The goal of this phenomenological research study was to explore the helpfulness of self-help reading. The main research question was: What about the experience of self-help reading during a difficult life situation is helpful to the self-guided, adult reader? Several subquestions were also explored. Six female participants completed a series of semi-structured interviews. The interviews were coded and analyzed using an adaptation of Colaizzi’s (1978) 9-step analysis for phenomenological research. Themes from the data analysis suggest there is a distinct structure to the helpfulness of self-help reading, which is comprised of four major categories: (a) thinking and feeling dimensions to self-help reading, (b) self-help reading as a medium for re-visioning of self, (c) what readers bring to the self-help reading experience, and (d) contexts for the self-help reading experience. There is a dual nature to the helpfulness of self-help reading as self-help reading has both head and heart knowledge. In addition, as the reader progresses through reading phases, the reader engages in a process of self-change, or a re-visioning of self. Self-help reading provides an opportunity for the reader to develop a sense of hope that self-change is possible. The reader also gains a greater understanding of self and situation, reevaluates the self relative to the situation, and makes a choice and a commitment to carry out change. Finally, the reader is connected to a larger community
of helping relationships and brings certain characteristics and perspectives to the self-help reading experience. As this particular structure to self-help reading is not found elsewhere in the research literature, the research findings contribute to understanding the experience of self-help reading. The findings have implications for the practice of self-help reading. Limitations to the research study were examined and suggestions for future research were provided.
THE HELPFULNESS OF SELF-HELP READING AS DESCRIBED
BY SELF-GUIDED ADULT FEMALE READERS

A dissertation submitted to the
Kent State University College and Graduate School
of Education, Health, and Human Services
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for the degree of Doctor of Philosophy

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CHAPTER I
INTRODUCTION AND LITERATURE REVIEW

Introduction

Self-help literature is designed to have therapeutic value for the reader. Using literature for therapeutic purposes has historical roots back to ancient times. For example, in ancient Greece, the inscription on the library door at Thebes read “The Healing Place of the Soul” (Pardeck, 1998). Aristotle referred to the concept of psychagogia, or the “lending out of the soul through the thrust and power of art” (Lerner, 2001, p. 472) and that literature has a healing power through the “assumption that certain emotions were aroused within the person while he was experiencing the art form” (Zaccaria & Moses, 1968). Fuhriman, Barlow, and Wanlass (1989) argued “reading is a universal experience that has been used in a variety of ways to help people understand themselves” (p. 150).

Various types of literature, such as myths, fairytales, autobiographies, Biblical stories, poetry, and self-help literature serve to “provide and communicate meaning” (Swatton & O’Callaghan, 1999, p. 413). Literature has “a healing function” (Ganzer, 1994, p. 617) and “make people think and wonder, laugh and cry, resolve and act” (Orton, 1997, p. 300). However, self-help literature has a specific pedagogic function as “it aims to teach us how to do things better” (Murphy, 2001, p. 160). Self-help literature provides a language for an individual to interpret and understand his or her life (Murphy, 2001). Thus, self-help literature is designed to assist individuals with gaining meaning,
insight, and self-understanding; to teach individuals how to improve their lives; and to promote healing.

The actual term *self-help* has many connotations. Self-help is the “act or an instance of helping or improving oneself without assistance from others” (*American Heritage Dictionary*, 2000). Self-help is also described as a “source of psychological advice” for mental health issues and how individuals, through reading, gain insight about their developmental and psychological needs while acquiring problem solving skills (Norcross et al., 2003, p. 2). There are self-help materials, such as literature, movies, Internet sites, and support groups, available for most personal and social problems (Norcross et al., 2003). Self-help literature, including fiction and nonfiction books and workbooks, is a common self-help material and can be found in various locations for the general public, including bookstores and libraries. Approximately 2,000-4,000 self-help books are published each year (G. Rosen, 1993; Salerno, 2005). These books usually offer prescriptive suggestions for a variety of mental health issues (Norcross et al., 2003; Wilson & Cash, 2000). Many of these books are considered bestsellers, reaching more than one million individuals each (Apfel, 1996; Starker, 1988; Williams, 2003).

Self-help literature first surfaced in America during the 17th century and embraced the values and traditions of Protestant New England (Starker, 1989). According to Starker, written works such as a *Guide to Heaven* (Hardy, 1689), *The Practice of Piety* (Bayly, 1619), and *Bonifacius: Essays to Do Good* (Mather, 1710) informed readers on how to live life within the guidelines of Puritan values. In 1916, Samuel Crothers wrote an article titled *A Literary Clinic* and described this as a place where patients could
receive treatment by books, or bibliotherapy (Menninger, 1961). The Menninger Clinic created a facility in which patients were prescribed books as treatment for mental health disorders (Menninger). Menninger argued “many books have in many different ways changed the thinking of the world, we can easily believe that many an individual can and does have his life changed directly through the experience of reading a book” (p. 319). Evidently, this argument has merit as the self-help industry is currently a staple of modern day America and is estimated to be an 8.5 billion dollar a year industry (Salerno, 2005).

The self-help industry has grown over 50% between the years 2000 and 2004 (Salerno, 2005). Norcross (2000), a professor of psychology, suggested a number of reasons for the overall increase in self-help materials, including: (a) professionals have been actively recommending self-help books as an adjunct to treatment, (b) research findings suggest that self-help is effective, (c) self-help is cost effective, (d) self-help provides anonymity and assists individuals in avoiding the stigma of therapy, (e) changes in society have occurred, such as the decline of extended families and long term care by a family physician, (f) individuals are dissatisfied with traditional medical treatment, and (g) managed care (Norcross).

Starker (1989) suggested another reason for the increase in self-help literature in that once a book becomes a “bestseller” there is a sense of excitement to read the book (p. 6). The self-help industry is expected to reach 12 billion dollars per year by the year 2008 (Salerno, 2005) and new technology, such as the Internet, is expanding the market and delivery of self-help materials (Norcross et al., 2003; Williams, 2003). Mental health
professionals predict an increase in the use of at home self-help resources by the year 2010, according to a Delphi poll (Norcross, Hedges, & Prochaska, 2002).

Purpose of Study

The purpose of this study was to examine the helpfulness of self-help reading as described by self-guided adult readers. This study contributed to the theoretical research on the topic of self-help reading and promoted an in-depth understanding of the experience of self-help reading from the reader’s perspective. A number of factors pointed to the need for this study including: (a) the widespread use of self-help reading, (b) the need for mental health professionals to understand the possible benefits and limitations of self-help, (c) the need for the field of counseling to take more leadership on researching self-help, (d) a lack of understanding about the experience of self-help reading, and (e) a lack of understanding of how this experience is perceived as helpful by the self-guided reader. This section examines each of these factors.

The prescription of self-help books within clinical settings is common. On average, 72% of professionals, including school psychologists (O’Connor & Kratochwill, 1999), psychologists (Norcross et al., 2003; Starker, 1988), counseling psychologists (Marx, Gyorky, Royalty, & Stern, 1992), and religious practitioners (Johnson & Johnson, 1998) have prescribed a self-help book to their clients. Self-help reading is also common in non-clinical settings as one-third of Americans have read a self-help book (Wood, 1988).

Due to the high utilization of self-help books, mental health professionals need to understand the possible benefits and limitations of self-help reading (Norcross, 2000).
Norcross argued mental health professionals have a responsibility to evaluate self-help materials: “the self-help train has already left the station without us, and unless we jump on board, the speeding train may well become a destructive runaway locomotive” (pp. 372-373). Professionals can recognize the potential of this resource by valuing self-help reading as a useful tool in mental health, encouraging self-change and self-learning in clients, integrating self-help reading into therapy, and conducting more research on its effectiveness and applicability to mental health needs (Norcross, 2000).

Professional counseling stresses prevention and early detection of problems and seeks to empower an individual to resolve their presenting and future problems (Remley & Herlihy, 2001). The goals and methods of counseling support the idea of self-motivated change. Thus, professional counselors are in a unique position to examine self-help reading. As such, this study may contribute to the field of counselor education and supervision as research on self-help reading has been limited in this field. In an exhaustive review of this literature, only four articles (Coleman & Ganong, 1990; Johnson & Johnson, 1998; Riordan & Wilson, 1989; Thompson & Campbell, 1992) specifically discussed self-help reading. The themes derived from the present study provides a better understanding of the experience of self-help reading. As such, the findings can assist counselor educators in the training of graduate students in using self-help literature in counseling and conducting further research on self-help.

Overall, self-help reading is effective under certain conditions and for certain individuals when treating specific mental health and health issues, including: agoraphobia (Ghosh & Marks, 1987), obesity (Black & Threlfall, 1986), sexual dysfunction (van
Lankveld, 1998), problem drinking (Heather, Robertson, MacPherson, Allsop, & Fulton, 1987; Walters, 2000), panic disorder (Carlbring, Westling, & Andersson, 2000; Febbraro, 2005), binge eating (J. Carter & Fairburn, 1998; Loeb, Wilson, Gilbert, & Labouvie, 2000), and depression (Floyd, Scogin, McKendree-Smith, Floyd, & Rokke, 2004). Even though these studies indicate that self-help reading is helpful for the reader, it is still unclear what is essential about the experience of self-help reading for it to be described as helpful by a reader. Research studies on self-help reading have focused primarily on conducting outcome research with cognitive and behaviorally based self-help literature (Riordan & Wilson, 1989) without asking the important question of how self-help is helpful to its readers and what this experience is like for the self-guided reader. It is plausible that readers perceive self-help literature as helpful as evident by continuing to purchase these materials; yet book purchasing alone does not indicate the extent of helpfulness (Starker, 1989). It remains unclear what is essential to the helpfulness in reading a self-help book. Thus, the overall purpose of this study was to investigate the experience of self-help reading as described by self-guided adult readers in order to discover what is essentially helpful about self-help reading.

Research Question and Subquestions

The guiding research question for this study is as follows: What about the experience of self-help reading during a difficult life situation is helpful to the self-guided reader? Several subquestions were also explored, including:

1. What types of life experiences lead an individual to choose a self-help book?
3. What traits are characteristic of a self-guided reader?

4. What expectations do self-guided readers have for self-help books?

5. What is the experience of reading a self-help book?

6. How do self-guided readers perceive the experience of reading a self-help book to be helpful?

Definitions of Self-Help Reading

Definitions of self-help reading vary (L. J. Cohen, 1994a; Richards, 2004). There is no agreed term to use, as self-help reading, bibliotherapy, therapeutic reading, and self-administered therapy are all used interchangeably within the research literature. In a similar vein, the existing literature uses a variety of names to describe written self-help materials, including self-help literature, theory based self-help manuals or books of programmed instruction, self-help books (including fiction and nonfiction books and workbooks), and self-help psychology books. This section reviews the definitions of self-help reading found within the research literature.

Self-help reading developed from the concept of bibliotherapy, or the use of literature to enhance emotional well-being (Hynes & Hynes-Berry, 1986). The term literature includes a full spectrum of written text and media, including fiction and nonfiction books, poetry, plays, short stories, sections from textbooks, magazine articles, and film (Hynes & Hynes-Berry), audio-visual recorded material (DenBoer, Wiersma, & VandenBosch, 2004), and web pages (Norcross et al., 2003). There are three key interactive elements in bibliotherapy: the facilitator (bibliotherapist), the literature, and the reader (Hynes & Hynes-Berry, 1986). From this perspective, bibliotherapy is usually
used in conjunction with traditional psychotherapy. There are two main types of bibliotherapy: (a) interactive bibliotherapy, in which a reader reads a piece of literature under the recommendation and guidance of a professional; and (b) reading bibliotherapy, in which a piece of literature is read independently for therapeutic purposes and may be either recommended by a professional or chosen independently by a reader (Hynes & Hynes-Berry). A self-guided reader of self-help literature falls under the category of reading bibliotherapy from this perspective. It is important to note that in reading bibliotherapy there continues to be an interaction between the reader and the literature.

L. J. Cohen (1994a) provided another perspective on self-help reading and differentiated between two main types of reading, imaginative and cognitive-behaviorally based literature. Self-help reading, as defined by Cohen is a type of reading bibliotherapy, but the literature is based on cognitive or behavior learning principles. Yet, from this perspective the definition of self-help reading is limited and ignores the idea that other types of literature, such as an autobiography or inspirational books, can also be considered self-help reading by a reader.

Other authors defined self-help reading through classification systems of the actual literature. Starker (1989) and Hunt (1988) provided a method for categorizing self-help literature through several variables which exist on a continuum. The first variable is that a self-help book provides either general guidelines for a problem or prescribes a specific treatment program. The second variable is a self-help book provides either anecdotal or fictional information, such as works of fiction or autobiographies, or provides empirical or factual information. A book can be open or closed in that the author
draws upon several theories or disciplines or focuses on a specific theory. And finally, books can be written to be used by the self-guided reader (self-administered) and others are primarily used in treatment with a professional (therapist directed; Hunt, 1988; Starker, 1989).

Differing types of literature and media offers another way to classify self-help reading. This classification system broadens the system by Starker (1989) and Hunt (1988) by including other types of materials. Self-help materials are categorized into four categories. The first category includes general advice or inspirational books for life issues such as spirituality, grief, unemployment, relationships, parenting, and so forth. The second category includes books of programmed instruction books for a particular problem, such as a mental health disorder. These books are usually based on a psychological theory, such as cognitive-behavioral therapy. Autobiographies written by a person who has suffered from a mental health disorder or life problem is considered the third category. The final category is inadvertent self-help reading, which includes a variety of media, such as works of fiction, textbooks, poetry, pamphlets, magazine or newspaper articles, and information from the Internet.

Due to the difficulty in defining self-help reading, past research on self-help reading has been poorly conceptualized. Self-help reading is difficult to define as it is based on two elusive and abstract constructs: therapy and reading (VanTichelt, 1977). Thus, self-help reading is problematic to study as (a) there is a lack of basic theory underlying the experience of self-help reading, (b) there is difficulty in identifying critical variables of self-help reading (VanTichelt, 1977), and (c) many books are not amenable
to systematic research (Starker, 1986), such as general advice or inspirational books.

Thus, instead of creating a specific definition of self-help reading for the purpose of this current study, it was considered more meaningful to discover how the self-guided reader defines self-help reading. Interview questions were designed to encourage the self-guided reader to define self-help reading.

To focus the study for the reader, the following terms and definitions were used:

**Difficult life situation**: A position in which an individual finds himself or herself having trouble enduring, comprehending, solving, or managing a life transition or experience (*American Heritage Dictionary*, 2000).

**Self-guided reader**: An individual who has elected to read a self-help book without the recommendation or guidance of a mental health or health professional; thus the book is self-selected and the reading is self-guided. Readers, however, may choose to read this book based on the opinions or recommendations of others, including friends, family, and media endorsements.

**Self-help book**: A work of fiction or nonfiction that is widely available to the general public. These books include general advice or inspirational books, books of programmed instruction, autobiographies, novels or short stories, and textbooks. Specific topic areas for these books include a myriad of personal and interpersonal issues and life situations that may cause stress for an individual. The following topic areas for a self-help book is taken from a comprehensive guide to self-help resources in mental health (Norcross et al., 2003): abuse, alcohol and drug use, adult development, aging, anger, anxiety, assertiveness, attention deficit hyperactivity disorder, bipolar disorder, career
development, infant development, child development, teenagers and parenting, communication and people skills, death and grieving, depression, divorce, eating disorders, families and stepfamilies, gender issues, love and intimacy, marriage, pregnancy, schizophrenia, self-management and self-enhancement, sexuality, spiritual and existential concerns, stress management and relaxation, suicide, and weight management.


Review of Literature

Historical Perspective on Self-Help Literature

Before a review of the research literature on self-help reading, it is important to understand the origin of self-help reading. Self-help literature has an extensive history in America and the tone of this literature mirrors the needs of an ever-changing society. Starker (1989) traced the history of self-help literature and described this genre as another avenue in an individual’s “quest for enlightenment” (p. 1). After the days of Puritan New England, self-help literature continued to prosper and in the 18th century, Benjamin Franklin’s secular work, Way to Wealth (1760), encouraged social mobility and individualism (Starker, 1989). During the early 20th century, many books again provided spiritual guidance: The Return to Religion (Link, 1936), whereas other books drew upon the works of psychological theory: Behaviorism (Watson, 1925). Psychology became a part of the mainstream culture (Starker, 1989). Self-help literature continued to flourish and soon focused on two main domains: business, How to Win Friends and Influence
People (Carnegie, 1936) and parenting, The Common Sense Book of Baby and Child Care (Spock, 1946).

Sex, marriage, and intimate relationships became another focus of self-help literature, with books such as: Love Without Fear: How to Achieve Sex Happiness in Marriage (Chesser, 1947), The Art of Love (Robie, 1921), Sex and the Single Girl (Brown, 1962), Everything You Always Wanted to Know About Sex, but Were Afraid to Ask (Reuben, 1969), and The Joy of Sex (Comfort, 1972). Other popular topics, such as nutrition, dieting, and spirituality, soon dominated the culture, such as: Let’s Eat Right to Keep Fit (Davis, 1954) and The Power of Positive Thinking (Peale, 1952). In the 1970s, humanistic popular psychology dominated the culture, including such bestsellers as Games People Play (Berne, 1964), I’m OK-You’re OK (Harris, 1969), and Your Erroneous Zones (Dyer, 1976). Starker (1989) described this time period as the selfish years. The boom of self-help books in this period is also attributed to more professionals writing self-help literature (G. Rosen, Glasgow, & Moore, 2003).

During the 1980s self-help literature focused again on health and weight loss such as Dr. Atkins Diet Revolution (Atkins, 1972) and Jane Fonda’s Workout Book (Fonda, 1981). Economics and making money also became a focus of American culture: How to Prosper During the Coming Bad Years (Ruff, 1979). Soon, chain bookstores began to expand, television talk shows regularly hosted self-help writers, and popular advertisements for self-help literature resulted in an increase in the public’s familiarity with these materials and resulted in self-help being more accessible to millions of Americans (Starker, 1989). R. A. Carter (1988) noted self-help literature has extended to
other fields, such as accounting, law, and medicine. Today, self-help based television programs such as *Dr. Phil* and self-help bestselling books such as *The Seven Habits of Highly Effective People* (Covey, 1989) are well recognized as a part of modern day American popular culture.

Starker’s (1989) historical review of self-help literature ended in the late 1980s. Current topics of self-help literature include: “changing one’s life,” women’s issues, spirituality, balancing home and work, death, and recovery, such as trauma or substance use (J. Rosen, 2004), dieting, parenting, sexuality, and personal growth (Starker, 1990), and adolescent issues (Lodge, 2000). Readers may independently select self-help books or select books based on the opinions of others, including friends, family, clergy, mental health and health professionals, talk show or radio show endorsements, and bookstore promotional information (Norcross et al., 2003). The publishers have a great impact on the topics and selection of self-help literature. Publishers invest in the idea of marketing what is selling and that establishing a bestseller relies on having a well-known author with a well-developed platform (J. Rosen, 2004).

Starker (1989) argued the very essence of self-help literature is a cultural movement that cannot be ignored and is a reflection of both human concerns and changing societal needs. The nature of self-help literature reflects the social and cultural contexts of any given time in history (Starker). An example includes the events of September 11th, 2001, which resulted in an increase in self-help books related to trauma, grief, and anxiety (Dahlin, 2001). Vejar (2005) suggested for “practical, timely, and financial reasons,” people are favoring quicker and less costly methods than traditional
therapy to resolve their problems (p. 508). Other factors, such as busy lifestyles and managed care, contribute towards the demand for “over the counter resources that enable people to independently resolve problematic situations from the convenience of their own homes” (pp. 508-509). D. Richards (2004), a professor of mental health, described today’s society as a “can do culture where doing it yourself, whether it be personal development or home improvement, is the order of the day” (p. 117). This section provided a historical overview of self-help and highlighted the idea that the tone of self-help literature is intimately connected to the changing needs of an individual or society as a whole. Currently, we live in a society that stresses free will, self-responsibility, and practicality, and self-help literature answers this message.

*The Controversy of Self-Help Reading*

**Benefits of Self-Help Reading**

The act of reading has potential benefits for the reader. Within a clinical setting, professionals report several benefits for the client. First, reading provides another source of information, acts as a time saving method, and can assist with engaging a client during sessions (Giblin, 1989). Reading can accelerate the learning process, can address problems outside the focus of therapy, and can increase the responsibility of the client (Floyd, 2003). Reading also stimulates a discussion between client and therapist, provides options for the client, and provides a structure for learning new information (Pardeck, 1995, 1998).

However, a reader does not have to discuss the reading with a therapist; “simply reading a self-help book can lead to self-growth and development” (Pardeck, 1998, p.
24). Benefits of reading literature within clinical or non-clinical settings include: reading may normalize feelings and problems for the reader, readers may gain information and insight, reading may provide viable solutions to problems (Pardeck, 1995), readers may have greater awareness of self and others, and readers may learn coping skills to reduce distressing symptoms (Pehresson & McMillen, 2005).

Those who support self-help reading describe a number of advantages for readers. Williams (2003) suggested a number of advantages in comparison to traditional psychotherapy, including: (a) readers having more flexibility, (b) self-help is easily and quickly accessible, (c) readers may self-pace their learning, and (d) readers can return to the work at any time at no extra cost. Individuals can maintain anonymity and avoid the possible stigma of attending mental health services (Ellis, 1993; Williams, 2003). Reading provides the option of returning to its pages for future support, information, or comfort (Ellis, 1993). Self-help books offer a wider range of methods for readers and may be more easily available than traditional therapy for individuals in isolated areas (Ellis). Self-help reading may also be more cost effective; for example, a self-help book may cost as little as $20 whereas individual therapy over the course of three months can cost over $1,000 (Floyd et al., 2004).

Another advantage is that individuals obtain a sense of empowerment that comes from self-help reading and are able to take more responsibility for their treatment (Williams, 2003). Starker (1990) argued self-help books provide a message of personal power which in turn may leave readers with a sense of empowerment. Regardless of the topic discussed, self-help books convey a message of “free will, personal power, and
dogged optimism; you CAN be healthy, happy, creative, slim, and so on. This message makes readers feel more in control, less helpless, less despairing; it inspires them to keep striving and hoping” (p. 194).

Self-help reading is also a solution to the demands of a growing need in health care as professionals cannot provide services to every individual who needs assistance (Richards, 2004). Self-help literature promotes both individual self-efficacy and reduces the potential numbers of individuals who may need psychological assistance (Richards). Several authors supported the use of self-help reading within stepped-care models of mental health services (Lovell & Richards, 2000; Paxton, Shrubbs, Griffiths, Cameron, & Maunder, 2000; Richards, 2004; Scogin, Hanson, & Welsh, 2003; Williams, 2003). These models suggest professionals need to provide the most effective, yet least restrictive treatment, in order to serve the high numbers of individuals who need mental health services (Richards, 2004).

Two studies (Fletcher, Lovell, Bower, Campbell, & Dickens, 2005; Whitfield, Williams, & Shapiro, 2001) examined using self-help reading within a stepped care approach. Results suggested those participants who completed self-help reading had significant decreases on outcome measures for depression and anxiety (Whitfield et al.). Based on satisfaction ratings, participants perceived self-help to be helpful (Whitfield et al.) and participants rated the reading as helpful and had “a high level of satisfaction with self-help as an intervention, especially for the parts of the manual that involved identifying problems and setting goals” (Fletcher et al., 2005, p. 328).
A final benefit of self-help reading is the idea that individuals learn and need support in different ways and self-help reading is useful to people with varying personalities and needs. Drawing upon the work of Bruner (1973), Fuhriman et al. (1989) suggested individuals learn in different ways. According to Fuhriman et al. there are two modes of learning: the narrative and the logical. The former relies on language, intuition, and imagination, whereas the latter relies also on language but with a focus on what can be validated or researched. Self-help reading engages the reader in both modes of learning. Self-help reading can provide the reader with factual information from a book and can also engage the reader in imagination and self-expression (Fuhriman et al.).

In a similar vein, Ellis (1993) described certain individuals as “literature-oriented” and that many may learn more by reading than participating in individual or group therapy (p. 336). It is plausible different individuals require different levels of support and direction to cope during a difficult life situation. For example, a phenomenological study by Thompson and Campbell (1992) indicated individuals differ in personal preferences for alleviating mild depression through a self-help approach, including self-help reading. Individuals can seek assistance for a difficult life situation by reading a self-help book. Thus, reading may provide an avenue to gather information, to engage in self-reflection and imagination, and to gain support and direction during a difficult life situation.

Concerns of Self-Help Reading

Critics also described concerns of self-help reading. A majority of materials that are widely available have not been researched for effectiveness with the general public
(G. Rosen, 1993; Williams, 2003). As an example, G. Rosen (1993) suggested approximately 2,000 self-help books are published per year; however, only approximately 5% of these books have been researched for effectiveness (Norcross et al., 2003). Published self-help books have been subjected to unsubstantiated claims by publishers as these books promised solutions for a myriad of problems and concerns. For example, two studies (Matson & Ollendick, 1977; Zeiss, 1977) indicated books on toilet training and premature ejaculation did not meet success when used by lay persons although these programs received successful outcomes in a controlled setting (G. Rosen et al., 2003).

G. Rosen et al. (2003) indicated although many books were suggested to be effective in a clinical setting, when a general consumer would use the books on his or her own, the effects were significantly less; “the value of a self-help program can only be known by testing the specific content and instructions of that program under the conditions for which it is intended” (p. 403). It is important to note not all self-help books rely on this idea of “effectiveness.” For example, an autobiography of a person suffering from a mental disorder may not be designed to produce certain “effective” results, such as a reduction in depressive or anxious symptoms.

The monitoring of self-help literature is done primarily by editors and publishers who are more concerned about marketability and who have vested interests in selling self-help literature (Emmerick, 1995; Starker, 1990). Self-help books, for the most part, are unregulated except for “limitations imposed by production and demand schedules, profit margins, and demand” (Starker, 1990, p. 189). Publishers rarely want to test a book
for effectiveness as this testing takes time and money, and publishers are more interested in selling high quantities rather than books of high quality (Ellis, 1993).

The self-help genre varies greatly and readers may misinterpret their problems and use materials that will not be beneficial (Ellis, 1993; G. Rosen, 1993). Compliance with treatment within the book is also an issue as many individuals may end their treatment sooner than they should (G. Rosen, 1993; Williams, 2003). Many readers may find the material overwhelming and discontinue treatment (Williams, 2003). These criticisms of self-help reading again are most relevant to certain types of self-help books, such as theory based manuals or books of programmed instruction for mental health disorders.

