

PSYCHOLOGY SELF-HELP BOOKS: A COMPREHENSIVE  
ANALYSIS AND CONTENT  
EVALUATION

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PREVIEW

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## DEDICATION

I dedicate this work to my parents, Dr. Haim and Ruth Shaked. To my father, for helping me navigate. To my mother, for reinforcing the importance of the final destination. And to both of you, for fully participating in this journey. This work would have never come about without you.

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PREVIEW

## CHAPTER I

### THE PROBLEM AND REVIEW OF RELATED LITERATURE

The aim of this research was to comprehensively study psychology self-help books and to analyze their implications for the mental health field and the public, while proposing research for an area that has been lacking in empirical psychological investigations.

Although this manuscript addresses various aspects of the self-help book industry as a whole, the focus of this dissertation is on those self-help books that are exclusively psychological in nature. Unless otherwise specified, any subsequent mention of “self-help books” refers only to psychology self-help books.

#### Self-Help Books: A Contemporary Phenomenon

Along with the explosive growth of all types of self-help programs in the past three decades, the self-help book industry has evolved substantially (Rosen, 1993). Since its boom in the United States in the 1970s, the self-help book industry has continued to grow, to the extent that, by the mid-80s, it attained the descriptor of a “silent revolution” in the practice of health care (Starker, 1986). From 1975 until 2002, self-help title output has doubled as a percentage of total title output (Wheelan, 2004).

The psychology self-help literature, more specifically, has also become increasingly pervasive and popular over the past three decades (Zimmerman, Holm, & Haddock, 2001), ever since psychologists began to contribute considerably to this arena of self-help programs (Rosen, Glasgow, & Moore, 2002). With 21,194 self-help titles in print and in press as of 2002 in the United States alone (*Books in Print*, 2002), there is indeed justification for their omnipresence. Bookstores, book clubs, and talk shows prominently feature psychology self-help books; and best-seller tracking lists devote specific categories to self-help literature, including psychology self-help books. The media's attention to psychology self-help books appears to foster the public's curiosity. As indicated by the recent proliferation of psychology best-selling books (Gehrke-White, 2002), these books have successfully acquired space on millions of personal bookshelves.

Obviously, there is a supply because there is a demand. The demand is continuously nourished by the constant supply of new titles and the publicity which accompanies their publication. As evidenced by the sale of millions of copies of certain best-sellers—such as 20 million of Peale's 1952, *The Power of Positive Thinking*; 7 million of Peck's 1978, *The Road Less Traveled*; 15 million of Gray's 1992, *Men are from Mars, Women are from Venus*; and 1.5 million of Dr. Phil's 2001, *Self Matters*—these books have sold, and continue to sell, very well. A \$563 million-a-year publishing enterprise (McGinn, 2000), the phenomenon of a “remarkable self-help proliferation” (Johnson, Johnson, & Hillman, 1997, p. 341) can certainly be attributed to its profitability.

The ubiquity of psychology self-help books is not just a fleeting media-induced/consumer-driven vogue, nor is it purely a function of economics. A major commercial product consumed by millions of readers, the psychology self-help industry may indeed be a veritable cultural phenomenon. Psychology self-help books are a “firm part of the fabric of American society” (p. 2), as noted by Starker (1988a) in “Oracle at the Supermarket: The American Preoccupation with Self-Help Books.” Moreover, the ideas underlying these publications resonate with our culture. Commensurate with the basic American values of independence and individualism, the contents of these books actually “reflects and sustains our cultural beliefs and values” (Zimmerman, Holm, & Haddock, 2001, p. 122). It is no wonder then, that psychology self-help books are alternatively dubbed *pop-psychology*.

Yet the 1976 admonition by Rosen—a prolific author and researcher of self-help therapies and an advocate for the development, regulation, and evaluation of self-help books—that “the only contingencies affecting the sale of these programs were monetary . . .” is still “. . . warranted” today. Almost three decades after Rosen’s initial and continuous publications of his and his colleagues’ shared concerns, an even perfunctory visit to the local bookstore—or supermarket or drug store—would confirm that self-help is not governed by self *help*. Rather, it is governed by “big business” (Rosen, 1993).

