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# PREFERENCES OF SELF-HELP BOOKS AND THEIR PRESUMED CREDIBILITY IN THE COLLEGE POPULATION

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PREFERENCES OF SELF-HELP BOOKS AND THEIR PRESUMED CREDIBILITY IN THE  
COLLEGE POPULATION

A Thesis

Presented to

the Faculty of the Department of Psychology

Murray State University

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of Master of Science in Clinical Psychology

by Morgan Wild

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## Abstract

Self-help books are utilized as a cost-effective way of reducing psychological or emotional difficulties. Many self-help books target various types of mental health distress, and are easily accessed by the public. As of 2016, Americans spent 2.7 billion dollars on general self-help approaches, including self-help books (Nahin, Barnes, and Stussman, 2016). The present study seeks to investigate potential clients' preferences of self-help books and their associated credibility. This study expands the work of Redding, Herbert, Forman, and Gaudiano (2008) who rated and examined the psychological properties of 50 bestselling self-help books published from the late 1990's to 2005. The current study examined (1) what self-help books among those reviewed by Redding et al. (2008) do participants prefer, (2) how do participants' preferences align with the expert ratings of Redding et al. (2008), and (3) what are the similarities and differences between participant and expert ratings and various demographic factors. Data collected from a Southern regional university revealed a significant correlation between expert and participant credibility scores, indicating that experts and participants in the current study perceive the credibility of specific depression, anxiety, and trauma focused self-help books similarly. More importantly a small sample of participants were able to discern between credible and non-credible self-help books while the majority of participants showed no relationship to the experts. The findings from the current study add to the small preexisting literature regarding self-help treatment modalities. Limitations of the current study and future research are discussed.

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## **Chapter 1: Review of the Literature**

Despite the various efforts to improve the accessibility of psychological and pharmacological treatments for mental health disorders, many barriers are present. For instance, in 2011, 59% of adults with a mental health difficulty did not receive treatment (Mental Health America, 2017). More recently, data collected in 2016 indicates that 55.8% of adults with a mental illness did not receive treatment during the past year (Mental Health America, 2017). While many individuals do not seek professional help, self-help approaches are a popular form of relief from psychological and emotional difficulties. These activities can be directed solely by an individual, by professional recommendations, or can be utilized concurrently with formal psychological treatment (Campbell & Smith, 2003). According to Norcross (2000), self-help techniques have regularly been incorporated into psychotherapy in the United States throughout the past decade. For instance, in 2000, 85% of psychotherapists reported regularly recommending self-help books during treatment, 82% recommended self-help groups, 46% recommended films, and 24% reported recommending autobiographies for current clients (Norcross et al. 2000, 2003). Despite the popularity of various self-help treatments, the credibility of these treatments are not well-studied. More specifically, little research has examined the scientific legitimacy of self-help books.

Many face-to-face therapeutic models are being adapted to “do it yourself” interventions such as self-help books. Estimates for the popularity of self-help books vary across different studies. Starting in 2000, Americans spent \$563 million dollars a year on

self-help books (Bergsma, 2008). In 2003, the self-help book industry made \$650 million dollars in sales (Salerno, 2005). The self-help industry has grown substantially from these past estimates. According to the 2012 National Health Statistics Report, Americans spent 2.7 billion dollars on general self-help approaches, including self-help books (Nahin et al. 2016) Despite the increasing popularity of these books, little research has examined the credibility of self-help books.

Most self-help books seek to describe psychological difficulties in common terms, while offering information and techniques derived from research (Norcross, 2000). Some self-help books aim to reduce distress associated with specific psychological disorders such as Major Depressive Disorder and Generalized Anxiety Disorder (Den Boer et al. 2004). Other books target broader problem areas, including stress reduction, exercise, health, weight loss, self-esteem, body image, addiction, and relationships (Bergsma, 2008).

According to Newman, Erikson, Prezeworski, and Duzus (2003) there are four general variations of self-help: 'Self-Administered', 'Predominantly Self-Help', 'Minimal Self-Help', and 'Predominantly Therapist Administered.' The first variation, 'Self-Administered Therapy' is the independent use of self-help without contact from professionals. For example, seeking out and reading a self-help book independently would be categorized as self-administered therapy. The second variation, 'Predominantly Self-Help' is the independent use of self-help with little contact from professionals. Within this variation, professionals provide check-in opportunities to assure the self-help tool is being used properly. For example, meeting with a therapist or support group once a month would be categorized as predominantly self-help. 'Minimal Contact Therapy'

incorporates minimal involvement of a professional receiving more support than the previous. Lastly, 'Predominantly Therapist-Administered Therapy' incorporates self-help into regular sessions and relies heavily on professionals for guidance (Newman et al. 2003). For example, many mental health professions assign readings, provide instructions, and check on the subsequent progress of their clients in this category of general self-help.

Despite the four general overarching variations of self-help treatments, Bergsma (2008) identified and described two similar categories of self-help books in relation to Newman's and colleagues previously mentioned categories. Bergsma (2008) stated that self-help books can be integrated into psychotherapy via therapeutic reading in two different ways: 'Self-Administered or unguided self-help' and 'Predominantly Therapist Administered or guided self-help.' First, individuals can independently engage in self-directed therapeutic reading without professional guidance. This type of self-help represents the use of self-help books with no additional support from professionals (Bergsma, 2008). Second, individuals can actively engage in professional-directed therapeutic reading as an adjunct to psychological treatment. This type of therapeutic reading is commonly referred to as bibliotherapy. Within this variation of therapeutic reading, helping professionals utilize bibliotherapy by "prescribing" self-help books to clients (Starker, 1988). Therefore, the distinction between unguided and guided self-help is the amount of contact with a professional. Despite the differentiation between the two therapeutic reading variations, the focus of this paper will synonymously refer to self-help books and bibliotherapy as one overarching self-help intervention.

### **Advantages of General Self-Help**

The American Psychological Association's Task Force on Self-Help Therapies identified four overarching advantages for general self-help programs (American Psychological Association, 1978). The first advantage of self-help treatment is accessibility. Self-help treatment options can reach a large number of individuals with various difficulties. Second, self-help treatments are cost effective. Third, self-help treatments decrease reliance on helping professionals, potentially increasing autonomy. The fourth advantage of self-help programs is education. More specifically, self-help treatments can serve as an educative opportunity which could increase prevention knowledge.

Like the advantages of general self-help treatments, similar pragmatic factors account for the success of the self-help book industry such as cost and accessibility (Norcross, 2000; Bergsma, 2008). According to Lohse and Spiller (1998) online market places are becoming the primary source of purchase for many consumers. More specifically, Lohse and Spiller (1998) indicated that Amazon is the third largest book seller world-wide. To illustrate the accessibility of purchasing self-help books, an Amazon search was conducted. After searching "self-help books," 843,990 books were listed for purchase ranging in various topics. The third factor that accounts for the success of the self-help book industry is privacy. Self-help books foster the opportunity to work on difficulties privately without having to seek professional help. Lastly, these books can be utilized prior to seeking professional help, and after conventional medical or psychological treatment has resulted in dissatisfaction, or has failed (Bergsma, 2008; Norcross, 2000).

## **Characteristics of Self-Help Books and Readers**

A limited number of empirical research studies have examined self-help book themes in the United States. However, research conducted by Bergsma (2008) identified four major self-help book themes in the Netherlands. In the study, 57 best-selling self-help books were examined based on store appearance (i.e. title, front, and back cover) and the books central message (i.e. publisher and author's notes). Ultimately, the researchers derived four major themes: Growth, Relationships, Coping, and Identity. According to this classification, Growth oriented books were the largest category and refer to "personal growth," and focus on the improvement of self. These books incorporate self-management, and action steps to achieve personal goals. The Relationship category focuses on intimate relationships and ways to achieve satisfying relationships. Coping oriented books incorporate ways to improve stress reduction and relaxation and provided tools to increase resiliency. The identity category represents insight-oriented books in relation to self.

Despite the lack of identification of self-help books themes in the United States, two overarching dimensions of self-help books have been identified in Europe as well as the United States. The first dimension is Problem Focused self-help books (Bergsma, 2008; Salerno, 2005). Problem Focused books discuss specific deficits such as managing depression or anxiety. Problem Focused books incorporate descriptions of the nature of problems and how to recognize and circumvent future problems. The second dimension is Growth Oriented self-help books (Salerno, 2005). Growth Oriented books incorporate developing a better self or identifying strategies to reach personal goals rather than

targeting a specific area difficulty. These books also provide inspirational messages about life and happiness and recommend numerous coping strategies (Salerno, 2005).

Regardless of the increasing popularity of self-help books, there is limited research that identifies the characteristics of self-help book readers. Wilson and Cash (2000) created a 40-item scale called the Self-Help Reading Attitudes Survey (SHRAS) to better identify characteristics of self-help book readers. In the study, the researchers surveyed a sample of 264 college students and their associated attitudes towards reading as well as their self-help reading behaviors within the past year. The results indicated those who enjoy reading and read more in general have more favorable attitudes towards self-help books. Women and psychology majors were found to have more favorable attitudes towards self-help reading compared to men and non-psychology majors. In addition, there was a modest association between self-help reading attitudes and greater life satisfaction (Wilson & Cash, 2000). Other factors that predicted a more positive attitude towards self-help books included: increased psychological mindedness and a stronger self-control orientation (Wilson & Cash, 2000). Despite these findings, there are inconsistencies identifying and describing the differences between consumers and nonconsumers of self-help books. For instance, one study found that consumers of self-help books present with higher depressive symptomology and increased stress levels (Raymond et al. 2016). Furthermore, the results of this study indicated that consumers of Problem Focused self-help books were significantly more depressed compared to consumers of Growth Oriented self-help books. Additionally, Growth Oriented self-help book readers were significantly more stressed compared to consumers of Problem Focused self-help books (Raymond et al. 2016).

## **General Self-Help Treatment Efficacy and Effectiveness**

Numerous metaanalyses and randomized control studies have identified many general self-help treatments to be at least moderately effective for a wide range of psychological distress with outcomes comparable to therapist-administered psychological treatment. Another consistent finding within the majority of metaanalyses is that self-help is reliability more effective than no-treatment control groups. One of the first metaanalyses to reveal these effects was conducted by Scogin, Bynum, Stephens and Calhoon in 1990. The researchers were interested in examining the efficacy of self-administered programs and therapist-administered treatment compared to no-treatment control. In the meta-analysis, researchers examined 40 studies. These studies were selected for a meta-analytic review based on a selection criterion. This criterion included 21 scientific research journals from 1987 to 1986. Self-administered therapies (e.g. independent use of self-help) were selected and then cross examined for additional references in other publications. The selected articles were searched for key words related to self-administered treatments. The researchers found a large average estimated effect size of  $d = 0.96$  for self-administered treatments compared to no-treatment conditions. This finding suggests that self-help treatments can be effective. The differences between self-administered and therapist-administered treatments were found to be nonsignificant (Scogin et al.1990).

Similarly, Gould, and Clum (1993) conducted a metaanalysis of 40 self-help studies examining 61 treatments. Effect size comparisons were made based on self-help treatments or control conditions; such that independent study effect sizes were averaged across all dependent measures in both conditions for comparison. In this study, the

researchers defined self-help treatments as those mediated primarily through media-based approaches (Gould & Clum, 1993). These approaches included the use of books, manuals, audiotapes, videotapes, or some combination. Control groups included: no-treatment, waiting-list, or placebo conditions. Gould and Clum (1993) found a large overall treatment effect size for self-help interventions of  $d = 0.76$  at post-treatment, with an effect size of  $d = 0.53$  at follow-up (Gould and Clum, 1993). Further results indicated that fears ( $d = 1.11$ ) and depression ( $d = 0.74$ ), were most responsive to self-help treatments. In contrast, habits such as smoking, drinking, and overeating were less responsive to self-help treatments (Gould & Clum, 1993).