Starker (1992) referred to a placebo effect in that many readers may expect a positive effect or benefit from reading a book. The marketing of self-help books maximizes this effect by building the expectations of potential readers (Starker, 1990). Although this placebo effect can be useful, many individuals may perceive self-help as a “cure” and will be highly disappointed when this does not occur (Williams, 2003). Pardeck (1998) noted literature cannot be a complete solution to every problem. Ellis (1993) supported this idea as self-help literature may boast an easy solution to a problem. Yet, personal change may not be so easy.

In terms of the potential readers, several authors have provided recommendations for whom self-help reading will be most beneficial. Readers with poor concentration and low motivation may have difficulty in using these materials (Williams, 2003). Self-help reading may be most useful for individuals who have mild to moderate issues rather than
for individuals with severe problems who need more direct and extensive treatment in therapy; thus, for individuals who present with the mildest symptoms and problems, the self-help treatment approach may be an effective and least restrictive type of treatment (Coleman & Ganong, 1990; Floyd, 2003; Williams, 2003). The actual content of some self-help material may not be appropriate for all ages and cultural groups, and may be useless to those with certain disabilities, such as learning disabilities, and self-help literature should be matched to the reader’s reading ability (Coleman & Ganong, 1990).

Pardeck (1998) recommended that literature should be used with clients in therapy who enjoy reading regularly and materials should match the reader’s interest. In a survey of the use of reading assignments in clinical practice (Giblin, 1989) professionals reported using bibliotherapy more frequently with female clients, those with a high school or higher level of education, those clients with average or above average intellectual ability, clients with mild to moderate levels of pathology, and those clients who enjoyed reading or requested reading assignments (Giblin).

Furthermore, according to Williams (2003), certain attitudes, personality factors, and learning styles can also impact the benefits of self-help. Motivation to learn independently, having an internal locus of control, and having high levels of self-efficacy also tend to impact the overall outcome of self-help literature, according to Mahalik and Kivlinghan (1988). In an outcome study using a self-help cognitive behavioral manual with 52 mildly depressed undergraduates, Mahalik and Kivlinghan reported that those participants who had higher levels of self-efficacy and who had an internal locus of control had more success in the treatment for depression. Thus, readers who are
interested in reading, who are motivated to learn new information and learn solutions to
their problems, who believe in their ability to manage difficult situations, and who
believe that their own behaviors determine the course of events in their lives may benefit
the most from self-help reading. It is important to note these criticisms may also be made
for counseling. For example, counseling may only be beneficial to those clients who are
interested in counseling, who are motivated to learn new information and learn solutions
to their problems, who have an internal locus of control, and who have mild to moderate
issues and symptoms.

Self-help literature also has social implications. Readers of self-help, although
feeling that they are helping themselves, are merely relying on the authority of the writer
or expert (Allwood, 1996; Rimke, 2000). Self-help books are designed in such a way that
suggest the author is an expert or teacher and the reader is a learner and one who needs a
problem to be solved (Allwood, 1996). As the very idea of self-help is based on the
American ideal of being self-reliant or self-made, readers are encouraged to be more
accountable for personal responsibility rather than seeing the self as part of the greater
community or having connections with others (Apfel, 1996; Rimke, 2000). This is
opposition to Starker’s (1990) claim that self-help reading has a message of free will and
empowerment. Similarly, in a review of relationship self-help books, Murphy (2001)
claimed that self-help “refuses to recognize the social structures that frame the problems
in the reader’s lives. These books occupy a feminist space, but impart conservative
ideologies” (p. 160). Self-help literature reinforces individual solutions rather than
focusing on systemic social problems, such as gender socialization (Murphy, 2001; Zimmerman, Holm, Daniels, & Haddock, 2002).

This section provided an argument both for and against the use of self-help reading. Self-help reading provides an avenue for self-growth, is a cost-effective option, allows individuals to avoid the stigma of therapy, and provides options for different types of learners. Yet, self-help literature can be misinterpreted by the reader, disappoint readers when a “cure” is not ready made, and may be most beneficial for only certain types of readers. However, it is still unclear what is essentially helpful about the experience of self-help to the self-guided reader as research on the reader’s experience with self-help literature is scarce (Richards, 2004). This chapter turns to empirical research on self-help to examine these issues.

Empirical Research on Self-Help Reading

Utilization of Self-Help Reading

Much of the research on self-help reading has relied on survey research. This section reviews this research to provide an overview of the use of self-help reading among several different population groups. In one of the first studies, Starker (1986) randomly surveyed 186 individuals through a questionnaire in a local area regarding their self-help behaviors. The sample consisted of male and female participants, with an age range of 18-92 years-of-age, and with a broad range of education.

Sixty-five percent of respondents reported they had read a helpful self-help book, and of these individuals, 80% had read self-help books in multiple areas, with spirituality, relationships, personal growth, health, diet, and exercise as the major topic areas (Starker,
1986). On average, respondents reported reading three self-help books per year. In a later study, Starker (1992) surveyed 166 Veteran’s Administration patients in a local area with a 116-item, true-false questionnaire regarding their use of self-help materials and health related attitudes, beliefs, and behaviors. Of those surveyed, 82.6% of the respondents were male. Results of this survey suggested 50% of the respondents reported to have read self-help books.

Halliday (1991) surveyed 100 adult male and female clients at the time of their initial therapy appointment about their use of self-help books. Of the 100 surveyed, 43 respondents reported reading self-help books. The books fell into five broad categories: (a) motivation, (b) family or couple issues, (c) spiritual books or the Bible, (d) alcohol related books, and (e) general psychological knowledge. Of the 57 clients who did not report reading a self-help book, 13 clients described not reading any type of book due to lack of interest in reading, vision problems, or inability to read.

Dehlin and Dehlin (1994) surveyed potential readers from libraries and bookstores. This sample included adults with an age range of 26-60 years-of-age and who had high levels of education. All but one of the 102 respondents (79 females and 22 males) reported to have read a self-help book within the last year. Topics of these books included: health, aging, illness, depression, parenting, pregnancy, sexuality, stress, and interpersonal relationships. Respondents reported to have read a self-help book for a number of reasons: (a) to “learn new facts about the world,” (b) “to understand how other people work,” and (c) “to help cope with my life” (Dehlin & Dehlin, 1994, p. 203).
Najavits and Wolk (1994) randomly surveyed 76 individuals in a local area by telephone interviews to examine the use of self-help materials, the purpose of these materials for the reader, and the benefits or harm of use. Respondents were obtained by taking a random sample of individuals from a local phone book with 51.7% of callers agreeing to participate. Approximately half of the interviews were based on written self-help materials and the other half were based on media self-help, such as radio call-in shows or television shows. The results suggested that self-help has a relatively moderate use with approximately 33% of the respondents reporting having used self-help materials within the past year. The main purpose of using these materials was for entertainment, for obtaining factual information, and for helping others (Najavits & Wolk).

Wilson and Cash (2000) examined the use of self-help books and attitudes towards these books. The researchers developed an attitudes survey (Self-Help Reading Attitudes Survey; SHRAS) and surveyed 264 undergraduate students on their use and attitudes towards self-help literature. The sample included a racially diverse group of men and women. Regarding the use of self-help books within the past year, results indicated half the sample had read a self-help book, 20% had read one or two self-help books, and 10% had read seven or more self-help books (Wilson & Cash).

The only national survey on self-help reading was conducted in August 1988. A Gallup survey of 1,026 adults indicated that one-third of Americans have bought a self-help book. The survey defined a self-help book as “a book which describes how to solve a personal problem or improve yourself, or provides motivation or guidance” (Wood, 1988, p. 33). The top five subject areas of these books included: self-improvement,
motivation, love and relationships, stress and anxiety, and weight loss. Other topic areas included: health, marriage and divorce, alcohol and drug use, death, financial success, intimacy, depression, parenting, nutrition, and handling fears (Wood). These results are based on telephone interviews conducted among a nationally representative sample.

Overall, this section provided evidence that self-help books have a relatively high use among readers.

*The Self-Help Reader*

This section attempts to answer the questions: who exactly is the self-help reader? Do certain traits or characteristics make one more likely to choose to read a self-help book? Several surveys (Dehlin & Dehlin, 1994; Starker, 1986, 1992; Wilson & Cash, 2000; Wood, 1988) indicated that more women than men read self-help books. Relatedly, J. Rosen (2004) suggested that women account for 85% of self-help sales. One possible explanation is that marketing strategies may target more female than male readers. However, in another study (Halliday, 1991) there were no differences in gender as related to reading a self-help book.

Other demographic factors are also unclear. In the Gallup poll, those respondents within the age range of 35-49 years-of-age, those respondents with a college degree, those who earn more than $30,000 or more per year, and those who are employed are more likely to have purchased a self-help book (Wood, 1988). Yet, in another survey, reported readers of self-help do not fall into any particular category, relative to age or socioeconomic status (Starker, 1992).
In terms of personality characteristics, self-help readers endorsed items that “indicate a greater level of social engagement and support. They described themselves as having close friends, lots of emotional support, and not being ‘loners’” (Starker, 1992, p. 92). Self-help readers also endorsed items “indicating a better understanding of their health problems and associated treatments” (p. 92). Self-help readers “appeared to enjoy a far more positive mood and outlook,” “indicated that they attempted to keep themselves happy and in good physical shape,” and “appeared less impulsive, more disciplined, and better able to plan for the future” (p. 93). Similarly, Wilson and Cash (2000) suggested that those who read self-help books report higher levels of life satisfaction.

Other personality traits of those who enjoyed self-help reading also included: psychological mindedness (the ability to reflect and recognize relationships between cognition, affect, and behavior) and stronger levels of self-control orientation towards changing behavioral problems in everyday life (Wilson & Cash, 2000). Dehlin and Dehlin (1994) suggested that those individuals with an active problem solving orientation were more likely to have read a self-help book.

Other studies (Dehlin & Dehlin, 1994; Wilson & Cash, 2000) indicated that respondents, who enjoyed reading in general and felt competent at reading, were more likely to have read self-help books. Those respondents who were familiar with psychological theory were also more inclined to enjoy self-help books (Wilson & Cash, 2000). Respondents who read 10 or more books per year were more likely to follow the instructions in the book and those respondents who described wanting to learn from the book had a stronger belief in their ability to change themselves (Dehlin & Dehlin, 1994).
Two studies (Beutler et al., 1991; Ogles, Lambert, & Craig, 1991) utilized quasi-experimental design research to examine the outcome of using self-help books for depression and loss, respectively. Beutler et al. (1991) examined two variables, coping style and resistance potential, relative to three manualized treatments: group cognitive therapy, group experiential therapy, and supportive, self-directed therapy. Sixty-three adult participants who met the criteria for Major Depressive Disorder and who were willing to stop medication management were randomly assigned to the treatment groups. Participants in the self-directed group were given a list of 10 popular self-help books and received weekly telephone contact. Participants were assessed at post treatment and at a 3-month follow up. At this time, there were no significant differences between the three groups on independent psychiatric evaluations or on self-report symptom measures, and results suggested that all treatments produced positive effects. Those participants with high levels of resistance, or defensiveness, and those with internalized coping styles, fared better in the self-directed treatment group (Beutler et al., 1991).

Ogles et al. (1991) examined the effectiveness of four self-help books randomly given to recruited volunteers who had recently experienced a divorce or breakup. Forty-six men and women read four different books on loss within a 3-week period and were assessed on several outcome measures, including depression, symptoms, loss, expectancy of treatment, and reading report. No contact was made with the researchers during this time period. No significant interaction was found between the books but a significant within-subjects effect for time was found across books ($p < .001$). Thus, reading any of the books had a positive effect on outcome measures. Those participants who had greater
expectations for the book attributed symptom change to the book ($p < .01$). Thirty participants rated the book as an important source of help. Participants with higher levels of loss symptoms were more likely to drop out of the study. Thus, this study suggested self-help books for loss may be most helpful for readers with mild to moderate symptoms and who have high expectations for the reading material. A limitation includes having no control group for comparison (Ogles et al.).

Two studies examined another aspect of the self-help reader in relation to text markings in self-help books. The first study hypothesized that text markings may suggest that readers agree upon which lines or pages contain important and relevant information (Forest, Ben, & Toews, 2003). The researchers reviewed previously owned copies of marked self-help books found in second hand bookstores. Researchers scored the books for both line and page markings. Results suggested readers agreed upon lines and pages that contained relevant information and critical ideas (Forest et al.). The authors suggested the markings may be due to similarity among the readers based on cultural background, social group relatedness, and having common problem experiences (Forest et al.).

Gabriel and Forest (2004) expanded on the previous study by examining what readers pay attention to when reading a self-help psychology book. Twenty-nine college-aged participants attended two 1-hour sessions in which they each read and marked part of a self-help book and completed a demographic questionnaire. Readers were asked to highlight important information from the book. Results supported the idea that readers
agree upon what pages and lines are relevant. The marked text was not in either bold or italicized font or no sex differences were found in this study (Gabriel & Forest).

Perceived Helpfulness of Self-Help Reading

Overall, readers consider self-help reading to be helpful. In the survey by Starker (1986), approximately 80% of respondents rated self-help books as sometimes or often helpful and no respondent reported reading a self-help book as harmful. In the survey by Najavits and Wolk (1994), respondents reported that written self-help literature is helpful in obtaining factual information and they perceived little harm in using self-help materials. The survey by Halliday (1991) suggested 86% of respondents found the reading to be helpful, including such benefits as (a) encouragement, (b) general self-understanding, (c) better communication with others, (d) normalization, and (e) having a more positive attitude.

Although self-help reading is commonly perceived to be helpful, two studies indicated that both professionals and readers may perceive self-help reading to be harmful. In a survey of professionals who use reading assignments in therapy (Giblin, 1989), professionals reported harm in prescribing and using self-help reading with clients. These professionals understood this harm as originating from several factors: (a) individuals misread or misinterpreted information, (b) individuals intellectualized away their problems, (c) materials conflicted with a personal belief system, (d) materials reinforced problems, (e) individuals were unable to use materials due to timing of symptoms, and (f) cultural, social, or personal norms were violated (Giblin). Another problem was that self-help literature portrayed change as easy and many individuals
experienced guilt, hopelessness, and anger towards self when change did not come as
easily as expected (Giblin). It is important to note this is the view of the professional and
not the self-help reader. In the survey by Halliday (1991), 4 out of the 100 readers
reported experiencing distress from reading. This distress was due to specific reasons for
each individual, including: (a) having flashbacks about the Vietnam War, (b) feeling
resentment while reading on the 12 steps of Alcoholics Anonymous, and (c) reading a
book on child abuse that was too painful to keep reading.

Overall, this section attempted to answer the following questions: How many
people actually engage in self-help reading? Who are these readers? Is self-help reading
perceived as helpful? Based on the varied and limited research, a series of tentative
hypotheses are possible. Self-help reading is being utilized by many individuals. It is
possible that more women than men will read self-help literature and those with higher
levels of education also read more self-help books. Those readers who enjoy reading in
general are more inclined to purchase and read a self-help book and self-help readers may
read self-help books in multiple areas. In terms of personality measures, readers with
high levels of motivation and self-efficacy and readers who have an internal locus of
control are more likely to purchase and read a self-help book.

Self-help readers reported to have used reading as a way of obtaining information,
self-understanding, and coping skills for a myriad of personal problems. Most readers
report self-help reading as helpful but some also perceive this type of reading as harmful.
Those readers with high expectations for the book may find this type of reading as more
helpful. However, this section provided little information on the experience of self-help
reading. It also is unclear if any of the readers in these studies were self-help readers (those who independently read a self-help book without the recommendation of or direction from a mental health or health professional). Further research is needed to understand the experience of self-help reading and how self-help reading is perceived as helpful by the self-guided reader.

**Outcome Research on Self-Help Reading**

Outcome research on self-help reading primarily has focused on depression. A series of studies attempted to investigate the effectiveness of bibliotherapy for mild to moderate depression. In all of these studies, the researchers defined bibliotherapy as providing participants a self-help book presenting either cognitive or behavioral therapy for depression. Thus, this type of self-help reading falls under the theory based self-help manual or books of programmed instruction. Cognitive or behaviorally based books are useful to study within the self-help approach as they are psycho-educational, have a clear theory that is easy to understand, focus on present issues, and provide structure through the completion of specific tasks (Williams, 2003). These studies also used minimal contact therapy, or the use of self-help reading under the direction of a mental health professional, but this contact is minimal and the treatment is paced by the individual (Scogin, 1998). Thus, for the purpose of these studies, self-help reading was not used in conjunction with traditional psychotherapy. These studies present one way to evaluate self-help reading through controlled outcome research using minimal contact therapy (G. Rosen et al., 2003).
In the first study, Scogin, Hamblin, and Beutler (1987) investigated the efficacy of bibliotherapy for 29 elderly individuals suffering from mild to moderate depression. The participants were divided into three groups, with one receiving cognitive bibliotherapy, *Feeling Good* by Burns (1980), a self-help book presenting cognitive behavioral therapy. The other groups included one delayed treatment group also receiving cognitive bibliotherapy, and a comparison bibliotherapy group using *Man’s Search for Meaning* by Frankl (1959), a book describing the experience of a psychiatrist who had been a concentration camp prisoner during the Holocaust and presenting the theory of existential psychology. Participants in each group received weekly 10-minute supportive phone calls. All participants were assessed on three occasions: pre-treatment, post-treatment, and at 1-month follow-up. The participants in the active cognitive bibliotherapy group demonstrated greater improvement on depression outcome measures than those on the waitlist or those in the comparison group (Scogin et al., 1987).

Scogin, Jamison, and Gochneaur (1989) re-investigated the efficacy of cognitive bibliotherapy for mild and moderately depressed elderly individuals with a new comparison to behavioral bibliotherapy. Sixty-seven participants were assigned randomly into three treatment groups: cognitive bibliotherapy, *Feeling Good by* Burns (1980); behavior bibliotherapy, *Control Your Depression* by Lewinsohn, Munoz, Youngren, and Zeiss (1986); and a delayed treatment group. Procedures similar to the Scogin et al. (1987) study were used. Both the cognitive bibliotherapy group and the behavioral bibliotherapy group showed significant improvement on respective outcome measures,
and these two groups were more effective than the delayed treatment group. No significant differences were found between the two treatment groups.

These effects were maintained at a 6-month follow-up, 2-year follow-up, and a 3-year follow-up (Scogin et al., 1989; Scogin, Jamison, & Davis, 1990; N. Smith, Floyd, Scogin, & Jamison, 1997). One suggestion for this maintenance in symptoms is that bibliotherapy provides a booster session and individuals can refer continually to the book during times of distress (Scogin et al., 1990; N. Smith et al., 1997). Approximately half of each sample read parts of *Feeling Good* (Burns, 1980) since the end of the initial study. The researchers interviewed participants and asked how continuing to read the book was helpful. Respondents provided feedback including: (a) “learning to change activities or keep active,” and (b) “thinking more positively and learning not to dwell on problems” (Scogin et al., 1990, p. 666). The studies in this series have various limitations, such as small sample size, attrition, no control group for comparison; interviews with participants were conducted on the telephone versus face-to-face, and the possibility of improvement due to the passage of time (Scogin et al., 1990; N. Smith et al., 1997).

Jamison and Scogin (1995) examined the effects of using cognitive bibliotherapy among a general adult population with an average age of 40 years. Eighty participants with depression were assigned randomly to two groups, one of which received cognitive bibliotherapy, *Feeling Good* by Burns (1980), and the other a delayed treatment group. Statistically significant improvements ($p < .05$) were found on depression outcome measures, as well as cognitive measures, for the treatment group as compared to the delayed treatment group. Treatment gains were also found at a 3-month follow-up and the
delayed treatment group also showed a decrease in depressive symptoms ($p < .05$) on outcome measures. Limitations include the fact that participants and researchers were not blind to treatment assignments and the results do not suggest that the book was the main variable in the change process (Jamison & Scogin, 1995).

The most recent study that examined bibliotherapy for depression compared traditional cognitive psychotherapy to cognitive bibliotherapy (Floyd et al., 2004). The sample included 31 depressed older adults who were assigned randomly to three groups: cognitive psychotherapy with 12-20 sessions over 16 weeks; cognitive bibliotherapy, *Feeling Good* by Burns (1980), over 4 weeks; and delayed treatment. Results indicated that the active treatment groups were superior to the delayed treatment groups ($p < .05$), but those in the cognitive psychotherapy group had a greater decrease of symptoms on depression outcome measures than the bibliotherapy group. However, those in the bibliotherapy group continued to improve after the post-test and no differences were noted between the two active groups at a 3-month follow-up. The researchers concluded that the different lengths in treatment time may have contributed to the differences in improvement between these two groups. Limitations to this study include having a 4-week delayed treatment condition versus a 16-week condition, having participants with chronic depressive symptoms, having a small sample size, and the impact of weekly telephone calls to the bibliotherapy treatment group (Floyd et al., 2004).

McKendree-Smith, Floyd, and Scogin (2003) critiqued the studies on bibliotherapy for depression and indicated that most such studies used small sample sizes that contained well-educated participants which may limit the overall generalizability of
the findings; many studies had been conducted while participants were actively on psychotropic medication which may also have affected the outcome results; the treatment durations were relatively brief for each study; there were no comparisons of treatment durations when studying self-administered treatments for depression. DenBoer et al. (2004) suggested another limitation of the empirical research on bibliotherapy is the sole focus on cognitive-behavioral strategies for depression.

A final limitation of these studies is the recommendation of a self-help book by a mental health professional. This recommendation can instill hope in the participant, and thus, bias the results (McKendree-Smith et al., 2003). As the participants had contact by a researcher throughout the study, it is useful to consider that these results may not reflect how self-guided readers choose and evaluate self-help literature. Thus, despite the positive research on minimal contact therapy for depression, the findings that self-help may be effective for treating depression are limited except under the specific conditions of each study.

Several meta-analyses, or the statistical analysis of the summary findings of single studies, examined studies on bibliotherapy for depression. Cuijpers (1997) suggested that bibliotherapy is an effective form of treatment for depression, with an effect size of 0.82. This effect size is comparable to the effect size 0.73 of a general review of psychotherapies for depression by Robinson, Berman, and Neimeyer (1990). According to J. Cohen (1988) an effect size is considered large when it is at or over 0.8. In the analysis by Cuijpers (1997), all of these studies included the following criteria: a control condition (waiting list), random assignment of individuals to condition, the use of reliable
and valid outcome measures, follow-up treatment results, reliable intervention procedures, and information on compliance of subjects (Cuijpers, 1997; McKendree-Smith et al., 2003). Each study, however, had a small sample size and had different forms of bibliotherapy, such as both cognitive and behavioral based materials (Cuijpers, 1997).

In a more recent meta-analysis, Gregory, Canning, Lee, and Wise (2004) found an effect size of 0.77 for cognitive bibliotherapy for depression. This effect size is comparable to the effect size of 0.83 of a review of individual cognitive therapy for depression (Gloaguen, Cottraux, Cucherat, & Blackburn, 1998). Inclusion criteria were: having a sample size of at least five participants, having pre- and posttest data from a single treatment group, having an intervention for depression, and the bibliotherapy treatment was a structured program described in a book. Results suggested cognitive bibliotherapy “yields outcomes that compare favorably with studies of psychotherapy” and that bibliotherapy is a credible option for the treatment of depression (Gregory et al., 2004, p. 278). The researchers noted cognitive bibliotherapy may be best used with clients who have mild to moderate depression and it is unclear if bibliotherapy would be as effective with individuals with co-occurring mental disorders, such as anxiety (Gregory et al.). DenBoer et al. (2004) also reviewed meta-analyses of bibliotherapy and results suggested that bibliotherapy is significantly more effective than placebos or waiting lists, with an effect size of 0.84.

As stated previously, self-help reading has been found to be effective in treating other mental health disorders besides depression. Treating anxiety disorders by using a self-help approach has also received considerable attention in the literature (Newman,
Erickson, Przeworski, & Dzus, 2003). These disorders include specific phobias, panic disorder, obsessive compulsive disorder, generalized anxiety disorder, and mixed anxiety disorders. A review of the literature suggested that the self-help approach is most effective for motivated individuals who are seeking treatment for simple phobias, panic attacks, and mixed anxiety disorders. The majority of these studies included contact with the researcher or a therapist (minimal contact therapy). The self-help resources were mainly written from a cognitive behavioral perspective (Newman et al.). More recently, a meta-analysis of 33 studies on self-help interventions for individuals with anxiety disorders (Hirai & Clum, 2006) indicated an effect size of 0.62 at post-treatment and 0.51 at follow-up.

In summary, there has not been a true effectiveness study on self-help reading for the self-guided reader as it would be impossible to assess the participant without professional contact by a researcher (McKendree-Smith et al., 2003). However, it is critical to understand the experience of self-help reading. Richards (2004) argued, “there is little agreement as to the core content and process elements of self-help” (p. 120). The next section turns to qualitative research that has attempted to examine the experience of therapeutic reading.

Theory Building Research on Therapeutic Reading

Qualitative research has been employed relative to theory building research on therapeutic reading. It is within the genre of theory building that the current study was cast. One of the earliest studies examined therapeutic reading through interviews with four college students (Shrodes, 1950). This influential study proposed that healing occurs
through the therapeutic elements of reading and readers see similarities between their experiences and characters in literary works. Shrodes described therapeutic reading as a way for the unconscious to become conscious, which parallels the experience in psychoanalytic therapy. There are three phases to this process including (a) identification and projection, a real or imagined connection with a character or story; (b) abreaction and catharsis, a release of emotion; and (c) insight and integration, an increase in self-awareness and an application of this awareness (Howie, 1988). Reading provides a new frame of reference, increases awareness, and can be a catalyst for change (Shrodes, 1955).

VanTichelt (1977) explored the process of reading imaginative literature with a group of 98 fourth to sixth graders. Students were interviewed via a Likert scale questionnaire on their subjective experience of the reading process. The questionnaires were developed based on qualitative interviews with elementary students and the input of teachers at an elementary school through a pilot questionnaire. A chi-square analysis suggested respondents who were able to visualize imagery and identify with the characters based on the reading material were able to have an emotional response to the material ($p < .01$).