#### Self-Help Books and Mental Health: Bibliotherapy

Self-help books have come to attain a prominent niche not only in American pop culture and the marketplace, but also in the practice of psychology, psychiatry, counseling, and other mental health disciplines (Starker, 1988b). It is of no surprise

that research findings indicate significant usage of self-help books by a range of mental health professionals—and particularly psychologists (Campbell & Smith, 2003; Starker, 1988b). These books have become an important source of mental health information for millions of Americans (Norcross, 2000; Starker, 1990), reaching and affecting a far greater number of individuals than do traditional forms of therapy (Ellis, 1993). Advocates for self-help treatments and their incorporation into the delivery of psychological services contend that self-help books are in fact a response to former APA President George Miller’s counsel “to give psychology away” (Miller, 1969, p. 1074). It is certainly plausible that the proliferation of psychology self-help materials could be deciphered as a way to “help people help themselves” (Rosen, 1987). As a form of therapy, namely that of bibliotherapy, self-help books are a potentially viable mechanism for providing therapy to the public.

#### *About Bibliotherapy*

Bibliotherapy can take many forms, and the media for conducting bibliotherapy are numerous. Bibliotherapy entails a variety of genres, including short-stories, biographies, fairy-tales, poetry, picture books and, of course, self-help books—ranging from fictive to non-fictive (Pardeck & Pardeck, 1998).

The therapeutic and uplifting qualities of certain genres of literature have been documented for centuries (Johnson et al., 1997). Dating back to ancient Greek philosophy, Aristotle emphasized the healing power of certain types of literature (Stevens & Pfof, 1982). In fact, reading of scriptures has historically been integral to therapeutic processes. The Bible, for instance, is well-regarded as the most frequently utilized source of written self-help (Craighead, McNamara, & Horan, 1984; Ellis,

1993). The term bibliotherapy was coined in 1916, a time during which libraries in medical and therapeutic settings were initially created (Pardeck & Pardeck, 1998). The first application of bibliotherapy to the mental health field surfaced in the 1940s, when brother physicians Drs. Karl and William Menninger attempted to treat patients through the use of their self-authored book.

More recent authors have also outlined the healing power of written materials. The therapeutic characteristics and objectives of bibliotherapy have been delineated as (a) provision of information (Johnson et al., 1997); (b) promotion of insight and understanding of self (Pardeck & Pardeck, 1984); (c) stimulation of discussion about issues which otherwise may not be discussed (Katz & Watt, 1992); (d) capacity to change attitudes and values (Pardeck, 1991a); (e) creation of a sense of universality or belonging (Pardeck, 1996; Pardeck & Pardeck); (f) provision of opportunities for discovery of solutions or alternatives (Katz & Watt; Pardeck); (g) provision of spiritual or inspirational guidance (Johnson & Johnson, 1998); and (h) promotion of positive attitude towards oneself (Timmerman, Martin, & Martin, 1989). It seems that, as noted by Timmerman et al., “when bibliotherapy works, it can produce profound affective and cognitive changes” (p. 293).

Because bibliotherapy is used by a variety of mental health professionals, including counselors, psychologists, social workers, and psychiatrists, it is also known by many names, such as bibliocounseling, bibliopsychology, biblioeducation, biblioguidance, library therapeutics, biblioprophylaxis, tutorial group therapy, and literatherapy (Pardeck, 1991b). Along with these many labels, come multiple

definitions—definitions which vary among scholars and commentators, and from one philosophical orientation or discipline to another.

A simple, all-encompassing definition of bibliotherapy is the use of reading materials as a complement to ongoing treatment. More specifically, bibliotherapy is defined as “a family of techniques for structuring an interaction between a facilitator and a participant . . . based on their mutual sharing of literature” (Berry, 1978, p. 186). Gambrill (1985) defines it as “the use of written material to help clients alter their behavior, thoughts, and feelings” in psychological interventions (p. 48). Katz and Watt (1992) emphasize that it is a “guided use of reading, always with a therapeutic outcome in mind” (p. 173).

It would seem that the consistently operative concept in all of the above-noted definitions is that bibliotherapy be implemented within the framework of a therapeutic relationship. Applying the “read two of these and call me in the morning” treatment modality, clinicians use reading recommendations as vehicles for educating their clients and enhancing the therapeutic process. In this context, practitioners might employ any bibliotherapeutic medium of choice within the therapeutic setting.