Another meta-analysis conducted by Marrs (1995) examined the efficacy of bibliotherapy compared to control and therapist-administered treatments. The meta-analysis included 70 samples with a medium mean effect size of 0.56. There were no significant differences identified between the outcomes of bibliotherapy and therapist-administered treatment (Marrs, 1995). Bibliotherapy was found to be more effective for assertiveness difficulties, anxiety, and sexual dysfunctions compared to other difficulties such as weight loss, impulse control, and studying problems. Taken together, these findings suggest that self-help books are comparable to therapist-administered treatment, and superior to control conditions. While the findings of multiple studies suggest self-help books are an effective treatment modality, the lack of standardization of self-help book content is believed to be an important variable that is often unexamined.

**Self-help for depression and anxiety.** Self-help books have been developed for depression and anxiety disorders as they are the most occurring and cooccurring mental health disorders (World Health Organization, 2017, 2018). The effectiveness of self-help

treatments for depression and anxiety disorders have been found to be a cost-effective and convenient alternative to professional psychology (Redding, Herbert, Forman & Gaudiano, 2008). One of the first researchers to examine the effects of self-help for unipolar depression and anxiety was Cuijpers (1997). Cuijpers reviewed six meta-analyses totaling 272 participants. Effect sizes were calculated to compare the differences in effectiveness among the treatments (i.e. bibliotherapy, individual therapy, group therapy, or a waiting list control group). Bibliotherapy compared to the waiting list control resulted in a large effect size ( $d = .82$ ). Bibliotherapy compared to individual therapy resulted in an insignificant effect size ( $d = -0.10$ ). Bibliotherapy compared to group and individual therapy resulted in an insignificant effect size ( $d = -10$ ). The results indicated that bibliotherapy is effective for treating unipolar depression, and that it is no less effective than individual or group therapy (Cuijpers, 1997).

Den Boer, Wiersman, and van Den Bosh (2004) found similar results in a more recent meta-analysis. The study included 14 randomized control studies examining self-help groups and bibliotherapy to cognitive behavioral therapy, wait list, or placebo conditions. Treatment length varied from 4 to 12 weeks long with a median of 8 weeks. Mean effect sizes were calculated to examine the differences between the treatments. The mean effect size of self-help versus the control condition resulted in a large effect size ( $d = .84$ ). The large effect size was maintained post treatment ( $d = .76$ ; Den Boer et al. 2004). The results of this study indicated that bibliotherapy can be an effective treatment option for individuals with depression and anxiety. Furthermore, bibliotherapy was identified as being significantly more effective than placebos or wait lists.

More recently, research conducted in 2010 by Cuijpers, Donker, van Straten, Li, and Andersson found comparable results. In the meta-analysis, Cuijpers and colleagues examined the effectiveness of self-help treatments compared to face-to-face psychotherapy for depression and anxiety disorders in 21 randomized control studies (N= 810). Face-to-face therapy included a variety of therapeutic interventions such as relaxation training, cognitive reconstructing, exposure, breathing retraining and cognitive behavioral therapy. Effect sizes were calculated to examine if differences existed between the treatments. The results indicated no difference between self-help and face-to-face treatments ( $d = -0.02$ ), or after a 1-year follow-up period.

In contrast, Menchola, Arkowitz, and Burke (2007) conducted a meta-analysis of 24 studies and found drastically different effects compared to previous metanalyses. Unlike previous studies, the inclusion criteria was more restrictive. Specifically, these treatments were restricted to independent use of self-help treatment modalities such as bibliotherapy, rather than including multiple variations of self-help. The results indicated that self-administered treatments produced large effects compared to no-treatment control groups ( $d = 1.00$ ). Dissimilar from previous metanalyses, further results indicated that self-administered treatments resulted in poorer outcomes compared to psychological treatment administered by a professional in the community ( $d = -0.31$ ; Menchola et al. 2007). Because Menchola et al. (2007) utilized a restrictive inclusion criterion, the findings suggest there is a broader issue with the variation and possible content of client-administered self-help techniques.

## **General Self-Help Criticism**

Regarding self-help books, a few authors have raised criticism about the efficacy of self-help books which fall into four major themes. The first criticism is self-help books utilize a “one size fits all” approach (Bergsma, 2008). Subsequently, individual differences, characteristics, and specific distress are not considered within self-help treatment modalities (Rosen, 1993). Furthermore, Richardson, Richards, and Barkham (2008) identified that self-help books fail to integrate both “common” and “specific” factors for treating psychological and emotional difficulties. Common factors are a set of therapeutic elements that are found in the majority of psychotherapies, which are purported to lead to change (Wampold, 2015). Wampold (2015) stated the first common factor to activate is the therapeutic relationship. Wampold (2015) claims that the therapeutic relationship must be established for change to occur; however, this common factor is absent in self-help books. Richardson and Richards (2006) stated that additional common factors such as therapist responsiveness and therapist alliance are not present in self-help materials, which reduce effectiveness. Furthermore, some self-help books fail to integrate specific factors. Specific factors can target individualized characteristics of a dysfunction (Wampold, 2015). In other words, self-help books can lack proper integration of individual personality, diagnosis, or personal circumstances which may reduce effectiveness.

The second criticism of self-help books is improper implementation of “do it yourself” techniques (Rosen, 1993). Rosen (1993) indicated that many self-help treatments lack proper implementation, which can result in worsening of symptoms. Moreover, Becvar (1978) indicated that self-help books contribute to worsening of

symptoms and the development of a “non-problem.” In other words, self-help books are being used to treat a variety of normal emotional states such as sadness, worry, and guilt. Subsequently, many self-help books may over pathologize emotional experiences.

The third criticism of self-help books is related to the exaggerated and persuasive titles. For example, Norcross (2000) identified bestselling self-help book titles such as: *Dance Naked in your Living Room*, *How to Juggle Women without getting Killed*, *Change your Underwear*, *Change your life*, and *Asshole no more: A Self-Help Guide for Recovering Assholes and their Victims*. Such titles contain exaggerated claims and promise effectiveness without explaining the limitations of the self-administered treatment (Rosen 1987). A search of the top five self-help books on Amazon as of February 2018 includes: *The Simple Guide to Feeling Better*, *Unfu\*k Yourself: Get Out of Your Head and into Your Life*, *Love Yourself Like Your Life Depends On It*, *Getting Past Your Past: EMDR Therapy*, and *Hardcore Self Help: F\*\*k Anxiety (Volume 1)*. Within the current Amazon best seller list, only two self-help books are written by mental health professionals. Many self-help book consumers utilize best seller lists to select self-help books (Richardson et al. 2008). Despite these best seller’s lists, there is no reliable relationship between the books and quality (Norcross, 2000). Nevertheless, best-selling books are typically recommended compared to other products which increases sales without proper examination of the books usefulness or credibility (Richardson et al. 2008).

The fourth and largest criticism of self-help books is the content within the books. Critics claim that self-help books have not been constructed in accords with best available research evidence, despite being identified as effective treatments compare to

controls. Additionally, the majority of published self-help books have never been empirically evaluated congruent with the current literature. Previous research indicates that approximately 2,000 self-help books are published annually (Rosen, 1993). Furthermore, of the annually published self-help books, 95% of these books are published without empirical validation (Rosen, 1993). Moreover, rarely does the average person make the distinction between empirically validated self-help books and those that are not. Self-help books may fail to incorporate best available research, client preferences, and clinical expertise as recommended by the American Psychological Association (APA).

### **Self-Help Books and Evidence Based Practice**

Critics argue that self-help books are not properly incorporating the three-component evidence-based practice framework developed by the American Psychological Association (Rosen 1993; Becvar, 1978). This three-component framework outlines and identifies the proper implementation of evidence-based practices within psychology. The APA defines evidence-based practice in psychology (EBPP) as the “integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences” (Anderson, 2006, p. 273). In other words, this approach combines and balances empirical research, patient preferences, and clinical expertise. Subsequently, the lack of these components within self-help books risks maintaining a comprehensive treatment approach.

**Best available research evidence.** The first factor of the three-component framework is best available research evidence. According to the APA, best available research evidence should include interventions that are “safe and effective for a large number of children and youth adults, and older adults across a wide range of

psychological, addictive, health and relational problems” (Anderson, 2006, p. 274). There are multiple types of research evidence available. Best research evidence should examine treatment outcomes on multiple levels including efficacy, effectiveness, cost-effectiveness, cost-benefit, epidemiological, and treatment utilization. According to Norcross (2000), the value of information presented in self-help books does not incorporate best available research; rather self-help books represent a varied account of psychological advice without professional endorsement (Norcross, 2000).

**Clinical expertise.** The second factor of the three-component framework is clinical expertise. Psychologists are trained to apply scientific literature that promote positive therapeutic outcomes. To achieve clinical expertise, one must develop competency in assessment and clinical decision making. Additionally, interpersonal expertise and continual self-reflection should be evaluated regularly. Regarding research, appropriate evaluation and use of research evidence in basic and applied psychological science is critical to developing clinical expertise. Lastly, developing an understanding of cultural and individual differences as well as having a well-developed rationale for clinical treatment strategies is warranted (Anderson, 2006, pg. 276). Nonetheless, self-help books do not provide any clinical expertise. Thus, the expertise offered is found within the content of the book and largely due to the authors credibility. More importantly, many authors may lack formal training in psychology or other professional mental health disciplines.

**Client preference.** The last factor of the three-component framework is client preference. According to the American Psychological Association (APA), client preferences entail “patient values, religious beliefs, worldviews, goals, and preferences

for treatment” (Anderson, 2006. p. 278). A recent meta-analysis conducted by Swift and Callahan (2010) examined client preferences and its effect on treatment outcomes. The researchers identified that client treatment preferences significantly impact treatment outcomes. More specifically, individuals who preferred a treatment showed greater symptom improvement and were less likely to drop out of treatment as compared to individuals receiving a treatment they did not prefer. A more recent meta-analytical review was conducted by Lindhiem, Bennett, Trentacosta, and McLear (2014) which explored the effects of client preferences on treatment satisfaction, completion rates, and clinical outcomes. The review identified that when individuals were matched with their treatment preferences they had higher treatment satisfaction ratings ( $ES_d = .34$ ), increased completion rates ( $ES_d = .17$ ) and superior clinical outcomes ( $ES_d = .15$ ) compared to those that did not receive their preferred treatments (Lindhiem et al. 2014). Subsequently, research supports the need for understanding client preferences when treating psychological disorders. Regarding self-help books, there is little importance placed on individual characteristics of the client. Subsequently the client’s preferences dictate which self-help book they purchase, often resulting in the purchase of a “one size fits all” style self-help book.

### **Expert Examination of Self-Help Books Content**

The unification of research evidence, client preferences, and clinical expertise creates a strong framework for receiving the best available psychological practices; however, self-help books often fail to incorporate each component recommended by the APA. Based on the current literature and available books, many self-help books are failing to provide content that is consistent with best available research evidence;

therefore, a thorough examination of self-help book content is warranted. A collaborative research project was compiled from five previous national studies reviewing the content of self-help books, autobiographies, and popular films (Norcross et al. 2000). In this study, over 2,500 psychologists evaluated and rated randomly selected or best-seller self-help books. Of the self-help books rated the highest included: *Feeling Good* by: David Burns, *Mind Over Mood* by: Padesky and Greenberger, *The Feeling Good Handbook* by: David Burns, *Control Your Depression* by Peter Lewinsohn, *You Can Beat Depression* by: John Preston and *Cognitive Therapy and the emotional disorders* by Aaron T. Beck. Despite being rated the highest in regards to book value, none of these books received an extremely good/outstanding rating of 2.0. Comparatively, the highest book score was rated at 1.51 (e.g. *Feeling Good*, by David Burns).

One of the most informative studies examining the content and credibility of self-help books was conducted by Redding Herbert, Forman, and Gaudiano in 2008. This study extended previous research by assessing the scientific grounding and usefulness of 50 popular self-help books. The aim of the study was to examine whether self-help book content provided valid psychological advice that is consistent with the current psychological literature. The researchers limited their examination to self-help books for depression, anxiety, and trauma related distress.

