Bibliotherapy on Depressed University Students: A Case Study

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Abstract

Bibliotherapy is an expressive therapy which uses an individual relationship to the content of books and poetry and other written words as therapy. Literature published since 1990 indicates that bibliotherapy has been employed in really every helping profession with every age group. This research aims to introduce this normal inexpensive therapy to people and to show the significance of this kind of therapy for patients who are suffering from depression. What we are going to prove in this research through a case study is that using fairytales, novels and stories in bibliotherapy can help adults to overcome their depression. To get this goal, the therapist used Beck depression inventory ⬚Beck, 1967⬚ to measure the degree of the patients' depression in a clinic before and after the cure period. The amount of test-takers were 180, and 23 of them participated in the experiment. When the subjects of the research were known - who were those whose grade were more than 25 - the one-month reading process started. The materials which are used are some anecdotes, novels and stories which are carefully chosen by the therapist herself according to the patients' needs. Then the post-test was given and almost every subject's score was less than the pre-test. The result was analyzed by the computer software SPSS. So the result is that the amount of improvement in bibliotherapy appears to be comparable to the current treatments such as drug therapy. It is also useful as a complementary therapy to speed the recovery along with conventional therapy. And also literature helps people to have a better understanding of themselves and their surroundings.

STATEMENT OF THE PROBLEM

From Plato's time and before, people have been concerned with molding their minds, and what better way to do so than with books? So the logic goes, at any rate, for as Theodosia Crosse rapturously points out, "Literature is and has been through ages the great medium of thought transference. It is the mighty stronghold wherein are kept the gems of intellect.... In its depths are reflected joy, sorrow, hope, despair-- every emotion that recorded life has known" (Crosse, 1928, p.925)[1]. People throughout the ages have viewed books as powerful tools with which to guide their thinking, strengthen their character, shape their behavior, and, more recently, even to solve their problems. The ways in which books have been employed as a means to produce change in a person are multitudinous, and it is both interesting and amusing to trace the history of bibliotherapy as it has been applied to children and adolescents.

Bibliotherapy is a kind of therapy which involves your mind as a patient. It is an emerging strategy that can be used for clinical problems. It is also used as a technique for helping people handle developmental needs. To that

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[1] viewed on http://findarticles.com/p/articles/mi

end bibliotherapy involves a person reading about a character who successfully resolves a problem similar to the one the person is experiencing. Currently bibliotherapy is successfully prescribed in a variety of settings. Clinical psychologists, counselors and librarians often assign literary resources to help individuals with psychological needs. Health professionals frequently provide books, leaflets and case-study brochures to help patients cope with mental disorders. The amount of improvement in bibliotherapy appears to be comparable to the current treatments such as drug therapy. It is also useful as a complementary therapy to speed the recovery along with conventional therapy[2]. Bibliotherapy is effective not only for patients suffering from mental disorders, but it might also have a significant role in public education, in mental disorder prevention programs and it also increases the reading rate in the society. This research aims to introduce a normal inexpensive therapy to people and to show the significance of this kind of therapy for patients who are suffering from depression. The other uses of our ever-best friend is known through this research. What we are going to prove in this research through a case study is that using fairytales, novels and stories in bibliotherapy can help adults to overcome their depression. In spite of the limitations on my way the most important of which was the lack of cooperation of some counselors and therapists with me, to get the goal of the research the therapist used Beck depression inventory □Beck, 1967□ to measure the degree of the patients' depression in a clinic before and after the cure period; she also uses face-to-face interview. The materials which are used in this research are some anecdotes, novels and stories which are suggested by the masters of Rafsanjan Vali-e-Asr university and chosen by the therapist herself according to the patient's need. So study- experimental method has been chosen for this research.

THE SIMILAR RESEARCHES ON THE SUBJECT

Here some other researches similar to this research and the results of them to help you know the background of this investigation better are mentioned. And also here you are going to be familiar with the history and background of bibliotherapy.

A) Relationship Between Bibliotherapy and the Self-Esteem of Junior High School Students Enrolled in Remedial Reading Classes

The purpose of this study was to investigate the relationship between the use of bibliotherapy and the self-esteem of junior high school students who were enrolled in remedial reading classes. The relationship between the variables was analyzed by grade level, subject sex, ability level (IQ), reading comprehension level, total reading level, and the presence/absence of a learning disability (LD).

