Chapter II
Review of Related Literature & Research

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2. Introduction

The present chapter provides a review of related literature and research of the concepts studied. It includes studies conducted in bibliotherapy in treating psychological issues of adolescents and children such as panic disorder, depression, sexual dysfunction and etc. Association of Marital satisfaction and Love styles is debated. Then it discusses the important aspects which are related to Marital Distress.

2.1. Marital Satisfaction and Love Styles

Marital stability is not the absence of marital problems but the presence of passion, intimacy, and commitment that keeps the marriage intact until its dissolution through natural causes like death of one of the spouses (Sternberg, 1986). Life satisfaction has been positively associated with happy intimate relationships (Arrindell, Van Nieuwenhuizen, & Luteijn, 2001) and successful intimate relationships tend to be characterized by high intimacy, passion and commitment (Sternberg, 1998).

Marital satisfaction has been defined as “the subjective evaluation that a marital relationship is good, happy, satisfying or successful (Callan & Noller, 1987). Each couple member brings a set of expectations, personality dynamics, a particular level of emotional or physical health and family background into the marriage. What determines marital satisfaction for the couple therefore is how these factors combine and inter-relate (Talmage, 1985).

Love in marital relationship determines stability of marriage and it also can be outcome of a marriage. While there are many theories on love, Sternberg’s Triangular Theory of Love seems to be the simplest, most flexible, and most comprehensive theory. Sternberg’s Triangular Theory of Love, which postulates that love, consists of intimacy, passion, and decision/commitment, also provides theoretical predictions regarding the relationship between love, relationship
satisfaction, and relationship stages. A theory of love not only helps the therapist understand what is wrong in a distressed dyad, but also sets out relevant and meaningful treatment goals and the steps on the road to achieving them.

Defining the constructs such as love and intimacy within relationship research has proved to be challenging (Moss & Schwebel, 1993; Fehr, 1988). While the majority of the constructs such as love, trust, commitment, affection, emotion, dependence, needs and intimacy are all commonplace words, they are difficult to conceptualize and reach meaning agreed upon by the masses (Moss & Schwebel, 1993). Researchers have explored these constructs and the relationships between these constructs involved in developing relationships. Schaefer and Olson (1981) outlined five factors as types of intimacy: emotional, social, sexual, intellectual, and recreational. Schaefer and Olson concluded that individuals desire varying amounts and combinations of these six types of intimacy.

Grote and Frieze (2000) studied a total of 581 middle-aged adults, 44 to 47 years old, married an average of 18 years. This study was surveyed regarding four types of love (Eros, Ludus, Friendship-based Love and Agape) at two relationship stages-retrospectively, at the beginning of the love relationship with their current spouse and currently in the marriage. Findings showed that the perceived strength of erotic and ludic love was higher at the beginning than it was currently for both men and women, and the perceived strength of agapic love was higher currently than it was thought to have been at the beginning, but only for men. The perceived degree of Friendship-based Love (FBL) remained the same across stages. Results also indicated that men and women differed in love experiences to a greater extent at the beginning of the relationship than currently. Most importantly, changes in perceptions of love appeared to have meaningful implications for the current affective quality of the marriage for men and women. Shifts in perceptions of erotic, ludic, friendship-based and agapic love predicted marital satisfaction as well as other salient relationship characteristics, such as sexual satisfaction, non-monogamy, relying upon one's spouse for help and comfort, as well as spending time with, feeling close to, respecting and helping one's spouse.

Moss and Schwebel (1993) expanded on Schaefer and Olson’s (1981) attempt to define intimacy in romantic relationships. They conducted an extensive
review of the subject of intimacy in research and literature and found 61 unique definitions. Seven themes were identified in these definitions and were reduced to five components: commitment, affective intimacy, cognitive intimacy, physical intimacy and mutuality. Commitment refers to the desire to permanently remain with the partner. Affective intimacy refers to the depth of awareness individuals have about their partner’s emotional world and the exchanges of emotions they share. Cognitive intimacy refers to the depth of awareness individuals have of their partner’s cognitive world and the exchanges of cognitions they share. Physical intimacy refers to the extent of shared physical encounters as well as the physiological arousal state experienced toward the partner at each level of the physical encounter. Finally, mutuality refers to the reciprocal exchange that occurs in intimate relationships, indicating that partners may differ in the energy invested in maintaining intimacy as well as the value they place on the intimacy obtained. Different degrees of each of these areas of closeness can be used to describe themes in various relationships. For example, intimacy between romantic partners would consist of high degrees of closeness across all components, while intimacy between friends would be low in physical intimacy while high in the other components of intimacy.

