

Self-Help or Hype? Comments on Psychology's Failure to Advance Self-Care

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This article demonstrates that self-help programs are experiencing explosive growth; that psychologists are to be credited with a substantial body of research dating back to the 1970s; that this research demonstrates the potential of self-help programs; that some psychologists have failed to heed the results of studies by rushing to market with exaggerated product claims; and that the American Psychological Association has itself set a poor example and failed to advance clear standards. These points are not intended as a criticism of self-help. Rather, they serve as an observation of psychology's failure to advance self-care. Psychologists are encouraged to meet the challenge that self-care presents.

Jacobs and Goodman (1989) used the term *self-care* to discuss self-help groups, do-it-yourself therapies, and other self-change efforts that do not involve direct contact with a professional. Jacobs and Goodman discussed the boundaries of self-care and envisioned a future in which self-help groups and do-it-yourself therapies play a more critical role in mental health care than traditional psychotherapy. They envisioned a corporate-controlled health-care industry motivated by cost-containment factors and impressed with the effectiveness and cost-efficiency of self-help groups and do-it-yourself therapies. They saw powerful employee assistance programs and health maintenance organizations promoting self-help groups, prevention educational programs, and libraries of tested self-care books. Jacobs and Goodman further suggested that this vision of the future is already taking place, and new models of health care will be developed with or without the help of psychologists. They urged psychologists to meaningfully contribute to self-care methods and warned that "failure to seize the opportunity would amount to a failure in expanding the relevance of our profession" (p. 544).

This idea—that psychologists can use their skills to advance self-care—echoes the sentiments of the American Psychological Association's (APA's) past president George Miller, who encouraged his colleagues to give psychology away by teaching people how to help themselves (Miller, 1969). Miller was suggesting that psychologists could translate their knowledge for

the public well-being and empower individuals with self-change programs. A 1978 APA task force on self-help therapies similarly noted that psychologists, by virtue of their training, are in a unique position to contribute to the self-help movement (APA, 1978). More than any other professional group, psychologists are trained to evaluate the clinical efficacy of self-care methods, to assess people's ability to self-diagnose problems, to compare various instructional formats and identify those that are most effective, and to clarify when self-care efforts should be supplemented by therapist-assisted or therapist-directed programs. Psychologists can systematically investigate, clarify, and possibly answer all of these questions, thereby contributing to self-care.

Starker (1988, 1989) showed that professional psychologists frequently use self-help as adjuncts to their clinical practice. In one survey (Starker, 1988), clinicians positively evaluated do-it-yourself therapies and frequently "prescribed" them to patients. In the present article, I consider whether there is a basis for this general acceptance of self-help by both the public and psychologists. I also discuss how psychologists have, or have not, contributed to the development of effective do-it-yourself therapies. A similar review could be made for self-help groups and other self-care methods, but such a discussion is not within the scope of this article. Do-it-yourself therapies refer to self-help books, self-help audiocassettes, and any other informational modality that individuals may use on their own to change behavioral, relationship, or emotional problems.

Self-Help is Big Business

When discussing do-it-yourself treatment programs, the first point to be made is that their quantity and scope are growing beyond imagination. Simply put, self-change is big business. One publisher estimated for a reporter of the *Los Angeles Times* that more than 2,000 self-help books are published each year (Doheny, 1988). The explosive growth of do-it-yourself books that dominated the self-help industry in the 1970s and early 1980s is now matched by the development of self-help audiocassettes. A 1988 *New York Times* article reported that one company, Mind Communications Inc., sold more than 6 million dollars worth of subliminal tapes in that year, a 10-fold increase in sales in just 2 years (Lofflin, 1988). The APA even

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THIS ARTICLE IS BASED ON symposium presentations that were made at the 98th (Boston) and 99th (San Francisco) Annual Conventions of the American Psychological Association (APA) and the 1991 annual meeting of the Committee for the Scientific Investigation of Claims of the Paranormal (San Francisco) as well as the author's experience as Chair of two task forces on self-help therapies (1978 and 1990) sponsored by APA's Board of Professional Affairs.

