology that self-help continues to be a

topic of scholarly conversation and research.

Future Research Directions

In general, research on self-help in the psychological literature is lacking

considering the popularity it has in our culture. A review of the existing research on

self-help indicates that there are some specific areas that would be especially useful

to focus our efforts on in the future. First and foremost, additional research on

commercially available self-help books as they are actually used and marketed is

needed. Specifically, we need research that examines the effectiveness of self-help

when it is self-selected and self-administered. Furthermore, creative methods and

research designs that can minimally involve the impact of the researcher or for which

interaction with researchers can be statistically accounted for could give

psychologists a much more accurate picture of what the actual effectiveness of these

materials are or could be. Specific factors affecting effectiveness in self-selected,

self-administered format will also need to be further explored. The placebo effect has

likely had a significant impact on past self-help and bibliotherapy research. Specific

attention to possible placebo effects would add substantially to the research base in

this area. Perhaps Newman and colleagues' (2003) levels of contact in self-help

research could be adopted as a standard classification system to promote more

consistent use of language in self-help and bibliotherapy research.

The purpose of this research was to begin to explore women's attitudes towards self-help books, and correlates of self-help readership, in an empirical manner. The results indicate that further research on other individual characteristics that distinguish self-help readers from non-self-help readers would be helpful in understanding this area better now that there is evidence to rule out demographic variables as accounting for variance in self-help readership. Furthermore, testing the hypothesis that preference for individual internal solutions is caused by reading self-help books will allow psychologists to determine if the argument that self-help books lead people to prefer one type of solution to their problems is valid. Additionally, using a measure of feminism that distinguishes between types of feminisms, and is more sensitive to theoretical subtleties, would also be helpful in elucidating any significance of these differences for self-help readership.

<p align="center">*Future Professional Directions*</p>

Starker (1990) reminds us that, "consumers have voted their confidence in the self-help genre by repeatedly purchasing such works. Were this not the case, these books would long ago have diminished in number and significance." (p. 189). Self-help is as popular as it has ever been and seems to only be increasing in influence. With health care costs and the demand for mental health treatment and services also continuing to rise, self-help, is not likely to go anywhere anytime soon. Since the self-help industry has implications for the profession of psychology beyond the issues related to the study of its effectiveness, the impact of this research on the professional domain of psychology also needs to be considered in this "future

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directions" portion of the discussion chapter. In reality it appears that, outside of academia, it is no longer a question of if self-help can/should be used, but how it will be used. Self-help has already been suggested as a possible part of the solution to increasing need and decreasing resources in the health care system. In an effort to manage both demand and cost, stepped-care models that include self-help have been consistently suggested for treating mental health disorders (i.e., Scogin, Hanson, & Welsh, 2003). In stepped-care models, patients are first offered the simplest and least intrusive treatment options. If these frontline options do not meet the patient's needs, increasingly intense and focused options are then implemented. Self-help materials have often been recommended as the first step in these models due to their ease of access, minimal intrusiveness, and cost effectiveness. If stepped-care models are the direction that mental health treatment must take in the future to meet increasing demands, the role of self-help and its effectiveness will be of primary concern for our field. This is a time of great potential for psychologists to shape what self-help could look like in the future. For example, with additional research we may be better able to understand the benefits and drawback of self-help in self-selected, self-administered formats. Furthermore, feminists psychologists (or others), who as a group may be largely critical of self-help, could be enlisted to help conceptualize a way to capitalize on what self-help does have to offer and help fill in areas where it is lacking and/or inadequate, such as with regard to offering collective perspectives and collective solutions for problem solving.

Although the suggestions of the self-help task forces of 1978 and 1990 may have, as Rosen (1987) stated, gone "largely unnoticed," they continue to remain relevant to the self-help industry today. Rosen, Barrera, and Glasgow recently wrote a chapter for the *Handbook for Self-Administered Therapies* (in press) which reiterates many of the same suggestions made previously by the task forces and emphasizes their continued and current potential to be helpful. The suggestions that have remained unexplored from previous task forces on self-help include (a) developing guidelines, possibly similar to those used for psychological test development, to guide development of self-help therapies, (b) developing a list of informational points to be included in self-help books that would be helpful for consumers (i.e., extent to which the program has been tested, recommended uses, reading level, etc.), (c) developing a set of guidelines to help psychologists who are negotiating contracts with publishers to avoid exaggeration and sensationalism in promotion of the therapy, (d) developing a short pamphlet to educate the public about selection and use of self-help materials, (e) working with APA to consider developing alliances with other professional associations or consumer advocate groups, and (f) considering publishing these types of materials in APA publications (APA Task Force on Self-Help Therapies, 1978). Furthermore, to incorporate feminist psychologists' concerns, the expansion of self-help could work to include and emphasize recognition of societal/cultural influences in both the etiology of "personal" problems, but also in the suggestions and solutions offered in specific programs. If guidelines could be developed for self-help manuals, the inclusion of

