

Bibliotherapy and Narrative Medicine as Complementary Interventions for Emotional Healing and Patient-Centred Care: A Systematic Literature Review

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ABSTRACT

Background: Pharmacological treatment remains central to modern healthcare, but clinical recovery is often shaped by factors that lie beyond the drug molecule itself: fear, trust, communication, emotional distress, health literacy, and the patient's ability to make sense of illness. Bibliotherapy, understood as the structured use of reading for psychological support, and narrative medicine, understood as attentive engagement with patient stories, have been studied as low-cost complementary approaches that may strengthen emotional well-being and patient-centred care. **Objective:** To review evidence from 2014 to 2024 on bibliotherapy and narrative medicine as complementary, non-pharmacological interventions for emotional healing, therapeutic communication, patient-centred care, and treatment adherence. **Methods:** PubMed, Scopus, and Google Scholar were searched using PRISMA 2020 guidance and a PICOS framework. After de-duplication, title and abstract screening, and full-text appraisal, 29 studies were included in a qualitative narrative synthesis. Data were extracted on study design, population, intervention type, comparator, outcomes, and relevance to pharmacological care. **Results:** The synthesis suggests that bibliotherapy and related writing-based interventions can reduce symptoms of depression and anxiety, improve coping, and support emotional regulation, particularly when integrated with cognitive-behavioural or standard-care frameworks. Narrative medicine and reflective writing were associated with improved empathy, reflective capacity, communication quality, and patient trust. Evidence directly measuring medication adherence remains limited, but an indirect pathway is visible through improved mood, therapeutic alliance, and understanding of treatment. **Conclusion:** Bibliotherapy and narrative medicine should not be presented as substitutes for drug therapy. Their value lies in complementing pharmacological care by addressing emotional and communicative barriers that influence how patients understand, accept, and sustain treatment. Further controlled studies are needed in pharmacy and chronic-disease settings using objective adherence and patient-reported outcome measures.

Keywords: Bibliotherapy; narrative medicine; non-pharmacological intervention; patient-centred care; medication adherence; emotional well-being; therapeutic communication; medical humanities; systematic review.

1. INTRODUCTION

Modern healthcare has made remarkable progress in pharmacology, formulation science, drug delivery, and disease management. Yet therapeutic success is not determined only by a medicine's bioavailability, dose, or mechanism of action. Patients take medicines within ordinary human situations marked by anxiety, family pressure, stigma, uncertainty, financial strain, and different levels of trust in healthcare providers. The biopsychosocial model remains useful here because it reminds us that illness and recovery are shaped by biological, psychological, and social forces together.¹

Complementary non-pharmacological interventions therefore deserve careful attention when they support, rather than replace, evidence-based medical treatment. Mind-body and psychosocial approaches have been discussed for their potential to improve coping, communication, and quality of life in patients who continue to receive standard clinical care.²

Bibliotherapy is generally understood as the structured use of written material, including self-help manuals, guided reading, fiction, poetry, or workbooks, to support emotional or psychological well-being. In mental-health settings, guided self-help and reading-based interventions have been studied mainly for mild-to-moderate depression and anxiety.³

Narrative medicine is related but not identical. Charon describes it as a clinical practice strengthened by the capacity to recognise, absorb, interpret, and be moved by the stories of illness. In practical terms, narrative medicine trains doctors, nurses, pharmacists, and other healthcare workers to listen more attentively and to understand the patient as a person rather than only as a case or prescription.⁴

This matters to pharmacy and drug-delivery research because patient behaviour is a major determinant of therapeutic outcome. The World Health Organization reported that adherence to long-term therapies in chronic illness is often poor, and communication between clinician and patient is repeatedly associated with adherence and satisfaction.⁵ Stronger therapeutic communication, reduced distress, and improved understanding of treatment may therefore support the real-world effectiveness of pharmacological care.⁶

