

## RESEARCH ARTICLE

# The Effect of Bibliotherapy on Social Anxiety

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## Abstract

This research was conducted to examine the effect of bibliotherapy on social anxiety levels in individuals with social anxiety disorder. The study group of the research was created by selecting 45 people with the highest levels of social anxiety among 400 volunteer candidates. A 3x(3) split-plot experimental design (experimental, placebo and control groups; pretest, posttest and follow-up test) was utilized in the research. As data collection tools, the researcher uses Personal Information Forms and Liebowitz Social Anxiety Scale. The independent variable is the bibliotherapy program and the dependent variable is the level of social anxiety. Participants were randomly assigned to three groups (experimental, placebo and control). The experimental group received a seven-session bibliotherapy program while the placebo group received seven sessions of group counseling based on communication skills. The control group did not receive any intervention. The follow-up test was conducted four weeks after all groups' post-test measurements were applied. Data were analyzed using Kruskal-Wallis H, Wilcoxon Signed Ranks, and Friedman tests. The results of the analysis show that there was a statistically significant decrease in terms of social anxiety levels between the pretest and post-test in the experimental group. Although a decrease in social anxiety levels was observed also in the placebo and control groups, this difference was not statistically significant. While there was no significant difference between the experimental group's post-test and follow-up test scores, there was a significant difference between the pre-test, post-test and follow-up test scores in the placebo group. As for the control group, no significant difference was observed.

**Keywords:** Social anxiety, social anxiety disorder, bibliotherapy, communication skills

## Öz

Bu araştırma, sosyal kaygı bozukluğu olan bireylerde bibliyoterapinin sosyal kaygı düzeylerine etkisini incelemek amacıyla gerçekleştirilmiştir. Çalışma grubu, sosyal kaygı düzeyleri en yüksek olan 45 kişinin, 400 gönüllü aday arasından seçilmesiyle oluşturulmuştur. Araştırmada 3x(3) split-plot deneysel deseni (deney, plasebo, kontrol grupları; ön test, son test, izleme testi) kullanılmıştır. Veri toplama araçları olarak araştırmacı tarafından Kişisel Bilgi Formu ile Liebowitz Sosyal Kaygı Ölçeği uygulanmıştır. Bağımsız değişken bibliyoterapi programı, bağımlı değişken ise sosyal kaygı düzeyidir. Katılımcılar randomize bir şekilde üç gruba (deney, plasebo ve kontrol) atanmıştır. Deney grubuna, yedi oturumluk bir bibliyoterapi programı; plasebo grubuna, yedi oturumluk iletişim becerilerine dayalı grup rehberliği uygulanmıştır. Kontrol grubuna ise herhangi bir müdahalede bulunulmamıştır. Son test ölçümleri tüm gruplarda uygulandıktan dört hafta sonra izleme testi gerçekleştirilmiştir. Veriler Kruskal-Wallis H, Wilcoxon İşaretli Sıralar ve Friedman testleri ile analiz edilmiştir. Analiz sonuçları, deney grubunda sosyal kaygı düzeyleri açısından ön test ile son test arasında istatistiksel olarak anlamlı bir düşüş olduğunu göstermiştir. Plasebo ve kontrol gruplarında sosyal kaygı düzeylerinde düşüş gözlenmiş olsa da bu fark istatistiksel olarak anlamlı bulunmamıştır. Deney grubunda son test ile izleme testi puanları arasında anlamlı bir farklılık bulunmazken, plasebo grubunda ön test, son test ve izleme testi puanları arasında anlamlı bir fark tespit edilmiştir. Kontrol grubunda ise anlamlı bir fark gözlenmemiştir.

**Anahtar Kelimeler:** Sosyal kaygı, sosyal kaygı bozukluğu, bibliyoterapi, iletişim becerileri

## Introduction

Social anxiety disorder (SAD) is defined as an individual experiencing significant anxiety in situations where they can be scrutinized by others (American Psychiatric Association [APA], 2013). This is considered to be a combination of performance fears, such as speaking, eating, and writing in public, along with interactional fears, such as communicating with a member of the opposite sex, attending meetings, or speaking to strangers (Kessler et al., 1998). Individuals with social anxiety tend to evaluate themselves in a negative light and perceive their environment as threatening (Rapee & Heimberg, 1997). Due to this perception, the fear of being disgraced or negatively evaluated in social settings leads to intense anxiety, which may manifest itself in physical or physiological symptoms such as sweating, trembling, flushing and palpitations (Demir, 1997). Individuals' social functioning is seriously impaired by the fear of these symptoms being realized in social settings (Dilbaz, 2000).

