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Journal of Poetry Therapy

The Interdisciplinary Journal of Practice, Theory, Research and Education

ISSN: 0889-3675 (Print) 1567-2344 (Online) Journal homepage: http://www.tandfonline.com/loi/tjpt20

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To cite this article: Calla E. Y. Glavin & Paul Montgomery (2017) Creative bibliotherapy for post-traumatic stress disorder (PTSD): a systematic review, Journal of Poetry Therapy, 30:2, 95-107, DOI: 10.1080/08893675.2017.1266190

To link to this article: https://doi.org/10.1080/08893675.2017.1266190

JOURNAL OF POETRY THERAPY, 2017
VOL. 30, NO. 2, 95–107
http://dx.doi.org/10.1080/08893675.2017.1266190

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Creative bibliotherapy for post-traumatic stress disorder (PTSD): a systematic review*

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ABSTRACT

Creative bibliotherapy – or the guided reading of fiction or poetry – is used widely in mental healthcare settings. In the UK, partnerships between private organizations, libraries, and the NHS support reading groups for better mental health and social cohesion. In the USA, veterans' reading support groups are common and private lifestyle consultancies offer services that match clients to books for general well-being. Considering the widespread employment of creative bibliotherapy, this systematic review was conducted to explore its effectiveness in reducing symptoms in adults with post-traumatic stress disorder (PTSD). Both randomized and non-randomized trials were included in the extensive search but no high-quality controlled trials were found. Importantly, there is no evidence to suggest harms from the trial designs related to creative bibliotherapy and some low-quality and qualitative studies indicated this intervention may help PTSD symptoms. High quality randomized controlled trials should be conducted urgently.

ARTICLE HISTORY
Received 9 June 2016
Accepted 10 August 2016

KEYWORDS
Creative bibliotherapy; fiction; poetry; post-traumatic stress disorder (PTSD); systematic review

Introduction

Post-traumatic stress disorder (PTSD) affects extremely diverse populations and is experienced through involuntary, traumatic memories and nightmares, and avoidant behaviour towards traumatic events (American Psychiatric Association, 2013). PTSD symptoms can be prevalent for many months and years (Rothbaum & Foa, 1993). It is prevalent amongst victims of physical and sexual violence, civilian war populations, first responders and victims of natural and man-made disasters, survivors of chronic illness, and war veterans (Andrykowski, Cordova, Studts, & Miller, 1998; Neria, Nandi, & Galea, 2008; Perrin et al., 2007; Resnick et al., 2007; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

The World Health Organization (WHO) reported that an estimated 0.3–6.1% of the world's population has experienced PTSD (WHO, 2013). In a 2013 online survey of U.S. adults ($N = 2394$), lifetime PTSD prevalence was estimated at 8.3% (Kilpatrick et al., 2013). There are many evidence-based PTSD treatments but an examination of recent

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systematic reviews indicated varied effectiveness (Amos, Stein, & Ipser, 2014; Bisson, Roberts, Andrew, Cooper, & Lewis, 2013; Hetrick, Purcell, Garner, & Parslow, 2010; Roberts, Kitchiner, Kenardy, & Bisson, 2009; Rose, Bisson, Churchill, & Wessely, 2002; Stein, Ipser, & Seedat, 2006) and this evidence is further complicated by underutilization of services, incompletion of courses of treatment and social barriers to care across all PTSD populations (Foa, Keane, Friedman, & Cohen, 2008).

Among post-9/11 American veterans, social stigmatization and practical concerns have hindered treatment uptake and compliance. In a study comparing treatment initiation and interest in treatment at a large suburban Veterans' Administration (VA) PTSD outpatient clinic, only 67.7% of veterans initiated treatment (Lamp, Maieritch, Winer, Hessinger, & Klenk, 2014). A study examining all Operation Enduring Freedom/Operation Iraqi Freedom veterans who had sought VA clinical care reported that less than 10% of those diagnosed with PTSD received the recommended post-diagnosis treatment (Seal et al., 2010). In many VA settings, psychiatric referrals to different hospitals than first point-of-care also impeded treatment (Cassels, 2010). In a survey ($N = 3671$) of returned American veterans, only 23–40% of those who had mental health disorder diagnoses – including PTSD – sought assistance, citing social stigmatization and other barriers to care as impediments (Hoge et al., 2004). In a 2016 RAND survey of administrative records of active-duty military personnel ($N = 14{,}576$), only 34% of those with primary or secondary PTSD received a minimally appropriate level of care for patients entering a new treatment episode (Hepner et al., 2016).

Poor treatment compliance has also been reported for civilian PTSD clients engaged in exposure therapy, especially those with higher symptom severity and comorbid depression (Scott & Stradling, 1997). Among American women with comorbid PTSD and substance-abuse disorders in low-income settings, "poor session-to-session treatment compliance is standard" (Hien, Cohen, Miele, Litt, & Capstick, 2004, p. 1430). Ostensibly, stigma likely discourages clients from seeking assistance and maintaining treatment. For victims of sexual assault, receiving stigmatizing responses is strongly positively correlated with PTSD symptom severity (Ullman & Filipas, 2001). Similarly, 27.4% of Nigerian sero-positive HIV patients ($N = 190$) had experienced stigma-related PTSD with perceived low social support based on in-clinic questionnaires (Adewuya et al., 2009). In addition to low treatment compliance and initiation, there is also a severe shortage of mental health professionals worldwide (Kakuma et al., 2011). This is particularly true for populations at increased risk for PTSD, like refugees (Abbara, Coutts, Fouad, Ismail, & Orcutt, 2016).