Two main themes of the experience of reading developed: “like seeing” the imaginary situation and “like hearing, thinking, and knowing.” Those respondents in the “like seeing” or visual category “enjoyed reading more, feel an emotional response to the reading more often, dream at night, and are behaviorally affected by what they read” (VanTichelt, 1977, p. 94). Those respondents in the “hearing, thinking, and knowing” or
cognitive category could “read and perform the mental transactions that gives words meaning but they do not appear to become as psychologically involved with the reading” as the first group (p. 94). Imagery or the ability to visualize images of the reading material proved to be a critical variable in the reading experience (VanTichelt).

In an attempt to explain research from an existential-phenomenological approach, Colaizzi (1978) examined the idea of “being impressed by reading something to the point of modifying one’s existence” or reading change structure (p. 57). Colaizzi developed a nine step analysis method to examine reading change structure. From interviews with 12 participants, the data analysis proposed that reading provides an opportunity for readers to discover new ways of living within their own world and readers are “called” by the power of the book (p. 65). Readers became “converts” to the ideas expressed in the book and took steps to change their outlook or behavior. By discussing the book with others, readers’ views were affirmed and ideas were clarified (Colaizzi).

L. Cohen (1989) provided a useful framework for the future research and practice of therapeutic reading and proposed an integration of Shrodes’ (1950) work on bibliotherapy and Yalom’s (1985) work on group psychotherapy. L. Cohen (1989) suggested reading may simulate the process of group psychotherapy. This healing pathway begins with identification, then catharsis, and then insight, including 10 group elements (Yalom, 1985): altruism, universality, cohesiveness, transference, catharsis, instillation of hope, imparting of information, socialization techniques, interpersonal learning, imitative behavior, and existential factors. This theory helps to unify two existing paradigms of bibliotherapy to include both insight and cognitive-behavioral, or
self-help, learning. L. Cohen (1989) concluded, “literature may be a repository for energies that can be tapped to influence the healing process” (p. 82).

Using this framework, L. Cohen (1992) examined the experience of therapeutic reading from the perspective of the self-guided reader. Cohen defined therapeutic reading as independently reading literature for assistance during a difficult life situation. Eight participants between the ages of 26 and 54 years-of-age, who had independently read fiction, nonfiction, poetry, and self-help literature during a difficult life situation, were recruited by flyers in a local library and participated in two semi-structured interviews. Interview questions included: “How has reading helped you in a difficult life situation,” “Describe the kind of reading that was helpful,” and “How has this reading experience been different from other reading that you have done?” (Cohen).

The results suggested two major themes of therapeutic reading: the experience of reading and characteristics of reading (L. Cohen, 1992). The experience of therapeutic reading was described as recognition of self, in that the readers could recognize themselves or their own situations in the literary characters. Recognition of self was described by two categories: ways of feeling and ways of knowing. The ways of feeling category suggested the following themes: shared experience, validation, comfort, hope, inspiration, and catharsis. The ways of knowing category is described as an understanding of self, others, or situation and a means of information gathering, which also brought understanding, hope, and comfort (Cohen).

Characteristics of therapeutic reading were categorized by three characteristics: intentional, relational, and transporting (L. Cohen, 1992). Participants described reading
as intentional, in that they read the book for a purpose, such as looking for a solution to a problem or to reread, in order to obtain more understanding of a problem. Participants would often return to the reading at a later time and could think about the reading without physically returning to the literature, or recalled reading (Cohen). Participants also relied on the relational aspect of reading, in that the act of reading was an alternate form of therapy and that they developed a sense of connection to the author. Finally, the transporting characteristics are best described as immersion and escape, in which the participants both lost a part of self in the reading or read to get away from difficulties (Cohen). Thus, participants who recognized themselves in the literary characters described therapeutic reading as most helpful and this recognition allowed the readers to experience the other parts of therapeutic reading, such as catharsis. Participants were able to discover solutions to their problems, found hope and comfort through reading, and developed a sense of connection to the author (Cohen).

The results of this study expanded upon other works (Colaizzi, 1978; Shrodes, 1950; VanTichelt, 1977) as the concept of recognition of self emerged as “vital to the experience of therapeutic reading” (L. Cohen, 1994b, p. 435). Recognition of self was suggested to be a more crucial element of therapeutic reading rather than how the literature was classified, such as self-help literature versus poetry. The profoundness of the recognition was related to the meaning or helpfulness of the experience (L. Cohen, 1992). Participants gained both understanding (insight approach) and information (self-help approach); thus providing unity to the two main paradigms of bibliotherapy (L. Cohen, 1994a, 1994b). High educational and motivational levels of the participants,
having more female participants than men, and possible researcher bias, may be limitations to this study. Cohen (1994a, 1994b) suggested a replication of this study with a focus on different types of literature, such as self-help literature.

One recent study attempted to empirically examine the theoretical concepts of therapeutic reading through a mixed-method design approach. Marlowe and Maycock (2000) examined the effects of bibliotherapy on 29 students enrolled in a teacher education course on emotional disturbance. These students read five nonfiction autobiographical accounts on building positive relationships with children who have mental health problems. Participants completed response papers to these books and were assessed by an attitudes survey, a bibliotherapy checklist based on the work of L. Cohen (1992), and by journal (Marlowe & Maycock, 2000).

Results from this study suggested by identifying with the protagonist of the book, students were able to learn both cognitively and emotionally; thus recognition of self is essential to the experience of bibliotherapy. Other key learning factors include catharsis, validation, inspiration, and having an increased understanding of self and others. The authors suggested bibliotherapy had a small but statistically significant effect ($p < .001$) on students’ ratings of punitiveness toward children with emotional problems (Marlowe & Maycock, 2000). The authors suggested, “recognition of self was a highly personal identification process and the depth of self-recognition seemed related to the depth of emotional and cognitive learning” (p. 335). These results lend support to previous research (L. Cohen, 1992; Shrodes, 1950) on the experience of therapeutic reading (Marlowe & Maycock, 2000).
Future Trends for Self-Help Research

G. Rosen et al. (2003) provided an in-depth overview of self-help reading over the last three decades. The authors reiterated the sentiments of George Miller (1969), in that psychologists need to “give psychology away” and that this act is a social responsibility of the profession (p. 1074). This “giving” of knowledge does not mean to “sell psychology” but to use our skills to advance our understanding of self-help reading (G. Rosen, 1993, p. 345).

G. Rosen and colleagues (2003) suggested a new aim of self-help research: to develop a public health or program based approach to self-help. In this approach to self-help, a team of professionals across many disciplines would consider the breadth of treatments available for a specific mental health or health disorder. Having input from the readers would be a critical aspect to the program based approach. The authors also noted social and environmental contexts of self-help need to be addressed, such as the extent of therapist or peer involvement in self-help therapy and the use of computer and media technologies (G. Rosen et al.).

Other suggestions for future research on self-help include focusing on the use of technology in self-help and self-help for prevention of mental health issues (McKendree-Smith et al., 2003). Richards (2004) argued that most research on self-help has been focused on materials with a cognitive-behavioral approach; it would be useful to examine other psychological models of self-help. Overall, mental health professionals have an important responsibility in the development of future self-help literature materials (G. Rosen et al., 2003).
Summary of Chapter 1

Overall, this chapter provided an argument that self-help reading can be helpful, but further research is needed to ensure a better understanding of the experience of self-help reading from the readers’ perspective. For example, research studies indicated cognitive-behavioral self-help literature is effective for treating depression under the specific conditions of the study, but that does not imply that it will be effective for the self-guided reader or that any type of self-help literature is effective (Williams, 2003). It is also unclear how self-guided readers of self-help books perceive this type of reading as helpful or meaningful. A decade ago, L. Cohen (1994a) suggested research is needed on understanding the readers’ experience of self-help reading, yet, little research has investigated this phenomenon. Therefore, this study contributed to the research literature by focusing on the self-help reader’s experience.

This chapter introduced the reader to the complexity of researching self-help reading. When choosing to research self-help, a researcher has many different options to consider. First, the researcher may choose to examine the use of self-help by professionals, clients in therapy, or the self-guided reader. The researcher may also choose to explore different types of self-help materials, such as books, workbooks, Internet, and other media. Finally, the researcher may choose to look at the outcome of using self-help materials for various types of mental health concerns, such as stress, anxiety, depression, or interpersonal relationships. This study examined self-help reading as related to the following variables: (a) the self-guided reader, (b) books, and (c) difficult life situation. These variables were chosen as little is known about the experience of the
self-guided reader and books are one of the most common and familiar forms of self-help. The term “difficult life situation” provided an opportunity to examine the experience of reading a self-help book on any major topic area of self-help and to gain a wide variety of experiences.

The purpose of this study was to examine the helpfulness of self-help reading. The guiding research question for this study was: What about the experience of self-help reading during a difficult life situation is helpful to the self-guided reader? This study provided information on what types of life experiences leads an individual to choose a self-help book, how self-guided readers define self-help reading, what traits may be characteristic of a self-guided self-help reader, and the expectations self-guided readers have for self-help books. Finally, this study considered how the emerging themes inform the field of counseling in terms of future practice, counselor training, and research on self-help reading.
CHAPTER II

METHODOLOGY

The previous chapter summarized the current research literature on self-help reading. The overall research findings indicated that self-help reading is being utilized and is generally considered to be helpful for a reader. The intent of this study was to examine the experience of self-help reading from the self-guided reader’s experience, a perspective that has received little attention in the research literature. The guiding research question was: what about the experience of self-help reading during a difficult life situation is helpful to the self-guided reader? This chapter provides an overview of the methodological procedure used for this study.

Phenomenological Research Design

A qualitative, phenomenological research design was used to investigate the experience of self-help reading. Qualitative research uses a holistic approach in gathering and analyzing data to explore societal issues and the human condition (Creswell, 1998). This type of research aims to gain insight and understanding about a particular person, place, or phenomenon and uses an inductive approach in regards to analysis (Nieswiadomy, 2002). Patton (2002) provided an example to distinguish qualitative research design from quantitative research designs:

If you want to know how much people weigh, use a scale. If you want to know if they’re obese, measure body fat in relation to height and weight and compare the
results to the population norms. If you want to know what their weight means to them, how they think about it and what they do about it, you need to ask them questions, find out about their experiences, and hear their stories. (p. 13)

The majority of research on self-help reading has been developed from a quantitative research perspective, such as outcome studies and survey research. Although this research is useful, it does not provide information on the experience of self-help reading. Previous qualitative research (L. Cohen, 1992; Shrodes, 1950) provided rich information on the experience of therapeutic reading, but not specifically on self-help reading. Thus, the present study used a phenomenological approach to examine the essence, or fundamental structure, of self-help reading.

The goal of the phenomenological approach is to describe the meaning of actual lived experiences for an individual or a group of individuals about a particular phenomenon (Creswell, 1998; Nieswiadomy, 2002; Patton, 2002), such as self-help reading. This meaning is described as “how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning” (Patton, 2002, p. 104). To understand a lived experience, one must ask individuals (a) how they perceived the experience, (b) to describe the experience, (c) how they felt about the experience, (d) how they judged the experience, (e) how they remember the experience, (f) how they make sense of the experience, and (g) how they talk about the experience with others (Patton, 2002). Phenomenology assumes that there is an essence or fundamental structure to an experience and uses a rigorous methodological process to highlight the commonalities of the experience (Patton).
Other qualitative research designs could have been used to examine the helpfulness of self-help reading. Creswell (1998) identified five traditions in qualitative research: ethnography, biography, phenomenology, grounded theory, and case study. Of these traditions, grounded theory (Glaser & Strauss, 1967) and case study research (Stake, 1994) could have been useful in examining self-help reading. The aim of a grounded theory study is to develop a theory that is grounded in the data about a particular phenomenon and the aim of case study research is to use multiple sources of information to develop an in-depth analysis of a particular case (Creswell, 1998). This researcher chose to use the phenomenological approach as this approach was best suited for the main purpose of this study: to discover what is helpful about the experience of self-help reading, or the essence of the self-help reading experience. Phenomenological research is used to produce a sound and understandable description of a particular experience related to the human condition and to describe the “presence of meaning in experience” (Polkinghorne, 1989, p. 45). As theory building research on self-help reading is limited, the phenomenological approach was a good starting point for studying self-help reading and provided a basis for understanding the essence of the experience.

Qualitative research relies heavily on the subjective experience of the researcher. For example, the researcher brings in his or her own frame of reference and assumptions and these may impact the construction of interview questions and interpretation of the data (Charmaz, 2005). As such, this researcher used the phenomenological concept of epoche, “a Greek word meaning to stay away from or abstain” (Moustakas, 1994, p. 85). This refers to the process of the researcher becoming aware of assumptions about the
experience in question (Moustakas) in order that he or she may “stay away,” and not be overly influenced by these assumptions in conducting the research. In order to do this, the researcher identified “prejudices, viewpoints, or assumptions” regarding the phenomenon to allow the researcher to “investigate the phenomenon from a fresh and open viewpoint without prejudgment of imposing meaning too soon” (Katz, 1987, p. 37). This process protected against possible researcher bias (Polkinghorne, 1989). As this study is partly a replication of L. Cohen’s (1992) study, it was important to include the results from that study in the process. The following outlines this process by listing the researcher’s assumptions:

1. Those individuals who experience a difficult life situation may engage in self-help reading as a source of support and influence rather than seek traditional medical or psychological treatment. These individuals are described as self-help readers.

2. Self-help readers read to find an answer or solution to their presenting concerns; thus reading is intentional and purposeful.

3. Self-help reading has both potential benefits and limitations for the self-guided reader.

4. Self-guided readers may describe the experience of self-help reading as helpful or meaningful and some may describe this experience as unhelpful or harmful.

5. Self-help readers gain a sense of comfort and validation through the experience of reading.
6. There are traits characteristic of a self-guided, self-help reader. These readers are individuals who enjoy reading in general, who are motivated to learn new information and find solutions to their problems, and who believe that they are in control of their lives.

7. Self-help readers do not necessarily need guidance or direction from a mental health or health professional to enjoy and obtain benefits from self-help reading. Reading may in fact simulate the experience of therapy.

8. Each reader can have a different reaction to self-help reading. For example, some may identify with a character, story, or situation in the book and others may not. Some readers can also have similar experiences in relation to self-help reading.


10. Readers may return to self-help books at a later time and may discuss what they have learned with others. Thus, the self-help reading experience may not have a clear ending point as readers may return to the book or ideas in the book at a later time.

11. There is a fundamental structure, or essence, in the experience of self-help reading that will be expressed by participants.

As presented in chapter 3, some of the researcher’s assumptions were similar to the actual experiences of the participants. The researcher used reflexive journals, peer
debriefing, and utilized an auditor to further decrease possible researcher bias (refer to trustworthiness section for a detailed description of these techniques).

Sampling Procedure and Participants

Purposive sampling (Nieswiadomy, 2002) was used in order to gain relevant subjective data directly from participants who have identified themselves as self-help readers. These participants were able to act as informants by “providing rich descriptions of the experience being investigated” (Polkinghorne, 1989, p. 47). Participants needed to have experienced self-help reading and be able to articulate a full description of the experience. The sample size was small and tentatively set at four to eight adult participants at the beginning of the research study.

The final sample size of six participants was determined through saturation. Saturation occurred when participants tended to provide redundant information rather than new information (Nieswiadomy, 2002). As the aim of qualitative research is to describe and understand a person, context, or experience, this small sample size was appropriate. The quality of information is more important than the quantity of information in qualitative research (Sandelowski, 1995). Yet, it was important to select participants who have had varied experiences with the topic under investigation (Polkinghorne, 1989); thus, having participants with varied experiences with self-help reading was critical for this phenomenological research study.

Participants were selected based on the following criteria. Participants needed to (a) be 18 years-of-age or older, (b) have read a participant defined self-help book within the past 3 to 48 months, (c) have self-selected and read this book independent of the
recommendation from a health or mental health professional, (d) have read the entire book, (e) have chosen to read this book due to experiencing a difficult life situation, and (f) be able to participate in two 90-minute interviews over a 3-week time period.

Participants needed to be 18 years-of-age or older in order to provide consent. Findings from the research literature have indicated that more adults than adolescents read self-help literature and self-help is predominantly marketed towards adults. As the focus of this study was on the experience of self-help reading, the participants needed to have read at least one book that they personally defined as a self-help book. This book could have been a work of fiction, in which the content is developed through imagination and not necessarily by fact, such as novels or a collection of short stories, or the book could have been a work of nonfiction, such as a general advice book, a book of programmed instruction, or an autobiography.

The time frame of 3 to 48 months was used for two purposes. First, as participants described an experience that occurred in the past, it was important that not too much time had passed from the experience, so participants could easily recall their experience and provide a rich description. The 3-month mark was to ensure that participants had been able to read the entire book. As phenomenological research is primarily used to investigate experiences that have occurred in the past (Polkinghorne, 1989), it was also important for participants to recall a self-help book read in the past.

As the research on self-help has focused predominantly on using self-help literature within a clinical setting, also referred to as bibliotherapy, it was important to interview readers who have self-selected reading independently from the
recommendation of a mental health or health professional. If a book is directly recommended by a professional, there can be a sense of hope instilled in the reader. Focusing on self-guided readers provided an opportunity to gain more knowledge about self-help reading in a non-clinical setting. Participants needed to have read the entire book in order to provide a rich description of the experience. Participants also had chosen to read this book due to experiencing a difficult life situation. This difficult life situation was explored with the participant during the first interview. Finally, participants had to be able to participate in two audio-taped interviews to provide a description of this experience and to provide feedback on themes found in the data analysis.

Participants were recruited by announcements posted at a number of locations. As the aim of this study was to examine self-help reading, it was important to interview past readers of self-help literature. Thus, locations where it was thought that self-help readers might frequent were chosen. The following locations in northeastern Ohio were used to announce the study: two chain bookstores, four local public libraries, and one public university library within a two county area, consisting of mostly suburban and urban locations. These announcements were in the form of a flyer requesting volunteers for a proposed research study (see Appendix A). Permission to post these flyers was obtained by speaking with the general manager at each location. Criteria for participants were clearly stated on the flyer. This flyer also included contact information of the researcher, including telephone number and email address. Participants were compensated with a $50 gift card to a local chain bookstore after they completed the two interviews. This information was also included on the flyer.
No participant was excluded from the study based on gender, religion, ethnicity, race, or sexual orientation. Each participant provided her consent to be part of this research study as well as have the interviews audio-taped. Only those individuals who could provide consent, such as adults, were used as participants in this study. Participants were aware that they could discontinue their participation in this study at any time. To ensure confidentiality, a number system was used to identify participants during the screening process, and participants were able to select a pseudonym in the data presentation. Only demographic information, such as age and gender, is presented in the results section. This study was approved by the Institutional Review Board of Kent State University (see Appendix B).

Procedure

Potential participants who were interested in participating contacted this researcher directly by telephone or email. The researcher received a total of seven contacts over the course of one month. During this initial telephone or email contact, the researcher explained the purpose of the study and the screening procedure. The researcher obtained the potential participant’s personal information, including mailing address, telephone number, email address, and preferred method of contact, and documented this information on an index card. The potential participant was given a number that was also documented on this card. This number was used to ensure confidentiality during the screening process. The index card was only accessible to the researcher. The researcher sent a packet of information about the study by postal mail.
This packet included a cover letter (see Appendix C) that explained the purpose of the research study and the screening procedure.

This packet also included a Screening Form (see Appendix D) that the potential participant returned to the researcher in a self-addressed stamped envelope. The participant’s assigned number from the initial phone call was coded on the Screening Form to ensure confidentiality except to the researcher. The Screening Form was designed to ensure that potential participants met the criteria for the study. All answers on this form were kept confidential. The packet also included topic areas for questions to be asked during the first interview (see Appendix E). This list was included so the potential participants were aware of the topic areas that were discussed in the first interview. Six screening forms were returned to the researcher via postal mail. Six of the seven potential participants met the criteria for the research study. The seventh participant did not mail back the Screening Form. This person was contacted by the researcher via email to thank her for her interest in the research study.

After the researcher reviewed the returned Screening Form and ensured that the potential participant met the criteria for the study, the researcher contacted the participant via phone call or email to schedule the initial face-to-face interview. Interviews were scheduled at a day and time most convenient for the participant. Interviews were held at one of two public locations (either at the researcher’s clinical office or in a meeting room at a local library). The researcher asked participants to bring a copy of the self-help book to the first interview. This assisted the participant in talking about the book and provided illustrative examples within the discussion. Reviewing the book with the participants
provided additional data for the researcher, including whether the participant earmarked the pages and/or the text. This process also helped the participants speak to the helpfulness of the book by being able to read certain lines or specific passages aloud during the interview. Gaining this data enhanced the overall credibility of the study.

At the beginning of the first interview, participants had an opportunity to review the Consent Form (see Appendix F) and the Audiotape Consent Form (see Appendix G) and ask questions about these forms and the research study. After the consent forms were signed and all questions were answered, the researcher started the audio-tape. The researcher asked the participant questions on the Demographic Questionnaire (see Appendix H). The Demographic Questionnaire was designed to gather information about the participant and is further described in the instrumentation section.

The initial semi-structured interview lasted approximately 90 minutes and used probes in order to gain extensive information from each participant about the experience of self-help reading. After the interview questions, the researcher reviewed the self-help book provided by the participant. One participant also provided additional written documentation, such as notes, a journal, and a diskette containing the titles of self-help books she has read. The researcher recorded thoughts and reactions in a reflexive journal after each interview to reflect on emerging themes and the overall process of the interview.

As the participants discussed material of a sensitive nature, the researcher debriefed each participant at the end of the first and second interview through a discussion to ensure that no participant experienced distress from the interviews. This
discussion assessed how the participant felt in reaction to the interview and answering questions. If the researcher perceived that a participant experienced distress, the researcher planned to provide contact information for a local mental health agency (see Appendix I) and assist the participant with scheduling an appointment. No participant described experiencing distress as a result of this research study.

The researcher transcribed the audio-taped interview as quickly as possible after the first interview. After this was completed, the researcher mailed a copy of the transcript to each participant. This was to provide the participants an opportunity to review the transcript for accuracy before the second interview. The researcher also started the preliminary stages of data analysis before the second interview. The researcher scheduled the second interview after the transcript was sent and the first interview was analyzed. Overall, the two interviews with each participant took place approximately over a 3-week time period.

The purpose of the second interview was to have each participant review the transcript of the first interview for accuracy, also known as a member check. This technique is described in more detail in the trustworthiness section. The second interview was also to provide the researcher with an opportunity to verify themes from the first interview and explore certain areas in more depth. Participants had an opportunity to elaborate on certain areas in more detail. The second interview was also audio-taped. At the end of the second interview, participants received their compensation for participation.
After transcription of the second interviews, the researcher returned to the original data analysis and included new relevant data from the second interview. The researcher used reflexive journals, peer debriefing, and utilized an auditor to verify themes and adherence to data analysis procedures. Participants were also asked during the second interview if they would be willing to receive a phone call or meet in person after the final data analysis was complete. One participant moved out of state and was unavailable to meet again. The researcher contacted the remaining five participants via email or phone to schedule a meeting to review the final research findings for further validation. Out of the remaining five participants, four participants met for a third and final interview. These meetings were scheduled approximately three to four months after the second interview, depending on the participant. These interviews were also audio-taped and lasted approximately one hour in length. The participants did not receive additional compensation for participating in the third interview.

Instrumentation

Instrumentation for this research study included three items: the Screening Form, the Demographic Questionnaire, and the First Interview Schedule. This section reviews each form in detail and also discusses the procedure used for the second interview and third interview.

Screening Form

The Screening Form (see Appendix D) was designed to gather information about potential participants to determine if the participant met the criteria for the current study. This form was mailed to all potential participants. The form instructed participants to
answer all questions by a checkmark or by filling in the blank. All answers on this form were held confidential. Potential participants were also encouraged to contact the researcher if they had questions.

Potential participants were asked to provide the following information: (a) how they heard about the study, (b) if they were 18 years of age or older, (c) if they had read a minimum of one self-help book within the past 3 to 48 months, (d) the name of this book, (e) if they had selected and read this book under the recommendation or guidance of a mental health or health professional, (f) how they heard about the book, (g) if they read the entire book, (h) if they read this book while in therapy, and (i) if they would be able to participate in 2 audio-taped interviews, each lasting approximately 90 minutes, to explore how they perceived self-help reading to be helpful. Participants were also asked to list days and time they would be available for the first interview.

Demographic Questionnaire

At the beginning of the first interview, the researcher completed the Demographic Questionnaire (see Appendix H) with each participant. The researcher asked these questions to establish rapport with the participant. The results from this questionnaire also served as categories in the data analysis and provided additional information on the self-help reader. Participants were asked to report the following demographic information: (a) gender, (b) age, (c) marital status, (d) educational background, (e) current occupation, (f) ethnic or racial background, and (g) religious affiliation. Participants were also asked to report if they had ever seen a mental health professional for treatment (i.e., psychiatrist, psychologist, or counselor) and the approximate timeframe of this treatment. Participants
were also asked to estimate the total number of self-help books they have read and to provide the titles or topic areas of these books.

*First Interview Schedule*

The final instrument included the interview schedule for the first semi-structured interview (see Appendix J). This interview schedule contained open-ended questions and used probes to encourage participants to elaborate further on a specific topic. The questions for the first interview were intended to allow the reader to describe her experience with self-help reading and how this experience had been helpful for them during a difficult life situation. The interview questions were developed based on the guiding research question and subquestions for the present study and were constructed to assist participants in describing their experience with self-help reading.

As a phenomenological interview is based on a social conversation about the specific phenomenon in question (Moustakas, 1994), the first interview also included other questions or statements related to each participant’s answer. If the participant’s answers were unclear, the interviewer sought clarification through questions or through reflecting the statement back to the participant. The interview questions did not change over the course of the research study, that is, each participant was asked the same set of questions. The first interview schedule, developed by the research question and subquestions, is as follows:

1. You indicated you chose to have read this book due to experiencing a difficult life situation. Could you briefly describe this time in your life?
2. What made you define the experience of reading this book as self-help reading? (Probe) How has the self-help reading experience been different from any other reading that you have done? (adapted from L. Cohen, 1992)

3. How would you describe yourself as a person, in terms of traits or characteristics? (Probes) Could you list three to five words to describe yourself as a person? What is it about you that allows self-help reading to be helpful?

4. How did you hear about this book? (Probe) What hopes and expectations did you have for reading this book?

5. How did you go about reading the book? (Probes) For example, how was it easy or difficult to read? How long did it take you to read the book? Where and when did you read the book? How did you share what you learned from the book with others? How often did you re-read or return to this book?