Redding et al. (2008) conducted an internet search of leading self-help books for depression, anxiety, and trauma on Amazon.com as of December 2005. The researchers also catalogued the shelves of two national bookstore chains, Barnes and Noble and Borders. Fifty self-help books were retained and randomly assigned to be evaluated by an expert rater. Of the fifty self-help books, the majority of the books were published or

revised from the late 1990's throughout 2005. To evaluate the content of self-help books, the researchers created a 19-item measure with five subscales based on the current literature. The five subscales included: (a) Psychological Science Scale- which measures the books grounding in psychological science, (b) Specific Guidance Scale- which measures the books specific guidance for making a self-diagnosis, (c) Reasonable Expectations Scale- which measures how the books promote reasonable expectations about the use and limitations of the techniques, (d) Iatrogenic Advice Scale- which measures the amount of potential harmful advice, and (e) Overall Usefulness Scale- which measures the degree to which the self-help book provided etiological explanations and treatments consistent with the current literature despite theoretical orientation of the book (Redding et al. 2008). The questions were rated on a 5 point Likert scale (e.g. 1 = strongly disagree, 5 = strongly agree). The total scale Cronbach alpha was  $\alpha = .94$ , signifying a close relation between items. Internal consistencies for the subscales were .94 Psychological Science subscale (5 items), .87 Reasonable Expectations (4 items), .82 Specific Guidance (5 items), and .88 Overall Usefulness (4 items; Redding et al., 2008).

Four raters all holding doctoral degrees who had considerable knowledge and experience with clinical experimental practices were denoted as expert raters. Of the expert raters, all had been practicing at the time of the study and the majority served as members on editorial boards of scientific psychological journals. A criterion judge, James D. Herbert, a nationally recognized researcher for anxiety disorders was recruited to prevent rater drift and ensure reliability. The rating process totaled three separate phases to ensure interrater reliability. First, the raters read randomly assigned self-help books and completed the rating forms previously discussed. In Phase 1, each judge rated the

books from all three disorder categories (i.e. depression, anxiety, trauma). The ratings were then deliberated and resulted in modifications. The modifications improve clarity and agreement among the raters. In Phase 2, the judges each rated four books until a minimum interclass correlation coefficient was established (e.g.  $ICC > .70$ ). In Phase 3, Criterion Judge, James D. Herbert randomly reviewed and rated four of each judges previously rated self-help books to ensure continued reliability. The overall interrater reliability among the four judges was an ICC of .75, with the Criterion Judge establishing an ICC of .72 (Redding et al. 2008).

Individual books ratings resulted in “substantial variability” (Redding et al., 2008). To illustrate the variability, the best rated book: *The OCD Workbook*, received a rating score of 94 (e.g. maximum score of 95). The lowest rated book: *How to Win Over Depression* was rated at a score of 34 (minimum score of 19). Similar factors of the highest rated books included specific disorder information, cognitive behavioral orientation, doctorate level authors, and reference to peer-review journal articles or professional literature. Similar factors of the lowest rated books included covering multiple areas of distress, utilizing a nonscientific approach, and making claims well beyond current literature conclusions. In addition, the authors of the lowest rated books were not affiliated with professional mental health organizations or academic affiliations. Overall book ratings indicated that 60% of the books were grounded in psychological science and 50% of the books prepared readers for negative effects such as setbacks and treatment failures. On the contrary, only 42% of the books provided expectations to its readers about the potential benefits of the self-help treatments. Furthermore, 32% of the books inappropriately promised a cure after reading the text. In addition, 18% of the

books provided iatrogenic advice such as utilizing herbal medicines and promoting specific medical supplements without a license. These findings suggest that self-help books are primarily grounded in psychological science and only a minor percentage lead to harmful effects. It remains an open question whether potential clients of self-books will perceive self-help book credibility in the same way as these experts.

### **The Present Study**

Limited research has examined self-help books content and its relation to psychological science. This study was focused on filling in the evidence-based practice model by evaluating potential client's preferences and comparing those preferences to expert ratings. This study utilized expert ratings from Redding et al.'s (2008) study as a point of comparison for potential client preferences. Three core research questions were assessed: (1) What self-help books (among those reviewed by Redding et al., 2008) do participants/clients prefer? (2) How do participant preferences align with the expert rating of Redding et al. (2008) and (3) Are there orderly differences in the relationship between participant and expert ratings and various demographic factors?

## **Chapter II: Methodology**

### **Participants**

Undergraduate students from Southern regional university were recruited through the university psychology department's SONA system. Participants were informed that the study examined preferences for self-help books on the description page. Previous research indicates almost half of college-aged students meet DSM-IV criteria for at least one mental health disorder in 2009 (Hunt & Eisenberg, 2010). More recently, research conducted by the National Institute of Mental Health in 2012 found that 59% of current college students have mental health disorders. In addition, 45% of college drop-outs reported no longer attending college because of lack of mental health accommodations. Based on these findings, college-aged students are likely to seek practical treatment options like self-help books.

### **Materials**

**Demographic questionnaire.** Participants responded to questions regarding demographics including their age, gender, race/ethnicity, and education level (See Appendix I; Demographic Questions). Participants also provided information related to history of mental illness and reported any history or current treatment enrollment. Additionally, participants reported if they have ever read a self-help book. Finally, participants were asked report in numerical form how many books they have read for pleasure within the past year.

**Self-help book stimuli.** There were two types of self-help book stimuli used for each book in the study (See Appendix II; Stimulus Book Samples). For all fifty self-help book stimuli, a still image of the books front cover was presented as well as a book description. When available, the stimuli books were exact copies of the fifty rated self-help books explored by Redding et al. (2008). A substitution method was used to replace missing or outdated books with newer editions. Using this method, twenty of the fifty stimuli books required a substitution. For example, *The Relaxation and Stress Reduction Workbook* written by Martha Davis in 1995 was replaced with the revised 2006 edition. Front covers of all fifty self-help books were presented to participants via webpage. In addition, a book description for all fifty self-help books were presented to the participants to provide further information to guide credibility ratings.

Ten attention check questions were embedded into the study in order to identify participants who were not carefully responding. More specifically, these items were included as a fatigue analysis. All ten attention check items used a standardized format and prompted the participant to select a specific response number. For example, “Check response 2 if you are reading this question” was used as an attention check item in the current study. A score of at least seven correct on the ten attention checks was used as the inclusion criterion for analysis. In addition to basic attention check items, participants were asked to answer a true/false content item checks after each book was presented. For example, after images of *The OCD Workbook* were presented, participants answered a true/false question derived from the image and book description such as, “This book discusses obsessive compulsive disorder, ways to track obsessive-compulsive behavior, and how to identify the severity of symptoms.” (See Appendix III; Content Checks).

## Measures

**Treatment beliefs.** To assess the degree to which the participants perceived a self-help book as credible, participants completed the Credibility Scale (CS; Addis & Carpenter, 1999, See Appendix VIII; Credibility Scale) after viewing each stimulus self-help book. The scale has seven items, each rated on a 7-point scale from 1 (Not at All) to 7 (Extremely). The CS was originally used to assess treatments for depression, therefore the wording on all seven items was modified to appropriately fit the research question. More specifically, the word “book” replaced “treatment” in each question. For example, “How logical does this treatment seem to you?” was changed to “How logical does this book seem to you?” The word “anxiety” was also modified and replaced with “a psychological difficulty.” For example, “How likely would you be going into this treatment if you were suffering from anxiety?” was changed to “How likely would you be to read this book if you had a psychological difficulty?” Higher scores on the scale indicated the participant perceived the self-help book as highly credible, while lower scores indicated the participant perceived the self-help book as less credible. This measure has been used in studying client treatment preferences for PTSD (Becker, Darius, & Schaumberg, 2007; Sharma, 2013; Zoellner, Feeny, & Bittinger, 2009). To assess reliability, Zoellner et al. (2009) combined the Credibility Scale (CS) and Personal Reaction to the Rationales (PRR) into a composite variable. The combination of these scales were found to have high internal consistency (alphas = 0.93 - 0.95) when assessing the treatment beliefs of prolonged exposure to sertraline for PTSD (Zoellner et al. 2009). This study will not utilize the PRR due to the high response burden such that adding the

PRR would increase the study by 250 questions. This is the first study, to our knowledge, to utilize the Credibility Scale in relation to self-help books.

### **Procedure**

Upon signing up for the study via SONA, participants were routed to an internet-based survey system running LimeSurvey. The participants were presented with an informed consent statement, given the opportunity to ask questions via e-mail or phone, and asked to provide informed consent before starting the survey. Participants then completed a demographic measure. Next, participants viewed 50 self-help books' front cover and book description in a randomized order specific to each participant. For example, participant 1 viewed the 50 self-help book stimuli in a unique and random order different from all other study participants. Each book was viewed separately with both stimuli on one page (e.g. front, cover and book description). After viewing the stimuli, the participants answered content check items in the form of true/false questions. In addition, participants were subject to 10 randomized attention checks throughout the study to assess fatigue. Immediately after the participants viewed each self-help book stimuli and answered the content and attention check items, they completed the 7-item Credibility Scale (CS). The participants continued answering the Credibility Scale (CS) for all fifty self-help books.

All fifty stimuli books were presented one by one to the participants in a randomized order and recorded. More specifically, a blocking randomization was established for the present study in the event that participants became fatigued or showed order effects. This blocked randomization evenly split the 50 self-help books in a randomized fashion into survey sets: the front half (e.g. 25 books) and the back half (e.g.

25 books; See Appendix III). After going through each trial, the participants were debriefed, and proper SONA credit was assigned. Participants that did not complete the entirety of the study were assigned a prorated amount of SONA points derived from their individual time spent taking the study.

### **Analytic Strategy**

All study analyses were conducted in SPSS v21. Prior to analysis, all primary variables were screened for univariate and multivariate outliers with univariate outliers ( $z > \pm 3.29$ ) and multivariate outliers (Mahalanobis distance  $> \alpha = .001$  cut-off) removed. No outliers were identified; however, random responders and participants that did not complete all questions within the study were removed from analysis, totaling thirty-one participants. Normality (i.e., skew and kurtosis) of all primary variables were also assessed prior to analysis. A prior criterion for the probability of falsely rejecting the null hypothesis was set at an alpha level of .05 for all statistical tests.

### **Research Questions**

Descriptive statistics were calculated to examine research question one. More specifically, to understand participant self-help book preferences, means and standard deviations were calculated for the creditability scale ratings of each self-help book. Research question two examined the overall relationship between client credibility ratings and expert credibility ratings from Redding et al. (2008). This research question examined participant and expert relationships at the book level. To assess this relationship, a two-tailed Pearson's R correlation coefficient was calculated. Research question three examined individual relationships between client preference credibility ratings and expert credibility ratings from Redding et al. (2008). To assess this

participant-level relationship, a two-tailed Pearson's product moment correlation coefficient was calculated for each participant's degree of agreement with expert ratings. For each participant, their credibility rating of each book was compared to the same book's expert rating reported in Redding et al. (2008) yielding a single score for each participant reflecting their degree of agreement with the expert raters. In addition, one linear regression model was conducted in order to examine if participant demographic factors predicted agreement with expert credibility ratings of found in Redding et al.'s (2008) study.

One sensitivity analysis and one power analysis was conducted in G Power (v 3.1.9.2) to determine the appropriate number of participants needed to power the current study, one for each statistical analysis mentioned above. For research question two, a sensitivity analysis was conducted to indicate the effect size needed to detect a significant correlation with a set parameter of  $N = 50$  self-help book ratings. The sensitivity analysis revealed that a .279 or -.279 correlation coefficient was needed to find a significant effect with the alpha set at 0.05 and a power ratio of .80. A power analysis for research question 3 was also conducted in G Power (v 3.1.9.2.). This analysis revealed that 86 participants was needed to provide adequate power for the 14-predictor regression analysis assuming a medium-large effect size of .25, an alpha of .05, and a power ratio of .80. A total of  $N = 101$  participants completed the study; however, after accounting for missing data, attention checks, and content checks, 70 participants were retained for analysis, therefore the subsequent regression analysis was underpowered.