Given limitations of standard PTSD treatments, compounded with the above barriers, an adjunct therapy like creative bibliotherapy could be valuable. Therapy delivered in community settings could reach patients who had not previously sought assistance. Moreover, community-based treatment could be more accessible for those reticent to seek assistance due to stigma (Adewuya et al., 2009; Cassels, 2010; Ullman & Filipas, 2001) or those who are unable to access care providers (Abbara et al., 2016; Kakuma et al., 2011).

Bibliotherapy

Reading has a long history as therapy, including specifically the use of poetry (Hynes & Hynes-Berry, 1986). Through the mid-nineteenth century, religious books were used extensively in mental hospitals and prisons (Rubin, 1978). Bibliotherapy is defined as "the guided reading of written materials in gaining understanding or solving problems relevant to a

person's therapeutic needs" (Riordan & Wilson, 1989, p. 506). In recent decades, these materials have typically been the self-help variety (Marrs, 1995; Riordan & Wilson, 1989) – "non-fiction self-help books for therapeutic purposes" (Montgomery & Maunders, 2015, p. 38) – and have been explored as treatment for various mental health disorders in adults and children.

In a recent systematic review, self-help delivered in books and leaflets was effective in reducing negative symptoms in patients diagnosed with social phobia and panic disorder as compared to a waitlist condition (Lewis, Pearce, & Bisson, 2012). Another systematic review found self-help "media-delivered behavioural and cognitive behavioural therapies" to be effective for people who would not otherwise seek therapy (Mayo-Wilson & Montgomery, 2013, p. 1). Summarily, current evidence has suggested self-help bibliotherapy can be effective at reducing negative symptoms of different mental health conditions but less research has been conducted on creative bibliotherapy.

Creative bibliotherapy – excluding self-help material – has been used to treat various conditions. Creative bibliotherapy, that is reading fictional books or watching films, was shown to have a small to moderate effect at decreasing child problem behaviour (Montgomery & Maunders, 2015). Poetry therapy, furthermore, is used in diverse fields: social work, clinical psychology, somatic medicine, oncology, and addiction (Heimes, 2011). In common practice, community-based reading groups for mental health have been employed in the UK. The Reader Organization (TRO) operates over 362 shared reading-aloud groups to improve mental health, seeing over 600 participants per week (TRO, 2015; Whelan, 2013). Two such reading groups for depression were shown effective at reducing negative symptoms for clinical patients ($n = 8$ participants at follow-up) over a 12-month period. However, no comparator group was included in the study, thus, no causal conclusion can be made (Billington, 2010).

TRO reading groups were cost-effective based on a Social Return on Investment (SROI) analysis (Whelan, 2013). This method assigns a monetary value for the social, economic, and environmental impact of programmes using demographic data, survey responses, and costing information. An SROI of £6.47 was reported for every £1 spent on programming; furthermore, the study participants comprising the three reading groups included in the analysis reported positive experiences through structured interviews (Whelan, 2013) suggesting high acceptability.

Generally, there is limited research on creative bibliotherapy as treatment among adults or children for any disorder (Fanner & Urquhart, 2008; Montgomery & Maunders, 2015). In their examination of creative bibliotherapy for child problem behaviour, Montgomery and Maunders (2015) hypothesized that creative bibliotherapy operates through a cognitive behavioural therapy (CBT) mechanism, a therapy shown to be effective for reducing child problem behaviour. CBT identifies unhelpful cognitions, challenges their meanings, and elicits "more realistic assumptions and beliefs" (Bennett-Levy et al., 2004; Montgomery & Maunders, 2015).

Cognitive reading processes promote the recognition and reframing of narratives thereby helping to identify unhelpful cognitions and encouraging more realistic assumptions and beliefs (Montgomery & Maunders, 2015; Oatley, 1994; Oatley, 1999). Emotional reading processes elicit emotional memories, empathy, and identification (Montgomery & Maunders, 2015; Oatley, 1994; Oatley, 1999) which promote the "surfacing of previously unconsidered and unhelpful cognitions … and new ways of interpreting these through insight into a fictional world" (Montgomery & Maunders, 2015, p. 39). It is speculated

that creative bibliotherapy as treatment for PTSD could operate by a similar CBT mechanism as that employed in trauma-focused cognitive behavioural therapy (TFCBT). TFCBT was among the most effective treatments for PTSD in the most recent Cochrane systematic review on PTSD treatments, although the evidence was weak (Bisson et al., 2013).

From a cognitive perspective, PTSD manifests through persistent perceived threat due to intrusive thoughts, arousal symptoms, and strong emotions related to experienced trauma (Ehlers & Clark, 2000). Patients with PSTD often avoid stimuli and situations that remind them of the traumatic event (Ehlers & Clark, 2000). Emotional reading processes (Montgomery & Maunders, 2015) will help allow identification of these unhelpful, intrusive cognitions. Patients often remember trauma in a fragmented manner and endure involuntarily, intrusive memories triggered by stimuli temporally related to the trauma (Ehlers & Clark, 2000). Cognitive reading processes like recognition and reframing (Montgomery & Maunders, 2015) could provide a vehicle by which PTSD patients can reappraise traumatic memories and associated stimuli to promote more realistic assumptions and beliefs. In addition to cognitive mechanisms proposed by Montgomery and Maunders (2015), literary theories of transportation (Green & Brock, 2000) and catharsis (Scheff, 1979) also explain a possible causal linkage between reading and PTSD treatment through the lens of prolonged exposure techniques.