6. When during the reading of the book did you sense that you were being helped? (Probes) If you could list three words to describe the helpfulness of reading this book, what would they be? How were your hopes or expectations met?

7. What changes have occurred in your life as a result of having read this book? Please describe this as completely as possible. (adapted from L. Cohen, 1992)

8. What may have been unhelpful to you about the experience of reading this book?
9. What additional comments would you like to make about the experience of reading this book and how you perceived this experience to be helpful?

Second and Third Interview

The second interview primarily served as a member check and to obtain additional information from each participant. During the second interview, all participants were asked the following questions at the beginning of the interview:

1. Is the transcript an accurate representation of our first interview? If no, why?
2. Are there corrections to be made to the transcript? If yes, what?
3. While you were reading the transcript and/or reflecting on your answers during the first interview, what thoughts came to mind?
4. What additional comments would you like to make about how you perceived the experience of reading a self-help book to be helpful?

The researcher then read a summary of the first interview to each participant, pausing between each paragraph to allow for comments or clarification. Participants were asked to reflect on the following questions as the researcher read aloud the summaries:

1. How do these ideas compare with your experience?
2. Have any aspects of your experience been omitted?

Specific follow up questions for the second interview varied across the participants. These questions were developed for each participant after transcription and analysis of the first interview. Overall, the second interview provided an opportunity for the researcher to (a) clarify content, (b) follow up on specific themes, (c) allow each
participant to verify themes generated from the data analysis, and (d) allow for additional or new information.

During the third and final interview with four of the original six participants, the researcher reviewed the purpose of the study and preliminary themes. Additionally, some of the participants were asked to review initial categories before the researcher reviewed the findings. This was done to obtain an unbiased reaction from the participant. Each third interview was different due to time constraints. Each participant was asked a question about the theme of “returning to ideas” as this theme developed through the data analysis.

Analysis

This study used an inductive analysis approach that allowed for an exploration of self-help reading to assist the researcher in discovering themes and patterns that emerged from the data. In phenomenological research, the data analysis is a critical stage and is used to develop a narrative description of “the essential structure of the experience being investigated” within the context of a specific situation (Polkinghorne, 1989, p. 51). There are several approaches to phenomenological data analysis (Colaizzi, 1978; Giorgi, 1975a, 1975b; van Kaam, 1969). All approaches rely on three key steps: (a) separating the original transcript into specific meaning units, (b) transforming these meaning units into psychological concepts, and (c) connecting the transformations into a general description of the phenomenon (Polkinghorne, 1989).

The present study used an adaptation of the nine-step approach for phenomenological research developed by Colaizzi (1978). The first step was to develop
interview questions that were based on the researcher’s assumptions about self-help reading. The second step was to interview participants who could describe the experience of self-help reading. These two steps have been described in detail in earlier sections of this chapter.

The following steps relate more directly to the actual data analysis (Colaizzi, 1978). Overall, the data analysis for this study included (a) transcription of the audio-taped interviews, (b) organization of the data, and (c) an exploration into the experience of self-help reading. Transcriptions were completed as soon as possible after the interviews to keep the material fresh in the researcher’s mind. The researcher first read all transcripts from the initial interview to gain a sense of the whole. This required several readings. The researcher returned to each transcript and extracted key phrases or sentences (or what the researcher judged as significant statements) that were directly related to the experience of self-help reading. The researcher judged statements as significant if the statements were: (a) relevant to the interview questions and (b) provided information on the experience of self-help reading. This approach relied on using the actual words from each participant. These significant statements were first underlined on the transcription document and then coded into an electronic document using a table in Microsoft Word.

The researcher compiled these significant statements into a summary of what was learned from each participant about their experience with self-help reading. This process was completed by combining similar statements together and then developing a sentence or two to summarize the participant’s exact quote. For example, during the first
interview, Sophia stated that self-help reading is “something that helps you look at your situation in a different way and come up with solutions that you might not have thought up on your own.” The researcher summarized this statement as “self-help reading provides different perspective and solutions to a difficult life situation.” Another example of this process includes when Jean described what she brings to the experience of self-help reading:

Well, you have to have the time to read the books and study them . . . I’d call that commitment. . . . you can’t just read a book and okay (pause), I read that. You have to be committed towards whatever that goal is for that self-help book. You have to follow it through.

The researcher summarized the above statements as “Jean describes herself as a committed person relative to self-help reading. She further describes this as having the time to read a book, study the book, and work towards the goal described in the book.”

This process is similar to what Colaizzi (1978) described as formulating meanings or spelling out the underlying theme(s) of each significant statement. It is the role of the researcher to discover the meanings behind these statements and then “illuminate” the meanings found in the original transcripts (p. 59). Moustakas (1994) provided another description of this process: the researcher is “to seek possible meanings through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approach the phenomenon from divergent perspectives, different position, roles or functions” (pp. 97-98).
To ensure accuracy, the researcher reviewed the final summary of the first interview with each respective participant during the second interview. The researcher asked each participant “How do these ideas compare with your experience?” and “Have any aspects of your experience been omitted?” (Colaizzi, 1978). Any new or relevant information from these discussions were included in the data analysis. The researcher then transcribed and coded responses from the second interview using the same procedure as in the first interview. Finally, the summaries of the first and second interview were combined into a comprehensive narrative description of each participant’s experience with self-help reading.

After the researcher developed a narrative description for each participant, the researcher organized and reduced these summaries into clusters of themes across the participants (Colaizzi, 1978). The researcher used newsprint and color coded markers to categorize and visualize similarities and differences across the participants. It is through this process that the researcher was able to identify emerging themes relative to the experience of self-help reading. For example, within the theme of describing their hopes and expectations for reading the self-help book, each participant spoke of wanting something different relative to their difficult life situation. More specifically, each woman spoke of wanting something to change. However, the participants did not necessarily use the word change. This idea of wanting something to change became a major theme relative to the process of self-help reading and how it is perceived as helpful. The researcher referred to the original transcripts in order to validate these themes and did not dismiss data that was in contrast to these themes (Colaizzi, 1978).
The emerging themes were integrated into an exhaustive description of the experience of self-help reading and the researcher further reduced this description into a narrative description of the fundamental structure of self-help reading (Colaizzi, 1978). This is also referred to as the “bones” of the experience for the entire group under study (Moustakas, 1994, p. 142).

The final step in the data analysis was to meet with participants for a final member check. Four of the original six participants met with the researcher for a third time. During this meeting, the researcher reviewed: (a) the purpose of the study, (b) the type of qualitative analysis procedure used, and (c) preliminary themes regarding the helpfulness of self-help reading. The four participants provided feedback to the researcher on these themes. The participants focused on key themes, including choosing to read a self-help book, placing hope in the book, returning to ideas, and the two dimensions of self-help reading.

Trustworthiness

Qualitative research is judged to some extent by the “trustworthiness” of the information presented (Lincoln & Guba, 1985). Credibility, transferability, dependability, and confirmability encompass the concept of trustworthiness within a research study (Lincoln & Guba). These factors and a description of how each factor was met in this research study are described as follows.

Credibility

Credibility refers to the researcher’s ability to represent the experiences expressed by the participants. To enhance credibility, the researcher used the following techniques:
(a) member checks, (b) triangulation, and (c) peer debriefing. Member checks are considered the most critical technique to enhance credibility (Lincoln & Guba, 1985). Member checks included reviewing the transcription from the first interview with each participant and discussing the emerging themes from the data analysis during the second and third interviews.

Member checks provide participants with an opportunity to assess the intentionality of their responses, make corrections to the transcript, and provide additional or new information (Lincoln & Guba, 1985). Member checks also provide the researcher with an opportunity to summarize themes found in the data analysis and obtain each participant’s reaction to the results (Lincoln & Guba, 1985). A member check was completed during the second interview with each participant by reviewing the transcript of the first interview, gathering additional data, and validating themes found in the data analysis. The third interview with four of the six participants served as a final member check. The four participants enjoyed learning about the research findings and discussing their thoughts, feelings, and reactions to the proposed findings. Overall, the four women reported the preliminary findings matched their personal experiences with self-help reading. Sophia and Valerie could talk about how the findings fit their current experience with a new self-help book and self-help group, respectively. Another example includes a statement by Hillary:

This [the third interview] was even helpful . . . using it as a sounding board . . . even learning about those other girls, that was very helpful and interesting . . . if I could put into words, that’s [pointing to proposed findings] what I would say . . .
does that make sense? Like, you read something and you’re like, that’s exactly what I was thinking but I never would have though to say it like that.

Triangulation is the process of “improving the probability that findings and interpretations will be found credible” (Lincoln & Guba, 1985, p. 305). Triangulation was completed in this study by (a) relying on multiple participants, (b) accessing multiple sources of information, and (c) peer debriefing. Participants were asked to bring in the self-help book to the first interview. The researcher reviewed the book and other written documentation (if provided) to obtain additional information on the experience and perceived helpfulness of self-help reading. For example, participants marked certain chapters and topics more often than others. Reviewing the book also gave the researcher illustrative examples about the helpfulness of self-help reading.

Peer debriefing is the process of consulting with a peer about the data analysis procedure (Lincoln & Guba, 1985). The researcher met with the peer debriefer after all second interviews had been completed and all data had been transcribed. This meeting served to (a) discuss and analyze the data, (b) discuss the researcher’s interpretations of the data, and (c) discuss the next steps in the analysis procedure (Lincoln & Guba, 1985). Peer debriefing also allowed the researcher to discuss personal reactions, assumptions, and thoughts and feelings associated with the research process. A peer debriefer is neither a junior nor a senior to the primary researcher, has an understanding of the research design and the topic of the study, and acts as the “devil’s advocate” (Lincoln & Guba, 1985, p. 309). The peer debriefer selected for this study was a doctoral candidate in counselor education and supervision.
Transferability, Dependability, and Confirmability

Although the aim of qualitative research is not to generalize the findings, it is possible to provide a working hypothesis of the topic being investigated (Lincoln & Guba, 1985). In chapter 3, the researcher has provided a rich, thick description of the helpfulness of self-help reading. A rich, thick description is described as “providing enough description to contextualize the study such that readers will be able to determine the extent to which their situation matches the research context, and hence, whether findings can be transferred” (Merriam, 2002, p. 31). From this description, a future reader may be able to judge if this experience can be transferred to a similar context (Lincoln & Guba, 1985).

Dependability refers to the reliability of the research findings and confirmability refers to the level of researcher objectivity (Lincoln & Guba, 1985). Utilizing an auditor assisted in increasing the levels of dependability and confirmability by examining both the process and product of the research (Lincoln & Guba, 1985). An audit trail is designed to provide an account of the “methods, procedures, and decision points in carrying out a study” (Merriam, 2002, p. 31). The auditor was an individual trained in qualitative research who is outside of the researcher’s formal dissertation committee. An auditor is different from the peer debriefer as the auditor reviewed the analysis procedure after the fact while the peer debriefer assisted during the data analysis procedure.

The auditor reviewed instrumentation, transcriptions, significant statements, formulated meanings, narrative descriptions, themes, and the researcher’s reflexive journals. The auditor reviewed these items to determine whether the researcher adhered
to the data analysis procedure. Additionally, the auditor reviewed the research findings from a set of questions developed by Moustakas (1994). These questions (see below) were developed to enhance the trustworthiness of a phenomenological study. The auditor wrote a letter (refer to Appendix K) to summarize the overall trustworthiness of the study.

1. Did the interviewer influence the content of the participant’s descriptions in such a way that the descriptions do not truly reflect the participant’s actual experience?

2. Is the transcription accurate, and does it convey the meaning of the oral presentation in the interview?

3. In the analysis of the transcriptions, were there conclusions other than those offered by the researcher that could have been derived? Has the researcher identified these alternatives?

4. Is it possible to go from the general structural description to the transcriptions and to account for specific contents and connections in the original examples of the experience?

5. Is the structural description situation specific, or does it hold in general for the experience in other situations? (Moustakas, 1994, p. 57)

Finally, the use of reflexive journals increased the overall level of trustworthiness of the study, in all four areas (Lincoln & Guba, 1985). The journals included personal reflections on the data analysis and procedure, the logistics of the research study, and decisions made regarding the methodology. The reflexive journals aided in the
development of the second interview questions and included summaries of discussions with the peer debriefer and dissertation committee members. Overall, these techniques provided a higher level of trustworthiness for the study (Lincoln & Guba).

Summary of Chapter 2

This study provided an opportunity to gain information on the experience of self-help reading directly from self-help readers. The guiding research question for this phenomenological study was: what about the experience of self-help reading during a difficult life situation is helpful to the self-guided reader? Through a series of interviews, participants who had independently read a self-help book described how the experience of reading this book was helpful to them during a difficult life situation. The researcher used a discovery oriented approach in the analysis to generate a description of the helpfulness of self-help reading. The next chapter presents the findings of this phenomenological investigation.
CHAPTER III

RESULTS

This chapter presents the research findings of this phenomenological investigation on self-help reading and is divided into two major sections. The first section introduces the six participants to the reader, including demographic information and an overview of each participant’s experience with self-help reading. Once each participant is introduced, the second section provides a description of the research findings on the helpfulness of self-help reading. Four major categories comprise the helpfulness of self-help reading and are examined in this chapter: (a) feeling and thinking dimensions to self-help reading, (b) self-help reading as a medium for re-visioning of self, (c) what readers bring to the self-help reading experience, and (d) contexts for the self-help reading experience.

Participants

The sample included six adult, Caucasian women, between the ages of 29 and 55 years-of-age, who met the criteria for a self-guided reader, that is, they self-elected to read a self-help book. All participants read a nonfiction book and the topic areas for these self-help books varied. All the participants had been in psychotherapy at one point in their lifetime and four of the six were in therapy at the time of the research study. This section introduces the reader to each of the six participants. Tables 1 through 3 provide an overview of the six participants, including demographic information such as gender, age, religious affiliation, racial identity, marital status, highest education level earned, and
# Table 1

**Demographic Data (1)**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Religious Affiliation</th>
<th>Racial/Ethnic Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie</td>
<td>39</td>
<td>Nondenominational</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Jean</td>
<td>55</td>
<td>Presbyterian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Linda</td>
<td>47</td>
<td>Unitarian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Sophia</td>
<td>30</td>
<td>Reformed Church</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Hillary</td>
<td>32</td>
<td>None reported</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Autumn</td>
<td>29</td>
<td>Pagan</td>
<td>Caucasian</td>
</tr>
</tbody>
</table>

# Table 2

**Demographic Data (2)**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Marital Status</th>
<th>Highest Educational Level</th>
<th>Current Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>Marital Status</td>
<td>Highest Education Level</td>
<td>Current Occupation</td>
</tr>
<tr>
<td>Valerie</td>
<td>Married</td>
<td>High school</td>
<td>Real estate agent</td>
</tr>
<tr>
<td>Jean</td>
<td>Married</td>
<td>Bachelor’s degree</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Linda</td>
<td>Single</td>
<td>Bachelor’s degree</td>
<td>Student</td>
</tr>
<tr>
<td>Sophia</td>
<td>Single</td>
<td>Bachelor’s degree</td>
<td>Teacher, Elementary</td>
</tr>
<tr>
<td>Hillary</td>
<td>Single</td>
<td>High school</td>
<td>Student</td>
</tr>
<tr>
<td>Autumn</td>
<td>Married</td>
<td>Bachelor’s degree</td>
<td>Resident home aide</td>
</tr>
</tbody>
</table>
Table 3

*Demographic Data (3)*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Previous and/or current therapy</th>
<th>Estimated number of self-help books read</th>
<th>Topic areas for self-help books</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie</td>
<td>Both</td>
<td>100</td>
<td>Parenting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Career/ Business</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self-improvement</td>
</tr>
<tr>
<td>Jean</td>
<td>Both</td>
<td>100</td>
<td>Relationship Issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self-improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Depression &amp; Anxiety</td>
</tr>
<tr>
<td>Linda</td>
<td>Both</td>
<td>14</td>
<td>Spirituality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ADHD</td>
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<td></td>
<td></td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td>Sophia</td>
<td>Both</td>
<td>12</td>
<td>Depression &amp; Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>Hillary</td>
<td>Previous</td>
<td>20</td>
<td>Panic Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relationship issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Career/ Business</td>
</tr>
<tr>
<td>Autumn</td>
<td>Previous</td>
<td>4</td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relationship issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grief</td>
</tr>
</tbody>
</table>

Current occupation. The tables also provide information on whether the participant was in counseling at the time of the research study, the estimated number of all self-help books read, and selected topical areas of these books.

*Valerie*

Valerie is a 39-year-old Caucasian woman. She works as a real estate agent and is married with five children. She described herself as a very spiritual person and an avid self-help reader. She was in counseling at the time of the research study. It is unknown if
she was on psychotropic medication at the time of the study. Valerie reported to have
read approximately 100 self-help books across many topic areas, including parenting,
self-improvement, and career issues.

Valerie was the first participant interviewed. She was late for the interview due to
having a meeting that ran over. The interviews with Valerie took place in the researcher’s
counseling office. She was friendly but initially appeared guarded, providing short
answers with little detail. Often she would ask the interviewer to repeat interview
questions as she had trouble answering them. At the second interview, Valerie was more
relaxed and laughed more. She spoke of how participating in the study helped her stay
focused with self-help reading and encouraged her to reflect on how self-help reading is
helpful to her.

During this past year Valerie decided to read a self-help book on debt
consolidation. Being in debt led her to feel trapped and hopeless, led to fights with her
husband over money, and kept her from spending time with her children as she had to
work more. She described feeling depressed about her situation.

Valerie heard about the book *No more debt: God’s strategy for debt consolidation*
(Dollar, 2001) on a faith based television program that she regularly watches. Valerie
spoke of trusting the author of the book (and the host of the television program) and
finding him to be credible. This was important to her in deciding to read the book. The
book presented a strategy for managing and resolving debt and how to live one’s life
based on spiritual principles. Valerie rushed out to buy this book, yet, she did not start
reading it for many months; she described needing to be ready to read the book. Valerie had hoped the book would provide a solution for getting out of debt.

Eventually, Valerie chose to read the book and read it quickly, mostly at home. She described self-help reading as an opportunity to relax and have personal time. Valerie did not finish the book right away as she needed to buy the second half of the book. She used exercises in the book to keep track of her debt and her progress in debt reduction.

Valerie found herself thinking differently about money as a result of reading this book. She began to think about financial planning and how she could be using money to help others. She also started to change her behaviors associated with debt. For example, she began to organize her bills and watch what items she would put on her credit card. She stated the book helped her focus on a goal of getting out of debt.

Valerie also felt a strong connection to God through reading the book. Having this connection helped Valerie to make these changes in relation to how she thinks and behaves in relation to her debt. By returning to the scripture in the book, Valerie has been able to remain focused on her goal and find inspiration.

Valerie reported that the debt collectors are not calling her anymore. She is making progress on her debt. She wants to share the book with others who are experiencing the same situation; she feels it is her responsibility to not only get out of debt but also to stay out of debt. This is what she calls “God’s plan for her.”

Jean

Jean is a 55-year-old, married, Caucasian woman. At the time of the study she was unemployed. Jean serves as a deacon for her church and teaches Sunday School
classes. She described her faith as important to her. She also described herself as an avid self-help reader and has read approximately 100 self-help books across many topics, from anxiety disorders to general self-improvement. Jean has an undergraduate degree and is also licensed as a massage therapist. Jean was in counseling at the time of the study and had been in counseling for approximately the last 10 years. She was also on psychotropic medication at the time of the study. She has been diagnosed with dissociative identity disorder, depression, and obsessive compulsive disorder.

Jean was friendly and outgoing from the initial contact. She liked to tell a joke at the end of each interview. Jean was careful in her responses to interview questions, by speaking slowly and pausing often. She brought in several books on forgiveness to show this researcher. Jean also brought in typed summaries of these books and later gave the interviewer a diskette with all the titles of self-help books she has read. She spoke of being excited to be part of this research project. She described finding the study to be helpful as it assisted her with thinking more carefully about how she defines self-help reading. The interviews took place in the researcher’s counseling office.

Thirty years ago Jean had been raped by several male strangers. This is an experience she is still dealing with in terms of working on forgiveness. She is trying to not only forgive her assailants but also forgive herself for putting herself in a dangerous situation. Jean found the book, *Help yourself: Celebrating the rewards of resilience and gratitude* (Pelzer, 2000), by accident at a local library. She often looks at self-help books and usually skims the books to decide if she wants to read them.
Jean was attracted to the words in the title. She described the author as being accomplished and was impressed by the label “bestselling author.” This particular book is a first person account of a man’s story of his physical and emotional abuse as a young boy by his mother. Jean had hoped the book would help her in some way but did not realize it would help with forgiveness until she began to read the book.

Jean has read this book three times over the past six years. She read it fairly quickly each time. She described it as a different experience as she is different each time she has read it. Jean found the book to be helpful as she discovered that forgiveness is possible. This provided a sense of hope. In later readings, Jean became more aware that the book provided her with a plan for how to be more forgiving, as the author provided a summary at the end of each chapter covering the major themes. This was helpful to her as she described herself as “a bottom line person.”

Jean described looking at people differently as a result of reading this book; she has more empathy for others and looks at people as neither all bad nor all good. She also reported having a better relationship with her mother as a result of reading this book. She also described making considerable progress on her recovery and this book was a piece of this growth.

Linda

Linda is a 47-year-old, single, Caucasian woman. At the time of the first interview she worked as a substitute teacher. Linda had moved out of state to start graduate school at the time of the second interview. Linda has two undergraduate degrees and described herself as an avid reader. She has read approximately 14 self-help books on specific
topics, such as attention deficit hyperactivity disorder, spirituality, and depression. Linda was in counseling at the time of the first interview; it is unknown if she was at the time of the second interview. She was also on psychotropic medication at the time of the first interview.

Linda met the researcher at a local library to complete the first interview. She spoke of being nervous and was uncomfortable with the interview being audiotaped although she provided consent. Linda was difficult to interview. She would jump from topic to topic, sometimes in mid sentence. Often, the interviewer had to prompt her to answer questions when she would get off track. She was friendly, engaging, and funny, and asked the researcher many questions about the research study. The second interview was conducted through email.

Linda described herself as “being in a rut.” She had been feeling like this for approximately the past seven months; she felt as if both her social and career life were stagnant. She spoke of feeling depressed. She wanted something to change. She felt that counseling had been unsuccessful as she talked about the same thing over and over again. She located the book, The science of happiness: How our brains make us happy and what we can do to get happier (Klein, 2002), by accident at a local public library. Linda was attracted to the word science and thought this would be a refreshing change from typical books she reads. She hoped the book would give her insight into her depression.

Linda read the book quickly and skipped from section to section. She took the book to work with her and often shared facts learned from the book with others. She kept her personal insights private from others, however. She found the psychological
experiments described within the book fascinating. Linda felt these concepts were relevant to her own life and she began to see parts of herself in these experiments, particularly one experiment about learned helplessness.

Linda decided to move out of state partly due to what she learned about herself from reading the book. Linda realized that she was fearful of making changes and this was the reason she had become so stagnant. The book helped her by encouraging her to take more risks and to change her behaviors; thus, impacting her mood. She described the book as an “x-ray revealing the hidden problems in her life.” She has continually returned to the book as it is so full of facts and so the information could sink in deeper.

Sophia

Sophia is a 30-year-old, single, Caucasian woman. She works as an elementary teacher. She spoke of enjoying reading and words, in particular. She reported having read approximately 12 self-help books on mood and anxiety disorders. She was in counseling at the time of the research study. She had been diagnosed with major depressive disorder but recently had been re-diagnosed with bipolar disorder. She was taking psychotropic medication for bipolar disorder at the time of the study.

Sophia was quiet and focused during the interviews. When she began to become more comfortable she would laugh and joke around. Sophia was very careful about words she chose to describe herself and her experience with self-help reading. She would sometimes correct herself if she thought she had made a statement in error. The interviews took place in the researcher’s counseling office. She asked a lot of questions
about this research study and spoke of how it helped her think more about her experiences with self-help reading.

Sophia suffered a major depressive episode last year. During this time a friend (who had also experienced depression) left her a care package on her doorstep. This package included a self-help book, *How to heal depression* (Bloomfield & McWilliams, 1995). Sophia was excited to read this book as she had read another book by the same authors. She hoped the book would give suggestions on what to do during this time in her life.

She read the book quickly over the course of a week. The book is designed for persons who are depressed and each chapter is only a few pages in length. Sophia gained practical information about depression and began to view it more as a process rather than something she needed to “get through.” She also realized that medication would only work so far and that she needed to take better care of herself. Sophia described the book as helpful as it painted a realistic picture of depression and encouraged self-compassion.

Sophia shared little about the book specifically with others; she mostly talked with others about what she learned or how she was feeling. She returned to the book months later as she wanted to remember information and still did not feel better. She was surprised she had forgotten so much from the book. By returning to the book, the information was able to sink in deeper and she again reflected on the healing process of depression. At the time of the second interview, Sophia spoke of being proud of the growth she had made over the past year.
Hillary

Hillary is a 32-year-old, single, Caucasian woman, who was in a university social work program but had to postpone school. At the third meeting, Hillary had been working with people with mental retardation. She was the only participant to describe spirituality as unimportant to her. She reported enjoying reading and has read approximately 20 self-help books on specific topics, including panic disorder, relationship issues, and career issues. Hillary had been in counseling prior to this research study.

Hillary was quiet during the interviews but spoke frankly about her experiences with self-help reading and with relationships. She often had difficulty answering questions. She would provide examples and allowed the interviewer to help her narrow her responses, especially when needing to provide a specific word. She was friendly and often joked sarcastically about her situation. She was less engaged during the second interview and appeared angry at times; she later disclosed that she had recently discovered her boyfriend had “cheated” on her and was feeling depressed. The interviews took place in the researcher’s counseling office.

Hillary had been in a relationship with a man for approximately the last three years. She described him as a “bad boy” and that he was emotionally abusive to her. At first, she doubted herself in thinking that he was abusive to her, despite what others would tell her. She also discovered that he used drugs. At the time she read the book, *Women who love too much* (Norwood, 1987), she had wanted to end the relationship. This was about two years ago. Around this time, she had also terminated a pregnancy, in which this man was the father.
A friend who had been in a similar situation gave Hillary this book along with other books about relationships. Hillary was drawn to the title of this book as she felt it was relevant to her situation. The book presented case stories of women who have been in abusive or unhealthy relationships. Hillary read the stories that seemed most relevant to her situation first; she skipped around as she read the book. She described the book as showing her what she could not see in herself.

