Making Sense of Mental Health Difficulties through Live Reading: An Interpretative Phenomenological Analysis of the Experience of Being in a Reader Group

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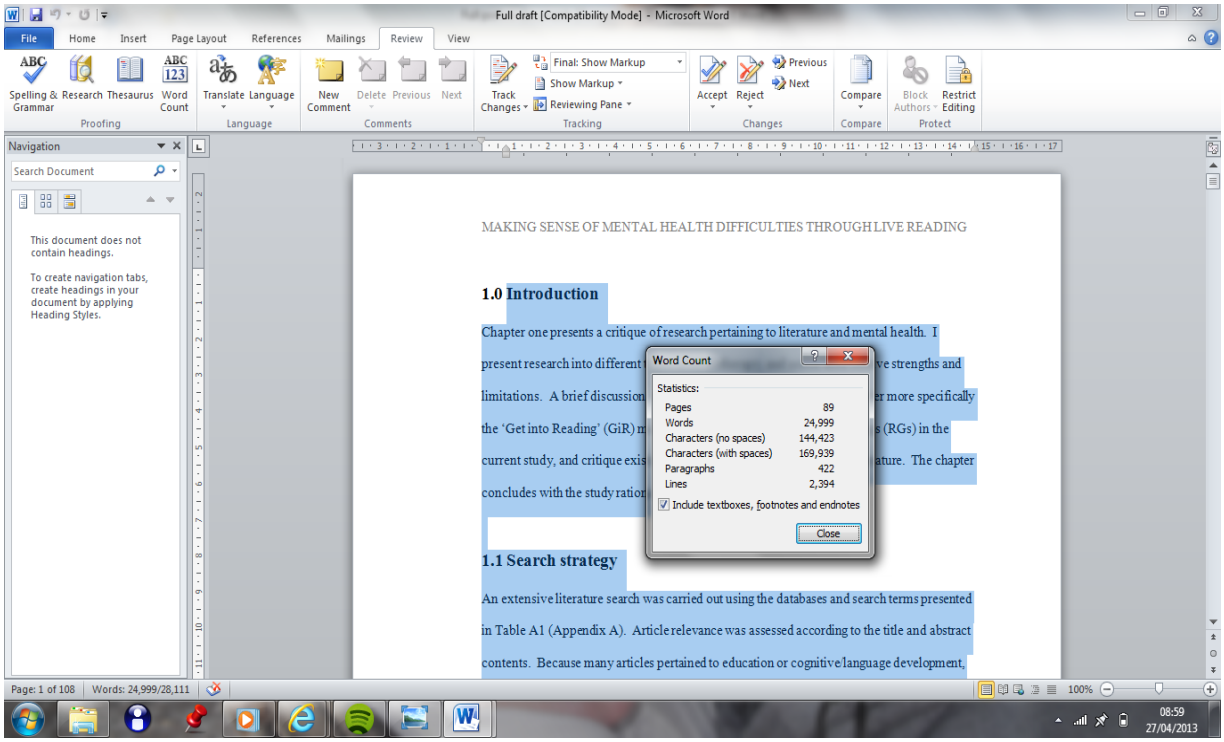
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MAKING SENSE OF MENTAL HEALTH DIFFICULTIES THROUGH LIVE READING
1.0 Introduction
Chapter one presents a critique of research pertaining to literature and mental health. I
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1.1 Search strategy
An extensive literature search was carried out using the databases and search terms presented
in Table A1 (Appendix A). Article relevance was assessed according to the title and abstract
contents. Because many articles pertained to education or cognitive/language development,
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Abstract

Reader groups involve the reading aloud of complex literature by a skilled facilitator in a group setting, followed by group discussion in relation to the text. They are delivered to a wide variety of populations within both physical and mental health and social care services, across community, residential and inpatient settings. A limited body of existing literature indicates that reader groups can produce positive therapeutic effects to enhance mental health and well-being, but research thus far is largely based on pilot studies with small samples. Further investigation is warranted to explore the experience of reader groups from the perspective of individuals with mental health problems and to consider possible psychological mechanisms underpinning potential therapeutic effects, since this is the first psychological study to be conducted in this area. The aim of the current research was to explore the experience of being in a community reader group for people with mental health problems, and to consider how participation relates to making sense of life experiences and relationships, both inside and outside the group. Eight participants took part in semi-structured interviews, which were transcribed and analysed using Interpretative Phenomenological Analysis. Five master themes pertaining to participants' experience of reader groups emerged: *'Literature as an Intermediary Object', 'Boundaries and Rules of Engagement', 'Self as Valued, Worthy, Capable', 'Community and Togetherness in Relational Space', and 'Changing View of Self, World, Others'.* The findings were discussed in relation to existing literature, to provide an indication of possible psychological mechanisms underpinning participants' experiences of reader groups. Clinical implications of the current research were considered, particularly in terms of mental health service provision and access to alternative therapeutic activity, and suggestions were made for future research.

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Dedication

To my Dad, who taught me the value of hard work and encouraged me to fulfil my aspirations.

I hope this would have made you proud.

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1.0 Introduction

Chapter one presents a critique of research pertaining to literature and mental health. I present research into different types of bibliotherapy, and assess their relative strengths and limitations. A brief discussion of reading in groups follows. I then consider more specifically the 'Get into Reading' (GiR) model of shared reading used in reader groups (RGs) in the current study, and critique existing RG research to identify gaps in the literature. The chapter concludes with the study rationale, aims and objectives.

1.1 Search strategy

An extensive literature search was carried out using the databases and search terms presented in Table A1 (Appendix A). Article relevance was assessed according to the title and abstract contents. Because many articles pertained to education or cognitive/language development, initial broader searches were followed by more specific searches (e.g. shared reading/reading aloud with adults). Additional articles were accessed by searching the 'publications' section of The Reader Organisation (TRO) website (who deliver GiR), and through personal communication with TRO researchers. Further literature was found by manually searching the reference lists of relevant articles.

1.2 Background: literature and health

The application of literature to health and well-being is not a new phenomenon, with a long history dating back to ancient Greece (McCulliss, 2012). Literature has since been used as a therapeutic tool in several ways, including poetry therapy (Phillip & Robertson, 1996), expressive writing (McArdle & Byrt, 2001), therapeutic storytelling (Dwivedi & Gardner, 1997) and narrative medicine (Divinsky, 2007; Launer, 2003). Reading is increasingly evident in healthcare settings both for adults (e.g. Higgins, McKevitt & Wolfe, 2005; O'Brien & Daley, 2011) and children (e.g. Burns, 2001; Tani, 2010). The Reading Agency, formed in

2002, promotes reading of a range of both fiction and non-fiction materials to alleviate physical and mental illness (Reading Agency, 2003). Furthermore, a shift in mental health service delivery has led to the development of therapeutic approaches outside of the traditional model (Reeves & Stace, 2005); one such approach is reading.

1.3 Bibliotherapy

Perhaps the most familiar use of reading in mental health is bibliotherapy, broadly defined as "the use of literature to bring about therapeutic effects" (Hodge, Robinson & Davis, 2007, p. 100). Bibliotherapy has been applied to a variety of populations in a range of formats (e.g. Fanner & Urquhartt, 2008; Pehrsson & McMillen, 2005), including written, audio and internet-based materials, delivered individually or in groups, accompanied by varying levels of therapist face-to-face/phone/email contact (e.g. Kaltenthaler, Parry & Beverley, 2004; McCulliss, 2011; Pardeck & Pardeck, 1984; Thomas, 2011). The nature of therapeutic change is influenced by the type of text. Professionally authored non-fictional materials are designed to guide the reader through self-help programmes actively aiming to change behaviours, while fiction, poetry and biographical literature may be used to encourage reflection on personal experiences (Riordan, Mullis & Nuchow, 1996).

However, the literature lacks clarity around how such texts should be defined within the umbrella term 'bibliotherapy' (Brewster, 2008a), with some researchers using 'bibliotherapy' to describe *only* the use of fictional/imaginative literature (e.g. Graham & Pehrsson, 2008), while others class only *non*-fictional self-help materials as 'bibliotherapy' (e.g. Cuijpers, 1997). To add to the confusion, there are cross-cultural differences in terminology, and a plethora of overlapping/overly restricted qualifying terms, such as 'didactic', 'clinical' and 'creative' (e.g. Brewster, 2008b; McCulliss, 2012).

In the current study, consistent with Brewster (2009), the term 'self-help bibliotherapy' (SHB) will be used to denote the use of self-help literature which clinically advises on behaviour change, while 'creative bibliotherapy' (CB) will refer to the use of fiction/poetry for therapeutic effect. Although Brewster's (2009) and other definitions of CB also encompass creative, expressive or biographical writing (e.g. Turner, 2008), the current study focuses exclusively on the use of reading. Thus, where studies are reported to have employed 'CB' in this literature review, they refer only to the use of reading, and not writing, as a therapeutic tool.

The RGs in the current study are considered a form of CB (Brewster, 2009) but, in contrast to more formal CB approaches, books are not selected with specific therapeutic outcomes in mind, and are rather chosen for their relevance to the human condition (TRO, 2011). RGs will therefore be referred to as 'informal CB', because they are not therapy per se (Hodge et al., 2007). However, their consistent format sets them apart from the unstructured, ad hoc delivery of CB techniques that Brewster (2009) describes as 'informal bibliotherapy', such as library staff recommendations. RGs thus share elements of CB, but deliver these in a less formal way. Again, 'informal CB' excludes the use of creative writing. I now consider each of these bibliotherapies in turn.

1.4 Self-help bibliotherapy

SHB uses instructional materials to change readers' behaviour with a view to improving self-management (Songprakun & McCann, 2012). Mental health practitioners recommend empirically tested SHB materials, consistent with National Institute for Health and Clinical Excellence (NICE) guidelines (e.g. NICE, 2009, 2011). First reported by Starker (1988), SHB has developed into what is now commonly known as 'Books on Prescription' (BoP) in the UK, and is frequently found in primary care services (e.g. Chamberlain, Heaps & Robert,

2008; Gunning Richards & Prescott, 2011; Porter et al., 2008; Robertson, Wray, Maxwell & Pratt, 2008). BoP provides access to self-help literature from local libraries for specific difficulties, including anxiety (Kennerley, 2009) and depression (Gilbert, 2009a).

Despite the large number of people experiencing mental health problems (MHPs) in the UK, only a proportion receives appropriate treatment (Clark et al., 2009). This 'treatment gap' (Ridgway & Williams, 2011) is partly attributable to limited resources, long waiting lists and stigma (e.g. Kupshik & Fisher, 1999; Mead et al., 2005; Reeves & Stace, 2005). In accordance with government drives to improve access to evidence-based mental health interventions (Department of Health, 1999; Layard, 2004), SHB schemes have been set up in the UK in an attempt to reduce the treatment gap (e.g. Gunning et al., 2011, Turner, 2008).

1.4.1 Strengths and limitations of SHB

A series of meta-analyses and literature reviews indicate that SHB is a reasonably effective intervention for a range of mild to moderate MHPs, including depression, anxiety, and assertiveness difficulties (e.g. Apodaca & Miller, 2003; Chamberlain et al., 2008; Papworth, 2006; Ridgway & Williams, 2011), with overall effect sizes ranging from 0.565 (Marrs, 1995) to 0.84 (Den Boer, Wiersma & Van den Bosch, 2004). Evidence from clinical practice and randomised controlled trials (RCTs) provide further support for SHB, particularly in treating depression and anxiety (e.g. Kupshik & Fisher, 1999; Reeves & Stace, 2005; Songprakun & McCann,2012; Van Straten, Cuijpers & Smits, 2008).

However, these findings have limitations. Firstly, the strength of effect varied across presentations, with some problems (e.g. anxiety) yielding more promising results than others (e.g. impulse control) (Marrs, 1995), suggesting that SHB is not universally effective. This also applies to different client groups; among adults over 75, Joling and colleagues (2011)

found no clinically/statistically significant differences in depressive symptoms between standard care and self-help cognitive behaviour therapy (CBT). Even with similar samples, inconsistencies emerge, with Mead and colleagues (2005) reporting no significant differences between self-help and waiting list control groups in an RCT of 114 primary care patients with significant anxiety or depression symptoms. Furthermore, methodological issues in meta-analyses, including high drop-out (Papworth, 2006), non-clinical populations (Marrs, 1995), and small sample sizes (Cuijpers, 1997), indicate findings should be interpreted with caution. Some SHB materials lacked empirical validation, thus overall effectiveness of SHB for a particular problem could be based on books of varying quality (Marrs, 1995). Given the lack of clarity around the term 'bibliotherapy', it is questionable whether studies are comparable.

Comparing SHB to traditional psychotherapy, Cuijpers, van Straten and Smit (2006) conducted a meta-analysis of cognitive and behavioural SHB for older adults with depression, and reported no significant differences in outcomes of depression (measured using standardised instruments such as the Beck Depression Inventory, Beck, Steer & Brown, 1996) between SHB and individual psychotherapy. However, again, the psychotherapeutic modality was not specified, although it was acknowledged that psychotherapies differed across studies, thus limiting interpretation of the results. Taking the tentative conclusion that SHB is no less effective than individual psychotherapy, employing such an approach over standard face-to-face therapy may save clinical time (Robertson et al., 2008) and enhance cost-effectiveness (Chamberlain et al., 2008). Clinical evaluations also indicate that BoP schemes require reduced training and supervision, result in shorter waiting times (Reeves & Stace, 2005), and provide an alternative to medication (Robertson et al., 2008). SHB can also be empowering for the client, improve self-management, and is less stigmatizing than traditional mental health services (Papworth, 2006; Turner, 2008). These benefits, by freeing up resources and increasing access to services, go some way towards reducing the treatment gap.

It is important to note that most of these benefits are also applicable to the GiR model. However, unlike RGs, SHB is not read aloud and, rather than promoting enjoyment, it is problem-focused, thus relies on correctly identifying and targeting the 'problem' as a single phenomenon. Furthermore, SHB is dependent upon a certain level of literacy and cognitive skill (e.g. Richardson, Richards & Barkham, 2010), whereas GiR does not depend on intellectual ability.

From a clinical perspective, SHB is still largely reliant upon CBT, which is not universally suitable. Although SHB does make use of other psychological models (e.g. Cognitive Analytic Therapy [CAT, Wilde McCormick, 2008]), CBT is the dominant theoretical framework (Cuijpers, 1997; van Straten et al., 2008). However, therapeutic intervention should not be a 'one size fits all' approach (Chamberlain et al., 2008). Even if alternative self-help books are available, those prescribing them (e.g. general practitioners) do not necessarily possess the clinical skills to select the most appropriate therapeutic model. Furthermore, some individuals may not be ready to engage in therapy, which is overlooked by BoP systems. Without a skilled therapist to address these concerns, people may disengage from services altogether.

SHB is also limited by its primary application to mild to moderate difficulties (as in the above studies), and is not amenable to those with more complex presentations (e.g. comorbidity, dementia). Additionally, studies evaluating SHB largely focus on symptom change, and overlook other aspects of well-being, such as quality of life. The therapeutic relationship is also lacking in SHB (Richardson et al., 2010), hence the reader cannot experience interpersonal warmth, genuineness and empathy normally conveyed by a therapist.

In summary, SHB appears to be moderately effective in reducing symptoms of some mild to moderate mental health difficulties, offering access to an additional cost-effective treatment option. However, in contrast to GiR RGs, it is problem-focused, limited to certain presentations and client groups, dependent upon literacy, and is heavily reliant on the CBT framework, which is not universally appropriate. In addition, SHB offers limited exposure to the benefits of a therapeutic relationship, and change is largely concerned with symptom reduction, rather than general well-being.

1.5 Creative bibliotherapy

In contrast to SHB, CB[1] uses imaginative/fictional literature to elicit therapeutic effects (e.g. Giannini, 2001; McNulty, 2008; Tani, 2011). While non-fictional bibliotherapy promotes cognitive change by instructing and informing, fiction also encourages emotional engagement with text, in that it evokes real feelings, which Gold (2001) terms a "lived-through quality" (p. 35). However, there is limited empirical evidence of CB effectiveness (Pehrsson & McMillen, 2005), with considerably fewer papers in this area, of which several are case studies, anecdotal accounts, or bibliographic lists (e.g. Baker, 2006; Giannini, 2001; McNulty, 2008; Riordan et al., 1996).

Imaginative literature can be used as a vehicle for expressing personal narratives (Pehrsson and McMillen, 2005) and constructing identity (Gold, 2001). Reading stories about others can help supplement or 're-story' one's own narrative, especially when theirs is blocked by difficult events, such as loss (Gold, 2001). The 'life story' has received attention in psychotherapy, since narratives are fundamental to making sense of experience (Burns & Dallos, 2008). Because sense-making is guided by organising/categorising, having a coherent story of experience is considered therapeutic (Divinsky, 2007) hence the clinical application

[1] Readers are reminded that 'creative bibliotherapy' refers to reading only

of narrative to psychotherapy (e.g. Morgan, 2000) and life story work (e.g. Thompson, 2011). Psychotherapy involves exploration of one's life history, in terms of past events/experiences, to create a coherent contextual understanding of present difficulties (Carr & McNulty, 2006b). This is where reading imaginative literature may be helpful; Gold (2001) argues that by engaging with multiple layers/networks of information within fiction, the reader selects what is relevant to them to organise and understand their own experience. This reframing process enables new perspectives, culminating in a cognitive shift (Gold, 2001) which, however small, can have considerable consequences for emotion and behaviour (Toner, 2012).

In addition to cognitive change, CB facilitates new emotional experiences. Literature is described as a 'symbolic equivalent' of actual experience (McCulliss, 2012), since reading fiction can articulate the same feelings as the experience itself (Gold, 2001). However, contrary to traditional psychotherapy, fiction can "transport the reader to a parallel situation in which they can process their own circumstances from the safety of intellectual and emotional distance" (McNulty, 2008, p. 26), thus providing a model for discussing painful experiences without explicitly focusing on the individual (Pardeck & Pardeck, 1984). Repressed memories may be elicited, negotiated and tolerated through vicarious involvement in the thoughts and feelings of others (Gold, 2001).

Pertinent to both cognitive and emotional processes, Shrodes (1949/1950 as cited in McCulliss, 2012) proposed a psychodynamic model of CB. Firstly, the client *identifies* with experiences/events within the literature, and *projects* their own emotions and drives onto characters, whose intentions and relationships are related to one's own difficulties, thereby enhancing self-awareness. The client then expresses their reactions via spontaneous *emotional release* (McArdle & Byrt, 2001). *Insight* and *integration* follow, whereby the client realises ways of overcoming their struggles by recognising themselves and others in the

literature. Bhattacharyya (1997) noted the powerful effects of this process in resolving internal conflicts; "as insight comes through identification, the projected unacceptable parts can be owned and integrated, making whole that which was fragmented before" (p. 15), thus promoting the aforementioned coherence in identity and narrative. Others highlight the normalising effect of identification (e.g. Gold, 2001), which can help validate attitudes, beliefs and experiences (Usherwood & Toyne, 2002). However, support for the model is largely derived from anecdotal accounts, and it remains unclear whether these processes can occur without the guidance of a skilled therapist, as in the case of RGs.

In addition to intra-psychic processes, CB promotes interpersonal development (Pardeck & Pardeck, 1984); how we understand, relate to and tolerate others is mediated by connections with characters (Usherwood & Toyne, 2002). Burns & Dallos (2008) reported that reading literature enhances our ability to imagine internal states of others (as well as our own), promoting attunement to our own and others' consciousness. They related these findings to Fonagy's concept of reflective self-function (Fonagy, Steele, Steele, Moran & Higgit, 1991), which is developed through attachment relationships and help us understand internal worlds of self and others. Burns and Dallos (2008) suggest that reading might help us develop reflective self-function, especially in adult-child relationships, through internalising and empathising with characters' experiences and emotions. It remains unclear whether this process applies to shared reading with adults.

Behaviourally, CB may provide a model for new ways of acting. Through identification, the reader may attempt to imitate behaviours or actions (Bhattacharyya, 1997), encouraging them to test out adaptive behaviours (Pardeck & Pardeck, 1984) and increase their repertoire of roles (Gold, 2001). This is likely to further enhance interpersonal development. CB can also promote escapism from unpleasant feelings (Gold, 2001; Usherwood & Toyne, 2002),

through distraction, relaxation, or involving oneself in a different world (Burns & Dallos, 2008). The rhythm and imagery of poetry is argued to be relaxing (McArdle & Byrt, 2001), which may emulate the meditative quality of relaxation in psychotherapy (Carr & McNulty, 2006a). It is important to note, however, that some of these processes, including relaxation, escapism, and distraction apply not only to CB, but also to reading fiction in general (Reading Agency, 2003). Therefore, these benefits cannot be claimed exclusively by engaging in CB.

In summary, there is limited empirical research around CB, with much of the support derived from anecdotal or clinical reports. Such accounts indicate that it can impact upon cognitive, emotional and behavioural processes, both intra- and inter-personally. However, it remains unclear whether such processes can occur naturally, without the guidance of a therapist, or in shared reading within a group setting.

1.6 Group reading

Individual bibliotherapy gradually evolved into group bibliotherapy (McCulliss, 2012). Again, few empirical examples exist in the psychological literature, but there is some supportive evidence of group CB for MHPs in adults. For instance, an Israeli study compared inpatients' functioning in standard group therapy and group bibliotherapy, using an observational instrument (Client Behaviour System, Hill & O'Brien, 1999, cited in Shechtman & Nir-Shfrir, 2008) within a repeated measures design. Both groups employed an 'affective-support' approach, focusing on emotional expression, group support and cognitive/affective exploration. In group therapy, discussion focused on issues spontaneously raised by members, whereas group bibliotherapy was guided by members' reactions to short stories selected and read aloud by the therapist. Independent ratings of transcriptions of both groups indicated that clients were more active and productive, less resistant, and engaged in greater affective exploration and self-disclosure in group bibliotherapy. These findings were

attributed to psychodynamic processes similar to those operating in Shrodes' (1949/1950, as cited in McCulliss, 2012) model, occurring between the readers and the text. However, the study relied on a small sample (n=25), and the intervention took place over only three sessions, so longer-term outcomes are unclear. Giannini (2001) reported improved symptoms and interpersonal behaviour among inpatients following engagement in group bibliotherapy using a science-fiction series. In contrast to RGs, clients read texts prior to group sessions. Although discussion was strictly limited to the literature, Giannini suggested that "overt interpretations of the books evolved into thinly disguised covert expressions of self" (p. 57). However, his account was purely anecdotal, and no quantitative/qualitative measures were reported, providing no indication of how the above conclusions were generated. Without a comparison group, it is unclear to what extent these tenuous conclusions were attributable to the group setting (rather than the literature), which may itself enable personal development (Powell, 1950).

Yalom & Leszcz (2005) presented 11 'therapeutic factors' occurring in group settings, listed in Table 1.1 (full summary in Appendix B).