## Chapter III: Results

### Demographics

Seventy participants (20 males, 49 females, and 1 transgender identification) with ages ranging from 18 to 45 ( $M = 20.14$ ,  $SD = 4.291$ ) comprised the sample for this study. A total of 101 participants completed the survey; however, due to missing and incorrect attention checks and credibility scale ratings, a total of 31 participants were removed from the study. Prior to removing participants, an imputation method was used to account for missing data within self-help book Credibility Scale (CS) ratings. Cases were only eligible for imputation if participants answered at least five of the seven credibility scale items for the missing scale score. The imputation method calculated averages for each specific book and participant. For example, if participants failed to answer one credibility scale question for a specific book, the remaining six scores were averaged and imputed as the missing data point. A total of 59 imputations were made for individual Credibility Scale items. Of the 59 imputations, 9 participants received imputation for 1 credibility scale rating, 7 participants received imputation for 2 credibility scale items, and 11 participants received imputation for 3 credibility scale items. Participants who skipped the entire Credibility Scale for one or more self-help books were not eligible for imputation, resulting in 15 participants being removed from the dataset. A total of 16 participants who did not pass 70% of total attention checks were also removed from the

dataset. The total sample includes 70 participants with complete credibility scores for all 50 self-help books.

The majority of the sample was Caucasian (77.1%), followed by African American (15.7%), Asian American (4.3%) and American Indian (1.4%). Fifty-three percent of the sample reported being freshman, 30% sophomores, 13% juniors, and 3% reported senior level status in college. In addition, the majority of the sample was female (70%). Forty-three percent of participants reported being first generation college students, 28% reported parents with Bachelor's Degrees, 14% with Graduate or Professional degrees, and 14% with high school or GED's. Regarding mental health, the majority of participants (74%) reported no previous or current mental health diagnosis of depression, anxiety, and Post-Traumatic Stress Disorder (PTSD). In addition, 84% of the sample reported having never been diagnosed with a mental health disorder, and never received treatment (83%). Eighty-one percent of participants reported never reading a self-help book for depression, anxiety, or PTSD. In addition, 57% of the sample reported no past or current consideration in reading a self-help book, while 41% reported self-help book consideration. The majority of participants (59%) reported reading at least one book for pleasure within the last year (refer to Table 1 for demographics of overall sample with frequencies and percentages).

Table 1

*Demographics of Overall Sample with Frequencies and Percentages*

	Overall Sample	
	Sample (N = 70)	Percentage (%)
<b>Sex (<i>n</i> = 70)</b>		
Male	20	28.6%
Female	49	70%
Transgender	1	1.4%
<b>Race (<i>n</i> = 69)</b>		
Alaskan Native	1	1.4%
Pacific Islander	0	-
Asian American	3	4.3%
African American	11	-
Hispanic/Latino	0	15.7%
White/Caucasian	54	77.1%
<b>Academic Year (<i>n</i> = 69)</b>		
Freshman	37	53.6%
Sophomore	21	30.4%
Junior	9	13.0%
Senior	2	2.9%
Graduate	0	-
<b>Parental Education (<i>n</i> = 69)</b>		
High School	10	14.5%
Some college	30	43.5%
Bachelor's	19	27.1%
Graduate	10	14.3%
<b>Depression, Anxiety, PTSD Diagnosis (<i>n</i> = 69)</b>		
Yes	18	26.1%
No	51	72.9%
<b>Mental Health Diagnosis (<i>n</i> = 68)</b>		
Yes	12	17.6%
No	56	80%
<b>Read Self-help book (<i>n</i> = 69)</b>		
Yes	12	17.4%
No	57	82.6%

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Consideration of Self-Help Book ( $n = 68$ )		
Yes	29	42.6%
No	39	57.4%
Online Self-Help ( $n = 69$ )		
Yes	8	11.6%
No	61	88.4%
Pleasure Reading Over Past Year ( $n = 69$ )		
Yes	41	59.4%
No	28	40.0%

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### Attention and Content Checks

Participants examined 50 self-help book stimuli in a randomized order. The self-help book stimuli were randomly assigned into 25 front half self-help books and 25 back half self-help books. Participants were asked to answer content items derived from the self-help book stimuli. The average participant score on the content items was 40.46 out of 50 correct (80.9% correct;  $SD = 7.43$ ), indicating that the majority of participants understood the central themes of the self-help book stimuli. A Kuder and Richardson (KR-20) coefficient revealed the content questions to be highly reliable, deriving a KR-20 value of .88 for participants ( $n = 54$ ) who answered all 50 content questions. In addition, a paired-samples t-test was conducted to compare if front half and back half participant content answers differed from one another. Regarding content answers, the results indicated no significant difference in participant content answers for front half ( $M = 20.44$ ,  $SD = 3.26$ ) and back half ( $M = 20.01$ ,  $SD = 4.56$ );  $t(69) = 1.30$ ,  $p = .20$ , suggesting that participants did not respond significantly different to front and back content questions.

Participants were subject to ten randomized attention checks with the majority of participants (63%) passing all attention checks, followed by 16% passing 9 attention checks, 13% passing 8 attention checks, and 9% passing 7 attention checks. In addition, another paired-samples t-test was conducted to compare if front half and back half attention checks differed from one another. The results indicated a significant difference for front half attention checks ( $M = 4.56, SD = .77$ ) and back half attention checks ( $M = 4.77, SD = 0.54$ );  $t(69) = -2.031, p < 0.046, d = 0.32$ . These results suggest that participants were significantly better at correctly responding to back half attention checks compared to front half attention checks.

### **Research Questions**

**Research question one, descriptive statistics.** Research question one examined whether current study participants preferred certain self-help books compared to others. Descriptive statistics including means, standard deviations and Cronbach's alphas were conducted to examine this research question. Fifty Cronbach's alpha coefficients were calculated to assess the internal consistency of the seven-item Credibility Scale (CS) for each of the 50 self-help books. The Cronbach's alpha for all 50 Credibility Scales were found to be highly reliable with a minimum alpha of .90 and a maximum alpha of .96. Means and standard deviations of the Credibility Scale (CS) were conducted at the book level for all 50 self-help books to determine which self-help books participants rated as more credible. The expert credibility ratings as found in Redding et al. (2008) displayed a variable range of scores ( $M = 62.34, SD = 17.54$ ) with the possible highest rating of 95, and lowest possible rating of 19 indicating overall credibility. The expert credibility scores were calculated on a 19-item measure with five subscales measuring the overall

quality of the self-help books; in contrast, participants included in the current study rated the credibility of self-help books on a smaller 7-item scale. Participant Credibility Scale (CS) ratings in the present study had comparable scores to the experts in Redding et al. (2008) ( $M = 25.12$ ,  $SD = 2.43$ ). The Credibility Scale (CS) scores highest possible rating was 49, and the lowest possible rating was 7. More specifically, participants rated the self-help book titled: *The Shyness and Social Anxiety Workbook* (Antony, 2000) ( $M = 28.39$ ,  $SD = 8.78$ ) the highest, and the self-help book titled: *Instant Self-Hypnosis* (Blair, 2004) ( $M = 14.56$ ,  $SD = 7.82$ ) the lowest (refer to Table 2 for participant and expert credibility scale (CS) ratings for all 50 self-help stimuli books with means, standard deviations, and alphas).

Table 2

*Participant and Expert Credibility Scale (CS) Ratings for all 50 Self-Help Stimuli Books with Means, Standard Deviations, Cronbach's Alpha, and Content Items in Percentages*

#	Book Title	Author	Year Published	Mean Expert Credibility Rating	Mean Participant Credibility Scale (CS) Rating	Standard Deviation (SD) Participant CS	Median Participant CS Rating	Cronbach's Alpha for CS	Correct Content Question Percentages
1	The OCD Workbook	Hyman, B. M.	1999	94	25.63	8.24	26.00	0.94	81%
2	Dying of Embarrassment	Markway, B	1992	92	26.71	8.67	28.00	0.95	94%
3	The Shyness & Social Anxiety Workbook*	Antony, M. M.	2000	92	28.39	8.78	28.00	0.95	96%
4	Overcoming Compulsive Hoarding	Neziroglu, F.	2004	90	25.79	7.67	26.00	0.92	91%
5	Stop Obsessing	Foa, E. B.	2001	90	23.71	8.70	24.00	0.95	80%
6	The Cyclothymia Workbook	Prentiss, P.	2004	88	24.80	8.17	25.00	0.93	83%
7	Bipolar Disorder Demystified	Castle, L. R.	2003	84	23.37	7.17	23.00	0.92	84%
8	Feeling Good	Burns, D. D.	2000	83	23.50	8.31	23.00	0.94	73%
9	Overcoming Compulsive Checking	Hyman, B. M.	2004	82	24.81	7.24	25.00	0.90	70%
10	Obsessive-Compulsive Disorders	Penzel, F.	2000	81	27.60	7.93	27.00	0.93	84%
11	Anxiety, Phobias, & Panic	Peuifoy, R. Z.	1988	77	26.59	7.98	27.00	0.94	90%
12	The Mood Cure	Ross, J.	2002	76	22.94	8.19	24.00	0.96	81%
13	Breaking the Patterns of Depression	Yapko, M. D.	1997	75	26.11	7.12	27.00	0.93	67%
14	Calming Your Anxious Mind	Brantley, J	2003	75	25.03	8.59	25.50	0.95	80%
15	Mind Over Mood	Greenberger, D.	1995	73	26.91	8.50	28.00	0.95	86%
16	Overcoming Depression	Gilbert, P.	2001	72	27.96	8.46	28.00	0.94	93%
17	The Depression Workbook	Copeland, M. E.	2001	71	25.17	7.97	24.50	0.93	77%
18	The Anxiety & Phobia Workbook	Bourne, E. J.	2000	70	27.06	8.63	26.50	0.95	66%
19	Don't Panic	Wilson, R. R.	1996	69	27.86	8.83	28.00	0.94	93%
20	Overcoming Depression One Step at a Time	Addis, M. E.	2004	69	25.49	7.87	26.00	0.93	79%

#	Book Title	Author	Year Published	Mean Expert Credibility Rating	Mean Participant Credibility Scale (CS) Rating	Standard Deviation (SD) Participant CS	Median Participant CS Rating	Cronbach's Alpha for CS	Correct Content Question Percentages
21	A Guide to Rational Living	Ellis, A.	1997	68	24.26	9.29	24.00	0.96	74%
22	Women Who Think Too Much	Nolen-H., S.	2003	66	22.06	9.04	22.00	0.95	70%
23	The PTSD Workbook	Williams, M. B.	2002	65	27.60	8.31	27.50	0.93	86%
24	Post-Traumatic Stress Disorder Sourcebook	Schiraldi, G. R.	2000	64	28.00	7.64	28.00	0.92	73%
25	Depressed and Anxious	Marra, T.	2004	63	26.89	7.87	27.00	0.93	67%
26	Change Your Brain, Change Your Life	Amen, D. G.	1998	62	26.43	8.08	28.00	0.94	80%
27	Beyond Anxiety and Phobia	Bourne, E. J.	2001	61	26.37	9.34	24.50	0.96	91%
28	Fearless Living	Britten, R.	2001	59	22.50	8.26	22.00	0.94	78%
29	The Relaxation & Stress Reduction Workbook	Davis, M.	1995	58	25.16	7.44	26.00	0.92	73%
30	Thoughts & Feelings	McKay, M.	1997	58	27.37	8.97	27.50	0.96	49%
31	Natural Relief for Anxiety	Bourne, E. J.	2004	55	26.27	8.56	26.50	0.95	96%
32	Fear and Other Uninvited Guests	Lerner, H.	2004	54	26.09	8.13	25.50	0.95	97%
33	Full Catastrophe Living	Kabat-Zinn, J.	2005	54	27.03	9.87	27.00	0.95	59%
34	Panic Attacks	Ingham, C.	2000	54	24.87	8.61	26.00	0.95	81%
35	Feel the Fear and Do It Anyway	Jeffers, S.	1987	53	26.64	8.26	26.50	0.95	87%
36	Trauma and Recovery	Herman, J.	1997	53	26.94	7.88	26.00	0.93	91%
37	Undoing Depression	O'Connor, R.	1997	52	26.69	7.94	27.00	0.95	89%
38	The Gift of Our Compulsions	O'Malley, M.	2004	48	25.77	8.55	27.00	0.96	81%
39	Energy Tapping	Gallo, F. P.	2000	45	22.89	9.74	24.00	0.97	89%
40	How to Stop Worrying and Start Living	Carnegie, D.	1950	45	24.03	9.18	23.00	0.96	81%
41	Post-Trauma Stress	Parkinson, F.	2000	45	23.77	7.96	23.50	0.94	79%
42	Overcoming Anxiety	Peurifoy, R.	1997	43	25.59	9.01	26.00	0.96	73%
43	Fear Is No Longer My Reality	Blyth, J.	2004	38	21.70	9.12	21.00	0.95	86%
44	Women and Anxiety	DeRosis, H.	1998	38	24.96	8.25	25.00	0.93	86%
45	Healing Anxiety and Depression	Amen, D. G.	2003	36	25.51	7.85	25.00	0.94	69%
46	Instant Self-hypnosis*	Blair, F. R.	2004	36	14.56	7.82	11.00	0.96	83%