The population consisted of ninety-eight boys and girls in the seventh and eighth grades. Fifty-eight subjects comprised the experimental group; forty subjects comprised the control group.

The reading level of the subjects was measured by the California Test of Basic Skills (CTBS); ability level was determined by the administration of the McGraw-Hill Short Form Test of Academic Ability (SFTAA). A pretest Coopersmith Self-Esteem Inventory (SEI) was administered at the beginning of the school year before the experimental study commenced. A posttest SEI, administered at the end of the school year, determined change in self-esteem level.

The bibliotherapeutic procedure consisted of group reading and discussion of carefully chosen books. No bibliotherapeutic procedures were used with the control group.

All data were analyzed by computer, using the McGraw-Hill Statistical Package for the Social Sciences (SPSS). Analysis of the data consisted of an analysis of variance of the pretest SEI means to verify the equivalence of the groups before treatment. An analysis of variance was done on the posttest SEI group means analyzed by the various variables. An analysis of covariance was also done on the posttest SEI means using the pretest SEI means as the covariate. All null hypotheses were retained since the posttest SEI means showed no significant main effect nor interactive difference between treatment and the various secondary variables.

The following recommendations were made: (1) If bibliotherapy is used as a classroom procedure, supplement it with a supportive process. (2) Investigate individual cases where subject self-esteem improved. (3) Measure the self-esteem of the subjects when they are senior high students to determine if self-esteem has improved longitudinally. (4) Replicate the study using an instrument other than the SEI to measure self-esteem. (5) Replicate the study in various socioeconomic communities to see if the same results occur in other types of communities (Watkins, 1983).

B) The Influence of Near-Death and Non-Near-Death Experience Literature on Three Suicidal Female Adolescents in Interactive Bibliotherapy

This descriptive case study investigated the influence two types of literature had upon the verbal and non-verbal suicidal behavior of adolescents in interactive bibliotherapy. Specifically, the content analysis investigated the behavior of three female adolescent suicide attempters in interactive bibliotherapeutic discussion sessions who read near-death experience

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[2] viewed on http://wikipedia.org/wiki/bibliotherapy

literature and popular novels having adolescent suicidal behavior as the predominant literary motif. This study addressed the following three questions: (1) Does reading Near-Death Experience (NDE) literature or non-Near-Death Experience (non-NDE) literature (popular novels having adolescent suicidal behavior as the predominant literary motif) influence suicidal behavior? (2) Following a suicide attempt, is there a reduction in the suicidal behavior of female adolescents who read both Near-Death Experience literature and non-Near-Death Experience literature? (3) Is there a difference in the reduction of suicidal behavior of female adolescents who read NDE literature as compared to non-NDE literature in interactive bibliotherapeutic discussion sessions?

The subjects in the study were three female adolescents who had recently made a serious and intended fatal suicide attempt, were admitted to a large Bay Area hospital psychiatric ward for evaluation and brief in-patient treatment, then referred to an out-patient Bay Area mental health therapist. Each subject read a pre-assigned book for each of six discussion sessions that focused on feeling-responses resulting from the assigned reading. Each bibliotherapeutic discussion session lasted thirty minutes, was videotaped, and was content analyzed by four independent raters who collected and recorded each subject's verbal and non-verbal behavior on a rating form categorized into three areas. The first two were organized according to the Beck Hopelessness Scale categories of Dark Future (hopelessness/negative expectations about the future) and Bright Future (positive expectations about the future). The third category was those behaviors indicative of depression as defined in the Diagnostic and Statistical Manual of Mental Disorders, Revised Edition.

The results indicated that all three study questions were affirmed, suggesting that the interactive bibliotherapeutic use of both NDE and non-NDE experience literature may significantly reduce suicidal behavior in the seriously suicidal adolescence (Ferris, 1995).

C) Reading Selection as Information Seeking Behavior: A Case Study with Adolescent Girls

The aim of this research was to explore how the experience of reading fiction affects adolescent girls aged 13 through 15, and how that experience changes based upon four activities: journaling, blogging, a personal interview, and a focus group session. Each participant reflects upon works of her own choosing that she had recently read. The data is evaluated using content analysis with the goal of developing a relational analysis tool to be used and tested with future research projects.