The existing evidence is scattered across psychology, psychiatry, nursing, oncology, palliative care, medical education, and the medical humanities. Some reviews focus on bibliotherapy for depression, while others focus on narrative medicine in medical education. Fewer studies bring these areas together and frame them explicitly for a pharmaceutical or patient-care readership.⁸ This review responds to that gap by synthesising literature on bibliotherapy, narrative medicine, expressive writing, and illness-narrative interventions in relation to emotional healing, communication, patient-centred care, and treatment adherence.⁹

1.1 Research Gap

Although bibliotherapy and narrative medicine have each been examined in previous research, their shared relevance to pharmacological care remains underdeveloped. In particular, there is limited integrative work that considers reading, writing, and narrative-based practices as complementary interventions that may improve emotional well-being, therapeutic communication, and adherence-related conditions in healthcare. A review written for a pharmacy and drug-delivery audience can therefore help reposition these interventions as practical supports to treatment, not as humanities topics detached from clinical outcomes.

1.2 Research Question

What is the available evidence on the effectiveness of bibliotherapy and narrative medicine as complementary non-pharmacological interventions for improving emotional healing, mental health, patient-centred care, therapeutic communication, and medication adherence?

1.3 Objectives

- To review peer-reviewed evidence on bibliotherapy, narrative medicine, expressive writing, and illness-narrative interventions as complementary approaches to care.
- To examine their reported effects on emotional well-being, depression, anxiety, coping, empathy, communication, patient-centred care, and quality of life.
- To identify how narrative-based interventions may support pharmacological treatment through improved trust, health literacy, communication, and adherence-related behaviours.
- To highlight future research directions for integrating narrative-based methods into pharmacy education, clinical training, and chronic-disease management.

2. MATERIALS AND METHODS

This systematic literature review was prepared in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement.¹⁰ Eligibility criteria were planned using the PICOS framework before screening. Because the included studies differed in design, population, and outcome measures, the findings were synthesised narratively rather than pooled statistically.

Foundational and background references published before 2014 were used for conceptual framing and contextual support, but were not counted among the studies included in the systematic synthesis.

2.1 PICOS Framework

The review question and eligibility criteria were organised using the PICOS framework shown in Table 1.

PICOS element	Criteria
Population (P)	Patients of any age with mental-health, chronic somatic, oncological, or palliative conditions; healthcare professionals and trainees receiving narrative-based training; and community samples receiving guided reading or writing interventions.
Intervention (I)	Bibliotherapy, guided reading, creative bibliotherapy, narrative medicine training, expressive writing, illness-narrative interventions, or reflective writing programmes used as complementary, non-pharmacological interventions.
Comparator (C)	Standard care, pharmacotherapy, waitlist controls, attention controls, no-intervention groups, or pre-post comparison. A comparator was not mandatory for qualitative, mixed-methods, or single-arm studies.
Outcomes (O)	Emotional well-being, depression and anxiety scores, coping, empathy, therapeutic communication, patient satisfaction, medication adherence, quality of life, health literacy, and clinician reflective capacity.
Study design (S)	Randomised controlled trials, quasi-experimental studies, qualitative studies, mixed-methods studies, programme evaluations, systematic reviews, meta-analyses, and scoping reviews published in peer-

PICOS element	Criteria
	reviewed journals.

2.2 Information Sources and Search Strategy

PubMed and Scopus were searched using combinations of bibliotherapy, narrative medicine, expressive writing, illness narrative, mental health, emotional well-being, empathy, therapeutic communication, and adherence. Google Scholar was used as an additional source because relevant work in this field is often indexed across education, psychology, medical humanities, and public-health outlets. For Google Scholar, the first 20 relevance-ranked records were manually screened because the search returned a very large number of non-specific results. Searches were limited to English-language peer-reviewed publications from January 2014 to December 2024. Foundational works published before 2014 were used only for conceptual framing and were not counted as included studies in the systematic synthesis.