Prolonged exposure – a common PTSD treatment – incorporates *in vivo* and imaginal exposure to promote clients' engagement with distressing, trauma-related activities and memories they would otherwise avoid (Brewin & Holmes, 2003; Hetrick et al., 2004). This therapy is intended to reduce fear-related symptoms of PTSD through prolonged desensitizing exposure to fear-inducing memories (Brewin & Holmes, 2003). Both transportation theory (Green & Brock, 2000) and catharsis (Scheff, 1979) justify how literature could provide an exposure mechanism. Firstly, "transportation" or the extent to which a reader is "less aware of real-world facts that contradict assertions made in the narrative" (Green & Brock, 2000, p. 701) could encourage PTSD patients to view their trauma in a distant manner, by which they can then critically engage with avoided stimuli and associated emotions. Relatedly, Scheff (1979), described how authors of cathartic drama allow audiences to have "advanced knowledge of distressing events" (p. 79) while also creating sufficient emotional identification between audience and characters. In fiction, a similar form of Scheff's catharsis (1979) could encourage critical identification of PTSD patients with characters' traumatic experiences thereby promoting dispassionate, but therapeutic, exposure.

No review to date has explored creative bibliotherapy for PTSD, though reading has been linked to PTSD since at least the First World War notably by authors such as Wilfrid Owen and Rupert Brooke (Loughran, 2012). The purpose of *this* review is to explore the current state of evidence on reading fiction as therapy for PTSD as compared to other treatments or controls.

Methods

Criteria for selecting studies for this review

All studies – both randomized and non-randomized designs – were considered, as long as they included a comparison group in accordance with the Cochrane Effective Practices and Organization of Care (EPOC) criteria which allows the inclusion of non-randomized trials and before-after designs – as long as they are controlled – with the understanding

that some bodies of evidence are underdeveloped and may not have many randomized controlled trials (RCTs).

Following a previous systematic review on PTSD, studies were only considered if at least 70% participants had experienced PTSD symptoms in the past three months, using diagnoses from ICD 9-10, or DSM III-IIIR-IV (Bisson et al., 2013). Within these parameters, all adults over 18 who presented with PTSD or co-morbid PTSD were included. No profession or context classes were excluded.

Included studies needed to specify that the specific intervention delivered was creative bibliotherapy; that is, written fiction or poetry for the treatment of PTSD. This treatment could be delivered in group or individual settings. Self-help bibliotherapy, that is, manuals, workbooks, etc. were excluded. Additionally, studies needed to report PTSD symptoms as a primary outcome, either clinician-rated or self-report (Albright & Thyer, 2010; Bisson et al., 2013). Secondary outcomes assessed could be both objective and subjective. The objective outcomes included work status (re-entered work force, stayed employed, became unemployed, changed jobs) and sleep parameters. The subjective outcomes included were quality of life and acceptability (e.g. ease of use and patient satisfaction). Included primary and secondary outcomes must have been measured pre- and post-intervention.

Search methods for identification of studies

Electronic sources

The search was completed by 26 January 2016. The databases used and time period searched (if appropriate) are listed below:

- Ovid MEDLINE(R) 1946 to January Week 2 2016
- PILOTS: Published International Literature on Traumatic Stress
- PsycInfo (1806 to Week 3 January 2016)
- Embase (1974 to 21 January 2016)
- CINAHL
- ERIC
- Cochrane Library
- LISA

The following search terms were used:

(post-traumatic* or posttraumatic* or PTSD or post-traumatic stress disorder or post traumatic stress disorder or posttraumatic stress disorder) AND (bibliotherap* or reading therap* or poetry or fiction).

In appropriate databases, searches using a combination of the following MeSH search and topic headings were used: post-traumatic stress disorder, combat disorder, reading, mental stress and bibliotherapy.

Searching other resources

Other sources included references lists for previous systematic reviews on bibliotherapy (Fanner & Urquhart, 2008; Marrs, 1995) and PTSD treatments (Bisson et al., 2013) and a meta-analysis (Bradley, Greene, Russ, Dutra, & Westen, 2005) of PTSD treatments. The

table of contents for the *Journal of Poetry Therapy* and *Journal of Traumatic Stress* were hand-searched for relevant articles.

Results

The search retrieved 1,106 studies (reported in "Figure 1. Prisma Chart"). After duplicates were removed, 924 studies remained and 13 full-text articles were assessed for eligibility. All were excluded for the following reasons: ineligible designs ($n = 5$), interventions ($n = 1$), or participants ($n = 7$). Thus, there were no eligible studies and quantitative synthesis could not be conducted.

Limitations

The totality of the grey literature may not have been located which could affect the results of this review; "excluding grey trials from a systematic review … may artificially inflate its