Greeff and Malherbe (2001) studied intimacy and marital satisfaction in spouses. The aim of their research was to investigate the relationship between intimacy and marital satisfaction of couples in different stages of the family life cycle. The Personal Assessment of Intimacy in Relationships (PAIR) questionnaire (Schaefer & Olson, 1981) and a subscale of the Enriching and Nurturing Relationship Issues, Communication and Happiness (ENRICH) questionnaire (Olson, Fournier, & Druckman, 1982) were administered to 57 couples. Significant differences between men and women were found on two of the five aspects of experienced intimacy (sexual and recreational) as well as for social and sexual discrepancy scores (difference between experienced and desired intimacy). With the exception of social intimacy as experienced by women, a positive correlation was found for both sexes between all the components of experienced intimacy and marital satisfaction. No differences were found for experienced intimacy or marital satisfaction according to family developmental stages.
Sanderson and Cantor (2001) examined the association of intimacy goals and marital satisfaction and tests four potential mediators of the goals-satisfaction link. Forty-four married couples completed measures of their own intimacy goals, their perceptions of their spouse’s goals, patterning of marital interactions (e.g., social support, time spent together, number of activities engaged in together, mutual influence), and marital satisfaction. As predicted, both individuals’ own and their spouses’ pursuit of intimacy goals were associated with marital satisfaction. However, these associations between goals and satisfaction were eliminated when individuals’ perceptions of their spouses’ goals were included in the analysis, indicating that the link between intimacy goals and marital satisfaction was mediated by individuals’ perceptions of their spouses’ goals.

Tolstedt and Stokes (1983) explored the relation of verbal, affective, and physical intimacy—to marital satisfaction in 43 couples (aged 18–59 yrs). Samples completed questionnaires on intimacy and marital satisfaction and were then audiotaped during a discussion of their relationship. The 3 types of intimacy were highly predictive of both perceived marital satisfaction and a measure of thought and behaviors indicative of potential for divorce. Measures of verbal and affective intimacy made stronger contributions to the prediction of marital satisfaction than did physical intimacy. The interactions among the 3 types of intimacy did not contribute significantly to the prediction of satisfaction, nor was there any evidence of a curvilinear relation between measures of intimacy and measures of satisfaction.

Merves-okin, Amidon and Bernt (1991) in the article, Perceptions of intimacy in marriage: A study of married couples administrated several instruments measuring attitudes toward self-disclosure, intimacy, their partner, and the marriage among 75 married couples. Comparisons were made between husbands and wives on variables such as intimacy and self-disclosure. Satisfaction was related to the variables of intimacy and self-disclosure, and the perceptions that the marriage partners had of one another's behavior. Husbands and wives tended to give similar responses on the self-disclosure and intimacy variables. The important differences seemed to be that men's attitudes were more distant regarding intimacy than were women's, and that women's satisfaction with the
marriage was more affected by their own perception of the marriage than by the husband's attitudes as reflected by his scores on instruments used in the study.

Laurenceau, Barrett and Rovine (2005) used daily reports of interactions in marriage to examine predictions from the conceptualization of intimacy as the outcome of an interpersonal process. Both partners of 96 married couples completed daily diaries assessing self-disclosure, partner disclosure, perceived partner responsiveness, and intimacy on each of 42 consecutive days. Multivariate multilevel modeling revealed that self-disclosure and partner disclosure both significantly and uniquely contributed to the contemporaneous prediction of intimacy. Perceived partner responsiveness partially mediated the effects of self-disclosure and partner disclosure on intimacy. Global marital satisfaction, relationship intimacy, and demand-withdraw communication were related to daily levels of intimacy.

Litzinger and Gordon (2005) examined relationships among couple communication, sexual satisfaction, and marital satisfaction in 387 married couples. Regression analyses demonstrated that communication and sexual satisfaction independently predict marital satisfaction. However, there is a significant interaction between communication and sexual satisfaction; if couples are successful at communicating constructively, sexual satisfaction fails to contribute to marital satisfaction. Alternatively, if couples have difficulty communicating but are sexually satisfied, they will experience greater marital satisfaction than if they have a less satisfying sexual relationship. Thus, sexual satisfaction may partially compensate for the negative effects of poor communication on marital satisfaction.

Recent empirical evidence points to the importance of intimate relationships for adult personality development. The ability to form intimate relationships is critical for personal well-being. (Katz & Joiner, 2002)

To build on existing theories about love, Baumeister, & Bratslavsky E. (1999) proposed that passion is a function of change in intimacy (i.e., the first derivative of intimacy overtime). Hence, passion will be low when intimacy is stable (either high or low), but rising intimacy will create a strong sense of passion. This view is able to account for a broad range of evidence, including
frequency of sex in long-term relationships, intimate and sexual behavior of extraverts, gender differences in intimate behavior, gain and loss effects of communicated attraction, the biologically atypical human preference for face-to-face coitus, and patterns of distress in romantic breakups.

