



Reading and Mental Health

Edited by
Josie Billington

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Reading and Mental Health

“This volume constitutes a landmark in health humanities research. Many people assume there must be a positive correlation between literary reading and mental well-being but remarkably few studies have looked at the relationship systematically. This volume is a compendium of the most up-to-date and comprehensive evidence, bringing together a diverse range of researchers, practitioners and policy-makers, to shine a light on this fascinating and tricky area. Josie Billington and her fellow contributors have produced a collection that will be required reading for health humanists, practitioners, psychologists and literary readers.”

—Neil Vickers, *Professor, Centre for the Humanities and Health, King's College London*

“The power of literature to enhance well being and mental health has been increasingly recognized in recent years. This definitive study brings together the relevant practice and research, with contributions from GPs and neurologists as well as literary scholars, and with hard evidence of the benefits of bibliotherapy for those in prisons, hospitals and care homes. Rich both in historical insights and in pointers to how ‘shared reading’ can be developed to alleviate disadvantage and distress, it is a comprehensive and invaluable book.”

—Blake Morrison, *Poet, Author and Professor of Creative and Life Writing, Goldsmiths, University of London*

“This is an excellent and long overdue book. It brings together into one volume the full range of thinking - from psychology, medicine, psychoanalysis, literature and neuroscience - on why reading matters to human flourishing. As well as the most recent compelling evidence of the value of reading in clinic and care home, community and secure mental health settings, the book offers persuasive testimony from health professionals and service users who have first-hand knowledge of the transformative power of literary reading. Above all, this book brings shared literary reading powerfully to life. It is an essential read for those new to the shared reading phenomenon and to all who have been part of the journey. This book bears witness to how far we have come.”

—Jane Davis, *Founder and Director of The Reader*

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Josie Billington
Centre for Research into Reading,
Literature and Society
University of Liverpool
Liverpool, UK

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Notes on Contributors

Nick Benefield is a former Advisor to the Department of Health Personality Disorder and Offender Personality Disorder Programme and retired Head of the Department of Health/National Offender Management Service. He established in criminal justice settings the environmental model of living, management and care known as PIPES—Psychologically Informed Planned Environments.

Josie Billington is Reader in English and Deputy Director of the Centre for Research into Reading, Literature and Society at the University of Liverpool. She has published extensively on the power of literary reading to influence health, including *Is Literature Healthy?* (Oxford UP, 2016).

Gavin Brookes is a Senior Research Associate in the ESRC Centre for Corpus Approaches to Social Science within the Department of Linguistics and English Language at Lancaster University, with research interests in corpus linguistics and health communication.

Melissa Chapple holds an Economic and Social Research Council Ph.D. studentship in the Department of Psychology at the University of Liverpool and is working with autism organisations to study reading habits and impacts in respect of people living with autism. She was diagnosed with autism at the age of eighteen.

Charlotte Christiansen is a Ph.D. student in the Department of Anthropology in the School of Culture and Society at Aarhus University, Denmark.

Gillian Claridge is based in the School of Language and Culture, Institute of the Pacific United, New Zealand, and Lead Applied Linguist and Research Fellow on the Reading and Dementia Programme at the University of Otago, Wellington.

Katie Clark is a Reader Leader at The Reader, UK, and, since 2008, has pioneered the reading aloud of poetry in residential care groups for people living with dementia.

Helen Cook is a National Health Service-user living with chronic pain, who has been attending a reading group at her pain clinic for several years, and has recently completed a volunteer training course to become a group leader herself.

Rhiannon Corcoran is Professor of Psychology and Public Mental Health at the University of Liverpool, concerned with the psychological, social and environmental mechanisms that underpin mental distress and wellbeing, and leads the Community Wellbeing Evidence Programme of the UK's What Works Centre for Wellbeing.

Anne Line Dalsgård is Associate Professor, and Director of the Ph.D. programme in Anthropology, Global Studies, and the Study of Religion at Aarhus University, Denmark.

Charles Darby-Villis was a Reader in Residence at HMP Low Newton, Durham, and a project worker with The Reader for five years.

Philip Davis is Emeritus Professor and former Director, Centre for Research into Reading, Literature and Society at the University of Liverpool. He is author of *Reading and the Reader* (OUP, 2013) and has published on literature and brain-imaging. He is launching a series with Anthem Press on Bibliotherapy and Wellbeing.

Christophe de Bezenac is a researcher in cognitive neuroscience with a particular interest in the dynamics of social interaction in relation to mental health/illness. His Ph.D. research examined the neural correlates of ambiguity in self-other attribution—an interest stemming from his background in improvised music-making (he has performed widely as a saxophonist on the European jazz scene).

