Self-Help Treatment Books and the Commercialization of Psychotherapy

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ABSTRACT: Research findings on do-it-yourself treatment books demonstrate major limitations in their current usefulness. Yet psychologists continue to develop and market these programs with exaggerated claims. This commercialization of psychotherapy raises serious questions that warrant attention. The present article documents current trends and suggests new directions for the future.

The public, for many years, has been able to read general books of advice for personal problems. These books could be written by any author who liked to write and believed in what he or she had to say. More recently, the public has been able to choose among a variety of specific treatment books whose instructions have been targeted to specific problems and whose authors are leading experts in the fields of psychotherapy or clinical psychology. Zimbardo (1977) has published on shyness; Lewinsohn and colleagues (Lewinsohn, Munoz, Zeiss, & Youngren, 1979) and Burns (1980) have published on depression; Marks (1978), Wolpe (1981), and others on phobias; the Mahones (1976a), Brownell (1980), and others on weight loss; Coates and Thoresen (1977) on insomnia; Heiman and the LoPiccolos (1976) on sexual problems; Danaher and Lichtenstein (1978) on smoking; and the list goes on.

At first glance, the involvement of psychologists in the development of self-help programs appears beneficial. Psychologists who provide therapeutic advice to the public appear to be following George Miller's urgings to "give psychology away" (Miller, 1969, p. 1074). Miller had used this phrase in his 1969 Presidential Address to the American Psychological Association as a way to refer to what he saw as the major social responsibility of psychologists—to learn how to help people to help themselves. This is certainly the spirit of do-it-yourself treatment books: to help people help themselves.

The American Psychological Association's (APA) Task Force on Self-Help Therapies (1978) concluded that psychologists were in a unique position to contribute to the self-help movement. No other professional group combines the clinical and research experiences that form the educational background of a clinical psychologist. Unlike the typical author, clinical psychologists are in a position to assess do-it-yourself treatments systematically and to educate consumers in the proper use of these programs. The fulfillment of this potential would represent a truly new development in the area of self-help (Rosen, 1977).

Although the benefits of self-help books may be great, a number of risks exist as well. Do-it-yourself books have few, if any, provisions for arriving at a reliable diagnosis; they lack provisions for monitoring patients' compliance with instructions; and they have few or no provisions for follow-up. Consequently, do-it-yourself therapies may be applied inappropriately. A person with thyroid problems could self-administer a stimulus-control program for insomnia; an individual with headaches caused by a tumor could misapply relaxation techniques; or an individual in the depressive phase of bipolar affective disorder could suffer needlessly while manipulating pleasant events schedules. Subsequent to diagnosis, there is the possibility that an individual could misunderstand instructions, misapply instructions, or fail to comply fully with therapeutic regimens. Should treatment failure occur, there are risks of negative self-attributions, of anger toward self or others, and of reduced belief in the efficacy of today's therapeutic techniques (Barrera, Rosen, & Glasgow, 1981).

In light of the risks that consumers face when self-administering therapeutic instructions, I expressed concerns over the proliferation of untested do-it-yourself treatment books (Rosen, 1976a). At that time, I noted that behavioral techniques were being marketed as do-it-yourself therapies without the benefit of clinical trial. I suggested that the only contingencies affecting the sale of these programs were monetary and that consumers ran the risk of purchasing ineffective or potentially harmful programs.

This article will demonstrate that my previously stated concerns were warranted. Commercial considerations, rather than professional standards, have been influencing the development of treatment books. Rather than "giving psychology away," as suggested by George Miller, many psychologists are simply finding "new ways to sell it."

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1 Members of the Task Force on Self-Help Therapies were Manuel Barrera, Jr., Cyril Franks, Herbert Freundenberg, Russell Glasgow, Susan Gilmore, Edward Lichtenstein, Peter Nathan, and Gerald Rosen (Chair). Copies of the Task Force's report may be obtained by writing Gerald Rosen.

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**Research: What the Findings Tell Us**

Psychologists are to be credited for the extensive testing of self-help materials. This work has too often gone unrecognized, as evidenced in a recent critique of psychotherapy in which the author stated, "There has not been any good research on the uses and limits of self-help materials" (Zilbergeld, 1983, p. 74). This statement fails to acknowledge over 100 studies or case reports that evaluated self-help materials in the 1970s (see reviews by Glasgow & Rosen, 1978, 1982). Additional studies have been conducted since the time of those reviews. The problem in the area of self-help materials is not a dearth of studies, but the failure of psychologists to heed the results of those studies.