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collective, institutional/system, and cultural change perspectives could be required of all self-help materials. Since the self-help movement may have grown from feminist seeds, perhaps feminist psychologists can help "get back to its roots" and revitalize ways to incorporate community action, consciousness raising, collective solutions, and political/institutional change into the vision of self-help. Discussing these ideas at APA conferences or in other professional organizations could be particularly helpful in raising awareness of, and reigniting an interest in, the need for a professional dialogue about the self-help industry among psychologists.

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APPENDIX A

Questionnaire

1 **Please rate the degree to which the following description does or does not sound like you.**

I enjoy reading self-help books and read them frequently. Sometimes I like to discuss what I read in self-help books with others, or tell others about the self-help books I have read. When I'm in a book store or library, I often walk though the self-help and popular psychology section to see what titles they have. I would call myself a self-help reader.

Very much like me   1…2…3…4…5…6…7   Not at all like me

Opinions about Self-Help Books

This questionnaire asks about your personal opinions concerning self-help books. By "self-help" we mean psychological self-help – namely, non-fiction books intended to assist or enable people to overcome social, behavioral, or emotional problems to promote personal growth and well-being.

Below are statements about self-help books with which you may disagree or agree. Use the 1 to 5 scale to convey your disagreement or agreement with each item. Enter the number that best describes how you feel about each item. Please be open and honest about your opinions.

1= strongly disagree
2= mostly disagree
3= uncertain or neutral
4= mostly agree
5= strongly agree

2. I have read one or more self-help books in the recent past.
3. I am interested whenever my friends read a good self-help book and tell me about it.
4. I can think of much better ways to help myself than by reading a self-help book.
5. I've told friends about self-help books I've read.
6. Self-help books do more harm than good.
7. Reading self-help books could be a good way for me to learn things about myself.

8. Most self-help books are hard to follow.
9. Reading self-help books is one of my favorite reading activities.
10. Reading self-help books has or would make me feel uncomfortable.
11. Professionals who write self-help books are unprofessional.
12. My friends and I have discussed self-help books we have read.
13. Self-help books can provide genuine self-understanding.
14. I would rather read a self-help book about how to deal with a problem than have some person tell me what to do.
15. At the bookstore, I like to look at the latest self-help books.
16. I have no desire to ever read a self-help book.
17. Self-help books are a good way for people to help themselves.
18. I would listen with interest to people talk about self-help books they've read.
19. I think that reading self-help books could be interesting.
20. Most self-help books are boring.
21. Self-help books are often written just to make money from human suffering.
22. I spend some of my spare time reading self-help books or articles.
23. I sometimes buy or borrow self-help books.
24. I think that self-help books are thought provoking.
25. Self-help is a reasonable alternative to professional therapy.
26. Some self-help books can really help some people improve their lives.
27. Reading self-help books can lead to lasting changes in a person.
28. Reading self-help books might enable me to feel better about some problem.
29. People who read self-help books are losers.
30. I do not think that self-help books actually help people solve anything.
31. I feel that self-help books are mostly meaningless "psycho-babble."
32. I would never read a book to help myself with a personal problem.
33. Most self-help books are written by respected professionals.
34. Self-help books are often more upsetting than beneficial.
35. Self-help books give bad advice.
36. Most self-help books provide some useful guidance.
37. I believe that I could read a book to help myself with a personal problem.
38. Self-help books often give advice that can make matters worse.
39. People who read a self-help book to solve a problem are doing a smart thing.
40. I would read a book about a personal problem before seeking professional help.
41. Self-help books provide only a band-aid for problems and don't offer real help.