Tom Dening is the Head of the Centre for Dementia in the Institute of Mental Health at the University of Nottingham, and former Medical Director for Cambridgeshire and Peterborough NHS Partnership Trust. He is currently an Honorary Consultant in Old Age Psychiatry with Nottinghamshire Healthcare NHS Trust.

Christopher Dowrick is Professor of Primary Care at the University of Liverpool and General Practitioner at Aintree Group Practice, Liverpool, Merseyside, UK. He is author of *Beyond Depression* (Oxford: Oxford University Press, 2009 [2nd ed]) and Chair of the Working Party for the Mental Health World Organisation of Family Doctors (WONCA).

Clare Ellis is a Learning and Quality Leader at The Reader, Liverpool, UK. She completed her Ph.D. at the University of Liverpool where she was post-doctoral research assistant on studies of reading for depression and dementia.

Grace Farrington (Frame) is a Learning and Quality Leader at UK charity, The Reader. She completed her Ph.D. thesis in the Centre for Research into Reading, Literature and Society (CRILS) at the University of Liverpool and was a post-doctoral researcher on a range of CRILS' reading and mental health studies.

David Fearnley is Medical Director of Mersey Care NHS Mental Health Trust and Associate National Clinical Director for Secure Mental Health, England. In his capacity as forensic psychiatrist at Ashworth Hospital, he ran a reading group for several years on a secure psychiatric ward.

Ellie Gray is a Clinical Psychologist in a community-based adult mental health service in Cumbria, UK. She completed her doctoral studies in clinical psychology at the University of Liverpool.

Kelda Green recently completed a Ph.D. study at the University of Liverpool, entitled 'When literature comes to our aid: investigations into psychological understanding in the writing of Seneca and Montaigne, Wordsworth and George Eliot'.

Kevin Harvey is Associate Professor in Sociolinguistics in the School of English at the University of Nottingham with special research interests in interdisciplinary approaches to health communication.

Nusrat Husain is Professor of Psychiatry and Director of Research for Global Mental Health in the Division of Psychology and Mental Health at the University of Manchester. He is also Honorary Consultant Psychiatrist and Lead for Lancashire Care NHS Foundation Trust's Culture & International Mental Health Research Group.

Andrew Jones is a pain medicine consultant at Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK.

David Kidd is a postdoctoral fellow at the Harvard Graduate School of Education and assistant research director of Project Zero's Humanities and Liberal Arts Assessment (HULA) project. David received a Ph.D. in Social Psychology from the New School for Social Research in 2015.

Gundi Kiemle is the academic director of the Doctorate in Clinical Psychology training programme at the University of Liverpool. A clinical psychologist and psychotherapist, she has worked in UK NHS clinical services for over 30 years with research interests in mental health, trauma and post-traumatic growth.

Kremena Koleva (University of York) has research interests in non-literal language processing and meaning access, selection and retrieval in ambiguous situations.

Don Kuiken is Professor Emeritus in the Department of Psychology at the University of Alberta, specialising in the study of literary reading, dreams, and phenomenology. His current research examines shifts in the sense of self that occur through literary reading and impactful dreams.

Nicolai Ladegaard is a clinical psychologist at Aarhus University Hospital, Denmark, and senior researcher in the Department of Depression and Anxiety, School of Clinical Medicine at Aarhus University.

Sofia Lampropoulou is Senior Lecturer in English Language at the University of Liverpool with principal research interests lie in the areas of Interactional Sociolinguistics and (Critical) Discourse Analysis.

James Ledson is a pain medicine consultant at Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK.

Fiona Magee is a researcher at the Centre for Research into Reading, Literature and Society and a project worker for The Reader, delivering Shared Reading in prisons.

Eleanor McCann is a project worker at The Reader, Liverpool, UK, and was Reader in Residence at Mersey Care NHS Trust for a period of two years.

Kate McDonnell is Head of Reading Excellence at The Reader, UK from 2001–2018, and has run a Shared Reading group for people living with chronic pain at the weekly pain clinic of a city hospital for six years.

Susan McLaine co-ordinates State Library Victoria's Book Well program, a collaborative initiative of the State Library of Victoria, the Public Libraries Victoria Network and VicHealth, Australia. Currently, she is a Ph.D. candidate at RMIT University.

Alexis McNay co-ordinated the 'Read and Relax' programme at HMP Walton, Liverpool, UK, as a Project Worker for The Reader, UK.