Source	Search approach	Filters / screening rule
PubMed	("bibliotherapy" OR "reading intervention") AND ("mental health" OR depression OR anxiety OR "emotional well-being" OR "emotional wellbeing")	English; humans; 2014-2024
PubMed	("narrative medicine" OR "illness narrative" OR "reflective writing") AND ("patient-centred care" OR "patient-centered care" OR empathy OR "therapeutic communication")	English; humans; 2014-2024
Scopus	Article title, abstract, and keywords search using bibliotherapy, narrative medicine, expressive writing, illness narrative, patient care, mental health, adherence, empathy, and therapeutic communication.	2014-2024; articles and reviews; English
Google Scholar	Manual screening of relevance-ranked results for "bibliotherapy" "mental health" "systematic review" and related combinations.	First 20 relevance-ranked records screened manually

2.3 Inclusion and Exclusion Criteria

Studies were included if they were peer-reviewed, written in English, published between 2014 and 2024, and addressed bibliotherapy, narrative medicine, expressive writing, illness narratives, or reflective practice in relation to emotional healing, mental health, empathy, therapeutic communication, patient-centred care, medication adherence, coping, or quality of life. Studies were excluded if they were purely literary criticism without health relevance, non-peer-reviewed opinion pieces, editorials without evidence, duplicate records, non-English publications, or studies focused only on pharmacological mechanisms without behavioural, emotional, communicative, or patient-care outcomes.

2.4 Study Selection and PRISMA Flow

Search results were imported into Rayyan for screening and duplicate management. Two PubMed search files and one Scopus search file were uploaded, while Google Scholar records were screened manually. The first stage

of screening was based on title and abstract. Full texts were then assessed for closer relevance to the review question. Disagreements were resolved through discussion between the authors.

Records were identified from PubMed (n = 20), Scopus (n = 10), and Google Scholar manual screening (first 20 relevance-ranked records). A total of 50 records were considered for screening. After the removal of one duplicate, 49 records were screened by title and abstract. Of these, 12 records were excluded because they were outside the scope of the review, focused on purely literary or non-clinical contexts, or did not address emotional well-being, patient-centred care, therapeutic communication, or adherence-related outcomes. Thirty-seven records were considered eligible for full-text assessment. After full-text review, eight records were excluded because of insufficient methodological detail, lack of peer-reviewed evidence, or limited relevance to bibliotherapy, narrative medicine, expressive writing, or patient-care outcomes. The final qualitative synthesis included 29 studies.

2.5 Data Extraction and Synthesis

A standardised extraction form captured author and year, country or setting, study design, population, intervention type, comparator, primary outcomes, and findings relevant to this review. Because of heterogeneity in methods and outcomes, the synthesis was organised around four outcome clusters: emotional well-being and mental health; empathy and therapeutic communication; coping in chronic and serious illness; and implications for medication adherence and patient-centred care.

2.6 Quality Appraisal

Study quality was considered using design-appropriate criteria. Randomised and quasi-experimental studies were read for clarity of intervention, comparator, sample, and outcome measurement. Systematic reviews and meta-analyses were assessed for search transparency, eligibility criteria, and synthesis method. Qualitative and mixed-methods studies were assessed for relevance, participant description, analytical clarity, and the link between evidence and interpretation. Lower-quality studies were not automatically discarded, but their findings were treated cautiously in the narrative synthesis.

3. RESULTS

3.1 Characteristics of Included Studies

A total of 29 studies were included in the qualitative synthesis. These included systematic reviews, meta-analyses, randomised controlled trials, mixed-methods studies, qualitative studies, and programme evaluations. The studies addressed bibliotherapy, creative bibliotherapy, guided reading, expressive writing, reflective writing, narrative medicine training, and illness-narrative practices. Populations included patients with depression or anxiety, caregivers, oncology and palliative-care patients, older adults, children and adolescents, and healthcare professionals or trainees. Representative studies are summarised in Table 3.