However, even if the clinician does not prescribe psychology reading materials, bibliotherapy may find its way into the therapy room. Clients may read therapy books on their own volition while engaging in psychotherapy, or even prior to initiating therapy. Furthermore, considering that clients do not engage in therapy forever, and that many individuals do not ever engage in therapy, it is also important to explore the use of written materials when used as a replacement for, outside of, or

even without psychotherapy. This speaks to the very essence of self-help books, namely a “do-it-yourself” approach to bibliotherapy.

### *Self-Help Books as a Type of Bibliotherapy*

Best considered a product of, and a growing category within the bibliotherapy movement (Johnson et al., 1997), self-help books are defined as books which “help an individual improve, modify, or otherwise understand his or her physical or personal characteristics” (Katz & Katz, 1985, p. xv).

An increasing number of Americans, who are not necessarily undergoing therapy, are reading self-help books as a means of attaining self-growth and achieving, or improving, mental health (Simonds, 1992). In fact, many self-help books are written with the intent of providing over-the-counter therapy without therapist consultation. Although this approach is not necessarily endorsed by practitioners and while, arguably, a more “clinically sound approach” (Pardeck, 1991b, p. 111) is to use bibliotherapy as an adjunct to treatment, or a component there-of, the self-help approach could be helpful for certain clients.

While self-help books fall under the rubric of bibliotherapy, most commentators on the self-help book field draw a distinction between self-help books and bibliotherapy (Giblin, 1989; Glasgow & Rosen, 1978; Pardeck, 1991a; Smith & Burkhalter, 1987). In contrast with other forms of bibliotherapy, self-help books offer models, concrete suggestions, and advice for change. Moreover, self-help books range in categories from “vague and merely inspirational prose” (Johnson et al., 1997, p. 342) to highly scientific therapeutic procedures intended for self-application by individual consumers or for prescription by mental health professionals.

Craighead et al. (1984) note that authors of the latter category generally assume that people are capable of self-initiated change, that self-applied techniques are equally as effective—or more so—in creating change as traditional therapy, and that therapeutic techniques can be standardized and translated into language comprehensible to a range of lay people. On the other hand, if the self-help books fall into the former category, they are typically popularized renditions of clinical research and empirically accepted data and techniques. Nonetheless, Johnson et al. note that the quality of even these “scientific” mutations varies greatly.

### Self-Help Books—The Pros and Cons

#### *The Pros of Self-Help Books*

Paul Quinnett (1991) has written that “the self-help movement has been a wonderful thing: it has brought relief where there was suffering, relationship where there was loneliness, and acceptance where there was rejection” (p. xi). In a similar vein, Albert Ellis (1993), an advocate of brief, eclectic, and pragmatic therapeutic approaches and a prolific self-help book author notes the following advantages of self-help books (a) they are helpful for those who are literature-oriented, (b) they may expedite treatment gains when used in conjunction with therapy, (c) they are cost effective, (d) they have the capacity to expand the range of interventions and the availability of information—particularly to those who live in isolated communities, (e) they may serve as a—if not the only—viable alternative to those who are resistant to, or are restricted from, traditional mental health service, and (f) they serve as boosters for maintenance of treatment gains. More concrete supporting characteristics

of self-help books include their clinical utility, their appeal to both practitioners and readers, and their efficacy.

### *Self-Help Books Have Clinical Utility*

A review of several large scale surveys of psychologists (Santrock, Minnett, & Campbell, 1994; Starker, 1986; Starker 1988a; Starker 1988b) and other mental health professionals (Giblin, 1989; Smith & Burkhalter, 1987) indicates that most clinicians frequently prescribe self-help books to clients as an adjunct to treatment (Starker, 1988b), with utilization rates ranging between 51% to greater than 95%. Findings indicate that between 55% and 88% of clinicians prescribe self-help books to at least some of their clientele on a regular basis (Marx, Gyorky, Royalty, & Stern, 1992; Starker, 1988c).

Glasgow and Rosen (1978) delineated four ways by which self-help books are used in the treatment process: (a) the self-administered/no contact approach, where the client receives written material from the therapist and then has no contact until post-test assessment; (b) the minimal contact approach, where the therapist provides written material to the client and the therapist's role consists of correspondence and/or infrequent meetings; (c) the therapist-administered approach, where the client receives self-help books during the beginning of treatment followed by regular meetings during which the books are discussed and applied; and (d) the therapist-direct approach, where the client engages in traditional, weekly meetings with the self-help books being used for homework assignments or other therapeutic interventions.