Kathryn Naylor is an associate specialist in forensic psychiatry at Ashworth, one of the three high-security psychiatric hospitals in England, alongside Rampton and Broadmoor, with special interest in personality disorder, suicide and self-harm and holistic approaches to treatment and recovery. Dr. Naylor runs a Shared Reading group with her patients.

Keith Oatley is Professor Emeritus in the Department of Applied Psychology and Human Development at the University of Toronto. He is a cognitive psychologist whose research has included studies of mental health, emotions, and the reading and writing of fiction. His most recent book is *Our Minds, Our Selves: A Brief History of Psychology*.

Martin Orrell is Director of the Institute of Mental Health at the University of Nottingham and former Professor of Ageing and Mental Health at University College London. He is Chair of the Memory Services National Accreditation Panel and a member of the Prime Minister's Challenge on Dementia Research Group.

Adam Phillips is a practising psychoanalyst and visiting professor in English, University of York. He is the author of numerous works of psychoanalysis and literary criticism, including (*Side Effects* and *Unforbidden Pleasures*), General Editor of the *Penguin Modern Freud*, and Fellow of the Royal Society of Literature.

Sally Rimkeit is a Medical Specialist in Psychogeriatrics at the University of Otago & Capital and Coast District Health Board, Wellington, New Zealand and Senior Research Fellow and Lead Clinical Investigator of the Reading and Dementia Programme.

Jude Robinson is a social anthropologist and Professor of Health and Wellbeing at the University of Glasgow. Her collaboratively and interdisciplinary research focuses on gendered health inequalities and on the development of participatory research methods in different settings.

Rick Rylance is Dean and Chief Executive of the School of Advanced Study and Pro Vice-Chancellor for Research at the University of London. Formerly Chief Executive of the Arts and Humanities Research Council (AHRC), Professor Rylance's chief research interests are 19th- and 20th-century literature with a particular focus on the history of psychology, the psychology of the reading process and the public value of literature.

Dalice Sim is Biostatistician and Senior Research Fellow at the University of Otago, Wellington, New Zealand and Principal Investigator of the Reading and Dementia Programme.

Mette Steenberg is a researcher at Aarhus University, Interacting Minds Center and Director of The Danish Reading Society (Laeseforeningen), a sister organisation to The Reader, UK, which has been promoting Shared Reading in Denmark.

Thor Magnus Tangeraas is Associate Professor of Communication at Westerdals Department of Communication and Design, Kristiania University College, Oslo. He recently completed his Ph.D. thesis, “How Literature Changed my Life”: A Hermeneutically Oriented Narrative Inquiry into Transformative Experiences of Reading Imaginative Literature’ at Oslo-Met University.

Ann Walmsley is an author and journalist. Her book, *The Prison Book Club* (Oneworld, 2015), recounts her experience of monthly book discussion groups inside secure federal men’s institutions in Canada.

Megan Watkins holds a Mersey Care NHS Trust funded Ph.D. studentship in the Department of Psychology at the University of Liverpool and is studying the effects of reading in relation to self-harm in collaboration with Mersey Care secure and community health services and UK charity The Reader.

Charlotte Weber is a Reader Leader with The Reader, UK, and delivered reading groups for a reading and dementia study conducted by the Centre for Research into Reading, Literature and Society, University of Liverpool.

Adam Zeman is Professor of Cognitive and Behavioural Neurology at the University of Exeter, with research interests in the science and philosophy of consciousness and the relationship between neurology and psychiatry, mind and brain. He is former Chair of the British Neuropsychiatry Association.

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1

Introduction

Josie Billington

Over the last two decades, the vital importance of reading to human flourishing and whole-life fulfilment has attracted strong and public notice. Reports from influential international and governmental bodies have shown recreational reading to have a more powerful effect on cognitive development, educational achievement and social mobility than socio-economic status.¹ During the same period, there has been unprecedented attention to the relationship between *literary* reading—specifically the reading of literary fiction and poetry—and mental health and wellbeing.² The impetus for this interest has been threefold, influenced by: the increase in third sector organisations and governmental bodies promoting reading; the urgent need of health providers to find economical and humane solutions to health problems; the successful growth of the arts in health and medical humanities movements. This wide constituency of interest has led to research and practice in this area crossing diverse groups and disciplines—reading charities and arts organisations; academic psychologists, neurologists and human scientists; literary academics, writers and philosophers; medical researchers and practitioners. Research alone embraces a wide range of approaches—theoretical, empirical, experimental—and while some such ‘applied’ studies are specifically related to health outcomes, there is a growing body of ‘pure’ research with key, and as yet under-mobilised, implications for health and wellbeing.