Let us consider several conclusions that can be drawn from the literature. First, research on do-it-yourself treatment books has demonstrated that techniques applied successfully by a therapist are not always self-administered successfully. Zeiss (1978) conducted a controlled outcome study on the treatment of premature ejaculation. Couples were assigned, on a random basis, to receive either self-administered treatment, minimal therapist contact, or therapist-directed treatment. As in earlier reports by Zeiss (1977) and Lowe and Mikulas (1975), treatment with only minimal therapist contact was effective. But of six couples who self-administered treatment, none successfully completed the program.

Matson and Ollendick (1977) obtained similar results in an evaluation of *Toilet Training in Less Than a Day* by Azrin and Foxx (1974). In this study, four of five mothers in a therapist-administered condition successfully toilet trained their children, whereas only one of five mothers in a self-administered group was successful.

The findings reported by Matson and Ollendick (1977) support a second, and possibly more significant, conclusion: Self-help efforts can lead to the worsening of a problem. These authors observed that unsuccessful self-administered interventions are associated with an increase in children's problem behaviors and negative emotional side effects between mothers and children. In the context of such findings, it would have been interesting if Zeiss (1978) had conducted a follow-up assessment on those couples who failed to self-treat their premature ejaculation problem. One can imagine how tension would have developed in these couples, especially if they were unaware that all other couples had been equally unsuccessful.

More focused concerns regarding treatment failure may apply for specific problem areas. For example, Brownell, Heckerman, and Westlake (1978) discussed how repeated short-term losses in weight can have harmful effects on physical health. After observing minimal weight loss among those who used a self-help book, the authors cautioned,

In light of these potential hazards, and considering that the do-it-yourself dieter has little medical or psychological guidance, diets designed to be self-administered should be subject to controlled clinical investigations prior to distribution, and consumers should be educated as to the merits and drawbacks of specific programs. (Brownell et al., 1978, p. 594)

The previously stated findings of Matson and Ollendick reinforce the seriousness of these concerns.

A third conclusion can be drawn from current research findings: Well-intentioned changes in an already-tested self-help book can have detrimental effects on treatment outcome. This conclusion is drawn from two studies that dealt with self-administered systematic desensitization. In the first of these studies (Rosen, Glasgow, & Barrera, 1976), highly fearful snake phobic individuals who followed through on a self-administered desensitization program all evidenced significant reductions in anxiety. However, only 50% of all subjects completed their self-administered programs. This rate of noncompliance is comparable to those found in earlier studies on self-administered desensitization (see Glasgow & Rosen, 1978). Findings from this first study suggested that an effective self-administered program was available if only compliance could be increased. This was attempted in a second study (Barrera & Rosen, 1977) in which highly fearful snake phobic subjects were randomly assigned to receive either self-administered desensitization exactly as in the first study; self-administered desensitization with a pleasant events self-reward contracting supplement; or a self-administered placebo. The basis for the self-reward contracting system was Mahoney and Thoresen's (1974) suggestion that self-reward strategies can facilitate the subject's implementation of a self-control treatment. As in the first study, 50% of the regular self-administered subjects completed their program, and all of these subjects showed substantial reductions in their fear of snakes. But in the revised program, where self-contracting had been added, compliance went from 50% to 0%. These results may represent one of the largest experimental effects ever observed in the psychotherapy literature; unfortunately, the effect was in an undesired direction.

In trying to account for the detrimental impact of self-reward, it could be hypothesized that a "properly constructed" system would have facilitated compliance. A discussion of such issues takes our attention away from the truly important part of Barrera and Rosen's (1977) findings: For whatever reasons, well-intentioned changes in instructional materials can have a significant and negative impact on treatment outcome. Accordingly, the therapeutic value of a self-help book can only be determined by testing the specific instructions to be published under the conditions in which they are to be given.

**Have Psychologists Listened to Their Research Findings?**

Let us now consider the impact that research findings have had on the behavior of psychologists who have researched do-it-yourself therapies. Remember that this research has supported several conclusions with clear implications for the clinical efficacy of self-help materials. First, the effectiveness of a treatment program under one set of conditions cannot be assumed to generalize to all conditions. Second, ineffective programs can actually lead to the worsening of a problem. And third, the most well-intentioned instructional changes can lead to ineffective
treatments. In the context of such conclusions, Zeiss published a revision (Prolong Your Pleasure, Zeiss & Zeiss, 1978) of his program for premature ejaculators despite the finding that no couple had successfully administered the program described in an earlier draft of the book. Azrin, in the face of ample evidence that toilet training was not accomplished in less than a day, published Habit Control in a Day (Azrin & Nunn, 1977). Brownell, who cautioned the developers of diet programs, came out with The Partnership Diet Program (Brownell, 1980). And I, whose well-intentioned instructional changes led to 0% compliance, revised my program yet a second time and published Don't Be Afraid (Rosen, 1976b).