Social anxiety disorder is closely associated with decreased life satisfaction and increased loss of individual functioning (Barrera & Norton, 2009; Aderka et al., 2012; Dryman et al., 2016). SAD is a serious disorder that has an impact on an individual's personal and social life. SAD, if untreated, can increase the risks of depression, alcoholism and substance abuse (Turan et al., 2000; Buckner et al., 2021; Single et al., 2024). Furthermore, it has been observed that individuals with SAD may experience failure in their educational lives or make choices that prevent career progression due to social anxiety in their professional lives (Boer, 1997; Stein & Kean, 2000; Sübaşı, 2007). Nonetheless, social anxiety disorder is treatable. Some positive effects of cognitive behavioral therapy and psychopharmacological treatments have already been proven (Heimberg, 2002; Mayo-Wilson et al., 2014; Blanco et al., 2002). However, individuals with social anxiety can refrain from therapy consultation as they avoid establishing relationships and as they accept what they experience as a part of their character or shyness (Dilbaz, 1997; Abramowitz et al., 2009; Gök & İnözü, 2023). Besides, there might be difficulties in obtaining treatment in some cases

such as distance to the city center, lack of specialists, or the cost of the process being too high for the individual (Norcross, 2006; McCullis, 2012). These difficulties can lead to the necessity of encouraging individuals for treatment and developing alternative intervention methods (Gök & İnözü, 2023). Within this context, bibliotherapy stands alongside traditional treatments as a useful and low-cost technique (Coleman & Ganong, 1987). In Turkey, private psychotherapy fees are not covered by insurance, which can impose a financial burden on the client. However, obtaining a suitable book or material for bibliotherapy can be less costly than the cost of psychotherapy.

Bibliotherapy is the process of reading written texts with a guide to help individuals understand their psychological and emotional problems and develop solutions to these problems (Riordan & Wilson, 1989). It allows individuals not only to identify their problems but also to improve their coping skills and gain different perspectives. It plays a healing role by helping individuals normalize their problems, learn from others' similar experiences and feel supported (Schränk & Engels, 1981). This method stands out as a tool that promotes individual development as well as psychological and emotional recovery (Arslan et al., 2022). According to Lewis et al. (2015), bibliotherapy assists individuals in regulating their emotional states, increasing their self-confidence, and improving their self-awareness. It is conducted with at least two people, the bibliotherapist and the client. The bibliotherapist should be familiar with the written material or book to be used and should have knowledge about the client's psychological and physiological state, needs and emotional development level (Pardeck, 1990). Bibliotherapy starts with the selection of a book that will address the client's problems under the guidance of an expert (Jack & Ronan, 2008). Whether fictional books such as stories and novels or non-fictional self-help books are chosen, the process of bibliotherapy is pretty much the same. Preparation stage consists of the selection of an appropriate book and the readiness of the client. Afterward, the introduction of the book, the process of the client reading the book, guidance where necessary and discussion of what has been read, identification, catharsis and

insight stages take place (Pardeck, 1998, p.18). Identification begins with a relationship established between the person and the book. At this stage, clients realize the similarities between themselves and others. In the emotional release (catharsis) stage, clients share their own conflicts and motivations. In the insight stage, clients gain awareness of themselves and discovers solutions by seeing their own behaviors in what they read (Shrodes 1955; Schrank & Engels, 1981; Pardeck, 1990). The realization of bibliotherapy depends on experiencing all these three stages. If the client has experienced a superficial identification during the reading process, it would be difficult for him/her to gain insight (Cornett & Cornett, 1980, pp. 18). Today, bibliotherapy can be practiced with minimal expert support by delivering books or texts to clients via telephone or e-mail and post-treatment evaluation (Wright et al., 2000).