J. Billington (✉)

Centre for Research into Reading, Literature and Society,
University of Liverpool, Liverpool, UK
e-mail: jbilling@liverpool.ac.uk

‘Reading and mental health’ is thus a recognisable and burgeoning field of enquiry. What the field currently lacks, however, is a comprehensive recognition of its findings and a core consolidation of its insights: it lacks a ‘centre’. The key priority of this book is to begin to carry out this vital task of consolidation. The volume thus brings into one place some of the best practice and best evidence currently available in the field, together with the diverse and complementary perspectives of practitioners and beneficiaries, pioneers and researchers, commissioners and policy-makers. By gathering and distilling these findings into centralised coherence, the book seeks significantly to advance knowledge of why literary reading matters for mental health. It also provides a foundational text for future practitioners and researchers and a guide to health professionals and policy-makers in relation to embedding reading practices in health care.

The book is divided into five parts. Part I, **Reading and Health: Medicine to Literature; Literature to Therapy**, offers an introductory awareness of the rich cross-boundary and in-between ground which the reading and health field occupies. In the first chapter of Part I, Christopher Dowrick, a professor of primary care and world-leading expert in depression, who is also a general practitioner (GP) in an inner-city surgery in the UK, argues that the general practitioner’s essential obligation to patients is the recognition of suffering and the offering of hope. Dowrick considers how GPs who are daily faced with the pressure of patient distress in their consulting rooms might gain from engagement with literature. Three writers who have mattered personally to the author, and who are themselves at the boundary of philosophy and literature and the spiritual and the sick—Robert Burton, Gerard Manley Hopkins and John Paul Sartre—provide rich insights for the modern understanding and management of depression and the interaction of suffering and hope. As Chapter 2 is an example of a medical mind turning towards literature, so Chapters 3 and 4 are written by literature scholars crossing, quite literally in their case, over to medicine. Josie Billington and Philip Davis are co-founders of the Centre for Research into Reading, Literature and Society (CRILS), the first such centre to take academics from a School of English Literature into a Faculty of Health and Life Sciences in order to bring literary reading into closer relation with health and wellbeing. This collaborative enterprise is the inspiration for this book and, as we shall see, supplies much, though by no means all, of the material it comprises. In the second and third chapters of Part I, therefore, these literary people explore what motivated that turn towards health from within their own scholarly backgrounds: namely, the existing grounds for, and origins of, reading as ‘therapy’ which are to be found within the English literary

tradition. In ‘The Sonnet “Cure”: Renaissance Poetics to Romantic Prosaics’, Grace Farrington and Philip Davis trace the therapeutic value of literature to Renaissance poetics. Samuel Daniel’s *Defence of Rhyme* (1602) held that the poet made form out of human chaos through the creation of structured rhythmic patterns, a holdfast against disorder. George Puttenham in his *Art of English Poesy* (1589), drew a direct analogy between poet and physician: a poem offers, cathartically, he said, ‘one short sorrowing’ as ‘the remedy of a long and grievous sorrow’. These concerns were re-introduced into the modern lyric tradition, the authors suggest, through the work of Romantic poet, William Wordsworth, for whom ‘the turnings intricate of verse’ effected ‘sorrow that is not sorrow/... to hear of’. In the final chapter of this section, ‘The Victorian Novel: Laying the Foundations for Bibliotherapy’, Farrington and Davis, together with Josie Billington, take up, historically, from the preceding chapter. Wordsworth’s Preface to *Lyrical Ballads*, as has long been acknowledged, offered a blueprint for the nineteenth-century novel’s principal literary achievement, realism, which committed literature to ordinary experience during an era when (with the spread of education, literacy and written material) reading itself was becoming democratised. The authors’ contention here, however, is that Victorian realism’s mission was not simply to represent real life for its own sake, but to reach *into* the real life of the reader, transformatively. Literary realism, as it developed from Charles Dickens to George Eliot, it is argued, offers a model and rationale for modern-day reading therapies.