Reis (2003) illustrated that love and intimacy are among the most important properties of adult close relationships. Existing research on love distinguishes two primary types of love, passionate love and companionate love. Research on the passionate love identified its physiological, cognitive, and behavioral components. From the standpoint of evolution, one of the most important functions of passionate love is to attract potential reproductive partners to each other, thereby facilitating the development of mating relationships. Companionate love, on the other hand, is better described in terms of processes such as intimacy, which is a central dimension to friendship development. Intimacy is one of the most important processes used to describe close relationships, including, but not limited to, romantic relationships. Self-disclosure is one of the most popular conceptualizations of intimacy. Other relevant processes include nonverbal communication and perceived partner responsiveness.

Aron and Henkemeyer (1995) studied one hundred married individuals completed questionnaires measuring marital satisfaction, passionate love, social desirability and six relationship-relevant variables - global happiness, relationship excitement, relationship boredom, sex-minus-arguments frequency, amount of shared activities and kissing frequency. Consistent with previous research, marital satisfaction had moderate to large correlations with the six relationship-relevant variables; for most variables, these correlations remained after partialing out passionate love and social desirability. For women, passionate love was moderately correlated with marital satisfaction and with the six relationship-relevant variables; for most variables, these correlations remained after controlling for marital satisfaction and social desirability. However, for men there were no significant correlations with passionate love.

Physical affection and passion are closely linked, but they are by no means the same construct (Lemieux, 1996; Sternberg, 1997). Passion refers to the
emotional desire for romance, sexual desire, and a desire for sensual pleasure. Physical affection is the behavioral manifestation of passion.

Hill (2004) found physical affection to be significantly correlated with romantic relationship satisfaction. Gulledge, Gulledge, and Stahmann (2003) provided strong correlational evidence of the link between physical affection and relationship satisfaction. Backrubs/massages, cuddling, kissing, and hugging, were all significantly correlated with relationship satisfaction.

Being physically close to another person increases opportunities for both verbal and nonverbal communication, and therefore increased emotional intimacy (Flaherty, 1999). Physical affection may contribute to commitment in direct and indirect ways. Because commitment is the last component of love to develop, physical affection, simply by its contribution to intimacy and passion, enables the development of commitment. Because physical affection causes the release of oxytocin, which is linked to pair-bond formation, physical affection may directly increase the level of commitment. (Hill, 2009)

Furthermore, if physical affection does aid in conflict resolution it could increase relationship satisfaction and stability by decreasing conflict (Gulledge, Gulledge, & Stahmann, 2003). Johnson (1991) has argued that the experience of commitment is not unitary, that there are three distinct types of commitment, each with a different set of causes, a different phenomenology, and behavioral consequences. Personal commitment refers to the sense of wanting to stay in the relationship, moral commitment to feeling morally obligated to stay, and structural commitment to feeling constrained to stay regardless of the level of personal or moral commitment. Commitment to marriage enhances marital satisfaction (Swensen & Trahaug, 1985), and quality (Sabatelli & Cecil-Pigo, 1985; Swensen & Trahaug, 1985).

Many empirical studies have reported a significant positive association between sexual satisfaction and marital quality (Blumstein & Schwartz, 1983; Cupach & Comstock, 1990; Edwards & Booth, 1994; Henderson-King & Veroff, 1994; Lawrance & Byers, 1995; Oggins, Leber, & Veroff, 1993; Young, Luquis, Denny, & Young, 1998). A few longitudinal studies also reported that sexual satisfaction was negatively predictive of marital instability (Edwards & Booth,
Those committed to their marriage also have higher marital stability (Amato & DeBoer, 2001; Booth, Johnson, White, & Edwards, 1985; Miller, 1997; Sabatelli & Cecil-Pigo, 1985). These effects come about because committed spouses make personal sacrifices, which satisfies their spouse and serves to enhance the marriage (Van Lange, Rusbult, Drigotas, Arriaga, Witcher, & Cox, 1997; Wieselquist, Rusbult, & Foster, 1999).

### 2.2. Couples & Marital distress

Most of the marriages are the process by which two people accept or love each other make their relationship public, official, and permanent. It is the joining of two people in a bond that putatively lasts until death, but in practice is increasingly cut short by divorce. Certainly, over the course of a relationship a lot happens. Personalities change, bodies age, and romantic love waxes and wanes. And no marriage is free of conflict. What enables a couple to endure is how they handle that conflict. (psychologytoday.com, 2012)

And they lived happily ever after” is the most unbelievable part of any fairy story, even more unbelievable than all the magic wands, enchanted slippers ,and flying carpets put together. Every marriage faces some unhappiness as the years go by. (Klemer, 1970)

In assessing marital (or relationship) quality, researchers have emphasized continuous measures, often labeled as measures of “satisfaction,” “adjustment,” “discord,” or “distress”. (Snyder, Heyman, & Haynes, 2005)

Dichotomous classifications are often used in marital research, and because researchers and clinicians often refer to discordant couples, a fundamental question arises as to whether discordant couples differ from non-discordant couples not only quantitatively, but qualitatively as well.

Marital distress is one of the most frequently encountered and disturbing problems. As a matter of fact, next to the death of a close family member, divorce
and marital separation are the most stressful events in an adult’s life (Holmes & Rahe, 1967).