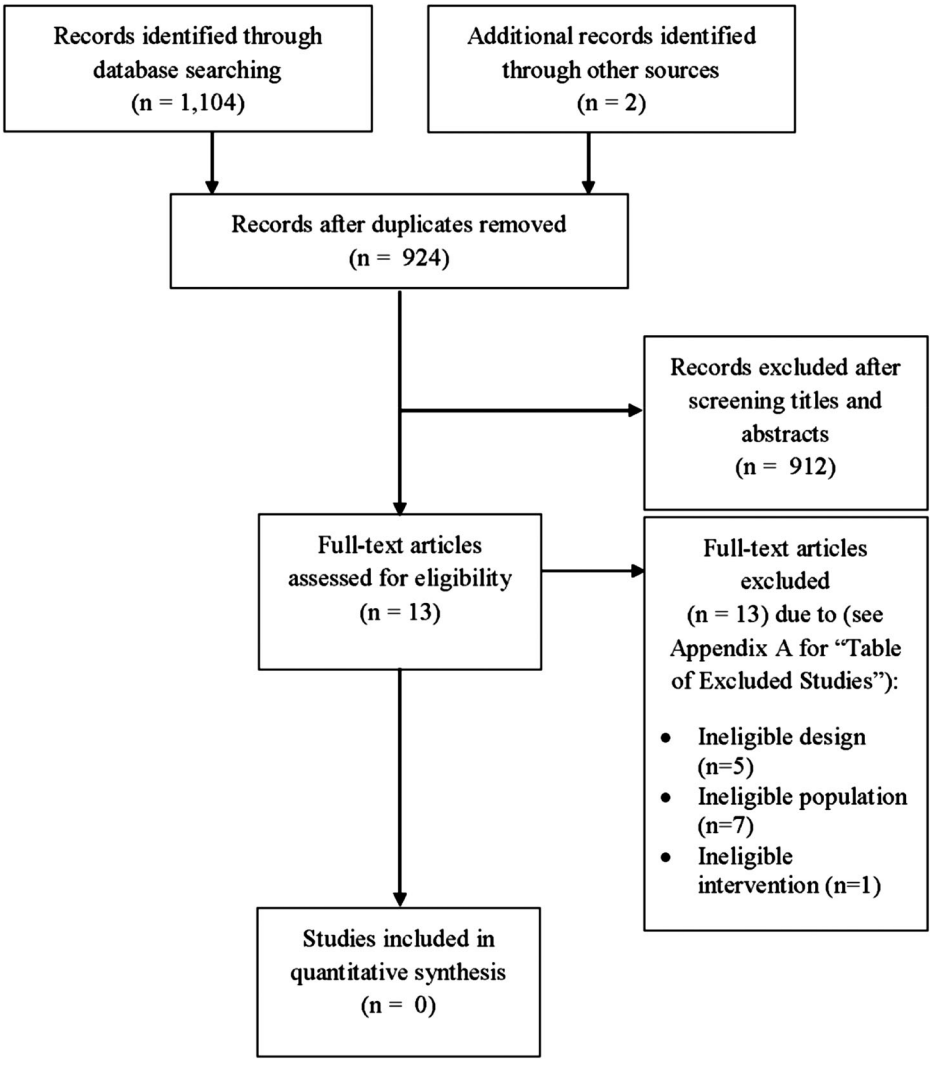

Figure 1. Prisma chart.

results and conclusions" (Hopewell, McDonald, Clarke, & Egger, 2007, p. 6). However, based on excluded studies, it is speculated that any such studies are unlikely to be high-quality trials.

Discussion

No studies met inclusion criteria for this review, however excluded studies ($N = 13$) provided valuable qualitative information regarding acceptability and utility of bibliotherapy, but were lacking in studying design. |Two RCTs studied the effects of reading on PTSD, where two qualitative studies and four case studies reported positive benefits of reading fiction. One study simply did not examine creative bibliotherapy (Marrs, 1995) and others did not examine bibliotherapy as a therapy method for PTSD in particular (Ehntholt & Yule, 2006; Kuiken & Sharma, 2013; Lloyd, 2007; Monti et al., 1979). "Appendix 1. Table of Excluded Studies" reports excluded studies with reasons for exclusion. Here, the findings of these studies will be discussed alongside considerations of methodological weakness.

One randomized controlled trial (RCT) focused on populations not diagnosed with PTSD but did examine "neutral" reading (not specific) for mental health and general stress (Jin, 1992, p. 362). In the study, participants were randomly assigned to four treatments (Tai-Chi, reading, brisk walking, and meditation) (Jin, 1992). Subjects underwent stressful mental tests or watched a stressful film and then performed their assigned activity (Jin, 1992). After all activities, salivary cortisol levels dropped significantly and mood states improved but Tai-Chi was better than neutral reading at reducing state anxiety (Jin, 1992). While intentionally "stressing out" PTSD populations is entirely unviable due to concerns of harm, the comparison of reading against the treatments listed above could be a valuable study design. In contrast to this study, the following RCT specifically explored bibliotherapy for PTSD.

Boone and Castillo (2008) examined the effect of poetry on symptoms of secondary PTSD in domestic violence counsellors. Participants ($n = 51$) were randomized to two groups: a poetry therapy intervention group in which they wrote and responded to poems in an online platform and a control group where participants only completed assessments on the same schedule as those in the intervention group. Impact of Event Scale (IES) scores decreased in both groups, but the significance of such changes between groups were not reported. While difficult to gauge effectiveness from this study, it provided an example of an effectiveness trial for creative bibliotherapy online. An online platform could be particularly useful when studying creative bibliotherapy for PTSD; a computer interface maintains anonymity of participants and could enable participation by those who are unwilling or unable to travel to study locations. Other excluded studies were less methodologically sound and included qualitative and single-case studies.

Two qualitative studies reported positive effects of creative bibliotherapy (LeLieuvre, 1998; Rossiter & Brown, 1988). The first study examined the effect of songs, poems, novels, and movies on 42 Vietnam veterans with PTSD diagnoses and in groups of these veterans' spouses. Post-intervention PTSD outcomes were not reported, but all activities were described as facilitating conversations among veterans in therapy groups and increasing spouses' understanding of their husbands' experiences (LeLieuvre, 1998).