Part II, **Practices**, turns to contemporary reading practices and modern-day real readers who are engaging, often for the first time, with literature from earlier times. Clare Ellis and Eleanor McCann recount their experiences of taking Shakespeare’s sonnets and plays—the Renaissance literature regarded as foundational to reading therapy in Chapter 2—into both community and hospital contexts as part of mental health provision. Katie Clark and Charlotte Weber demonstrate the power of Wordsworth’s poetry to trigger spontaneous access to core autobiographical experience, in dementia (residential and day) care. The geographical reach of such practices is shown in Anne Line Dalsgård’s report on public librarians’ delivery of reading groups to psychologically vulnerable people in Denmark as part of a collaboration between third sector, psychiatric and municipal organisations, and by Susan McLaine’s account of a state library’s reading programme for older people in Victoria, Australia, in partnership with public health promotion. At such times Part II anticipates the focus on implementation of literary reading within health provision which will come in Part V, by featuring some ‘on-the-ground’, practical lessons learned by pioneering practitioners and

researchers. This is true, too, of Alexis McNay's and Charles Darby Villis's illustration of the unique challenges and rewards of setting up the protected 'thinking space' of reading groups in male and female prisons in the UK. Their experience is contrasted and complemented by an interview with Canadian author and journalist Ann Walmsley on her acclaimed book, *The Prison Book Club*, in which she compares her experience of reading groups in high and medium secure prisons in Ontario, Canada, with her continuing participation in a women's book club in Toronto. The Practices section concludes with Grace Farrington's and Kate McDonnell's accounts of reading with people suffering from long-term and often severe health conditions (personality disorder, psychosis, chronic pain) in clinical (in-patient and out-patient) contexts. The final testimony comes from Helen Cook, an NHS service-user living with chronic pain, who recounts her journey from reading group member to reading group leader.

Many, though not all, of the practices represented in this section are based around UK charity The Reader, with whom CRILS has enjoyed a research partnership since its foundation. The Reader's mission is to 'bring about a reading revolution so that everyone can experience and enjoy great literature which we believe is a tool for helping people survive and live well'.³ Its distinctive model of Shared Reading is one of the most widely used arts in health interventions in this country and internationally (there are related organisations and partnerships in Denmark, Belgium, Sweden, Norway, Germany, Australia and New Zealand), and, as this volume will show, there is now a strong body of evidence demonstrating the model's success in promoting mental health. Shared Reading groups are distinct from conventional book clubs.⁴ The material is not read in advance nor confined to contemporary works. Nor is the material chosen for its targeted relevance as in self-help bibliotherapy⁵ or in reading interventions which seek to treat particular cases, conditions or moods.⁶ Rather, poems, short stories and novels from the literary heritage down the ages are read aloud, together, live, and the reading is regularly interrupted for group members to share thoughts and responses. One great advantage of this model from the point of view of reading research is that readers have the chance to show some of what is usually private or silent in reading. While admittedly a different experience from reading on one's own, Shared Reading aloud is the nearest we have for research into private acts of thinking made live during reading, not least because, as we shall see, the private emerges within a group made unusually intimate by the presence of the poem or book. A second key reason for basing the Practices section of this book on The Reader model is the sheer amount of (reproducible) examples of practice made available by (ethically

approved) research in relation to it. Those who, in Part II, are writing about their experience as reading practitioners have access to the primary research data they themselves collaborated in producing (audio-video recordings, transcripts, diaries, logs), which enables them to recreate and bring to life the reading experience at near first-hand, and give themselves as well as the readers whom they reach a voice in this book. It was an axiom of this volume from the first that practitioners and beneficiaries of literary reading should be heard equally alongside researchers, academics and professionals. It was also important that these voices were heard before the book becomes absorbed by research methodologies and theories in relation to reading and health, for two reasons. First, it is essential that this volume does not lose sight of the human trouble and need, expressed within the literature as well as by those who read it, which is at the heart of this book's endeavour. Second, the methodologies and theories represented later in the book have often emerged *from* the subject they treat, as well as being applied *to* it.

This two-way interaction is reflected in the division of chapters in Part III, **Research Methodologies**. Chapter 9 demonstrates the application of established qualitative methods in reading research. Jude Robinson and Josie Billington illustrate how ethnographic inquiry can be used effectively in the specific (and highly controlled) reading context of prison life. Ellie Gray and Gundi Kiemle demonstrate the appropriateness of Interpretative Phenomenological Analysis in relation to reading and community mental health, while Melissa Chapple shows the application of Framework Analysis in relation to readers living with autism. Chapter 10 turns to innovative qualitative methods which have sought to capture the lived experience of reading at its live, minute by minute, source. Philip Davis, Josie Billington, Grace Farrington, and Fiona Magee show the potential for accessing individual, subjective responses to literary reading—and specifically breakthrough moments where readers are palpably released from default habits of thought—using video-recorded data of reading group sessions and video-assisted interviews; while Mette Steenberg demonstrates her use of the micro-phenomenological interview to elicit the 'felt sense' and cognitive processes of reading. Thor Magnus Tangeraas, in his investigation of life-changing encounters with literary works, has developed an interview method, inspired by narrative inquiry and the dialogic method of Shared Reading, which he calls 'intimate reading'; and, likewise concerned with the individual reader, Kelda Green has evolved a method of tracing the effects on emotional and psychological health of private reading over time, which combines personal diaries with face to face interviews. The value of combining these methods with linguistic (qualitative *and* quantitative) approaches