The goal of this research is to use the insights of the field of bibliotherapy together with the insights of the adolescent girls to provide a higher, more robust model

of successful information behavior. That is, relevance is a matter of impact on life rather than just a match of subject heading. This work provides a thick description of a set of real world relevancy judgments. This may serve to illuminate theories and practices for bringing each individual seeker together with appropriate documents.

This research offers a new model for relevant information seeking behavior associated with selecting works of essential instructional fiction, as well as a new definition for terminology to describe the results of the therapeutic literary experience.

The data from this study, as well as from previous research, suggest that literature (specifically young adult literature) brings the reader to a better understanding of herself and the world around her (Reynolds, 2007).

THE THEORETICAL FRAME WORK

Although the powerful effects of reading have been known since ancient times and it has been obvious to everyone that individuals do change attitudes and behavior based on what they read, it was only in the early 1900s that a specific term was coined for the use of books to effect a change in a person's thinking or behavior. In a 1916 issue of Atlantic Monthly, Samuel Crothers discussed a technique of prescribing books to patients who need help understanding their problems, and he labeled this technique "bibliotherapy" (Crothers, 1916, p.291). Although bibliotherapy is the most commonly used term, harvested from the literature are discussions using the term bibliocounseling, bibliopsychology, bookmatching, literatherapy, library therapeutic, guided reading and biblioguidance[3].

Here we are going to see that bibliotherapy matches which of the theories. To answer it first we should number the changes which are caused by books and bibliotherapy:

1) To develop knowledge and negotiation.
2) To be familiar with the life of others and the mechanism they use to overcome their Problems.
3) To be familiar with the philosophy and destiny of some prominent and well known persons; to us them as pattern and to identify with them.
4) To learn some instructions for better life.
5) To motivate and stimulate the reader to think about and analyze the thoughts and behaviors.
6) To know the different solutions to face a problem.
7) To help to recognize the cause of behavior and to find the appropriate compatibility.
8) To give the person the chance to know the effect of different behavior.
9) To evacuate the reader's tension. (Tabrizi, 1388, p.28)

These changes are just the ones which are the goals of psychotherapy and the opinions of some theorists as:

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[3] viewed on:http://scholar.google.com/scholar?hl=en&q=author:%22Myracle%22+intitle: %22Molding+the+minds+of+the+young:+The+history+of+ ...%22+&um=1&ie=UTF-8&oi= scholar

A) Aristotle's Theory

Historical records from centuries ago point to the long standing application of bibliotherapy. The people of ancient Greek acclaimed the power of literature by inscribing a sign above the libraries stating it to be the healing place for soul. The idea that literature and arts can benefit the emotional well-being of the reader or observer has been around at least since Aristotle proposed the notion of emotional catharsis in his famous definition of tragedy: " Tragedy, then, is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form of action, not of narrative; with incidents arousing pity and fear, wherewith to accomplish its catharsis of such emotions[4].

B) Frued's Theory

Actually the first one who used individual psychotherapy in early 20th century and can be called as the father of new psychotherapy. Freud on the occasion of his 70th birthday acknowledged his intellectual debt to creative artists, suggesting that they, not he, had first discovered the unconscious. Freud further suggested that, in the therapeutic process, "Storytellers are valuable allies and their testimony is to be rated high, for they usually know many things between heaven and earth that are not yet dreamt of in our philosophy"[5].

C) Frankle's Theory

In Frankle's view the healthy person is one who can get knowledge and it's lack cause his main disorders especially mental one. He believes that one can get healthy through reading. In his speech which named "Book as healer" in 1975 on the occasion of the anniversary book fair opening, he explained about many books which have changed the reader's life and some books which have prevented the readers from committing suicide and somehow saved their life. He also numbered some other books which have helped the readers in prison or those who were about to die (Tabrizi, 1388, p.32).

This paper is a case study in which bibliotherapy is used. The methodology of this pilot study is being described here. Statistical community, sample volume, data processing method and… are explained here.