Think about *one* social, emotional, or behavioral problem for which you have sought, or believe you would likely seek, help from a self-help book. Think about this problem as you answer questions 42-46. If you would never read a

self-help book, please answer questions 42-46 according to what you believe are the best solutions to a social, emotional, or behavioral problem.

42. The best *solution* to my problem is probably learning how to change something about how I think.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

43. The best *solution* to my problem is probably learning how to change something about how I feel.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

44. The best *solution* to my problem is probably learning how to change something about how I behave.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

45. The best *solution* to my problem will probably involve learning how to help the people around me change.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

46. The best *solution* to my problem will involve me working with others to change the environment we live in.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

47. The best *solution* to my problem will involve me working with others with the same or similar problems as me.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

For the following 4 items, consider what you think about the quality of self-help books and their authors. Please rate the degree to which you agree or disagree with each statement.

48. Self-help books are researched for effectiveness by the authors before they are published.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

49. You must be an expert, or well educated on a certain subject, to be allowed to publish a self-help book in that area.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

50. Self-help book treatments are screened for quality by other psychologists or professionals on the subject.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

51. Self-help books cannot make claims about how well they work unless the claims are true.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

For the following 11 items, think about why people would choose to read self-help books. Please rate the degree to which you agree or disagree with each statement.

52. People read self-help books because they give them specific strategies for changing their problem.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

53. People read self-help books because they help them think about their problem differently.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

54. People read self-help books because they feel better when they read something from someone who understands their problem.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

55. People read self-help books because they don't feel comfortable talking to their family or friends about their problem.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

56. People read self-help books because they believe their problem will stop once they apply the suggestions from the book.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

57. The self-help book's lasting effect is the feeling of connection people get from reading about others who share their problems, not from the specific strategies they suggest.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

58. People read self-help books because they are the closest thing to therapy some people can afford.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

59. People read self-help books because they allow people to work on their problems privately.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

60. People read self-help books to learn more factual information about a specific problem.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

61. People read self-help books primarily for entertainment.
1. strongly disagree
2. disagree
3. neutral
4. agree
5. strongly agree

62. What are some other reasons you have read or would read a self-help book?

For the following 10 items, consider what you think about the roles of women and men in our society. Please rate the degree to which you agree or disagree with each statement.

63. It is all right for women to work but men will always be the basic breadwinners.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

64. A woman should not expect to go to the same places or have the same freedom of action as a man.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

65. Realistically speaking, most progress so far has been made by men and we can expect it to continue that way.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

66. A woman should be expected to change her name when she marries.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

67. As head of the household, the father should have final authority over his children.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

68. A woman who refuses to give up her job to move with her husband would be to blame if the marriage broke up.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

69. Profanity sounds worse generally coming from a woman.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

70. A woman who refuses to bear children has failed in her duty to her husband.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

71. Women are basically more unpredictable than men.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

72. The "clinging vine" wife is justified provided she clings sweetly enough to please her husband.
1. Strongly Disagree
2. Disagree
3. No Opinion
4. Agree
5. Strongly Agree

Finally, we would like to gather a little more information about you.

73. What is your gender?
1. Male
2. Female

74. What is your age?

75. How do you identify?
      1. Caucasian/ White, not Hispanic
      2. African-American / Black
      3. Hispanic/ Latino-a
      4. Asian/Pacific Islander
      5. Native American/ Alaskan Native
      6. Bi-racial/Multi-ethnic
      7. Other, Please Specify _____

76. What is the highest education level you have obtained?
      1. Some high school
      2. High school diploma/GED
      3. Some college or post secondary school
      4. Associate's Degree (2-year degree)
      5. Bachelor's Degree
      6. Some graduate school
      7. Master's Degree
      8. Doctoral Degree

77. What is your household income?
      1. $34, 999 and below
      2. $35, 000 - $49, 999
      3. $50,000 - $74, 999
      4. $75,000 - $99, 999
      5. $100,000 and above

78. Have you ever sought, or are currently seeking, the help of a mental health worker?
      1. Yes
      2. No

APPENDIX B

Tables

Table 1

Race/Ethnicity Descriptive Statistics

Ethnicity	Sample Frequency	Sample Percent	2000 Census Percent
Caucasian/ White, Not Hispanic	297	86.6	75.1
African-American/ Black	14	4.1	12.3
Hispanic/ Latino-a	11	3.2	12.5
Asian/ Pacific Islander	11	3.2	3.6
Native American/ Alaskan Native	2	0.6	0.9
Bi-racial/ Multi-ethnic	8	2.3	2.4