is the focus of Chapter 11 in which Sofia Lampropoulou, Kevin Harvey, Gavin Brookes and Kremena Koleva apply their linguistic expertise to the primary data used by researchers in Chapters 9 and 10, including practical demonstration of a ‘worked’ transcript. This chapter closes with an attempt to recreate the kind of open, collaborative thinking that can emerge when academics from different disciplines work together on the same material, and illustrate why those disciplines need one another, especially in relation to a phenomenon as multilevelled and multifaceted as reading.

The emphasis on multidisciplinary and multidimensional methods is strong in the final two chapters of Part III also, despite their focus on more measurable aspects of the literary reading encounter. The first two sections of Chapter 12 are concerned with identifying quantitative tools for capturing the complex benefits of reading which have potential to gain currency with policy-makers and health-care providers. Rhiannon Corcoran, Josie Billington and Megan Watkins explain the processes (both experimental and hypothesis-driven) by which they have discriminated clinical outcome measures and indicators of psychological health appropriate to those engaging with literary reading who are experiencing mental health difficulties, including self-harm. Mette Steenberg, Charlotte Christiansen and Nicolai Ladegaard then recount their experience of trying to replicate the use of some of these measures in their research study of the Danish reading programme ‘Time to Read’, which features in Part II (Practices). The challenges they faced are a salutary reminder of how research in this area is still in its early stages and the process of standardising ‘reading for health’ might always prove intractable. In the final section of this chapter, Donald Kuiken explicates the objectives of empirical phenomenology: to bring to clarity and coherence—as systematically as possible and with all the nuance language will allow—the full complexity of categories of lived experience. Kuiken offers a rationale for numeric formalisation of phenomenological procedures that facilitate the identification and articulation of types of reading experience with a precision not normally associated with qualitative studies of literary reading. This section uses a specific exemplary study to review the distinctive contributions of numerically aided phenomenological methods in understanding the reading experience, with particular attention to design factors (such as suspension of concern with explanation) that facilitate fresh revelation and clarification of different ‘species’ of reading experience.

The final chapter of Part III, ‘Brain, Mind and Body’, brings a biological dimension to the study of reading. In the first section Philip Davis and Rhiannon Corcoran outline their groundbreaking experiments on reading

and the brain, which have suggested that the inner neural processing of literary language has the potential to galvanise existing brain pathways and to influence emotion networks and thinking modes, by diverting from ineffective channels towards more diverse reasoning options. Together with Rick Rylance and Adam Zeman—whose own study of the reading brain showed that reading of literary prose and poetry activated regions of the brain previously identified with emotional response to music and with introspection—the authors point to how fMRI studies can help triangulate or complicate findings emerging in social psychology in relation to reading’s power to re-orient or ‘re-wire’ perspective. This is the focus of David Kidd’s contribution, in which he describes recent studies of how reading literary fiction (as opposed to popular fiction or non-fiction) can foster ‘Theory of Mind’ (ToM)—the human capacity to comprehend others’ mental states and understand that other people hold beliefs and desires distinct from one’s own. His findings link the temporary enhancement of ToM to literary fiction’s affective simulation of characters’ inner lives and the reader’s immersed engagement therewith and suggest that exposure to quality literary fiction over a lifetime improves cognitive empathy. Finally, Christophe de Bezenac describes his current cutting-edge work in using physiological measures of emotional processing—such as heart rate variability, skin conductance response, eye movement, facial expression, and vocal features—to offer insight into otherwise hidden aspects of brain and body function during literary reading. Investigation of these implicit processes, de Bezenac argues, can be powerfully combined with both computational linguistics (sentiment analysis) and a range of qualitative methods to provide holistic understanding of the lived cognitive and emotional experiences of readers.