Author (Year)	Country / Setting	Design	Population / Intervention	Key finding for this review
Yuan et al. (2018)	China / international evidence	Meta-analysis	Children and adolescents; bibliotherapy for depression and anxiety	Bibliotherapy showed favourable effects for depression and anxiety in randomised clinical

Author (Year)	Country / Setting	Design	Population / Intervention	Key finding for this review
				trial evidence.
Gualano et al. (2017)	Italy / international evidence	Systematic review	Adults; bibliotherapy for depression treatment	Bibliotherapy was reported as a useful stepped-care option for mild-to-moderate depression.
Fioretti et al. (2016)	Italy / international evidence	Systematic review	Patients with chronic illness; narrative medicine	Narrative medicine supported illness understanding, communication, and coping.
Remein et al. (2020)	USA / medical education	Systematic review	Healthcare professionals and trainees; narrative medicine programmes	Narrative medicine was associated with empathy, reflective practice, and reduced burnout indicators.
Kelley et al. (2014)	International evidence	Systematic review and meta-analysis	Patient-clinician relationship interventions	The patient-clinician relationship influenced healthcare outcomes, supporting the communication pathway proposed in this review.
Pennebaker and Smyth (2016)	USA / international evidence	Review of writing-based interventions	Adults with stress or trauma; expressive writing	Expressive writing showed benefits across psychological and some physical-health outcomes.
Frattaroli (2006)	USA / international evidence	Meta-analysis	Experimental disclosure and writing interventions	Writing-based disclosure produced overall psychological, physiological, and functional benefits.
Songprakun and McCann (2012)	Thailand	Randomised controlled trial	Adults with depression; self-help manual plus usual care	Self-help bibliotherapy added to usual psychiatric care improved depression and resilience outcomes.
Milligan et al. (2016)	United Kingdom	Qualitative study	Older adults; shared reading groups	Shared reading was associated with reduced loneliness, improved mood,

Author (Year)	Country / Setting	Design	Population / Intervention	Key finding for this review
				and social engagement.
Cenci (2016)	Italy	Narrative medicine / clinical perspective	Elderly patients; personalised treatment	Narrative approaches were linked to personalisation of care and improved understanding of patient needs.
Levine et al. (2008)	USA	Qualitative educational study	Internal medicine residents; prompted narrative writing	Reflective writing supported communication and humanistic clinical attitudes.
Hojat et al. (2011)	USA	Clinical outcomes study	Patients with diabetes; physician empathy	Physician empathy was associated with better clinical outcomes, supporting the relevance of narrative training to therapeutic care.

3.2 Bibliotherapy and Emotional Well-being

Bibliotherapy emerged as a practical intervention with the clearest evidence base in depression and anxiety. Reviews and meta-analyses suggest that guided reading or self-help material can produce meaningful improvements, especially where symptoms are mild to moderate or where access to face-to-face therapy is limited.¹¹ The effect is not presented here as a replacement for clinical assessment or medication. Rather, bibliotherapy appears most useful when it works within stepped-care models, supported self-help, or standard psychiatric care.¹⁶

The Thailand trial by Songprakun and McCann is important for the present review because it examined bibliotherapy alongside usual care, rather than in opposition to treatment. This strengthens the argument that reading-based support can be integrated with pharmacological and psychosocial care.²¹

Expressive writing and journaling appeared in several included studies as related practices. These interventions allow patients or participants to organise distress, name difficult experiences, and reflect on illness or trauma. The benefits were generally modest, but the low cost and scalability of writing-based approaches make them relevant to community and clinical settings.¹⁴¹⁸

3.3 Narrative Medicine, Empathy, and Therapeutic Communication

Narrative medicine studies were more often located in medical education and clinical communication than in direct patient treatment trials. Their strongest contribution lies in training healthcare workers to listen, reflect, and respond to patients more attentively.¹² Reviews of narrative medicine programmes suggest improvements in empathy, reflective capacity, and professional self-awareness.¹⁷