The books just listed are only part of a general trend toward the publication of poorly assessed or totally untested books of advice. Two reviews by Glasgow and Rosen (1978, 1982) demonstrate this point. The two reviews focused on written programs that addressed prospective clients and presented behavioral approaches as defined by Goldiamond (1975). The first review considered 86 programs that were located during a search of the literature conducted in 1975 and 1976. The second review considered 73 additional programs located during the subsequent two-year period.

In the first review, Glasgow and Rosen located a total of 74 studies or case reports that related to the 86 programs. In the second review, only 43 studies or case reports could be found that evaluated the 73 programs under consideration. Thus, the overall ratio of studies to books decreased, in a two-year period, from 0.86 to 0.59.

The desire among psychologists to publish is clearly greater than their perceived responsibility to assess the effectiveness of their recommended programs. Consequently, consumers increasingly risk the purchase of untested do-it-yourself therapies.

The Problem of Exaggerated Claims

The most dramatic demonstration that commercial factors, rather than professional standards, dominate the marketing of self-help books is found in the claims that accompany these products. Consider, for example, the rear bookjacket of my fear-reduction text, Don't Be Afraid, which explains, "In as little as six to eight weeks, without the expense of professional counseling, and in the privacy of your own home, you can learn to master those situations that now make you nervous or afraid" (Rosen, 1976b). Notice that research findings are not mentioned to suggest that only 50% of people succeed at self-administered treatment. There is also no mention of the fact that the true value of the published program is unknown.

The exaggerated quality of the commercial blurb on Don't Be Afraid seems minor when one considers the limits to which publishers can go. Consider, for example, a self-help text by the noted psychologist Arnold Lazarus (1977). His book In the Mind's Eye presents a variety of cognitive behavior strategies. On the bookjacket, the reader is told that this totally untested book will help to "enhance your creative powers; stop smoking, drinking or overeating; overcome sadness and despondence; build self-confidence and skill; overcome fears and anxiety."

At times, it appears that psychologists and their publishers are in a contest to create the most exaggerated and absurd claims—unfortunately, at the expense of psychologists' credibility. Jerome Singer, Director of the Clinical Program at Yale University, published Mind Play: The Creative Uses of Fantasy (Singer & Switzer, 1980) three years after Lazarus's In the Mind's Eye. Mind Play is another self-help book that presents cognitive behavioral techniques, only this time, according to the bookjacket, a reader can learn to "relax, overcome fears and bad habits, cope with pain, improve your decision-making and planning, perfect your skill at sports and enhance your sex life."

The title of a self-help book can serve, on its own, as an exaggerated claim. Franks and Wilson (1978) cited a 1976 review paper on obesity by Mahoney and Mahoney (1976b) that stated, "We remain a long way from any semblance of justification of complacency in weight regulation; significant poundage losses are still in the minority, and long-term maintenance has remained unexamined" (p. 30). Yet the Mahoneys published, in the very same year, a self-help book entitled Permanent Weight Control (Mahoney & Mahoney, 1976a).

The APA Task Force on Self-Help Therapies (1978) considered these types of promotional activities in the context of APA's Ethical Standards of Psychologists (APA, 1977a) and related publications such as the Standards for Providers of Psychological Services (APA, 1977b). The Task Force noted the following sections from APA's Ethical Standards:

Preamble: Psychologists . . . are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. (p. 1)

Principle 1: [In providing services, they maintain the highest standards of their profession . . . and make every effort to ensure that their services are used appropriately. (p. 1)

1e. Psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal . . . financial, or political situations or pressures that might lead to misuse of their influence. (p. 2)

Principle 2: Psychologists . . . only provide services, use techniques, or offer opinions as professionals that meet recognized standards. (p. 2)

Principle 4: In public statements . . . psychologists take full account of the limits and uncertainties of present psychological knowledge and techniques. (p. 3)

4d. Psychologists associated with the development or promotion of psychological devices, books, or other products offered for commercial sale, make every effort to assure that announcements and advertisements are presented in a professional, scientifically acceptable, and factually informative manner. (p. 3)

4f. Psychologists who interpret the science of psychology to the general public accept the obligation to present the material fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration or superficiality. (p. 4)
The Task Force paraphrased these principles with regard to self-help therapies. They noted:

Self-help therapies can help people to understand themselves, and they may provide one of the most effective instructional modalities for promoting human welfare [Preamble]. However, psychologists bear heavy professional responsibilities in developing such programs. This is particularly the case in light of the influence that psychologists may have on the behaviors of others [Principle 1]. Accordingly, self-help therapies that are developed by psychologists should meet recognized standards, as is the case for all therapeutic modalities [Principle 2]. The development of self-help therapies should not be compromised by financial pressures or other factors [Principle 1]. Public statements, announcements, and promotional activities pertaining to a commercially published self-help therapy should be informative. Sensationalism is to be avoided in such statements. The limitations, as well as the benefits, of a self-help therapy should be clearly stated [Principle 4]. (APA Task Force on Self-Help Therapies, 1978)

A visit to any bookstore, as well as the examples provided in this article, will demonstrate the extent to which the Ethical Standards of Psychologists are being violated by members of the APA. Titles of books, and the promotional claims that accompany them, are frequently in violation of Principle 4. In many cases, one cannot help but feel that Principle 1 has been sacrificed to financial considerations. Research findings also demonstrate that many programs do not meet recognized standards, as required by Principle 2. Clearly, it is time for psychologists to reexamine their contribution to the development and marketing of self-help materials.

Returning to Professional Standards

It is clear to me how my next “do-it-yourself” treatment book will be promoted to the public, should such a publication ever get written. Rather than accepting what the publisher produces, and harboring unverbalized fantasies that my program really is as powerful as the publisher says, I would engage in firm negotiations with the publisher to have final say on all promotional statements made with regard to my text. I would be actively involved in the creation of the title and the promotion of my book and would show all materials to several colleagues to identify any exaggerated claims that resulted from my excitement over the product. With hindsight, it all seems rather straightforward how one should approach the development and promotion of a self-help program. What psychologists appear to need is a structure or framework that promotes their adherence to fairly obvious standards.

The failure of psychologists to ensure the proper development and marketing of self-help treatment programs should not detract from the important role these programs can play in meeting public health needs. The APA Task Force on Self-Help Therapies (1978) noted that properly developed programs accompanied with accurate claims

have tremendous potential for helping individuals to understand themselves and others, and to promote human welfare through the amelioration of emotional and behavioral problems. These programs are able to reach large numbers of individuals on an extremely cost-efficient basis. The programs can help individuals to maintain their autonomy and individuality by decreasing reliance upon professionals. Self-help programs can also serve important education and preventive functions.

The Task Force recommended various actions that could be taken in an effort to encourage the responsible marketing and development of self-help materials. We felt that APA could develop a set of guidelines for psychologists similar to the standards that then guided the developers of psychological test materials (APA, American Educational Research Association, and National Council on Management in Education, 1974). APA also could provide psychologists with a list of informational points that would accompany self-help programs. For example, the front page of a book might clarify the extent to which program evaluation had been conducted and describe the results of these evaluations. The reading level of the instructional materials could be given, and recommendations for use of the program made. The development of a standard format for presenting this information would encourage psychologists to provide an accurate program description.

The Task Force felt that a set of guidelines also could aid psychologists when they were negotiating with publishers. The publication by APA of sample contract clauses and sample promotional materials could strengthen the negotiating position of psychologists when issues of extravagant claims or exaggerated titles were discussed. Publishers who wanted to publish materials developed by psychologists would have to yield to the widely accepted standards of professional conduct, as directed by APA.

APA, possibly in concert with other professional groups (Rosen & Fox, 1977), also could become involved in officially endorsing the status of a particular book. When this suggestion was first made (Rosen, 1976a), Goldiamond (1976) spent considerable time criticizing the concept. He sarcastically asked if we should expect something modeled after the American Dental Association’s endorsement of fluoride toothpaste, such as “Tapered Relaxation has been shown to be an effective phobic counter-conditioner that can be of significant value when used in a conscientiously applied hierarchy of behavior therapy and professional care” (Goldiamond, 1976, p. 142). His extreme example only serves to distract psychologists from more reasonable applications of the proposal. Rather than dealing in the absurd, consider the following statement:

The relaxation methods discussed in this book have been shown to be effective when used in clinic settings. In addition, studies have shown that 50% of people using this program on their own achieve some benefit. If you are not successful in following this program on your own, you should consider consulting a professional in your community.