A variety of studies suggest that the seeds of marital distress and divorce are there for many couples when they say, "I Do." These studies show that premarital (or early marital) variables can predict which couples will do well and which will not with accuracies of 80% up to 94% (e.g., Clements, Stanley, & Markman, 1997; Fowers, Montel, & Olson, 1996; Gottman, 1994; Karney & Bradbury, 1995; Kelly & Conley, 1987; and Rogge & Bradbury, 2002).

Individuals in chronically unhappy marriages are at a significantly higher risk for poor health compared with happily married individuals, or divorced individuals of the same race, sex, and age. In comparison to happily married persons, maritally distressed partners are 3 times more likely to have a mood disorder, 2.5 times more likely to have an anxiety disorder, 2 times more likely to have a substance use disorder, and 5.5 times more likely to report problems of domestic violence. Moreover, couple distress – particularly negative communication – has direct adverse effects on cardiovascular, endocrine, immune, neurosensory, and other physiological systems that, in turn, contribute to physical health problems (Kiecolt-Glaser, & Newton, 2001). Marital distress and satisfaction also affect children’s endocrine systems and health directly (Gottman & Katz, 1989; Katz & Gottman, 1991) and through parent–child interactions (Gottman & Katz, 1989).

The important challenges about marital distress is included: First, it is extremely complex to consider emotional, cognitive, behavioral, and physiological aspects of marital stress simultaneously; however, a more complete conceptualization of marital distress requires an examination of the interface between these domains. Second, with the current limitations in how marital distress is included in DSM-IV (American Psychiatric Association, 2000) proper assessment and treatment of marital distress – both on its own and in conjunction with other individual mental disorders- is impaired. Finally, investigations of treatment for marital distress need to focus more on dissemination of empirically supported treatments into real-world settings, assess outcomes over longer periods
of time, and determine ways to intervene with couples who would not typically seek traditional forms of marital therapy. (Hersen, & Rosqvist, 2008)

Kurdek (1991) studied the predictors of increases in marital distress over the first 3 years of marriage were identified for husbands and wives of 310 couples. Using Year 1 variables as predictors, linear increases in marital distress over 3 years for husbands were predicted by few years of education, few months of living together, and not pooling finances. For wives, the Year 1 predictors were few years of education, low income, living with stepchildren on a full- or part-time basis, many rewards, few costs, not pooling finances, and high emotional investment. Linear increases in marital distress were related to linear changes in both contextual and investment model variables for both spouses.

Sher, Tamara and Baucom (1993) observed Marital communication: Differences among maritally distressed, depressed, and ondistressed-nondepressed couples. They explored differences in communication and perception of communication among 3 types of married couples: maritally distressed, in which the wife was depressed; maritally distressed only couples; and non-distressed-non-depressed couples. Findings revealed differences both in the patterns of communication and in the meanings these patterns have for the relationship. The results suggested that depression within the context of a distressed marriage is related to (1) more negative communication both toward and from the depressed person and (2) spouses' lower comprehension of each other's messages. Among the non-distressed couples, the more negative their communication, the more maritally satisfied they were. The suggestion is made that "negative communication" might be used in a constructive way by non-distressed couples, whereas negative communication might be detrimental to distressed couples.

Conflicts and disagreements are inevitable in every close relationship, including marital relationship. While every marriage relationship is as unique as the individuals it contains, some degree of conflict is actually necessary to keep a marriage dynamic rather than static (Ashford, LeCroy, & Lortie, 2006). Perceptions of marital quality between spouses in conflict vary. Similarly, the approaches which partners take towards handling differences vary but are crucial in determining marital satisfaction. Adjustments can be challenging because it
includes adapting to myths and expectations of marriage, learning how to effectively communicate with a spouse, deriving satisfaction from the relationship and learning to deal with conflict. According to Gottman (1994), what is critical in a marriage is a balance between the couple’s positive and negative interactions that determines their satisfaction. Studies have shown that failure to do so can bring detrimental effects on the mental health involving both couples and their children. As such, social support measures are extremely vital in buffering the effects of marital conflict.

Marital aggression is on the negative extreme of a continuum of marital conflict which includes varying degrees of violent behaviors, including both verbal and physical acts.

Numerous empirical studies indicate that distressed partners tend to blame each other for problems and attribute each other’s negative actions to broad and unchangeable traits more than do non-distressed partners (Bradbury & Fincham, 1990; Epstein & Baucom, 2003).

A sizable amount of research on couples’ attributions indicates that distressed couples are more likely than non-distressed couples to attribute their partners’ negative behavior to global, stable traits; negative intent; selfish motivation; and a lack of love (Bradbury & Fincham, 1990, and Epstein & Baucom, 2002). Poor listening and problem-solving skills have also been identified as factors causing distress (Dattilio & Van Hout, 2006; Epstein & Baucom, 2002; Walsh, 1998).