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was in the business of developing, marketing, and promoting self-help audiocassettes when it owned *Psychology Today*.

In addition to the proliferation of do-it-yourself books and self-help audiocassettes, video and computer self-change programs are available. An article in *Health* magazine entitled "Off-the-Shelf Salvation" mentions software companies with names such as Psycomp, Psychological Software, and Mindware (Stark, 1989). In a recent catalog from Mindware, the consumer is told, "So if you ever get the blues, a new day is dawning. The era of computer-assisted self-therapy for your PC has arrived" (Mindware, 1990).

The self-help industry has seen not only a growth in numbers and instructional modalities but also an increase in the scope of issues it addresses. Nowhere is this better illustrated than in the area of programs for children. Once, there were standard books on parenting techniques. Now there are audiotapes parents can play to children before bedtime to rid them of fears, bed-wetting problems, and low self-esteem. There is a book to help infants with colic (Ayllon & Freed, 1989). If a parent wants to intervene even earlier, there are audiotapes mothers can play to their unborn, developing fetus. These tapes claim to give the fetus a distinct learning advantage that will carry into adulthood. The company manufacturing these audiotapes (Pre-learning Inc., Redmond, Washington) even offers a diploma when the developing fetus is born.

It should go without saying that not all self-help programs are developed by psychologists, and some financial estimates reported by news media may be exaggerated. However, a local visit to any bookstore will reveal the abundance of self-help materials available for purchase. Furthermore, Rosen (1976a, 1987) documented the increased involvement of prominent academically based psychologists in the development of self-help programs beginning in the 1970s. There can be little doubt that self-help is big business and psychologists are significantly involved.

Do Self-Help Therapies Really Help?

The explosive growth of self-help programs might seem amusing if it were not for serious issues that are raised for the public and our profession. Barrera, Rosen, and Glasgow (1981) suggested that the benefits of self-help materials may be great, but a number of risks exist as well. For example, it remains unclear whether do-it-yourself programs allow for accurate self-diagnosis. Self-help treatments typically lack provisions for monitoring compliance with instructions or providing for follow-up. Consequently, do-it-yourself therapies can be self-administered inappropriately; instructions can be misapplied; and, in the event of treatment failure, there may be risks of negative self-attributions, of anger toward self or others, and of reduced belief in the efficacy of today's therapeutic techniques (Barrera et al., 1981). Given these risks, it is important to assess the clinical efficacy of self-help materials.

There is no question that some self-help programs are helpful. Glasgow and Rosen (1978, 1982) reviewed 117 studies or case reports evaluating behavior self-change programs and found support for the efficacy of some programs. A recent meta-analytic review has found that tested self-help programs are about as helpful as other therapeutic conditions (Scogin,

Bynum, Stephens, & Calhoun, 1990). At the same time, some tested programs have not been effective (Glasgow & Rosen, 1978, 1982). In addition, and perhaps most important, the majority of do-it-yourself treatments have never been assessed. In fact, there appears to be an increasing trend to not test these programs. In the two reviews conducted by Glasgow and Rosen (1978, 1982), which focused on programs developed by academically based psychologists with a behavioral orientation, the overall ratio of studies to books decreased in a 2-year period from .86 to .59.

Psychologists should be credited for conducting research that has helped to define the uses and limits of self-help therapies. Unfortunately, some psychologists have not heeded the results of their own studies or studies conducted by colleagues. Take, for example, a study that demonstrates quite clearly that techniques applied successfully by a therapist are not always self-administered successfully (Matson & Ollendick, 1977). The study evaluated a book entitled *Toilet Training in Less Than a Day* (Azrin & Foxx, 1974) and found that four of five mothers in a therapist-administered condition successfully toilet trained their children, whereas only one of five mothers who used the book in a self-administered condition was successful. This study also observed that unsuccessful self-administered interventions were associated with an increase in children's problem behaviors and negative emotional side effects between mothers and children. In other words, highly successful interventions based in a clinic or supervised by a therapist do not necessarily translate into helpful do-it-yourself programs. Despite these findings, the book's publisher independently contracted with a toy manufacturer of musical toilet seats to produce a combination program entitled *Less Than a Day Toilet Trainer*. In addition, one of the authors proceeded to publish a new and untested book, *Habit Control in a Day* (Azrin & Nunn, 1977).