### *Appeal to Practitioners*

The clinical utility of self-help books is directly related to their appeal to practitioners. Particularly with the shift towards short-term, cognitive, and cognitive behavioral treatment modalities, self-help books have become increasingly useful prescriptive tools. In 1997, Johnson et al. noted that “as providers become increasingly inclined towards rational/educational approaches to treatment, which value conscious choice and the active agency of their clients, so they become more inclined toward utilization of self-help materials” (p. 341). In a similar vein, Starker (1988b) emphasized this shift, noting that “health care professionals, and psychologists in particular, have come to view the passivity and dependence of the traditional patient role as potentially disabling” (p. 146). With the shift away from the once dominant psychodynamic model, there has been more of a focus on the ego, its coping and defensive strategies, and the conscious choice of an active individual who has agency in his/her choices, rather than on instincts, impulses, and unconscious influences. Moreover, self-help books have become more applicable than ever as health care providers are confronted by, and attempt to treat, problems of clients’ lifestyle rather than problems of an exclusively psychiatric nature.

### *Use in Therapy*

Clinicians may find self-help books valuable within the context of a therapeutic relationship, given their utility as psychoeducational and reference tools for patients. In addition, the prescription of these books to clients may lead to a greater therapeutic alliance. Self-help books can provide structure for the therapeutic process—or even structure for those sessions when the patient/therapist is “stuck” in

the process and progress of psychotherapy. For example, practitioners may use self-help books to stimulate role-playing. Their provision of concrete, easy to follow homework exercises, informal quizzes, and questionnaires can increase the likelihood of compliance (Pantalon, Lubetkin, & Fishman, 1995) and may be useful in assessing problem behaviors. “Although these questionnaires may lack reliability and validity data, they are extremely helpful in building a language with which to describe all the dimensions of a problem in the manner the patient perceives it” (Pantalon et al., p. 218).

#### *Use Outside of Therapy*

Outside of the therapeutic relationship, clinicians may promote the use of self-help books as an economical means of communication which can convey a large amount of information that is immediately and continuously available (Pantalon et al., 1995). It is generally well-noted that self-help materials have promoted expanded access to psychological information and therapeutic healing for the general public (Ellis, 1993). While self-help books may be widely used and applied by practitioners, they are more often purchased and self-applied by individual consumers in a manner which is independent of a therapeutic relationship (Johnson et al., 1997).

#### *Self-Help Books Appeal to the Reader*

Readers of self-help books have unique advantages as seekers of mental health. Like traditional psychotherapy, these books purport to provide directions for achieving personal well-being (Starker, 1988b). Unlike psychotherapy, however, these books boast easy access and anonymity, are relatively inexpensive, allow for non-stigmatized therapeutic remedies, and offer an alternative when there is lack of

viable treatment options. It is no surprise, therefore, that self-help books appeal to a mass audience; in contrast with traditional therapy, these books are perceived by readers to save a great deal of time, trouble, and money (Starker).

Forest (1988c) pointed out that aside from being relevant to everyday problems, self-help books are generally positive and entail an optimistic tone. Considering their optimistic approach, they propose “at least some answers” to readers’ issues or problems (Pantalon et al., 1995, p. 215).

Self-help books are often well-organized (Johnson et al., 1997). They present highly structured activities (Coleman & Ganong, 1988; Coleman & Ganong, 1990), and tend to be pragmatic in their focus on undesirable symptoms and experiences (Glasgow & Rosen, 1978; Pardeck, 1991a; Rosen, 1981). Consequently, they are particularly well-suited as adjuncts to treatment in settings which emphasize brief treatment (Quackenbush, 1991).

Self-help books offer a non-threatening forum. Readers can avoid the fear of evaluation, judgment, and consequent embarrassment. In addition, they require less commitment than the traditional psychotherapy. It is certainly much easier to make a commitment to read a book than to enter therapy.

Along these lines, self-help books offer “a community of validation for the reader” (Pantalon et al., 1995, p. 214), one where the reader can come to believe that his/her problem is legitimate and normal because it is shared by others as well. Universality is practically an inherent therapeutic factor in self-help books.