#	Book Title	Author	Year Published	Mean Expert Credibility Rating	Mean Participant Credibility Scale (CS) Rating	Standard Deviation (SD) Participant CS	Median Participant CS Rating	Cronbach's Alpha for CS	Correct Content Question Percentages
47	Tapping the Healer Within	Callahan, R.	2002	36	20.49	8.63	21.00	0.95	90%
48	Waking the Tiger: Healing Trauma	Levine, P. A.	1997	36	20.26	8.92	20.00	0.96	83%
49	From Panic to Power	Bassett, L.	1995	35	23.57	7.48	23.00	0.92	71%
50	How to Win Over Depression	LaHaye, T.	1996	34	26.14	9.46	26.00	0.95	89%

*Note.* Highest and lowest rated self-help books are denoted.

**Research question two, relationship to the experts.** Research question two examined how participant preferences aligned with expert ratings found in Redding et al. (2008). To examine this question, participant Credibility Scale (CS) ratings were collected for all 50 self-help books. A two-tailed Pearson's R correlation coefficient was conducted to examine the relationship between participant Credibility Scale ratings and expert ratings from Redding et al. (2008). The correlation between the two credibility ratings was found to be statistically significant,  $r(50) = .367, p < .009$ , suggesting that participants Credibility Scale (CS) ratings were similar to the expert ratings found in Redding et al. (2008) (refer to Figure. 1 for the relationship between participant credibility scale ratings and expert ratings from Redding et al. (2008)). While this relationship exists, the strength of the relationship is weak but trending towards moderate strength. A visual analysis of Figure 1 indicates as expert credibility ratings increase, participant ratings increase as well signifying a positive relationship. A visual analysis of the scatterplot clearly identifies an overall low Credibility Scale score within the dataset. More specifically, this datapoint represents an overall low Credibility Scale score for the book titled: *Instant Self-hypnosis*, while experts rated this book higher.

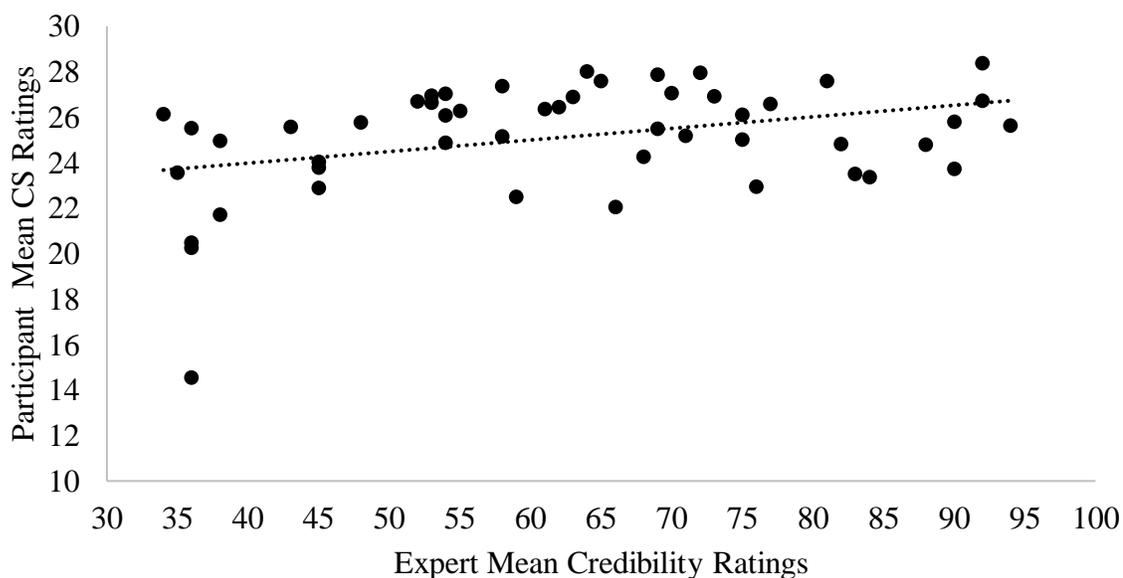


Figure 1. Relationship between participant credibility ratings and expert ratings from Redding et al. (2008).

### Research question 3, participant level relationships and demographic

**variables.** Research question three examined if orderly differences in the relationship between participant and expert ratings and various demographic factors existed. This question examined participant-level relationships to the experts. More specifically, to assess the individual relationships between participant Credibility Scale (CS) ratings and expert credibility ratings from Redding et al. (2008) seventy, two-tailed, Pearson's R correlation coefficients were calculated yielding a single "agreement" score for each participant (refer to Table 3 for individual relationships between expert and participant credibility scale). The results indicated that 14 out of 70 correlations were statistically significant and were greater or equal to  $r(70) = +.279$  or  $-.279$ . In particular, the credibility scores were weakly and moderately related to the expert ratings found in Redding et al. (2008), with 13 significant correlations being positively correlated with the

experts' ratings. The significant correlations ranged from,  $r(70) = .30, p < .03$ , to  $r(70) = .46, p < .001$ , all indicating moderate effect sizes. One negative correlation was found  $r(70) = -0.28, p < .05$ , indicating a moderate effect against expert ratings. There are multiple explanations for this style of responding. First, it is possible that this negative relationship was caused due to random responding as the majority of Credibility Scale items were of same value; however, this participant displayed accurate content and attention check responses signifying that the participant responded diligently on these items. Second, this pattern of responding could also reflect a true pattern of responding such that the participant viewed the majority of self-help books to be moderately credible (e.g. rated as 4 on 7. Likert scale).

Table 3

*Individual Relationships Between Expert and Participant Credibility Scale (CS)*

Participant	Sample (N = 70)		
	<i>r</i>	<i>t</i>	<i>p</i>
1	0.12	0.81	0.42
2	0.07	0.50	0.62
3	0.03	0.20	0.84
4	0.02	0.12	0.91
5	0.01	0.04	0.96
6	0.24	1.73	0.09
7	0.36	2.67	0.01**
8	0.30	2.22	0.03*
9	0.02	0.12	0.90
10	0.18	1.26	0.21
11	0.37	2.75	0.01**
12	-0.06	-0.40	0.69
13	0.45	3.50	<0.001**
14	0.09	0.66	0.51
15	0.11	0.80	0.43
16	0.35	2.56	0.01**
17	0.25	1.76	0.09
18	0.35	2.62	0.01**
19	0.01	0.05	0.96

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20	0.04	0.29	0.77
21	0.08	0.58	0.56
22	0.09	0.66	0.51
23	0.14	0.97	0.34
24	0.39	2.91	0.01**
25	0.26	1.88	0.07
26	0.14	1.00	0.32
27	-0.19	-1.34	0.19
28	0.05	0.35	0.73
29	0.21	1.46	0.15
30	-0.12	-0.85	0.40
31	0.32	2.32	0.02*
32	0.43	3.31	<0.001***
33	0.16	1.11	0.27
34	0.18	1.23	0.22
35	0.21	1.48	0.15
36	0.25	1.79	0.08
37	-0.06	-0.39	0.70
38	-0.24	-1.68	0.10
39	0.02	0.13	0.90
40	0.15	1.04	0.30
41	0.23	1.67	0.10
42	0.24	1.72	0.09
43	0.46	3.62	<0.001**
44	0.15	1.02	0.31
45	0.03	0.24	0.81
46	0.08	0.57	0.57
47	-0.18	-1.24	0.22
48	0.03	0.23	0.82
49	0.21	1.52	0.14
50	0.07	0.46	0.65
51	0.54	4.44	<0.001***
52	0.39	2.90	0.01**
53	0.08	0.59	0.56
54	0.17	1.19	0.24
55	0.03	0.24	0.81
56	0.33	2.42	0.02*
57	0.08	0.55	0.59
58	0.09	0.64	0.52
59	0.19	1.32	0.19
60	0.07	0.48	0.63
61	-0.28	-1.98	0.05*
62	0.17	1.22	0.23
63	-0.14	-0.95	0.35
64	0.19	1.32	0.19
65	-0.03	-0.23	0.82

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66	-0.04	-0.27	0.79
67	0.14	0.96	0.34
68	0.00	-0.03	0.98
69	-0.25	-1.78	0.08
70	0.21	1.49	0.14

\*p < .05

\*\*p < .01

\*\*\*p < .001

**Demographic variables.** Further examining research question three, a linear regression was calculated to predict participant agreement with expert credibility scores based on participant demographic variables. In particular, 14 demographic variables were included as predictors, including age; family mental illness history; past mental health diagnosis of depression, anxiety, or PTSD; past of current mental health treatment, general mental health diagnosis; past self-help reading behavior for depression, anxiety, or PTSD; online self-help book reading behavior; general reading behavior; consideration of self-help book reading; parental educational obtainment; participant race/ethnicity; participant gender; participant educational obtainment; and participant sexual orientation.

Five categorical variables were recoded into dichotomous variables to compare the relationships among demographic variables and expert credibility ratings. First, parental educational was recoded to into two dichotomous variables, “No college” representing high school/GED and some college, and “College” representing Bachelor’s degree and Graduate or professional degree. Next, participant race/ethnicity was recoded into two dichotomous variables “White” representing Non-Hispanic White and “Other” Representing Alaskan Native, Hawaiian/Pacific Islander, Asian/Asian American, Black/African American, and Hispanic/Latino. Participant gender was recoded into two dichotomous variables “Male” and “Female.” Transgender and prefer not to answer sex

options were not included in analysis due to low power. Participant educational status was recoded into two dichotomous variables “Underclasspersons” representing freshmen and sophomore answer options, and “Upperclasspersons” representing junior, senior, and graduate answer options. Lastly, participant sexual orientation was recoding into two dichotomous variables “Heterosexual” representing straight/heterosexual, and “Non-Heterosexual” including gay/lesbian, bisexual, and prefer not to answer options.

In the overall model, a non-significant regression equation was found,  $F(14, 50) = .600, p = .852$ ), with an  $R^2$  of .144, indicating that participant demographic variables were not predictive of the agreement between participant and expert ratings. Following the regression analysis, exploratory zero-order correlations were calculated to assess the relationship between each participants demographic variables and expert agreement independently. All demographic variables correlations values were non-significant, indicating no zero-order relationships between participant demographic variables and expert credibility scale ratings (refer to Table 4 for correlations of participant demographic variables related to expert credibility ratings)

Table 4

*Correlations of Participant Demographic Variables Related to Expert Credibility Ratings*

	Overall Sample (N = 70)	
	<i>r</i>	<i>p</i>
Family Mental Illness ( <i>Yes = 1</i> )	0.74	.544
History of Depression, Anxiety, PTSD ( <i>Yes = 1</i> )	0.92	.450
History of any Mental Health Disorder ( <i>Yes = 1</i> )	.050	.688
Received Treatment ( <i>Yes = 1</i> )	.032	.795
History of Reading SHB ( <i>Yes = 1</i> )	-.002	.989
Consideration of Future SHB ( <i>Yes = 1</i> )	-.080	.518
History of Online SHB ( <i>Yes = 1</i> )	.026	.830
Pleasure Reading ( <i>Yes = 1</i> )	.080	.516
Sexual Orientation ( <i>Heterosexual = 1</i> )	-.215	.078
Parental Education (College = 1)	-.144	.238
Participant Race (White = 1)	-.197	.105
Gender (Male = 1)	-.014	.910
Collegiate Status (Upperclassmen = 1)	-.021	.863
Participant Age	.044	.71

*Note.* SHB = Self-help book.