The importance of this finding is not diminished by a treatment's effectiveness in a clinic setting, nor by the real possibility that some people are helped by a low-cost book. Imagine, for example, that 100,000 copies of *Toilet Training in Less Than a Day* were sold. If Matson and Ollendick's (1977) findings are generalized to this situation, it would mean that 20,000 children may have been helped, an impressive number at extremely low cost. If only 5% of those who benefited were to take the time to write a letter and thank the authors, this would result in 1,000 letters attesting to the benefits of the self-administered treatment. With a program effective in clinic settings and 1,000 testimonial letters, a psychologist could feel proud of his or her contribution to the public well-being. Unfortunately, this says nothing about the 80,000 parents who might be frustrated, if not angry, because their children did not comply with a program touted to work with any cooperating youngster.

The importance of Matson and Ollendick's (1977) finding also is not diminished by research that demonstrates that a particular book is helpful or that self-help therapies are effective in general (Scogin et al., 1990). It is still the case that the value of a particular program can be known only by studying that particular program. This point has been demonstrated most dramatically by two studies on self-administered desensitization. In the first of these studies, Rosen, Glasgow, and Barrera (1976) found that highly fearful snake phobia subjects who used a totally self-administered written program were able

to significantly reduce their anxiety reactions, but 50% of subjects failed to comply with the program. On the basis of these findings, an attempt was made to increase compliance by adding a pleasant events self-reward contracting supplement (Barrera & Rosen, 1977). Phobic subjects were randomly assigned to the original self-administered program (Draft 1) or to the revised program with self-reward contracting (Draft 2). As in the first study, 50% of subjects completed Draft 1 and substantially reduced their fears. However, in the revised program, in which self-contracting had been added, compliance went from 50% to 0%. In other words, no one completed the new and "improved" second draft. The importance of this unanticipated finding cannot be overemphasized for it clearly demonstrates the following significant point:

Well-intentioned changes in instructional materials can have a significant and negative impact on treatment outcome. Accordingly, the therapeutic value of a self-help book can only be determined by testing the specific instructions to be published under the conditions in which they are to be given. (Rosen, 1987, p. 47)

Better Programs or More Effective Marketing?

The position advanced here is that some psychologists have rushed to market with untested programs in the face of research that calls for greater caution. Take, for example, the previously discussed research suggesting major compliance issues in the development of an effective fear-reduction program. Despite these findings, the author of Drafts 1 and 2 revised his program yet another time and published Draft 3 under the title *Don't Be Afraid* (Rosen, 1976b). The actual utility of this program is unknown because the first draft had helped 50% of snake phobia subjects in two studies, the second draft had helped 0% of snake phobics in a single study, and the third draft was totally untested.

To fully appreciate these findings within a historical perspective, it should be noted that an earlier text entitled *Don't Be Afraid* was published by Edward Cowles in 1941. This older *Don't Be Afraid* does not share identical or even similar content with the *Don't Be Afraid* of 1976, and "modern" desensitization may be more effective than "older" methods based on nerve fatigue theories. However, without appropriate research, psychologists and consumers do not know if any advance in the self-treatment of phobic disorders has occurred in the past half century. The 1941 *Don't Be Afraid* may be as effective, less effective, or more effective than any of the well-intentioned drafts developed by Rosen in the 1970s.