This observation suggests that trialling creative bibliotherapy as therapy for close relations of PTSD patients could be beneficial. The second study investigated staff acceptance of bibliotherapy in a psychiatric hospital ($n = 25$ participants). Survey responses from programme facilitators reported withdrawn patients were more likely to participate in bibliotherapy than compared to other modalities and that "[b]ibliotherapy … [encouraged] exploration and expression of feelings, [increased] socialization and [promoted] self-esteem" (Rossiter & Brown, 1988, p. 166). Though it did not examine PTSD patients, in particular, this study indicated that bibliotherapy was acceptable among a similarly-perceived "at-risk" population. The remaining excluded studies were single-case studies.

Two case studies reported positive effects of reading fiction on PTSD (Martin, 2008; Pies, 1993). Martin (2008) examined his own positive experience with fiction during combat in Iraq and Afghanistan but did not offer valuable insight for future employment of fiction as a therapy method. Pies (1993) described the negative reaction of a patient with borderline personality disorder and PTSD to reading a poem in a therapy session, concluding this was ultimately therapeutically valuable. While this study has little transferability to other contexts, it suggests bibliotherapy for PTSD can be valuable even if sessions are distressing.

Two further case studies focused on the creation of fictional material (Bowman, 1991; Gray, 2010). Gray (2010) developed a novel about a young female rape victim for use as bibliotherapy material but it was never tested. However, the novel was reviewed by two rape crisis experts who believed it had potential to be used effectively in therapy (Gray, 2010). This finding seems to suggest that bibliotherapy materials can be tailored for specific therapeutic purposes in different trauma contexts. Bowman (1991) reported a case study of a male veteran diagnosed with PTSD and the usefulness of *writing* poetry to express his intense feeling but did not discuss reading. This work relates that the *creation* of fiction could be therapeutically valuable.

Overall, there is little evidence of effectiveness of non-self-help, creative bibliotherapy as treatment for PTSD. Any trials that *do* examine bibliotherapy and PTSD lack adequate and appropriate study design. Any *new* trials need to compare PTSD patients in a "care-as-usual" therapy or waitlist condition and a treatment condition of creative bibliotherapy.

There are also limitations of potential uptake for creative bibliotherapy. Literacy of treatment populations is a primary concern. The National Literacy Trust reported that 16% of English adults were functionally illiterate at time of survey (National Literacy Trust, 2015); illiteracy rates are even higher in the UK Armed Forces intake, where functional illiteracy is 39% (Ashcroft, 2014). Likewise, in the United States, 14% of American adults had "Below Basic prose literacy" in 2003 with significant differences in reported literacy levels by age and race (Kutner, Greenberg, & Baer, 2005, p. 5).

Possible solutions to low literacy could include using audiobooks or mobile applications with recordings of selections. In the reading groups mentioned previously, trained facilitators read selections aloud to participants (Whelan, 2013), thereby ensuring even those with low literacy could take part. Aside from the literacy of participants, the selection of appropriate literature is vital.

A number of studies have identified elements within fiction – namely genre, for example, historical fiction, crime fiction, etc. (Oatley, 1994), perspective or identification, for example, first-person vs. third-person (Oatley, 1999; Scheff, 1979) and content (Green & Brock, 2000) – that might influence readers' reactions to texts. Further studies have tested the expression of these theories from neurological and cognitive perspectives. A functional magnetic

resonance imaging (fMRI) study showed that reading sentences with varying levels of humour and comprehension activated different parts of the brain (Ozawa et al., 2000). Different qualities of fiction also elicited distinct cognitive responses (Kidd & Castano, 2013). Literary fiction, for example, written from a variety of perspectives, was demonstrated to positively correlate with higher theory of mind measures (Kidd & Castano, 2013).

Conclusion

While there is some limited evidence of the potential efficacy (Billington, 2010) and cost-effectiveness (Whelan, 2013) of bibliotherapy for depressed patients and general mental health, it is not necessarily generalizable. Any studies that examine bibliotherapy as a PTSD treatment were not adequately designed and provided no bases for comparison. Clearly, there is a gap in knowledge of effectiveness of creative bibliotherapy as treatment for PTSD. Considering that 0.3–6.1% of the world's population has experienced PTSD (WHO, 2013), it may be useful to develop accessible and cost-effective treatments for this condition, in view of low uptake and treatment compliance. Currently, there is too little evidence regarding bibliotherapy to begin using it in practice with populations effected by PTSD although the absence of harm would suggest that in the context of studies it would be worth further exploration. There is a clear need for further research to explore change mechanisms, feasibility, and acceptability.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

Funding

This research was supported by the University of Oxford.

References

Abbara, A., Coutts, A., Fouad, F. M., Ismail, S. A., & Orcutt, M. (2016). Mental health among displaced Syrians: Findings from the Syria public health network. *Journal of the Royal Society of Medicine*, *109*, 88–90. doi:10.1177/0141076816629765

Adewuya, A. O., Afolabi, M. O., Ola, B. A., Ogundele, O. A., Ajibare, A. O., Oladipo, B. F., … Fakande, I. (2009). Post-traumatic stress disorder (PTSD) after stigma related events in HIV infected individuals in Nigeria. *Social Psychiatry and Psychiatric Epidemiology*, *44*(9), 761–766. doi:10.1007/s00127-009-0493-7

Albright, D. L., & Thyer, B. (2010). Does EMDR reduce post-traumatic stress disorder symptomatology in combat veterans? *Behavioral Interventions*, *25*(1), 1–19. doi:10.1002/bin.295

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM)* (5th ed.). Arlington, VA: Author.