Table 1.1

Yalom & Leszcz's (2005) Therapeutic Factors of Group Psychotherapy

Therapeutic factors
Instillation of hope
Universality
Imparting information
Altruism
The corrective recapitulation of the primary family group
Development of socialising techniques
Imitative behaviour
Interpersonal learning
Group cohesiveness
Catharsis
Existential factors

It is not possible to address these factors in detail, but it is worth noting that they could be partially responsible for some of the above outcomes, such as self-disclosure (catharsis) and interpersonal behaviour (interpersonal learning). Although developed from research into group psychotherapy, the factors also relate to non-therapy groups (Yalom & Leszcz, 2005), such as GiR or other forms of informal CB.

As early as 1950, Powell describes group informal CB in psychiatric hospitals, whereby patients met weekly to discuss books (including novels and philosophical works) they read alone prior to the session. Groups emphasised education and recreation, rather than therapy, but as well as providing enjoyment and satisfaction, Powell (1950) reported that such activity "adds another dimension of thinking and…interpersonal experience" (p. 213). This is consistent both with Yalom and Leszcz's (2005) 'interpersonal learning', and the aforementioned facilitation of new perspectives and interpersonal development through individual CB (e.g. Pardeck & Pardeck, 1984). As an everyday non-clinical activity, group reading also helped maintain links between the stigmatised hospital environment and the normality of the 'outside world' (Powell, 1950). Similarly (and again consistent with Yalom and Leszcz, 2005), reading groups provided a 'little society', or microcosm, where attendees were viewed as individuals rather than 'patients'. As this new social context was failure-free, attendees were able to test out new ways of being, which may not be possible in their 'patient' role (Powell, 1950), thus enabling the development of socialising techniques (Yalom & Leszcz, 2005). A similar finding emerged from a study with stroke inpatients, who felt that participation in a reading group helped re-personalise them, giving identity aside from illness/disability (Higgins et al., 2005). Interestingly, Powell's (1950) effects occurred in the absence of reading aloud as a group. It is possible that making reading 'live', as in GiR RGs,

enhances these effects, since responses to literature occur in real time, rather than as retrospective memories from a relatively removed reading experience.

Studies of live group reading are scarce, but there is a small body of literature developing in this area with people with neurological difficulties. Reading literature aloud in groups has been found to promote positive affect, improve engagement and alertness, elicit memory, and reduce disruptive behaviour in people with dementia and brain injury (e.g. Gardiner, Furois, Tansley & Morgan, 2000; Holm, Lepp and Ringsberg, 2005; Skrajner & Camp, 2007). Holm et al. (2005) reported that their storytelling group for people with Alzheimer's disease prompted existential discussions and a sense of fellowship, consistent with Yalom and Leszcz's (2005) existential factors and group cohesiveness. This study also highlighted that, although entertainment and stimulation are valuable benefits of group reading (Higgins et al., 2005), giving structure to such activity is important for moving beyond just entertainment, and reaping deeper psychological gains. However, in those studies with no comparison group (e.g. Holm et al., 2005; Skrajner & Camp, 2007), it is possible that some reported gains, such as increased positive affect, are attributable to non-specific group effects, such as social interaction and peer support.

Clearly, both formal and informal group CB offer some benefit to the reader, even without a skilled therapist. Such benefits are consistent both with processes of individual CB (e.g. enhanced self-expression, interpersonal growth), and the 11 therapeutic factors of group therapy (Yalom & Leszcz, 2005). However, non-specific group effects cannot always be discounted as possible confounding variables. Also, the reported studies relied on small samples (n=2-25), thus limiting generalisation and statistical power, and were based in inpatient/residential settings, thus focusing primarily on acute MHPs or organic difficulties. Such studies fail to address group reading in community settings, with a focus on more mild

to moderate functional MHPs. GiR, on the other hand, is delivered across both community and residential/secure/inpatient settings, with a range of populations (e.g. forensic, looked after children, learning disability) (Barkway, 2007; Billington, 2011; Weston & McCann, 2011). The following section provides an overview of the GiR RGs, and critiques research into this particular model.

1.7 'Get into Reading': The reader group model

GiR is a social inclusion programme set up by The Reader Organisation (TRO), a "nationally recognised centre for the promotion of reading as an intervention in mental health" (Billington, Dowrick, Hamer, Robinson, & Williams, 2011, p. 8). It aims to provide access to complex literature for those otherwise unable to do so, due to practical/educational/cultural constraints (Davis, 2009). Driven by government strategies in mental health, GiR promotes social inclusion and engagement in therapeutic leisure activity (Department of Health, 1999).

GiR delivers RGs characterised by three elements; (i) reading aloud serious literature addressing important human issues (ii) presence of a skilled facilitator, (iii) group support (TRO, 2011). RGs last 90 minutes, beginning with a transitional 10-minute break-in period for greetings and settling into the session. The main section of the group (50-60 minutes) involves the facilitator reading aloud from a short story or novel, interspersed with group discussion and reflection. Discussion focuses both on what is occurring within the text itself (e.g. characters, language), and on members' internal experiences (e.g. thoughts, feelings, memories). Group members are given the opportunity to read aloud if they wish. The session ends with a 20-30 minute poetry reading and discussion, often relating to themes considered in the main text (TRO, 2011).

1.7.1 Previous findings

Despite limited research in GiR, various projects have been undertaken to evaluate RGs. The findings below are based on studies of RGs for people with depression (Billington et al., 2011; Dowrick, Billington, Robinson, Hamer & Williams, 2012), neurological conditions (Robinson 2008a), acute psychiatric illness (McLaughlin & Colbourn, 2012) and dementia (Billington, Carroll, Davis, Healey & Kinderman, 2012), plus mixed samples, including a primary care health centre (Robinson 2008b), a non-clinical community group, a drug rehabilitation group, and men attending a homeless hostel (Hodge et al., 2007). The studies explored members' participation in and experience of RGs (Hodge et al., 2007; McLaughlin & Colbourn, 2012; Robinson 2008a, 2008b), and investigated therapeutic benefits (Billington et al., 2011, 2012) and impact on recovery (Robinson 2008a, 2008b), from the perspectives of RG members and staff. Most studies were qualitative, involving group observations and interviews, with some incorporating basic quantitative methodology (Dowrick et al., 2012) or descriptive statistics (Billington et al., 2012).

Overall, the effects of participation can be broadly categorised into literary, social and therapeutic functions. Dowrick et al. (2012) and Billington et al. (2011, 2012) suggest four 'mechanisms of action' underpinning these effects, aligning with the aforementioned elements of RGs (literature, group, facilitator). The fourth mechanism was the RG environment. These mechanisms and functions will now be discussed.

1.7.1.1 Therapeutic function

Although GiR is not 'therapy', RGs purportedly elicit general therapeutic effects. Dowrick et al. (2012) reported a statistically significant reduction in depressive symptoms (as measured by the Patient Health Questionnaire-9, Kroenke, Spitzer & Williams, 2001) among adults with depression, following 12-month involvement in a community RG (n=8). Qualitative

findings (based on thematic analysis and an ethnographic approach to conversation analysis) indicate that participation in RGs help people feel more positive (TRO, 2011), provide distraction from personal difficulties (Billington et al., 2011), promote confidence in recovery, and foster a sense of purpose, achievement (Robinson, 2008a) and self-worth (Billington et al., 2012). More specifically, RGs enhance confidence in sharing personal stories (TRO, 2011), and promote self-expression and catharsis through the "articulation of profound issues of self and being" (Billington et al., 2011, p. 81). This is consistent with the notion that reading provides a vehicle for expressing narratives (Pehrsson & McMillen, 2005), and resonates with Shrodes' earlier description of 'emotional release' (Pardeck & Pardeck, 1984). It is suggested that emotional expression is facilitated by the 'in-the-moment' nature of RGs, in terms of the intensity of response elicited by the text, and subsequent reflection in a supportive environment (Robinson, 2008a). As such, it is the literary function of RGs that is regarded as primary, with social and therapeutic effects acting as by-products of the interaction between text, group and reader (Hodge et al., 2007).

1.7.1.2 Literary function

From a literary perspective, "serious literature offers a model of, and language for, human thinking and feeling", enabling readers to locate and alleviate emotional distress (Dowrick et al., 2012, p. 2). In the depression study, RG participation enabled the discovery of new and re-discovery of "old and/or forgotten modes of thought, feeling and experience" (Billington et al., 2011, p. 6), which can be difficult to access when one is depressed. Through self-reflection and group discussion, members gain access to broader ways of thinking (Davis, 2009), which is important for breaking out of the often restricted thought/behaviour patterns that maintain psychopathology (e.g. Ryle & Kerr, 2002). This is consistent with Gold's (2001) assertion that CB enables reframing processes. In terms of enabling real feelings (Gold, 2001), by imagining or experiencing the emotions conveyed in (or elicited by) the text,

group members were able to relate to and empathise with characters in the book (Davis, 2009), similar to Shrodes' identification process (McCulliss, 2012) and Yalom and Leszcz's (2005) sense of giving 'universality' to an individual's problems.

Serious literature and associated discussion can also equip group members with language to express complex emotional and personal struggles (Dowrick et al., 2012). Clinically, being unable or unwilling to constructively express internal feelings can lead to unhelpful consequences, such as repression, avoidance, or dissociation, so articulation of distress is important for coping (Carr & McNulty, 2006b), and for communicating concerns to practitioners (Robinson, 2008a).

Furthermore, reading complex literature provided intellectual stimulation and helped enhance attention and concentration, particularly for those with cognitive difficulties (Billington et al., 2012; Robinson, 2008a). Negotiating difficult literature created a "co-operative challenge", in terms of encouraging joint meaning making within the group (Billington et al., 2011, p. 32), possibly contributing to group cohesiveness (Yalom & Leszcz, 2005). Reading also provided engagement in purposeful activity (e.g. McLaughlin & Colbourn, 2012), particularly valuable to those who are unable to read because of illiteracy/disability (e.g. Barkway, 2007), and for those in non-stimulating environments (e.g. inpatients; Dyer, 2010). For the latter, because RG participation was unrelated to their treatment and role as a 'patient', it enabled a sense of personhood and individual identity (Billington et al., 2011), consistent with Higgins et al. (2005) and Powell (1950). This highlights the inclusive and personalised nature of RGs, in contrast to SHB and, to an extent, more formalised CB, which are literacy-dependent and problem-focused.

Of fundamental importance in producing such outcomes was the specific way in which literature is read aloud in the group, as opposed to lone silent reading. Reading out loud was experienced as relaxing, and enhanced members' experience of the story (Hodge et al., 2007). This is an interesting finding in the context of previous discussions pertaining to relaxation/distraction in formal CB, because it appears that as well as gaining distance from troubling experiences, RGs also seem to enhance readers' attunement to their experiences. Billington et al. (2012, p. 17) suggest that "a powerful literary language helps to establish present attention in group members", which is resonant of the therapeutic state of mindful awareness in psychotherapy (Williams, Teasdale, Segal & Kabat-Zinn, 2007). In contrast to formal bibliotherapy, it is through a primary emphasis on reading, and not therapy, that this 'present attention' occurs in RGs.

Greater attention is demanded in RGs by the slower pace of reading, and by the multiple exchanges and interactive processes that occur (Davis, 2009). Through live reading and in-the-moment discussion, group members process internally what is heard externally, then share the associated subjective experience publicly with the group to create collective meaning. This highlights both the communality and uniqueness of members' experience (TRO, 2011), and is in contrast to standard book clubs, in which the same interactions/processes are not enabled because reading occurs privately and separately (Davis, 2009).

1.7.1.3 Social function

The group itself and the processes contained therein also emerged as key elements of the RG experience. The importance of social contact, group support and community were common findings, providing increased confidence in social interaction and communication, especially among those who were socially isolated or neurologically impaired (e.g. Billington et al., 2011, 2012; Robinson, 2008a, 2008b). Supportive relationships emerged and, for some,

social contact continued outside of RG sessions, both of which created a valuable sense of involvement and belonging (Billington et al., 2011), resonant with Yalom and Leszcz's (2005) cohesiveness. This sense of togetherness was evident across all studies, and group members valued hearing other peoples' experiences and opinions as well as the opportunity to express their own (Billington et al., 2012). The aforementioned collaborative negotiation of difficult literature provided a sense of mutual support and encouragement to collectively work through challenges, which individuals may have given up on (or not approached at all) were they reading alone (Billington et al., 2011). It is possible that seeing others struggling with and overcoming difficulty could normalise one's own struggles and instil hope in their ability to defeat them (Yalom & Leszcz, 2005), or promote a stronger sense of self-efficacy, which is an important coping resource. Through group discussions, shared understandings emerge, sometimes leading to collective (in addition to individual) identification with the text (Billington et al., 2011). This reinforces connectedness between group members, yet still allows for personal narratives to continue as undercurrents beneath the surface of discussion, which members can choose whether or not to share (Billington et al., 2011).

Finally, there is some, albeit limited, evidence that RGs impact upon relationships with those outside the group. For one member, RGs prompted her to read with her mother, describing this as "probably the most precious moments I have with my mother now. They bring us very close [together]" (TRO, 2011, p. 4). This conveys a powerful sense of intimacy through reading outside the group, but it also highlights a relatively underdeveloped area of RG research; firstly, consideration of the impact of RG participation on intimate/familial relationships with others *outside* the group, but also the broader context of how the RG links to one's life outside the group, neither of which have yet been addressed.

1.7.1.4 Role of facilitator

The facilitator is credited with making the book come alive in the group, and using their literary knowledge to select appropriate texts that enable discussion of important human issues relevant to group members (Billington et al., 2011). The facilitator's skill in guiding discussion was helpful both socially and therapeutically (Robinson 2008a). Socially, facilitators encourage involvement, ensuring that members feel they are actively part of something, but without putting pressure on them to participate. By being socially aware, facilitators prioritise the needs of the group above those of individuals, to maintain group cohesiveness (Billington et al., 2011). Therapeutically, discussion is guided around people's responses to the text, allowing group members to express themselves emotionally or recall a past memory. The facilitator ensures that discussion is grounded in the text, thus maintaining the safe emotional distance protecting against an explicit focus on an individual's painful experiences (e.g. McNulty, 2008).

1.7.1.5 Role of environment

The relaxed nature of GiR was also reflected in the general atmosphere of RGs. Members across multiple groups collectively reported that they experienced the group as welcoming, non-judgemental, unpressured and comforting (Billington et al., 2011, 2012; Dowrick et al., 2012). Of particular value were the voluntary nature of the group and the absence of prescriptive goals or obligations. This was reflected in members' involvement in the selection of texts, optional attendance at sessions, not having to prepare, and voluntary participation (e.g. Hodge et al., 2007; Robinson 2008b). This is in contrast to traditional psychotherapy and formal bibliotherapy, which usually require completion of homework, commitment to attend a certain number of sessions, prescribed tasks/texts, and active engagement in the therapy process. In addition, contrary to traditional book groups, the immediacy of reading in

RGs helps in enabling their therapeutic quality, by encouraging reflection on in-the-moment internal states as they occur (Robinson 2008a).

1.7.2 Summary and critique

In summary, there is a scarcity of literature around the GiR model, but existing research does indicate that RGs can produce positive therapeutic effects (e.g. Billington et al., 2011). This occurs in the absence of a skilled psychotherapist, in contrast to SHB and formal CB. GiR also distinguishes itself from other bibliotherapies by exclusively employing serious literature, which is selected for its relevance to the human condition, rather than to address a particular problem. Consequently, GiR removes the problem-focus, and is accessible to people with a wider variety of MHPs, including those whose engagement in SHB/formal CB is limited by cognitive ability, readiness to change and complexity.

However, because it is a new area of investigation, GiR research is largely based on pilot studies with small samples (e.g. Billington et al., 2011; Robinson, 2008a, 2008b); the lack of RCTs or other larger scale empirical research limits the robustness of the findings, which are only preliminary at this stage. Most of the research uses ethnographic observation of RGs and interviews with key stakeholders (e.g. Billington et al., 2011, 2012), but relatively limited attention has been given to exploring the experience of participation from the point of view of the RG members themselves. Where this did occur, individual detail was limited by short focus group methodologies (e.g. Robinson, 2008a), or an emphasis on reading habits, and perceived benefits of/motivation for group membership in individual interviews (e.g. Hodge et al., 2007). While this is valuable information, it does not address subjective experience in detail.

Although RGs clearly have a role to play in mental health and well-being, it remains unclear precisely what this role is and the mechanisms underpinning it. Billington et al. (2012) identified potential mechanisms for change, but these were derived from ethnographic methodologies, and therefore only go so far in explaining potential psychological processes occurring within RGs. Furthermore, they refer only to processes occurring within the group, and do not account for potential continuation of effects outside the group, including possible influences on relationships. Because of this within-group focus, existing research does not address how present occurrences in RGs may link to past experiences. Although there is limited quantitative data demonstrating symptom change over the course of RG involvement (e.g. Billington et al., 2011), this area is yet to be explored qualitatively. Thus, further research is warranted to explore RG participation and mechanisms in further detail, using different methodological approaches (Dowrick et al., 2012), and to move beyond a within-group focus to consider potential therapeutic benefits, relating to people's past and present experiences and relationships, outside of the group.

1.8 Study rationale

The current research aims to expand on existing literature firstly by adopting a focus on experience, in order to understand what participation in a RG is like from the perspective of the individual group member. Although previous researchers have addressed this issue to an extent (e.g. Hodge et al., 2007), the current study benefits from more in-depth analysis of individual cases, enabling the researcher to delve deeper into the subjective psychological world of the group member.

Secondly, the current study moves beyond previous findings by explicitly exploring how the RG experience might transfer to outside of the immediate RG setting. It hopes to illuminate how this experience may be integrated into meaning-making outside the group, and vice

versa. This includes addressing how individuals' past experiences might link to present group experiences, enabling access to perceived change over time, and a stronger focus on relationships, enabling the exploration of interpersonal processes occurring both within and outside of the group.

Thirdly, this research offers a more detailed exploration of the RG experience from a psychological perspective, by adopting a different methodological approach (Interpretative Phenomenological Analysis [IPA]). The phenomenological aspect of IPA allows for greater interpretation than the ethnographic approaches employed previously, and enables access to aspects of experience that the participant themselves may not be consciously aware of. It is hoped that this will add another dimension to existing research, by providing psychological insight into the mechanisms occurring within RGs. To the author's knowledge, this is the first piece of psychological research to be conducted on the GiR model of group reading.

Finally, the current research focuses exclusively on people experiencing functional MHPs. Given the aforementioned 'treatment gap', it is "essential that new ways of delivering services are explored" (Reeves & Stace, 2005, p. 341). Although SHB goes some way towards providing an alternative to medication/traditional psychotherapy, it still presents clinical limitations. GiR on the other hand, although not a 'cure' or therapy (Davis, 2009), provides a less prescriptive and less stigmatised avenue for enhancing emotional well-being. Furthermore, its non-clinical nature may be valuable to individuals who have disengaged from traditional services, who are not yet ready to change, or whose difficulties appear to be linked to social circumstances (e.g. loneliness, isolation) (Dowrick et al., 2012). This is consistent with a shift in mental health service delivery from symptom improvement to a more holistic focus (HM Government, 2011), promoting social inclusion and engagement in therapeutic leisure activity (Department of Health, 1999). GiR philosophy also aligns with

the recovery model of mental health (McLaughlin & Colbourn, 2012), which fosters an on-going whole-person approach to the development of coping and resilience, and promotes hope for a meaningful life despite mental health difficulties (LeVine, 2012). It may be that RGs can offer support to those individuals who wish to engage in less pathologising wellness-focused activities, rather than problem-focused clinical services. It is therefore important to understand how such alternative supports may be helpful to those experiencing psychological distress.

1.9 Aims and objectives

The research question asks what is the experience of being in a RG for people with MHPs? The overall aim was to explore participants' experiences of being in a RG, and the impact of participation upon how people make sense of their lives and relationships. Objectives for meeting this aim are to: (i) explore the intra- and inter-personal experience of being in a RG, and the meaning of participation to the individual; (ii) understand how participation affects how people make sense of past and present experiences and relationships, both inside and outside the group, in the context of mental health difficulties; (iii) consider how the experience of being in a RG changes over time; (iv) explore the experience of being read to in a group setting relative to other group activities.

2.0 Method

This chapter outlines the study design and provides an overview of Interpretative Phenomenological Analysis (IPA), its key features, and epistemological underpinnings. The rationale for IPA is discussed relative to other qualitative methodologies. I then describe the methodological procedures, and consider reflexivity, quality/validity and ethical practice.

2.1 Design

The aim of the study was to explore participants' experiences of being in a reader group (RG), and the impact of participation upon how people make sense of their lives and relationships, in the context of mental health problems (MHPs). Data were collected via individual semi-structured interviews, and analysed using IPA.

2.2 Qualitative methodology

A qualitative approach was selected for several reasons. Firstly, qualitative approaches enable the use of linguistic data to explore in detail the subjective meaning of a particular phenomenon (Langdridge, 2007); in this case, the experience of being in a RG. Focusing explicitly on individual cases, they do justice to the complexity and richness of human experience, unlike quantitative methods (Ashworth, 2003). The latter, in contrast, employ objective measurement of numeric data to test hypothesised outcomes across a representative sample (Langdridge, 2007). Such approaches were deemed unsuitable for meeting the aims of the current study because they cannot capture in-depth individual experience, and the research is exploratory, rather than testing a predetermined hypothesis (Smith & Osborn, 2008).

Although they differ in their epistemological frameworks and techniques (e.g. Smith, 2004), qualitative methods share a common focus on interpretation, experience and meaning-making.

They reject the positivist notion of a single objective reality, instead arguing that reality is a function of individual perceptions and understandings (Ashworth, 2003). One such approach is IPA.

2.3 Interpretative Phenomenological Analysis

IPA aims to understand how people attach meaning to lived experience, and how they make sense of their personal and social world in relation to that experience (Eatough & Smith, 2008). Although developed relatively recently (Smith, 1996), IPA draws on the long-established philosophies of phenomenology and hermeneutics (Larkin, Watts & Clifton, 2006), and concern with subjective experience (James, 1890). Of fundamental interest is how such experience is interpreted and understood (Barker, Pistrang & Elliott, 2002), since perceived meaning is more important than objective reality (Willig, 2008). In contrast to positivism, phenomenology views reality as a product of an individual's "practical engagements with things and others" in the world (Eatough & Smith, 2008, p. 180). Edmund Husserl, phenomenology's founder, argued that we cannot separate reality from experience because reality *is* experience, and therefore the meaning we attach to experience is key to understanding how humans make sense of their world (Ashworth, 2003). A series of interrelated meanings become bound together in what Husserl termed the 'lifeworld'; understanding the lifeworld requires going 'back to the things themselves' (Smith, Flowers & Larkin, 2009), or exploring the subjective lived experience from which such meaning is derived. Because there is no 'direct' route to experience, phenomenology employs the expertise of individuals in their own experience (Reid, Flowers & Larkin, 2005) to provide an 'experience-close' account of a particular phenomenon, from which the researcher interprets meaning (Smith, 2011).