In addition to rushing untested programs to market, some psychologists have allowed their programs to be accompanied by exaggerated claims. Take, for example, the 1976 *Don't Be Afraid*, which stated on its book jacket: "In as little as six to eight weeks, without the expense of professional counseling, and in the privacy of your own home, you can learn to master those situations that now make you nervous or afraid" (Rosen, 1976b). Notice that research findings are not mentioned that suggest that, at best, 50% of people succeed at self-administered treatment, and the true value of the published program is totally unknown.¹

The claims made by publishers for the efficacy of do-it-yourself treatments can be even more extreme. Consider, for exam-

ple, a self-help text by the noted psychologist Arnold Lazarus. His book, *In the Mind's Eye* (1977), presents a variety of cognitive behavioral strategies. The publisher of this totally untested book tells the reader that the instructions will "enhance your creative powers, stop smoking, drinking or overeating, overcome sadness and despondence, build self-confidence and skill, overcome fears and anxiety."² Only 3 years later, Jerome Singer, Director of the Clinical program at Yale University, published *Mind Play: The Creative Uses of Fantasy* (Singer & Switzer, 1980), another book presenting cognitive behavioral techniques. This time, according to the book jacket, a reader can learn to "relax, overcome fears and bad habits, cope with pain, improve your decision-making and planning, perfect your skill at sports and enhance your sex life." More recently, a book of similar genre has been published entitled *Mind Power* (Zilbergeld & Lazarus, 1987). Because this book illustrates a number of important issues, it is considered in some detail.

Mind Power, like its predecessors *In the Mind's Eye* and *Mind Play*, is marketed with a number of bold claims. On the inside jacket of the original hardcover edition, the consumer is told, "In this remarkable book, two internationally acclaimed clinical psychologists have combined their professional expertise to provide clear strategies and nuts and bolts techniques that can give you new power over your life." It further states that "*Mind Power* is the first book to show you how easy it can be to use these techniques to set goals, reduce stress, and increase performance, creativity, and productivity—in other words, to help you shape your life into what you wish it to be." These claims are backed up with testimonials. Consider the report by psychologist Lonnie Barbach, herself an author of self-help books: "I've used many of the techniques in *Mind Power* and can guarantee they work." The paperback version makes claims of equal magnitude: "In this remarkable book, you will learn, step by freeing step, how to unlock your mind's vast potential, turning your negative thoughts into positive action, your limitations into strengths, your gloom into brightly lit horizons, and your hopes and dreams into reality." Both Zilbergeld and Lazarus (1987) are reported to have acknowledged that there was no systematic testing of the book itself (Rosen, 1988). Accordingly, there is no real basis for the stated claims, and it remains unknown what percentage of well-intentioned and motivated consumers can use *Mind Power* effectively on their own.

¹ One reviewer of this article argued that psychologists do not control the advertising copy or they have not known to try to do so. Ellis (1977) reported that he demanded many years ago to have such previewing rights, and the Task Force Report on Self-Help Therapies of 1978 urged the APA to assist psychologists with sample contracts. This point is returned to later in this article. For purposes of the present discussion, suffice it to say that some psychologists have gained this control, and all psychologists could have known about the issue if APA's Board of Professional Affairs had responded to its task force's recommendation in 1978.

² Lazarus clarified that these claims were made by the publisher without his knowledge and that, subsequent to this experience, he insisted that "all advertising and promotional materials must receive my approval prior to publication" (Lazarus, 1988, p. 600). This appears similar to the position advanced by Ellis (1977) as discussed in Footnote 1.

Furthermore, the claim that *Mind Power* is the first of its type is not justified. The techniques it presents have been used many times before. They involve the application of relaxation techniques, during which time the reader is encouraged to imagine the successful achievement of goals while making positive auto-suggestions. In its earlier forms, this framework was presented in Wood's *Ideal Suggestion Through Mental Photography*, first published in 1893. Other similar books include Sadler's *Worry and Nervousness or the Science of Self Mastery* published in 1914 and Crane's *Right and Wrong Thinking and Their Results* published in 1905. There has even been an earlier *Mind Power* by Albert Olston with a copyright of 1903. In addition, there existed in the 1940s or 1950s a Mind Power Company that marketed a series of records with relaxing music and positive imagery statements. So the claim that *Mind Power* is the first of its kind is unfounded as regards both content and name. Like the *Don't Be Afraid's* of 1976 and 1941, it is unknown if the 1987 *Mind Power* is any more effective than the 1903 *Mind Power*.