Several studies have found that levels of relationship distress among alcoholic and drug-abusing dyads are high (e.g., Fals-Stewart, Birchler, & O’Farrell, 1999; O’Farrell & Birchler, 1987). Relationship problems are predictive of a poor prognosis in alcohol and drug abuse treatment programs (Fals-Stewart & Birchler, 1994; Vanicelli, Gingerich, & Ryback, 1983). Finally, poor response to substance abuse treatment is predictive of ongoing marital difficulty (e.g., Billings & Moos, 1983; Finney, Moose, Cronkite, & Gamble, 1983).
Many married couples would probably become less disturbed by the frustrations and disillusionments that may occur at any stage of marriage if they knew how common in human experience exactly the situations that may distress them are. The need is to recognize that certain developmental tasks confront all married couples. And these tasks are somewhat different at each of the four or five stages of the life cycle (1) in early marriage; (2) when children come; (3) in middle life when the children leave home; (4) when retirement time comes; (5) when crises occur such as death, serious illness, or financial disaster. (Landis, & Landis, 1977).

Marital discord has been associated with a number of indexes of maladjustment in children, including aggression; conduct disorders, and anxiety (Emery, 1982, 1988). Although marital distress has traditionally received as much attention in the psychological literature as many individual mental health disorders, a growing body of research points to the profound negative impact marital stress has on adults and child functioning and society as a whole. A number of longitudinal studies have demonstrated important prediction of marital distress and reciprocal effects between individual and marital functioning over time. Furthermore, several self-report, spouse report, and observational assessments of marital distress have been developed and validated. Finally, in the past 4 decades treatment of marital distress has seen important advance both in terms of the marital problems that can be targeted as well as the efficacy of those treatments.

Identifying levels of distress may be helpful in deciding which treatment approaches are most appropriate for couples. For example, a couple identified as non-distressed may be appropriately treated with marital enrichment or communications training whereas a moderately distressed marriage may need more intensive therapy. Most marital therapy research has focused on treating couples in the moderately distressed range (Crane, 1996). This is helpful because common characteristics are found in each of the separate distress categories. For example, moderately distressed couples are likely to be predominately negative in their verbal attitudes and interactions, show negative effects, and perform more coercive acts and defensive behaviors than non-distressed couples (Crane, 1996; Schaap, 1984).
2.3. Couples & Marriage counseling

According to the American Association of Marriage and Family Therapy (AAMFT), marriage therapy, also called couples counseling, is equally or more effective than standard one-on-one treatments when dealing with issues and conflicts that have an impact on families and marriages. Marriage counseling runs an average of 12 sessions, according to the AAMFT. Some couples need more time, but more than 65 percent of cases required no more than 20 sessions to achieve results. Nearly 88 percent of couples complete their work within 50 sessions.

The AAMFT Code of Ethics (1991) is comprised of eight general principles with an additional 56 subprinciples that delineate particular areas of appropriate or problematic behavior (Preister, Vesper, & Humphrey, 1994). The eight general areas of ethical principles are: Responsibility to clients; Confidentiality; Professional competence and integrity; Responsibility to students, employees, and supervisees; Responsibility to research participants; Responsibility to the profession; Financial arrangements; and Advertising.

Relationship distress, dissatisfaction and conflict are extremely common problems and currently in Western industrialized societies, where 40 to 50 per cent of marriages end in divorce. In a proportion of cases, couples therapy alleviates relationship distress. In a systematic review of six meta-analyses of couples therapy, Shadish and Baldwin (2003) found an average effect size of .84, which indicates that the average treated couple fared better than 80 per cent of couples in control groups. Caldwell et al. (2007) estimated that the free provision of effective couples therapy would lead to considerable and significant cost savings because it would prevent a range of legal and healthcare costs from arising from divorce and divorce-related health problems. Most trials of systemic interventions for distressed couples have evaluated behavioural or emotionally focused couples therapy.

In a meta-analysis of twenty-three studies, Wood et al. (2005) found that for mildly distressed couples both of these approaches were equally effective, but with moderately distressed couples emotionally focused couples therapy was more effective than behavioral marital therapy.
In a review of the literature through mid-1996, Pinsof, Wynne, and Hambright (1996: Pinsof & Wynne, 1995) concluded that significant data exists support the efficacy of family and couples therapy and that there is no evidence indicating that couples are harmed when they undergo treatment.

Research outcomes on couples counseling suggest the following:

- At the end of couple’s therapy, 75% of couples receiving therapy are better off than similar couples who did not receive therapy.

- Sixty five percent of couples report "significant" improvement based on averaged scores of marital "satisfaction."

- Most couples will benefit from therapy, but both spouses will not necessarily experience the same outcomes or benefits.