STATISTICAL COMMUNITY

Statistical community is a group of people who have at least one common attribute. To know who are the members of our statistical community we should refer to our thesis: "Using fairy tales, novels and short stories can help adults to overcome their depression." There are some samples as the symbols of depression few of which can be seen in a depressed one: changes in appetite, losing or gaining weight without a diet, sleeplessness, physical disorders, repetitive thoughts about suicide or death, tendency toward loneliness, repetitive crying, hating sexual relationships, feeling guilty, feeling unsuccessful, losing energy and feeling tired soon, feeling sad and anxious, not interested in past favorite activities, feeling disappointed, not feeling satisfied with oneself and one's society. (Afrouz, 1386, p.19-27), but these factors are not observable in a person so the therapist spread the Beck depression inventory □Beck, 1967□ between 180 female students of the same dormitory as the researcher herself so that it could be possible for the researcher to change the books.

According to Beck depression inventory □Beck, 1967□:

Normal (scores between 1-10): 59 persons (32/7%)

Minimal depression (scores between 11-16): 55 persons (30/5%)

Mild depression (scores between 17-20): 21 persons (11/6%)

Moderate depression (scores between 21-30): 33 persons (18/3%)

Severe depression (scores between 31- 40): 7 persons (3/8%)

Excessive depression (scores more than 40): 0 persons (0%)

This is the result of our pre-test:

Normal : 59 persons (32/7%)

Minimal depression 55 persons (30/5%)

Mild depression: 21 persons (11/6%)

Moderate depression: 33 persons (18/3%)

Severe depression: 7 persons (3/8%)

Excessive depression: 0 persons (0%)

Those who mucked at the questionnaire and got high scores: 5 persons (2/7%)

Those who were appropriate for bibliotherapy according to the psychotherapist: (scores more than 25) 31 persons (17/2%)

Those who didn't accept to participate in the research although they had the suitable qualification: 8 persons (25/8%)

Those who had not refer to a psychotherapist although they themselves knew they had mental disorder and depression: 2 persons (1/1%)

Those who voluntarily participated in the research: 23 persons (74/1%)

So our statistical community who had some common attributes were 31 female adult students of Vali-e-Asr university of Rafsanjan whose scores were more than 25

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[4] viewed on http://sciencedirect.com/science?_ob=RedirectURL&_method=externObjLink& _locator=url&_cdi=5900&_plusSign=%2B&_targetURL =http%253A%252F%252Fwww.healingstory.org%252F
[5] viewed on http://findarticles.com/p/articles/mi

in the pre-test.

The Sample Volume

In this research the students who accept to participate in the process of bibliotherapy were 23 ones which were about 74 percent of the statistical community. They were all in the same age range (between 19-25 years old) and they studied in different majors and different intakes. But one notable thing factor was that among the 23 subjects 19 were from different towns of Kerman province and among the other 4 subjects, 2 were from Yazd province, 1 from Khorasan-e-Razavi province, and 1 from Fars province.

The Sampling Method

The sampling method is simple random method because we were going to distinguish the depressed subjects in the dormitory.

Data Gathering Tool

The data gathering tool in this research is Beck depression inventory, (appendix) And the interference tool is book.

Definition of Questionnare

A questionnaire is a form containing a set of questions; submitted to people to gain statistical information[6].

BDI

The Beck Depression Inventory "BDI" □Beck, 1967□ created by Aaron T. Beck is a series of questions developed to measure the intensity, severity, and depth of depression in patients with psychiatric diagnoses. Its long form is composed of 21 questions, each designed to assess a specific symptom common among people with depression. A shorter form is composed of seven questions and is designed for administration by primary care providers. Aaron T. Beck, a pioneer in cognitive therapy, first designed the BDI.

Beck developed a triad of negative cognitions about the world, the future, and the self, which play a major role in depression. The development of the BDI reflects that in its structure, with items such as "I have lost all of my interest in other people" to reflect the world, "I feel discouraged about the future" to reflect the future, and "I blame myself for everything bad that happens" to reflect the self. The view of depression as sustained by intrusive negative cognitions has had particular application in cognitive behavioral therapy (CBT), which aims to challenge and neutralize them through techniques such as cognitive restructuring.

The original BDI, first published in 1961[5], consisted of twenty-one questions about how the subject has been feeling in the last week. Each question has a set of at least four possible answer choices, ranging in intensity. For example:

    (0) I do not feel sad.

    (1) I feel sad.

    (2) I am sad all the time and I can't snap out of it.