What does distinguish the recent *Mind Power* from earlier books of a similar name and genre is the linking of its text with a set of audiocassettes that can be purchased separately. At this point, it is helpful to clarify how the *Mind Power* program is carried out. The reader of the book learns relaxation techniques and then is instructed to make his or her own audiotapes. These audiotapes contain suggestions to successfully complete imaged goals. Sample scripts are provided that the reader can record directly or modify for personal needs. For example, here is a sample script for a person who wants to lose weight: "Can you imagine the new, thin you lying on the beach in an absolutely smashing bikini, bright red and very skimpy? You deserve it, so imagine it as vividly as you can . . . Can you imagine being in bed with Nick, very proud of your body, showing it off at every opportunity, with no more fear . . . Imagine the new, svelte you, imagine him appreciating and approving" (pp. 139-140).

If a reader is dissatisfied with the homemade audiotapes, he or she can purchase professionally made audiotapes through the Mind Power Project. These audiotapes are actively promoted throughout the book. On page 56 of the text, the reader is told, "If you find that you have trouble understanding the methods or putting them into practice, or that you're not achieving the desired results, you may want to consider ordering the prerecorded audiotapes that we have prepared." On pages 85 and 86, the reader is told "[You can] order the pre-recorded exercise tape we've prepared (follow the instructions on the last page of this book). This tape offers a number of enhancements over homemade products by incorporating the latest in psychological and audiot technologies. It is designed to be used in your own mental training program and will guide you through the important exercises." On page 87, the reader is told, "Some people have trouble with their own tapes because they are self-conscious about their voices. 'My God, do I sound like that?' is a fairly common reaction. Yes, you do sound like that, and it's fine. This self-consciousness typically disappears after a few minutes of listening. If it doesn't, or if you can't even think about listening to a recording of your own voice, you may want to order the tapes we've prepared." On page 89, the reader is told, "When making recordings, don't expect the impossible. It's true that the ideal would be a recording with no slurred

words, no wrong words, and no distracting noises such as coughs and those that result from turning the machine off and on. If you listen to the tapes we offer for sale, you'll find they come close to this ideal." On a page in the back of the book providing instructions for ordering materials, the authors tell the reader that Tape No. 1 is "a 90-minute cassette of the exercises in *Mind Power* that makes full use of the audio medium, including music, multiple voices, and multi-track recording. The enhancements bring a greater efficacy to the exercises than is possible with simpler reproduction techniques."

I contacted Zilbergeld and Lazarus to ascertain whether the claims of greater efficacy for the *Mind Power* tapes had been substantiated (Rosen, 1988). Lazarus indicated that he had nothing to do with the tapes, and Zilbergeld confirmed there had been no systematic evaluation to support the stated claims. Accordingly, *Mind Power* appears to be an untested self-help book linked to a set of equally untested cassettes. As such, it represents a new level of product development: Cassette tapes, videotapes, computer programs, and self-help books can now be linked to each other in a total product line. Unfortunately, we do not know whether this development makes for a better and more effective treatment program or whether it simply represents an advance in the packaging and marketing of consumer self-help products.

Has APA Been Involved?