Amos, T., Stein, D. J., & Ipser, J. C. (2014). Pharmacological interventions for preventing post-traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*, (7), CD006239. doi:10.1002/14651858.CD006239.pub2

Andrykowski, M. A., Cordova, M. J., Studts, J. L., & Miller, T. W. (1998). Posttraumatic stress disorder after treatment for breast cancer: Prevalence of diagnosis and use of the PTSD checklist – civilian version (PCL – C) as a screening instrument. *Journal of Consulting and Clinical Psychology*, *66*(3), 586–590.

Ashcroft, M. (2014). *The veterans' transition review*. Biteback. Retrieved from http://www.veteranstransition.co.uk/vtrreport.pdf

Bennett-Levy, J., Butler, G., Fennell, M., Hackmann, A., Mueller, M., & Westbrook, D. (Eds.). (2004). *Oxford guide to behavioural experiments in cognitive therapy*. Oxford: Oxford University Press.

Billington, J. (2010). *An investigation into the therapeutic benefits of reading in relation to depression and well-being* (Unpublished Department of Health Services Research). University of Liverpool, Liverpool.

Bisson, J. I., Roberts, N. P., Andrew, M., Cooper, R., & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews*, (12), CD003388. doi:10.1002/14651858

Boone, B. C., & Castillo, L. G. (2008). The use of poetry therapy with domestic violence counselors experiencing secondary posttraumatic stress disorder symptoms. *Journal of Poetry Therapy*, *21* (1), 3–14. doi:10.1080/08893670801886865

Bowman, D. J. (1991). A veteran's recovery and the use of poetry therapy. *Journal of Poetry Therapy*, *5* (1), 21–29. doi:10.1007/BF01073858

Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, *162*(2), 214–227. doi:10.1176/appi.ajp.162.2.214

Brewin, C. R., & Holmes, E. A. (2003). Psychological theories of posttraumatic stress disorder. *Clinical Psychology Review*, *23*, 339–376. doi:10.1016/S0272-7358(03)00033-3

Cassels, C. (2010, March 19). Vast majority of veterans with PTSD do not receive sufficient treatment. *Medscape Multispecialty*. Retrieved from http://www.medscape.com/viewarticle/718836

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, *38*(4), 319–345. doi:10.1016/S0005-7967(99)00123-0

Ehntholt, K. A., & Yule, W. (2006). Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry*, *47*(12), 1197–1210. doi:10.1111/j.1469-7610.2006.01638.x

Fanner, D., & Urquhart, C. (2008). Bibliotherapy for mental health service users part 1: A systematic review. *Health Information & Libraries Journal*, *25*(4), 237–252. doi:10.1111/j.1471-1842.2008.00821.x

Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (Eds.). (2008). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York City, NY: Guilford Press.

Gray, C. (2010). *Reading to heal: A bibliotherapeutic approach to sexual assault recovery* (Unpublished Doctor of Psychology). Alliant International University, San Francisco, CA.

Green, M. C., & Brock, T. C. (2000). The role of transportation in the persuasiveness of public narratives. *Journal of Personality and Social Psychology*, *79*(5), 701–721. doi:10.1037//0022-3514.79.5.701

Heimes, S. (2011). State of poetry therapy research (review). *The Arts in Psychotherapy*, *38*(1), 1–8. doi:10.1016/j.aip.2010.09.006

Hepner, K. A., Sloss, E. M., Roth, C. P., Krull, H., Paddock, S. M., Moen, S., … Pincus, H. A. (2016). *Quality of care for PTSD and depression in the military health system: Phase I report*. Santa Monica, CA: RAND Corporation. Retrieved from http://www.rand.org/t/RR978

Hetrick, S. E., Purcell, R., Garner, B., & Parslow, R. (2010). Combined pharmacotherapy and psychological therapies for post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*, (7), CD007316. doi:10.1002/14651858.CD007316.pub2

Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, *161*(8), 1426–1432. doi:10.1176/appi.ajp.161.8.1426

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, *351*(1), 13–22. doi:10.1056/NEJMoa040603

Hopewell, S., McDonald, S., Clarke, M., & Egger, M. (2007). Grey literature in meta-analyses of randomized trials of health care interventions. *Cochrane Database of Systematic Reviews*, (2), MR000010. doi:10.1002/14651858.MR000010.pub3

Hynes, A. M., & Hynes-Berry, M. (1986). *Biblio-poetry therapy: The interactive process: A handbook*. Boulder, CO: Westview Press.

Jin, P. (1992). Efficacy of tai chi, brisk walking, meditation, and reading in reducing mental and emotional stress. *Journal of Psychosomatic Research*, *36*(4), 361–370. doi:10.1016/0022-3999(92)90072-A

Kakuma, R., Minas, H., van Ginneken, N., Dal Poz, M. R., Desiraju, K., Morris, J. E., … Scheffler, R. M. (2011). Human resources for mental health care: Current situation and strategies for action. *The Lancet*, *378*(9803), 1654–1663.

Kidd, D. C., & Castano, E. (2013). Reading literary fiction improves theory of mind. *Science*, *342*(6156), 377–380. doi:10.1126/science.1239918

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using *DSM-IV* and *DSM-5* criteria. *Journal of Traumatic Stress*, *26*(5), 537–547. doi:10.1002/jts21848

Kuiken, D., & Sharma, R. (2013). Effects of loss and trauma on sublime disquietude during literary reading. *Scientific Study of Literature*, *3*(2), 240–265. doi:10.1075/ssol.3.2.05kui

Kutner, M. A., Greenberg, E., & Baer, J. (2005). *National assessment of adult literacy (NAAL): A first look at the literacy of America's adults in the 21st century*. Washington, DC: National Center for Education Statistics, US Department of Education, Institute of Education Sciences.