Hillary read the book quickly and soon became aware of her boyfriend’s patterns. She felt empowered when she realized she had been right about him. As a result of reading this book, she was able to look at him and relationships in general in a different light. For example, she began to notice unhealthy communication patterns. Close to the beginning of this research study, Hillary returned to this book. She described continuing to have problems with this man. She spoke of loving him but knowing that the relationship could not continue. She had been hiding the fact she was still talking to him from her friends and family.

Hillary also found participating in the study as helpful. She indicated this was mainly due to the researcher being close in age and being in the same profession. Hillary spoke of reflecting on where she was in her life and how her boyfriend could not give her the life that she wanted. She described this experience as empowering. At the time of the third meeting, Hillary had not spoken to her (now) ex-boyfriend for approximately three months.
Autumn

Autumn is a 29-year-old, married, Caucasian woman. Autumn works as an aide in a group home for persons with autism. Autumn also had a child within the last year. Autumn considers her spirituality to be important to her but did not elaborate. She had been in counseling prior to participating in the research study. At the time of the study, she was taking psychotropic medication approved for nursing an infant. Autumn described being an avid reader of fiction books and had read approximately four self-help books on specific topics, including suicide, grief, and relationship issues.

Autumn read the book, *Freedom from fibromyalgia: The five week program proven to conquer pain* (Selfridge & Peterson, 2001), as she had been diagnosed with fibromyalgia in the past year. Autumn has also suffered from depression for many years. She described fibromyalgia as psychosomatic as her emotions affect her physically and vice versa. She was quick to point out this does not mean the pain is “all in her head.”

Autumn was engaged in the interview process, often asking questions and talking openly about her experience with self-help reading. The interviews took place in the interviewer’s counseling office. Autumn had her 5-month-old baby with her at both interviews which was somewhat distracting for both her and the interviewer. The first interview was cut short due to the child becoming fussy. The researcher returned to these questions at the second interview. Autumn emailed the interviewer after the second interview about different topic areas on which she had later reflected.

Autumn went to a local chain bookstore to find a book specifically on fibromyalgia. Autumn spoke of wanting to learn more information about her disease as
she could not find much information online or through her doctors. She chose this book as it was within her price range, it did not appear to give “false promises,” and the authors had fibromyalgia. Autumn read the book quickly and learned a lot. For example, she learned about her “triggers” for an episode and that it is possible to live with disease. She shared information she learned with her husband.

Autumn developed a connection with the female author as she could see herself in the author’s stories. She found this comforting. She made changes in her life as she learned to take more time for herself and learned healthier ways to express her anger. These insights were partly gained from reading this book. Autumn returned to the book after the first interview as she began to experience more stress in her life. This strengthened the realization that she needs to take time for herself as she will always struggle with this disease. Autumn described participating in the research study as helpful as it assisted her with reflecting on the choices she has made in her life in relation to her fibromyalgia.

Summary of Participants

As each participant experienced a different life situation and read a different self-help book, the participants described varied experiences with self-help reading. Yet, as each of the participants told her story, certain themes began to emerge that were more similar than different. These themes suggest a distinct structure by which self-help reading occurs, across participants. This structure consists of four major categories which are described in the next section. For a summary of the participants and for the titles of the self-help book discussed, refer to Tables 4 and 5.
Table 4

Summary of Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Difficult life situation</th>
<th>Learned about book</th>
<th>Shared book with others?</th>
<th>Returned to book?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie</td>
<td>Debt</td>
<td>Television show</td>
<td>No</td>
<td>Continuously</td>
</tr>
<tr>
<td>Jean</td>
<td>Forgiveness, Trauma issues</td>
<td>Library</td>
<td>Yes</td>
<td>Three times</td>
</tr>
<tr>
<td>Linda</td>
<td>Depression</td>
<td>Library</td>
<td>Yes</td>
<td>Continuously</td>
</tr>
<tr>
<td>Sophia</td>
<td>Depression</td>
<td>Friend</td>
<td>Yes</td>
<td>Once</td>
</tr>
<tr>
<td>Hillary</td>
<td>Relationship Issues</td>
<td>Friend</td>
<td>Yes</td>
<td>Once</td>
</tr>
<tr>
<td>Autumn</td>
<td>Fibromyalgia, Depression</td>
<td>Bookstore</td>
<td>Yes</td>
<td>Twice</td>
</tr>
</tbody>
</table>

Table 5

Selected Self-Help Book Read by Participant for Purpose of Study

<table>
<thead>
<tr>
<th>Participant</th>
<th>Book Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie</td>
<td>No more debt: God’s strategy for debt cancellation.</td>
</tr>
<tr>
<td>Jean</td>
<td>Help yourself: Celebrating the rewards of resilience and gratitude.</td>
</tr>
<tr>
<td>Linda</td>
<td>The science of happiness: How our brains make us happy and what we can do to get happier.</td>
</tr>
<tr>
<td>Sophia</td>
<td>How to heal depression.</td>
</tr>
<tr>
<td>Hillary</td>
<td>Women who love too much.</td>
</tr>
<tr>
<td>Autumn</td>
<td>Freedom from fibromyalgia: The five week program proven to conquer pain.</td>
</tr>
</tbody>
</table>
The Helpfulness of Self-Help Reading

The guiding research question for this study was: what about the experience of self-help reading during a difficult life situation is helpful to the self-guided reader? The research subquestions included: what is the experience of reading a self-help book and how do self-guided readers perceive the experience of reading a self-help book to be helpful? Themes derived from the phenomenological data analysis suggest there is a distinct structure to the experience of self-help reading.

This structure is comprised of four major categories: (a) two dimensions to self-help reading, (b) self-help reading as a medium for re-visioning of self, (c) what readers bring to the self-help reading experience, and (d) contexts for the self-help reading experience. This section of the chapter presents each of these categories and corresponding subcategories. For a visual representation of the research findings, refer to Figure 1. Table 6 provides a summary of the helpfulness of self-help reading.

Two Dimensions of Self-Help Reading

An overarching theme found to be related to the experience of self-help reading is the idea of self-help reading having two helpful dimensions. The participants described experiencing self-help reading in two different ways. Firstly, the participants gained information from the book, such as information about their difficult life situation or a strategy for managing this situation. The participants also had a feeling response to the book through connecting to the author, character, or ideas. For example, Jean connected with the author of her self-help book as he was also a trauma survivor. Through this connection, Jean developed hope that she would be able to forgive herself. However, Jean
Two dimensions to self-help reading

- Self-help reading as a medium for re-visioning of self
- Contexts for the self-help reading experience
- What readers bring to the self-help reading experience

*Figure 1.* Visual representation of the helpfulness of self-help reading

also gained a strategy for learning to be more forgiving through steps outlined throughout the book.

This idea of self-help reading having two helpful dimensions became clearer when looking at specific responses across the participants. During the first interview, the researcher asked each participant to choose three words to describe the helpfulness of self-help reading. Overall, the participants had a difficult time choosing three words to describe the helpfulness. These responses also proved to be problematic for the researcher during the data analysis as the words could easily be taken out of context without knowing the participant’s entire experience. Additionally, the experience of self-help reading proved to be too complex to describe with only three words. A summary of these responses can be located in Table 7.
Table 6

*The Helpfulness of Self-Help Reading*

<table>
<thead>
<tr>
<th>Two dimensions to self-help reading</th>
<th>Self-help reading as a medium for re-visioning of self</th>
<th>What readers bring to the self-help reading experience</th>
<th>Contexts for the self-help reading experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head knowledge</td>
<td>Prior to the reading experience:</td>
<td>Defining self-help reading</td>
<td>The community of self-help reading</td>
</tr>
<tr>
<td></td>
<td>1. Experiencing a difficult life situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Choosing to read a self-help book</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Placing hope in the book</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During the reading experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Forming a connection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Forming a belief in the possibility of self-change</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>After the reading experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Changing in thinking, feeling, and doing</td>
<td></td>
<td>Self-help reading as unhelpful</td>
</tr>
<tr>
<td></td>
<td>7. Integrating new experiences and returning to ideas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart knowledge</td>
<td></td>
<td>Characteristics of self-help readers</td>
<td>Self-help reading and professional treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Table 7

Description of Helpfulness by Participant

<table>
<thead>
<tr>
<th>Name</th>
<th>Words chosen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie</td>
<td>Inspirational, Practical, Hopeful</td>
</tr>
<tr>
<td>Jean</td>
<td>Hope, Love, Strength</td>
</tr>
<tr>
<td>Linda</td>
<td>Informative, Interesting, Relative</td>
</tr>
<tr>
<td>Sophia</td>
<td>Compassion, Practical, Realistic</td>
</tr>
<tr>
<td>Hillary</td>
<td>Awareness, Validation, Empowering</td>
</tr>
<tr>
<td>Autumn</td>
<td>Insightful, Connection, Informative</td>
</tr>
</tbody>
</table>

Yet, as the researcher examined these words in the appropriate context, it became clear that self-help reading has a dual nature. Valerie spoke at one point during the first interview of her self-help book having both “head” and “heart” knowledge. This head and heart distinction is a helpful way of also looking at the three words chosen by the participants. Each participant provided words that conveyed the “head” knowledge of the book. These words usually referred to the book providing information or facts, strategy, plan, and so forth. The words “practical,” “informative,” “realistic,” and “interesting” are
all illustrative examples of this type of knowledge. The head knowledge of self-help reading was described as especially helpful by the participants. The other dimension includes “heart knowledge” or a feeling response to the book. Words such as “love,” “inspirational,” “compassion,” “empowering,” and “connection” illustrate this type of knowledge. Other ways to describe the distinction of head versus heart include: thinking or thought provoking and feeling or action provoking, respectively. As described in a subsequent section, this heart knowledge or having a connection to the book proved to be a powerful aspect of the self-help reading experience.

Although these two dimensions of self-help reading are useful in understanding how self-help reading can be helpful, these two dimensions alone were not sufficient to describe the helpfulness of self-help reading. The self-help reading experience is more complex as the readers bring something to the experience and it is important to understand the larger context of the self-help reading experience. However, the two dimensions of self-help reading are an all-encompassing theme to the helpfulness of self-help reading and pervasive throughout the research findings. Self-help reading offers the reader both a way to accomplish goals and provides an emotional outlet necessary to work towards these goals. When looking at this table during the final member check, Valerie remarked, “I see [the words] practical, relative, and empowering in here, so it was all something that, you know, made you feel you could do something about whatever your problem was.”
Self-Help Reading as a Medium for Re-visioning of Self

The second major category is the idea of self-help reading being a vehicle for self-change. During the self-help reading experience, the participants progressed through three reading phases: (a) prior to the reading experience, (b) during the reading experience, and (c) after the reading experience. In each of these reading phases the participants engaged in specific activities which contributed to a larger self-change process. By working through this change process, the participants began to envision who they wanted to be relative to their difficult life situation and what changes they needed to make in order to reach this vision. Progressing through these reading phases was helpful to these women as the participants began to make and maintain change. This section provides an overview of the re-visioning process by providing a description of each activity by the reading phase.

Prior to the Reading Experience

Prior to the actual reading experience, certain conditions occurred that set the stage for reading a self-help book. Among the participants interviewed, the women experienced a situation that they perceived as personally difficult to manage on their own. The participants then chose to read a self-help book because of this situation. And finally, the participants all hoped the book would help in some way.

Experiencing a difficult life situation. The experience of self-help reading for the participants began with experiencing a difficult life situation that they wanted to have altered in some way. Some participants wanted the problem to be solved and some participants wanted a part of themselves to be different. Among the women interviewed,
experiencing a difficult life situation was essential to the helpfulness of self-help reading; without it, choosing to read a self-help book would most likely not have occurred.

All the participants experienced a difficult life situation which prompted them to read a self-help book. These situations included: (a) experiencing financial stress, (b) being a trauma survivor, (c) having depression, (d) being in an abusive relationship, and (e) being diagnosed with a debilitating disease. Each participant spoke of feeling stressed to a certain extent. Five of the six participants spoke of feeling depressed, specifically, and five participants spoke of the difficult life situation impacting other issues in their lives.

Each participant openly talked to this researcher about their difficult life situation and how it impacted them emotionally. Valerie described her debt as a roller coaster:

You get to a place where you think you are doing okay, you’re paying stuff off, paying it down, you start to feel good, and then kaboom, something major happens. And then you get this big bill and you’re stuck up here again all of a sudden.

Linda felt depressed as her life had become stagnant, relative to her career and interpersonal life, “I’ve been in a rut . . . I was like going nowhere . . . like spinning around in a gravel pit.” Sophia was actually experiencing a major depressive episode at the time she read her book; “it had been about three weeks and I went to work and I slept and I cried . . . that’s all I did.” Autumn had just been diagnosed with “this fibromyalgia thing that I never heard of” and also experienced a variety of life changes, such as her first year teaching, a remarriage, and the birth of her first child.
Hillary had been in an emotionally abusive relationship with a man for about one year. In reflection, she commented:

I realized something was wrong . . . that it wasn’t right . . . I shouldn’t feel this way. But I also had never been as close, as comfortable, as involved with someone . . . maybe I’m wrong . . . so I’m sure that deep down I knew, I’m not stupid, but I didn’t want that to be so.

Jean was unique in this respect as she was still working on an issue that occurred in her past. Thirty years ago, Jean had been gang raped by several men whom she did not know. She described her current issue as needing to work on forgiveness: “It was very hard to forgive myself because I am always very hard on myself anyways and of course it was the issue of forgiving them.”

A research subquestion for this study was: what types of life experiences lead an individual to choose a self-help book? Experiencing depression was the most common reason with two participants specifically reporting to be depressed. Three other participants also spoke of feeling depressed relative to their situation. Other experiences included general life issues such as financial stress and relationship issues. The final two reasons included issues related to past trauma and physical health issues. The findings suggest that varied life experiences prompt a person to consider reading a self-help book.

Choosing to read a self-help book. The participants chose to read a self-help book relative to this difficult life situation. Choosing to read a self-help book is best understood as existing on a continuum of intent. On one end, there are individuals who purposely
seek out a specific book or a specific topic. On the other end are individuals who are
given the book by another and then make the decision to read the book after the fact.

Two of the participants purposely sought out the book or a book on a specific
topic. Valerie heard about the book on a faith based television show. She was moved by a
particular scripture quoted from the self-help book and described this as providing
“motivation to get that book to begin with.” Autumn went to a local chain bookstore to
find a book on fibromyalgia. She chose her book as it was in her price range, it seemed
the most realistic to her (“seemed to make the most sense to me from the other ones”),
and because the authors also had fibromyalgia. She described wanting to connect with
someone and liked that the book was not trying to “sell” her something.

Both Jean and Linda found the book by chance at a local public library while
looking through the nonfiction book section. Both of these participants often looked
through self-help book titles in the library. Jean spoke of being attracted to the words in
the title, “help yourself” and “resilience and gratitude.” Jean described it as “the title
grabbed me . . . and I thought, wow, this looks good.” She was also impressed by the
author’s accomplishments and the fact he was a bestselling author. Jean was unique in
that she did not realize what the book would help her with until she began to read it; she
described this as “not knowing the what.” She chose to read the book as though it might
help “in some small way.”

Linda described the title as powerful: “it captured my attention by saying the
science of happiness;” and was excited to read a book in a genre she was not accustomed
to reading. When deciding to read a self-help book, Linda also spoke of usually being
turned off by certain books:

I didn’t even get pulled in by number one international bestseller, ’cause stuff like
that . . . I don’t want to be a lemming . . . and usually I’ll just skim through it [the
book] and if it sounds like it’s going to be something like, the latest one, like Dr.
Phil and stuff . . . where it’s you could just take his name off a book and put
Stephen Covey and it would be all the same book, I thought, I swear if it sounds
just like that, it’s going right back on that shelf. But it didn’t.

The other two participants, Sophia and Hillary, were given the book by a friend
who had experienced the same difficult life situation. A friend of Sophia’s dropped off a
care basket that included the book and Hillary’s friend gave her a number of books on
relationship issues. Sophia decided to read this book as she wanted “something practical.
I didn’t want any more theories about my neurotransmitters . . . I just wanted something
to tell me what to do.” Hillary made the decision to read this book when she looked
through the table of contents and found the titles relevant to her situation, “the need to be
needed, men who choose women who love too much . . . yeah, they were pretty much
right on target.”

Across the participants, self-help reading was an alternative method to what was
not working. All participants had tried to deal with their situations in some way. Five of
the six specifically spoke of these “other ways of dealing” as not working. For example,
Hillary tried to stay busy and talk with her friends about her relationship. “I tried to keep
busy and go out with my friends . . . I was getting my friend’s opinions but they were
kind of [biased].” Linda tried to distract herself through watching every documentary she could check out through a local library. Sophia spoke of trying to rely on her friends and family but this was not helping; “when I discussed my situation with them, I ended up yelling . . . and that wasn’t very helpful.” Sophia also spoke of wanting to learn other ways of managing her depression; “what I was trying to do was find ways beyond what was being done for me medically to get myself out of the place I was.”

Sophia also described being at a breaking point in her life in regards to her situation and this influenced her decision to read the book.

In my situation, the book came to me at a point of desperation, where I felt that I had tried everything that I knew how . . . that’s where I think books like this come into being handy, when you got somebody in a situation, who’s already trying stuff and it’s not working . . . and they are presented with an alternative.

Valerie also spoke of this breaking point:

In a lot of ways, you have to get to a point where you say, I can’t just do this any other way. It’s kind of like a desperate thing. It’s before you actually make a change. Like with the debt issue, you just keep shopping and yeah, I’d like to pay it down . . . you know, but it’s one of those things that you’d like to, until at some point, maybe, your debts get higher and it’s harder to pay . . . so you got to feel some pain about it to actually want to change . . . something’s got to change . . . you know you can live with it, it’s what you can’t live with anymore.
Jean also mentioned the idea of really wanting to work on the situation, or having a strong desire to make changes relative to the difficult life situation. This desire can also influence the choice to read a self-help book.

You also are going to need desire . . . desire to get better . . . because some people they don’t really care if they get better or not. They don’t want to bother; they don’t want to make the effort to do the work to get better. So they don’t have a desire to improve themselves . . . so it’s not a matter of hope, maybe they know they could be better if they tried . . . so it’s not a lack of hope, they just don’t have any desire to be bothered with.

Each participant chose to read a self-help book directly related to the difficult life situation they were experiencing. The book had to be judged, by the reader, as relevant to their life situation. All participants chose to read the book in the hope that it would help with the situation. This makes sense as the first step in reading a self-help book for these women began with experiencing a difficult life situation that they hoped to change.

Placing hope in the book. For the participants, placing hope in the book is the next critical activity in the re-visioning process. All participants hoped that self-help reading would help them in some way. Valerie succinctly described this: “before you even start, you have to have some kind of belief that it is going to help you or why bother.” This hope is also related to choosing the self-help book in the first place, as described by Jean:

I think that anybody who starts to read a self-help book . . . I think anybody is looking to improve themselves and therefore, they hope that they can get better.
Because I don’t think you would read a book if you didn’t think it was going to help you. If you don’t believe that something is going to help you, then you’re not going to put yourself in the situation to the best of your ability to let it help you. Each participant had different hopes and expectations for the book. What is essential across the participants was that each hoped that something relative to their difficult life situation would change and the book was a part of this change process. This theme is related to the research subquestion: what expectations do self-guided readers have for self-help books? The participants hoped the book would help them figure out ways to cope with their difficult life situation and make changes in their lives.

Valerie hoped to solve her situation by learning how to manage her debt, “I wanted to know the right things to say out of my mouth that would help bring this to pass... it [the book] would be very functional and helpful to get me out of debt.” Linda spoke of wanting to gain information and insight relative to her depression: “get some secrets, some understandings... I wanted some insight or some information... I want to know so that I’ll have much more information than anyone else and I’ll share it with my friends.” Autumn also spoke of wanting information on her disease. As she felt isolated by having this disease, she also spoke of wanting a connection with someone, “connecting with somebody else... some doctors don’t think it’s real... I wanted to find out yes, this is all real, this isn’t all in my head.”

As she was experiencing a major depressive episode, Sophia hoped the book would give her practical suggestions on how to manage this time in her life.
I had a lot of time . . . at that point, time had become my enemy. It was just another thing to get through and so I had hoped it would tell me some things I could do . . . as long as you are doing something you are alive.

Hillary spoke of wanting a change in how she viewed herself and her relationship.

I kind of hoped that it would make me not want to be in the relationship with him anymore and make me move on, make me stronger . . . or at least change my view of myself or what I was doing.

Jean was unique again as she hoped the book would help her but was not exactly sure how. “I just thought it might help me in some small way . . . I don’t expect a lot from any one book . . . I really didn’t know it was going to help me deal with forgiveness until I started reading it.” Jean was also the only participant who reported low expectations for the book. However, she still hoped it would help. The other five participants spoke of feeling excited to read the book and all had high expectations for the book. For example, Hillary rated her hope as an 8 or a 9 on a 10-point scale with 10 having the highest hopes.

Linda described her expectations as realistic, however; “it’s not like I’m going to throw my Wellbutrin away . . . I don’t have those kinds of expectations.”

Placing hope in the book was critical for self-help reading to be helpful for these participants. Part of having this hope was being open to ideas and open to change. Jean spoke of this idea:

You have to be open to ideas and open to doing things. If you don’t even try, if you have a fatalistic attitude from the beginning, it’s just not going to work, in just about anything in life. A person who thinks they know it all or thinks that life
is just terrible and nothing is going to help, they are not even going to bother to open up a book.

Hillary also mentioned that feeling “desperate” also contributed to having such high hopes: “I would think that’s why my hope was so high because I just wanted something to make sense, something to help and relieve everything.” Thus, all the participants wanted something to change relative to their situation and believed the book could help them with this. Self-help reading provided an opportunity to gain information or insight about a particular issue, to develop a strategy for dealing with this issue, and to connect with another person who experienced a similar problem or situation.

*During the Reading Experience*

To summarize thus far, each participant moved through the first reading phase by (a) experiencing a difficult life situation they wanted to change in some way, (b) making the decision to read a self-help book to assist them in this process, and (c) placing hope in the book in that reading would help with their difficult life situation. The following activities, forming a connection and forming a belief in the possibility of self-change, occur during the reading experience.

*Forming a connection.* As each participant’s difficult life situation and self-help book was different, it made sense that none of the participants described the book as helpful in the exact same way. At first, it seemed unlikely there would be a core process through which self-help reading occurred as the experiences were so different. However, each participant spoke of a connection to something within the book. This connection provided a new frame of reference or a re-visioning of self, for the readers in this study,
and was essential to the helpfulness of the experience. The connection provided an
certainty for the participants to revision themselves and their difficult life situation. As
described in an earlier section, this connection is also described as “heart knowledge.”

When asked, “When during the reading did you sense you were being helped?”
Valerie responded “all the way through it.” Valerie experienced a sense of connection to
God. Without this sense of connection and a resulting feeling response, or what Valerie
described as “heart knowledge,” as compared to “head knowledge,” Valerie would not
have been inspired to make changes in relation to her debt. Valerie chose the word
“inspirational” to describe the helpfulness of this book; this is related to the profoundness
of her connection to God:

And this is God saying this is my way to get out of debt . . . this is how I want for
your life . . . it makes me feel closer [to God]. It gives you a feeling of care and
being loved and you know there was a great design for you in this universe.

Jean spoke of being helped in different ways each time she read the book. The
first time she read the book, she reported being helped in that the book gave her hope,
“that it was possible to do it (be forgiving).” Jean connected to the author and his story of
abuse. Jean spoke of the author as being an “ordinary person” and also saw herself as an
ordinary person; “so if he as an ordinary person can overcome extraordinary things then I
as an ordinary person can overcome extraordinary things too.” Jean reported the most
helpful part of her experience was the realization that if the author could learn to forgive
under his extreme circumstances of abuse, then so could she. “I kept coming back to if he
was able to forgive the way he did . . . then I can find a way to forgive too.”
Linda spoke of being helped when she became interested in the book. Similar to Jean’s experience, Linda’s connection was established when she began to see herself in the book. This occurred by identifying with psychological experiments described in the book through visualization. During the interviews, Linda kept returning to a specific study on the concept of learned helplessness. The relevance of this study to her own life situation assisted Linda with making a major decision in her life. She was able to move past her sense of feeling trapped by taking a risk and making a change.

They wouldn’t even jump over the walls even after they had been trapped . . . I was like, God, I can relate to that . . . so I thought, dang, I’m going to have to start jumping over this wall and not being afraid. Just like this move to Louisville, I thought, God, I’m so scared and I thought I don’t want to be like those dogs that won’t jump over the walls.

Linda further described this in relation to other self-help books she has read:

Sometimes it has to take those brutal, graphic, scientific experiments and that level of primitive behavior for me to see, wow, my world of behavior too . . . you can’t paint a more graphic picture than that. Like, where if you read something in Marianne Williamson, it’d be like expand your awareness, think pretty thoughts and things . . . it’s kind of hard to see that as a compass to change.

Sophia spoke of being helped when she too saw a bit of her experience in the book. She described these as “ah-ha moments” and occurred when Sophia learned information that helped normalize her experiences. She found herself comforted by knowing that what she was experiencing (for example, anhedonia, or a loss of pleasure in
once enjoyable activities) was normal and expected for a person experiencing a major depressive episode. Sophia developed a connection to ideas in the book; she realized that she was experiencing something that needed time in order for healing to occur.

I was helped by the thought even of healing being part of the process. I think prior to that I was thinking that I’m depressed, I’m depressed, and I’m going to be better. Something is going to happen and I’m going to be better. And being encouraged to look at it more as a healing process and something that I needed to participate in was very useful to me.

Hillary was helped the moment she identified with a story. She described this as initially difficult as she realized what others had been telling her. “Just like seeing what my friends had been telling me that I didn’t understand . . . you know, I was like, oh no.” By being able to recognize her thoughts and actions as normal, Hillary became more aware of her situation and found validation. Through this connection, Hillary was able to see what she could not see within herself and felt empowered:

Looking at one of the stories and seeing that they’re like me and they’re reacting like me . . . so I’m not, not that I’m not wrong, but I’m human. But that I’m actually normal . . . .it kind of makes you stronger and you’re like, you know what, I was right . . . just reading it you saw, just like before it made you aware, it made you see what you might not see in your own life.