For a pharmaceutical audience, this is not a soft or peripheral issue. Medication adherence depends partly on whether patients understand the purpose of a treatment, trust the prescriber, feel able to discuss side effects, and believe that their concerns have been heard. Communication is therefore not separate from treatment; it helps create the conditions under which treatment is followed correctly.⁶²³

3.4 Coping in Chronic and Serious Illness

The included literature also suggests value in chronic illness, oncology, palliative care, and older adult settings. Narrative-based work helps patients and caregivers give structure to disrupted lives, especially when cure is uncertain or when treatment is long, burdensome, or emotionally exhausting.¹⁵

Shared reading groups and community-based bibliotherapy may reduce loneliness and improve mood, which is clinically relevant for older adults and chronic-disease populations. Social isolation and depression can weaken self-care and adherence behaviours, so interventions that improve mood and connection may indirectly support treatment persistence.¹³²⁴

3.5 Medication Adherence and Patient-Centred Care

Direct trials measuring bibliotherapy or narrative medicine with medication adherence as the primary endpoint remain scarce. This is one of the main limitations of the current evidence base. However, an indirect pathway is consistent across the literature: bibliotherapy and expressive writing may reduce emotional distress; narrative medicine may improve communication and trust; and improved mood, trust, and communication are known contributors to adherence and patient satisfaction.

The patient-clinician relationship has been associated with healthcare outcomes in systematic review evidence, and physician communication has been linked to adherence in meta-analytic work.²⁷ These findings support the argument that narrative-based methods may be useful adjuncts in pharmacy and drug-delivery contexts, especially where treatment success depends on sustained and correct use of medicines.⁶

Table 4 summarises the main mechanisms identified in the synthesis.

Domain	Active mechanism	Representative outcome	Relevance to pharmacological care
Emotional regulation	Guided reading, cognitive reframing, expressive writing	Reduced depression, anxiety, or distress	Lower emotional burden may improve acceptance of treatment.
Therapeutic alliance	Attentive listening, reflective practice, narrative consultation	Higher trust, empathy, and satisfaction	Trust supports prescription concordance and sustained engagement.
Health literacy and meaning	Narrative explanation of illness and treatment experience	Improved understanding of diagnosis and care plan	Patients who understand treatment are more likely to follow it correctly.
Social connection	Shared reading groups, group discussion, community bibliotherapy	Reduced loneliness and improved mood	May reduce isolation-related non-adherence in chronic illness.
Clinician resilience	Reflective writing and medical humanities training	Reduced burnout indicators and improved communication	Resilient clinicians may provide clearer and more patient-centred medication counselling.
Serious illness coping	Illness narratives and	Improved emotional	May support tolerance of

Domain	Active mechanism	Representative outcome	Relevance to pharmacological care
	expressive writing	processing in oncology and palliative settings	burdensome or long-term regimens.

4. DISCUSSION

This review brings together evidence on bibliotherapy and narrative medicine in order to ask a practical question: how can reading, writing, and narrative attention support patients who are already receiving, or are likely to receive, pharmacological care? The answer is not that narrative interventions cure disease. The more careful conclusion is that they address emotional and communicative barriers that often decide whether patients can understand, tolerate, and continue treatment.

The first major finding is that bibliotherapy has a reasonably consistent evidence base in depression and anxiety, particularly in guided self-help or stepped-care models.³ Its advantages are practical: it is inexpensive, adaptable, and easier to scale than specialist psychotherapy. At the same time, it requires appropriate selection of patients and should not be used as a substitute for urgent psychiatric care or pharmacotherapy where these are clinically indicated.

The second finding is that narrative medicine contributes mainly through communication. Training in close reading, reflective writing, and patient storytelling appears to improve empathy and reflective awareness among healthcare professionals.⁴¹⁷ In pharmacy practice, these skills can help clinicians discuss dosage schedules, side effects, fears about medication, misconceptions, and reasons for non-adherence more openly.