Lamp, K., Maieritch, K. P., Winer, E. S., Hessinger, J. D., & Klenk, M. (2014). Predictors of treatment interest and treatment initiation in a VA outpatient trauma services program providing evidence-based Care. *Journal of Traumatic Stress*, *27*(6), 695–702.

LeLieuvre, R. B. (1998). "Goodnight Saigon": Music, fiction, poetry, and film in readjustment group counseling. *Professional Psychology: Research and Practice*, *29*(1), 74–78. doi:10.1037/0735-7028.29.1.74

Lewis, C., Pearce, J., & Bisson, J. I. (2012). Efficacy, cost-effectiveness and acceptability of self-help interventions for anxiety disorders: Systematic review. *The British Journal of Psychiatry*, *200*(1), 15–21. doi:10.1192/bjp.bp.110.084756

Lloyd, A. (2007). *Enhancing army values training through bibliotherapy* (Unpublished Doctor of Philosophy). The University of Nevada Reno, Reno, NV.

Loughran, T. (2012). Shell shock, trauma, and the First World War: The making of a diagnosis and its histories. *Journal of the History of Medicine and Allied Sciences*, *67*(1), 94–119. doi:10.1093/jhmas/jrq052

Marrs, R. W. (1995). A meta-analysis of bibliotherapy studies. *American Journal of Community Psychology*, *23*(6), 843–870. doi:10.1007/BF02507018

Martin, T. (2008). Identity, reality, and truth in memoires from Iraq and Afghanistan wars (Unpublished Bachelor of Arts). Eastern Kentucky University, Richmond, KY.

Mayo-Wilson, E., & Montgomery, P. (2013). Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults. *Cochrane Database of Systematic Reviews*, (9), CD005330. doi:10.1002/14651858.CD005330.pub4

Montgomery, P., & Maunders, K. (2015). The effectiveness of creative bibliotherapy for internalizing, externalizing, and prosocial behaviors in children: A systematic review. *Children and Youth Services Review*, *55*, 37–47. doi:10.1016/j.childyouth.2015.05.010

Monti, P. M., Fink, E., Norman, W., Curran, J., Hayes, S., & Caldwell, A. (1979). Effect of social skills training groups and social skills bibliotherapy with psychiatric patients. *Journal of Consulting and Clinical Psychology*, *47*(1), 189–191. doi:10.1037/0022-006X.47.1.189

National Literacy Trust. (2015). *How many illiterate adults are there in England?* Retrieved from http://www.literacytrust.org.uk/adult_literacy/illiterate_adults_in_england

Neria, Y., Nandi, A., & Galea, S. (2008). Post-traumatic stress disorder following disasters: A systematic review. *Psychological Medicine*, *38*(4), 467-480. http://hdl.handle.net/2027.42/55743

Oatley, K. (1994). A taxonomy of the emotions of literary response and a theory of identification in fictional narrative. *Poetics*, *23*(1–2), 53–74. doi:10.1016/0304-422X(94)P4296-S

Oatley, K. (1999). Meetings of minds: Dialogue, sympathy, and identification, in reading fiction. *Poetics*, *26*(5), 439–454. doi:10.1016/S0304-422X(99)00011-X

Ozawa, F., Matsuo, K., Kato, C., Nakai, T., Isoda, H., Takehara, Y., … Sakahara, H. (2000). The effects of listening comprehension of various genres of literature on response in the linguistic area: An fMRI study. *NeuroReport*, *11*(6), 1141–1143. doi:10.1097/00001756-200004270-00001

Perrin, M. A., DiGrande, L., Wheeler, K., Thorpe, L., Farfel, M., & Brackbill, R. (2007). Differences in PTSD prevalence and associated risk factors among World Trade Center disaster rescue and recovery workers. *American Journal of Psychiatry*, *164*(9), 1385–1394. doi:10.1176/appi.ajp.2007.06101645

Pies, R. (1993). Adverse reaction to poetry therapy: A case report. *Journal of Poetry Therapy*, *6*(3), 143–147. doi:10.1007/BF01076339

Resnick, H., Acierno, R., Waldrop, A. E., King, L., King, D., Danielson, C., … Kilpatrick, D. (2007). Randomized controlled evaluation of an early intervention to prevent post-rape psychopathology. *Behaviour Research and Therapy*, *45*(10), 2432–2447. doi:10.1016/j.brat.2007.05.002

Resnick, H. S., Kilpatrick, D. G., Dansky, B. S., Saunders, B. E., & Best, C. L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology*, *61*(6), 984–991. doi:10.1037/0022-006X.61.6.984

Riordan, R. J., & Wilson, L. S. (1989). Bibliotherapy: Does it work? *Journal of Counseling & Development*, *67*(9), 506–508. doi:10.1002/j.1556-6676.1989.tb02131.x

Roberts, N. P., Kitchiner, N. J., Kenardy, J., & Bisson, J. (2009). Multiple session early psychological interventions for the prevention of post-traumatic stress disorder. *Cochrane Database of Systematic Reviews*, (3), CD006869.

Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*, (2), CD000560. doi:10.1002/14651858.CD000560

Rossiter, C., & Brown, R. (1988). An evaluation of interactive bibliotherapy in a clinical setting. *Journal of Poetry Therapy*, *1*(3), 157–168.

Rothbaum, B. O., & Foa, E. B. (1993). Subtypes of posttraumatic stress disorder and duration of symptoms. In J. R. Davidson & E. B. Foa (Eds.), *Posttraumatic stress disorder: DSM-IV and beyond* (pp. 23–35). Washington, DC: American Psychiatric Press.

