

LITERARY INTERVENTIONS FOR DEPRESSION PREVENTION: A COMPREHENSIVE REVIEW

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Abstract: *Depression is a prevalent mental health disorder known for its enduring symptoms of persistent sadness and a profound loss of interest and enjoyment. This study explores the potential of bibliotherapy as an intervention to modify thought patterns and facilitate positive behavioral changes in individuals with depression. The objective is to evaluate the efficacy of bibliotherapy in alleviating the core symptoms of depression and improving overall well-being.*

Keywords: *Depression, bibliotherapy, sadness, lack of interest, behavioral change.*

1. Introduction

Two main symptoms characterize depression: the long lasting sadness and the pronounced lack of any interest and amusement (HANDI Project Team & Usher, 2013). Bibliotherapy is trying to amend the way of thinking resulting, ideally, to a positive behavioral shift (Silverberg, 2003).

2.1. Associated symptoms of depression (HANDI Project Team & Usher, 2013).

In those are included the following:

- sleep disorders (sleep can be increased or decreased)
- overtiredness or lack of energy
- feeling of worthlessness or overwhelming guilt
- reduced concentration or indecisiveness
- alterations of appetite
- suicidal tendencies (HANDI Project Team & Usher, 2013).

3. Bibliotherapy

Bibliotherapy can be defined as “the process of dynamic interaction between the personality of the reader and literature”. This interaction can be used for the evaluation, regulation and growth of the reader’s personality. Its goal is the promotion of alteration of the behavior towards a normative direction (Silverberg, 2003).

3.2. Bibliotherapy and depression

Bibliotherapy can help individuals with mild or moderate depression, as long as they are older than 12 years of age and view self-help in a positive way (HANDI Project Team & Usher, 2013).

4. Way of intervention

Patients follow a structured program with the following guidance (HANDI Project Team & Usher, 2013):

□ during the first consultation the doctor discusses the role of bibliotherapy with the patient and explains the process and the reasonable expectations. As it is a form of self-help the active participation of the patient is important in choosing this type of treatment (HANDI Project Team & Usher, 2013).

➤ Two weeks after the first session it is recommended to take place a 30 minutes follow up session. During this session the discussion is focused on the concerns or difficulties that the patient encountered with the chosen book. The doctor offers support. It is important to evaluate the level of the patient's motivation and acceptance of bibliotherapy. This session will determine the frequency of the future meetings (HANDI Project Team & Usher, 2013).

➤ There are diverse data concerning the amount of the future sessions. The majority of the studies have kept contact each week with the participators during the intervention, pursued by a 3 month follow up. Weekly contact does not have to involve interpersonal directly facing interaction, as it is doable using other means of communication, like the telephone or a computer. The frequency of future sessions is determined by the participant's situation and it is based on the severity of the condition, his / her's impetus and the capacity to understand the chosen book (HANDI Project Team & Usher, 2013).

➤ The length of treatment cannot be clearly defined. The majority of the available studies have requested reading the chosen material in 4 weeks (HANDI Project Team & Usher, 2013).

There are no reports on undesirable side effects. Sometimes certain patients report a feeling of rejection when a book is handed to them and asked to resolve the situation on their own. Doctors who recommend this type of therapy must stress on the fact that it is only one of many alternative solutions and that if the patient feels is not helping him / her, the treatment plan can be altered (HANDI Project Team & Usher, 2013).

The doctors must familiarize themselves with the available books, as well as their level. The choice of a book must be based on its cultural and linguistic relevancy and the reading level of the patient. There are patients that consider self help strenuous principally when they start it. There have reports on several obstructions such as no available reading time, lack of awareness of the chosen book and feeling that the material is not helpful. These obstructions can be overrun if the doctor provides elucidation, support and motives and cause the patient to remember how beneficiary are the provision of time and effort to change (HANDI Project Team & Usher, 2013).

5. Conclusions

Due to the small amount of interaction between the patient and the doctor, bibliotherapy is suitable only for the treatment of mild or moderate depression.

Sources

Handbook of Non Drug Intervention (HANDI) Project Team & Usher, T. (2013). Bibliotherapy for depression. *Aust Fam Physician*, 42(4), 199 – 200.

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