Autumn spoke of being helped right away. Autumn had been told by medical professionals that her pain was “all in her head.” She initially had sought a book that could give her more information on fibromyalgia but also gained a sense of connection
with the author: “it was a relief for me . . . it just validates, oh yes, this is real . . . it’s not for attention, it’s not, you know, in my head.” Through reading, Autumn was able to connect with others who had experienced her same problem. She also spoke of seeing what she did not want to be like:

Some people actually ended up in wheelchairs because of their fibromyalgia . . . I was scared because it’s not degenerative but it can be debilitating and that is scary to me. And that made me think, if I don’t get this under control, I could end up like that.

All the participants developed a sense of connection with a character, an author, a story, or an idea within the book. This sense of connection allowed the participants to become more aware of their situation, to think of other possibilities in how to handle their situation, and to become stronger in relation to this situation. The connection triggered something within the reader; each began to think and feel differently about their difficult life situation. Sophia also described this sense of connection as having a fit between what the reader needed at a given point in time and what the book was offering:

When you are trying to get somebody to act on and use new information it has to . . . you have to have pegs already to hang it on. There is prior knowledge and experiences and things that make the new stuff stick . . . If there had been a mismatch in any of these cases between what the book was trying to convey and what the person had experienced and needed, then nothing would have stuck.

*Forming a belief in the possibility of self-change.* At this point, the experience of self-help reading has included: experiencing a problem or issue, making the choice to
read a self-help book, placing hope in the book, and establishing a connection. The next stage is that the reader needs to believe that not only can change occur, but that they are capable of making these changes. Believing that self-change is possible is related to several aspects, including (a) the reader having high levels of self-efficacy, (b) the reader connecting with the book, (c) the book providing a plan or strategy, and (d) the message of empowerment found within the book.

Having high levels of self-efficacy is critical in believing that self-change is possible. The participants spoke of believing they have the capability to shape their world and self-help reading can be an avenue in this process. For example, Autumn spoke of being proud of what she has accomplished; “Because I’ve gone through so much in my life and I’ve gotten through it somehow, with or without help and I think that says a lot about me.” She also spoke of having control over how she reacts to situations; “I can’t control a lot of things that happen to me but I can control how I react to them.” Valerie also spoke of being successful; “anything that I pick up . . . if I start doing it, I can do it, I mean I know I can do it.”

Having a sense of connection to a person or ideas within the book, as described in the previous section, is also related to believing that self-change is possible. For example, Valerie spoke of believing that God had a specific plan for her. Jean and Sophia spoke of identifying with “ordinary” or “normal” people. For Jean, this was the author being a “Clark Kent” rather than a “Superman.” Sophia spoke of feeling discouraged when she read quotes by “great” people, such as Abraham Lincoln:
I’m more comforted by stories of normal people. Like the mom with three kids who someone pushes through and especially when someone is facing greater obstacles than I am . . . then I take a deep breath and I think, okay, if they can do all that and I’ve just got me to worry about, I can do this.

The belief in self-change is also related to having a plan of action or the tools to be able to manage a situation. This has been described in an earlier section as “head knowledge.” The reader develops the confidence to carry out this plan of action. Linda spoke of learning an exercise to change her mood.

Again it’s paradoxical . . . to do the opposite to the emotion that you are feeling . . . I don’t know if I’m the only one who would have never thought of that but like this book has definitely changed my perspective on that.

Valerie was helped by having monthly exercises to help her manage her debt; “it broke things down into things that were easy to do, I could actually follow through with it.” By returning to this exercise every month, Valerie was able to see progress, “and then you’re seeing your debt . . . you feel powerful again, you’ve taken control back. To say I can do this . . .”

Hillary also spoke of learning tools in the book. This was more abstract than Valerie’s experience as Hillary described learning how to pay attention to herself and others; “the knowledge of seeing the patterns, like seeing it in here [the book] and seeing myself and identifying when it’s happening.” This awareness helped Hillary feel more confident about the changes she was making within her relationship. Sophia spoke of
being able to accomplish what she sets out to do but usually needs a plan of action. A book gives her ideas about how to handle a situation:

My main dynamic is that I need somebody to tell me what to do. If they will just tell me what I to do, I’ll do it, and then I can probably make it work. But I can’t really figure it out on my own what is effective to do.

Finally, having a belief that self-change is possible is related to the message or tone of the book. Autumn spoke of being helped by the “take charge” message in her book; “you’re in charge of yourself . . . you can’t always rely on other people.” This positive message is typical of most self-help books; the “you can” message assists the reader in believing that self-change is possible. Valerie also commented on the empowering aspect of the book: “It pushed me to do what I wasn’t doing on my own . . . he’s [the author] saying you can, you can. And this is easy, and you can do this.”

*After the Reading Experience*

The participants spoke of making changes relative to their difficult life situation as a result of what they read in the book. The participants also acknowledged that other life experiences enhanced these changes in thoughts, feelings, and behaviors. Finally, the participants spoke of returning to the book or the ideas learned in the book at a later time.

*Changing thoughts, feelings, and behaviors.* Once the participants had established a connection to the book and believed in the possibility of change, each participant began to work towards making positive changes relative to their difficult life situation. These changes were characterized by the participants thinking, feeling, and behaving differently relative to their difficult life situation. The very act of reading a self-help book changed
the context of the difficult life situation and led to a re-visioning of themselves and their situation.

For example, Valerie began to think about where her interest money was going; “But, to me, I would like to be able to help people more, and what I’m really doing, is I’m helping Chase Manhattan, for 15% more a month.” Valerie began to think more about financial planning and started to spend less money.

Although her own mother was not abusive, Jean found herself thinking about her relationship with her mother as she read the book. She reported having a better relationship with her mother as a result of reading her book. She also spoke of learning to have more empathy for others:

I look at people a little more kinder. Nobody’s all bad, nobody’s all good. That, you can love somebody, but that doesn’t mean that you condone their bad behavior. But you can still have empathy for them, understanding, and feel love in your heart for them.

Linda made the most obvious change with deciding to move out of state, “I’ve been able to talk myself . . . through this fear . . . and I kept thinking I would have more regrets in my life if I didn’t pursue it and especially if that was just based on fear.” She also spoke of feeling stronger because of the book; “It did empower me . . . I am shaped very much by even just a few ideas.”

Sophia learned to be more patient with herself when she realized that healing from depression was a process; “I definitely switched my thought about the healing process to the fact that it is a process instead of just going, ‘poof.’” With having this new
perspective on depression, she began to allow more time for herself; “you treat yourself the way you treat a precious friend. So, feeding myself well and giving myself time to sleep and exercise and all those things.”

Similar to Sophia’s experience, Autumn also learned to take more time for herself; “I’ve definitely made more time for myself.” Through imagining the worst case scenario, Autumn realized the impact of her disease; “I need to stop that before it happens. I need to make changes, like I need to be active.” She also spoke of changing how she expresses anger; “and just trying to be, not more confrontational, but more in touch with what makes me mad and saying, yeah, you made me mad.”

Hillary spoke of looking differently at her boyfriend’s actions and her responses within the relationship. She began to notice how he treated her and how she thought differently about him since she had read the book:

He told me he had cheated on me. And I was done. I was done. Then he turned it around on me. Well this would have happened anyways, we always fight . . . he went on and on. And before I could do anything, he broke up with me. And I was like, what, wait a minute. And it was clear what he was doing . . . he was taking away all guilt he should have, all blame, and redirecting it . . . and I guess at the beginning of the relationship I didn’t see that.

All of the steps discussed thus far needed to happen in order for something to change within the reader. Something triggered within each participant that led to thinking, feeling, and responding differently to her situation. Some participants made more obvious changes than others, that is, changes that others could see as well. Others
changed in how they thought about people or situations. Some participants needed to have other experiences happen before they were ready to think, feel, or do something different. And some participants spoke of making these changes later on when they physically returned to the book or returned to ideas from the book.

**Integrating new experiences and returning to ideas.** There is no clear and exact end to the experience of self-help reading. The final theme of integrating new experiences and returning to ideas is a continuation of the re-visioning process within self-help reading. The overall experience of self-help reading does not occur in a vacuum. Other life influences and events add to the overall experience of self-help reading. These experiences can compliment or enhance new learning. When talking about changes that have occurred in their life as a result of reading this book, each participant indicated that other life events had also contributed to these changes.

For example, as an avid self-help reader, Jean also read other books on the topic of forgiveness. During the interview, she continually referred to another self-help book:

> Then in combination with this book I could really see the steps that he took and it was like, wow, that was very helpful . . . the two books together are fascinating . . . and I was able to really get what he was saying because it wasn’t so abstract.

Jean also spoke of how her own counseling complimented the experience of self-help reading:

> If I hadn’t already been through a lot of therapy, I wouldn’t have gotten as much [from the book] and that’s why as I continued with the therapy, I got more the second and third time [I read the book], oh yes, yes, yes.
Autumn spoke at length during the interviews about previously being a hypochondriac. Over the past few years, she has been able to move away from this “victim role.” This self-help book was a part of the movement to a new way of thinking. She also talked about making changes in the way she expressed her anger and again the book was a part of that; “it’s probably more a combination of other things.”

During training for her job at a domestic violence shelter, Hillary watched a video on domestic violence, “and I could see myself in the woman and John in the guy, you know, it helps to . . . I knew it was wrong, I’ve known all along.” Hillary was able to gain more information on abusive relationships through this additional experience. This information complimented what she learned from the book and from watching others around her.

All of the participants spoke of physically returning to the book. This was for a myriad of reasons, including, returning to specific exercises or chapters to refresh their memory or because they were continuing to have difficulties. Two of the participants even reread the book from start to finish. When they returned to the book, they were able to make even more progress in regards to their issue. For example, Jean read the book three times in a 6-year period. The first time she read the book she spoke of the book helping her have hope that forgiveness would be possible. The next time she read the book, she was able to look at it differently. She described that she was different, “I was different . . . the book wasn’t different.” She described that she has grown over the years and was able to conceptualize information in the book differently. She realized that the book also provided a plan or a strategy in learning how to be forgiving:
When I read it again . . . I was able to outline in my head kind of more of the steps involved and how to . . . it was much more of a ‘how to’ book this last time because I really saw the steps that he took.

However, the participants did not have to return to the book physically to further reflect on what they had learned. The participants also spoke of returning to ideas learned from the self-help book. These ideas may have been heightened through other influences and experiences. They described self-help reading as being an experience that never leaves them. As Sophia will continue to struggle with depression throughout her life, she spoke of trying to remember what she learned from the book; “I always keep in mind the little lists from the book of things that I can do . . . like, eating well, sleeping enough, taking a long bath.” Valerie continues to think about how she manages money in life, “because this is a process that I’m going through,” and could talk about having to adjust how she prioritized her money during the holiday season.

Hillary spoke of being able to visualize aspects of her book. She was able to relate to one specific character in the book as she shared some of this woman’s issues:

But there was this girl and she was fat and this guy liked her and she was all excited and he was abusive. And I always go back to that and I think . . . everything but my appearance, I think is great . . . and that’s what I’m stuck on. But then I start thinking why would I be with someone who treats me like crap when I’m actually a good person . . . and the book, she was going through the same think but she didn’t think she was worth anything . . . and I always go back to that [story].
Jean spoke of learning to be forgiving as a continuous process:

Because for me, forgiveness . . . there’s always something that seems to come up
that I either have to forgive myself . . . or forgive other people . . . forgiveness is
not just a one time thing . . . it happens all the time. And so I often am reminded
about David [the author] and about the book.

Jean described self-help reading as gaining ideas about the world and these ideas are not
easily discarded:

The ideas are always there. It’s like when you read the Bible . . . and you learn
things from the Bible, they are there all the time, and you’re always reminded of
your favorite Bible verses and you can apply them all the time. Love thy neighbor
as thyself . . . live with that. You don’t just read it once and go, oh that’s a nice
idea, and I’ll do that today, and then forget about it.

Summary of Self-Help Reading as a Medium for Re-visioning of Self

It is important to note it may take the reader time to work through all the activities
in the re-visioning process. It may also require multiple readings of the same self-help
book and other types of learning, such as other reading, psychotherapy, or ongoing self-
reflection. For example, Jean had to read the book several times over a 6-year period
before she got to the place she currently occupies. She spoke of needing to be “ready” to
make some of these changes and that she had grown emotionally over the years, relative
to her difficult life situation. Other life experiences continually compliment and enhance
ideas gained from self-help reading. It is also plausible that a reader can recycle through
these steps again; in reviewing these phases and activities, Valerie commented, “Or even
if you slide back into what you were doing. You might get into this situation again and have to start again.”

*What Readers Bring to the Self-Help Reading Experience*

The third major category is the idea that a reader brings a part of himself or herself to the experience of self-help reading. Among the women interviewed, the readers brought a sense of who they were to the experience. The women also brought past experiences with self-help reading and professional treatment to the experience. The reader is an essential of the self-help reading experience as there is a relationship or an interaction between the reader and the self-help book. For example, each participant had preconceived notions or perspectives about self-help reading, such as what defines self-help reading and times when self-help reading has been unhelpful. The participants also described what it is about them as an individual that allows self-help reading to be helpful.

*Defining Self-Help Reading*

One of the research questions for this study was: how do self-guided readers define self-help reading? All participants were asked to define self-help reading in relation to the book discussed for the purpose of the research study. The definitions provided by the participants were similar in nature, including key words such as: solution, improvement, information, specific, strategy, and perspective. As the participants had read more than one self-help book in the past, they also provided information on other self-help books.
Three of the six participants spoke of self-help reading as hard work rather than being “enjoyable.” Valerie, an exception to this, spoke of self-help reading being part of “her” time to relax; “maybe I’ll do a bubble bath and read . . . it’s my time.” Other participants described self-help reading as somewhat difficult. According to Sophia, self-help reading is very different from reading fiction:

My experience with reading fiction is more escapist. It gets me away from thinking about what’s going on with me . . . and takes me somewhere else. But I think a book like this helps me to look more clearly at the reality of what’s going on . . . and know what to do with it.

Autumn also described self-help reading as different from fiction:
Well there’s thought but it’s different, you know? You try and picture this world and the characters and what I would be like living there but you don’t have to take a look at yourself. You don’t take a hard look and say what am I doing? And usually when I have read a self-help book I’m going through with something major and I just need something . . . not take my mind off, but to help deal with it.

Another key theme that developed from this issue is the idea of self-help being relative to a specific issue. Valerie described this as self-help reading “pinpoints a problem . . . with a lot of strategies to go at it.” Jean also spoke of gaining a specific strategy for accomplishing goals when reading a self-help book.

A lot of times when I read just about anything and I enjoy it . . . I get something out of it, but I wouldn’t call it a self-help book. It doesn’t give me a strategy. It doesn’t give me any steps.
Jean also used the word “offer” in defining her particular self-help book as this book was a story of one man’s abuse:

A self-help book can tell a story but then I think it has to relate to you somehow . . . so how can you use this information to help you . . . so a self-help book can tell a story but it has to somehow offer you something for you to help you . . . specifically.

This idea of offering the reader something was essential in defining self-help reading for these women. The women in this study read all different books; these books varied in both content and delivery. Some books attempted to engage the reader through telling a story. Other books provided facts and information or presented specific steps or a strategy. Some books combined all of these formats.

However, what was similar across the books and the participants’ definitions is this idea of “offering the reader a way to help herself.” Each book offered something different to the reader; this something was what prompted the reader to choose to read the book in the first place, read it from start to finish, and return to the book or ideas at a later time. This makes sense as each participant had unique needs for reading a self-help book and brought something different to the reading experience. For Jean, it offered a way to learn how to be forgiving. For Autumn, it offered a sense of connection. And for Sophia, it offered a way to think about her depression differently. The books offered an opportunity for the reader to help herself. Among these participants, the reader then made a choice to take what the book offered.
Self-Help Reading as Unhelpful

As the sample contained readers who were asked to describe how self-help reading had been helpful, it was unclear if any would describe parts of their experience as unhelpful. Each participant was asked “What may have been unhelpful to you about the experience of reading this book?” Five of the six participants reported nothing unhelpful about the experience of self-help reading. Sophia, however, spoke of an unhelpful section in that it was not something she had planned on doing. This section of the book advertised a supplement for depression. She spoke of this taking away the legitimacy of the book. However, she did not report it as harmful, just not beneficial to her. “It wasn’t useful to me. Not unhelpful, I mean it didn’t harm me at all. I just read it, and said, oh that’s interesting, but I’m not going to do that. It didn’t benefit me at all.”

Hillary also spoke of parts of the book as not being useful to her as these parts were not directly relevant to her situation. As a future social worker, however, she realized this information may be helpful for her in her profession; “it was all helpful. It’s always good to know what doesn’t necessarily pertain to you.” She spoke of being offended by parts of the book as well; especially the parts that implied she was weak for being in the relationship, but still did not perceive this to be unhelpful:

I mean it’s kind of offensive . . . to anyone really. I mean we didn’t do anything wrong . . . we were just trusting and helping . . . it didn’t harm me. I mean I may have lost a little time reading it but still, there are still things that I can take out of all of it, even the bad parts.
The participants also spoke of times when reading a self-help book has been unhelpful in the past, but not necessarily the book in question. The participants spoke of these books in comparison to their helpful experience with self-help reading. Linda described self-help reading as only being helpful half the time.

Oftentimes it hasn’t been in the past because it just goes “ping” off the side of your head; it looks wonderful when you’re reading it, it sounds wonderful . . . but it’s hard to manifest it when you’re out there.

Sophia and Hillary also spoke of a book being unhelpful if it has a certain tone. For Sophia, this is related to the tone of the author; “that’s the kind of writing that just drives me nuts . . . when the author is inflating himself . . . he uses the stories about experiences in his profession to inflate himself . . . it just kind of turns me off.” For Hillary, a book is unhelpful if it has a strong religious tone; “but I didn’t read the whole one because I think it got religious at one point . . . some of them I will (read) if they are light on the religion but those types of things I usually shut down.”

Linda spoke of finding a self-help book unhelpful if it is too broad. She also spoke of some inspirational self-help books as difficult to apply:

This one I actually remembered more in this than I would [another book] because [those] books are a little bit sugary and sugar kind of sloughs off my head a lot more than this . . . these are facts . . . where the sugary stuff is hard to apply.

In terms of the self-help book relative to the current study, none of the participants reported the book they read as harmful although one reported a portion of the books as unhelpful. This unhelpful part was characterized as lacking applicability to the
reader’s life. Another participant also discovered material that was offensive but did not describe this as unhelpful.

_Conditions of Self-Help Readers_

This study was also interested in learning more about who reads self-help books; the research question was: what traits are characteristic of a self-guided reader? The participants for this study were all Caucasian women who had at least a high school education. Four of six participants completed a 4-year undergraduate degree. All participants spoke of enjoying reading in general and two of the participants, Jean and Valerie, reported reading a large number (100) of self-help books. The lowest number reported was by Autumn, with four self-help books read total. Finally, all participants were familiar with psychotherapy with four of the six being in counseling at the time of the research study and all six being in counseling at one point in their life.

In terms of traits or characteristics, the participants were more similar than different. Each was asked to describe themselves in terms of traits or characteristics by three to five specific words. A summary of these responses can be found in Table 8. Intelligence was the most common word selected, with three participants specifically using this term.

In response to the question, “what is it about you that allows self-help reading to be helpful,” all of the participants valued themselves as learners. Four participants spoke of being open-minded. Autumn described this as “I’m not close minded to change because I know that change is inevitable . . . it’s going to happen whether you want it to or not.” Other participants described themselves by different words or terms. Hillary
Table 8

*Participant’s Traits or Characteristics*

<table>
<thead>
<tr>
<th>Name</th>
<th>Words chosen</th>
</tr>
</thead>
</table>
| Valerie| Thoughtful  
Generous  
Inspirational  
Helpful  
Hopeful   |
| Jean   | Open minded  
Intelligent  
Committed  
Kind      |
| Linda  | Curious  
Intelligent  
Creative   |
| Sophia | Intelligent  
Sensitive  
Perfectionistic  
Thoughtful |
| Hillary| Doubtful  
Open  
Adaptable  
Helper    |
| Autumn | Strong  
Flexible  
Empathetic  
Easy going  
Good listener |
described herself as a person who has a need for input, “a path I can take to change things.”

Specific words such as “helper,” “kind,” “empathetic,” and being a “good listener” suggest that these women also valued themselves as helpers. The words also convey a certain amount of strength among these women, such as “creative” and “intelligent.” Autumn specifically spoke of being a strong person; “I guess because I am strong enough to know that I need help.” Hillary, on the other hand, described this as “lacking in something” as “[having] doubts about your own abilities to accomplish something so you’d like outside help . . . you lack the tools that the books [are] giving you.”

Valerie spoke of being an optimistic person in relation to self-help reading, “I guess you have to believe it is going to help you.” Jean spoke of being a committed person; “you have to follow it through.” Linda spoke of being eager to learn; “The connection would be my absolute love for learning. So if I experience a problem I can’t stand not trying to shake the tree until I get the right answer.” And finally, Sophia described herself as a perfectionist. This sometimes leads her to feel frustrated while she is reading but also allows her to keep trying; “I suppose if anything it’s simply that I don’t quit.”

*Contexts for the Self-Help Reading Experience*

The final major category includes two major themes that emerged from the data analysis. This category provides a way of understanding self-help reading in relation to a larger community of helping relationships. These two themes, the community of self-help
and self-help and professional treatment, speak of the participant’s familiarity with the experience of “helping the self,” “helping others,” and being connected to professional treatment.

*The Community of Self-Help*

A central theme across the participants’ experience with self-help reading is the idea of sharing. All participants either directly or indirectly shared the book or what they learned from the book with another person. Four of the six women shared aspects of the book with others and two spoke of wanting to share with another person in the future. The women shared this information with others to educate others, to ask for help from others, and in the hopes that others would want to read the book as well.

As an avid reader, Jean frequently talks about the books she reads with others. If she is reading a good book, she hopes others will want to read it too. In terms of her particular self-help book, she shared the book with her mother and her husband. This was mainly sharing her sense of amazement in how the author was able to forgive his mother:

I guess I was sort of like trying to maybe encourage her [mother] to read this book. I mean when I read a good book I guess I feel I want to share with everybody, hey, maybe you should read the book too . . . and now I’m sharing it with you [the researcher].

Hillary also hoped her boyfriend would read her book. As she could identify with some of the stories in the book, she thought he would as well; “he should read things like these to see where, you know, maybe he’ll see himself in one of these people.” Hillary doubts if she talked about the book with others, such as her friends. She did however talk
to them about her problem and what she learned in relation to her relationship; “but I would discuss the relationship, I would discuss my feelings and stuff with a few friends and I’m sure what I learned came out in several conversations.”

Sophia talked little about the book specifically with others but did share what she learned from the book with others. She too plans on sharing the book with another person in the future if a situation arises; “if I knew someone who was depressed, I would give them this book . . . but not my copy.”

Linda liked to share facts she learned from the book with others. She was excited about what she read and wanted others to be excited too. In terms of personal insights learned, however, Linda kept these private; “but as flamboyant as I am, I’m very private and personal about my own therapy and what I’m doing.”

Autumn shared what she learned in her book with her husband and her primary care physician. She shared with her husband so he could help her pay attention to her cycles in relation to her depression and fibromyalgia. Autumn spoke of self-help reading generally being a solitary experience, yet this is something she wished was different. In reference to a previous self-help book on grief, Autumn commented:

I did give it to a close friend. Because it helped me when my father died and she had lost her mother. I said, hey, I read this, it helped me, maybe it will help you. But I never asked her about it again though. She’s a very private person. Jean agreed that the experience of reading a self-help book is private but by sharing with others it creates a sense of community and normalization:
But it’s private in that sense that it’s just between you and the book. But it’s not private in terms of sharing with other people . . . also sharing that you are not alone with your problem. I think there is a big feeling of community when you know that a lot of other people have experienced [the same problem].

Hillary also indicated that self-help reading can create a sense of community. She referred to the phrase, “one million copies sold” on the cover of her book; “But I could see how it would be helpful to someone . . . at the bookstore thinking I’m the only one who’s ever going to buy this book . . . but to think that people read it and went through it.”

Valerie had not spoken to another person about the book. She admits she may have indirectly shared what she learned with others through her new behaviors in relation to debt management. She recently learned that someone she knew was experiencing a similar situation; she spoke of wanting to use the book to help this person:

So if I’m teaching it to her, or helping her, then I’m helping myself too.

Sometimes people need to know that there’s somebody standing beside them . . . I know what it is to be in debt and I can help you . . . I could point to this (book) and say, this is where you need to go. This is at least where you need to start . . . I think we can at least help each other out of it.

Valerie also spoke of sharing as a way of creating self-change through words and connecting with others:

I wonder if you have to talk about it to actually make it stick and work for you in your life . . . like if you sit there and say, oh I’m so stupid . . . I’m worthless, I
can’t believe I did that . . . or do you say, oh, I can do this better . . . I think it’s what you quote over your life. So as you’re talking, you are reinforcing the fact that you can make a change in your life. Because you are telling someone else, you can do this; this is what I’ve learned.

**Self-Help and Professional Treatment**

Although the intent of this study was not to compare self-help reading with professional treatment, such as counseling, psychotherapy, psychopharmacology, and medical treatment, four of the six participants provided information on this topic area. These statements about the use of self-help reading versus or with professional help are worthy of mentioning as this is a critical issue within the current controversy of self-help reading.

Three of the six participants reported being dissatisfied with traditional treatment. Linda spoke of talk therapy as being unsuccessful:

Nothing much has helped over the years, talk therapy just seemed like I would go in and complain about stuff and then leave and come back and do it all over again. But actually with self-help books, I feel there are specific examples of how to change certain behavior patterns in myself.

Linda also commented on this research study,

I’m really glad you are doing experiments like that because then you can find out there are ways that people can change the course of their own lives . . . they don’t have to be so dependent on therapists and medication.
Sophia was misdiagnosed for many years with depression when in fact she had bipolar disorder. Thus, she had been taking the wrong medication for many years; “treating it with unipolar drugs only was just making it worse . . . much worse and now it’s been stabilized.” She also had a misperception of medication in that it would “solve” her problem; self-help reading helped her to realize that she needed to take a more active role in her treatment. Sophia also mentioned that self-help reading, like professional counseling, is helpful to her as it is advice coming from professionals; “people who have seen years and years worth of patients and know what it takes to get them to heal, then that seems more valid to me.”