The third finding is that the strongest adherence argument remains indirect. Direct studies measuring narrative interventions against objective adherence indicators such as refill data, electronic monitoring, or serum drug levels are still limited. Nevertheless, the pathway is plausible because depression reduces adherence, communication improves adherence, and empathy is associated with improved clinical outcomes in some patient groups.²⁴⁶²⁵

For drug-delivery research, this has a clear implication. A technically effective formulation can fail in practice if a patient does not use it correctly, fears side effects, misunderstands the regimen, or stops treatment early. Controlled-release tablets, long-term oral therapies, injectable biologics, and complex chronic-disease regimens all depend on patient understanding and trust. Narrative-based interventions may therefore complement advances in formulation science by strengthening the behavioural conditions required for therapeutic success.

This review also shows the need for caution. The included studies varied widely in population, intervention format, outcome measures, and duration. Some studies measured patient outcomes directly, while others focused on clinician training. Many outcomes were self-reported, and relatively few studies were designed around objective medication-adherence endpoints. The cultural fit of bibliotherapy is another issue: reading material that is meaningful in one language or social context may not work in another. Future research must therefore avoid assuming that all narrative or reading interventions are universally transferable.

4.1 Implications for Pharmacy and Drug-Delivery Research

Pharmacy and drug-delivery research increasingly recognise that therapeutic outcomes depend not only on the design of the medicine but also on the patient's ability and willingness to use it. Bibliotherapy can be considered as a low-cost adjunct for selected patients experiencing mild emotional distress, particularly in chronic-disease

and mental-health contexts. Narrative medicine training can help pharmacists and clinicians elicit patient concerns, explain treatment more clearly, and build trust around medication use.

The relevance to IJDDT lies in this broader understanding of therapeutic delivery. Drug delivery is not only the movement of an active compound to a target site. In real-world care, it also involves the delivery of information, reassurance, trust, and patient-centred support. Narrative-based interventions may strengthen these human dimensions of treatment and thereby support the effectiveness of pharmacological care.

4.2 Future Research Directions

- Randomised trials testing usual care versus usual care plus structured bibliotherapy in chronic-disease populations, with objective adherence endpoints such as refill data or electronic monitoring.
- Cluster-randomised trials of narrative-medicine training for pharmacists, nurses, and primary-care teams, measuring both clinician communication and patient outcomes.
- Culturally adapted bibliotherapy protocols for Indian and other low- and middle-income settings, including multilingual reading material.
- Mixed-methods studies linking patient narratives with medication adherence, side-effect tolerance, treatment satisfaction, and quality of life.
- Implementation studies examining cost, feasibility, acceptability, and long-term maintenance of reading- or writing-based interventions in routine care.

5. CONCLUSION

Bibliotherapy and narrative medicine are best understood as complementary, non-pharmacological supports to healthcare. The evidence reviewed here suggests that they may improve emotional well-being, coping, empathy, therapeutic communication, and patient understanding of treatment. These outcomes matter because medicines are not taken in isolation; they are taken by people who may be anxious, uncertain, lonely, overwhelmed, or unsure about the treatment plan.

The review does not claim that reading or storytelling can replace pharmacotherapy. On the contrary, the value of bibliotherapy and narrative medicine lies in their ability to make pharmacological care more patient-centred and more sustainable. By improving communication, trust, and emotional readiness, they may help patients participate more fully in their own treatment. For pharmacy education, clinical training, and chronic-disease management, this offers a practical area for future research and implementation.

CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest in relation to this article.

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AUTHOR CONTRIBUTIONSHIP

Both authors contributed to the conception and design of the review. Jayalakshmi J. led protocol development, database searching, screening, and drafting of the introduction, methods, and results sections. Jyothi A. contributed to screening, data extraction, reference management, and drafting of the discussion and conclusion. Both authors revised the manuscript and approved the final version for submission.

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