It is this 'meaning-making' process that constitutes the 'interpretative' aspect of IPA which assumes that making sense of experience is part of the human condition (Smith et al., 2009), and distinguishes IPA from more descriptive phenomenological approaches (e.g. Giorgi & Giorgi, 2008; Pringle, Drummond, McLafferty & Hendry, 2011). Drawing on hermeneutics, Heidegger proposed that it is through our state of 'being in the world' that we make sense of ourselves (Eatough & Smith, 2008), and therefore we cannot meaningfully exist outside a temporal/geographical context (Larkin et al., 2006). How we perceive and understand objects/events is inevitably influenced by existing knowledge and beliefs, derived from experience (Eatough & Smith, 2008). Consistent with symbolic interactionism, interpretation is intersubjective, occurring in, and as a result of, social interactions (Smith, 1996). In IPA, the researcher and participant engage in a joint meaning-making process, using a 'double hermeneutic'; seeking out the participant's perception of their experience ('first hermeneutic'), while also critically analysing aspects of experience which the participant may be unaware of, or unwilling to acknowledge ('critical hermeneutic', Smith & Osborn, 2008).

IPA is also idiographic, with in-depth analysis occurring at the individual level (Larkin et al., 2006). This contrasts to the nomothetic approach dominant in psychology, which generates laws to explain and predict behaviour at population level (Smith et al., 2009). By focusing on the particular rather than the universal, IPA makes claims about individuals rather than generalised populations, reiterating its aim to "understand meaning in the individual life" (Eatough & Smith, 2008, p. 183).

Accordingly, IPA involves detailed analysis on a case-by-case basis (Smith, 2011). Transcripts are analysed in an iterative process from initial coding through increasing levels of abstraction to the identification and organisation of themes (Smith et al. 2009). The final narrative moves between the two levels of interpretation outlined earlier ('double

hermeneutic'); "from rich description through to abstract and more conceptual interpretations" (Eatough & Smith, 2008, p. 187), to capture the totality and complexity of individual experience (Smith & Osborn, 2008). Although IPA is systematic, it boasts a "healthy flexibility" (Smith et al. 2009, p. 79), allowing the analysis to be guided by the individual account. During the interview, the researcher can probe interesting areas as they arise (Smith, 2004), which not only helps maintain idiographic focus, but is also useful for exploratory research when there is little existing literature, as is the case for RGs.

IPA was thus selected as the preferred methodology for the current study because it enables the researcher to generate an interpretative account of participants' lived experience of being in a RG, to better understand this phenomenon from the perspective of individuals with MHPs. Because IPA seeks to uncover a chain of connection between what participants say and their thoughts and emotion states (Smith & Osborn, 2008), it is hoped that this approach will shed light on the underlying cognitive and affective processes involved in RG participation, and associated meaning-making. IPA is also useful for exploring issues involving transformation or change (Eatough & Smith, 2008), so it was felt that this approach could provide insight into participants' experience of change processes or development over time within the RG.

IPA is one of several qualitative approaches united by their emphasis on meaning and experience, but distinguished by their goals, methodologies and epistemologies (Starks & Trinidad, 2007). IPA differs from grounded theory in that the latter, rather than creating an interpretative account of lived experience, seeks to generate a high level conceptual account (or theory) of social processes occurring in a particular context (e.g. Charmaz & Henwood, 2008). Discourse analysis (DA), rooted in linguistics, is concerned with the role of shared language systems in creating meaning, and in enacting identities and relationships (Starks &

Trinidad, 2007). While IPA endorses DA's social constructionist viewpoint that language is a fundamental aspect of reality construction, it argues that we must move beyond linguistic interaction to fully understand experience, because language alone "does not speak to the empirical realities of people's lived experiences" (Eatough & Smith, 2008, p. 184). In contrast to DA, IPA researchers, drawing on the social-cognitive paradigm, are also concerned with inner mental states, but what DA offers is a welcome endorsement of the importance of language and context in IPA's pursuit of understanding the meaning of such cognitions in relation to lived experience (Smith, 1996). Finally, IPA shares similarities with narrative analyses, in its commitment to interpretative meaning making and experiential emphasis (Eatough & Smith, 2008). However, narrative researchers focus more on the structure and organisation of stories (e.g. beginning-middle-end, plots), and relate this to meaning making within a context of temporal continuity (Murray, 2003; Murray & Sergeant, 2012). The emphasis on storytelling and temporal continuity implies a sense of 'journeying', so perhaps this approach would be more suited to the exploration of experience where a journey is more prominent (e.g. the experience of illness from diagnosis to recovery).

In summary, IPA was selected for the current project because of its clear phenomenological emphasis on participants' experiential concerns (Larkin et al., 2006). Its groundings in phenomenology and hermeneutics mean that it is well placed to facilitate an interpretative account of what it is like to be in a RG, and how participants derive meaning from this experience (Smith et al., 2009).

2.3.1 Reflexivity

Because interpretation and experience are inextricably linked, researcher reflexivity is a fundamental aspect of qualitative experiential research (Shaw, 2010). IPA researchers explicitly examine their own backgrounds, priorities, and interests, and consider their

potential influence on the interpretation of participant accounts (e.g. Smith, 1995). Husserl suggested that researchers should 'bracket off' these assumptions and adopt a 'natural attitude', to understand another's experience without being biased by our own values. However, Heidegger argued that bracketing in this sense is impossible since we cannot escape our own subjectivity (Langdridge, 2007). Therefore, while it is not possible to completely separate the researcher from their conceptions and experience, the researcher's position must be clearly outlined. Consistent with Reid et al. (2005), I will provide my reflections on each stage of the research process, which were regularly recorded in a reflective journal. It was felt appropriate to present an on-going account of my reflections in each chapter, in order to align the reader with my thought processes as the research evolved.

2.4 Procedure

2.4.1 Participants

2.4.1.1 Sample size

Sample sizes in IPA studies vary widely, depending upon multiple factors including ease of recruitment, depth of analysis, and data quality (Eatough & Smith, 2008). For instance, where accounts lack detail, more participants are required to gain sufficient richness of data, while fewer cases enables greater investment in the analytic procedure for each individual (Smith, 2011). It was decided in the current study to follow Smith et al.'s (2009) recommendation of four to ten participants for a professional doctorate, depending upon the richness of the data collected.

2.4.1.2 Sampling strategy

Since random or representative sampling is not appropriate for small numbers of participants, a purposive sampling method was used (Smith & Osborn, 2008). Participants were recruited through existing RGs, which were identified according to the length of time they had been

running and the prevalence of known MHPs within the group, to ensure that some members should meet inclusion criteria (see below). Although not intentional, groups were located in urban areas with high levels of deprivation (Local government statistics – Anonymous, 2007, 2010[2]).

IPA research should aim for a reasonably homogenous sample (Smith & Osborn, 2008); in the current study, homogeneity lies in participants' membership of a RG and experience of MHPs. However, IPA is not exclusively interested in what is shared between participants, but also what is *not* shared, so explores both convergence and divergence (Reid et al., 2005). Therefore, some heterogeneity is valuable to illuminate the diversity of human experience (Eatough & Smith, 2008), and can help the reader make (albeit tentative) judgements about transferability of the account to other groups (Pringle et al., 2011). Recruiting participants with a range of MHPs, and from different groups, encouraged some level of heterogeneity among the current sample.

2.4.1.3 Inclusion and exclusion criteria

People were eligible to participate in the study if they:

- attended RGs regularly (i.e. on most weeks) for six months or more (long/frequently enough for the group to have some impact on their life/psychological state);
- were experiencing MHPs either at the time of recruitment, or at the time they joined the RG. MHPs were identified by any of the following:
    - having received a formal clinical diagnosis;
    - contact with mental health services;

[2] Anonymised references. Full details available on request

    - self-identifying MHPs (experiencing significant psychological distress, which had a significant impact on daily functioning for a period of several months or more);
- were over 18 years old;
- could speak and understand English sufficiently well to participate in a one hour interview.

People were not eligible to participate if they did not meet the above criteria, or if they were experiencing acute distress such that participation in the interview may be detrimental to well-being.

2.4.2 Recruitment

The researcher presented the study at selected RGs, providing information about its purpose, inclusion criteria and nature of participation. I acknowledged that I was aware that RGs were not primarily for people with MHPs, but that some people in the group *may* have experienced MHPs, due to their high lifetime prevalence (The Health and Social Care Information Centre, 2007). To avoid people feeling singled out/exposed, however, all group members were given a recruitment flyer (Appendix C), and people were invited to ask questions or contact me privately for further information. The recruitment flyer also had a slip attached which could be completed and returned to express interest in the study. In practice, all those who participated expressed their interest publicly, suggesting that they were open about their MHPs within the group.

In total, the research was presented to 15 people, from three different RGs. Of these, an estimated 13 were eligible, but it was not possible to know this accurately. Several people (both respondents and non-respondents) openly commented on their mental health during the

group, which provided some idea of how many met this particular criterion. Of the estimated 13 group members who were eligible to participate, 10 agreed to take part, but one later withdrew from the study. Nine people were interviewed, but one was later excluded from the analysis because it emerged that the participant had only attended the group for five months. Another interview was terminated prematurely (after 32 minutes) due to an interruption, but it was nonetheless included in the analysis. Eight interviews were analysed in total.

2.4.3 Designing and conducting the interview

2.4.3.1 Developing the interview schedule

Data were collected using semi-structured interviews, selected because they enable the researcher to probe areas of interest, and allow for more flexible data collection than a structured interview (Eatough & Smith, 2008). Because the research was exploratory, it was not possible to predetermine the nature of the data, hence pre-define possible responses. Semi-structured interviews therefore accommodate the variability of subjective experience, whereas a more restricted questioning approach would counteract the aim of enabling the participant to tell their personal story (Smith & Osborn, 2008). Semi-structured interviews also allow the researcher to establish rapport with the participant, which is likely to elicit a more natural account (Reid et al., 2005).

Consistent with guidelines on interview construction (Smith & Osborn, 2008), the interview schedule was developed in line with the study aims and objectives, following examination of the literature on reading and mental health, and consultation with supervisors. I also attended two sessions of one RG to gain first-hand experience of being in a group, which helped familiarise myself with the group format, and ground the interview questions in the phenomenon being studied. I chose not to recruit from this group, to avoid being seen to place implicit pressure on members to participate.

The interview questions were open-ended, and covered the following areas (full interview schedule in Appendix D):

- Participants' inter- and intra-personal experience of being in a RG and the meaning they attach to participation.
- The relationship between participants' experience of the RG (over a period of time) and their life outside the group, both past and present, including MHPs.
- The perceived impact of RG participation on how people make sense of their own lives and relationships (including MHPs), and the experiences of others.
- The perceived impact of RG participation on how people relate to themselves and others.
- Participants' experience of shared reading relative to other group activities and reading alone.

Pilot interviews were conducted with two participants to assess the suitability of the interview schedule. This helped to ensure that questions were clear, and would enable the participant to tell their story with as little prompting as possible (Smith & Osborn, 2008). Following the first pilot interview, two questions were re-worded following participant feedback and reflection on the interview, which indicated that two questions were difficult to understand (e.g. 'how do you experience yourself and others in the group?'). Subsequent interviews indicated that revised questions were clearer. As this was the only change in the interview schedule, pilot interviews were included in the final analysis.

2.4.3.2 Interview procedure

Most interviews took place at the RG locations (public libraries, mental health drop-in centre), with one conducted at the university. Participants were given an information sheet

(Appendix E), and invited to ask questions about the study before completing a consent form (Appendix F). Participants also completed a demographic data form (Appendix G), which is deemed important in providing a context within which the individual's account could be located and understood (Reid et al., 2005).

Interviews were intended to last approximately one hour, but ranged from around 30 to 120 minutes, with a mean of 66.5 minutes. This discrepancy will be reflected upon in the reflexivity section. The researcher drew on principles of active listening (e.g. Fitzgerald & Leudar, 2010) during interviews to convey warmth and empathy, and facilitate rapport. Consistent with Smith and Osborn (2008), the interview schedule was used to guide discussion, but the order was not followed exactly, and interesting areas followed up with additional questions.

Interviews were recorded using a Dictaphone, and transcribed verbatim by the researcher (three interviews) or paid transcriber (five interviews), under a confidentiality agreement. Since there are no universally agreed rules for transcription of qualitative data (McClellan, McQueen & Neidig, 2003), the transcription style was based on an amalgamation of various transcription conventions and recommendations (e.g. Smith & Osborn, 2008; Silverman, 2006) and was consistent throughout all transcripts.

2.4.4 Ethical considerations

The study was approved by the Division of Clinical Psychology research committee (Appendix H) and the University of Liverpool Committee on Research Ethics (Appendix I). The research was conducted in line with British Psychological Society (2009) and Health Professions Council (2009) guidelines on conduct and ethics.

Participants were provided with written information detailing their right to withdraw from the study at any time, the limits of confidentiality, how anonymity would be ensured, data storage and the risks/benefits of participation (Appendix E). All participants were invited to ask additional questions before giving written consent to participate in the study. Consistent with Smith and Osborn (2008), feedback about emotional state was elicited from participants during the interview, and the researcher was mindful of signs that may indicate distress. A list of useful contacts (Appendix J) was available to participants in the event of distress, but this was not needed.

Participant anonymity was protected using participant numbers to identify transcripts, and pseudonyms in the written thesis. Additional identifying information (e.g. place names) was also altered. Participants were aware that interviews would be transcribed, and anonymised quotes may be used in the final write-up. IPA interview transcripts cannot be totally anonymous because of the nature of data they contain, but I was conscious not to use quotes that could potentially identify the participant. All data were stored securely and accessible only to the research team. Following completion of the research, hard data were destroyed and electronic data archived by the data custodian.

2.5 Analytic procedure

As recommended for novice IPA researchers (Gee, 2011), the analytic procedure followed Smith et al.'s (2009) guidelines, summarised in Appendix K. First, self-contained analyses of individual transcripts were conducted; repeated readings of each transcript involved increasing levels of abstraction, from initial noting to emergent themes, as illustrated in Table 2.1 (further examples in Appendix L).

Table 2.1

Initial Noting and Emergent Themes (Participant 1)

Emergent theme	Transcript	Initial notes (descriptive, *linguistic*, conceptual comments)
Attention to detail valued Significance of small details Optional personal/emotional focus Book doing to: eliciting emotions Distinctness of RG model? Educational focus as pressured/unsafe? No pressure to perform/meet intellectual standard Optional participation (passivity is accepted)	The fact that you can discuss how a line in the book made you feel, not just how the book as a whole made you feel and the book groups I've gone to want to discuss the books in depth and I suppose I don't know if they're…more in an educational sense like 'you must understand the book', you must…and it feels like a bit more pressure whereas in the reader group there's no pressure to participate at all, you can sit there and just listen to other people's opinions.	*'fact' – truth, known* (trust?) Importance in single line (vs whole book) deconstructing into small parts *'not just'* – focus on whole book missing something? *'can' – option, not obligation* *'book made you feel' – book as active subject, you as object* group exerting influence Focus on feelings (relate to internal state) Contrast to 'classic' book group *'want to' – expressing different ethos* Educational, in-depth, academic understanding *'you must' (repetition) – obligation,* emphasising pressure/expectation Academic focus more pressurised? obliged to meet standards Too much academic focus is unsafe? Pressure (*repeated for emphasis?)* '*whereas' – direct contrast* '*at all' – totally* pressure free *'can' – choice/freedom,* *'sit there' 'just listen' – passivity?*

Emergent themes were then clustered together to develop superordinate themes (Appendix M). The researcher looked for connections between emergent themes using processes including abstraction (identifying shared relationships), polarization (identifying oppositional relationships), and subsumption (emergent theme acquiring superordinate status). Table 2.2 provides an example of emergent themes clustering into a superordinate theme.

Table 2.2

Emergent Themes Clustered into Superordinate Theme (Participant 2)

Superordinate theme	Emergent themes (line numbers)
2.11 Developing interpersonal self-efficacy: learning how to relate to others	Generalisability of interpersonal learning to everyday life (111-114) Developing ways of relating to others (104-105) Learning skills to counteract ostracism (235-237) Developing self-awareness (101-102) Confidence in forming relationships (234-235) Improving communication self-efficacy (182-184) Not obliged to relate in a certain way (105-106)

This process was repeated independently for all interviews, before comparing theme clusters across the whole sample. The latter involved looking for patterns between cases, paying attention to convergence and divergence within the data to identify shared higher order categories as well as unique idiosyncrasies. Throughout the analysis, the researcher moved between the two levels of descriptive and critical interpretation ('double hermeneutic'). All analyses were conducted manually, and involved laying out strips of paper containing themes on a large surface and re-arranging them according to connections identified between them. Because IPA is an iterative process, this sometimes led to the re-naming or re-configuring of themes. The end product was a series of master themes and superordinate themes, which will be discussed in the next chapter.

2.5.1 Ensuring quality and validity

Because there is "no single, definitive way to do IPA" (Smith & Osborn, 2008, p. 54), it is important to employ quality and validity checks to ensure that the interpretation "can be traced back to a recognizable core account, focusing on [participant's] lifeworld" (Larkin et al., 2006, p. 115). This is especially difficult for novice researchers (Smith 2004), like myself, so I was mindful of staying with the data to generate a plausible and transparent account of the meaning of participants' experiences. Guidance on ensuring quality was taken

from key papers addressing this issue in qualitative research (Brocki & Wearden, 2006; Elliott, Fischer & Rennie, 1999; Smith, 2011; Tong, Sainsbury & Craig, 2007; Yardley, 2000).

Recognising IPA's subjectivity, all transcripts, individual analyses and the final analysis were shared with supervisors, to externally audit the validity of themes (Pringle et al., 2011). Unavoidable time constraints meant that it was not possible to carry out validity checks with the participants themselves. However, care was taken to clarify what was the participant's original account and what was the interpretation (Brocki & Wearden, 2006), and quotes from the transcripts were used to illustrate how the latter were grounded in the former.

Reflexivity is also an important part of ensuring quality (Reid et al., 2005). In my reflective journal (excerpts in Appendix N), I reflected on my thoughts about the data, in terms of possible emergent themes and relationships between them, including convergence/divergence. I also recorded personal reflections, to make explicit the possible impact of my own assumptions on how the data were interpreted, and to 'own my perspective' (Elliott et al., 1999). To provide optimum transparency, the following section outlines the researcher's position.

2.6 Position of the researcher

I am a 29-year-old white British female, and I have worked in the field of clinical psychology for five years with a range of client groups. In both clinical and research contexts, I am an advocate of viewing the client/participant as a 'person-in-context', and am critical of the traditional perspective in mental health services which is based on symptoms and diagnoses, rather than contexts and experiences. One of the issues I have with such a reductionist perspective is that those who cannot be 'fitted' into predefined categories can slip through

gaps between services, which I have observed in clinical practice. I have a strong interest in exploring alternative or additional means by which activities with therapeutic effect may be made accessible to people with mental health difficulties, particularly those for whom traditional services are unsuitable. Whilst working on an inpatient acute assessment unit, I noticed that it was often engagement in simple everyday tasks, rather than a session with the psychiatrist or psychologist, which seemed to have the greatest impact upon someone's functioning in the short-term, and so became interested in how everyday tasks such as reading may be employed to enhance mental health and well-being.

The appeal of reading for this purpose is not only its apparent simplicity but also its creative quality, since I am also interested in how engagement with artistic creations (e.g. music, literature, film) can reveal insights around emotional experiences both for creator and audience. My interest in the relationship between arts and mental health developed when I was doing my Masters dissertation, which looked at how people perceive and understand schizophrenia through cinematic portrayals in contemporary North American film. Conducting this research illustrated that others' stories can potentially be extremely useful in helping people understand what it is like to live with emotional distress, and perhaps be better able to make sense of it.

With this context in mind, I contacted The Reader Organisation, and through initial discussions with staff/reading about past projects/participation in RGs, I begun to reflect on the potentially powerful emotional effects of reading literature in a group. This then made me wonder about comparisons between RGs and psychological therapy, and whether the former may be therapeutic for people with mental health difficulties. Particularly, I was interested in the experience and meaning of participation from the perspective of the individual member, and how this related to how people understand their lives.

2.7 Reflections on methodology

The first thing that struck me during this process was the welcoming and approachable nature of staff and group members during the recruitment and data collection stages. It seemed that the friendliness that I experienced was exemplary of the general atmosphere of RGs, and made me wonder whether this would be identified by participants in their own experience. The accounts that participants shared with me were varied and fascinating and, at times, I found it difficult to keep in mind and follow up all of the curiosities elicited in me during the interviews. This experience highlighted to me both the vast amount of interest and experiences that participants had to share, and the value of IPA as a methodology, in terms of enabling me to get to know participants and explore their stories.

As mentioned previously, the interviews varied in length and richness, which seemed partially attributable to variations in wellness among participants. It seemed important to comment on this, since mental health will fluctuate over the period of time in which someone attend RGs, so the current time point reflects a snapshot of this period; while some participants may be relatively well, others may be less so. A related reflection was the potential blurring of my dual roles as researcher and clinician, since it sometimes felt difficult not to respond as a clinician and resist the urge to help, especially with participants who seemed less well. From a clinical perspective, I found myself fascinated with one particular participant, but wondered how this might affect the interview and analysis. For example, I was aware that, if unchecked, my interpretations of this individual's account could run the risk of straying into clinical territory, akin to the hypothesising process that occurs during formulation, and therefore aimed to remain mindful of this during the analysis stage.

3.0 Analysis

This chapter outlines the sample, and provides an overview of the main findings. I then present the master themes and subthemes, alongside participant quotes (notation details in Appendix O), to illustrate their relation to the data. The chapter concludes with reflections on the analysis.

3.1 Participants

Eight interviews were analysed. Participants were three females and five males, aged 30 to 58. Participants had attended reader groups (RGs) for at least nine months, averaging at approximately 21 months. Table 3.1 displays basic demographic information, with fuller 'pen pictures' in Appendix P. All identifying data has been changed.

Table 3.1

Participant Demographics

Participant number	Pseudonym	Age	Mental health problem (MHP)
1	Olivia	30	Depression, low self-esteem, anger
2	Nadia	42	Bipolar disorder
3	Alfie	53	Depression
4	Liz	56	Depression
5	Jim	58	Depression
6	Ian	44	Anxiety, depression, substance misuse
7	Hassan	42	Anxiety, depression, Asperger's Syndrome
8	Richard	44	Anxiety, depression

3.2 Overview of master themes

The aim was to explore participants' experiences of being in RGs. Interpretative phenomenological analysis (IPA) resulted in five master themes, each containing three/four subthemes (Table 3.2). Appendix Q presents the results in further detail, including superordinate themes and associated participants.

Table 3.2.

Table of Master Themes and Subthemes

Master theme	Subthemes
1. Literature as an intermediary object	• Attunement to text, self, other • Literature eliciting self-reflection in safe environment • Testing ground for new ways of being
2. Boundaries and rules of engagement	• RG as separate (protected) space • Structure and unplanned happenings • RG as unpressured/failure-free • Acceptance and non-judgement
3. Self as valued, worthy, capable	• Fulfilment of otherwise unaccomplished endeavours • Sense of potential through (enjoyable) learning and achievement • Opportunity for contribution/involvement
4. Community and togetherness in relational space	• Interpersonal self-efficacy counteracting social difficulty • Attachment to others fosters trust and belonging • RG as collective experience/venture
5. Changing view of self, world, others	• Re-appraising self as normal • Psychological flexibility • Connecting past and present self

3.3 Literature as an intermediary object

The first master theme depicts the text as an intermediary object positioned between participants and the wider group, between intraspsychic and interpersonal experience, and

inside and outside the RG. Safe, guided engagement with literature enables exploration and understanding of one's own and others' thoughts, feelings and behaviours.