Autumn also spoke of being dissatisfied with medical treatment, “You know, I often say that Western medicine has failed me . . . I go to the doctor and they are like I can’t do anything with you.” She also spoke of having a negative encounter with a doctor who told her the pain was all in her head. She described this as “unprofessional.” Autumn advocated for self-help reading and compared this to counseling:

I don’t think that it’s (self-help reading) more useful but it’s more personal . . . I don’t know if it’s more helpful than a counseling session would be but I think it is just as helpful. But I would hesitate to do either alone. I think something like this is better paired with something else.

Autumn also spoke of not being judged by a self-help book:

I think that with disorders such as depression, counseling may seem intimidating so people turn to something more private like reading to get help. It can be very
daunting to open up to a stranger and discuss your issues, whereas you won’t feel like a book is judging you.

Likewise, both Jean and Sophia spoke of being able to be less defensive with a self-help book:

When you read a book you don’t have to be defensive with the author . . . because he’s not really there. When someone’s talking to you, giving you advice . . . one to one . . . you can be defensive. But when I’m reading a book, I can either accept it or not accept it, but I can read it through before I toss it aside. I don’t have to have my guard up.

Sophia also commented, “Anyway, I find books to be very good friends because you can yell at them and throw them across the room and don’t have to worry about hurting them.” Sophia additionally spoke of self-help reading being there when she needs reinforcement to what she is learning from professional treatment; “I can only see my doctor twice a month and so it’s nice to have follow up on the things that she is telling me in those two weeks in between . . . that’s helpful . . . a lot of the reinforcement.”

Summary of Chapter 3

This chapter presented the research findings from this phenomenological investigation on self-help reading. Themes derived from the analysis suggest that there is a distinct structure to the helpfulness of self-help reading. This structure is comprised of four major categories: (a) two dimensions to self-help reading, (b) self-help reading as a medium for re-visioning the self, (c) what readers bring to the self-help reading experience, and (d) contexts for self-help reading experience. The next chapter examines
these categories in relation to what is already known about self-help reading and highlights the contributions of this research study. Limitations to this study are also presented. The researcher then provides recommendations for future conversations on self-help reading.
CHAPTER IV

DISCUSSION

The results of this phenomenological study provide an in-depth picture of the experience of self-help reading from the perspective of the self-guided reader. This perspective has been missing from prior investigations on self-help reading that have relied primarily on using quantitative approaches to methodology. As described in the previous chapter, there is a structure to self-help reading that is comprised of four categories: (a) thinking and feeling dimensions to self-help reading, (b) self-help reading as a medium for re-visioning of self, (c) what readers bring to the self-help reading experience, and (d) contexts for the self-help reading experience.

There is a dual nature to the helpfulness of self-help reading as self-help reading has both head and heart knowledge. In addition, as the reader progresses through reading phases, the reader engages in a process of self-change, or a re-visioning of self. Self-help reading provides an opportunity for the reader to develop a sense of hope that self-change is possible. The reader also gains a greater understanding of self and situation, reevaluates the self relative to the situation, and makes a choice and a commitment to carry out change. Finally, the reader is connected to a larger community of helping relationships and brings certain characteristics and perspectives to the self-help reading experience. This particular structure to self-help reading is not found elsewhere in the
research literature; thus, the research findings contribute to understanding the experience of self-help reading.

The purpose of this chapter is to make meaning of these findings. This chapter:
(a) juxtaposes the research findings relative to research literature on self-help reading, (b) explores the contributions of the research findings, (c) considers how the research findings inform the field of counseling in terms of practice of self-help reading, (d) provides recommendations for future research on self-help reading, (e) examines limitations of the current study, and (f) provides an account of the researcher’s experience.

Findings Relative to the Research Literature on Self-Help Reading

The purpose of this study was to examine the helpfulness of self-help reading and contribute to the theoretical research on the topic of self-help reading. The aim of this investigation was to promote a more in-depth understanding of the experience of self-help reading from the reader’s perspective, a perspective that has been missing in the research literature. This study did not intend to make generalizations outside of the research sample. At this stage of research on self-help reading, understanding the experience from the perspective of a small group of readers was more useful than using statistical methods to generalize the findings to a larger group of individuals.

However, it is important to note the similarities and differences between what was learned about self-help reading through hearing these women’s stories and what is thought to be known about self-help reading from prior investigations. “Positioning” the research findings against the current research literature enhances the quality of a
qualitative study (Merriam, 2002). Many of the major categories and subcategories found in the current investigation are consistent with previous editorial works and empirical research on self-help reading. This section reviews various aspects of self-help reading, including defining self-help reading, utilization and benefits of self-help reading, and forming a connection as being helpful to the self-help reader.

Defining Self-Help Reading

For the purpose of this study, the researcher did not develop a specific definition of self-help reading to guide the methodology, selection of participants, and interview questions. It was considered to be more meaningful for the participants to define self-help reading by (a) having the participants choose a particular self-help book to talk about with this researcher and (b) providing a definition of self-help reading during the first interview. As presented in chapter 3, each participant read an entirely different self-help book and generally described the book as providing information to help the reader accomplish a specific goal.

What was learned from talking with these women is that the definition of a “self-help” book is quite broad as the participants read very different books. In terms of topics, a self-help book can be about a wide variety of issues and stressors (Norcross et al., 2003), including general life issues and mental health issues. As compared to other types of books, self-help books typically have a specific purpose. Self-help books provide information or a strategy to work on a specific goal. This is consistent with self-help having a pedagogic function; “it aims to teach us how to do things better” (Murphy, 2001, p. 160). Self-help reading is also different from other types of reading as it does not
provide a means of escape from problems (L. Cohen, 1992). The women in this study described self-help reading as “difficult” in that it forced them to look at themselves and their situation.

L. Cohen (1994a) defined self-help reading as a type of reading bibliotherapy in which the literature is based on cognitive or behavioral learning principles. These books are often referred to as books of programmed instruction in other scholarly literature. However, some of the self-help books in this study were books that told a story or stories; these books were based on learning through imagination and feeling. Therefore, the definition suggested by Cohen does not account for all types of self-help books.

In defining bibliotherapy, Hynes and Hynes-Berry (1986) described an interaction between a reader and a book. Although traditional bibliotherapy typically relies on a bibliotherapist to assist in this interaction, an interaction continues to exist without this third party. This interaction between the reader and the book is consistent with the findings of this research study as each participant formed a connection to something within the book, including the author, characters (stories), or ideas. The reader forms a relationship with the book; reading provides an opportunity to connect with another person, through relating to the author, characters, or ideas. Additionally, the experience of self-help reading is comprised of what the book offers and what the reader brings to the experience of reading a book.

In summary, self-help reading is difficult to define. Self-help reading offers the reader ways to help himself or herself and this “offering” can be both a sense of connection or having a plan to accomplish a specific goal; thus, providing a broad
definition of self-help reading. Self-help reading is more difficult than other types of reading as it forces the reader to look more closely at their situation. A self-help book can be about virtually any topic but does have a specific function of guiding the reader in how to do something different.

Utilization and Perceived Benefits of Self-Help Reading

Previous research findings have indicated readers often read more than one self-help book (Starker, 1986; Wilson & Cash, 2000). Two of the participants in this study read a high total number of self-help books (100) and three others reported reading 10 or more self-help books. Only one participant reported reading less than 10 self-help books total. Among the participants interviewed, self-help reading has a relatively high use.

With regard to reasons for using self-help reading, Norcross (2000) argued that self-help reading has been a revolution in mental health and individuals are choosing self-help for a number of reasons, including being dissatisfied with traditional medical treatment. Two of the participants specifically spoke of being dissatisfied with their professional medical treatment and this dissatisfaction influenced their decision to read a self-help book. For example, Autumn had what she described as a “unprofessional” experience with a medical doctor and Sophia had been misdiagnosed and therefore, mistreated, by a psychiatrist. Another argument for this revolution is that self-help provides an opportunity to avoid the “stigma” of psychotherapy (Norcross, 2000). This was not the case for these participants. Each of the participants had been in professional psychotherapy and four were in psychotherapy at the time of the research study.
Self-help reading is thought to be helpful for several reasons, including: (a) reading may normalize feelings and problems for the reader; (b) readers may gain information and insight, reading may provide viable solutions to problems (Pardeck, 1995); (c) readers may have greater awareness of self and others; and (d) readers may learn coping skills to reduce distressing symptoms (Pehresson & McMillen, 2005). These benefits are consistent with the research findings as the participants, through reading, felt validated, gained information and considered solutions to their issue, developed greater awareness of self and others, and learned coping skills for both current and future symptoms. Self-help reading was also easily accessible for these women (Ellis, 1993) and they enjoyed being able to return to the book at any time. The participants described returning to the book as providing a source of comfort and continued reinforcement.

Self-help reading mirrors the tone of a given culture (Starker, 1989) and emphasizes a message of free will, personal responsibility, and practicality (Richards, 2004; Vejar, 2005). This “empowering” message is the focus of some controversy (Rimke, 2000) as critics have questioned whether self-help is really helpful to the reader. In the current investigation, the participants described self-help reading as practical and felt empowered to make changes in their lives. The tone of the self-help book, or this “you can” message was perceived as helpful to these participants.

Self-help reading is considered to be most beneficial to certain types of individuals. The participants valued themselves both as learners and as readers. This lends support to Ellis’s (1993) argument that certain individuals are more “literature oriented” and the study by Thompson and Campbell (1992) that different people require
different levels of support during a difficult life situation. The participants in this study were similar in several ways. For example, they enjoyed reading, reportedly had high levels of self-efficacy, and were motivated to make changes in their lives. This finding is consistent with the findings by Mahalik and Kivlinghan (1988) in which individuals with an internal locus of control and high levels of self-efficacy and motivation fared better with self-help reading, and Dehlin and Dehlin (1994) in that self-help readers tend to have an active problem solving orientation.

Few studies have indicated that self-help reading is harmful to the reader. Only one participant, Sophia, described an aspect of her self-help book as “unhelpful” or “not useful.” Hillary reported feeling offended by an aspect of the book that indicated she may be “weak” for “loving too much.” This is consistent with the claim by Giblin (1989) that self-help reading may be considered harmful if the material conflicts with the reader’s personal belief system. Critics have also argued self-help reading portrays self-change as easy and readers may be disappointed when change does not occur as easily as expected. One participant, Hillary, spoke of being disappointed that the reading experience did not help her decide to end the relationship; however, she spoke of being disappointed in herself rather than in the book.

For these participants, self-help reading had a relatively high use and was generally perceived as helpful. Self-help reading provided a sense of validation and comfort and provided helpful information about their difficult life situation. Self-help reading was viewed as practical and the participants found the empowering message of
the book as helpful. These participants had high levels of motivation and valued themselves as both readers and learners.

*Forming a Connection as Helpful*

Quantitative methodology designs traditionally have been used to investigate the topics of self-help reading and bibliotherapy. This line of research includes outcome studies aimed to investigate the “effectiveness” of self-help reading. For example, self-help reading has been suggested to be “effective” under certain conditions and for certain individuals when treating specific mental health issues, such as depression (Floyd et al., 2004). Other mental health issues have also been empirically examined, including panic disorder (Carlbring et al., 2000), sexual dysfunction (van Lankveld, 1998), and binge eating (Carter & Fairburn, 1998). However, and perhaps because of research methodology employed, there is little known about how self-help reading is helpful to the reader, that is, how readers perceive or describe the experience of self-help reading as helpful or what factors are considered essential for self-help reading to be helpful for the reader.

This mirrors an argument within psychotherapy research. Research studies have indicated that counseling is “effective” in that clients successfully change with help of treatment (M. Smith, Glass, & Miller, 1980). Yet, these studies do not provide us with knowledge about how clients change (Prochaska, DiClemente, & Norcross, 1992). Previous qualitative research investigations have focused on the experience of therapeutic reading or how reading is beneficial to the reader and these findings provide a basis for understanding self-help reading. In each of these studies, the reader identifies with the
reading material, or forms a connection, to a certain degree. These studies are briefly reviewed in this section.

In one of the earliest works on bibliotherapy, Shrodes (1950) suggested that there are healing elements through the process of reading; there are three phases to this process, including identification and projection, abreaction and catharsis, and then insight and integration. Consistent with the process proposed by Shrodes, the participants spoke of identifying with an aspect of the book, that is, the author, stories, or ideas in the book. In response to this identification, the participants had a feeling response to the book, gained insight, and then applied this new information. Using the language of Shrodes, self-help reading can be considered a catalyst for change.

In a later study, VanTichelt (1977) investigated the process of reading imaginative literature and proposed two ways of experiencing reading: “like seeing” and “like hearing, thinking, and knowing.” Visualizing images of the reading material proved to be a critical variable in the reading experience and those in the “like seeing” category were more likely to behaviorally affected by what they read as compared to those in the “like hearing” category (VanTichelt). This “like seeing” is consistent with the current study as participants spoke of being able to visualize aspects of the self-help book. For example, Linda spoke of being able to picture the psychological experiments described in the book. Participants also spoke of “seeing” either themselves or their situation within the book. This “seeing” dimension was described in the current study as “forming a connection.” The “like hearing, thinking, and knowing” is also consistent with the “head dimension” of self-help reading.
Forming a connection during the reading experience is also consistent with what L. Cohen (1992) described as recognition of self. Both forming a connection and recognition of self proved to be critical for reading to be considered helpful by the reader. Participants in the current study also referred to ways of feeling and ways of knowing (L. Cohen) as self-help reading provided both comfort and information. The ways of knowing and ways of feeling are also consistent with the theme of “head knowledge” and “heart knowledge.” Reading was also seen as intentional and relational in that it was purposeful and provided a sense of connection (L. Cohen). For these participants, self-help reading did not have an escaping characteristic (L. Cohen), as five of the six participants spoke of self-help reading as difficult in that it forced them to “deal” with their situation. The participants did share what they learned with others (L. Cohen; Colaizzi, 1978) and often thought of the reading after the fact, or recalled reading (L. Cohen, 1992).

The results of the research study, therefore, provide additional information on how self-help reading is helpful to the reader especially in regards to this theme of “forming a connection.” However, forming a connection does not completely capture what is helpful about self-help reading. The next section explores new findings relative to self-help reading that helps to answer what is helpful about the experience of self-help reading.
Contributions of the Research Findings

Thus far, the findings of this research study have been fairly consistent with what is known about self-help reading in the research literature. The following section reviews new findings relative to self-help reading.

*Self-Help Reading as a Medium for Re-visioning of Self*

Self-help reading provides the reader with an opportunity to make changes relative to their difficult life situation. This was described in chapter 3 as a re-visioning of self. The word revision comes from the Latin word “revisius,” literally meaning “to see again” (*Webster’s Dictionary*, 1983). When a writer is working on a draft, it is important that he or she engages in the revision process (Calkins, 1994). This process requires that a writer steps back from his or her draft in order to reconsider new ways of thinking about what he or she is writing. It is through the revision process that a writer discovers meaning (Calkins).

Similarly, re-visioning the self can be thought of as a process that an individual goes through when considering questions such as, “who do I want to be?” and “how will I become this person that I want to be?” By taking a step back and considering these questions, an individual has an opportunity to look at their lives in a different context. Among the women interviewed, self-help reading was a part of this re-visioning process. Through engaging in self-help reading, the women were able to envision who they wanted to be relative to their difficult life situation and the steps they needed to talk in order to reach this vision. For example, Hillary wanted to see herself as a woman who would end her abusive relationship. Self-help reading provided an opportunity for the
participants to change their thoughts, feelings, and behaviors relative to a difficult life situation by providing a new or different context for understanding themselves and their situation.

Therefore, themes derived from this study provide additional information on how people initiate and maintain self-change through self-help reading. Although this is not an unexpected finding overall, it does bring attention to how self-help reading can be recognized and valued as a vehicle for self-change (Norcross, 2006). One model of change, the Transtheoretical model (TTM; Prochaska & DiClemente, 1982), provides information on when and how people change. Concepts from the TTM are consistent with the findings from this study. For an in-depth account of the TTM, refer to Prochaska and DiClemente (1994). The following paragraphs provide a brief description of the TTM for the purpose of the current chapter.

The TTM is not a counseling theory but a theory about how people change (Petrocelli, 2002). This theory originally developed out of research on addiction and attempted to explain how people change with or without professional treatment (Prochaska et al., 1992). There are two major ideas within the TTM: stages of change and processes of change. The stages of change provide a model for understanding when change occurs. For example, individuals who are making changes will move and recycle through a series of stages (Prochaska et al., p. 95). The stages of change begins with precontemplation, in which a person is not intending to make a change and ends with maintenance, in which a person is maintaining the changes he or she has made (Prochaska et al.). Processes of change refer to how changes are made within the stages...
of change. Examples of processes of change include concepts such as: consciousness raising, self re-evaluation, dramatic relief, self-liberation, dramatic relief, and helping relationships. These processes are considered to be the “building blocks for change” (Prochaska & DiClemente, 1994, p. 44).

The authors have referenced reading, or more specifically, bibliotherapy within the TTM. Prochaska et al. (1992) indicated bibliotherapy can be useful for people who are in the contemplation stage of change. This stage of change typically includes persons who are aware they have a problem, want to make some changes, but are not committed to taking action. During this stage of change, reading is beneficial as it provides an opportunity for consciousness raising. This process occurs when a person seeks out new information and thus, gains understanding about the self or the situation (Prochaska & DiClemente, 1994).

The participants interviewed were engaged in self-change through the phases of the reading experience. This is consistent with the stages of change theory as each participant made changes as they progressed through the reading experience. To use language from the TTM, each participant began the experience of self-help reading at the contemplation stage of change. By the time the research study began, some of the participants had already progressed to the maintenance stage. Throughout the research study, the participants continued to move along the stages of change. For example, Valerie had successfully managed her debt for approximately 6 months.

Although the temporal dimension is important for understanding when change happens, the current investigation was more concerned with how a reader makes changes
relative to their difficult life situation. This area of inquiry relates to the several processes of change found within the TTM model. As noted previously, consciousness raising is consistent with the current investigation as all participants gained information about themselves and their situation through the act of self-help reading. This process also refers to affective learning as becoming more aware usually involves reflecting on both thoughts and feelings (Prochaska & DiClemente, 1994). For example, Sophia gained information about depression as she learned that getting enough sleep, eating well, and exercising all help to alleviate symptoms of depression. Sophia also gained a sense of comfort as she realized that it was okay for her to take time for herself.

The participants also engaged in self-reevaluation through self-help reading as each evaluated themselves in relation to their situation. This process needs an emotional experience in order to reassess how one thinks and feels about himself or herself in relation to a problem. This is also related to the process of dramatic relief or a having a strong feeling response (Prochaska & DiClemente, 1994). Through reading about the individuals who did not take care of their disease and ended up in wheelchairs as a result, Autumn felt afraid. Through experiencing this fear, she re-evaluated how she was handling her own fibromyalgia in respect to taking care of her body and expressing angry emotions.

Self-liberation refers to making the choice and commitment to carry out change. It also refers to the idea that a person has a belief in self to carry out this change (Prochaska & DiClemente, 1994). For the participants, choosing to read a self-help book was part of making a commitment to carry out change relative to their difficult life situation. For
example, Valerie had decided she needed to get out of debt. She spoke of thinking about this for a long time but made the choice to work on it through reading a self-help book. The other aspect to this process of change is having a belief in one’s ability. Each of the participants spoke of feeling empowered through the act of reading. This happened for many reasons. Hillary was able to “see” that her thoughts and feelings were normal for a person in her situation. She spoke of feeling “right” and this realization led her to feel empowered to make some changes in how she related to her boyfriend. Valerie was not only empowered by the tone or “you can” message of the book but also by having a plan of action for accomplishing her goal of managing her debt.

Finally, the concept of helping relationships refers to being open and trusting with another person about the situation. Typical interventions of this process include individual and group counseling, support networks, and self-help groups (Prochaska et al., 1992). Self-help reading is another type of helping relationship as reading provided an opportunity for the participants to gain a connection with a character or story. Many of the participants connected personally with the author of the book. For example, Autumn spoke of connecting to the author like a “friend.” The participants also described being open to new learning ideas and ways of dealing with their difficult life situation. Finally, the act of self-help reading engages the reader in thinking and feeling about their situation; this engagement simulates the process of psychotherapy. The participants developed a connection or a relationship with the book and through this connection; the participants were able to interact with the book in a meaningful way. For example, Hillary described self-help reading as another type of conversation.
This investigation contributes to the existing literature on self-help reading as it suggests that self-help reading is a medium for initiating and maintaining self-change. The reader engages in activities that are consistent with the processes of change found in the TTM. Working through these activities can assist a person with making changes relative to a difficult life situation.

*Hope as an Essential Factor for Self-Help Reading*

Another unexpected finding includes the idea of hope as being critical for self-help reading to be helpful to the self-guided reader. Snyder, Irving, and Anderson (1991) proposed a theory of hope. Being hopeful begins with an individual who is seeking a goal. An individual does not know if he or she will reach this goal but meeting this goal is relatively important to the person. He or she then has to formulate an idea about how to attain this goal. Snyder (2000) referred to this thinking as having pathway thoughts. Yet, these pathway thoughts need to be paired with agency thoughts or the motivation component of hope. In order to have hope, an individual needs to perceive that he or she can begin to move along the pathway towards the goal (Snyder).

This hope theory is useful in conceptualizing the research findings. Each participant spoke of having a hope or expectation for the book; this hope was that the book would help with their difficult life situation. Placing hope in the book was critical for self-help reading to be helpful. During the reading of the book, the participants also spoke of feeling more hopeful about their situation and about their ability to make changes. The prescriptive nature of the book, or the strategy component, provided a sense of how to attain the goal, or pathway thoughts. Other aspects are related to agency
thoughts, such as (a) connecting with the book, (b) the participants having reportedly high levels of self-efficacy, and (c) the overall positive tone of the book. The participants perceived they could begin making changes relative to their goal.

The idea of having hope has been rarely mentioned in the research literature on self-help reading. Findings from the Ogles et al. (1991) study on divorce or break up self-help books (or loss books) indicated that those with higher expectations for the book attributed greater symptom change as a result of reading the book. L. Cohen (1992) found that through recognition of self in the book, readers became more hopeful about their situation. Finally, critics of self-help reading (G. Rosen, 1993; Starker, 1992) argued that self-help reading has a placebo effect in that readers tend to view self-help reading as a solution to problems and the self-help industry maximizes this placebo effect through marketing strategies.

The findings from this study indicate that hope is an essential part of the experience of self-help reading through the reading phases. Readers have hope before they read the self-help book that the book will help them relative to a situation. Through forming a connection with the book, embracing the positive tone of the book, and utilizing a plan or strategy outlined in the book, readers form both pathway and agency thoughts. These hopeful thoughts allowed self-help reading to be helpful for the participants as it kept them motivated and focused on the specific goal at hand.

**Connecting, Sharing, and Enduring Aspects of Self-Help Reading**

Among the participants interviewed, self-help reading was described as an influential and meaningful emotional experience. As previous research studies have not
investigated the meaning of self-help reading for a reader, this finding adds significantly to the research literature. Significant aspects of self-help reading include connecting with self-help reading, sharing self-help reading, and returning to self-help reading.

As previously mentioned, forming a connection to the book was essential for the experience of self-help reading to be perceived as helpful for these participants. The connection was different for each participant and, therefore, was helpful in different ways as well. Forming a connection allowed the participants to gain insight into themselves and their situation. It also provided a sense of validation, comfort, and hope. Finally, forming a connection empowered the readers to think differently about themselves, their situation, and how they wanted to take steps to resolve or change their situation.

The sharing aspect of self-help reading provided a sense of community for the participants and connected the reader to a larger community of help. Knowing that others have experienced a situation similar to their own provided a sense of comfort for these participants. By sharing the book or what was learned from the book with others, the participants were able to think more deeply about what they were learning. The participants also enjoyed educating others about what they were learning through the reading experience. This is an unexplored area in regards to self-help reading and an unexpected finding of the investigation.

Finally, the enduring aspect of self-help reading relates to the theme of “returning to ideas.” The participants returned to the book directly through physical touch and indirectly by thinking about the book. The participants enjoyed being able to return to the
book and this provided a sense of continued motivation to make changes relative to their difficult life situations. Returning to the book also provided a sense of comfort.

A person continually changes with the passage of time and by having new experiences. Jean, in particular, read the book three times and noted each reading experience was different as she had changed. By being able to return to ideas in the book, a reader can continue where they “left off,” so to speak, within their self-change process. The self-help reading experience continually changes as the reader changes. Ideas that were once disregarded may be embraced, for example. Overall, these unexpected findings on self-help reading contributed to the research literature on self-help reading.

Implications for the Counseling Field

The research findings have implications for the clinical practice of self-help reading, or what is typically referred to as bibliotherapy. This section briefly provides recommendations for the clinical use of self-help within the counseling field. It is important to note that these recommendations are only ideas at this point and further research on self-help reading is strongly encouraged. This section also provided recommendations for future research on self-help reading.

Practice of Self-Help Reading

Mental health professionals have been recommending self-help reading to clients in clinical practice (Norcross, 2000). Yet, little is known about how these professionals actually integrate self-help reading in clinical practice and how this may be helpful for clients. Few authors have addressed these issues in the research literature and most of these works are editorial in nature rather than based on empirical research.
For example, Campbell and Smith (2003) provided recommendations for integrating self-help books into psychotherapy. With each client, the clinician needs to decide whether to use a fiction or a nonfiction book (or both), to use self-help reading as an adjunct approach or an integrative approach, or to use self-help reading for clinical purposes or for support and informational use. Clinicians need to orient clients to using reading in psychotherapy, assess for client’s stage of change and motivation, and decide whether the proposed activities in the book are doable for the client. Additionally, clinicians will want to ensure they are familiar with the self-help book (Campbell & Smith). Floyd (2003) also presented a few guidelines for using bibliotherapy within individual psychotherapy with depressed, older adults through two case studies. Floyd suggested that bibliotherapy should not be used with every client and will work best with those who are avid readers, who are open to the therapist’s suggestions, and who want to take more responsibility for their treatment.

In a more recent editorial, Norcross (2006) suggested 16 ways to integrate self-help into psychotherapy. “Self-help” refers to all self-help materials, including books, films, support groups, and Internet materials. Firstly, the author suggested that psychotherapists need to reframe how they view self-help and value self-help as a viable self-change mechanism. Additionally, Norcross recommended that psychotherapists: (a) become more familiar with self-help, (b) recommend research-supported self-help materials, (c) assess the client’s experience with self-help, (d) tailor the recommended self-help to the person and not just the disorder, and (e) use self-help for life transitions in addition to mental health disorders.
Although the current investigation examined self-help reading rather than traditional bibliotherapy (i.e., where a counselor uses reading with a client within a clinical setting), the findings of the research study are helpful in understanding how reading is helpful to a reader. Additionally, these findings are useful in considering how to integrate self-help reading into clinical practice. Based on the research findings, a number of tentative recommendations can be made about how to use self-help reading in clinical practice.