## **Chapter IV: Discussion**

The purpose of the current study was to examine preferences for self-help books and the perceived credibility of such books in an online college sample. This study was designed to add new information to the limited literature on self-help book readers, as this self-help modality is increasingly popular. In addition, the researchers were interested in examining if self-help books are a credible source of information consistent with the American Psychological Association's (APA) three-component evidence-based framework. Prior studies have not exclusively identified variables that account for self-help reading preferences, nor have studies identified what makes self-help books perceived as a credible source in the general population. Three research questions were presented including, participant preferences for self-help books, participants perceived credibility of self-help books, and what, if any, demographic variables account for similarities between expert and participant credibility scores. To examine these questions, participants included in this study were asked to rate the perceived credibility of stimuli self-help books previously evaluated and rated by Redding et al. (2008) and then comparisons were made between the two sets of ratings.

### **Group Level and Participant Level Findings**

The main findings from the current study indicate that on a book level, participants on average assign credibility similar to expert ratings found in Redding et al. (2008). At the group level, all participants Credibility Scale (CS) ratings were combined and averaged for each book deriving an average Credibility Scale score for all 50 self-help books. When these ratings were compared to the experts on the book level, a general

relationship emerged signifying that participants and experts assign credibility similarly. However, on the participant level, on average participants displayed no relationship to the experts. At the participant level, each participant's score for each book was compared to the expert ratings, deriving 70 participant-level relationship scores. In other words, at the participant level of analysis, the majority of participants demonstrated no relationship between their ratings of credibility and the ratings of the experts. A small subsample of participants displayed a relationship to the experts, which is not accounted for by demographic variables. There is a clear discrepancy between book and participant level findings. In other words, book level findings suggest that participants display a relationship to the experts, while the participant level findings suggest that the majority of participants show no relationship to the experts. This discrepancy is commonly referred to as the Simpson's Paradox. This phenomenon is said to occur when a trend emerges in different groups of data and then disappears or reverses when the groups of data are combined (Simpson, 1951).

Prior critics claimed that self-help books do not align with the APA's framework encompassing best available research evidence, clinical expertise, and client preferences (Norcross, 2000; Rosen, 1993; Becvar, 1978). More specifically, Rosen (1993) indicated that self-help books, are not incorporating empirical data derived from research, utilizing clinical expertise, and client preferences are ignored and treated by a "one size fits all" approach. The main results from this study indicate that participant's credibility ratings are weakly related to expert ratings found in Redding et al. (2008). In other words, some books were deemed as credible while others were not. While the current study does

demonstrate that participants somewhat assign credibility like experts, it does not indicate the true credibility of the self-help books included in the study.

The findings from the current study indicate that some participants can effectively assign credibility to self-help books consistent with expert ratings on books targeting depression, anxiety, and trauma-related distress. This finding might have occurred due to two reasons. First, participants might have better evaluation skills compared to previous consumers of self-help books. It is possible that the current study included a highly specific sample with better evaluation skills as compared to the public. For example, all study participants were currently enrolled in college (100%) and read books for pleasure (59%). This finding suggests that the sample included individuals who read in general, which is a characteristic of self-help reading behavior (Wilson & Cash, 2010). Also, the sample reported consideration of reading a self-help book in the future (41%). In addition, many of the participants were first generation college students (43%) which might have increased motivation to utilize self-help strategies, similar to self-help books (Próspero & Vohra-Gupta, 2007). The participants in the current study also responded to the majority of attention check and content check items in a consistent manner indicating that the sample was highly focused. Regarding attention check items, participants responded to the back half attention check items significantly better than the front half attention check items. It is likely that participants in the current study experienced practice effects and performed significantly better on the back half attention check items compared to front half attention check items. In addition, the participants in the sample rated self-help books with limited empirical data as less credible, indicating the sample may have an established knowledge base for psychological treatments. For example,

experts in Redding et al. (2008) and participants in the current study rated *Tapping the Healer Within* low, with experts assigning a z score of -1.49 relative to their other ratings and current study participants assigning Credibility Scale (CS) z-score of -1.88 relative to their other ratings. The low scores indicates that both expert and participant samples perceive energy tapping as a less reliable source of treatment. These findings parallel with the mixed literature on Emotional Freedom Techniques (EFT) which includes components of cognitive behavioral therapy and exposure and incorporates the novel component of stimulation self-administered by tapping or rubbing while repeating distressing events (Church et al., 2017). There were also inconsistencies between expert and current study participants' credibility ratings. For example, the experts rated the self-help book titled *How to Win Over Depression* as the lowest book out of fifty ( $z = -1.60$ ); in contrast, current study participants rated this book as moderately credible ( $z = 0.42$ ).

The second reason expert and participant credibility scores may be related is due to improvements in the current literature. According to Redding and colleagues (2008), the self-help books included in the original 2008 study were categorized in to three categories: depression, anxiety, and trauma. Redding et al. (2008) indicated these mental health areas of distress were utilized in the original study because the empirical literature for treating depression, anxiety, and trauma are abundant. Subsequently, participants in the current study may have been more informed about current literature, and thus were better evaluators of science (Karasouli, & Adams, 2014). It may also be possible that the self-help books included in the study incorporated more empirical data due to the overwhelming empirical literature for treating depression, anxiety, and trauma. Thus,

modern self-help books may be incorporating information consistent with the APA's framework, influencing credibility

### **Participant Level Findings**

On the participant level, there were fourteen significant relationships found between specific participants and experts. Thirteen of the significant relationships were positive, indicating higher expert credibility scores and higher participant scores. More specifically, the relationships between participant and experts were found to have moderate to large effect sizes indicating that the thirteen participants significantly agreed on credibility scores which strongly aligned with experts. Regarding the participant with a negative relationship to the experts, it is possible that the pattern of responding is random, or the participant might have viewed the majority of self-help book stimuli as a moderately credible source of information with little variability. In contrast, fifty-seven participants showed no relationship to the expert's ratings. In other words, the majority of participants in the current study rated books in a manner that looked nothing like the expert ratings found in Redding et al. (2008), on the participant-level. While research question one revealed that participants and experts have a present, yet weak relationship, on an individual level, the clear majority of participants (i.e. 81%) did not perceive credibility like the experts. It is likely that the participants in the current study were influenced by multiple variables found within the study that was not directly assessed. For example, attention span could have impacted participants ability to assign credibility as the study was long and required continuous focus and attention to detail. In addition, some participants might have read the self-help books included in the study which could have influenced credibility scores, as this question was not assessed. Furthermore,

participants could have prior perceptions about the self-help books included in the study. Also, participants may have been influenced by other extraneous variables the study did not control for such as location of study participation, time constraints, computer illiteracy, and illnesses. Personality factors may have also contributed to self-help book preferences, in turn affecting credibility scores. However, to our knowledge, there is limited conclusive data on personality factors and self-help book reading preferences.

### **Exploring Demographic Variables**

Demographic variables did not predict the degree to which participant credibility ratings aligned with expert ratings. The lack of demographic variable identification is consistent with the limited literature on characteristics of self-help book readers. For example, Wilson and Cash (2000) investigated primary variables of self-help book readers and identified individuals who read more in general, are female, and who are psychology majors are more likely to read self-help books. In the current study, demographic variables were insignificant variables that did not account for similarity between participant and expert credibility ratings. The lack of variability within the sample may have accounted for this nonsignificant effect. For example, the sample was predominantly female (70%), Caucasian (77%), and reported first year collegiate status (53%). Subsequently, the effect of various underrepresented demographic variables might have been suppressed due to the unequal variance of demographic variables. In addition, the small sample size could have affected the variability of demographic variables participants in a larger sample may have had. For example, results from a power analysis indicated a sample size of 86 participants were needed to detect a significant medium-

large effect for a linear regression; however, only 70 participants powered the current study.

Lastly, little is known about variables that may affect self-help reading behavior and the presumed credibility of such books. It is possible that the demographic variables examined do not account for any effect within the current study. It could be possible that other unexplored variables may have accounted for similarity scores between participants and experts such as self-control, and greater life satisfaction as found in Wilson and Cash (2000).

### **Limitations**

The current study identified that within the book-level, on average participants weakly assign credibility similar to experts in Redding et al. (2008). Furthermore, the study revealed that within the participant-level, a small sample of participants can discern between credible and non-credible self-help books in a manner similar to experts; however, the majority of participants showed no relationship to the experts. Demographic variables did not account for these close relationships between the two subsamples similarity scores. Although the current study was able to add to the small preexisting literature, this study is not without limitations. One weakness is that the obtained sample size was not sufficient to adequately power all analyses. For example, a sample of 86 participants were needed to adequately power the linear regression analysis as proposed for research question three. The total sample size included 70 participants, and a non-significant regression equation was found, which might have been influenced by the sample size. The small sample size likely decreased the statistical power needed and minimized the ability to detect a significant effect. In order to detect a more meaningful

effect, a larger sample size should be included for future analysis to appropriately power all statistical analyses and reduce the chance of type II error. For this to occur, allowing participation from various mediums would increase the overall sample size. For example, this study could have benefitted from allowing participation from online sites such as Reddit, Craigslist, and Amazon Mechanical Turk (MTurk). In addition, the sample size could have been increased by adding multiple groups for analysis. For example, an expert group could have consisted of current professors in academia, or authors of self-help books. In addition, participants enrolled in college could have been compared to individuals not currently enrolled in college. Adding various methods of data collection could have significantly impacted the current study's findings.

In addition to increasing sample size, a more representative sample is needed. The current study was predominantly female Caucasian students at a Southern regional university. This overrepresentation increased bias and over-represented the majority samples responses. In turn, the underrepresented groups responses were likely suppressed and not detected. While the current study utilized a convenience sample, the results are likely not an accurate representation of the general population. Increasing the representatives of the sample could be implemented in two ways. First, the study could have utilized random sampling from a variety of mediums such as online, phone, and in person recruitment. By utilizing this method, the current study would have minimized the selection biases of the convenience sample and results would have been more generalizable. Second, the study could have benefitted from stratified sampling where a population is divided according to specific characteristics. For example, the study could have benefitted from dividing the sample based on participant characteristics such as

gender, education level, self-help reading behavior, and past or current mental health diagnosis. Utilizing this method could have improved the variability in the total sample ensuring that low incidence populations are represented in the final sample.

Attrition and careless responding is another limitation of the current study. More specifically, thirty-one participants were removed from the beginning sample ( $N = 101$ ) which resulted in seventy participants being retained for the final analysis. It is likely that attrition was affected due to the high amount of questions asked in the study. More specifically, fourteen questions addressed demographic variables including history of mental health disorder, twenty-eight questions addressed psychological functioning, ten questions assessed attention, and fifty questions addressed content questions derived from each self-help stimuli book. The majority of the questions measured credibility, which was assessed by seven questions for each self-help book, totaling 350 questions. Taken together, the study totaled 452 questions. The participants removed from the study likely experienced fatigue due to the amount questions; however, the sample included for analysis demonstrated attention throughout the entire study as evidence by their high correct percentage on content questions as well as the random attention checks found throughout the study. Therefore, it is likely that the participants included for analysis are significantly different from those that were omitted. The differences may include attentional differences, personality differences, and motivational differences which the present study did not assess for. Subsequently, attrition likely reduced the representativeness of the sample and affected the power needed to detect a significant effect in the exploratory demographic analysis. It is likely that participant attrition would have increased if the study included less questions. More specifically the current study

would likely have increased completion rates if the measurement of credibility was reduced. For example, reducing the Credibility Scale (CS) questions to three items as opposed to seven items would have reduced the credibility items to 150 questions as compared to 350 questions.