Part IV, **Towards a Theoretical Understanding of Reading and Health**, draws in part upon the makings or foundations of a theory of reading for mental health provided by the rich findings presented in Part III. But this part of the book is principally concerned with how extant theories (established or developing) in the therapeutic disciplines (psychiatry, psychology, psychoanalysis) resonate with emergent thinking and theory in the rest of this volume. In Chapter 14, ‘Reading and Psychiatric Practices’, David Fearnley (Medical Director of Mersey Care NHS Mental Health Trust and Associate National Clinical Director for Secure Mental Health) draws on his experience as a forensic psychiatrist at a high secure hospital where he ran a Shared Reading group for several years. Together with Grace Farrington, whose own role in secure settings is described in Chapter 8, the chapter considers what it is about the reading of literature that distinguishes this activity

from formal therapy and its consequent value in psychiatric contexts. Central is literature's capacity to connect readers both with the experience of men and women across time via (what Jung called) 'historical antecedents' and with their own early experiences, those which pre-date trauma. Literature's non-targeted approach allows connections which may be more primary and more personally relevant than formal treatment could locate, with the potential for deeper-level recovery as a result. Keith Oatley's and Rhiannon Corcoran's chapter, 'Reading Minds: Fiction and its Relation to the Mental World of Others', turns to consider the landmark studies in Psychology (including Kidd's above) which have demonstrated connections between the habit of fiction-reading and enhanced capacity for social interaction and cooperation, and for stronger social understanding and empathy, as well as for longer life. Positing a sense of purpose as more valuable to mental health and wellbeing than the pursuit of pleasure or happiness, the authors survey the evidence for reading as a life-sustaining activity in part because of its emphasis on meaning-of-life issues. They consider fiction's power to make people more socially adaptable by extending emotional and cognitive openness or creativity, as well as the value of group reading or 'reading communities' in engendering and sustaining these benefits as part of a public mental health agenda. The ensuing chapter offers a further theoretical perspective on reading and health from the discipline of Psychology, now intensely focused on the interiority of the individual reader. In 'Metaphoricity, Inexpressible Realizations, and Expressive Enactment', Don Kuiken articulates a theory of expression, informed by phenomenology, which explains how literary reading facilitates the movement towards words or phrases that 'fit' the feelings (being moved, sublime disquietude) elicited by the text. During literary reading, the expression of existential feeling *becomes possible* when textual metaphoric 'fusions' elicit the 'dreamy metaphoric fusions' of the reader's existential feelings. The transition from passive elicitation to reflective explication *begins* here, when the literary text produces an evocative intimation, an *inexpressible realization* where the reader becomes '...conscious of having an emotion but not conscious of what that emotion is'. 'Within the silence of a feeling, finding what might be but has not been said involves listening, not in active search for particular words or phrases, rather in receptive openness to the coming and going of words that seem to "come from" the feeling'. The more effectively silence is realised, the more potential there is for subsequent (and potentially expressive) explication of the intimation. This interest in what is 'there' but 'not said' resonates, across disciplinary bounds, with the psychoanalytical thinking which Adam Phillips introduces in the final chapter of Part IV. In interview with Philip Davis,

Phillips talks across the breadth of his own reading and writing, about the ‘overlapping and incommensurate’ relation of life to literature, and literature to psychoanalysis. Starting from the position that ‘bafflement is integral to a post-religious life or world—we don’t know what we are doing and nobody can tell us’, Phillips contends that literature offers the reader the chance to think the strangeness of his or her own thoughts, without becoming, as psychoanalysis is prone to do, an ‘intelligibility project’, privileging understanding at the expense of ‘live surprise’. He also considers how literature can help create possible futures by offering ‘re-descriptions of life’ enabling the reader to do or imagine something else. ‘Anything you cannot re-describe is akin to a trauma, and therefore art is to free one’s capacity for re-description.’ The purpose of Part IV is by no means to offer conclusive theories. None are yet possible and perhaps may never be. Literature’s gift after all (to use Adam Phillips words) is ‘inspiration’ not ‘set knowledge or conclusive understanding’. The key task is to engender and mobilise lively intellectual discourse across disciplines in the effort to understand why literature matters for mental health.

For literature to matter to people in trouble, it has to be accessible to them. Part V, therefore, **Reading and Health: Implementation—Barriers and Enablers**, is concerned with what will foster and what will hinder the acceptance of a reading agenda and reading provision within mental health care, particularly the mental health contexts already represented in Parts Two and Three (depression, dementia, prisons and secure contexts, clinical settings). Chapter 18 offers three distinct perspectives on the value of—and potential obstacles to—embedding Shared Reading within the treatment options of health professions and services. Ellie Gray surveys a wide range of reading or book-based interventions recently or currently in use in mental health contexts and considers their implications for clinical practice. Grace Farrington articulates the value of a literature-based intervention from the perspective of occupational therapists working with mental health patients in hospital. Mette Steenberg reports on (and assesses the criteria for success of) a collaborative venture of Danish health services, libraries and local government in which people living at risk of mental health issues are referred to reading groups. Chapter 19 brings together perspectives, problems and solutions from expert academics and practitioners working in the field of old age mental health and dementia. Martin Orrell and Tom Dening make a case for reading in dementia care based on both the evidence base and health economics considerations, and explain the requirement for the scientifically robust research study which a Randomised Controlled Trial would provide. Nusrat Husain outlines the special case for Shared Reading among the BME