Self-help books also offer historical conceptualizations for current problems which can be explained by learning paradigms (Pantalon et al., 1995). The application

of learning paradigms may translate into a motivator for change. If the reader approaches a problematic issue as one that is learned, he/she may similarly accept that the problematic issue may be unlearned.

An investigation by Halliday (1991) on the perceived benefits versus harm derived from using self-help books found that most readers perceived these books as beneficial. Of 43 adult clients who had read self-help books prior to initial therapy intake session and engaged in the free recall of these books, 37 people (86%) reported benefit. Only four people reported harm or distress, with three of the four reporting a mixture of harm and benefit. The most appealing features of self-help books to the readers were (a) positive attitude; (b) encouragement; (c) advice to seek professional help; (d) general self-understanding (i.e., the importance of communication, normalization, and social relationships); (e) understanding about specific symptoms and problems (i.e., anxiety, depression, stress, and illness); and (f) behavior management techniques (i.e., temper control, assertiveness, and relaxation training). The author noted that the use of free recall may have affected the subjects' memory of books read, and that these results may not generalize to a non-clinical population.

#### *Self-Help Books May Be Efficacious*

Research found that both clients (Halliday, 1991) and professionals (Santrock et al., 1994; Starker, 1986; Starker, 1988b) endorse benefits derived from self-help books. In their meta-analysis of nonprofessional psychological treatments, exploring studies on self-administered treatments in the form of self-help books, tapes, and computer programs for circumscribed problems, Christensen and Jacobson (1994)

concluded that “self-administered treatments achieve outcomes comparable to those of therapist-administered treatments” (p. 11).

Ogles, Lambert, and Craig (1991) explored the effectiveness of four self-help books randomly assigned to participants who were coping with a recent break-up or divorce. Results showed that all groups significantly improved in terms of symptoms, but did not differ significantly from each other—as is consistent with psychotherapy outcome research in general. The authors concluded that although results indicate support for specific books with specific target-problems, these results may not generalize to all self-help books, or to all target problems.

Scogin, Bynum, Stephens, and Calhoun (1990) found that self-help books and tapes were more effective than no-treatment, and that they showed a nonsignificant difference in efficacy when compared with therapist-administered treatments. Their meta-analysis consisted of 40 studies which examined the efficacy of self-administered treatments as compared to no-treatment and therapist-administered treatments. The studies addressed five general categories: habit control; depression and anxiety; phobias; skill training; and sleep, sex, and memory problems. Although these studies targeted circumscribed problems, for these domains, self-help treatments appeared to have promising outcomes.

Pardeck (1991a) found that behaviorally-based self-help books are particularly efficacious therapeutic tools. In a meta-analysis of 14 studies conducted in the 1980s assessing the effects of self-help books in changing behavior, 11 studies reported efficacy. Self-help books were deemed successful in changing inappropriate behavior for adolescents, obesity and weight loss, insomnia, chronic headaches, changing

children's behavior, and improving conversation skills. Three studies reported, however, that self-help approaches were *not* effective in weight loss, changing children's behavior and improving conversational skills. "While research design qualities of these studies varied widely, and although the results [of all the studies combined] were equivocal" (Johnson et al., 1997, p. 343), Pardeck concluded that these studies reported efficacy with behaviorally-based reading materials, highlighting the fact only three of the studies found negative outcomes.

### *The Cons of Self-Help Books*

Despite the rather widespread utilization of self-help books and the positive endorsements by psychologists, other mental health professionals, and consumers, the research also points to the limitations and inadequacies of self-help books. Critics and pundits in the field of self-help (Johnson et al., 1997; Rosen, 1976, 1978, 1981, 1987; Starker, 1988b; Stevens & Pfof, 1982) have questioned the psychology self-help industry's empirical, theoretical, and ethical underpinnings, resulting in skepticism about these books in the scientific and academic communities. The literature points to these books' shortcomings and respective potential risks, including lack of empirical validation, exaggerated claims, oversimplification, low compliance, contribution to non-problems, inefficaciousness, and lack of regulation.

### *Lack of Empirical Validation*

With their overemphasis on opinion and testimonials, most self-help books lack empirical and theoretical foundations. Forest's (1988c) review of covers of 232 paperback self-help books printed between 1970 and 1983 revealed that 47% provided no information regarding their authors' credentials and 52% provided no