3.3.1 Attunement to text, self, other

All participants talked about a sense of heightened understanding and awareness, both of themselves and others. For Olivia, the group *"made me more aware of 'oh you don't feel very well today'"* (Olivia:1:801)[3]; 'oh' suggests a moment of realisation, shifting from ignorance to awareness, indicating enhanced attunement to her internal state. She attributes this to live reading: *"Because it's read aloud, you hear things that you wouldn't necessarily read"* (Olivia:1:872-873) so *"you can kind of you experience it more"* (Olivia:1:896-897). By engaging different senses, Olivia becomes more aware of events in the text and herself. Similarly, Nadia describes how *"slowly by surely by taking up the sentences and reading the sentence repetitively and learning what the words mean, sometimes I got the storyline"* (Nadia:2:34-36). Through patient, repetitive attendance to textual details, via group discussion, Nadia develops clarity and coherence. This may also provide a model for developing coherence in personal narratives, since reflections on literature require consideration of one's own and others' (e.g. character's) internal states. Accordingly, attunement is also evident interpersonally:

> *when you're sort of with someone and you love them and all that, you'll do anything for them. And there was a bit of that in Great Expectations*[4] *really […]* [and] *Blood Brothers*[5] *as well. I looked at me own life, and I thought to meself 'you're very good at loving other people. Putting other people on a pedestal. But you're no bloody*

[3] (Name:*x*:*y*) denotes (pseudonym:number:line number) for each quote

[4] By Charles Dickens

[5] By Willy Russell

> *good at putting yourself on a pedestal […] I could see meself as a doormat to be honest with you. In relationships.* (Jim:5:833-843)

Through exposure to similar themes in multiple texts, Jim attends to and makes sense of self-other (idealising/pleasing) and self-self (critical/rejecting) relationships in his 'own life'. Jim attunes both to his own thoughts/feelings, and to himself in relation to others. Understanding others also transfers outside the group: *"when you're like driving about and that and somebody cuts you up and that. I mean I'm more forgiving now as I think well maybe they have to be somewhere"* (Richard:8:375-377). Richard's attentiveness to another's internal state increases tolerance of their behaviour.

3.3.2 Literature eliciting self-reflection in safe environment

This subtheme describes how literature triggers, and encourages expression of, thoughts and feelings hitherto unexplored/undisclosed. Several participants connect the literature to their own lives: *"We don't, you know, just read and then, you know, think 'that's the story' nothing of it […] stories can inspire some, you know, things from your own life"* (Ian: 6:187-191). Ian's juxtaposition of the uninvolved 'just' reading with the capturing 'inspire' highlights the engaging nature of relating to the text. Passively absorbing literature (thinking 'nothing of it') contrasts with Ian's reflective procurement of personal meaning from the text.

What is vital is that this process is literature-driven. Olivia felt compelled to externalise her internal state: *"the poem had made me mention it"* (Olivia:1:383-384). Similarly, the RG engages Hassan in self-reflective dialogue: *"I think it asks me, when I'm in the reading group, I think it says to me well 'who am I'" (*Hassan:7:450-451). In both examples, the text/RG is the active subject, and 'me' the object, indicating that literature drives reflection/externalisation.

This is enabled by the safe environment, firstly by giving permission to disclose otherwise overwhelming or burdensome experiences: *"it's things in life, especially with Dickens, cos it's, you know, very traumatic things. But we can talk about it because it's happening in the book"* (Richard:8:405-407). The text models exploration of difficult experiences, reassuring Richard that this is manageable and allowed. Centring discussion on the literature also maintains a safe distance between him and his MHPs, since feelings can be projected onto fictional characters/events. Secondly, literature acts as a safe base around which exploration occurs. Hassan states *"because we're focusing on a novel and what this novel entails, we're kind of, we're kind of, er how can I put it? Constraint. Kind of constraint"* (Hassan:7:585-586). Members are 'constrained' to the literary content, but Hassan's difficulty articulating this indicates some leeway or voluntariness ('kind of'), implying only partial constraint. Alfie echoes Hassan's experience of maintaining proximity to the text: "*whatever passage we're reading starts us off all the time and yet we can range far and wide but when [facilitator] thinks we've gone far enough she drags us back to the book"* (Alfie:3:163-166). Although discussion is led by literature, this balances with exploration into more distant territory, enabling the personal reflections and meaning-making described above. However, using the literature as a secure base, facilitators guide readers back to the book when in danger of straying too far from the text.

3.3.3 Testing ground for new ways of being

Literature also acts as the intermediary object enabling exploration of novel ways of being. Participants are encouraged to step outside their 'norm' and engage with literature they may not otherwise select: *"when I read that*[6] *I thought 'well this is not going to be something I enjoy' but I actually enjoy reading it now"* (Nadia:2:385-386). Nadia discovers unexpected

[6] *A Short History of Tractors in Ukranian* by Marina Lewycka

enjoyment, perhaps learning that her predictions are not always accurate. Participants also experience opportunities for new ways of relating:

> *I suppose that* [RG] *was a situation where I found I could slightly use the stuff I'd learnt from the* [anger management] *group because it never worked for me cos in the moment when I'm angry, I'm angry, but in that situation it felt like 'no you can keep*…[calm]*' …cause I did feel a little angry with some of the stuff that was being said between the two people and I, I was very calm* (Olivia:1:264-270)

Olivia adopts an alternative ('calm') way of relating which she was unable to employ outside the RG, despite attending anger management groups. She controls her reactive default response ('when I'm angry, I'm angry') and tests out an alternative. Relinquishing habitual coping strategies often involves exposing vulnerability, which seemed possible in the RG, unlike in her therapy group or the outside world.

For some participants, such behaviours transfer outside the group. Jim used to dismiss literature to protect against feeling inadequate for being unable to understand text: *"I'd think 'well, I'm gonna have difficulty with that' or something, then you dismiss it. Him* [author]*: pratt. Him: stupid. That's stupid, the book's stupid"* (Jim:5:568-569). However, through the RG, Jim adopts an alternative strategy of approaching (rather than avoiding) literature, leading to new behaviours outside the group: *"it has progressed because, say like, if I only looked at books, say like two years ago* [prior to joining RG] *I might look at books for five minutes a day. Well then now it's probably half an hour a day"* (Jim:5:487-490). Increased engagement with books suggests Jim has learnt to tolerate, and appreciate, that which he previously found threatening.

3.4 Boundaries and rules of engagement

This master theme pertains to explicit and implicit boundaries and rules of the RG, helping to create the safe, supportive space in which aforementioned exploration occurs.

3.4.1 RG as separate (protected) space

For most participants, RGs seem to exist as a separate space. Hassan describes going "*back into the normal world"* (Hassan:7:561-562), implying that the RG is 'not normal', or qualitatively distinct from the *"outside world"* (Hassan:7:569). Olivia comments that being read to in the group is *"a bit more magic"* (Olivia:1:908) relative to lone reading, suggesting a sense of fantasy or other-worldliness inside the RG.

'Separateness' is reinforced by unspoken rules, which provide a sense of protection. Alfie expresses trust in group members to maintain his confidentiality: *"no matter what I say or what I tell them it's not going to reach my family. And they're not going to go out and talk to other people about it"* (Alfie:3:785-787). Although this would be explicit in statutory services, it is mentioned by participants as an implicit assumption. Participants also trust the facilitator to provide a safety net (e.g. during group discussions; "*I think the facilitator would've stood in"* [Olivia:1:249]), indicating that 'rescue' is available, which is not generally experienced outside the group. Rescue is reiterated in Ian's experience of the RG as providing refuge from anxiety: *"I get terrible fears that just come up on me cos that's part of what the condition is but I don't get that here"* (Ian:6:263-265). Ian seems able to escape or contain a prominent aspect of his MHP in the RG which, elsewhere, feels unpredictable and uncontrollable.

Trust and support indicate a level of intimacy between group members, which is also qualitatively different inside and outside the group. For many, group member relationships

are context-dependent, such that they only exist within the RG. Ian comments: *"there aren't many people that, I mean, I've met outside the group but there are people that I do see, you know, as friends when I'm here"* (Ian:6:294-296). Ian's relationships change upon crossing the threshold of the RG such that inside, there is a temporary intimacy which does not occur in the same relationship outside: *"You end up talking about something you never thought you'd ever talk about to […] a group of strangers"* (Olivia:1:425-427). Olivia juxtaposes unfamiliarity with intimate disclosures, which social convention discourages outside the group. However, perhaps such disclosures are enabled precisely because of the absence of continued intimate relationships outside the RG, since less relational investment carries less risk.

Liz illustrates an important divergence while reflecting on group relationships: *"it's not friendly, it's <u>friends</u>"* (Liz:4:336). Her emphasis on 'friends' indicates greater relational involvement than simple pleasantness conveyed by 'friendly'. As such, her relationships *do* continue outside the group: *"So like for example, [/we/] text say 'oh we-…w-wh- should we go er….lunch…er….cafe…[…] maybe once a month"* (Liz:4:248-249). By engaging in activities with fellow members outside, Liz's relationships transcend the threshold between the RG and the outside world, thus the sense of separation seems less prominent.

3.4.2 Structure and unplanned happenings

There is also a sense of free will occurring within semi-structured boundaries. Firstly, participants describe spontaneity in the RG: *"we can go on anything it just all of a sudden someone will say something and we'll go off on a tangent"* (Alfie:3:16-162). 'Suddenness' conveys a sense of unplanned 'happenings', since the direction of conversation is unknown. Olivia echoes this unpredictability: *"you can't really have an agenda because something will come up in the group and you'll end up discussing all kinds of things"* (Olivia:1:494-497).

'Come up' suggests that discussions emerge naturally in the RG, as opposed to being prescriptive/forced. Interestingly, Olivia notes not just that there *is* no agenda, but that there 'can't' be an agenda, indicating that planned structure is not conducive to the RG.

However, participants do experience some structure in RGs, although individual perceptions of 'structure' varied. Jim contrasts RGs to therapy: "[therapy's] *just anything goes, chaos, anarchy. But there's a structure to the readers group"* (Jim:5:783-785). Perhaps having some 'structure' helps Jim feel contained in the RG rather than chaotic/uncontrolled. His use of 'anything goes' to describe the 'chaos' of therapy groups echoes Alfie's earlier comment that 'we can go on anything' in the RG. However, it seems that despite this 'unplanned suddenness', RGs have sufficient structure to help Jim feel contained. In contrast, Olivia finds therapy overly prescribed/structured in comparison to RGs, stating that *"there's somebody in control"* (Olivia:1:1032-1033), and *"they were like 'you need to relate to people like this, you need to relate to people like that'"* (Olivia:1:984-986). Her experience of therapy as prescriptive/controlling implies that she values the freer, less agenda-driven RG style. It therefore seems that there are different ways of construing structure in RGs, and perhaps the value of balance is that the level of perceived structure is tailored to individual preferences.

3.4.3 RG as unpressured/failure-free

All participants experienced the RG as unpressured, firstly through lack of expectations. For Jim, *"they seem to create an environment where you're not gonna feel pressured if you can't understand it"* (Jim:5:664-666), which is especially important to him in the context of his pervasive "*fear of failure"* and *"appearing stupid"* (Jim:5:314-316). For those unable to tolerate academic environments due to the threat of appearing inadequate, RGs offer solace from the demands of educational settings: *"it's a lot more comfortable because there isn't the*

pressure that there is in an academic erm, environment" (Ian:6:160-162). In contrast to academic pressure to perform adequately/correctly, RGs offer both men the opportunity to engage with literature without the expectations associated with reading/understanding in academic settings.

RGs are also unpressured through optional participation *"if you don't want to say nothing that's the good thing about it. If you're not feeling great or whatever you can just sit there"* (Richard:8:261-262). The RG offers Richard protection from expectations of disclosure, and promotes personal agency over his level of involvement. Thus, he remains in control of how much he chooses to reflect/engage, rather than participation being dictated. This also applies to attendance: *"[Facilitator] used to say 'well, if you don't feel like sitting in the class, go out. And if you do feel if you want to come back that's quite alright'"* (Jim:5:426-428). Given his difficulty tolerating 'classroom' environments, this gives him the opportunity for escape should he become overwhelmed.

The patience of the RG also contributes to its unpressured nature. Hassan commented that *"the pace of communicating with the other members of the group, erm, has become at a more eased er pace"* (Hassan:7:533-535), in contrast to the pace experienced outside, perhaps enabling more manageable interactions in the context of his social communication difficulties. Patience also emerges in relation to the literature, illustrated by Liz's negotiation of Phillip Pullman's *His Dark Materials* in the RG: *"three books, that's a long time. It's at least a year"* (Liz:4:287). Her emphasis on time investment may reflect the slow pace of reading aloud, and/or the unrushed process of attending to detail in group discussions, perhaps enabling the sense of perseverance she conveys.

3.4.4 Acceptance and non-judgement

Implicit within the RG is a sense of acceptance and non-judgement, further contributing to its safety. Olivia states: *"it's one of the few places that I've felt I can go in and be who I am and not have people say 'who you are is not right'"* (Olivia:1:455-456). Olivia expresses novelty in being able to be herself without fear of being rejected as 'wrong'. Nadia contrasts this to her experiences outside the group:

> *just to go somewhere where they don't feel as if they're insecure or feeling that people are pointing at them, pointing the finger at them, and they feel as if people can appreciate their side of the story without feeling that they are being victimised all the time by people who just want to be nasty* (Nadia:2:306-310)

For Nadia, the RG is free from the 'nastiness' and 'victimisation' experienced outside the group. Interestingly, she uses the third person ('they/them'), perhaps distancing herself from these experiences, or from her MHPs due to internalised self-stigma. Nadia's narrative suggests that outside the group she feels singled out ('pointing the finger'), which is not replicated in the RG: *"I feel very secure there* [in RG]*"* (Nadia:2:322). Here, she chooses the first person, perhaps connecting with the experience as her own.

Proximity to one's difficulties is also mediated by the RG's non-problem focus. Jim describes the group as "*an environment which is more <u>well</u>* [compared to] *some of the groups you go to, like therapy groups and stuff"* (Jim:5:782-784), indicating that the RG provides respite from MHPs which are the focus of other group endeavours. This emphasis on wellness is frequently experienced as helpful: "*No one will turn around and say […] I've tried to commit suicide', you know, 'what's your thoughts on this?' […] You talk about non-essential things. You talk about anything but why you're really there"* (Alfie:3:613-616). For

Alfie, *not* thinking about his MHPs is an important protective strategy against feeling unable to cope, despite these being the reason he attends the RG. He trusts the RG to keep him safe from explicit disclosures of distress, which can, at his discretion, remain concealed behind trivial discussion. However, Liz talks about feeling *"really depressed or…er…sometimes crying"* (Liz:4:208) during the RG, suggesting that expression of MHPs *can* occur inside the group. She adds *"but the people there doesn't mind at all"* (Liz:4:368-369), qualifying that her expression of distress is experienced as acceptable.

Accordingly, the RG is also experienced as non-shaming and safe to reveal difficulties without threat of judgement: *"you might be nervous about the problems that you're facing. And telling other people and admitting to other people but nobody really feels a problem about admitting to it in, you know, in the groups"* (Ian:6:99-102). Ian's repetition of 'admitting' implies a sense of shame/guilt about his problems, hence his anxiety around disclosure. However, the implicit assumption that RGs are judgement-free enables safety in exposing such vulnerabilities.

3.5 Self as valued, worthy, capable

All narratives convey a sense of worth, value, and capability promoted by the RG; through involvement in constructive activity, participants actively use past experience to enable learning and achievement.

3.5.1 Fulfilment of otherwise unaccomplished endeavours

RGs appear to enable participants to pursue personally important endeavours not accomplished outside the group. Nadia particularly values intellectual achievement, after being unable to fulfil her educational aspirations. She comments: *"I'm learning something from this book, I'm learning the basis of how to write, the structure of writing"* (Nadia:2:423-

425). Although not its intended aims, the RG provides Nadia with a seemingly educational experience of literature and learning. The sense of worth that this creates is not only for herself, but also for others: *"if I explain to her* [Nadia's mother] *'oh I've been to the reader group and I've learnt this', er, she'll feel as if I'm doing something constructive in life"* (Nadia:2:117-119). Learning thus seems to be considered 'constructive' for Nadia and her family, perhaps restoring a sense of capability and worthwhile endeavour. Similarly, Jim uses the RG to defend against perceived intellectual inferiority: *"I don't think I'm thick you see, and yet that's the impression that I give"* (Jim:5:322-323). Being in the RG enables Jim to challenge his pervasive sense of inadequacy/stupidity, perhaps proving his capability to himself and others.

While Nadia and Jim are concerned with intellectual achievement, Alfie values interpersonal accomplishment. He perceives himself as a dominant personality in the RG:

> *I don't think there's a strong personality there……except maybe me. Cos I'm the one to first throw down my views. And……I've tried it, I mean I've thrown down views that I know are not conducive to the group and yet they still follow me* (Alfie:3:140-144)

Alfie views himself as strong relative to others in the RG; being the 'first'/being 'followed' suggests he sees himself as a leader, which he tests out by sharing controversial opinions which, when others follow, confirm this position. His perception that others follow him may indicate a projection onto other members of his own desire to be powerful in a world where he is otherwise powerless. Alfie talks about lacking confidence elsewhere, such that *"I don't talk to people outside"* (Alfie:3:878). Thus the RG may provide an arena where he can

present as strong and powerful, despite underlying vulnerabilities that impede his self-confidence outside the group.

3.5.2 Sense of potential through (enjoyable) learning and achievement

Participants also experienced a sense of potential for growth, as Ian demonstrates: *"people, I think, are developing themselves"* (Ian:6:52). That group members are 'developing themselves' suggests self-driven development, indicating a sense of responsibility for personal growth in the RG. For some, the opportunity to learn is highly valued. Liz stated *"I like courses"* (Liz:4:83) and *"I like the teacher reading"* (Liz:4:483). The words 'courses' and 'teacher' have an educational resonance, suggesting that the RG offers her a chance to learn and develop. This is interesting in the context of Liz's disability, since the RG may provide opportunities to restore past skills, hence some sense of her pre-illness self.

Others comment on self-improvement in certain areas: *"well, I've improved in my reading skills. I've stopped feeling, feeling that I can't read"* (Nadia:2:253-254). In addition to improvement, Nadia experiences negation of feeling incompetent in her reading ability, indicating acknowledgement of her potential to succeed in something she believed herself to be incapable of. Jim experiences an on-going sense of achievement: *"you always feel afterwards, when you've finished it, as if you've achieved something"* (Jim:5:278-279). 'Always' indicates consistency across RGs, suggesting that each session inspires some sense of accomplishment. However, he also conveys a more cumulative sense of achievement, through reading novels over several sessions: *"being able to say to yourself yeah, week after week after week after week we ploughed through that"* (Jim:5:245-246). His repetition of 'week' suggests continued perseverance, while 'ploughed through' conveys a challenge which is eventually overcome. That Jim says this 'to himself' indicates an internal sense of accomplishment which, for Richard, is partly inspired by the facilitator: *"*[she] *always used to*

have great faith in our ability to understand" (Richard:7:218). The facilitator's trust in members to succeed fosters a sense of potential and capability, perhaps aiding the aforementioned internalisation process.

What is vital about the learning process is that it is experienced as enjoyable. All participants share Olivia's sentiment that RGs *"can be a lot of fun"* (Olivia:1:591). Thus, although meaningful in terms of offering productive learning opportunities, RGs are ultimately pursued for enjoyment over performance/attainment. Richard comments: *"I'm not a very good reader like but I've always liked reading"* (Richard:7:11-12), indicating that his reading ability is unimportant relative to pleasures gained, which is permissible in the RG. Similarly, Jim states *"you're there to enjoy. You're there to enjoy the literature in front of you"* (Jim:5:779-780), which is vastly different to his experience of dread and need for escape when reading in an academic setting.

3.5.3 Opportunity for contribution/involvement

The RG provides participants with opportunities to contribute, as Ian exemplifies: *"I'll come up with ideas for things cos that's very important that people can come up with ideas themselves […] I've put a few ideas in, you know, that have been taken up"* (Ian:6;316-319). Generating his own ideas is valued, perhaps for demonstrating capability; having these ideas 'taken up' may confirm this capability since others seemingly perceive them as 'good enough', thus enhancing self-esteem and self-worth.

Contribution and involvement are also enabled by RGs, through offering alternative access to literature to those who struggle with 'traditional' lone reading, such as Liz: *"I can't read because for me it's difficult but I like anyway listen[/ing/]* (Liz:4:69). For Hassan,

> [Reading aloud] *would give me the freedom to take a piece of paper and the person is reading from the book, and as the person is reading I can map, visually, the storyline where we are {draws diagram}. And to me that's more adaptable for me to understand* (Hassan:7:745-748)

Hassan finds it easier to follow narrative by visually mapping what he hears. Others reading aloud enables this, thus enhancing his ability to follow the story and stay involved with the book and discussion. The RG model accommodates such idiosyncratic ways of engaging with text, maintaining inclusion in the reading process for those otherwise excluded.

The RG is also inclusive in the sense that personal diversity is valued. Olivia comments, *"there's different levels of reading ability in the group so you have some people who are very good and other people who are not so good but everybody gets the chance"* (Olivia:1:930-933). Despite variations in reading ability, Olivia highlights that everyone has equal opportunities for involvement. Jim adds, *"we're all on the same level. No one's like an expert and no one's, no one's er, like, no one's treated any different"* (Jim:5:777-779). He conveys a sense of equality in the RG, suggesting a flattened hierarchy, which may protect against power imbalances. This is important given the sense of inferiority/inadequacy that many participants express.

3.6 Community and togetherness in relational space

The fourth master theme pertained to the interpersonal nature of RGs, which created a sense of community and togetherness operating around the literature.

3.6.1 Interpersonal self-efficacy counteracting social difficulty

Most participants experienced enhanced interpersonal confidence through group discussion, as exemplified by Nadia: *"you're learning how to, you know, react to people without feeling that you have to be coy or egoistic or arrogant"* (Nadia:2:105-106). She implies learning to relate naturally to others, without manipulating or disguising her true self. 'Having to' relate in a certain way, perhaps as a protective strategy, is not replicated in the RG, where Nadia may be enabled to 'react' openly because of its in-the-moment and accepting nature. This sense of genuineness/openness is echoed by Olivia, who transfers her relational experiences outside the group: *"with my husband I can say 'I'm not feeling too good today, so today's gonna be hard, so if I do lose my patience with you or if I am upset […] it's because I've not been feeling very well"* (Olivia:1:779-785). Through open and honest expression, she facilitates his understanding of her internal state hence behaviour. For both women, interpersonal learning is not just about skill development, but about acknowledgement and internalisation of these skills, thus promoting a sense of interpersonal self-efficacy. This is especially important considering that many participants saw themselves as formerly socially inadequate/ineffective.