- Therapies that produce the greatest gain and are able to maintain that gain over the long amount of time, tend to affect the couple's emotional bonds and help the spouse's work together to achieve a greater level of "differentiation" or emotional maturity. (Lebow, J. 2006)

In an article published by Journal of Marital and Family Therapy, clients of marriage and family counselors from 15 different states reported on their experience with counseling. The findings indicated that marriage and family counselors treated a wide range of issues in relatively short-term fashion, couple and family therapy are briefer than individual therapy, and that client satisfaction and functional improvement are quite high. (Phegley, S. 2011)

According to William J. Doherty, Deborah S. Simmons "Clinical Practice Patterns of Marriage and Family Therapists: A National Survey of Therapists and Their Clients"(1996), Journal of Marital and Family Therapy Volume 22, No. 1, specifically, of clients from 526 marriage and family counselors in 15 different states (USA):

- 98.1% rated services good or excellent

- 97.1% got the kind of help they desired

- 91.2% were satisfied with the amount of help they received
93% said they were helped in dealing more effectively with problems
94.3% would return to the same therapist in the future
96.9% would recommend their therapist to a friend
97.4% were generally satisfied with the service they received
63.4% reported improved physical health
54.8% reported improvement in functioning at work
73.7% indicated improvement in children’s behavior
58.7% showed improvement in children’s school performance

A meta-analytic review examines the findings of 15 methodologically rigorous marital therapy outcome studies reported in 19 journal articles. These findings were used to assess the efficacy of three treatment approaches in fostering change in spouses' relationship related behavior, cognitions, affect, and general assessment of their relationship. Behavioral marital therapy (BMT), cognitive—behavioral marital therapy (CBMT), and insight oriented marital therapy (IOMT) were all found to be more effective than no treatment in bringing change in spouses' behavior and in the general assessment of their relationship. (Dunn, & Schwebel, 1995)

IOMT was more effective than BMT or CBMT in bringing change in spouses' general relationship assessment, while CBMT was the only approach that induced significant change in spouses’ post-therapy relationship-related cognitions. (Dunn, & Schwebel, 1995)

However, when cognitive behavioral treatments (CBT) were developed and they gained popularity in the 1960s, many Bibliotherapeutic materials evolved into treatment manuals based on the principles of CBT. (Papworth, 2006)

Written material for self-help, or ‘Bibliotherapy’, involves more than just giving the patient a book; the material needs to be introduced by a practitioner (doctor, nurse or primary care mental health worker) and progress monitored at intervals over 6–8 weeks while the patient works through the material. In most settings, Bibliotherapy is used as an adjunct to more traditional forms of
psychotherapy. Practitioners of cognitive-behavioral therapies are among the most enthusiastic supporters of Bibliotherapy.

Self-help based on CBT principles such as ‘Bibliotherapy’ – the use of written material – or computerized self-help programmes should be used only with guidance and monitoring from a health professional. This is available in some areas, often with books on prescription service, and can facilitate improved health literacy. Trained librarians in local libraries can provide a listening ear and guide individuals to relevant self-help materials and internet resources; creative writing, reading groups and poetry may also help individuals understand their condition and engage in social activities.

2.4. Bibliotherapy

Traditional Bibliotherapy has been used for centuries. Libraries are important places and even rate a mention in Shakespeare. Ballou (1995) notes that an inscription over the door of a library in ancient Thebes identified it as a “Healing Place of the Soul.”

Bibliotherapy as the researchers know it has been in place since 1916 when Samuel Crothers identified and connected books and therapy together. Traditionally therapists and librarians have identified books about specific topics and matched them to clients in the hope that they will identify with the theme and gain insight into their own situation.

Many articles and books about Bibliotherapy identify the importance of the written word and libraries, identifying figures such as Plato and the Ancient Greeks in Thebes as putting great emphasis on the use of the written word; even Shakespeare mentions libraries in one of his plays (Pehrsson & McMillen, 2005, Myracle, 1995; Abdullah, 2002).

It is hard to identify who invented Bibliotherapy although the term Bibliotherapy was first identified in 1916 by Samuel Crothers (Myracle, 1995) to describe the practice of prescribing books to clients as a means of therapy in dealing with emotional problems.
Advantages of Bibliotherapy include its demonstrated empirical support across a broad spectrum of problems, cost effectiveness, widespread availability, and potential to reach populations who would otherwise have difficulty accessing traditional psychotherapy (Mains & Scogin, 2003). Cohen (1994) examined how literature (self-help, fiction, nonfiction, and poetry) helped eight participants deal with a difficult life situation, finding that the experience of therapeutic reading led to a recognition of self-process.

The use of storytelling and reading as a therapeutic tool has been extensively discussed over the course of the 20th century, although the fields in which it was primarily used have shifted. In the early 1900’s the American Library Association was active in establishing libraries for hospitals and other therapeutic institutions. In the 1930’s Karl and William Menninger, of Menninger Clinic fame, promoted the use of books for patients with mild neuroses or alcohol problems, or as support for relatives of patients and for parents of children (Smith & Burkhalter, 1987).