Firstly, the self-help book has to fit with the reader and his or her situation. As a counselor, it is important to know your client well before recommending a self-help book. For example, Hillary struggled with being able to identify her relationship as abusive and unhealthy. Through reading case stories about abusive relationships, she was able to determine on her own if her relationship was unhealthy. This realization was particularly helpful to her. To know a client well enough may take a certain amount of time; therefore, rushing into recommending a self-help book may not be as helpful to the client.

Secondly, forming a connection to the book or being able to identify with an aspect of the book proved to be essential for reading to be helpful for these participants. Selecting a book which could maximize this connection dimension may be particularly useful when recommending a self-help book to a client. Yet, the participants also benefited from the thinking dimension of self-help reading. Thus, selecting a book that has both dimensions for the reader may provide the best balance.
Finally, talking about the book with a client and sharing the experience of reading may contribute to the change process and helpfulness of self-help reading. For one, talking about the book and what was helpful to the client can increase the counselor’s understanding of the client and the situation. The client may also gain insight about himself or herself and his or her situation through talking about the book. This dialogue may also enhance the quality of the therapeutic relationship as the client may feel as if the counselor is interested in these insights. Through sharing self-help reading with a counselor, the client will be able to discuss ideas learned from the reading, clarify personal reactions to the reading experience, and reflect on the reading experience.

Although this researcher did not talk to the women from a counselor role, the fact that the study was perceived as personally helpful to the participants is worthy of mentioning in this section. The participants found the study to be helpful as they enjoyed talking about their experiences with self-help reading and gained insight about these experiences. For example, Valerie commented at the end of the second interview:

This has been fun. It’s been interesting. Just to actually sit down and think about these questions . . . I guess I’ve always taken it [self-help reading] for granted . . . to really sit here and try to think well why did it help me?

Other participants referred to talking about their experiences as personally helpful. Autumn returned to her self-help book during the research study as she experienced another episode of fibromyalgia. Autumn found it helpful to reflect on her experience:
Reading it [the transcript], it made me reflect a lot. Oh, yeah, I do, do those things, or I’ll have to remember that for future reference. Actually I started rereading the book . . . I’m in a bad bout right now with my fibromyalgia . . . I thought to myself; yeah I should probably reread that book.

As an avid self-help reader, Jean perceived the study as helpful in that it encouraged her to reflect on all of her reading experiences: “the interview was nice for me because it has brought together almost ten years of these self-help books.”

Lastly, Sophia perceived participating in the study as personally helpful as well: I did actually find it helpful to participate in the study. I always seem to gain something by talking with mental health professionals who ask a lot of questions! In some ways, the study was almost like a “book club” type discussion, where the insights offered happened to be mainly my own, but they were focused and elicited by questions that made me think about the book in different ways than I would have on my own.

Additionally, as the participants enjoyed sharing and talking about the book with not only the researcher, but others as well (i.e., friends and family), it may be useful to consider using self-help reading in group psychotherapy. This format could enhance the sense of community found through reading a self-help book. Group members can hear about how other members are reacting to the same book and have conversations about the ideas learned. Using self-help books in group psychotherapy may also assist those group members who have a hard time sharing or connecting to the group.
Research on Self-Help Reading

Self-help reading is a complex topic to study. Due to this complexity, a researcher has many choices when designing a research study on the topic of self-help. Investigating the experience of a self-guided reader was the choice for the current research study. Although the research findings provided helpful information on self-help reading, further theory building on self-help reading is needed to understand this experience in more depth. For example, as this study primarily focused on readers who could describe a helpful self-help reading experience, it could be beneficial to interview persons who had an unhelpful self-help reading experience.

Another area for further research is examining what prompts a reader to choose a self-help book. Some of the participants spoke of being in a “desperate” place when they read the self-help book. It is unknown if other readers would feel this same level of desperation when choosing to read a self-help book. New themes from this study may also be of interest for further research, including the idea of hope and self-help reading, the re-visioning of self process, and the community of self-help reading. Additionally, obtaining a national sample of self-help readership would be helpful to assess the utilization of self-help reading among the American public as it has been nearly two decades since a national sample was last collected (Wood, 1988).

Variations to the current investigation may provide additional information on the experience of self-help reading. For example, it may be beneficial to interview readers who are currently reading a self-help book rather than those who have read a self-help book in the past. Also, interviewing readers who have read the same self-help book may
also provide additional information about the helpfulness of self-help reading. Using alternative interviewing techniques, such as focus groups (Krueger, 1994) may provide more information on self-help reading from a larger group of individuals.

Future research on self-help should also focus on how mental health professionals think about self-help and use self-help reading in actual practice. As self-help interventions are expected to increase over the next decade (Norcross et al., 2002), it may be useful to conduct research on how counselors are trained to use self-help reading as a method in counseling and how counselors are actually integrating self-help books into clinical practice. Talking with counselor educators, counselors-in-training, clinical supervisors, and seasoned counselors may provide valuable information on this topic area of self-help reading.

Limitations

As with any study, this one had some limitations. The sample proved to have several limitations. Firstly, the intent of the study was to examine the experience of self-help reading as described by self-guided, adult readers. However, no male readers answered the advertisements. Thus, it is unknown how a male reader would describe self-help reading as helpful. The participants also recalled an event that occurred in the past. Although most of the participants read the book within the past year, it is possible that this time frame may have altered their ability to recall information and provide rich description.

In terms of certain demographic information, the sample was more similar than different. For example, all the participants were Caucasian and educated, with four
participants having undergraduate degrees. Each participant was in a position, through their occupation, to help others and three specifically described themselves as “helpers.” The women interviewed were also familiar with psychotherapy and all but one participant had read more than 10 self-help books. The women in this study were also very open about their difficult life situation and experience with self-help reading. The researcher cannot presume that the experience of self-help reading would be perceived as helpful by a person who has limited familiarity with self-help reading and psychotherapy. It is also important to note that these traits (i.e., educated, helpers, familiar with psychotherapy, and open) may be characteristic of self-help readers in general.

Another limitation includes questions from the first interview schedule. The researcher did not change the interview questions during the course of the research study. During data analysis, the researcher discovered a new area of inquiry that would provide additional information on the helpfulness of self-help reading, or this “returning to ideas.” Fortunately, the researcher was able to ask four of the six participants this question during the final member check. This member check essentially served as an additional interview. Completing three interviews with all the participants could have strengthened this research study. Also, one of the participants moved out of state after the first interview. Although this researcher was able to complete a member check and ask follow up questions through email, a certain amount of intimacy was lost through this process. A face-to-face interview could have allowed for more information and richer description.

The researcher also discovered that the probe, “If you could list three words to describe the helpfulness of reading this book, what would they be?” provides less detail
than if the researcher had asked an open ended question about the helpfulness of self-help reading. Although this question allowed for a quick comparison between participants, it proved to complicate the process as the words chosen could not provide a comprehensive picture of the experience. Yet, this question did help to conceptualize the distinction between the thinking and feeling response to self-help reading.

Another limitation includes issues related to credibility. During the initial phone contact, the researcher asked the participants to bring in the self-help book if possible. The researcher hoped to gain information related to text or page marking (Forest et al., 2003; Gabriel & Forest, 2004) as a way to triangulate the data and enhance the overall credibility of the research study. Reviewing the self-help book during the first interview assisted the participants in talking about the book and provided illustrative examples within the discussion. This process also helped the participants speak to the helpfulness of the book by being able to read certain lines or specific passages aloud during the interview.

However, this process only provided limited information on text and page markings as three of the participants did not own a copy of the book. These participants brought in a library copy of the book. Two of these participants did earmark pages so they could return to them at a later date. These pages were marked so each could return to “helpful” parts of the book or aspects of the book they wanted to remember. One of the participants did not mark her book as it had already been marked by her friend. The final two participants (who also owned a copy of the book) did page mark the book to return to ideas in the book. Autumn was the only participant who underlined text. This was a quote
about self-pity; the text and page marking served to support Autumn’s ongoing personal reflection of how she perceives herself in relation to her disease and placing herself in a “victim role.” It is also important to note that asking the participant to bring in the book may have increased the likelihood of that participant reviewing the book before the first interview.

Finally, the very act of being “observed” changes the person being observed. For example, Jean spoke of rereading her self-help book before the first interview as she felt she was to be “tested” on the book. The participants spoke of being reminded to “go back to the book” after talking about the book with this researcher and while reading the transcripts. Being a part of the research study impacted the participants’ experience with self-help reading.

Researcher’s Perspectives

As the experience of the researcher is vital to qualitative research, it is important to note the researcher’s personal reactions to the topic of self-help reading and the research experience. I first became interested in self-help reading over a decade ago in response to evaluating popular relationship self-help books. Although I was at first critical of self-help reading, I also became interested in how someone is impacted by the experience of reading. My reactions to self-help reading continue to be mixed; on one hand, I value the idea of self-help but I am still critical of how these books are marketed and promoted to the general public.

I am grateful for having an opportunity to hear these women’s stories about their experience. While talking with these women, it struck me as how strong they all were to a
certain extent but yet how much they needed help from someone else. I wonder if they will ever “solve” their situations or if they will continue to struggle with these issues or other issues throughout their lives. I also wonder if they will ever find this “revision” of themselves that they are looking for and if self-help reading will help them in this quest.

I have never read a self-help book for a personal issue but have reviewed many for clients and for academic purposes. I believe this helped me to bracket my personal assumptions about self-help reading. Overall, this study was a meaningful experience for me personally as it provided an opportunity for me to examine a phenomenon in which I have been interested for many years.

Summary

This final chapter examined the research findings relative to the current literature, discussed contributions of the research study, and presented recommendations for future research on self-help reading. Through the data analysis, the researcher discovered a structure to self-help reading that includes having: (a) a dual nature (head and heart) to the experience, (b) a process for re-visioning of self, (c) an interaction between the book and the reader, and (d) a larger context to understand the experience of self-help reading.

It is important to note that although there were similar themes across the participants, each woman had a unique experience with self-help reading. There is richness to the experience of self-help reading and how a reader perceives this experience as helpful and meaningful. This richness is easy to ignore when only looking at the collective picture of the experiences. The results of this study provide timely work on the topic of self-help reading as experienced by the self-guided reader. It is the hope of the
researcher that these results will stimulate further research on the experience and practice of self-help reading.
APPENDICES
$50 Gift Card to
BORDERS: BOOKS AND MUSIC*

- Are you 18 years-of-age or older?
- Have you read a self-help book due to experiencing a difficult life situation within the past 3 to 48 months?
- Did you read the entire book?
- Did you choose to read this book on your own (that is, not under the recommendation of a professional, i.e. counselor, therapist, doctor)?
- Would you be able to participate in (2) 90 minute audio taped interviews over a three week period?

If you answered yes to these questions, you may be interested in volunteering for a research study on self-help reading for a doctoral dissertation in Counselor Education and Supervision
For more information, please contact:
Laura Bruneau M.Ed. PC
(330) 620-8029 or lbruneau@kent.edu

*All participants who complete the two interviews will receive a complimentary $50 gift card to BORDERS

This study is approved by the Institutional Review Board of Kent State University
APPENDIX B

KENT STATE UNIVERSITY INSTITUTIONAL BOARD REVIEW APPROVAL
KENT STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD
APPLICATION FOR APPROVAL TO USE HUMAN RESEARCH PARTICIPANTS
Send completed forms to one of the reviewers designated for your Department or Katherine Light, Research and Graduate Studies, 113 University Auditorium
LOG NUMBER: Qln-388
Please type all information. HANDWRITTEN FORMS WILL NOT BE ACCEPTED. Move through the document using TAB or Mouse. Do not use the enter key. To mark a box, click with the mouse.

Name: Aaron Bean
Address: 632 W. Grant Kent OH 44726
Email: ibeensam@kent.edu
Telephone: (330) 672-8029

Department: ACHE CHDS
Faculty Rank: Doctoral Candidate
Student Status:

Project Title: The helpfulness of self-help reading as described by self-guided adult readers.

Type of Project: FACULTY RESEARCH External Funded (Agency: ) Include copy of proposal
STUDENT DIRECTED RESEARCH (Advisors: Drs. McGlothlin, Bobo, and Niesa)
Other (Specify: )

Duration of Project: Starting Date: 7/1/2006 (But not before approval is obtained)
Ending Date: 7/1/2008

I certify that the research procedures for this project and the method of obtaining consent (if any), as approved by the Kent State University Institutional Review Board, will be followed during the period covered by this research project. Any future change will be submitted for Board review and approval prior to implementation.

If this project involves approval/permission from other institutions, the principal investigator (and the faculty advisor if the PI is a student) must sign below to certify the following statement: “We will not begin research at other institutions before having obtained their permission to do so.”

Principal Investigator Date: 6/15/06
Faculty Advisor (if PI is a student) Date: 6/19/06

Action Taken:
By REVIEWER:
☑ Level I, Category: T
☑ Level II, Category: T
☑ Level III, To Full Board
Project Involves:
☑ Deception
☑ Waiver of Consent

Primary Reviewer Date: Scott Ainslie 5/19/06

By KSU INSTITUTIONAL REVIEW BOARD:
☑ Approved, Level I
☑ Disapproved
☑ Approved, Level II
☑ IRB Comments:
☐ Identifiable medical information

Co-Reviewer (Level II) Date

IRB Level III Action:
☐ Approved ☐ Disapproved ☐ Contingent Approval (Comments or Contingencies:)

Chairperson, IRB Date
APPENDIX C

COVER LETTER TO PARTICIPANTS
Dear (Participant Name):

My name is Laura Bruneau and I am a doctoral student at Kent State University. I am currently working on my dissertation in Counselor Education and Supervision and am recruiting volunteers for a research study on the experience of self-help reading. I am investigating this topic as I am professionally and personally interested in how readers of self-help books perceive this experience to be helpful. I am also interested in what types of life experiences lead a person to choose a self-help book, how readers define self-help reading, what traits are characteristic of a self-help reader, and the expectations readers have for self-help books. I hope that you may be interested in participating in this study.

This packet includes a Screening Form for you to complete and mail back to me if you decide to take part in this research project. This form is designed to ensure that you meet the criteria for the research study.

If you are interested in participating in this study, please return the completed Screening Form in the enclosed self-addressed stamped envelope. Please do not write your name on these forms; this is to ensure confidentiality. After I receive your information and ensure that you meet the criteria for this research study, I will contact you to schedule the first interview. The interview will be held at a day/time most convenient for you. The location of interview will be determined. I am looking to have between six and eight participants for this study; thus, even if you meet the criteria for the study, you may not be scheduled for a first interview depending on how many responses I receive.

This packet also includes a list of topic areas for questions to be asked during the first interview. This form provides you with the opportunity to know the topics that will be discussed during the first interview. Please note that all interviews may include other questions or topic areas depending on your responses. You will sign the Consent Forms for the research study and for audio-taping at the beginning of the first interview. All information will be held confidential and only demographic information, such as age and gender, will be reported in the results of this study.

At the end of the first interview we will schedule for the second interview. This interview is to discuss what I learned from our prior conversation and for you to provide new or additional information on the experience of self-help reading. You will receive the $50 gift card to Borders: Books and Music at the end of the second interview.

If you have any questions about the study or these forms, please do not hesitate to contact me at (330) 620-8029 or lbruneau@kent.edu. You may also contact my dissertation advisors, Drs. Jason McGlothlin or Don Bubenzer at (330) 672-2662. This study has been approved by the Institutional Review Board at Kent State University. If you have any questions about the rules for research at Kent State University, you may contact Dr. John L. West, Vice President and Dean, Division of Research and Graduate Studies at (330) 672-2704.

Sincerely,

Laura Bruneau M.Ed. PC
Doctoral Candidate
APPENDIX D

SCREENING FORM
Screening Form

Instructions: This form is designed to gather information to determine whether you will meet the criteria for the proposed research study. Please answer all questions with a checkmark or by filling in the blank. All answers will remain confidential. Please do not write your name on this form. Please contact me if you have any questions or concerns about this form. Thank you.

Participant number: _____

Screening Questions:

1. How did you hear about this study?
   ______________________________________________________________________
   ______________________________________________________________________

2. Are you 18 years-of-age or older?
   Yes _____ No _____

3. Have you read a minimum of one self-help book, either fiction (imaginative work) or nonfiction (factual work), within the past 3-48 months?
   Yes _____ No _____ (If you answered no, please stop filling out this form.)

4. What is name of this book?
   ______________________________________________________________________
   ______________________________________________________________________

5. Did you select and read this book under the recommendation or guidance of a mental health or health professional?
   Yes _____ No _____

6. How did you hear about this book?
   ______________________________________________________________________
   ______________________________________________________________________

7. Did you read the entire book?
   Yes _____ No _____

8. Did you read this book while in therapy? Yes _____ No _____
9. Would you be able to participate in 2 audio-taped interviews, each lasting approximately 90 minutes, to explore how you perceived self-help reading to be helpful?

   Yes  _____  No  _____

Please list the days/times most convenient for you to meet for the first interview:

Monday ________________________________________________________________
Tuesday ______________________________________________________________
Wednesday _____________________________________________________________
Thursday ______________________________________________________________
Friday  ______________________________________________________________
Saturday ______________________________________________________________
Sunday ______________________________________________________________
APPENDIX E

TOPIC LIST FOR FIRST INTERVIEW QUESTIONS
Topic List for First Interview Questions

1. The situation which prompted you to choose and read a self-help book.
2. How you define self-help reading in contrast to other types of reading.
3. Traits which are characteristic to you, in relation to self-help reading.
4. How you found out about this book and what prompted you to choose to read it.
5. The expectations you had for reading this book.
6. The process you took in reading this book. For example, how it was easy or difficult to read, who you discussed the book with, the length of time in reading the book, and if you reread this book.
7. How you felt you were helped by reading this book.
8. The changes that have occurred in your life as a result of having read this book.
9. How you felt you were not helped by reading this book.
APPENDIX F
CONSENT FORM
Consent Form

The helpfulness of self-help reading

I want to do research on the experience of self-help reading as described by self-guided adult readers. I want to do this because I am personally and professionally interested in the experience of self-help reading, how individuals choose and define self-help reading, what types of life experiences leads one to choose a self-help book, the expectations one has for self-help reading, and how one perceives this experience to be helpful. If you decide to participate in this study, you will be asked to participate in two interviews, each lasting approximately 90 minutes. These interviews will be audio taped and will be scheduled at a time most convenient for you.

All audiotapes will be destroyed at the end of the research project and only limited demographic information and a chosen name will be included in the final project. All information will be kept in a secure location and will only be accessed by this researcher. The findings of this research will be published in a doctoral dissertation in Counselor Education and Supervision, submitted to a scholarly journal, and for a proposal at a state, regional, or national presentation.

If you take part in this project you will have the opportunity to reflect on your experience of reading a self-help book and how this book had been helpful for you during a difficult life situation. The interview questions are intended to allow you to reflect on this experience. Examples include: “How did you hear about this book?” “What hopes and expectations did you have for reading this book?” and “When during the reading of the book did you sense that you were being helped?”

Taking part in this project is entirely up to you, and no one will hold it against you if you decide not to do it. If you do take part, you may stop at anytime.

If you want to know more about this research project, please call me at 330.672.2208 or my dissertation advisors, Drs. Don Bubenzer and Jason McGlothlin at 330.672.2662. The project has been approved by Kent State University. If you have questions about Kent State University’s rules for research, please call Dr. John L. West, Vice President and Dean, Division of Research and Graduate Studies (Tel. 330.672.2704).

You will get a copy of this consent form.

Sincerely,

Laura Bruneau M.Ed. P.C. Doctoral Candidate

CONSENT STATEMENT(S)

I agree to take part in this project. I know what I will have to do and that I can stop at any time.

__________________________________________  ____________
Signature                                      Date
Audiotape Consent Form

I agree to audio taping at_____________________________________________

on______________________________________________________________.

_________________________________________________________________

Signature Date

I have been told that I have the right to hear the audio tapes before they are used.

I have decided that I:

_____want to hear the tapes  _____do not want to hear the tapes

Sign now below if you do not want to hear the tapes. If you want to hear the tapes, you will be asked to sign after hearing them.

Laura Bruneau may/ may not use the tapes made of me. The original tapes or copies may be used for:

_____this research project

_________________________________________________________________

Signature Date

Address:
APPENDIX H

DEMOGRAPHIC QUESTIONNAIRE
Demographic Questionnaire

Instructions: This questionnaire is designed to gather important information about you. Please list your answers. All answers will remain confidential. Please do not write your name on this form. Your answers may be explored further during the first interview. Thank you.

Participant number: _____

1. Gender: ______________________________________________________________

2. Age: _________________________________________________________________

3. Education: ____________________________________________________________
   ______________________________________________________________________

4. Current Occupation: _____________________________________________________
   ______________________________________________________________________

5. Marital status: __________________________________________________________

6. Racial/ Ethnic Identity: _________________________________________________

7. Religious Affiliation: ____________________________________________________

8. Have you ever received professional treatment for an emotional problem? If yes, please list the dates you had been in therapy:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

9. Approximately how many self-help books, on any topic, have you read? _________

Please list the titles of these books, if possible:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

APPENDIX I

MENTAL HEALTH AGENCY INFORMATION
Mental Health Agency Information

Summit County, Ohio
  Portage Path Behavioral Health
  340 S. Broadway St., Akron, OH 44308
  (330) 253-3100 or (800) 828-4508

Portage County, Ohio
  Coleman Professional Services
  3920 Lover’s Lane, Ravenna, OH 44226
  (330) 673-1347 or (877) 796-3555
First Interview Schedule

1. You indicated you chose to have read this book due to experiencing a difficult life situation. Could you briefly describe this time in your life?

2. What made you define the experience of reading this book as self-help reading? How has the self-help reading experience been different from any other reading that you have done?

3. How would you describe yourself as a person, in terms of traits or characteristics? What is it about you that allows self-help reading to be helpful?

4. How did you hear about this book? What hopes and expectations did you have for reading this book?

5. How did you go about reading the book? For example, how was it easy or difficult to read? How long did it take you to read the book? Where and when did you read the book? How did you share what you learned from the book with others? How often did you re-read or return to this book?

6. When during the reading of the book did you sense that you were being helped?

7. What changes have occurred in your life as a result of having read this book?

8. What may have been unhelpful to you about the experience of reading this book?

9. What additional comments would you like to make about the experience of reading this book and how you perceived this experience to be helpful?
3/5/2007

To: The Dissertation Committee of Ms. Laura Bruneau
Ms. Laura Bruneau
From: Dr. Mary Jenkins
Re: Audit of Dissertation

I was asked to perform the role of external auditor of the dissertation procedures for Laura Bruneau’s dissertation entitled “The helpfulness of self-help reading as described by self-guided adult female readers”.

My qualifications as an external auditor include my PhD in the affiliated dissertation field. I am currently an Associate Professor in the Counseling and Human Development Services Program at Kent State University, where I have co-taught dissertations for the last six years. Many of the dissertations I have been involved with used a phenomenological approach. My own scholarship, including my dissertation, involves qualitative methodology using subject interviews and analysis of themes. For that last four years I have served as a Graduate Faculty Representative to ensure the quality of dissertations emerging from the College of Education, Health, and Human Services.

As external auditor I am not affiliated with the dissertation committee and my role is to establish dependability and confirmability of the process and product of this research. As the external auditor I am responsible for reviewing the literature used to support the research question, the research design and choice of methodology, the researcher’s assumptions, the sampling procedures and participant selection, the data gathering and analysis process, and the methods to assure trustworthiness and credibility.

The audit procedure involved me meeting with the Ms. Bruneau on February 6, 2007 and receiving documents she had prepared as part of her research procedure for my later review. Documents included portions of her dissertation covering the literature review, development of the research questions, rationale for methodology, assumptions, selection of subjects, data gathering process, procedures for analysis of data, methods of establishing trustworthiness and credibility and portions of her results section. In order to support the assertions in her dissertation, Ms. Bruneau also supplied me with copies of her field notes, a sample interview tape, transcripts of her interviews, formulated meanings derived from the interviews, a sample quote file from one participant, her reflexive journals developed during the research, the newspaper Vein diagrams that she used for organizing her themes, and summary notes from the newspaper documents. In my years as an academic, Ms. Bruneau’s materials were the most extensive gathering of auditing material that I have seen. It truly was her intent to remain as transparent and accessible as possible for my role as an auditor. In many ways she had in place every possible established method to ensure my assessment of the process and product of her research and hence its confirmability and dependability.

As part of a research audit in phenomenological research there are a series of questions the auditor must address (Lincoln & Guba, 1985; Mustakas, 1994). The questions address concerns related to methodology, clarity of data, themes and concepts, alternate inferences or unused data, the researcher’s imposition in the process, and evidence for triangulation, member checking, and peer debriefing. Ms. Bruneau chose a phenomenological approach to her qualitative study (Patton, 2002) which is deemed appropriate for inquiry into her question, the essence of self-help reading. She applied the methodology appropriately through multiple interviews and member checks with individual participants. Her materials demonstrated how the data was organized from tapes, to transcripts, to themed quotes, to analysis of

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themes. The quotes that she used from the interviews explain the themes and are accurately labeled. It is possible to go from the general structural description back to the transcripts and see how her themes were derived. She used a multicolor labeling system to connect members' themes across participants in order to develop larger concepts from the data. In this auditor's review, any unused data from the transcripts was interview content not related to the research question, but related to establishing the context of the interview and relationship building between the researcher and participant. From review of sample transcripts, there is no indication of 'negative' evidence in this study nor are there alternative inferences possible for the interviews. Ms. Bruneau is clear of imposing her own language into the analysis through the use of a peer debriefer (who also reviewed the newsprint/venn diagrams) and through triangulating her data by reviewing original sources (self-help books) used by participants.

I find Ms. Bruneau's dissertation research to be extremely well-constructed methodology with a sufficient evidence trail for appropriate analysis of data to draw conclusions that ensure confirmability. I was impressed with her sound procedure and thoughtful conclusions.

Respectfully,

Marly Jancius, PhD
Associate Professor
REFERENCES


Reuben, D. R. (1969). *Everything you always wanted to know about sex, but were afraid to ask.* New York: D. McKay Co.