The literature review shows that bibliotherapy can play a significant role in the treatment of different psychological disorders. For instance, Gualana et al. (2017) found that bibliotherapy played an essential role in alleviating symptoms of depression, while Sharma et al. (2014) showed that this method effectively reduced stress levels, increased resilience and developed mindfulness skills. In another study, individuals with SAD who read a self-help book based on cognitive behavioral therapy with or without expert support were compared, and those who read the book with expert support had more symptom relief than the other group. (Nordgreen et al., 2012). Similarly, a significant decrease in social anxiety was found after people with social phobia read a self-help book on social phobia with the support of a therapist (Abramowitz et al., 2009). On the other hand, bibliotherapy without any expert support has been found to be effective in people with simple phobias (Newman et al., 2003). In addition, the effectiveness of bibliotherapy on weight problems, sexual dysfunctions (Marss, 1995), family relationships and childhood problems (Coleman & Ganong, 1987; Lyneham & Rapee, 2006; Rafihi-Ferreira et al., 2018), panic disorder (Wright et al., 2000), anxiety disorders and depression (Cuijpers et al., 2010; Smith et al., 2017) has been examined in various

studies and it has been shown that it can be therapeutic. Although there are studies abroad examining the effect of bibliotherapy on SAD (Abramowitz et al., 2009; Ledley et al., 2009; Furmark et al., 2009; Rapee et al., 2007; Berger et al., 2011; Nordgreen et al., 2012), there are limited number of studies focusing on this issue in Turkey. The bibliotherapy studies in Turkey include parent-child conflict (Yılmaz, 2002), self-actualization (Aracı, 2007), perfectionism in gifted children (İlter, 2015), problem solving in children with ADHD and SLD (Özan, 2017), empathy (Kurt, 2018), self-perception (Şahin, 2019), problem solving in children (Uyar, 2020), social emotional learning (Yiğit-Tekel, 2021), depression and happiness level in teachers (Korkmaz, 2021), well-being (Parmaksız-Günay, 2023), depression and anxiety (Gençeli, 2023), hopelessness and depression levels in the elderly (Bekircan, 2023). However, there is no study in which social anxiety disorder and bibliotherapy are addressed jointly in adults.

Bibliotherapy practices can play a complementary role in addition to traditional therapy methods by providing individuals with a low-cost, accessible and effective treatment option. Bibliotherapy stands out as a suitable option, especially for individuals with limited access to therapy, and offers an innovative approach to solving mental health problems. This comprehensive perspective indicates that bibliotherapy is a multifaceted method and can be effective in reducing individuals' social anxiety levels. Therefore, this research aims to make an essential contribution to the literature by examining the effect of bibliotherapy on social anxiety disorder. In this context, the primary purpose of the study is to investigate how bibliotherapy affects social anxiety levels in individuals with social anxiety disorder.

## Method

This research was designed as an experimental study examining the effect of bibliotherapy on the level of social anxiety. The research includes three groups: experimental, placebo and control. These groups are administered a pre-test, post-test and follow-up test. In this context, a 3X(3) split-plot experimental design was utilized (Büyüköztürk,

2022). The independent variables in the study are bibliotherapy for the experimental group and group counseling for the placebo group. The dependent variable is the level of social anxiety.

### Working Group

The population of the study consists of individuals over the age of 18 who volunteered to participate. Sample selection was done in two stages. In the first stage, the Liebowitz Social Anxiety Scale was administered to 400 people through convenience sampling.

was equally classified into three groups of 15 people (experimental, placebo and control groups). The distribution between the groups was done by drawing lots. The study was concluded with 10 participants in the experimental group due to 5 participant dropouts, 10 participants in the placebo group due to 5 participant dropouts, and 14 participants in the control group due to 1 participant dropout. Participants were not diagnosed with SAD and they were not screened for additional psychological disorders (e.g. depression, generalized anxiety disorder).

Only those with the highest symptom level score

*Table 1. Socio-demographic characteristics of 400 participants*

Socio-demographic characteristics		n	%
Sex	Female	289	72.3
	Male	111	27.8
Marital status	Married	203	50.7
	Single	192	48
	Widow	3	0.8
Educational background*	Primary education	29	7.2
	High School	42	10.5
	Associate degree	38	9.5
	Bachelor's Degree	253	63.2
Age*	Master's degree	38	9.5
	Between 18 and 36 years old	252	63
	Between 37 and 55 years old	137	34.3
	56 years old and older	9	2.3

\* 2 participants did not answer this question.