The prescription of self-help books within clinical settings is common. On average, 72% of professionals, including school psychologists (O’Connor & Kratochwill, 1999), psychologists (Norcross et al., 2003; Starker, 1988), counseling psychologists (Marx, Gyorky, Royalty, & Stern, 1992), and religious practitioners (Johnson & Johnson, 1998) have prescribed a self-help book to their clients.

The review of the literatures in medicine, mental health, education and librarianship surveyed almost sixty years with a concentration on publications written after 1990. We found that bibliotherapy has been employed by nearly every helping profession, with all age groups, in multiple populations, and with a wide range of benefits (McMillen & Pehrsson, 2004; Pehrsson & McMillen, 2005).

Dermer and Hutchings (2000) published “Utilizing movies in family therapy: Applications for individuals, couples, and families.” For over a century, therapists have made use of books to help clients overcome a wide range of problems. Recently, movies have been used for similar purposes. Both literature and cinema can be used to educate, normalize, reframe, and expand ideas. In
addition, cinema therapy and Bibliotherapy are creative and inexpensive therapeutic interventions. However, in spite of its usefulness, Bibliotherapy may be losing some of its appeal in light of new technology. The use of motion pictures is emerging as a useful alternative to Bibliotherapy. Like any successful intervention, cinema-therapy is an adjunct to good therapy.

In one of the first studies, Starker (1986) randomly surveyed 186 individuals through a questionnaire in a local area regarding their self-help behaviors. The sample consisted of male and female participants, with an age range of 18-92 years-of-age, and with a broad range of education. Sixty-five percent of respondents reported they had read a helpful self-help book, and of these individuals, 80% had read self-help books in multiple areas, with spirituality, relationships, personal growth, health, diet, and exercise as the major topic areas (Starker, 1986).

In a later study, Starker (1992) surveyed 166 Veteran’s Administration patients in a local area with a 116-item, true-false questionnaire regarding their use of self-help materials and health related attitudes, beliefs, and behaviors. Of those surveyed, 82.6% of the respondents were male. Results of this survey suggested 50% of the respondents reported to have read self-help books.

In a meta-analysis of six studies utilizing Bibliotherapy to treat depression, Cuijpers (1997) concluded that Bibliotherapy was an effective treatment for unipolar depression and that Bibliotherapy was as effective as individual or group treatment. In another review of Bibliotherapy studies for depression, McKendree-Smith, Floyd, and Scogin (2003) noted that Bibliotherapy produced effect sizes that were equivalent to average effect sizes found in traditional psychotherapy studies.

Numerous studies have demonstrated that improvements gained from Bibliotherapy at post-treatment are maintained at 2-year (Floyd, Rohen, Shackelford, Hubbard, Parnell, Scogin, & Coates, 2006) and even 3-year (Smith, Floyd, Scogin, & Jamison, 1997) follow-ups.

Reeves and Stace (2005) found that adult subjects with mild to moderate anxiety that utilized a cognitive-behavioral Bibliotherapy package and had weekly
coaching sessions with a therapist showed significant improvement post-treatment and at a 3-month follow-up.

The effectiveness of Bibliotherapeutic approaches has also been demonstrated for other anxiety disorders, such as panic attacks (Febbraro, 2005), panic disorder with agoraphobia (Sharp, Power, & Swanson, 2000), and generalized anxiety disorder (Bowman, Scogin, Floyd, Patton, & Gist, 1997).

In a meta-analysis of 22 studies analyzing the effectiveness of Bibliotherapy in the treatment of problem drinking, Apodaca and Miller (2003) found an overall effect size of .80. Studies analyzing the effectiveness of Bibliotherapy for the treatment of eating disorders have found moderate effect sizes for bulimia and binge-eating disorder (Bailer, et al., 2004; Carter & Fairburn, 1998; Carter, Olmstead, Kaplan, McCabe, Mills, & Aim’e, 2003; Cooper, Coker, & Fleming, 2003; Ghaderi, 2006).

Sex, marriage, and intimate relationships became another focus of self-help literature, with books such as: Love Without Fear: How to Achieve Sex Happiness in Marriage (Chesser, 1947), The Art of Love (Robie, 1921), Sex and the Single Girl (Brown, 1962), Everything You Always Wanted to Know About Sex, but Were Afraid to Ask (Reuben, 1969), and The Joy of Sex (Comfort, 1972).

Halliday (1991) surveyed 100 adult male and female clients at the time of their initial therapy appointment about their use of self-help books. Of the 100 surveyed, 43 respondents reported reading self-help books. The books fell into five broad categories: (a) motivation, (b) family or couple issues, (c) spiritual books or the Bible, (d) alcohol related books, and (e) general psychological knowledge. Of the 57 clients who did not report reading a self-help book, 13 clients described not reading any type of book due to lack of interest in reading, vision problems, or inability to read.