The current study differed from Redding et al. (2008) in multiple ways which could have affected the results. For example, despite using the same stimuli books as Redding et al. in 2008, the books were dated compared to current self-help literature. For example, the majority of books utilized in the study were published from 2000 to 2005 representing an 18-year gap of self-help literature. The study also included a limited number of books published throughout the late 1900's, with the oldest self-help book published in 1992 titled *Dying of Embarrassment*, representing a 26-year gap of self-help literature. It is likely that the results of the current study would have been affected if modern self-help books were used. For example, the five bestselling self-help books as seen on Amazon as of May 2018 include: *A Leader is Born: After that. It's up to You*, *Get Out of Your Own Way: Overcoming Self-Defeating Behavior*, *You are a Badass: How to Stop Doubting Your Greatness and Start Living an Awesome Life*, *Unfu\*ck Yourself: Get Out of Your Head and into Your Life*, and lastly, *The Self-Love Experiment: Fifteen Principles for Becoming More Kind, Compassionate, and Accepting of Yourself*. Of these best-selling self-help books, only one is authored by an accredited author, which is one of the core criteria for credibility established by Redding et al. (2008). The self-help books utilized in this study are not currently listed on best-sellers lists because the market is inflated with modern self-help books with exaggerated titles, persuasive messages, and even curse words. It is unknown if participants in the current study would assign

credibility differently if modern self-help books were used rather than self-help books from the early 2000's.

In addition to the dated self-help books, the experts in Redding et al. (2008) utilized a different rating scale as well as method which may have affected the comparisons between experts and current study participants. For example, in the original study experts rated self-help books on a different, much larger scale as compared to the current study. For example, experts in Redding et al. (2008) read ten to twelve assigned self-help books and then rated them on multiple scales including a psychological science subscale (5 items), reasonable expectations scale (4 items), specific guidance scale (5 items), and the overall usefulness scale (4 items). The scale questions were then combined to represent a total score which was used for comparisons in the final analysis. In the current study, participants were only asked to provide credibility ratings after evaluating the self-help books front cover and book description. The current study participants were not asked to read the self-help books as experts in Redding et al. (2008) were required to do. Therefore, it is likely that the relationship between experts and current study participants may be influenced by other factors of the self-help book, and not just credibility. In addition, the current study differed in methodology compared to Redding et al.'s 2008 study. The study could have been strengthened if the current participants were asked to assess self-help books in exactly the same fashion as experts in Redding et al. (2008). In order for this method to work, a limited number of self-help books should be used to reduce fatigue, and more time should be given to study participants. By enforcing current participants to utilize the same study parameters and a standard measurement, the results would likely represent the relationships between

experts and current study participants more accurately. However, despite the methodological differences, the current study's methodology of "judging a book by its cover" speaks to the face validity of the study. More specifically, consumers of self-help books often make a purchasing decision based on the books appearance (Moody, 2016). Subsequently, the methodology within the current study is similar to the decision-making process when purchasing a self-help book, as most consumers likely do not engage in a rigorous evaluation of the books credibility before the purchase.

Lastly, the self-help book titles and marketing might have affected the current study results. For example, some of the books included elaborate designs, popular celebrities, and catchy slogans. In contrast, other self-help books utilized a less appealing or attractive marketing strategy. Ultimately, the results might have been affected due to the marketing of the self-help books, also known as message framing. Rothman and Salovey (1997) identified two ways to frame messages: gain and loss framing. One can detect a gain frame if marketing campaigns are associated with potential benefits. In contrast, loss framing is associated with negative costs or consequences. In other words, marketing for self-help books may incorporate gain and loss framing to entice readers to choose one self-help book over the other. Participants in the current study might have rated books as more credible according to the type of message frame that appealed to them most, rather than presumed credibility. The study could have increased standardization if self-help books were stripped of their marketing. However, with increasing standardization, generalization is lost. For example, the current study captures the current field of self-help treatment, such that consumers are judging self-help books by their cover prior to purchase, which includes judgement of marketing.

## **Future Directions**

In order to build upon the findings from the current study, it would be worthwhile for researchers to examine the preferences of avid self-help book readers. In doing so, researchers could examine variables present in a highly specific sample and then compare those identified variables to the general population. This future research question could help create a foundation of literature on self-help treatments, specifically self-help books which is lacking. In addition to exploring primary variables, it would be worthwhile to isolate specific categories of self-help books. In the current study, self-help books for depression, anxiety, and trauma were explored together based on the abundant literature and a prior study. It is recommended that future researchers categorize and explore self-help books according to treated difficulty. For example, self-help books for depression should be examined against other self-help books for depression. Utilizing this method would allow researchers to identify specific variables that account for credibility and then compare findings to other areas of distress such as anxiety and trauma.

There are clinical implications to be learned from the current study. The findings from the current study should caution clinical professionals when assigning self-help books in conjunction with therapy as individual-level differences may affect perceptions of credibility. For example, the current study suggests that the majority of consumers might perceive the credibility of self-help books similar to the experts on the book-level. However, on the participant-level the majority of consumers likely share no relationship to the experts. For instance, in the current study the lowest rated self-help book by experts were at times undetected by current study participants. Subsequently, consumers

of self-help books might be at increased risk to overestimate credibility which could impact self-help treatment and its outcomes.

Lastly, future researchers should consider exploring predictors and mediators of credibility rather than identifying independent participant variables as the present study sought explore. For example, this might be achieved through conducting focus groups and utilizing qualitative data analysis. Here, researchers could ask specific questions regarding a variety of self-help book variables such as, book title, year published, authors credentials and marketing of the book. This method could allow researchers to add data to the literature for further exploration on potential predictors or moderators.

## **Conclusions**

The present findings have implications for current self-help book consumers, authors, publishers, and researchers. A main strength of this study is that it attempted to answer “how” and “why” participants prefer, and assign credibility to specific self-help books for depression, anxiety, and trauma. While the study could not identify specific variables of self-help book reader preferences, it did indicate that on the book-level participants weakly assign credibility similar to the experts. However, when participant-level relationships are compared to the experts, the majority show no relationship to the experts. More specifically, only a small subsample of participants assign credibility similar to experts in Redding et al. (2008). It was not identified what variables account for similar scores between the two samples This discrepancy in the current study’s findings calls for future research. The findings of the current study are important because it questions whether the general population can be evaluative consumers of science. It remains an open question whether current self-help books incorporate credible data, and

if the general population can accurately evaluate credibility. In conclusion, past critics may represent a dated view of self-help books. As this study suggests, when judging a book by its cover the general population, on average, can be critical consumers of science; however, more research is needed to fully understand individual-level perceptions of credibility.

## Appendix I: Demographic Questions

1. How do you describe yourself? (check one)
  - a. Male
  - b. Female
  - c. Transgender
  - d. Do not identify as female, male, or transgender
2. What is your age?
3. How do you describe yourself?
  - a. American Indian or Alaskan Native
  - b. Hawaiian or Other Pacific Islander
  - c. Asian or Asian American
  - d. Black or African American
  - e. Hispanic or Latino
  - f. Non-Hispanic White
4. Which class/level most closely describes you?
  - a. Freshman
  - b. Sophomore
  - c. Junior
  - d. Senior
  - e. Graduate
5. What is the highest level of education your parents have obtained?
  - High school/GED
  - Some college
  - Bachelor's degree
  - Graduate/professional degree
6. What is your sexual orientation?
  - Straight/Heterosexual
  - Gay/lesbian
  - Bisexual
  - Prefer not to answer

7. Does your immediate family history include mental illness?

- Yes
- No
- Prefer not to answer

8. Do ever been diagnosed with depression, anxiety or PTSD?

- Yes
- No
- Prefer not to answer

9. Have you ever been diagnosed with a mental health disorder?

- Yes
- No
- Prefer not to answer

10. Have you ever received treatment for a mental health disorder?

- Yes
- No
- Prefer not to answer

11. Have you ever read a self-help book for anxiety, depression, anxiety, or PTSD?

- Yes
- No

12. Would you consider reading a self-help book for depression, anxiety, or PTSD?

- Yes
- No

13. Have you ever read a self-help book in an online format?

- Yes
- No

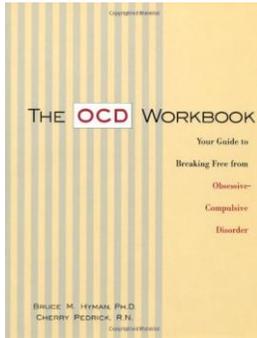
14. Have you read more than 1 book in the last year for pleasure?

- Yes
- No

## Appendix II: Stimulus Book Samples

For each stimulus book, front cover and book description will be presented if available. *Not shown to scale.*

### Sample 1:



*Figure 1.* Front Cover

Obsessive-Compulsive Disorder (OCD) is a neuro-biological disorder affecting one out of 40 adults. It is characterized by the presence of recurrent, intrusive thoughts, impulses, or images (obsessions) or repetitive behaviours or mental acts (compulsions). This text presents an intensive, self-directed programme that allows individuals to learn how to block, alter, delay, and postpone rituals, reduce fears, and change unhealthy thought patterns.

*Figure 2.* Book Description

## Appendix II: Stimulus Book Samples (Continued)

Sample 2:

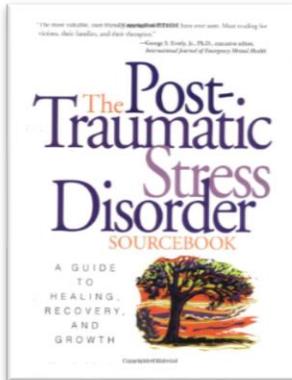


Figure 1. Front Cover

***How millions of PTSD sufferers learned to live without fear, pain, depression, and self-doubt***

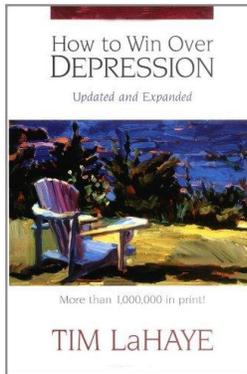
*The Post-Traumatic Stress Disorder Sourcebook, Revised and Expanded Second Edition* introduces survivors, loved ones, and helpers to the remarkable range of treatment alternatives and self-management techniques available today to break through the pain and realize recovery and growth.

This updated edition incorporates all-new diagnostics from the DSM-5 and covers the latest treatment techniques and research findings surrounding the optimization of brain health and function, sleep disturbance, new USDA dietary guidelines and the importance of antioxidants, early childhood trauma, treating PTSD and alcoholism, the relationship between PTSD and brain injury, suicide and PTSD, somatic complaints associated with PTSD, and more.

Figure 2. Book Description

## Appendix II: Stimulus Book Samples (Continued)

### Sample 3:



*Figure 1. Front Cover*

Depression is today's leading emotional problem, with a skyrocketing number of reported cases. But there's much hope for those who suffer. If you or a loved one struggle with depression, whether mild or severe, Dr. Tim LaHaye assures you that there is a way to overcome those dark, hopeless feelings—even if previous counseling hasn't helped. With over one million copies sold since its first printing in 1974, *How to Win Over Depression* has made a life-changing difference for countless people worldwide. Now completely revised to incorporate the latest research, this book outlines principles from the Bible that can help you put depression behind you and keep it there, regardless of your circumstances. Dr. LaHaye examines the causes and treatments of depression, including physical imbalances and the therapeutic use of anti-depressants. Then, in simple language, he describes his own approach—one that's proved successful time and again for over twenty years. Digging beyond the physical and emotional components of depression, Dr. LaHaye takes you to its spiritual root and provides a means for eradicating it from your life. So whether it's just a case of the blues or a serious overwhelming sense of despair, depression doesn't have to master you. Learn how you can master it with *How to Win Over Depression*.