In order to reach 400 people, the scale forms were distributed to a dental health outpatient clinic, a psychological counseling center, a university student dormitory, other workplaces and schools to reach teachers and parents, and the data were collected. In the second stage, 45 people who had the highest scores among 400 participants and volunteered to participate were selected using the criterion sampling method. This sample of 45 people

according to the scale and those who volunteered to participate were included in the study.

Information on the socio-demographic characteristics of the sample group in the first phase is given in Table 1.

When Table 2 is examined, it is observed that the groups are mostly composed of women, the most prominent educational level is the bachelor's degree and the most dominant age range is between 18 and 36 years old.

*Table 2. Socio-demographic characteristics of the experimental, placebo and control groups*

Socio-demographic characteristics		Experimental Group		Placebo Group		Control Group	
		n	%	n	%	n	%
Sex	Female	8	80	9	90	13	92.9
	Male	2	20	1	10	1	7.1
Marital status	Married	4	40	4	40	6	42.9
	Single	6	60	6	60	8	57.1
Educational Background	Primary education			2	20	1	7.1
	High School			1	10		
	Associate degree					2	14.3
	Bachelor's Degree	8	80	7	70	10	71.4
Age	Master's degree	2	20			1	7.1
	Between 18 and 36 years old	6	60	8	80	8	57.1
	Between 37 and 55 years old	4	40	2	20		42.9



## Data Collection Tools

**Personal Information Form:** It is a form prepared to get to know the participants and includes information such as sex, age, education level, occupation, marital status, and place of birth.

**Liebowitz Social Anxiety Scale:** This scale, developed by Liebowitz in 1987, consists of 24 items and covers 11 social interaction situations and 13 performance situations. In this scale, each item is rated on a Likert-type scale to determine how much fear or avoidance it creates. The overall total score is obtained by summing the avoidance and anxiety scores. The higher the score, the more severe the social anxiety symptoms (Heimberg et al., 1999). The reliability and validity studies of the Turkish adaptation of the scale were conducted by Soykan et al. (2003). The reliability coefficient was .96 for the anxiety-fear subscale, .95 for avoidance and .96 for the total scale. The scale was found to distinguish SAD from other disorders and the subscale cut-off score was 25 and the total score was 50 (Soykan et al., 2003).

## Process

The experimental group received bibliotherapy planned as seven sessions based on the book chapters. The book to be used in the bibliotherapy process was carefully read by the researcher beforehand, and a plan was made on which sections would be read and how the participants' feelings, thoughts, and comments would be recorded. This process was shaped by utilizing scholarly literature and consulting expert opinions (Eyde & Fink, 1983; Pardeck, 1990; Norcross, 2006; Miller, 2018). In bibliotherapy sessions, Prof. Dr. Kadir Özdel's book titled '*Sosyal Fobiden Hayata Yolculuk*' [Journey from Social Phobia to Life] was used. This material was chosen because it was an up-to-date and scientific book written in Turkish. Each participant read a chapter of the book aloud and the other participants followed the reading. Reading was occasionally paused and participants' feelings, thoughts and comments were collected. The book was read only in group sessions and not individually outside the sessions.

The first part of the book, which provides information about the SAD, coincides with the identification phase of bibliotherapy. Participants recognized the problems they experienced and identified with them by observing that similar situations existed in their own lives. The second part of the book, describing the causes of social anxiety, initiated the catharsis (emotional release) phase (Shrodes, 1955). Participants shared their personal experiences with social anxiety, family relationships and individual stories about their problems related to these issues. These exchanges reinforced group cohesion. The third and fourth chapters of the book triggered the insight phase, as they focused on treatment methods for SAD and individual solutions. At this stage, each participant discussed ways to change their feelings, thoughts, and behaviors through questions or comments on the readings and made suggestions for each other to overcome their problems (Cornett & Cornett, 1980, pp. 18).

The placebo group received group counseling based on communication skills. This guidance includes topics such as the basics of communication, communication barriers, effective listening, empathy, I-language and saying 'no.' The duration of this counseling was seven weeks as in the bibliotherapy group. The control group did not receive any intervention.