Whatever problems exist in the above example, the Task Force did not feel that the entire framework should be summarily dismissed without further consideration by the APA. It is possible that consumers who looked for
a self-help program would be drawn to books that contained a factual endorsement by a professional organization. If this was the case, and professional endorsements influenced consumer behavior, then professional standards would exert an influence on the marketplace. Publishers would be motivated to have authors assess do-it-yourself treatments, thereby reducing the rush to publish untested materials.

Finally, the Task Force agreed with the observation that professional reviews of do-it-yourself treatment books were merely serving as colleague endorsements, rather than critical appraisals of supposed treatments (Rosen, 1978). It was suggested that Contemporary Psychology could consider a special section devoted to the review of self-help books, with the expectation that reviews in this section would remain data based in a manner consistent with any evaluation of a treatment's outcome.

The Future
In general, recommendations made by the APA's Task Force on Self-Help Therapies have gone unnoticed. Contemporary Psychology did develop a set of guidelines for those who review do-it-yourself programs (Rosen, 1981). Reviewers for Contemporary Psychology now comment on the empirical status of treatment books, rather than relying solely on their personal tastes and preferences.

The failure to respond to other Task Force recommendations and to bring professional standards to bear on the marketplace is all the more unfortunate when one considers the additional avenues of communication now being used to "assist" the public. If the 1970s was the decade of self-help books, the 1980s is the decade of media therapists. There has also been a proliferation of audiocassettes purporting to teach relaxation techniques, smoking control, weight loss, and other treatment techniques. Video programs are not far behind, and attention is already being directed at computer-assisted self-help treatments. As the number of media alternatives for helping the public increase, so do the potentials for abuse.

Just in case the reader is questioning the relevance of concerns expressed in this article, let me refer to the October 1985 issue of Psychology Today, which arrived at my office as I completed this manuscript. Psychology Today, which is now a publication of the APA, features a full-page ad that offers "success, mindpower, winning, attractiveness, transformation, self-knowledge" (p. 77) and more, with the book Instant Memory, published by the Institute of Advanced Thinking. Software for the Apple II computer called 6th Sense is claimed to have been "scientifically proven (to home) abilities in telepathy, telekinesis, precognition, and remote viewing" (p. 79).

Readers of Psychology Today are informed of a variety of audio/video tapes and records, biofeedback instruments, and books/publications in a general classified section. There is an "outstanding cassette" program for insomnia and stress (p. 86). There is the "Five Minute Phobia Cure" (p. 86) offered by Roger Callahan. Any reader can purchase instruments from the "biofeedback supermarket" (p. 86) if books are insufficient. And Psychology Today gets into the act itself, with "new releases" and audiocassettes for "gaining control," with such titles as "A Guide to Open Communication," "Discovering Yourself," "Free Yourself from Guilt," and "Becoming a Self-Actualized Person" (p. 80), to name just a few. Even APA, through its publication of Psychology Today, is entering the marketplace with untested materials for self-help.

The concerns expressed in this article were similarly expressed by Robitscher (1980) when he addressed a psychiatric audience:

Every commercial exploitation of psychiatry, large or small, detracts from an integrity that psychiatry needs if it is to have meaning... when it becomes commercial, psychiatry dwindles down to a treatment of symptoms and an exploitation of techniques, a pretense of helping another that helps only the self. Many psychiatrists do not approve of the commercialism of psychiatry... but almost no psychiatrist speaks out against it. They turn their eyes away to avoid the sight of the money tree being shaken... In the absence of psychiatrists who do not exploit psychiatry, those who do flourish. (p. 456)

Psychologists and psychiatrists have shared interests in preserving the integrity of their professions and the integrity of psychotherapy. Presently, psychologists perform a disservice to psychotherapy and to their profession as they sell psychology to the public. Rather than assisting people in a meaningful manner, as envisioned by Miller, they commercialize psychotherapy. Miller (1969) had encouraged psychologists to learn how to help people help themselves. Perhaps I must emphasize the words to learn how, for Miller's admonition implies the systematic development and assessment of effective self-help methods, not the headlong rush to publish that has characterized today's psychologists.

Those who have argued for an alternative direction have yet to have an impact on the policies of the APA or on the quality of materials offered to the public. Yet the challenge for psychology is clear. At an APA symposium in 1977, Albert Ellis invited psychologists to "imagine what a really great potential for improved human functioning a set of scientifically researched, written and periodically revised do-it-yourself manuals would probably have" (Ellis, 1977). This is the challenge faced by psychologists: not to sell psychology, but to apply the skills of our profession to the development of self-help treatments to ensure that professional standards, rather than commercial factors, have a bearing on the marketplace.

REFERENCES

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