*Figure 2. Book Description*

### Appendix III: Content Checks

For each stimulus book, a content question will be asked based on the books central theme. All content questions will be true/false derived from stimulus pictures. Participants will be asked to respond in a true / false format.

Template:

“The book discusses \_\_\_\_\_, ways to \_\_\_\_\_, and how to \_\_\_\_\_.”

#### Front half:

1. *Dying of Embarrassment* (Markway, 1992)
  - This book discusses social anxiety, ways to reduce embarrassment and how to cope with public anxiety. (True coded as 1)
2. *The Shyness & Social Anxiety Workbook* (Antony, 2000)
  - This book discusses social fears, ways to reduce shyness, and how to explore and examine your fears. (True coded as 1)
3. *Stop Obsessing* (Foa, 2001)
  - This book discusses motivations for the future, ways to increase sufficiency, and how to achieve healthy social relationships. (False coded as 0)
4. *Feeling Good* (Burns, 2000)
  - This book discusses chronic anxiety, ways to decrease tension, and how to cope with symptoms of panic. (False coded as 0)
5. *Obsessive-Compulsive Disorders* (Penzel, 2000)
  - This book discusses compulsive behaviors, ways to reduce obsessive thinking, and how to avoid relapse (True coded as 1)
6. *The Mood Cure* (Ross, 2002)
  - This book discusses disruptive moods, ways to enhance positive emotional states, and how to reduce moodiness. (True coded as 1)
7. *Calming Your Anxious Mind* (Brantley, 2003)
  - This book discusses past traumas, ways to process memories of trauma, and how to establish healthy relationships. (False coded as 0)
8. *Overcoming Depression* (Gilbert, 2001)
  - This book discusses the treatment of depression, ways to implement self-administered cognitive behavioral therapy, and how to develop healthy thinking patterns. (True coded as 1)
9. *The Anxiety & Phobia Workbook* (Bourne, 2000)
  - This book discusses feelings of sadness, ways to achieve positive interactions, and how to circumnavigate feelings of hopelessness. (False coded as 0)
10. *Don't Panic* (Wilson, 1996)

- This book discusses anxiety and panic, ways to identify when anxiety is rising, and how to overcome the symptoms of panic. (True coded as 1)
11. *A Guide to Rational Living* (Ellis, 1997)
    - This book discusses living with purpose, ways to decrease feelings of misery, and how to improve emotional well-being. (True coded as 1)
  12. *Post-Traumatic Stress Disorder Sourcebook* (Schiraldi, 2000)
    - This book discusses mild anxiety symptoms, ways to cope with feelings of tension, and how to deep breath when anxiety symptoms start to emerge. (False coded as 0)
  13. *Change Your Brain, Change Your Life* (Amen, 1998)
    - This book discusses trauma, ways to minimize trauma reactions and how to implement grounding techniques when memories of the trauma present. (False coded as 0)
  14. *Fearless Living* (Britten, 2001)
    - This book discusses chronic depression, ways to identify suicidal ideation, and how to minimize self-blame. (False coded as 0).
  15. *Thoughts & Feelings* (McKay, 1997)
    - This book discusses anxiety disorders, ways to engage in imagery, and how to reduce hypertension. (False coded as 0)
  16. *Fear and Other Uninvited Guests* (Lerner, 2004)
    - This book discusses fear and anxiety, ways to cope with symptoms of anxiety, and how to live optimally. (True coded as 1)
  17. *Panic Attacks* (Ingham, 2000)
    - This book discusses depression, ways to change negative environments, and how to increase positive self-statements. (False coded as 0)
  18. *Trauma and Recovery* (Herman, 1997)
    - This book discusses traumatic events, ways to engage in healing, and how to broadly view trauma through a social context. (True coded as 1)
  19. *The Gift of Our Compulsions* (O'Malley, 2004)
    - This book discusses obsessive thoughts and compulsive behavior, ways to reduce worry, and how to increase self-acceptance. (True coded as 1)
  20. *How to Stop Worrying and Start Living* (Carnegie, 1950)
    - This book discusses anxiousness, ways to reduce worry, and how to eliminate fear. (True coded as 1).
  21. *Overcoming Anxiety* (Peurifoy, 1997)
    - This book discusses how to overcome anxiety, ways to reduce destructive behavior, and how to identify and challenge negative thinking patterns. (True coded as 1)
  22. *Women and Anxiety* (DeRosis, 1998)
    - This book discusses anxiety, ways to channel anxious thinking, and how increase acceptance and appreciation for women. (True coded as 1)
  23. *Instant Self-Hypnosis* (Blair, 2004)
    - This book discusses anxiety, ways to handle anxiety ridden situations, and how to manage panic attacks. (False coded as 0)
  24. *Tapping the Healer Within* (Callahan, 2002)

- This book discusses sexual trauma, ways to explore trauma memories, and how to practice in vivo exposures. (False coded as 0)
25. *How to Win Over Depression* (LaHaye, 1996)
- This book discusses depression, ways to incorporate the Bible in treating depression, and how to examine the causes of depression, (True coded as 1)

**Back half:**

1. *The OCD Workbook* (Hyman, 1999)
  - This book discusses obsessive compulsive disorder, ways to track obsessive compulsive behavior and how to identify the severity of symptoms. (True coded as 1)
2. *Overcoming Compulsive Hoarding* (Neziroglu, 2004)
  - This book discusses compulsive hoarding, ways to identify the type of hoard, and how to stop the clutter. (True coded as 1)
3. *The Cyclothymic Workbook* (Prentiss, 2004)
  - This book discusses social anxiety, ways to increase social skills, and how to acquire more social relationships. (False coded as 0)
4. *Bipolar Disorder Demystified* (Castle, 2003)
  - This book discusses trauma, ways to engage in healthy non-toxic relationships, and how to discuss trauma with loved ones. (False coded as 0)
5. *Overcoming Compulsive Checking* (Hyman, 2004)
  - This book discusses anxiety, ways to decrease worry, and how to effectively cope with symptoms of anxiety in public. (False coded as 0)
6. *Anxiety, Phobias, & Panic* (Peurifoy, 1988)
  - This book discusses panic and phobias, ways to engage in relaxation, and how to stop avoiding things. (True coded as 1)
7. *Breaking the Patterns of Depression* (Yapko, 1997)
  - This book discusses trauma, ways to increase motivation, and how to incorporate coping strategies daily. (False coded as 0)
8. *Mind Over Mood* (Greenberger, 1995)
  - This book discusses emotions, ways to change thinking patterns, and how to identify, track feelings. (True coded as 1)
9. *The Depression Workbook* (Copeland, 2001)
  - This book discusses anxiety, ways to improve sleep, and how to reduce fatigue associated with worry. (False coded as 0)
10. *Overcoming Depression One Step at a Time* (Addis, 2004)
  - This book discusses trauma, ways to increase self-acceptance and how to live without fear of the trauma memory. (False coded as 0)
11. *Women Who Think Too Much* (Nolen-Hoeksema, 2003)
  - This book discusses depression, ways to challenge cognitive distortions, and how to increase positive self-talk. (False coded as 0)

12. *The PTSD Workbook* (Williams, 2002)
  - This book discusses Post-Traumatic Stress Disorder, ways to increase emotional resilience, and how to find purpose in life. (True coded as 1)
13. *Depressed and Anxious* (Marra, 2004)
  - This book discusses complex trauma, ways to utilize grounding techniques, and how to discuss emotions with others. (False coded by 0)
14. *Beyond Anxiety and Phobia* (Bourne, 2001)
  - This book discusses anxiety, ways to simplify life, and how to engage in relaxation and meditation exercises. (True coded as 1)
15. *The Relaxation & Stress Reduction Workbook* (Davis, 1995)
  - This book discusses chronic depression, ways to identify healthy coping strategies, and how to implement behavioral activation. (False coded as 0)
16. *Natural Relief for Anxiety* (Bourne, 2004)
  - This book discusses natural relief for anxiety, ways to utilize natural supplements, and how to engage the mind and body. (True coded as 1)
17. *Full Catastrophe Living* (Kabat-Zinn, 2005)
  - This book discusses depression, ways to become more involved, and how beat fatigue. (False coded as 0)
18. *Feel the Fear and Do It Anyway* (Jeffers, 1998)
  - This book discusses fear, ways to overcome indecision, and how to reduce anxiety. (True coded as 1)
19. *Undoing Depression* (O'Connor, 1997)
  - This book discusses depression, ways to identify bad habits, and how to replace depressive patterns of thinking. (True coded as 1)
20. *Energy Tapping* (Gallo, 2000)
  - This book discusses energy psychology, ways to eliminate anxiety and how to eliminate negative symptoms through energy tapping. (True coded as 1)
21. *Post-Trauma Stress* (Parkinson, 2000)
  - This book discusses the long-term effects of trauma, ways to discuss emotions and how to develop healthy relationships. (True coded as 1)
22. *Fear Is No Longer My Reality* (Blyth, 2004)
  - This book discusses panic, ways to understand the components of anxiety, and how to reduce fear. (True coded as 1)
23. *Healing Anxiety and Depression* (Amen, 2003)
  - This book discusses trauma, ways to increase self-sufficiency, and how to lead a healthy lifestyle. (False coded as 0)
24. *Waking the Tiger: Healing Trauma* (Levine, 1997)
  - This book discusses symptoms of anxiety, how to increase appetite, and how to engage in self-regulation techniques. (False coded as 0)
25. *From Panic to Power* (Bassett, 1995)
  - This book discusses severe depression, ways to brainstorm healthy solutions, and how to engage in thought stopping. (False coded as 0)

**Appendix IV: Credibility Scale (Addis & Carpenter, 1999)**

7-point scale 1 (not at all) to 7 (extremely)

Please consider the book above considering the questions.

*Modified to fit parameters of the study*

1. How logical does this book seem to you?
2. How scientific does this book seem to you?
3. How complete does this book seem to you? In other words, do you think this book covers all the types of people who struggle with a psychological disorder?
4. To what extent would this book help an individual in other areas of his or her life?
5. How likely would you be to use this book if you were suffering from a psychological disorder?
6. How effective do you think this book would be for most people?
7. If a close friend or relative were suffering from psychological disorder, would you recommend this book to them?

## Appendix V: IRB Approval Letter



### Institutional Review Board

328 Wells Hall  
Murray, KY 42071-3318  
270-809-2916 • msu.irb@murraystate.edu

TO: Michael Bordieri  
Psychology

FROM: Institutional Review Board  
Jonathan Baskin, IRB Coordinator 

DATE: 4/6/2018

RE: Amendment to Human Subjects Protocol I.D. – IRB # 18-139

The IRB has completed its review of the amendment submitted for your student's Level 1 protocol entitled *Self-Help Book Preferences*. After review and consideration, the IRB has determined that the changes, as described in the amendment application, will be conducted in compliance with Murray State University guidelines for the protection of human participants.

The updated forms and materials that have been approved for use in this research study are attached to the email containing this letter. These are the forms and materials that must be presented to the subjects. It is your responsibility to ensure that only the updated materials are used from this point forward. Use of any process or forms other than those approved by the IRB will be considered misconduct in research as stated in the MSU IRB Procedures and Guidelines section 20.3.

This amended Level 1 protocol is valid until 4/3/2019.

If data collection and analysis extends beyond this time period, the research project must be reviewed as a continuation project by the IRB prior to the end of the approval period, 4/3/2019. You must reapply for IRB approval by submitting a Project Update and Closure form (available at [murraystate.edu/irb](http://murraystate.edu/irb)). You must allow ample time for IRB processing and decision prior to your expiration date, or your research must stop until such time that IRB approval is received. If the research project is completed by the end of the approval period, then a Project Update and Closure form must be submitted for IRB review so that your protocol may be closed. It is your responsibility to submit the appropriate paperwork in a timely manner.

You may begin data collection using the approved changes.

Opportunity  
afforded

[murraystate.edu](http://murraystate.edu)

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