At the end of the experimental period, the Liebowitz Social Anxiety Scale was administered again to all three groups. Four weeks after the intervention, a follow-up test was also administered to all three groups.

## Data Analysis

SPSS 27 software was utilized for the statistical analysis of the study. Normality assumption was examined with skewness and kurtosis values and Shapiro Wilk test since the number of participants was below 50. Since the skewness value of the placebo group pre-test scores was 1.777 and kurtosis value was 3.586, the skewness value of the experimental group post-test scores was -1.266, the skewness value of the control group post-test scores was -1.042 and kurtosis value was 1.516, the kurtosis value of the experimental group follow-up test

scores was 1.339, and the skewness value of the placebo group follow-up test scores was 1.314 and kurtosis value was 1.667, it was determined that the data set did not show normal distribution characteristics. Additionally,  $p=0.021$   $p<0.05$  was found in the pre-test scores of the placebo group in the Shapiro Wilk test. Non-parametric tests were preferred since the groups had a sample size of less than 30 and were not normally distributed. Kruskal-Wallis test was used to compare the pre-test and post-test scores of the experimental, placebo and control groups. Wilcoxon test was used for repeated measures. In addition, the Friedman test was applied to compare the pre-test, post-test and follow-up test scores. Analysis results were evaluated according to  $p<0.05$  significance level.

### Findings

Before starting the statistical analysis of the study, descriptive statistics of the experimental, placebo and control groups are calculated. The results obtained are presented in Table 3. The abbreviations *M*(mean) and *sd* (standard deviation) in the tables refer to the mean and standard deviation.

**Table 3. Social anxiety score statistics of experimental, placebo and control groups**

Group	Minimum	Maximum	M	Ss
Experimental - Pre-test	96	135	114.3	11.8
Experimental - Post-test	53	126	85.3	25.6
Experimental - Follow-up test	54	144	88.5	25.8
Placebo - Pre-test	98	136	107.9	11.5
Placebo - Post-test	62	129	91.1	21.1
Placebo - Follow-up test	75	140	98	19
Control - Pre-test	90	123	105.1	10
Control - Post-test	61	118	97.4	15.2
Control - Follow-up test	64	126	94.5	17

Kruskal-Wallis test was applied to compare the pre-test and post-test scores of the experimental, placebo and control groups. The results are given in Table 4.

In the comparison of the pre-test and post-test scores of the experimental, placebo and control groups, no significant difference (Kruskal-Wallis  $H = 3.37$ ,  $p = .185$ ) was found.

**Table 4. Comparison of pre-test and post-test scores of experimental, placebo and control groups**

Group	N	Mean Rank	M	Kruskal-Wallis H	p
Pre-test Scores					
Experimental	10	22.20	114.3	3.37	.185
Placebo	10	16.65	107.9		
Control	14	14.75	105.1		
Post-test Scores					
Experimental	10	14.70	85.3	1.86	.394
Placebo	10	16.60	91.1		
Control	14	20.14	97.4		

This result shows that social anxiety levels were similar between the groups at the beginning. Moreover, no significant difference (Kruskal-Wallis  $H = 1.86$ ,  $p = .394$ ) was observed between the post-test scores of the groups. However, when the rank averages were analyzed, it was seen that the lowest mean belonged to the experimental group that received bibliotherapy, while the highest rank mean belonged to the control group. This finding shows that the level of social anxiety was lower in the experimental group, but this difference was not significant statistically.

**Table 5. Comparison of pre-test and post-test scores of experimental, placebo and control groups**

Group	N	Mean Rank	Rank Sum	Z	p
Experimental Group					
Pre-test - Post-test	9	6.00	54.00	-2.70	.007
Placebo Group					
Pre-test - Post-test	8	5.69	45.50	-1.83	.066
Control Group					
Pre-test - Post-test	8	8.75	70.00	-1.71	.086

The differences between the pre-test and post-test scores within each of the experimental, placebo and control groups were analyzed using the Wilcoxon Signed Rank Test. According to the findings in Table 5, a significant difference (Wilcoxon  $Z = -2.70$ ,  $p=.007$ ) was found only in the experimental group between the pre-test and post-test scores. There was no significant difference in the placebo (Wilcoxon  $Z = -1.83$ ,  $p=.066$ ) and control groups (Wilcoxon  $Z = -1.71$ ,  $p=.086$ ).