For Alfie, the RG provides an alternative interpersonal culture to that experienced outside: *"I don't converse very, you know, with my family. Erm outside I don't talk to people"* (Alfie:3:182-184). He adds: *"The only people I talk to is in here. And it's in here I'm gaining confidence"* (Alfie:3:878-879). In contrast to withholding from his family, the RG nurtures greater interpersonal openness. Perhaps conversing in the group fosters self-belief, as Alfie realises that he can engage with others in a constructive way.

3.6.2 Attachment to others fosters trust and belonging

Participants seemed to identify a connection between themselves and others in the RG. For Ian, *"it's our sort of little social group"* (Ian:6:301); 'our' conveys ownership and belonging, while 'little' may indicate containment and/or exclusiveness, echoing earlier discussions of the RG as a separate space. Perhaps it is through sharing this contained space that connections are able to develop. Olivia describes connections developing over time: *"I suppose it would be hard* [for someone new to join group] *because we've had quite a while to bond"* (Olivia:1:970-971). Bonding seems to require time and patience, which is perhaps testament to the depth of the connections, since 'bond' implies intimate emotional attachment. We saw earlier that this level of intimacy emerges as a function of sharing internal states relating to the literature. Time also appears to be an important aspect of Richard's attachment to others:

> *the world can do things to you and it's not very nice and that and you think you have no bond with the world at all. And then you come back. That's why the regularity of the group helps as well cos I think it gives you that thing going back week after week. You can go back to to and you can get that sense that same sense of community again* (Richard:8:359-364)

In contrast to the RG, Richard feels alienated from others outside the group, which is perceived as threatening/unfriendly. Returning to the RG counteracts this feeling of isolation by providing a sense of belonging. 'Coming back' is spoken from within, suggesting attachment to the group, and echoes earlier discussions of returning to a secure base; Richard appears to trust that by returning to the RG, his bond with others will consistently be accessible 'week after week'.

Feeling connected to others is experienced by some participants even when they or others are physically absent from the RG. Alfie states that *"when one person's not there you miss them"* (Alfie:3:283-284), suggesting that absent members still occupy mental space in the group. That they are 'missed' further emphasises emotional attachment, since the absence is not just noted, but felt. Interestingly, this is also experienced by the absent member outside the group: *"to feel like you belonged to a group even though it's only a small group gives you that sense of like, this is where I should be at this time"* (Olivia:1:192-195). Olivia describes a felt sense of belonging to the RG; 'should' conveys a sense of what feels right, and 'at this time' reiterates the importance of consistency.

3.6.3 RG as collective experience/venture

Most participants experience the RG as a collective venture, as Nadia illustrates: *"we're all joining together as a total participation group"* (Nadia:2:79-80). 'Joining', 'together', 'total', and 'all' emphasise the holistic operation of the group, suggesting that negotiating literature is a communal activity. Alfie contrasts this to other group activities: *"the relaxation* [group], *although you're with a group of people, you're on your own […] In this one you're actually conversing. You're actually integrated"* (Alfie:3:914-918). While Alfie experiences the RG as joint/collective, relaxation is an individual activity within a group setting. He values the 'integrated' nature of the RG, perhaps because it enables the development of connections described above.

However, the RG is not always experienced thus, as Olivia demonstrates:

> *there was that part of me that felt like well it was my group I was the first person who attended it...but then it was the...the having a social element and […] it was our group that we could share like between us* (Olivia:1:33-37)

She describes a gradual transition from individual to collective experience, perhaps like the first child learning to share their home/parents with siblings. 'My' communicates unshared ownership, and there is a sense of Olivia as the pioneer, thus perhaps claiming the group as hers. However, she then assimilates others into her idea of the group, later becoming a shared venture ('ours'). Her pauses indicate a degree of hesitation, possibly reflecting this transition as uncertain, but she then seems to recognise mutual ownership of the group.

Collective function is valued for multiple reasons. Jim values *"being with people and sharing that story with them. And being able to get other people's opinions of it"* (Jim:5:284-285). Again, 'sharing the story' may help to create the sense of connection outlined above. Jim also values exposure to multiple perspectives, echoed by Ian in his observation of *"people feeding off other people's thoughts"* (Ian:6:129-130) in the RG. 'Feeding' conveys a sense of thriving off one another, implying that interaction between members is required to sustain the group, and ensure its function. Again, feeding is resonant of attachment and early development, suggesting that the RG may enable a developmental transition from physical to intellectual feeding.

Although RGs are largely considered collective ventures, participants still retain individual idiosyncrasies. For example, when discussing text, *"the group would understand it in one particular way but ever so subtly there was a slightly different angle on how each one of us, understood it"* (Richard:7:54-56). The 'subtle' discrepancies between individual perspectives within collective understanding seems important given our earlier discussion of individual worth/value, since shared experience does not eclipse individual differences and may also enable greater tolerance of uncertainty in thinking.

3.7 Changing view of self, world, others

The final master theme describes processes of re-appraisal, as participants discover new realisations about themselves, the world, and others.

3.7.1 Re-appraising self as normal

All participants comment on how sharing common experiences of MHPs, both with the literature and other members, creates a sense of themselves as normal. Hassan reflects on his 'differences' in the context of others' in the RG: "*I say to myself 'well, if this person experiences, you know, these forms of differences then it's quite normal for me also to express those differences'"* (Hassan:7:656-658). Hassan sees himself as 'different', but through identifying with similar 'differences' in others, he re-defines his sense of 'normal'. Interestingly, he uses the word 'express' when talking about his differences, suggesting that their status as 'normal' means he feels permitted not only to experience, but also to externalise them. For Jim, the observation that *"sometimes the others don't understand* [the literature]*"* (Jim:5:549) appears to normalise his difficulties comprehending text. Perhaps seeing others struggle challenges his sense of inadequacy/inferiority, through realising that others share similar difficulties.

In addition to identifying with other members, participants talk about sharing experiences described in text. For Olivia, one book:

> *has a lot of plot points about not feeling significant in the world and because there was more people in there and sharing how they felt about the book, it made you feel I'm not the only person that feels this way* (Olivia:1:146-149)

Olivia relates the narrative to her own experiences of feeling insignificant, which are also shared by other members. The literature thus facilitates the identification process, not only directly through describing events in the book, but also indirectly through discussion, leading to others revealing similar experiences. That 'more people' shared similar feelings to Olivia creates a shift from being 'alone' to 'one of many', perhaps enabling her to challenge previous ideas of herself as different.

3.7.2 Psychological flexibility

The RG also appears to influence participants' beliefs through exposure to multiple perspectives. Nadia states that *"sometimes you'll read a storyline, and you'll think, right, this means that this is gonna happen but you ha- a statement can be ambiguous, can't it?"* (Nadia:2:477-479), recognising that her interpretation of the narrative is not the only one. Similarly, Richard realises in the RG that he is not always right: *"I was a lot more insistent that I had the correct way and as I get older now I realise that I haven't ((laughs)). When it's just everybody else's is just as valid as mine"* (Richard:7:62-64). Appraising his own perspective in the light of others', Richard shifts from unquestioning superiority of his beliefs to the recognition of multiple possible truths.

Engaging with others' ideas does not necessarily mean that participants adopt a different viewpoint, but what is important is that alternative opinions are considered, and challenged where appropriate: *"there's some people who have very strong opinions that I disagree with. But I find that it seems comfortable to be able to tell them 'I disagree with this, and this is why'"* (Olivia:1:293-295). In contrast to Olivia's lack of assertiveness outside the group, presenting her own argument and reasons for disagreeing with others feels 'comfortable', which is resonant of our earlier discussions of RGs as a safe place for self-expression.

3.7.3 Connecting past and present self

Most participants make connections between their past and present selves, as illustrated by Alfie:

> *I used to be an avid reader and I'm talking there was never, never not a book in my hand. I've always had books in my hand. But, I had a bit of a breakdown […]* [now] *the only reading I do is here* (Alfie:3:190-195)

He emphasises a past passion for reading, which deteriorated due to his MHPs. However, the RG serves as a gateway for re-connecting with this important aspect of himself, since *"it's helping me learning to read again. You know to have the ability, and the want and the desire to read"* (Alfie:388-389). Alfie is seeking not only to revive reading as an activity, but also the emotional aspects of reading (drive, desire); perhaps by assimilating these 'lost' parts of himself, he restores his sense of functionality and wellness.

For Liz, returning to the past helps her connect with a sense of herself as 'normal': *"the past when I was normal, it- I like [/liked/] books so every day [/I would read for/] at least a half an hour or an hour for example in bed"* (Liz:4:26-28). Her emphasis on the extent of past reading highlights literature as an integral part of her daily life. Perhaps, then, reading equates with 'normality', which her current 'abnormal' self is incapable of. Thus, it seems plausible that the RG provides a bridge to her former healthy/whole self to re-connect with a sense of herself as 'normal'.

For others, the RG links to a more distant past, as some participants recalled childhood experiences: *"it's like being a child again. Not in a patronising way but one of my favourite things as a child was to have somebody read to me"* (Olivia:1:897-889). The non-

'patronising' way that Olivia experiences the RG is perhaps testament to the tone and atmosphere of the group, since it seems to retain a childlike quality without belittling. The RG also elicits more difficult memories:

> *it kind of reminds me of, you know, I suppose something that, a very dark period of my life. I suppose that's kind of returning, in a way, to something making me feel a bit, you know, something that I've, you know, been hiding from myself all this time* (Ian:6:130-134)

The group is reminiscent of a difficult period in Ian's life (described as *"not dissimilar from what I remember from a university seminar"* [Ian:6106-107], which was where his difficulties emerged). By returning to his past, Ian appears to re-claim an aspect of himself that he was previously concealed, perhaps because it was too painful to address. It is possible that the aforementioned safety of the RG environment enabled Ian to begin processing this traumatic past, which may explain his current ability to articulate elements of his unwell self, which until now were actively avoided.

3.8 Reflections on analysis

The analysis stage was the most time-consuming phase of the research and, perhaps relatedly, the most emotive. Reading and initial noting were characterised by both surprise and excitement, and I was struck by how much interpretation emerged from single words and subtleties. I recalled Gee (2011) reporting this experience, and wondered whether this was a common feature of novice analyses. Realising things I had not noticed during interviews/previous readings elicited a sense of heightened awareness and freedom in the unpredictable direction of analysis. This reminds me of participants' experiences of reading literature, in terms of enhanced attunement and spontaneity/unpredictability. However, like

participants returning to the text, I was equally returning to the transcript, to ensure that my interpretations were not too distanced from the original account.

However, this was not always adequately managed, such that my initial enthusiasm led me to (unwittingly) jump ahead of myself in the first case analysis, extracting at too high a level. Remaining mindful of Smith's (2004) warning that novice IPA researchers are often *wary* of developing overly interpretative accounts, I wondered if I was overcompensating by interpreting overzealously. Upon reflection, my original emergent themes for Olivia's transcript were thus too distanced from her narrative, so this step was revised prior to clustering into superordinate themes. Fortunately, subsequent analyses seemed smoother, perhaps because I was mindful of my mistake, and more familiar with the process. However, I noticed a difference between individual analyses, with some rich in data (e.g. Olivia) and others lacking. This is reflected in the relative prominence of Olivia's quotes throughout the analysis. Having said that, those initially appearing 'thinner' (e.g. Nadia, Liz) nonetheless harboured great interest and equally powerful quotes. This emphasised to me the value of IPA in accessing significance/meaning behind apparently limited accounts.

In some ways, then, the analytic process was not always consistent with my initial expectations. Regarding content, there were certain preconceptions (based on the literature review/clinical experience) that did emerge in the final analysis, including normalisation, belonging, and enjoyment. However, I had not anticipated such strong themes pertaining to self-worth, the RG as a testing ground, and the cognitive shifts that participants experienced. I also expected RGs to be experienced as an explicit distraction, perhaps facilitating escape from MHPs. However, I was surprised to find that participants actually seemed *more* attuned to themselves in the group, rather than seeking escape from internal experiences.

The final clustering process across the whole sample was more challenging than expected because clarifying a structure took time and patience. Furthermore, analysis continued into the writing stage, when themes continued to be re-worded and re-organised to best represent participants' experiences. Because of the inter-related nature of superordinate themes, there were several ways they could have been grouped together. This highlighted IPA's subjective nature, and left me wondering what led me to interpret the findings in the way I did.

My clinical experience clearly influenced my interpretation of participants' accounts; I found myself drawing on principles from various therapeutic models that I use in practice, including psychodynamic (attachment, attunement), CBT (cognitive re-appraisal) and CAT (patterns of relating). Having co-facilitated several therapy groups, I also found myself comparing the experiences described by participants to that of therapy groups, which was also done explicitly by participants themselves in some cases. This was of particular interest because the study objectives sought to explore the experience of the RG relative to other group activities, and possible alternative avenues to therapeutic activity.

4.0 Discussion

This chapter considers the results in relation to psychological literature. I also discuss limitations and clinical implications of the current study, and make suggestions for future research.

4.1 Overview of study

The study explored the experience of being in a reader group (RG) among people with mental health problems (MHPs), and considered how participation relates to making sense of life experiences. Guided by study objectives, an interview schedule was developed to explore the meaning of participants' on-going intra- and interpersonal experiences of the group, and how these relate to life outside the RG, including other group activities. Semi-structured interviews were subject to interpretative phenomenological analysis (IPA), resulting in five master themes: *'Literature as an Intermediary Object', 'Boundaries and Rules of Engagement', 'Self as Valued, Worthy, Capable', 'Community and Togetherness in Relational Space', and 'Changing View of Self, World, Others'.*

4.2 Relating findings to previous literature

4.2.1 Literature as an intermediary object

This theme was the principal, overarching theme providing a context in which the remaining master themes operated. It demonstrated the fundamental role of literature as an intermediary object around which discussion and reflection occurred. The importance of literature echoes Hodge et al.'s (2007) assertion that the RG's literary function was primary. Enabled by live reading, in-the-moment discussion, and present attention to detail, participants became more attuned to the text, themselves and others, reflecting Billington et al.'s (2011) finding that the live experience of text enabled more complex connections within and between group members and the text. It also contrasts with the sense of distraction or escape often associated

with reading fiction (Reading Agency, 2003). The RG model provided participants with greater coherence around the narrative, consistent with previous literature (e.g. Divinsky, 2007; Gold, 2001). Weston and McCann (2011) suggested that this experience of clarity may help to organise one's own narrative, perhaps by modelling an informal formulation process to manage the sense of confusion or chaos often experienced among people with MHPs (Johnstone & Dallos, 2006).

Since engagement with text required reflection on internal states, literature mediated participants' self-self and self-other relationships through heightened exploration and understanding. This is reminiscent of Burns and Dallos' (2008) comments on the role of reading literature in promoting reflective self-function, which is an important aspect of mentalization (Fonagy & Target, 2006). Mentalization describes the ability to understand our own and others' behaviour in terms of internal mental/emotional processes, and develops as a function of early attachment relationships with caregivers who are adequately attuned and responsive to the infant's needs (Fonagy & Target, 2006). Attunement requires the caregiver to accurately recognise, verbalise and respond appropriately to the non-verbal communications of the child's emotional state, so that the child learns to understand and externalise their internal world through the caregiver's modelling (Holmes, 1993). However, in the absence of such relationships, self-organisation and emotional regulation are compromised (Fonagy & Target, 2006), leading to potential vulnerability to MHPs (Holmes, 1993). For participants in the current study, it may be that engaging with literature in the RG buffers against poor self-regulation or self-understanding associated with MHPs, by developing attunement to self and others through reflections on and internalisation of characters'/group members' experiences and expressions of affect. Such interaction may then promote both the self-reflective and interpersonal components of mentalization that enable greater sensitivity to internal emotional processes (Fonagy & Target, 2006).

Reflection was not just encouraged but also powerfully elicited, and often externalised, by the literature/RG, consistent with Billington et al.'s (2011) finding that participation led to "articulation of profound issues of self and being" (p. 7). The current study identified safety mechanisms within the RG environment enabling this. Firstly, the literature both modelled and permitted exploration of painful feelings, demonstrating that these are tolerable. Secondly, and consistent with previous research (e.g. McNulty, 2008; Pardeck & Pardeck, 1984), the literature provided a safe distance between distressing experiences and individual participants, thus allowing more risky explorations than would perhaps be enabled outside the RG. It is possible that Winnicott's (1965) 'holding environment', or Bion's concept of containment (Holmes, 1993) may explain this process, since the literature may act as a container of participants' projections of difficult feelings/experiences (consistent with Shrodes, 1949/1950, as cited in McCulliss, 2012). The book holding emotion is analogous both to the mother holding her baby's distress, and the therapist holding that of their client. Similarly, the notion emerged of the literature as a safe base around which participants were able to explore feelings and experiences. The literature mediated between exploration and returning to the text, which was also supervised by the facilitator. Returning to the book, and returning to the facilitator, may be akin to the exploring infant being connected to the mother via attachment (Bowlby, 1988). When the infant strays too far, or is in danger of going into risky territory, they are pulled back to the mother as a secure base, analogous to group members being guided back to the literature when in danger of straying too far from the text.

The safety of the RG environment also enabled exploration of alternative ways of being, by acting as a testing ground for new behaviours. This is consistent with Powell's (1950) reports of reading groups as a 'little society' in which new patterns of relating were explored, and later transferred to the outside world. This did not seem to be the product of simple imitation,

as suggested by Bhattacharyya (1997), but a gradual process of intended or unintended divergences from default patterns of relating. Breaking out of these protective but sometimes unhelpful learned patterns is a prominent aspect of many psychological therapies, including Cognitive Analytic Therapy (CAT), and involves inter- and intrapersonal risk-taking (Ryle & Kerr, 2002). In the current study, exposing (and risking) vulnerability in the RG helped participants learn that alternative ways of being are available, thus increasing their repertoire of responses for use outside the group, as occurs in therapy (Ryle & Kerr, 2002). Consistent with a Cognitive Behaviour Therapy (CBT) model (e.g. Wells, 1997), participants also learned that such alternatives can be safe and functional, like Nadia realising that her predicted outcomes were not always accurate. Transferring such learning outside the group is similar to the therapeutic process of encouraging clients to experiment outside therapy, for instance through behavioural experiments (Bennett-Levy et al., 2004), thus perhaps the RG replicates the safe, contained space of therapy. However, what distinguishes the two is that the mechanisms informing the learning process in the RG are mediated by literature and occur in a less intentioned way.

4.2.2 Boundaries and rules of engagement

RG safety was also enabled by boundaries and rules, which maintained the group as a separate, non-judging, failure-free space, within which participants experienced varying degrees of structure tailored to their needs. This theme incorporates the role of both environment and facilitator as 'mechanisms of action' identified in previous RG research (e.g. Billington et al., 2012), but takes this further by suggesting possible psychological processes driving such mechanisms. The separate and almost 'other-worldly' nature of RGs appeared to help the above process of exploring alternative ways of being by enabling sufficient distance from participants' lives outside the group to facilitate experimentation. Similarly, the context-dependent nature of RG relationships meant that participants were able to defy social

convention by making intimate disclosures to relative 'strangers' without risking that relationship, because these largely did not continue outside the group. However, RG boundaries were not completely impermeable; behaviours and, for one participant, relationships, transferred from inside to outside the group. Similar to Powell's (1950) inpatient reading group maintaining links between the hospital and the outside world, RGs were sufficiently connected to participants' lives outside that occurrences within the group retained meaning and relevance. Thus, RGs in the current study appeared to strike a healthy balance between distance (enabling exploration/experimentation) and proximity (enabling relevance/safety) to real life, which again resonates with earlier discussions of the literature/RG as a secure base (Bowlby, 1988).

The divergent finding that Liz's relationships with her neurological support RG members continued outside the group is consistent with Weston and McCann's (2011) comments on a dementia ward RG. In both studies, relationships developed between group members who shared the same neurological difficulties, so perhaps Liz developed continuing relationships at neurological support because her difficulties are rarely shared by others outside this setting, where her 'difference' is magnified. That Liz perceived herself as 'abnormal' may have enhanced her identification with similar others, thus perhaps increasing her desire to maintain relationships which counteracted this difference. However, continuing relationships outside the RG was also noted among people with depression (Billington et al., 2011), so this is unlikely to be a sole explanation.

The facilitator also played a role in maintaining boundaries, by acting as 'rescuer' should participants feel unsafe or exposed, perhaps mirroring the therapist in traditional psychotherapy (Jacobs, 2010). Trust in the facilitator to provide a safety net echoes our above discussion of attachment and returning to a secure base, since trustworthiness is a

fundamental attribute of reliable attachment figures and healthy internal working models (Bowlby, 1979). What is vital about this process is that it requires a relationship, which is not necessarily available in self-help bibliotherapy (SHB, Richardson et al., 2010).

RGs were also experienced as unpressured and, consistent with previous literature (e.g. Weston & McCann, 2011), participants valued the acceptability of error and lack of pressure to attain standards, often in contrast to academic settings. This relates to the non-prescriptive nature of RGs, evident in the current study through participants' experience of choice and lack of obligations, and consistent with previous findings (e.g. Dowrick et al., 2012; McLaughlin & Colbourn, 2012; Robinson, 2008a). Dylan (2012) argues that such enforcement would be limiting, since it undermines the 'free' nature of group processes which lead to natural emergences in the RG. This is consistent with our finding that agendas were not deemed amenable to the RG atmosphere, which instead nurtured unpredictability and unplanned happenings. However, balancing this with some structure was valued by some participants for providing containment. Interestingly, structure is guided by literature, since the format is based around progressing through chapters/poems, and discussion driven by the text. Holm et al. (2005) suggested that it was the particular structure around reading groups that enabled psychological benefits, rather than just providing enjoyment/entertainment.

Consistent with Hodge et al. (2007) and Robinson (2008b), the optional nature of RGs extended to attendance, giving participants personal agency over their decision to attend or not. This is not only empowering but may also encourage personal responsibility, rather than attendance being imposed or alternatively prohibited as a result of someone else's decision regarding an individual's readiness/appropriateness for attending. Perhaps participants experienced an enhanced sense of internal locus of control, promoting belief in one's ability to control themselves and influence their environment (Rotter, 1990). This is in contrast to

DNA ('Did Not Attend') policies implemented in statutory services following non-attendance, which can result in premature discharge. Although such policies are necessary, RGs offer a less rigid opportunity to engage in therapeutic activity which does not require a certain level of commitment to maintain participation, thus allowing for potential ambivalence or resistance.

Also in contrast to SHB, the RG's non-problem focus allowed participants to distance themselves from difficult experiences, again enabling control over the extent of their reflections/disclosures. In formal therapeutic settings, some element of explicitly problem-related dialogue would be necessary in order to manage risk safely, or to adhere to requirements of routine mental health assessment to inform service provision/national outcomes data (e.g. Wing, Curtis & Beevor, 1996). As above, failure to divulge problem-related information may be labelled 'resistance' or 'avoidance'. In the RG, however, the decision not to address one's MHPs was made acceptable by its non-problem focus, thus creating a less stigmatised arena. This may be experienced as less threatening for those with MHPs who find directly addressing their difficulties challenging.