Dehlin and Dehlin (1994) surveyed potential readers from libraries and bookstores. This sample included adults with an age range of 26-60 years-of-age and who had high levels of education. All but one of the 102 respondents (79 females and 22 males) reported to have read a self-help book within the last year.
Topics of these books included: health, aging, illness, depression, parenting, pregnancy, sexuality, stress, and interpersonal relationships. Respondents reported to have read a self-help book for a number of reasons: (a) to “learn new facts about the world,” (b) “to understand how other people work,” and (c) “to help cope with my life” (Dehlin & Dehlin, 1994, p. 203).

Najavits and Wolk (1994) randomly surveyed 76 individuals in a local area by telephone interviews to examine the use of self-help materials, the purpose of these materials for the reader, and the benefits or harm of use. Respondents were obtained by taking a random sample of individuals from a local phone book with 51.7% of callers agreeing to participate. Approximately half of the interviews were based on written self-help materials and the other half were based on media self-help, such as radio call-in shows or television shows. The results suggested that self-help has a relatively moderate use with approximately 33% of the respondents reporting having used self-help materials within the past year.

Ogles et al. (1991) examined the effectiveness of four self-help books randomly given to recruited volunteers who had recently experienced a divorce or breakup. Forty-six men and women read four different books on loss within a 3-week period and were assessed on several outcome measures, including depression, symptoms, loss, expectancy of treatment, and reading report. No contact was made with the researchers during this time period. No significant interaction was found between the books but a significant within-subjects effect for time was found across books ($p < .001$). Thus, reading any of the books had a positive effect on outcome measures. Those participants who had greater 28 expectations for the book attributed symptom change to the book ($p < .01$). Thirty participants rated the book as an important source of help. Participants with higher levels of loss symptoms were more likely to drop out of the study. Thus, this study suggested self-help books for loss may be most helpful for readers with mild to moderate symptoms and who have high expectations for the reading material. A limitation includes having no control group for comparison (Ogles et al.).
Van Lankveld (1998), in the article “Bibliotherapy in the treatment of sexual dysfunction: A meta-analysis “which published in *Journal of Consulting and Clinical Psychology*, 66, 702-708, stated: Bibliotherapy refers to treatment of mental or physical problems which present information in written format, typically a description of a treatment method, and is utilized in treatment formats with minimal or absent therapist interaction. Bibliotherapy for SD is often administered as an adjunct to therapist-guided treatment of SD and has been shown effective in various other meta-analytic studies. This meta-analysis examines the effect of 12 controlled studies of Bibliotherapy for sexual dysfunction. Studies included met the following criteria: description of Bibliotherapy intervention, description of study sample, presence of control, application of operationalized outcome measures, and sufficient data for effect size. Eighty-seven percent of the studies were conducted on male and female orgasmic disorders which was a limitation sited by the authors. The empirical literature regarding bibliotherapy for sexual dysfunction primarily targets orgasmic disorders. The unweighted minimal effect size (MES) at post-treatment was .68 (SD=.86; 95% CI=.23-1.14). An important premise of Bibliotherapy which may enhance mastery experiences and improve self-efficacy related to sexual functioning, is that individuals and couples take responsibility for self-improvement.

In his meta-analytic review, Marrs (1995) defines bibliotherapy as “the use of written materials or computer programs, or listening/viewing of audio/videotapes for the purpose of gaining understanding or solving problems relevant to a person’s developmental or therapeutic needs.” Over time there has been a shift away from traditional resources such as books and poetry to the use of non-fiction self help resources (Riordan & Wilson, 1989). Bibliotherapy, over time, has become an interactive technique and it is this interactive approach that has been expanded by the use of the Internet. Email and the Internet must now be considered as 21st century bibliotherapeutic tools.

There is a sizable range of problems which bibliotherapy has been used to address including: aggressiveness (Shechtman, 1999, 2000), adoption/foster care (Pardeck, 1993; Sharkey, 1998), diversity awareness/valuation (Pardeck & Pardeck, 1998a; Tway, 1989), death & dying (Meyer, 1994; Todahl, Smith,

Conversely, the benefits that have been reported include increased self-awareness (DeFrances, 1982), clarification of emerging values and development of one’s ethnic/cultural identity (Holman, 1996; Tway, 1989). Individuals may also come to have greater empathic understanding of others (Adler & Foster, 1997; Pardeck & Pardeck, 1998a) and an increased appreciation of different cultures, viewpoints and lived experiences (see Ch.2 of Bernstein & Rudman, 1989 for a review of this research). Coping skills can be improved as alternative responses to problems are explored (Hodges, 1995). Negative emotions such as stress, anxiety and loneliness can be reduced. Self-esteem, interpersonal skills and emotional maturity are often facilitated (Borders & Paisley, 1992; Garagn, 1983). If nothing else, stories can serve as a stimulus or vehicle for expression of emotions and telling of one’s own story.

2.5. Summary

This chapter after introduction began with a review of literature of predictors of marital satisfaction and love components. The roles of intimacy, passion and commitment on a happy marriage reconsidered. The Marital Distress and its consequences studied through the literature. Then the literature of Bibliotherapy as a main therapeutic intervention reviewed.