In Table 5, the effect size of the significant difference between the pretest and posttest scores of the experimental group was calculated with the formula  $|r| = Z / \sqrt{N}$  (Field, 2009). The result of the calculation was  $|r| = .853$  and this value indicates a large effect size (Cohen, 1988). The pre-test and post-test scores of the experimental group showed a high level of differentiation.

Friedman Test was applied to compare the experimental, placebo and control groups' pre-test, post-test and follow-up test scores. The results of this comparison are presented in Table 6.

that the decrease in the level of social anxiety continued in the experimental group. In Table 6, Kendall's W value was calculated for the effect size of the significant difference between the pre-test, post-test and follow-up test scores of the placebo group and a value of 0.31 was found. Accordingly, it was determined that the pre-test, post-test and follow-up test scores of the placebo group differed at a moderate level and thus had a moderate effect size.

*Table 6. Comparison of pre-test, post-test and follow-up test scores of experimental, placebo and control groups*

Group	N	M	Ss	Mean Rank	$\chi^2$	p
Experimental Group						
Pre-test	10	114.3	11.8	2.60	5.60	.061
Post-test	10	85.3	25.6	1.60		
Follow-up test	10	88.5	25.8	1.80		
Placebo Group						
Pre-test	10	11.5	2.60	11.5	6.20	.045
Post-test	10	21.1	1.50	21.1		
Follow-up test	10	19.0	1.90	19.0		
Control Group						
Pre-test	14	105.1	10.0	2.39	4.83	.089
Post-test	14	97.4	15.2	2.04		
Follow-up test	14	94.5	17.0	1.57		

According to the Friedman test results, there was no significant difference between the experimental group's pre-test, post-test and follow-up test scores (Friedman  $\chi^2 = 5.60, p = .061$ ). A significant difference was found in the placebo group (Friedman  $\chi^2 = 6.20, p = .045$ ), indicating that there was a decrease in social anxiety at the end of the communication skills counselling process, but this decrease did not continue after the end of the study. No significant difference was found in the control group (Friedman  $\chi^2 = 54.83, p = .089$ ).

Finally, the difference between the experimental group's post-test and follow-up test scores was analyzed using the Wilcoxon Signed Rank Test. According to the results presented in Table 5, there was no significant difference between the experimental group's post-test and follow-up test scores (Wilcoxon  $Z = -0.255, p = .799$ ). This shows

Finally, the difference between the post-test and follow-up test scores of the experimental group was examined using the Wilcoxon Signed Rank Test. According to the results presented in Table 7, no significant difference was found between the post-test and follow-up test scores in the experimental group (Wilcoxon  $Z = -0.255, p = .799$ ). This indicates that the decrease in the level of social anxiety persisted in the experimental group.

*Table 7. Comparison of post-test and follow-up test scores of the experimental group*

Group	N	Mean Rank	Rank Sum	Z	p
Post-test - Follow-up test	5	5.00	25.00	-0.255	.799

## Discussion

This paper examined the effect of a bibliotherapy program based on a self-help book on the level of social anxiety in individuals experiencing social anxiety disorder (SAD). Since no difference was found between the groups, the results of the study suggest that bibliotherapy alone is not efficient in reducing the social anxiety levels. Although a decrease was observed in the experimental group's post-test social anxiety scores, there was no statistically significant difference between the groups when their post-test scores were compared.