4.2.3 Self as valued, worthy, capable

Consistent with previous findings (e.g. Billington et al., 2011; Weston & McCann, 2011), participants experienced enhanced self-worth, self-esteem and self-confidence as a result of the RG, which were identified earlier as aspects of the RG's therapeutic function (Dowrick et al., 2012). This finding is especially important for participants in the current study, since those with MHPs, especially depression, often view themselves as lacking in worth and competence (Gilbert, 2009b). Unlike previous research, however, the current study identified possible mechanisms underpinning this, firstly through enabling fulfilment of otherwise unaccomplished endeavours. This links to both master themes above since; (i) the separate

space set up by the RG provides a boundaried arena for endeavours to be pursued free from the risk of failure, and (ii) the literature mediates this process by providing a direct (text) or indirect (discussion) tool for such endeavours to be realised. Similar to the RG structure, personal endeavours were idiosyncratic, again indicating the malleability of the RG in being tailored to individual need.

Secondly, the RG inspired potential through learning and achievement, helping participants to internalise a sense of capability. This was consistent with previous findings indicating that RGs were valued by participants for fostering a sense of purpose, learning and achievement (e.g. Billington et al., 2012; McLaughlin & Colbourn, 2012; Robinson, 2008a). The current study highlighted the accumulative experience of achievement continuing consistently over several weeks, indicating that gradual efforts or successes were noted by participants. This seems an important aspect of the RG since self-value requires appreciation of small accomplishments in addition to significant achievements (Gilbert, 2009b). It was emphasised that learning and achievement appeared to be secondary to enjoyment, consistent with previous research (Higgins et al., 2005). This is often in contrast to psychotherapy, which is attended with the aim of improving one's mental health rather than enjoyment. Interestingly, it was precisely the stimulating aspects of reading and discussion, ultimately leading to learning, which were particularly enjoyed by participants in Billington et al.'s (2011) study. Thus, learning appears to occur incidentally as a secondary function of enjoyment, which drives RG participation. As mentioned above, and consistent with previous research, this adds greater dimension to the effects of RGs, by adding opportunities for self-development to pure enjoyment (e.g. Holm et al., 2005; Usherwood & Toyne, 2002).

Thirdly, RGs provided participants with opportunities to contribute, consistent with Billington et al.'s (2011) conclusion that RGs promote a sense of involvement. In the current study,

contribution was enabled by inclusivity, through the provision of access to reading/literature to those who may otherwise struggle (e.g. due to reading ability). Promoting inclusion echoes Weston and McCann's (2011) comment that RGs are "for people of all ages, backgrounds and abilities" (p. 12), perhaps because literature does not discriminate. Again, this is in contrast to other types of bibliotherapy, such as SHB, which requires a level of cognitive ability and literacy (Richardson et al., 2010). Inclusivity is also evident in past research findings that reading group members valued being viewed as people with ideas/feelings, rather than patients (e.g. Billington, 2011; Higgins et al., 2005; Powell, 1950). That participants felt included and valued, and their capabilities recognised and nurtured, is reminiscent of the recovery model of mental health, which adopts a holistic focus on the individual, emphasising hope, coping and resilience (LeVine, 2012). As mentioned above, it also echoes some of the principles of compassion-focused therapy, which encourages people to recognise their own strengths to develop resilience, well-being and self-acceptance (Gilbert, 2009b).

4.2.4 Community and togetherness in relational space

The current study also demonstrated that RGs offered a relational experience, providing participants with a sense of community and belonging. This is resonant of the social function of RGs identified in earlier research (e.g. Dowrick et al., 2012). Through group discussion, participants enhanced interpersonal self-efficacy, perhaps similar to Yalom and Leszcz's (2005) development of socialising techniques. However, RGs seemed to facilitate an experience which moved beyond skill development to the internalisation of interpersonal competence, similar to the sense of capability outlined above. It also distinguishes itself from general group processes through the involvement of the literature, which again acted as the intermediary object around which interaction occurred. We saw earlier that the literature actively elicited reflection and externalisation from participants, who were thus encouraged to engage in social activity by the powerful effects of the text. This was the case even for those

who usually avoided social interaction outside the group. The RG also elicited more natural responses, perhaps because of live reading and subsequent in-the-moment reactions, enhancing the sense of genuineness in interactions. For some participants, these interpersonal styles were transferred outside the group, into contexts where they previously viewed themselves as socially ineffective. This may relate to our earlier discussions of the RG acting as a testing ground, in that participants felt more confident using in the outside world that which they had experienced or learnt within a contained environment.

This theme also highlighted connection and belonging between group members, consistent with previous findings (e.g. Billington et al., 2011). The current study demonstrates how this occurs through the development of attachments to one another by sharing internal states within a safe designated space. Gold (2001) stated that "reading aloud something you have enjoyed is a powerful means of sharing and creating family intimacy" (p. 33) by mutual engagement in sharing thoughts/feelings about the text. This experience appeared to occur in the current study, helping to create intimate bonds between participants. This is resonant of our earlier discussions of attachment, and perhaps suggests that group members (as well and the facilitator and literature) are involved in creating the safe base for one another. It was noted above that relationships between individuals did not generally continue outside the RG, but interestingly this only applied to physical, and not mental, connections. That absentees were missed during the RG highlighted this emotional bond, and also demonstrated participants 'holding another in mind', again reminiscent of attachment. This emotional bond also seemed context-dependent, since group members did not talk about missing each other outside of RG protected time. Having said that, the knowledge that the RG would consistently be there was reassuring for some participants, particularly when exposed to threat in the outside world. Again, this reflects the RG as a secure base which participants trusted they could return to in order to feel safe (Bowlby, 1988). That the RG was experienced as a

collective venture is perhaps testament to this bond. For instance, Billington et al. (2012) reported that RG members negotiated the challenge of literature together, leading to a sense of collective achievement. Perhaps, then, the sense of achievement discussed above is also experienced on a group, as well as an individual, level.

4.2.5 Changing view of self, world, others

The final master theme described the transformation that participants experienced in terms of the way they viewed themselves, the world and others. Consistent with previous RG and general group research, participants experienced a process of normalisation of self through identification with others, validation of their own experiences (e.g. Usherwood & Toyne, 2002), and realising the universality of their difficulties (Yalom & Leszcz, 2005). Again, the literature added to this process, by providing fictional (as well as actual) sources of identification, in terms of characters, events and situations occurring within the novel, consistent with Shrodes (1949/1950, as cited in McCulliss, 2012). Also, the current study demonstrated that participant experiences did not stop at the realisation of shared difficulties, but illustrated how group members assimilated the meaning of this information into their self-concept to change their view of themselves as 'not normal'.

Part of this process was enabled by enhanced psychological flexibility, meaning that participants became more amenable to the existence of multiple possible perspectives that differ from their formerly 'fixed' beliefs. This is consistent both with Gold's (2001) assertion that creative bibliotherapy (CB) enables reframing processes, and Davis' (2009) comment that RG participation helps members gain access to broader ways of thinking. Again, the current study offers possible mechanisms to account for such findings, drawing on cognitive theory (Beck, 1967). The RG appears to weaken certain unhelpful thinking styles, which bias our interpretation of information to fit with existing core beliefs. These biases maintain negative

thinking about self, world and other, and are common among people with MHPs (Blackburn & Twaddle, 1996). Exposure to multiple perspectives around the text helped Richard relinquish his 'all-or-nothing' thinking style, by recognising alternative possibilities between two extremes (right and wrong). Certain RG processes therefore seemed to mirror cognitive restructuring that forms the basis of CBT (e.g. Kennerley, 2009). However, in contrast to individual therapy or SHB, the RG does so in less intentional way, through engagement in literature and discussion. Thus, the weakening of the cognitive bias may be the 'by-product' that Gold (2001) describes as a result of connecting with real felt experience, which RGs facilitate.

Participants also made connections between their current and past selves through the RG, reminiscent of Billington et al.'s (2011) 're-discovery' of past emotions and experiences. For some participants, memories of reading appeared to fulfil lost aspects of themselves, bridging the gap between their current unwell/'abnormal' self, and their past whole/healthy self, prior to MHPs. It is possible that the literature thus enabled integration of fragmented parts of the self into a functioning whole. Participants connected their RG experience both to positive and painful past memories. Olivia's recollection of being read to as a child may enhance the sense of attachment outlined above; the reader in the RG may represent the safe, nurturing, secure base. However, participants also processed painful memories in the RG, linking to earlier discussions of the RG as a safe, contained environment for exposing vulnerability and taking risks.

4.2.6 Summary

The current study suggests that, for the participants in question, literature acts as an intermediary object in RGs, operating within implicit or explicit boundaries that maintain the safety of the group. The text or the RG itself can be understood to represent a secure base

from which these participants were safely able to explore aspects of themselves and patterns of relating within this boundaried environment. Through contributing to the group, participants developed a sense of themselves as valued, worthy and capable, and were given opportunities to pursue personally meaningful endeavours. Continued involvement and collective negotiation of the literature enabled participants in this study to develop emotional attachments and a sense of belonging, further enhancing their self-worth. Coupled with exposure to multiple perspectives, such experiences challenged the often fixed views that participants held about themselves and others, promoting a more flexible cognitive style and altering their perceptions of self, world and other. Although general group processes were evident in the RG, the role of the literature was clear in terms of mediating therapeutic effects. The themes broadly support the literary, therapeutic and social functions of RGs, and reflect the roles of the corresponding mechanisms of action (literature, group, facilitator, environment) identified in previous RG research (e.g. Dowrick et al., 2012). The experience of RGs in the current study thus indicates that they warrant their categorisation as 'informal creative bibliotherapy', since there is supportive evidence of the RG facilitating a creative process within a semi-structured model that brings about therapeutic effects.

4.3 Strengths and limitations

Firstly, regarding strengths, the design was appropriate to the aims of the research, and enabled smooth and ethical recruitment. Because sample the was easily accessible through already-existing RGs, there were no issues in recruiting enough participants who met the inclusion criteria. This is not to say that the inclusion criteria were too general, because the sample was sufficiently homogenous to warrant IPA. Had the criteria been more stringent (e.g. specifying particular diagnoses), this may have caused difficulty in terms of diagnostic reliability or confidentiality, and undermined the aim of the research to explore the RG

experience, because it is precisely this *lack* of pathologising and mix of people which forms the ethos of RGs.

Another strength was that pilot interviews were carried out and the interview schedule revised accordingly, which seemed satisfactory in eliciting high quality data from participants. One difficulty with the interviews was that they were reliant on participants retrospectively recalling experience; in some cases individuals were unable to provide particular examples of a general experience when probed by the interviewer, meaning that potentially richer data was lost. This is especially important given that RGs emphasise presentness and in-the-moment occurrences.

Although not a prescribed methodology, the analysis followed the systematic stages of IPA outlined in Smith et al. (2009). This was useful given the novice status of the researcher, but may have limited the extent of flexibility in terms of interpretation and creativity. However, staying close to written guidelines felt preferable in terms of ensuring that the analysis was faithful to IPA, and helped to maintain analytic rigour. One limitation was the lack of post-analytic validation with participants to ensure that my interpretations were sufficiently grounded in their experiences, but this was not possible due to time constraints. In the absence of this option, all levels of analyses were scrutinised by three research supervisors from different disciplines (Clinical Psychology and English Literature). This provided a diversity of perspectives from which to check my understandings, and was also useful in highlighting areas where my interpretation diverged from the majority.

In terms of its contribution, the study was valuable given the lack of existing research on this specific model of reading, especially from a psychological perspective. By focusing on subjective lived experience, it offered an alternative way of exploring RGs, and enabled

further investigation of areas which were previously unexplored (e.g. how RGs differ from therapy groups). In doing so, the research highlighted as yet unreported mechanisms pertaining to transformations experienced by participants in this sample, and provided further evidence of the RG as a therapeutic activity.

It is important to note the limitations of generalizability in qualitative analysis (Elliott et al.,1999). Because of the idiographic nature of IPA, it would be inappropriate to generalise the findings of the current study to a wider population (Pringle et al., 2011). However, this was not the aim of the study, and IPA was selected because the research rather sought to gain a detailed sense of what the RG experience is like for this particular group of people, consistent with Smith and Osborn (2008). That said, Smith et al. (2009) point out that IPA researchers can aim for theoretical transferability rather than empirical generalizability, such that theoretical concepts may be applied more broadly to help make sense of the findings. Accordingly, the current study linked the findings both to existing literature and to personal/professional experience (see reflections below).

4.4 Clinical implications

The results of the current study have several implications for clinical practice. Consistent with previous research (e.g. Dowrick et al., 2012; Robinson, 2008a, 2008b), the findings indicate that RGs offer therapeutic benefits, including self-exploration, and developing new ways of relating. In some ways, such effects mirror those occurring in standard psychotherapy or SHB, thus RGs could provide alternative access to therapeutic activity without directly engaging in therapy. This may be an important avenue for people for whom traditional services are unsuitable, inaccessible or ineffective. While some people in this group *may* benefit from group/individual/SHB or other therapy, traditional psychological therapy does not work for everyone.

Accordingly, RGs may be one way of addressiing the aforementioned 'treatment gap' in mental health service provision. It may that RGs can be used as an adjunct, as well as an alternative, to psychotherapy, for instance while people are on waiting lists. Because RGs are not 'therapy', they could increase provision of therapeutic activity in a way that is currently not available in the NHS, by mixing those with MHPs with those without. Not only do they mix 'well' with 'unwell', RGs in the current study also welcomed heterogeneity of MHPs. Again, this contrasts to groups in statutory services, which are usually organised according to presentation or symptom (e.g. hearing voices, alcohol misuse, binge-eating disorder). However, in the current study, RGs were relevant to people with a variety of MHPs, suggesting that they could be delivered simultaneously to people with multiple presentations in mental health services.

Thus, RGs are less pathological since they are not tailored to targeting specific diagnoses. We have learnt from the current research that this group of people value being in an environment where they are seen as 'well', whilst also having the opportunity to express their 'unwellness'. Because of their unpressured nature, they enabled this group of participants to engage with their feelings in a way that is less pathological and more optional than therapy.

The personal agency that this promoted for participants is also reflected in the non-obligatory ethos of the RG. By inviting people with MHPs to participate in RGs, rather than insist that they attend psychological therapy to 'get better' or risk discharge, we refrain from imposing our own models of recovery on people, or implying that clinicians are experts who can 'fix' people. The holistic focus on wellness demonstrated in the current study complements the ethos of recovery; UK mental health services are currently shifting from symptom/problem-management to recovery models which aim to develop personal strengths and resources to

enable the service user to lead a meaningful life over which they have control (Shepherd, Boardman & Slade, 2008).

Finally, from a health economics perspective, the cost of delivering RGs is considerably cheaper than traditional psychotherapy. This is important given the current cost-saving strategies in the NHS, and in the context of recent drivers to economically improve access to therapeutic activity (e.g. Layard, 2004).

4.5 Future research

The findings highlighted interesting areas for further study. Methodologically, one limitation outlined above was participants' difficulty recalling specific examples of their RG experience. Perhaps subsequent research could employ an additional method of visually recording a RG in process, and asking the participant to reflect on the recording with the interviewer.

Theoretically, we explored the possible role of attachment processes in RGs. Initially, it may be useful to clarify whether such processes are more relevant to particular attachment styles, perhaps by replicating the study but administering the Adult Attachment Interview (e.g. Main, 1996) prior to RG participation to see whether specific themes emerge in relation to different attachment styles. Further investigation could consider whether prolonged RG participation impacts upon positive attachment-related behaviours, such as those associated with reflective function or mentalizing ability. It may be fruitful to examine the development of mentalization over time, perhaps by assessing group members' ability to mentalize at different time points across RG participation. Further research could also investigate RG participation at earlier developmental stages, with children or adolescents, to establish whether RGs may hold preventative value for younger people with disrupted attachments.

The current study also highlighted potential crossovers between RGs and therapy. It might be useful to investigate further how RGs both mirror and differ from therapy. For instance, the current study suggested that generic group therapy processes were evident in RGs, but were often mediated by the literature, which was specific to the RG model. Perhaps more qualitative research, such as grounded theory, could investigate further how general group processes (e.g. Yalom & Leszcz, 2005) are manifested in RGs, and how such processes may be enhanced or reduced by the RG model.

Thirdly, the MHPs of participants in the current study were largely consistent with difficulties that are frequently referred to primary or secondary care mental health services (e.g. bipolar disorder, depression, generalised anxiety). This is helpful given that the majority of mental health service users fall into these categories, but there is nonetheless a role for such intervention to be delivered in more specialist services, such as forensic, acute inpatient and learning disability services. Perhaps, then, future research could use similar methodology to explore the experiences of RGs among these more specialist groups, who may have additional needs that the current study has been unable to address. For instance, someone with psychosis may have a different experience given that literature deals with alternative/fictional worlds. Alternatively, one of the benefits of the RG is that group members do not have to be literate and, during the recruitment process, I came across group members with varying levels of disability and impaired cognitive function, including Liz. It might be useful to explore further the impact of RG participation on those with more severe cognitive impairment, including limited or no verbal ability, to observe whether similar effects can emerge in the absence of language ability. This may require a quantitative approach to objectively measure behavioural indications of internal states (e.g. agitated behaviour).

Finally, the current study lays a foundation for future interdisciplinary work in mental health. The crossover between literary and psychological perspectives was evident both in methodology, since close reading is fundamental to both literary criticism and IPA, and findings, in that the literature played a vital role in eliciting/mediating psychological processes, without the RG being 'therapy'. The combination of different disciplinary approaches in the current study helped to produce a more nuanced understanding of issues pertaining to mental health and well-being, so perhaps future research in this area should consider integrating disciplines to refine our understanding of mental health from a more holistic perspective.

4.6 Reflections on discussion

The final stage of the research involved synthesising the findings, and linking them to psychological theory. In doing so, I found myself viewing the themes more holistically, with the literature at the centre, and the boundaries providing a setting in which the collective and individual processes and transformations occurred. This was rewarding, in terms of seeing the results as a final product, and also helped to conceptualise the experience of RGs as a single process with interdependent aspects. This experience of synthesis or coherence was particularly powerful when I read an entry in my reflective journal, which I wrote after attending a RG as part of development work for the study. The following extract jumped out at me, in which I reflected on the interest and excitement conveyed by group members during discussion:

> *It also highlighted that there is something between the book and the reader – not just a black space between page and reader – it's like there is an interface which seems to hold some sort of emotional connection (27.06.12)*

In the extract, I talked about an unidentified 'something' or 'interface' between text and reader, which at the time felt unclear and unrecognised, but I do not recall giving it much further thought. In hindsight, however, I wonder whether I was noticing the literature acting as an intermediary object between the text and the reader, which enabled the 'emotional connection' through the processes of attunement, self-reflection and self-exploration discussed herein.

From a clinical perspective, it was interesting to identify potential areas where RGs appeared to be re-enacting aspects of therapy. My primary role as a clinician influenced my interpretation of participants' accounts, but what emerged while writing the discussion was that RGs seemed to incorporate aspects of both common therapeutic factors (e.g. containment, boundaries, therapeutic relationship), and specific features of individual models (e.g. CBT, CAT). Perhaps this capacity to complement elements of multiple therapeutic orientations reflects the aforementioned malleability of RGs, in terms of individual tailoring to group members' own needs.

It was also refreshing to see the RG as a potential option for intervention, given that mental health services are still largely medically driven and symptom-focused. That RGs may add to the pool of service provision from a more recovery-oriented standpoint is reassuring as a clinician, both in terms of promoting a 'wellness' focus, and being aware that service users who struggle with traditional psychotherapy are not left unsupported. I often find it difficult informing clients of the length of waiting lists, due to the anxiety/disappointment/frustration this elicits. It is therefore helpful to be able to offer alternative therapeutic activity in the meantime, which may enable clients to develop self-awareness, experience alternative perspectives, and explore patterns of relating prior to therapy.

4.7 Conclusion

In conclusion, the current study confirms the findings of previous research that RGs can bring about positive therapeutic effects. The research found five master themes pertaining to the RG experience among people with MHPs, broadly referring to the literature, boundaries, self-worth, community and transformation. Although general processes inevitably played some part, the literature was identified as the key mediator in specific psychological processes, enabling and eliciting self-reflection and externalisation of internal states. Participants experienced greater attunement to the internal states of self and others, perhaps enhancing mentalization ability (Fonagy & Target, 2006). Based on attachment theory (e.g. Bowlby, 1988), it was suggested that the literature and/or RG acted as a secure base around which such exploration safely occurred, exposing participants to new experiences. RG boundaries offered additional safety nets, both in terms of the non-judging, failure-free atmosphere, and the promotion of personal agency providing participants with an internal locus of control. This was contrasted to the expectations of therapy in statutory services. Through contribution and involvement, participants gained a sense of self-worth, acquired through accomplishment of personally meaningful endeavours. It was highlighted, however, that such outcomes perhaps emerged as a by-product of pursuing the RG for enjoyment rather than attainment or performance. Participants experienced a sense of togetherness and community, which again highlighted the relevance of attachment theory in terms of creating trusting and meaningful bonds between group members that added to the security of the RG. The collective nature of the RG also meant that participants were exposed to multiple perspectives, which promoted psychological flexibility and appeared to encourage re-appraisal of the self and others, thus transforming participants' view of themselves and the world. Throughout the study, comparisons to both psychotherapy and SHB emerged, and the relative value of the RG was demonstrated. It was suggested that RGs could offer a powerful and viable alternative or adjunct to traditional mental health services for this group of people. For participants in the

current study, RGs could complement current drives towards a recovery-focused model of mental health which, instead of addressing problems and symptoms, emphasise ‘wellness’ to encourage individuals to build resilience and take control of their own lives.

5.0 References

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Appendix A

Literature Search Strategy

Table A1. *Literature Search Strategy: Search Terms and Number of Hits per Database*

Search Terms	Scopus	EBSCO* (PsycINFO PsycArticles)	Web of Knowledge
(Reading) AND ("mental health" OR "mental well-being" OR "emotional well-being")	710	813	404
Bibliotherapy	604	884	800
(Bibliotherapy) AND ("mental health" OR "mental well-being" OR "emotional well-being")	64	47*	89
("Self-help literature" OR bibliotherapy) AND ("mental health" OR "mental well-being" OR "emotional well-being")	62	20	91
("Shared reading" OR "read* aloud" OR "group reading") AND ("mental health" OR "mental illness" OR "well-being")	10	22	6
"Group bibliotherapy"	7	6	3
"Reading group" AND "mental health"	4	9	3
"Get into reading"	3	0	1
"Creative bibliotherapy"	0	0	0

*Also included Medline and CINAHL

Appendix B

Therapeutic Factors of Group Psychotherapy

Table A.2 *Summary of Yalom & Leszcz's (2005) Therapeutic Factors of Group Psychotherapy*

Therapeutic factor	Description
Instillation of hope	Encouragement of positive expectations and inspiration of hope via exposure to improvements made by other group members
Universality	Disconfirmation of belief that one is alone in their distress, through sharing of similar concerns and experiences
Imparting information	Didactic instruction about mental health problems, and advice/ guidance from the therapist or other group members
Altruism	Offering help to others as part of reciprocal giving-receiving sequence leads to sense of being valued by others and improves self-esteem
The corrective recapitulation of the primary family group	Group enables corrective reliving of early familial conflict by providing representation of family and associated interactions (e.g. parental/sibling figures, strong feelings of intimacy/hostility)
Development of socialising techniques	Direct or indirect social learning and interpersonal feedback (e.g. highlighting discrepancy between intent and actual impact of social behaviour)
Imitative behaviour	Adopting behaviours/ways of being modelled by therapist and other group members (learning from watching each other)
Interpersonal learning	Group acts as a social microcosm to enhance members' awareness of interpersonal behaviour, and enable group member to test out more adaptive patterns of relating
Group cohesiveness	Sense of belonging/attraction between group members, fostered by mutual acceptance and support, and located in meaningful relationship
Catharsis	Enabling open expression of emotion and self-disclosure (necessary but not sufficient factor in group therapy, therefore must be complemented by other factors for positive outcome)
Existential factors	Recognition of the inevitabilities of the human condition (e.g. mortality, injustice, responsibility) and search for life meaning

Appendix C

Recruitment Flyer

Are you interested in taking part in a study looking at reading and mental health and well-being?