Rubin, R. (1978). *Using bibliotherapy: A guide to theory and practice*. Phoenix, AZ: Oryx Press.

Scheff, T. J. (1979). A theory of catharsis in drama. *Catharsis in healing, ritual, and drama* (1st ed., pp. 149–179). Berkeley: The Regents of the University of California.

Scott, M. J., & Stradling, S. G. (1997). Client compliance with exposure treatments for posttraumatic stress disorder. *Journal of Traumatic Stress*, *10*(3), 523–526. doi:10.1002/jts.2490100315

Seal, K. H., Maguen, S., Cohen, B., Gima, K. S., Metzler, T. J., Ren, L., … Marmar, C. R. (2010). VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses. *Journal of Traumatic Stress*, *23*(1), 5–16. doi:10.1002/jts.20493

Stein, D. J., Ipser, J. C., & Seedat, S. (2006). Pharmacotherapy for post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews*, (1), CD002795. doi:10.1002/14651858.CD002795.pub2

The Reader Organization. (2015). Health & wellbeing. Retrieved from http:fpe//www.thereader.org.uk/what-we-do-and-why/health-wellbeing.aspx

Ullman, S. E., & Filipas, H. H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress*, *14*(2), 369–389. doi:10.1023/A:1011125220522

Whelan, G. (2013). *An evaluation of the social value of the get into reading initiative in Wirral, Merseyside*. Liverpool: Center for Public Health, Liverpool John Moores University.

World Health Organization (WHO). (2013). *Guidelines for the management of conditions specifically related to stress*. Geneva: Author.

Appendix 1. Table of Excluded Studies

Author and year	Title and source	Reason for exclusion
Boone and Castillo (2008)	The use of poetry therapy with domestic violence counselors experiencing secondary posttraumatic stress disorder symptoms. *Journal of Poetry Therapy*, *21*(1), 3–14, doi:10.1080/08893670801886865	Wrong population (domestic violence counselors experiencing secondary posttraumatic stress disorder symptoms)
Bowman (1991)	A veteran's recovery and the use of poetry therapy. *Journal of Poetry Therapy*, *5*(1), 21–29. doi:10.1007/BF01073858	Wrong design (single case-study) and wrong intervention (poetry writing)
Ehntholt and Yule (2006)	Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry*, *47*(12), 1197–1210. doi:10.1111/j.1469-7610.2006.01638.x	Wrong population (children) and wrong intervention (not creative bibliotherapy; testimonial psychotherapy based on writing)
Gray (2010)	*Reading to heal: A bibliotherapeutic approach to sexual assault recovery*. (Unpublished Doctor of Psychology). Alliant International University, San Francisco, CA.	Ineligible design (assessment of a self-published book by professionals, no control group) and wrong population (the participants studied were people who worked in a rape crisis centre, not PTSD clients)
Jin (1992)	Efficacy of Tai-Chi, brisk walking, meditation, and reading in reducing mental and emotional stress. *Journal of Psychosomatic Research*, *36*(4), 361–370. doi:10.1016/0022-3999(92)90072-A	Wrong population (regular tai-chi practitioners who were placed under stress in a lab condition)
Kuiken and Sharma (2013)	Effects of loss and trauma on sublime disquietude during literary reading. *Scientific Study of Literature*, *3*(2), 240–265. doi:10.1075/ssol.3.2.05kui	Ineligible population (university students who had recently experienced a trauma or loss); ineligible control (university students who had not experienced a trauma or loss); ineligible outcome (measured the level of sublime disquietude experienced during literary reading)
LeLieuvre (1998)	"Goodnight Saigon": Music, fiction, poetry, and film in readjustment group counseling. *Professional Psychology: Research and Practice*, *29*(1), 74. doi:10.1037/0735-7028.29.1.74	Poor design (no primary outcomes of PTSD were measured, no appropriate control group, "not an empirical study") and wrong population for those who did read poetry (spouses not necessarily diagnosed with PTSD)
Lloyd (2007)	*Enhancing Army values training through bibliotherapy*. (Unpublished Doctor of Philosophy). The University of Nevada Reno, Reno, NV.	Wrong population (Reserved Officers' Training Corps cadets, not PTSD clients) and wrong intervention (not *fictional* bibliotherapy)
Marrs (1995)	A meta-analysis of bibliotherapy studies. *American Journal of Community Psychology*, *23*(6), 843–870. doi:10.1007/BF02507018	Wrong intervention (not creative bibliotherapy)
Martin (2008)	*Identity, reality, and truth in memoires from Iraq and Afghanistan wars*. (Unpublished Bachelor of Arts). Eastern Kentucky University, Richmond, KY.	Wrong design (not a study of intervention effectiveness, explores' author's personal experience with fiction)
Monti et al. (1979)	Effect of social skills training groups and social skills bibliotherapy with psychiatric patients. *Journal of Consulting and Clinical Psychology*, *47*(1), 189. doi:10.1037/0022-006X.47.1.189	Wrong population (did not identify specific "psychiatric" patients); wrong intervention (self-help bibliotherapy for social skills training)
Pies (1993)	Adverse reaction to poetry therapy: A case report. *Journal of Poetry Therapy*, 6(3), 143–147. doi:10.1007/BF01076339	Wrong design (single case-study)
Rossiter and Brown (1988)	An evaluation of interactive bibliotherapy in a clinical setting. *Journal of Poetry Therapy*, *1*(3), 157–168.	Wrong population (a variety of psychiatric patients were included), wrong design (qualitative assessment of programme facilitators' perceptions of bibliotherapy)