In the experimental group, a significant difference was observed between the pre-test and post-test scores, and this finding suggests that bibliotherapy may be effective in reducing the symptoms of SAD. This result aligns with research displaying a similar effect (Rapee et al., 2007; Nordgreen et al., 2012; Ledley et al., 2009). However, the fact that there was no significant difference between the groups does not clearly demonstrate that this effect was solely due to bibliotherapy. This raises the possibility that a change in time context or a placebo effect may have affected the outcome. In particular, the non-significant decrease in social anxiety scores in the control group suggests that there may be a time effect. On the other hand, the meta-analysis conducted by Marss (1995) revealed that research on bibliotherapy with a placebo control group had lower effect sizes than the control group. Therefore, it can be said that the placebo effect was a factor affecting bibliotherapy implementation in this research. In addition, the fact that the difference between the pre-test and post-test scores of the control group was not significant is consistent with similar studies in the literature (Rapee et al., 2007; Abramowitz et al., 2009). In the placebo group, although it was understood that the psychoeducation in the guidance program was effective in reducing social anxiety, this effect was not permanent, and an increase in the level of social anxiety was observed in the follow-up test. In the experimental group, the difference between the post-test and follow-up test scores was not significant, indicating that the effect of bibliotherapy continued and the decrease in social anxiety level may be permanent.

One of the reasons why the effect of bibliotherapy was lower in our research compared to other similar research may be the limited duration of the application. For example, in Ledley et al. (2009) and Rapee et al. (2007), the implementation period was determined between 12 and 16 weeks, whereas in this research, bibliotherapy was applied for only 7 weeks. This timespan may not be enough to observe the behavioral changes in people with SAD. Therefore, in future research, it will be important to extend the duration of administration so that symptoms can change more markedly. Nordgreen et al. (2012) emphasized that high symptom severity is a critical factor for observing the changes. The present study does not include individuals with high levels of symptoms. Voluntary participation may have created situations where symptom severity was not high enough, making it challenging to observe the changes in symptoms.

Studies on the effectiveness of bibliotherapy have shown that reading rate is associated with changes in symptom levels (Rapee et al., 2007). In our study, we did not measure the reading rate as the participants read the book chapters together in the group. Although the participants completed all the book chapters, the limited individual reading experience could have restricted the positive effect of bibliotherapy. When bibliotherapy is applied as a group therapy, participants share similar problems and find solutions together, leading to a decrease in social anxiety levels. However, this reduction was also observed in the placebo and control groups, suggesting that the placebo effect played an important role. In the literature, it is widely stated that bibliotherapy cannot replace classical psychotherapies, but it can be used as an auxiliary technique (Pardeck, 1990; Adams & Pitre, 2000; McCulliss, 2012). In the same vein, this study supports that bibliotherapy alone is not effective in reducing social anxiety levels, but it can be used as a supportive technique.

## Recommendations and Limitations

Based on the results of this study, several suggestions can be made for future research and practitioners. First of all, in order to better control the



placebo effect, it may be preferable to give the placebo group a treatment for which no effect is expected. This will limit the influence of the placebo effect on the study results, leading to more reliable findings. It is also recommended that the duration of bibliotherapy should be prolonged so that its effects become more pronounced. The study period could be longer to observe behavioral changes. Besides, including individuals with high symptom severity is critical for reliable observation of change. If symptom levels are high enough, the treatment process's effects can be measured more accurately.

Reading interests and individual reading habits of the participants should also be taken into account. Allowing participants to read not only in the group but also individually can increase the effectiveness of bibliotherapy. Furthermore, further examination of the relationship between reading rate and symptom change would increase the reliability of research results. It is recommended that the group therapy model should continue to be used as an effective method for anxiety disorders such as SAD. Group activities allowing participants to share similar problems and find solutions can reduce social anxiety levels. It would also be an important step to conduct bibliotherapy practices in institutional settings such as schools, hospitals or rehabilitation centers to prevent the loss of participants. Finally, the effectiveness of bibliotherapy not only on SAD but also on other psychological disorders should be examined. This will help us understand how bibliotherapy impacts different psychological problems and will contribute to the widespread use of this technique. Our paper can potentially contribute to research on bibliotherapy and the literature in this field.

However, the limitations of this research should also be taken into account. Limitations of this research include the limited sample size and representativeness; since the participants were selected on a voluntary basis, they are not representative of the general population. Moreover, the bibliotherapy intervention lasted only 7 weeks, which may not be sufficient to observe behavioral changes. In the literature, it has been reported that longer-term applications are effective. Furthermore, group

reading in bibliotherapy may have limited the participants' experiences and individual reading opportunities should be considered. Besides, the focus on only social anxiety in this research led to a lack of analysis on other types of anxiety and psychological disorders. These limitations may negatively affect the generalizability of the results of the present study and it is important to consider them in future research.

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