    (3) I am so sad or unhappy that I can't stand it.

    When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the depression's severity. The standard cut-offs are as follows:

Normal: scores between 1-10

Minimal depression: scores between 11-16

Mild depression: scores between 17-20

Moderate depression: scores between 21-30

Severe depression: scores between 31- 40

More severe depression: scores between 41- 63

Some items on the BDI have more than one statement marked with the same score. For instance, there are two responses under the Mood heading that score a 2: (2a) I am blue or sad all the time and I can't snap out of it and (2b) I am so sad or unhappy that it is very painful. In Beck's view each question measures one particular characteristic: Number one: sadness, Number two: pessimism, Number three: past failure, Number four: loss of pleasure, Number five: guilty feeling, Number six: punishment feeling, Number seven: self-dislike, Number eight: self criticalness, Number nine: suicide thoughts or wishes, Number ten: crying, Number eleven: agitation, Number twelve: loss of interest, Number thirteen: indecisiveness, Number fourteen: worthlessness, Number fifteen: loss of energy, Number sixteen: changes in sleeping pattern, Number seventeen: irritability, Number eighteen: changes in appetite, Number nineteen: concentration difficulty, Number twenty: tired or fatigue, Number twenty one: loss of interest in sex[7].

Purpose

The BDI was originally developed to detect, assess, and monitor changes in depressive symptoms among people in a mental health care setting. It is also used to detect depressive symptoms in a primary care setting. The BDI usually takes between five and ten minutes to complete as part of a psychological or medical examination. [8]

BOOK

Book is a public media in which some information is recorded and can be transferred to the reader (Tabrizi, 1388, p.25). But how does a counselor choose the right book for a particular client? A seasoned counselor considers multiple factors based on prior experiences, learned from clinical trial and error. Theoretical framework, therapeutic context, client's need and

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[6] viewed on http://wordnetweb.princeton.edu/perl/webwn

[7] viewed on http://www.clivir.com/lessons/show/what-is-beck-depression-inventory-test-questionnaire.html

[8] viewed on http://en.scientificcommons.org/aaron_t_beck

situation, costs, developmental level of the client and developmental stage of therapy are just some of the concerns weighed in the decision of book- to-client fit. There is much to consider. Unseasoned counselors lack sufficient relevant experience to fully appreciate the complexity of this decision-making process. They too could learn from experimentation; however, choosing the wrong book could have ethical and detrimental consequences that might impact the client, counselor or clinical setting reputation. Choosing an appropriate book with explicit pictures may have a positive therapeutic impact on the client.

The Selected Books

The books for reading were suggested by one of the masters of Vali-e-Asr university and selected by the advisor of the research according to the theories of bibliotherapy and the patients' needs. As it was said in the hypothesis the books are three groups: novels, short stories, and fairy tales.

The only novel which is read by the patients in this research is "Veronica Decides to Die" by Paulo Coelho. This book is the story of learning how to live in exposure to death. The reason of this selection is the theme of the story. In this book, the protagonist overcomes her problem, as we hoped the reader to. And some of our patients had the thought of suicide in their mind, similar to the protagonist of the story. As Veronica overcomes her problems, we hope that the reader does so too.

We had also several short stories: "The Third Group of Masterpieces" by Lev Nikolaevich Tolstoi, "Jonothan Livingston Seagull" by Richard Bach, and The "Little Prince" by Antoine de Saint Exupery. In all of these stories we have a moral lesson and also a positive mood. So the readers view and opinion about life might change after reading them.

The fairy tails chosen for this part are: "Good Stories for Good Children" by Mehdi Azaryazdi, "What the Old Man Does Is Always Right" by Hans Christian Anderson, and The "Portuguese Duck" by Hans Christian Anderson. People can find the meaning of their life and know it only if they struggle bravely with the obstacles to gain their goal. To achieve it one should use his imagination and this is just what the fairy tales teach us. These fairy tales have all a happy ending in them and the reader might get a good sense of his/her life by reading it.

