

LETTERS TO THE EDITOR

Innov Clin Neurosci. 2026;23(7–9):5–6.

Response to “Literary Prescriptions: Applying Bibliotherapy in a Psychotherapeutic Context”

Dear Editor:

I read with great interest the article by Correll et al,¹ titled, “Literary Prescriptions: Applying Bibliotherapy in a Psychotherapeutic Context,” published in *Innovations in Clinical Neuroscience*. The authors provide a timely and practical overview of bibliotherapy as a cost-effective adjunct to traditional psychotherapy, which is particularly relevant given the increasing demand for accessible mental healthcare.

While the clinical utility and patient-centered focus of the article are commendable, I would like to offer a few observations regarding the methodological framework. First, many of the meta-analyses reporting significant effect sizes involve “guided self-help” rather than pure bibliotherapy. As these interventions often include brief clinician contact, it remains difficult to decouple the therapeutic effect of the reading material from the supportive effect of the clinician’s check-ins. Second, while the data on major depressive disorder (MDD) is robust, the extrapolation to broader psychiatric conditions requires caution due to the heterogeneity of protocols and the risk of attrition in unguided settings.

Furthermore, to enhance the discoverability and visibility of this valuable work in clinical databases, I would suggest expanding the current keywords (Bibliotherapy; psychotherapy). Including more specific Medical Subject Headings (MeSH) and thematic terms such as “Depressive Disorder, Major,” “Healthy Lifestyle,” and “Prescriptions” would significantly improve the article’s search engine optimization (SEO) and ensure it reaches a wider audience of clinicians and researchers searching for lifestyle-based psychiatric interventions.

In conclusion, Correll et al¹ have highlighted an underutilized tool that empowers patients. However, further research should focus on isolating the literature component through rigorous trials and standardizing keywords to improve the reach of such evidence-based reviews.

I thank the authors for their contribution and look forward to further discussions on this topic.

With regards,

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Responding to Correspondence on “Literary Prescriptions: Applying Bibliotherapy in a Psychotherapeutic Context”

Dear Editor:

We thank Dr. Siamian for the thoughtful commentary on our article, “Literary Prescriptions: Applying Bibliotherapy in a Psychotherapeutic Context.”¹ The letter addresses important questions about how bibliotherapy is operationalized, how its effects are measured, how the data should be most faithfully interpreted, and how we wisely integrate such interventions in optimal treatment plans.

We agree that research on bibliotherapy frequently overlaps with guided self-help. This important limitation we attempted to clarify in our original article, specifically how most meta-analyses in clinical populations include some element of clinician contact, often through 5- to 15-minute weekly telephone calls or emails, and many protocols combine bibliotherapy with exercises or other therapeutic tasks.² Cuijpers et al² even suggested that phone

contact seems necessary to prevent patients from prematurely giving up. Our goal was not, therefore, to note all observed effect sizes as being solely from reading material in isolation, but to describe the evidence as it exists in practical application models that can translate into ways to incorporate therapeutic reading into clinical care. It would be helpful for future studies to disentangle reading alone, brief clinician contact alone, and their combination to see not only the contribution of each component but also whether clinician contact is needed for patients to engage in care.

We also agree that heterogeneity across populations, reading/learning/media materials, amount of clinician guidance, and ultimate outcome measures warrant caution. We would, however, clarify that our discussion of conditions beyond major depressive disorder (MDD) was not based simply on extrapolating MDD findings. The MDD vignette served as the principal clinical example, while discussion of anxiety, sexual dysfunction, and alcohol-related problems drew from meta-analytic evidence examining those outcomes directly.^{3–5} At the same time, the quality and age of this evidence vary substantially, and we do not intend to suggest that bibliotherapy has similar efficacy across all psychiatric diagnoses. Indeed, our conclusion specifically called for research comparing individual reading/learning/media materials, diagnoses, and delivery formats.¹

The suggestions for expanded indexing terms are also on target. While keyword selection does not alter the underlying evidence, the potential benefit of bibliotherapy for expanding psychiatric care makes it especially important to enhance discoverability for clinicians and researchers searching by diagnosis or treatment/intervention type. We defer to the journal’s editorial expertise and indexing conventions regarding final terminology.

Ultimately, we believe Dr. Siamian’s commentary helps reinforce our central thesis: bibliotherapy should not be viewed as a uniform, stand-alone, and clinician-independent intervention. More useful research would ask which patients benefit from which learning materials, under what type and dose of clinician guidance, and

in which therapeutic contexts. Our goal was to encourage thoughtful, well-chosen, patient-centered reading (or learning via other forms of media) as an adjunct within a comprehensive treatment plan while emphasizing the need for more rigorous research.

We are very grateful for Dr. Siamian's excellent insights and engagement that help clarify our treatment ideas and intentions.

With regards,

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