Psychology as a profession is diminished when some of its leading academic figures promote untested self-help programs accompanied with exaggerated claims.³ A reviewer (personal communication, 1991) of the original draft of this article stated, "With the exception of those . . . engaged in training psychologists in diploma mills . . . there is no larger group of our membership engaged in questionable activities than those generating media 'help' of all kinds for the lay public." Hans Strupp (personal communication, October 14, 1988) responded to a review of *Mind Power* in *Contemporary Psychology* (Rosen, 1988) and said: "Products of this kind impress me as a disgrace to our field and the height of irresponsibility. It often troubles me that our field does not command greater respect from the public. The subject book may be evidence that we get what we deserve unless we do a better job of putting our house in order." Allen Bergin (personal communication, September 22, 1987), in response to an article on self-help books and the commercialization of psychotherapy (Rosen, 1987) commented: "I suppose you've had some negative responses from some of the commercializers, but you have every reason to stick firmly with your position. The materialism of the current scene seems to be sweeping our moral sensitivities aside."

There are substantial grounds for suggesting that some elected representatives who have voluntarily served in the governance system of the APA have done little to improve the situation. For example, members of the APA's Board of Professional Affairs have failed to endorse a single recommendation made

³ This portion of the article cites several correspondences that are not in the public domain. In each case, the veracity of these correspondences has been confirmed by the editor of this journal. Copies of the correspondences can be obtained by writing Gerald M. Rosen.

by task forces reporting to them in 1978 and again in 1990. Perhaps more significantly, the membership of APA has itself been identified with the development, marketing, and promotion of untested self-help materials. This came about through APA's 1983 purchase of *Psychology Today* and the companion *Psychology Today Tape Series*.⁴ By 1985, psychologists on the staff of *Psychology Today* were contracting for new audiotapes to be added to the series. The criteria used to determine which audiotapes should be used were the prominence or credibility of the author and the face validity of the instructions. No attempt was made actually to test the ability of consumers to use the audiotapes.

In the context of this history, the reader of this article can now consider what was offered to the public. First, consumers who purchased the audiotapes received a brochure with the name of the APA right on the front cover. On the back of the brochure, it stated "Backed by the expert resources of the 87,000 members of the American Psychological Association, The Psychology Today Tape Program provides a vital link between psychology and you."

Then there are the untested audiotapes themselves. These covered a variety of issues. There was a tape entitled *Personal Impact* in which "clinical psychologist Cooper helps listeners become aware of and enhance their self-presentation to improve the impact they make on others." Under the section "Becoming More Self-Reliant," the potential consumer was told "You [can] become a more attractive, appealing person." Under the section "Expanding Awareness," the consumer was told that "Daniel Goldman leads you to a deep relaxation procedure that you can learn and do on your own." Under "Mental Imagery," developed by Lazarus, the consumer was told: "Harness the powers of your mind! A noted psychologist explains how to use mental imagery to increase self-confidence, develop more energy and stamina, improve performance and proficiency, cope more effectively, overcome fears, and lose weight."

By 1986 there was a special section within the advertisements entitled "New Releases." In *A Guide to Self-Understanding*, the consumer was told the cassette will "help you make better decisions, improve interpersonal communication, and aid in problem solving at home and at work." A tape by Pelletier provided imaging exercises that would "stimulate creative, original thinking." Psychologist Moyne shows you "how to get your way the nice way." In yet another cassette, "a clinical psychologist teaches listeners to identify and to reverse self-defeating body images." Still other audiotapes were added by 1987. Pomerleau "outlines step-by-step instructions for quitting smoking." Berglas in the *Success Syndrome* "gives guidelines on how to enjoy the rewards of success." Miller, in *A Slimmer You*, "explains how his methods condition your body to burn more calories so that as you reach your desired weight you can resume eating satisfying meals without regaining unwanted pounds."

By 1988, the APA Board of Directors had disengaged from *Psychology Today* and sold the magazine to another publisher. This means that for at least 3 years our professional organization actively sought, produced, and promoted untested self-help materials accompanied by unsubstantiated claims that were purported to be backed (without membership approval) by the then 87,000 members.

Jonas Robitscher, in a text entitled *The Powers of Psychiatry*,

wrote a passage that applies to the present discussion. Whenever the terms *psychiatry* or *psychiatrist* appear, the reader should substitute or add the appropriate term for our profession.