population (specifically older British South Asians) who are more vulnerable than other groups to the twin mental health difficulties of dementia and depression, and considers the barriers that will need to be overcome to make reading provision viable. Finally, Sally Rimkeit, Gillian Claridge and Dalice Sim, working on a reading and dementia programme in New Zealand, begin to answer some of the issues raised by their UK colleagues in outlining their current three-stage programme (feasibility, pilot, RCT) for a robust study which can help to mainstream reading in old age care. This detailed explanation offers a potential model for researchers across the breadth of the reading and health—and arts in health—spectrum. The final two chapters of the volume take the form of interviews. Chapter 20 offers two complementary perspectives on the practice of shared group reading in two distinctive secure contexts. Talking to Fiona Magee (who herself runs reading groups in prisons), psychotherapist and policy-maker, Nick Benefield, former lead of the National Personality Disorder Team, recounts his successful introduction of Shared Reading groups within the criminal justice system—specifically as part of the environmental model of living, management and care known as PIPES, Psychologically Informed Planned Environments. Kathryn Naylor, a forensic psychiatrist at Ashworth (high-secure) Hospital, talks of her experience of running a Shared Reading group with patients who, because of what they have ‘missed’ or ‘lost’, present a grave danger to themselves or others. She speaks of reading’s special power to help patients find what ‘they do still have’ as an alternative to habitual self-harm as a reflex of inarticulate pain. Finally, in the concluding chapter of the volume, Andrew Jones and James Ledson, pain medicine consultants at an inner-city hospital, are interviewed by Kate McDonnell, who has lived with pain for forty years having been diagnosed with rheumatoid arthritis as a teenager and who has been running a reading group in the consultants’ pain clinic (see Chapter 8). Jones and Ledson talk about why they have (successfully) fought to commission the reading group for eight consecutive years, how it complements and enhances the effect of existing treatments and therapies they offer, and how it enriches the lives of their ‘suffering’ patients.

The interviews which conclude this volume give an indication of the quality of dialogue—humane, intelligent, fortifying—which has occurred across the range of stakeholders within reading and health who are represented in this book. I was advised to describe this volume as a compendium, which is what it is certainly designed to be, housing useful examples of endeavour at levels of practice, research and thought. But I prefer to think of it as an expanded and invigorating ‘conversation’ across conventional disciplinary divisions which will, I hope, inspire others to join it.

Notes

1. See Organisation for Economic Cooperation and Development (OECD), *Reading for Change*, 2006; Alison Sullivan and Matt Brown, *Social Inequalities in Cognitive Scores at Age 16: The Role of Reading* (London: Institute of Education, 2013); and 'Research Evidence on Reading for Pleasure', Education Standards Research Team, Department of Education, 2012.
2. This body of literature is represented throughout the volume but see: Philip Davis, *Reading and the Reader* (Oxford: Oxford University Press, 2013); Ella Berthoud and Susan Elderkin, *The Novel Cure: An A–Z of Literary Remedies* (Edinburgh: Canongate, 2013); Josie Billington, *Is Literature Healthy* (Oxford: Oxford University Press, 2016); and Jonathan Bate, Paula Byrne, and Sophie Ratcliffe (eds.), *Stressed/Unstressed* (London: William Collins, 2016).
3. See <https://www.thereader.org.uk>; Jane Davis, Introduction to *A Little Aloud: An Anthology of Prose and Poetry for Reading Aloud to People You Care For*, ed. by Angela Macmillan (London: Random House, 2010), pp. 7–19; Jane Davis, 'The Reading Revolution', in *Stop What You're Doing and Read This!* (London: Vintage Books, 2011), pp. 115–36.
4. Jenny Hartley, *The Reading Groups Book* (Oxford: Oxford University Press, 2002).
5. Debbie Hicks, 'An Audit of Bibliotherapy/Books on Prescription Activity in England' (Arts Council England and the Museums Libraries and Archives Council, 2006).
6. See Berthoud and Elderkin (2013) and Bate et al. (2016).