Data Gathering Method

For the first step which was distinguishing the depressed ones the questionnaire was given to 180 students so that they answer all the questions; students are provided the information about the test, the therapeutic mechanism, the researches of effectiveness, potential benefits and cautions for using bibliotherapy. Students are then introduced to the books and materials they are going to read as the subject of the research, so that everything would be known for all the test-takers. As the environment of test taking can affect the scores, the test- takers were all answering the questionnaire in the same place and the test takers had enough time to answer the questions. Scoring and analyzing it was done by the therapist so that no misunderstanding happens. After that the subjects of the research were known and they were supposed to start the period of reading books which lasted for one month. Each subject was supposed to read aloud as many pages as she could. They should do it 20-30 minutes before they go to sleep every night in one month. Reading aloud pleasant materials before sleep may help the subjects to have a good and sweet dream and avoids nightmares. A notable part of the thoughts and feelings of the day is caused by the dreams we had last night and the dreams at night are the reflection of our daily activities. So reading aloud the books not only can help the subjects not to think negatively anymore about herself and her surroundings but also helps her to have a new, positive idea about almost everything. Shrodes, a pioneer in bibliotherapy, wrote one of the earliest works attempting to explain how literature could aid therapeutic work. Her psychodynamic model focused on the process of identification, catharsis, and insight as the key steps for therapeutic benefit to occur. She also came to this point that using literature is an adjunct, not a substitute for, the therapeutic process.

Statistical Analysis Method

In this research the descriptive analysis method is used. The binomial test and the graph which were done by SPSS software were necessary to show the consequences of the research. The pre-test and post-test scores of the subjects and their comparison are analyzed through the graph and the binomial test.

THE PRE-TEST RESULT

As it was mentioned in the previous chapter the results of the questionnaire is as follows:

Normal (scores between 1-10): 59 persons (32/7%)

Minimal depression (scores between 11-16): 55 persons (30/5%)

Mild depression (scores between 17-20): 21 persons (11/6%)

Moderate depression (scores between 21-30): 33 persons (18/3%)

Severe depression (scores between 31- 40): 7 persons (3/8%)

Excessive depression (scores more than 40): 0 persons (0%)

Those who mocked at the questionnaire and got high scores: 5 persons (2/7%)

Those who were appropriate for bibliotherapy according to the psychotherapist: (scores more than 25) 31 persons (17/2%)

Those who didn't accept to participate in the research although they had the suitable qualification: 8 persons (25/8%)

Those who had not refer to a psychotherapist although they knew they had mental disorder and depression: 2 persons (1/1%)

Those who voluntarily participated in the research: 23 persons (74/1%)

The subjects of this research are 23 persons whose scores are between 24-35. As it is obvious in the table, the subjects are all in the same age range (21-25). They are all female adults who study in different majors and different intakes in Vali-e-Asr university of Rafsanjan. A notable point is that among the 23 subjects of the research 19 are from Kerman province although the test-takers were from almost provinces of Iran. The details of every subject such as age, major, intake, province, and the pre-test score are shown in the following table.

Table 1
Subjects' Pre-Test Result

Subject's Number	Age	Major	Intake	Province	Pre-Test Score
SUBJECT NO. 1	21	MATHEMATICS	86	KERMAN	26
SUBJECT NO. 2	20	STATISTICS	88	KERMAN	32
SUBJECT NO. 3	21	PLANT PROTECTION	88	KERMAN	24
SUBJECT NO. 4	19	MATHEMATICS	88	KERMAN	26
SUBJECT NO. 5	19	PHYSICS	88	KERMAN	31
SUBJECT NO. 6	19	MECHANICS	87	KERMAN	28
SUBJECT NO. 7	19	PERSIAN LITERATURE	88	KERMAN	27
SUBJECT NO. 8	21	PERSIAN LITERATURE	87	KERMAN	27
SUBJECT NO. 9	21	MATHEMATICS	86	KERMAN	25
SUBJECT NO. 10	22	PLANT PROTECTION	85	KHORASAN	32
SUBJECT NO. 11	22	MATHEMATICS	87	KERMAN	27
SUBJECT NO. 12	23	MATHEMATICS	85	KERMAN	26
SUBJECT NO. 13	22	INDUSTRIAL MANAGEMENT	85	KERMAN	31
SUBJECT NO. 14	22	AGRONOMY	85	KERMAN	28
SUBJECT NO. 15	20	ECONOMICS	88	KERMAN	24
SUBJECT NO. 16	21	PLANT PROTECTION	86	YAZD	26
SUBJECT NO. 17	25	ACCOUNTING	84	KERMAN	30
SUBJECT NO. 18	21	PERSIAN LITERATURE	86	FARS	35
SUBJECT NO. 19	21	ECONOMICS	87	KERMAN	26
SUBJECT NO. 20	20	MATHEMATICS	87	KERMAN	31
SUBJECT NO. 21	23	MATHEMATICS	85	KERMAN	32
SUBJECT NO. 22	21	PHYSICAL EDUCATION	87	YAZD	25
SUBJECT NO. 23	24	INDUSTRIAL MANAGEMENT	85	KERMAN	27