Table 2

Education Descriptive Statistics

Education	Sample Frequency	Sample Percent	2000 Census Percent
Some High School	6	1.7	12
High School Diploma/ GED	70	20.4	28.6
Some College or Post Secondary	141	41.1	21.1
Associate's Degree	31	9	6.3
Bachelor's Degree	59	17.2	15.5
Some Graduate School	13	3.8	n/a
Master's Degree	18	5.2	5.9
Doctoral Degree	5	1.5	3

Table 3

Income Descriptive Statistics

Income	Sample Frequency	Sample Percent	2000 Census Percent
$34,999-below	151	44	44
$35,000-$49,999	83	24.2	17
$50,000-$74,999	61	17.8	19
$75,000-$99,999	21	6.1	10
$100,000-above	27	7.9	10

Table 4

Age Descriptive Statistics

Age	Sample Frequency	Sample Percent	2000 Census Percent
18-24	55	16	15
25-34	78	23	25
35-44	67	19	23
45-54	52	15	20
55-above	89	26	17

Table 5

Frequency and Percent of Sample Receiving Previous Mental Health Treatment

Previous Mental Health Treatment	Frequency	Percent
Yes	122	35.6
No	221	64.4

Table 6

Descriptive Statistics for Scales

Scale	Survey Items	N	M	SD
SHRAS	2-41	343	3.31	0.67
Preferred Solutions Scale	42-47	343	3.38	0.56
Perceived Credibility and Efficacy Scale	48-51	343	2.86	0.78
Reasons for Reading Self-Help: Problem Solving	52, 53, 56, 58, 59	343	3.71	0.56
Reasons for Reading Self-Help: Emotional/other	54, 55, 57, 60	343	3.64	0.55
FEM	63-72	343	2.07	0.72

APPENDIX C
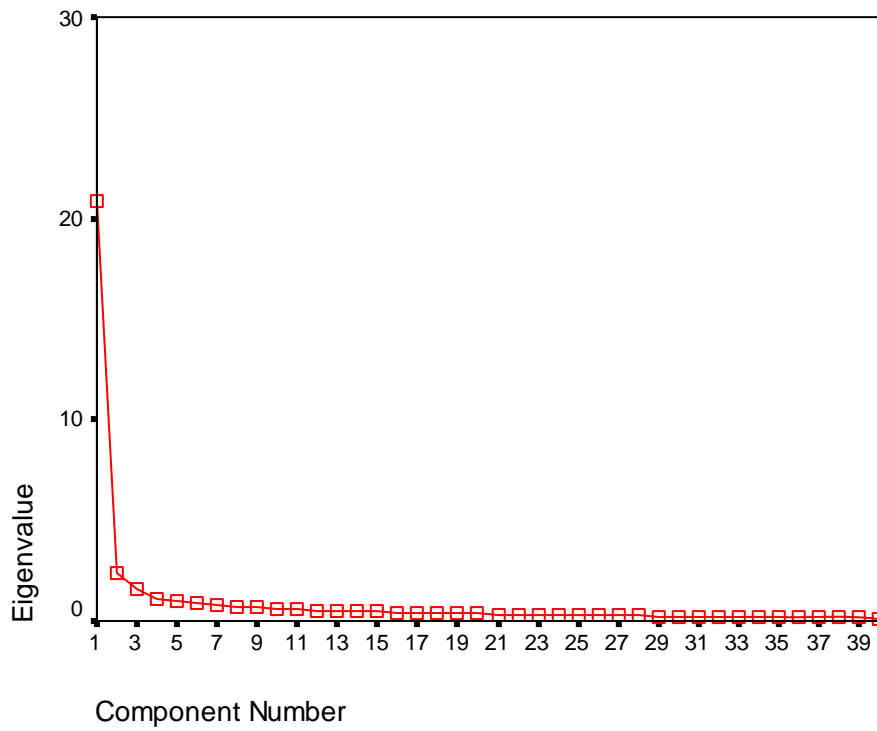
Figures

Figure 1. Scree Plot for Self Help Reading Attitudes Scale (SHRAS).

Figure 2. Scree Plot for Feminism Scale (FEM).