If so, please consider the following questions carefully:

- Are you over 18 years of age?
- Do you currently attend a reader group?
- Do you attend the group regularly (i.e. are you present most weeks)?
- Have you attended the reader group for at least 6 months?
- Are you currently experiencing mental health difficulties, or did you experience mental health difficulties at the time you joined the group?

If you answered "yes" to all of the above questions, you may be eligible to participate. The research would involve taking part in an interview with the researcher, Ellie Gray, to talk about your experiences of being in a reader group.

If you would like further information, or would like to participate in the research, please read the attached information sheet, or contact the researcher by telephoning 0151 794 5534 and leaving a message for Ellie Gray, or by emailing e.f.gray@liv.ac.uk.
Alternatively, you can fill in the slip below and hand it to the researcher or your group facilitator. *Please note that by handing the slip to your facilitator, they will become aware of your interest or participation in the research.*
If you do not wish for your group facilitator to be aware of your participation, you may also post the slip directly to the researcher at Ellie Gray, Division of Clinical Psychology, Whelan Building, The Quadrangle, Brownlow Hill, Liverpool, L69 3GB.

……tear/cut along dotted line

NB Please note that by completing this slip you are <u>not</u> consenting to take part in the study, and you are under no obligation to participate.

I am interested in finding out more about taking part in the "Reading and Mental Health and Well-Being" research project (please tick) ☐

I am happy for the researcher to contact me using the following details:

Name:_____ Telephone:

_____

(is it OK to leave a message on this number?) Yes ☐ No ☐

or Email: _____

Appendix D

Interview Schedule

UNIVERSITY OF LIVERPOOL

READING AND MENTAL HEALTH AND WELL-BEING: INTERVIEW SCHEDULE

- **Experience of being in a reader group & meaning of participation**
  - What brought you to the group in the first place and what motivates you to continue attending?
    - Prompt: What do you get out of it?
    - Prompt: What does participation in the reader group mean to you?
  - How do you see yourself and others in the group?
    - What are you/others like in the group?
  - What aspects of yourself do you bring to the group?
    - Prompt: How do experiences from your past come into the group experience?
    - Prompt: What about your experiences with mental health difficulties?
  - How do you view the relationship between your experience of mental health difficulties and your current experience of the reader group?

- **Making sense of life experience**
  - How does taking part affect your life outside the group?
    - Prompt: How have things changed for you since participating in the group? (e.g. how you feel, think, act, experience the world)?
  - How does being in a reader group affect your understanding of yourself?
    - Prompt: More specifically, how does participation impact on your understanding of your mental health difficulties?
  - How does being in a reader group impact on the way you talk about your experiences with others?
  - How has being in a reader group affected your understanding of others' life experience?
    - Prompt: What is it specifically about *being read to* that impacts upon the process of making sense of your life and experiences?

- **Relationships with self and others**
  - How has being in a reader group affected your relationships:
    - with other group members and with the reader?
    - inside and outside the group?
    - now and in the past? (*Access change over time)*
  - How about how you relate to yourself?
  - How has being in a reader group changed the way you think about your experiences with others?

- **General group processes & being read to in a group**
  - How have you developed/changed as a person over time:

        - In the group?
        - Outside of the group?
    - How do you experience being in a reader group differently to other social groups where people come together to do another activity, like an exercise group, depression group or knitting group?
    - What is different about being read to in a group and reading on your own, if you do read alone? If you do not read alone, how does being read to in a group compare to not reading at all?

- Is there anything else that you would like to add?

- **Debrief**: How did you find the interview? Do you have any questions or concerns you would like to raise about the things we have discussed in the interview?

Appendix E

Participant Information Sheet

UNIVERSITY OF LIVERPOOL

READING AND MENTAL HEALTH AND WELL-BEING: PARTICIPANT INFORMATION SHEET

If you would like any help reading this leaflet, please contact Ellie Gray on 0151 794 5534, or let your group reader know

Thank you for your interest in the study. My name is Ellie Gray and I am a Trainee Clinical Psychologist at the University of Liverpool. I am carrying out a piece of research to find out more about people's experiences of taking part in reader groups, in the context of mental health difficulties. This leaflet contains detailed information about the study. If you have any queries or questions, please do not hesitate to contact me.

Aims of the study

The aim of the study is to explore the experience of being in a reader group for people who experience mental health difficulties, and understand how taking part affects how people make sense of their lives and relationships. It is hoped that the research will provide insight into the role of reader groups in mental health as an additional therapeutic activity to standard clinical services.

What does it mean by 'mental health difficulty'?

For this study, we are using 3 definitions to identify what we mean by a 'mental health difficulty':

a) if someone has a diagnosis of a recognised mental health problem e.g. depression, anxiety, bipolar disorder, schizophrenia, post-traumatic stress disorder
b) if someone is currently being seen by a mental health professional e.g. psychiatrist, psychologist, psychotherapist, mental health practitioner, CBT therapist
c) if someone self-identifies as having mental health difficulties, because they experience greater than usual psychological distress that has had a significant impact on their day-to-day lives for several months or more

If you are unsure whether any of these descriptions fit with your own experiences, please feel free to ask the researcher, Ellie Gray (contact details shown below).

Why have I been invited to take part?

A number of reader groups across the region have been selected to take part in the study. You have been invited to take part because you have been

attending reader groups regularly for six months or more. I would specifically like to speak to reader group members who have experienced some form of mental health difficulty (what I mean by this term is explained above), either currently or at the time that they joined the reader group.

Do I have to take part?

Not if you don't want to. Participation is your choice, and taking part in the research will not affect your involvement in the reader group. If you do choose to participate, you are still able to stop participating in the study at any time, without giving any reason. You do not have to answer all questions if you do not wish to.

What would participation involve?

The research would involve participating in an interview with the researcher (Ellie Gray), which will be recorded using a Dictaphone. Interviews will last approximately one hour, and take place either at The Reader Organisation offices, University of Liverpool premises, or at the location of your reader group. Your travel expenses will be reimbursed, and you will be given a £10 book voucher to thank you for your time.

What will happen to my data and personal information?

An electronic recording of your interview will be saved in a password-protected file on the secure hard drive on a University computer, then deleted from the original recording device. This will allow me to type up the interview into written format. The interview recordings will be strictly confidential, and accessible only to the research team. The research team consists of myself (Ellie Gray), Dr Gundi Kiemle (Doctorate of Clinical Psychology training programme), Professor Phil Davis and Dr Josie Billington (Centre for Research into Reading, Information and Linguistic Systems). Interviews will also be accessed by a paid transcriber who will help to transfer the interviews from recorded to written format. Once the project is complete, hard data will be destroyed and electronic data (recordings of the interviews) will be archived to CD and kept for 5 years by Dr Gundi Kiemle.

What are the benefits of taking part?

Although you may not benefit directly from taking part in the study, it is hoped that participation will provide an opportunity to make a valued contribution to an interesting area of research, and deepen our understanding of the experience of reader groups for people with mental health difficulties. It is also hoped that participants will enjoy sharing their experiences of reader groups, and reflecting on these experiences.

Are there any risks involved in taking part in the study?

The risk to participants is minimal. However, it is possible that you may experience some distress when reflecting on your experiences. If you do feel distressed or upset at any point during the interview process, please inform the researcher immediately.

Confidentiality

Contact details of participants will be stored in locked filing cabinets on university premises. Typed versions of the interviews will be made anonymous, and a code known only to the researcher (Ellie Gray) will be used to identify the participant. Quotes from the interview may be used when writing up the research, but they will be made anonymous, and all identifiable information about the participant will be removed. The research will be written up both as a thesis for my Doctorate of Clinical Psychology qualification, and as an article in a published journal.

Who has reviewed the study?

The research has been approved by the Division of Clinical Psychology Research Committee, and ethical approval has been granted by the University of Liverpool Committee on Research Ethics.

What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please let us know by contacting Ellie Gray or Dr Gundi Kiemle on 0151 794 5534, and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer on 0151 794 8290 (ethics@liv.ac.uk). When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

Further information

I hope you have found the information in this leaflet useful. If you have any questions, or require further information about the research, please do not hesitate to contact me on **e.f.gray@liv.ac.uk**, or by calling **0151 794 5534** and leaving a message for Ellie Gray.

Appendix F

Consent Form

READING AND MENTAL HEALTH AND WELL-BEING: CONSENT FORM

	Please tick
I have seen and understand the participant information sheet about the study. I have been given the opportunity to ask questions about the study, and had these answered satisfactorily.	☐
I understand that I do not have to participate if I do not wish to, and that I can withdraw from the study, without giving any reason, at any time.	☐
I understand that my answers will be audio recorded, and the words that the researcher and I say will be typed up into a written document. My real name will not be attached to the written document to ensure that it remains anonymous.	☐
I understand that quotes from the interview might be used in written work or published articles, but that no one other than the researchers will know my name, and all identifying information will be removed.	☐
I understand that participating in this research will not affect my involvement in reader groups.	☐
I agree to take part in the study.	☐

Name:…….

Signature: ……

Date:……

Researcher: Ellie Gray, Trainee Clinical Psychologist, University of Liverpool
Supervised by Dr Gundi Kiemle, Prof Phil Davis and Dr Josie Billington, University of Liverpool

Appendix G

Demographic Data Form

READING AND MENTAL HEALTH AND WELL-BEING: PERSONAL DATA

Please take a few moments to answer the questions below. Please note that all questions are optional, and you do not have to answer any if you do not wish to.

Age: .....

Gender: **Male** ☐ **Female** ☐

How long have you been attending reader groups?.....

Ethnicity:.....

Occupation (if employed):
.....

OR Unemployed (please tick)

What was the highest level of education you completed?

GCSEs/GCEs/O Levels ☐

A Levels/Further education ☐

University degree/Higher education ☐

Postgraduate degree ☐

Doctorate or PhD ☐

What is your relationship status?

Single ☐ **Married/Civil Partnership** ☐

Co-habiting ☐ **Divorced/Separated** ☐

Do you have any children? (Please specify how many and their ages).....

What are your living arrangements?

Living alone ☐ **Living with partner** ☐

Living with family ☐

(please specify).....

Supported housing ☐

Other (please specify).....

Thank you for completing these questions

Researcher: Ellie Gray, Trainee Clinical Psychologist, University of Liverpool
Supervised by Dr Gundi Kiemle, Prof Phil Davis and Dr Josie Billington, University of Liverpool

Appendix H

Approval from Division of Clinical Psychology Research Committee

D.Clin.Psychology Programme

Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

Ellie Gray
Doctorate of Clinical Psychology Programme
University of Liverpool

15th June, 2012

Dear Ellie,

RE: *'Making sense of mental health difficulties through live reading: An interpretative phenomenological analysis of the experience of being in a reader group'*

Thank you for your letter and clearly outlining your responses to the points raised by the reviewers. I am pleased to grant Chair's approval for your new research project.

I wish you well with the next stage of your research.

Best wishes

Research Director
Chair Year 3 Research Committee
Doctorate of Clinical Psychology Programme
University of Liverpool

Appendix I

Confirmation of Ethical Approval from University of Liverpool Committee on Research Ethics

Dear Dr Kiemle

I am pleased to inform you that the Sub-Committee has approved your application for ethical approval for your study to take place at the University of Liverpool. Details and conditions of the approval can be found below.

In order that this approval is valid, please ensure that you send a signed copy of the final version, with all supporting documentation, to the Research Governance Officer, Legal, Risk and Compliance, 2nd Floor Block C, Waterhouse Buildings, Liverpool, L69 3GL within 5 days of receipt of this email.

Ref:	RETH000567
Sub-Committee:	Non-Invasive Procedures
PI:	Dr Gundi Kiemle
Title:	Making sense of mental health difficulties through live reading: An interpretative phenomenological analysis of the experience of being in a reader group (Reading and mental health)
First Reviewer:	Dr Francine Watkins
Second Reviewer:	n/a
Third Reviewer (if applicable):	n/a
Date of initial review:	30/8/12
Date of Approval:	30/8/12

The application was APPROVED subject to the following conditions:

Conditions

1	Mandatory	M: All serious adverse events must be reported to the Sub-Committee within 24 hours of their occurrence, via the Research Governance Officer (ethics@liv.ac.uk).

This approval applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Sub-Committee should be notified. If it is proposed to make an amendment to the research, you should notify the Sub-Committee by following the Notice of Amendment procedure outlined at http://www.liv.ac.uk/researchethics/amendment%20procedure%209-08.doc. If the named PI / Supervisor leaves the employment of the University during the course of this approval, the approval will lapse. Therefore please contact the RGO at ethics@liverpool.ac.uk in order to notify them of a change in PI / Supervisor.

Best Wishes

Research Governance Officer

Appendix J

Distress Contacts

READING AND MENTAL HEALTH AND WELL-BEING: USEFUL CONTACTS

Thank you for your participation in the study on reading and mental health. It is hoped that you found the interview enjoyable, but we recognise that it can sometimes be difficult to reflect on past or current experiences of mental health difficulties. If you feel distressed or upset at the end of the interview, it is recommended that you inform the researcher. If you wish to discuss your feelings further, this sheet gives details of some support organisations you may wish to contact.

Confidential helplines and advice

The following organisations are confidential telephone helplines offering emotional support:

Samaritans (24-hour)
Tel: 08457 90 90 90
Website: www.samaritans.org
Email: jo@samaritans.org

Support Line
Tel: 01708 765200
Website: www.supportline.org.uk
Email: info@supportline.org.uk

Self-referral and counselling

If you would prefer to speak to someone in person, the following organisations offer counselling and face to face support:

[Name of local service][1]
Tel:
Website:
Email:
Address:

[Name of local service]
Charity offering information and support on women's health issues
Tel:
Website:
Email:
Address:

[1] Details removed to for anonymity reasons

[Name of local service]
Mental health drop-in day centre primarily for black and minority ethnic communities of [local area], although open to all, offering support and advice on emotional matters (open Mon-Fri 9-5, Sat 10-6).
Tel:
Website:
Email:
Address:

[Name of local service]
Organisation promoting social inclusion and opportunities for people with mental health difficulites
Tel:
Website:
Email:
Address:

Counselling Directory
Website enabling users to search for a counsellor in your area
www.counselling-directory.org.uk

Formal mental health services

If you feel it might be helpful to access formal psychological therapy or psychiatric services, you can visit your general practitioner (GP, or usual doctor) and request a referral. If you feel you need help outside of standard working hours, you may find it useful to contact NHS Direct on 0845 4647 (or visit their websites at www.nhsdirect.nhs.uk). In case of emergency, please visit your local A&E department.

Appendix K

Steps in the Analytic Procedure

Table A.3 *Steps in the Analytic Procedure (Based on Smith et al., 2009)*

1. Reading and re-reading	• Repeated reading of the transcript to immerse oneself in the original data • Record powerful recollections/first impressions in journal

2. Initial noting	• Close analysis in which descriptive, linguistic and conceptual comments are recorded:
	  ○ Descriptive – describe content of participant's talk at face value
	  ○ Linguistic – attention paid to specific use of language e.g. pauses, metaphor, pronouns
	  ○ Conceptual – engaging with text at a more interrogative, interpretative level to move away from explicit claims of participant
	• Focus on key objects of concern to participant

3. Developing emergent themes	• Mapping interrelationships, connections and patterns between exploratory notes • Generate themes which strike a balance between particularity (grounded in transcript) and abstraction (conceptual)
4. Connections across emergent themes	• Mapping how themes fit together into coherent structure • Themes may be clustered using abstraction, subsumption, polarization, contextualisation, numeration, or function
5. Moving on to the next case	• Repeat steps 1-4 with next case • Treat each case on its own terms (bracket ideas from previous cases) • Continue for each consecutive case
6. Patterns across cases	• Identify potent themes and connections between cases • May lead to reconfiguring/re-labelling of themes • Identify unique idiosyncrasies and shared higher order qualities across cases

Appendix L

Examples of Initial Noting and Emergent Themes

Emergent themes		Initial notes
MH not addressed (but not taboo) RG provides safety from explicit MH disclosures? Trivial content of discussion keeps group safe Juxtaposition of MH as common demoninator with non-MH focus Literature focus vs problem focus MH actively avoided in group? RG accommodates lack of readiness to discuss MH? Avoidance of MH as protective strategy	you don't talk about your own and you don't talk about other people's issues. If they want to bring them up then that's fine but nobody does. You know, no one will turn around and say 'by the way I've commited suic- I've tried to commit suicide', you know, 'what's your thoughts on this?' I wouldn't say that to the group. You talk about non essential things. You talk about anything but why you're really there. We're all there because of mental health, you know, but we don't talk about it. I mean, Andrew comes from *[place]* to this place. He comes a long way yeah, just to read a book. He doesn't say 'listen I've got a mental health problem'. I don't say I've got a menta-. We <u>don't</u> talk about mental health. In any respect whatsoever. Unless I bring it up and then everyone shies away from it. We don't talk about it. Well I've never talked about it. **Do you find yourself thinking about it internally?** <u>No</u>. I don't think about my mental health at all. Erm…I did when I was over the road but I don't now cos all that leads to is just more depression and depression leads to……committing suicide and- that's not what I want to think about at the moment. You know what I mean, but that's what it does. If you start thinking about why you've got mental health problems, unless you're very strong willed and I'm not saying I am, I'm probably not, you'll end up far worst off than you are.	(Descriptive *Linguistic* <u>Conceptual</u>) *Spoken like a rule?* MH not talked about (not problem-focused) But not prohibited Not explicitly addressed <u>in problem-focused clinical sense</u> *non-essential – trivial,* <u>safe</u> Focus is anything *but* MH (<u>RG as place where he can go and be open/discuss but where he knows he is safe from talking about MH difficulties?)</u> Understanding that everyone has MH problem but not addressed (<u>elephant in the room??)</u> *'just to read a book' – trivial activity,* <u>but non-trivial impact?</u> Literature focus not problem focus *Emphatic* – <u>does not go to group to talk re MH, but goes to group to *not* talk re MH?</u> Absolute *Repetition – emphasis (as if taboo subject)* <u>Mental health as taboo subject??</u> *Emphatic* Avoid thinking re MH – exacerbating depression (<u>fear of repeating past experiences?)</u> <u>Lack of readiness to address issues, currently too painful/frightening, desire to maintain distance</u> Belief that attending to issues makes them worse <u>Choose to avoid them – RG facilitates this?</u> <u>Contrast to therapy – labelled as disengagement?</u>

(Participant 3 – Alfie)

Emergent themes	**Or what is it about being in the group that keeps that mind going, for you?**	**Initial notes** (Descriptive *Linguistic* Conceptual)
RG commanding thought/reflection/ concentration Deconstructing text (to understand) Paying attention to detail (beyond surface level of text) RG as unrushed (patience/pace) Patience enables enhanced understanding (paying careful attention) Scrupulous attention to small details Encouraging reflection on text Involving everyone, inclusive RG captures interest Individual idiosyncrasies within collective understanding Distinct personal resonance/meaning within general shared understanding	Erm. It's the having to think about things and to concentrate on it, actually dissect it almost. Cos a lot of the times we just skim through things and the good thing about the group is it makes you go in depth cos it's not like a thing where you have to read a book in a week or whatever. I think a lot of people do that but they don't really understand it. Whereas with the group I think you do actually understand what's going on in the book. I think the lady who used to do it she was very good at that, you know. She would really…you know, really examine each word almost and each sentence and ask us all. **And what kind of things did that bring out for you? Like when you're doing that very in depth understanding? What's that like?** It was interesting because we would have like a- on certain occasions we would have like a- we would like- the group would understand it in one particular way but ever so subtly there was a slightly different angle on each one of us, understood it. And it was that, that interested me cos we all had a slightly different- even though the main thrust of it was all the same it was slightly different from what each of us picked up from the book.	*having to – requirement, must* RG commanding thought/reflection/concentration/mental effort *dissect – pulling apart, breaking down*, examining details, separate out – paying detailed attention contrast RG to 'skimming' – surface level reading, missing detail, something is lost seeking depth, detail – enabled by time/pace patience of RG – not rushed reading (contrast to book club??) tendency to read quickly but lose certain aspects of book, lack understanding RG enables understanding by attention to detail Closeness to text, enables meaning facilitator helps understanding *really – emphasis* *examine – detail, scrupulous, scientific essence of 'paying attention to', each word/sentence – cover every aspect*, meaning of small constituents of text *ask us all – involving everyone,* encouraging thought/reflection, posing questions elicits consideration, requires engagement in text interest collective general understanding (shared) *one particular way – single, consistent, shared* but *subtle/tiny/minute* discrepancies between individual perspectives (diverse, retaining individual idiosyncrasies/differences) everyone has own perspective/viewpoint (not disputed, accepted as different) but qualifies sameness – *main thrust: overall, general* complementary shared and distinct Distinctness within sameness, individuals select what personally resonates with them to make text meaningful within general understanding

(Participant 8 – Richard)

Appendix M

Examples of Superordinate Theme Development (from Clustered Emergent Themes)

Appendix N

Excerpts from Reflective Journal

16.10.12 Interview with participant 4 (Liz)

Response to participant

I warmed to Liz greatly. She was very friendly and chatty, and struck me as a very interesting lady with lots of life experience and a fascinating story to tell. Her story was sad (she suffered an aneurism 10 years ago and has been left disabled – one side of her body paralysed, dysphasia) but also very inspiring – she seemed to me a very headstrong character who was motivated to continue living her life in spite of significant disability. Liz became depressed following her illness, and was unable to speak for 3 years, which she described as awful. During this period, she cried every day, and conveyed a real sense of despair and loss in her experiences. She was supported by a neurological support centre (where she began the reader group), which she speaks very highly of, and through this centre got back into meaningful activities, including creative writing, reading, yoga and confidence building. I felt that Liz was a very admirable woman with several incredible achievements given her current (and past condition) – someone I looked up to as a brave, strong, independent woman who was confronting her difficulties and not allowing them to dictate her life. I wonder how this impression I have of Liz will affect my interpretation of her transcript; I suspect it has the potential to colour my interpretation of her interpretations, since I may be looking at her words through the lens of strength, wisdom, and independence, which could overshadow any sense of vulnerability or weakness which she may be trying to convey. She also seemed to be a very positive person, so it could be that this elicits a cognitive interpretation bias in both of us around magnifying the positive and dismissing/minimising the negative. I also feel fairly similar to Liz, in terms of her fighting approach, and motivation to keep doing everything that she can. I, too, see myself as the type of person who, in the face of adversity, would hopefully conjure up the strength to live on and re-build lost skills, by staying involved in as many things as possible and perhaps joining new groups, and making new friends. I am sure I would also find her experiences incredibly distressing, frustrating, unjust and difficult to cope with, and suspect I would also draw on several support sources to help me manage, and re-gain the confidence and independence that is so important to me. Again, I wonder if this has the potential to cause me to over-interpret what Liz is saying from my own perspective (thoughts, desires, views) and I feel I will need to remain mindful of this throughout the analytic process.