Every commercial exploitation of psychiatry, large or small, detracts from an integrity that psychiatry needs if it is to have meaning. . . . When it becomes commercial, psychiatry dwindles down to a treatment of symptoms and exploitation of techniques, a pretense of interpersonality that achieves only impersonality, a pretense of helping another that helps only the self. Many psychiatrists do not approve the commercialism of psychiatry. They follow a code that prohibits fraud and personal publicity and the other concomitants of the new materialistic psychiatry. But almost no psychiatrists speak out against it. They turn their eyes away to avoid the sight of the money tree being shaken, and if they become aware of it, they hold their tongues. In the absence of a protest from the psychiatrists who do not exploit psychiatry, those who do, flourish. (p. 456)

It can be said that the APA has not only turned its eyes away from the money tree but, for a period of time, was itself trying to harvest the tree's fruits. By developing and marketing untested self-help tapes, the APA failed to provide a model or higher standard for its members, some of whom were publishing their own untested programs.

The failure of the APA to set a standard also occurs in subtle ways. Consider, for example, the organization's annual conventions, at which untested self-help programs accompanied with exaggerated claims are hawked at numerous booths. At the 1991 conference, I was able to find dozens of untested self-help books and audiocassettes with exaggerated claims, self-treatment biofeedback programs with incredible claims, and expensive "alpha chambers" whose very name refers to a refuted notion (Beyerstein, 1985, 1990).

Can Psychologists Meet The Challenge?

This article has attempted to demonstrate that self-help programs are experiencing explosive growth; that psychologists are to be credited with a substantial body of research dating back to the 1970s; that this research demonstrates the potential and real effectiveness of self-help programs as well as their limits; that some psychologists have failed to heed the results of their own studies by rushing to market with exaggerated product claims; and that the APA has itself set a poor example for the profession and failed to advance clear standards. It is critically important to emphasize that these points are not a criticism of self-help. Rather, the points serve as an observation of psychology's failure to advance self-care.

Professional psychologists who recommend the use of self-help programs are not discouraged from doing so. As indicated earlier here, psychologists are to be credited with conducting more than 100 studies that clearly show the benefits of some self-help programs. The use of these programs to benefit patients and the general public is clearly indicated. At the same

⁴ The history of APA's involvement with *Psychology Today* was provided by VandenBos through telephone conversations and correspondences. His assistance is greatly appreciated but in no way connotes that VandenBos was himself involved or associated with APA's ownership and direction of *Psychology Today*.

time, professional psychologists should make an effort to counter extravagant claims and the exaggerated outcome expectancies that may result. In this way, professional psychologists can advance the responsible use of self-help while waiting for their colleagues to develop and market these programs responsibly.

As regards the responsible development and marketing of do-it-yourself treatments, it is not the purpose of this article to detail corrective actions or to recommend future research directions. The first of these goals was accomplished in an article by Rosen (1987) and in a report to APA's Board of Professional Affairs submitted by the 1978 Task Force on Self-Help Therapies.⁵ The second of these goals has been met in earlier published reviews (Glasgow & Rosen, 1978, 1982).

The purpose of the present article is to put psychologists on notice, to make them aware, and, if successful in its intent, to make them concerned. Concern is warranted because *Mind Power*, *Don't Be Afraid*, and other programs written by psychologists illustrate the failure of our profession to contribute meaningfully to self-care. The challenge facing our profession, the challenge given to us by Miller in 1969, is not to sell psychology but to use our research and clinical skills to advance our understanding and the effectiveness of self-care interventions. Only by meeting this challenge will the next *Mind Power*, published perhaps in the year 2010, be more effective than the *Mind Powers* of 1987 and 1903. Only then, will the next *Don't Be Afraid* be more effective than the *Don't Be Afraids* of 1976 and 1941. Only then will psychology fulfill its ability to advance self-care.

⁵ Copies of the task force report should be on file with the Board of Professional Affairs of the APA.

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