These subjects were all participated in the process of our case study bibliotherapy except subject number 8 who didn't continue reading after one week as it was mentioned as one of the limitations of the research in chapter 1. For the first session the advisor of the research talked to all of them and explained for them the process of the research and the potential effect of bibliotherapy. She also gave everyone one book according to their need and they were supposed to change it when they finished reading.

After one month reading they had all read all of the chosen books and they all take the post-test except subject number 8 who abandoned reading and subject number 27 who had missed her brother and supposedly she might get a higher score if she took the test, although she had read all of books. The result of the post-test is shown in the following tables and graph. As you can guess almost the scores of every participant in the post-test is lower than the pre-test.

THE POST-TEST RESULT

Table 2
Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	27.8500	20	2.81490	.62943
	VAR00002	23.5000	20	3.22000	.72001
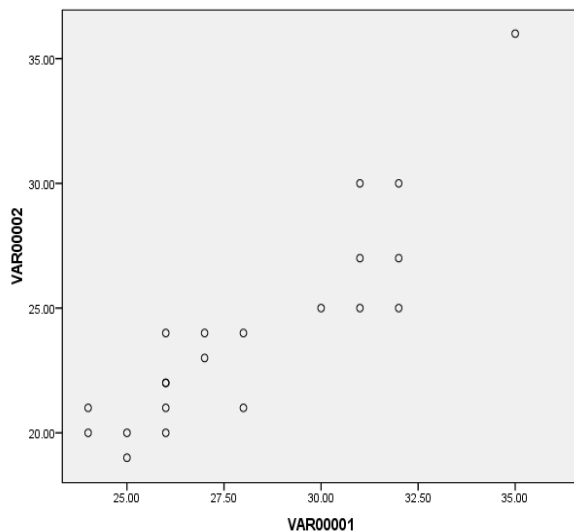
Table 3
Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00002	20	.862	.000

Table 4
Paired Samples Test

Paired Differences					t	df	Sig. (2-tailed)
Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
			Lower	Upper			
4.35000	1.63111	.36473	3.58662	5.11338	11.927	19	.000

INTRACTIVE GRAPH

Graph 1
Intractive Graph

CONCLUSION

The hypothesis of this research is: Using fairy tales, short stories and novels can help adult to overcome their depression. In an experimental case study through a one-month reading period we came to this conclusion that the recovery rate is about 20% in each patient. According to the advisor of the research this amount of recovery is an acceptable one for one month cure period but not enough. So the result is that the amount of improvement in bibliotherapy appears to be comparable to the current treatments such as drug therapy. But such a therapeutic method should be used as a complementary to another therapeutic method such as drug therapy, so that the cure period which is longer if the therapist uses just drug therapy may be shorter if s/he uses both the methods simultaneously. In the face-to-face interview at the end of the period the subjects told that reading such books helped them to know themselves, their problem and their surroundings better.

SUGGESTION

Although the powerful effects of reading have been known since ancient times and it has been obvious to everyone that individuals do change attitudes and behavior based on what they read, but this method is not being used much.

As this method is a normal inexpensive one and it increases the reading rate in the society, the therapists in the clinical centers can use it for their patients so that they can get better soon and also their knowledge and information about the surrounding world would increase.

The end of the research is a sentence by William James Durant (November 5, 1885 – November 7, 1981) the prolific American writer, historian, and philosopher, hoping that the importance and utility of literature be known for you better: "With my 14 cent storage, I bought "David Copperfield". I read all the 800 pages of it word by word. For a long time I had put it in the shelf beside the Bible and the holy books and literature was a divine inspiration for me." (Tabrizi, 1388, 39)

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