Process

The interview lasted 49 minutes but was slower than previous interviews due to Liz's speech difficulties. Her dysphasia meant that she had word finding difficulties, and some of her pronunciations were difficult to understand. However, generally, I was able to understand Liz, and those times that we struggled, we took the time to ensure that I was understanding correctly what she was saying by summarising what I thought she had said or meant and seeking feedback. I expected that the interview would be very long due to the slowness of Liz's speech, but in actual fact it was fairly short, and I wonder how rich the data is because of Liz's speech difficulties. My impression of Liz's difficulties was that she was clearly able to communicate well used words/phrases, but her vocabulary may have been limited in terms of what she could add to those words and phrases. For instance, she talked a lot about the reader group being 'fantastic' but did not seem able to explain how or in what way. I suspect her language abilities may have restricted her from elaborating further, so it was difficult to elicit more detailed responses from probe questions. I wondered also whether Liz had some difficulty comprehending some of the longer questions – she tended to ask for clarification if she didn't understand, and seemed to feel comfortable doing this (occurred on 2-3 occasions), so I wonder whether part of the lack of detail in the transcript was also due to not fully understanding some of the more long-winded or complex questions.

In terms of meeting the inclusion criteria, it was deemed that, although Liz had clear difficulties with her speech, she was able to speak and understand English sufficiently well to participate in a one-hour interview. I had observed Liz in a reader group prior to the

interview, and spoken informally with her, and she was clearly able to communicate with others and participate in group discussion in the reader group. It did not feel appropriate, therefore, to exclude Liz on account of her language difficulties, because she *was* able to participate in a one hour interview – it was just that her expression was somewhat limited. This was important in terms of giving voice to people who may otherwise not be heard in society.

Possible issues

- Friendships develop outside of group – contrast to Olivia and Alfie, who both stated that felt part of group but socialising did not extend beyond reader group. 'Friendly' vs 'friends': friendly – 'nice' word, qualitative decision to express more substantially as 'friends' (creating important contrast in spite of difficulties with language). Friends – relational statement, implies relationship (absence vs presence of relational connection)
- Listening – contrasted to experiences of not being listened to outside group e.g. by friends/people who interrupt and try to finish sentence for you – validation? value? patience? (Patience in relation to pace – mood in the group can tolerate slowness) Also experienced in other neuro support groups e.g. yoga, gym, therefore not exclusive to reader group BUT differentiate from yoga etc. – 'I wanted to talk *because I liked the book'* (316)
- Main elements: books and people (literature and group membership)
- Reading book made me want to talk after 3 years of not talking ('can't talk but I do talk') – something in books helped to confront difficulties in communication? (still saying 'I can't talk' but clearly can to an extent)
- Emotional expression – crying, laughing (link to literature around catharsis, experiencing emotions in the group) – also linked to safety? Enabled to express self due to containment in group, feels OK to do so?
- Range of emotions – crying *but laughing as well* (part of wider experiences)
- Doing things, relief of boredom? – meaningful/purposeful activity
- Past vs present: 'when I was normal' (past – implies that I am not normal now), conceiving disability as 'not normal' – construction of self-concept. How books relate to the past: books provide bridge to the past, to time when things were different (healthy, whole, 'normal' self)
- Value of being listened to and being enabled to speak (safety, acceptance, validation, patience)

23.10.12 Interview with participant 7 (Hassan)

Process

Hassan appeared a little anxious at the start of the interview, and initially his style reminded me slightly of Nadia – in terms of seeming slightly less natural than before the Dictaphone was turned on, and giving considered responses that seemed intellectualised. Throughout the interview, there was a sense of thoughtfulness about Hassan, and he tended to take great care in how he worded his responses, which were broken up by long pauses. At times, his responses were akin to the way you might speak about scientific enquiry – particularly in his use of certain words (e.g. evaluation) and the quite systematic way he gave his answers. It was interesting that during the interview, Hassan said that in social situations (e.g. lectures), he manages OK socially until we 'break out of the formal lecturing' topic/style that was being discussed, into more casual/less formal chatting, at which point he feels 'my problem is revealed'. I wonder, then, whether his more formal/academic style at the beginning of the interview was a way of him feeling comfortable in a new social situation, and enabling him to ease into the interview.

Having said that, Hassan appeared to become more natural as the interview progressed, particularly when he started to draw diagrams to explain what he was saying. There was an interesting contrast in how I experienced him when this occurred – Hassan was easier to follow and more natural, and I felt more engaged in what he was saying. It also felt a bit more open, as if he were sharing more of his true self with me. Hassan also seemed to become more animated/comfortable/confident/coherent when he drew diagrams as he spoke, and I wonder if he found this more comfortable/easier to communicate given the difficulties that he expressed in the interview about communicating with others, and being in social situations.

Hassan also doodled and occasionally fidgeted during the interview, which appeared to occur at times when we were discussing more sensitive topics, such as issues in family and mental health problems. When discussing such issues, Hassan used the 3rd person and appeared to do so quite carefully – it seemed that some of the things he was talking about related to himself and his own experiences, but I gained the impression that discussing this personally would not have felt comfortable (one reason for this is that when we first met during the recruitment phase, Hassan asked me some questions about the research, and was asking how much I needed to know about MH problems; although he shared some of his experiences with me, he spoke about them from what seemed a like a distance, and was vague about details/people etc., and again did not relate the experiences to himself directly, although this was implicit in what he was saying). I wonder if this distancing of personal experience is perhaps one of the reasons that Hassan continues attending the group, in spite of not really being able to identify any clear incentives – I wonder if implicitly reading in the group enables him to think about some of his own experiences from the point of view of another?

Key issues/possible themes

- Socially, does reader group represent 'halfway house'? (between structured and unstructured? academic and familiar? formal and informal?) – Hassan reported finding unpredictability of conversation difficult in informal social situations
- Talked about constraint/confinement in reader group structure, but then appeared to contradict this? Again is this indicative of reader group falling somewhere between structured and unstructured? → *link to Olivia and Alfie – discussion of RG vs therapy groups*
- Reader group role in helping to face challenges, overcome difficulties → *link to Jim*
- Some ambivalence around reader group? Talked about grey areas where not sure if helpful/unhelpful? Lack of clarity in feelings about the value of the reader group?
- Eliciting memories from school *(Olivia – c/hood, Alfie, Jim, Ian)*
- Talks about reader group as series of stages – gradual, phased (manageable?)

- Hassan's interview was highly intellectualised, and there were points during the interview where it almost seemed as if *he* was the researcher (e.g. line 13) – wondered whether this was related to shame in having mental health difficulties (and therefore needing to attend group for therapeutic elements), in terms of 'covering up' mental health and presenting as 'wanting to know about the process' from an academic standpoint.
- Intellectualisation also makes you wonder where Hassan is as a person? Lack of reflection on internal state/relationships was very clear

Selection of notes on development of emergent, superordinate and higher order themes

15.12.12 Nadia – developing superordinate themes

Intellectual endeavour
Reader groups are not set up to be academic/intellectual (in fact, quite the opposite – value personal/emotional responses) BUT for some people (e.g. Nadia) they serve an intellectual purpose by enabling her to engage in activity which promotes learning, is stimulating, and provides alternative way of engaging in academic/intellectual endeavour in the context of *not* having been able to accomplish academic/intellectual aspirations she had for herself, thus providing sense of worth and 'doing something constructive'.

Safety from judgement
RG as non-judgemental; compare to her experiences outside the group, where she has been judged. It also adds in the notion of safety from victimisation, which is obviously a prominent concern of hers based on her narrative around her experiences of others being 'nasty'. This is important in the context of her experiences of stigma, not fitting in, and not being accepted – there is a sense that she feels singled out in society, but this is not replicated in the reader group.

Patience also seemed to be important to her, in terms of enabling an understanding that she was otherwise unable to achieve – I wonder whether this boosted her sense of capability, and whether she has been able to use the patience she has learnt in the group in reflective tasks outside – her transcript indicates that perhaps she has; 'taking things in my stride', 'adjusting to new things'?? Also, there is a potentially interesting link between patience and judgement/understanding; patience in the group may be associated with people taking time to listen to and understand you, hence promoting non-judgemental understanding, because the listener has taken time to hear the story of the individual in context. This is in contrast to impatience outside of the group, where Nadia talks about people not taking the time to understand/appreciate her experiences in context, leading to metaphorically 'judging a book by its cover'.

'Optional attendance (personal choice)' – I wasn't sure whether to include the emergent theme about 'participation to appease others' in this superordinate theme; on the one hand, it felt like an important contrast from inside to outside the group, in the sense that while Nadia was not pressured by anyone internally from the group to attend (and therefore could do so according to her own personal choice/agency), it did seem that there was some possible outsider pressure from family – although this was only talked about briefly and was not stated explicitly. Also, this comment only pertained to Nadia originally joining the group, and it was not mentioned in the context of her feeling pressured to attend on a weekly basis.

10.12.12 Olivia – identifying connections across superordinate themes & possible ideas for discussion/expansion into higher order themes?

Literature focus: enabling safe and controlled self-exploration
'Inviting personal response' and 'permission to disclose' – enabling different levels of engagement with text and own emotions; e.g. you could respond by saying 'I don't like this person because he is unkind' or you could say 'This reminds me of a person who was very unkind to me, which has led me to be untrusting and fearful of others'. The important point is that it is entirely up to the individual how much they disclose, and at what distance from their internal state/emotions/memories/experiences they wish to remain – thus enabling internal locus of control because the person chooses for themselves how much/what to disclose and therefore how close you get to your problems, rather than this being dictated (as in therapy group for instance?)

Balance between knowable elements and natural happenings
Having some structure aids in keeping close to literature, and tolerating uncertainty/lack of control, thus enabling safe environment. However, although structure is deemed generally to be safe, in reader group a limit to the structure imposed is actually very valued by Olivia, perhaps because it is this *lack* of structure (compared to therapy group) that keeps her safe, given that she does not feel controlled or dictated to. Contrast to Jim – therapy as chaotic/anarchic; structure is safe. Different interpretations on nature/meaning of structure – does RG allow this? Adapting group to own needs? (both benefitting from varying levels of perceived 'structure' in group)

Acceptance of self and others
Re-appraising standards of acceptance: is Olivia rejecting ideas of right and wrong in favour of 'being who I am?' (In context of past history of rejection, striving to please others.)

Trusting self and others
- Trust in facilitator as safety net → enables risk taking (link to testing out new ways of being), someone to rescue you if it goes wrong (doesn't exist in real world)
- Trusting own instincts – able to try out trusting self because facilitator still there as a safety net if anything goes wrong

<u>11.01.13 – Notes on possible overarching themes across sample?</u>

Optional attendance/participation, personal agency (e.g. Nadia, Olivia, Alfie, Jim) & Support – links nicely with Ian's experience of choosing to stay for the reader group, despite having arrived at the centre not intending to stay. [I had met with Ian prior to the start of the RG, intending to complete our unfinished interview, but did not do so due to his distress]. Because he was feeling upset, Ian said he was not going to stay for the reader group, but he changed his mind and he did decide to stay for the reader group. This was interesting, because at the end of our conversation, he mentioned that the reader group was about support, and 'we all come here to support each other'. Shortly before I left, another gentleman entered the room and told us about something difficult he had experienced the day before, so Ian decided to stay to help support him. This occurrence is resonant with Nadia's decision to leave the reader group at a certain point which, like Ian's initial decision to go home, was unpressured by the facilitator. The fact that he changed his mind at the last minute was totally up to him, and not questioned by anyone in the group (although people did say they were glad that Ian had decided to stay). I suspect that this may also be empowering for group members, rather than being told 'you have to attend' or 'we do not think you are well enough to attend the group today'.

Group as boundaried/separate space link to distinct relationships, rules, doing things I wouldn't do outside group, change in personality (e.g. patience), two worlds – but what distinguishes this from the separate space enabled by group therapy? RG as enabler of disclosure/reflection rather than therapy as 'confessional'/agenda-driven (personal disclosure is expected in therapy group, whereas in RG is just happens naturally when triggered – link back to patience: RG gives members time for disclosures to emerge, rather than expectation of active involvement and engagement in therapy group).

Appendix O

Details of Notation used in Participant Quotes

Table A.4. *Notation used in Participant Quotes*

.	Full stop – implying finality, drop in tone
?	Question mark – implying question, rise in tone
, (so, now)	Comma – level, continuing intonation, non-finality
- (bu- but)	Dash attached to word (i.e. no space) – indicates a cut-off
…	Pause (add…again for longer pauses – each … denotes 0.5-1.0 second pause)
{stands up}	Non-verbal activity e.g. pointing, gesturing, movement
((laughs))	Non-verbal communication e.g. laughing, coughing, sighing, crying etc. Descriptions rather than actual verbatim transcriptions
[/word/]	Correction of mispronunciation e.g. I thought that was pretty pacific [/specific/]
<u>word</u>	Underline – emphasis
[…]	Removal of intermediate text
[name]	Anonymisation where identifying information used (e.g. name of hospital, group member, group facilitator) e.g. *[facilitator], [group member A], [name of CMHT]*
[addition]	Additions by the author to explain the content of the text

Appendix P

Pen Pictures

(Please note that some information in this section has been removed to protect participant anonymity)

Olivia

Olivia was 30 years old and identified as white British. She had been attending the same reader group for three years. She was married and lived with her husband. Olivia was educated to degree level. Olivia experienced depression, although at the time of the interview her mental health had improved relative to her experiences when she initially joined the group. Olivia was very forthcoming in the interview, and spoke thoughtfully and reflectively about her experiences.

Nadia

Nadia was 42 years old and of Asian origin. She had been attending the reader group for two years. Nadia had a degree, and expressed an interest in studying further, although she was not working or studying at the time of the interview. Nadia was single with no children. She had a diagnosis of bipolar disorder, and was attending secondary mental health services. She was extremely polite and pleasant, but there was a striking difference in her presentation when the Dictaphone was turned on (relaxed and natural) and off (formal and systematic).

Alfie

Alfie was 53 years old, white British, and had attended the reader group for one year. He was unemployed and lived with his wife and children. He was educated to GCSE/O Level, and experienced depression. During the interview, Alfie was interesting and engaging, and seemed confident, although he informed me that he is not confident outside the group. He was bright and chatty, and seemed comfortable initiating conversation before and after the interview.

Liz

Liz was 46 years old and also white British. She had attended reader groups for a total of 18 months. Liz experienced neurological difficulties and depression. Prior to her illness, she studied at university and was employed, but now does voluntary work. Liz was single and did

not have children. She presented as warm and friendly, and was eager to be involved in the research. Because of her speech difficulties, the interview was somewhat limited in detail by her word-finding difficulties. However, Liz was bright and engaging and conveyed a passion for books.

Jim

Jim was a 58-year-old white British man, who had been attending the reader group for two years. He was unemployed and studied to GCSE/O level, but struggled at school. Jim was divorced, and had grown up children who he spoke fondly of. He lived alone, and had a diagnosis of depression. Jim was friendly and easy to talk to and seemed eager to share his story.

Ian

Ian was 44 years old, and had been attending the reader group for approximately two years. He identified as white British, was single, with no children, and lived alone. He had been unable to complete his university degree, and was unemployed. Ian suffered from chronic anxiety, depression, and substance misuse. Ian was friendly and engaging, and expressed a keen interest in literature. Unfortunately, the interview was cut short due to an interruption; however, Ian was happy for the contents of the unfinished interview to be used in the analysis.

Hassan

Hassan was 42 years old, and had been in the reader group for nine months. He described his ethnicity as British/Arab, and worked in information technology. He had a degree, and was married with children. He lived with his family. Hassan had a diagnosis of Apsergerʼs as well as anxiety and depression. He initially appeared to be quite anxious, but gave thoughtful, considered responses to the interview questions in a very intellectualised way.

Richard

Richard was a white British 44-year-old man, who had been attending the reader group for two and a half years. He was unemployed but did some voluntary work. Richard was single and lived alone, with no children. He had diagnoses of anxiety and depression, which were long-standing. I warmed to Richard immediately, as he was very friendly and easy to talk to. He was thoughtful and reflective, and was both engaged and engaging throughout the interview process.

Appendix Q

Table of Master Themes, Sub-Themes and Superordinate Themes, with Associated Participants

Table A.5. *Master Themes, Sub-Themes and Superordinate Themes with Relevant Participants*

Participant 1: Olivia
Participant 2: Nadia
Participant 3: Alfie
Participant 4: Liz
Participant 5: Jim
Participant 6: Ian
Participant 7: Hassan
Participant 8: Richard

Master theme	**Sub-themes**	**Superordinate themes**	**Participants**
1. Literature as an intermediary object	Attunement to text, self, other	Development of meaningful connections (through enhanced attunement) Presentness of live reading enhancing connection to text, self, others Specific model of reading enabling construction of coherent narrative Listening promoting concentration and understanding RG as unique/distinct (divergence from other models of reading) Unique experience of reading Novel experience of reading enhances attention and attunement Tolerating frustrations of reading aloud Specific elements enabling understanding of otherwise incomprehensible text Patience enabling complete understanding: bringing coherence/clarity to confusion/chaos Confused sense of self/belonging Understanding of text through iterative working out process Facilitator scaffolding working out process Repeated detailed deconstruction of text	1,2,3,4,5,6,7,8

		Realising significance of seemingly insignificant details RG demanding focused attention: counteracting rumination RG enabling focus/concentration Literary forms demanding different cognitive engagement Developing attunement to internal emotional state Mutual understanding RG facilitating understanding of others Recognising/understanding others' needs/vulnerabilities Attunement to needs of others Identifying with others' needs enables tolerance of less favourable members RG enabling tolerance of others through recognition of need Responsiveness/sensitivity to individual needs Facilitator responsive to needs of individuals Connecting with others through shared interest Continued engagement in literature to maintain connections with significant others	
	Literature eliciting self-reflection in safe environment	Literature as trigger for reflection Connecting literature to real life affective experiences + actions Literature connecting to real life: deriving personal meaning Literature as template for understanding/ negotiating real life RG commanding reflection RG encouraging reflection on internal state Interest in text as catalyst for talking Active engagement with literature Powerful influence of group/literature as active subject Group/literature as active subject: 'doing to' Group as active subject: eliciting reflection Group 'doing to'	1,2,3,4,5,6,7,8

		Literature opening dialogue Literature giving permission to disclose Literature commands relevance of discussion Book commands relevance Discussion confined to literature Book as secure base- exploration mediated by facilitator	
	Testing ground for new ways of being	Stepping outside of my 'norm' Stepping outside of my 'norm' (testing new experiences) Stepping outside of my norm Entering the unknown? Entering the unknown On-going process of adjustment/tolerance (gradual exposure) RG enabling tolerance Testing out alternative ways of relating Transferring discoveries/ways of being from inside group to outside world Tolerating texts outside my preference Regulating and tolerating unpleasant internal states Freeing self from restrictions/barriers: enables experimentation and new discoveries RG promoting confidence to engage in new aesthetic experiences (previously dismissed as 'inaccessible') Negotiating group in small steps Progress is gradual: moving at my own pace? Gradual adjustment to group Gradual process of adjustment to new experiences RG as staged process RG as opportunity to practice social interaction: Confronting communication difficulties RG as opportunity to overcome challenges Internal drive to confront life-long challenges RG as arena for confronting fears/challenges Dismissing genuine desire to read as protective strategy against a sense of inadequacy	1,2,3,4,5,7,8

		Past concealment of inadequacy/stupidity	
2. Boundaries and rules of engagement	RG as separate (protected) space	Implicit responsibility for group safety Shared understanding of unspoken boundaries Mutual trust: creating safety and taking risks Nurturing and comfort providing refuge RG as safe place RG as separate physical space RG as a separate entity: crossing the threshold between inside and outside world RG separate from outside 'normal' world Disconnected from real world Balance between group continuity/containment through text Intimate relational connections continued outside group Distinct relationship in RG Friendships are context-dependent RG relationships as context-dependent Relationships are context-dependent Boundaried intimacy: relationships as non-threatening Intimate disclosures in absence of intimate relationship RG relationships as pleasant association (vs intimate connection)	1,2,3,4,6,7,8
	Structure and unplanned happenings	Free will within structured boundaries Lack of agenda enables unplanned happenings Consistency in knowable events Live reading enabling natural emergences (vs. advanced preparation) Spontaneity: direction of conversation unknown Balance between structure and personal choice RG as non-prescriptive RG as 'halfway house' between structure/containment and randomness/unpredictability	1,3,5,6,7
	RG as unpressured/failure-free	RG environment as unpressured/failure-free RG as unpressured: lack of 'standards'/expectation promoting comfort?	1,2,3,4,5,6,7,8

		Unable to tolerate academic environments: urge to escape overwhelming fear of failure Errors are permitted No pressure to attain standards: acceptance of error Optional participation No obligation to actively participate No obligation to attend No obligation: flexible/optional attendance Optional attendance: personal agency provides safety Flexibility of group attendance Optional attendance: determined by personal choice Making our own choices (no obligation) Personal agency over depth/breadth of disclosure Freedom of expression: anything goes RG fostering patience: taking time to understand Being listened to: fostering sense of patience RG fosters sense of patience Value of 'taking time' to meet needs: RG as patient and unhurried RG enabling communication at a manageable pace	
	Acceptance and non-judgement	Reader group as refuge from judgement/victimisation RG as non-judging/non-shaming: safe to reveal/ acknowledge problems Giving voice to members in a non-threatening environment RG welcomes whole person Unconditional acceptance Accepting that acceptance is not universal RG accepting of impaired (different?) way of talking Enabling safe expression of distress Accessibility to literature through personal engagement Safe personal/emotional engagement with literature Welcoming positive emotion: removing problem – focus? Sense of 'wellness' in context of MH difficulties	1,2,3,4,5,6,8

		Value of non-problem focus RG provides distance from problem focus Literature inviting problem discussion (from safe distance) MH disclosures not prohibited	
3. Self as valued, worthy, capable	Fulfilment of otherwise unaccomplished endeavours	Sense of worth to self and others through intellectual endeavour Seeking to defend/ prove intelligence Sense of self as inadequate/stupid Low expectations of academic ability Opportunity to demonstrate knowledge giving sense of worth/adequacy Seeking leadership/control to compensate for powerlessness outside group Apologetic ambivalence for egotism RG as intellectual endeavour: distancing self from mental health problems	2, 3, 5, 6, 7
	Sense of potential through (enjoyable) learning and achievement	RG as opportunity for learning and achievement Developing skills to counteract sense of inadequacy Juxtaposition of sense of inferiority with sense of capability RG as opportunity for (re-)learning: restoring lost skills? RG as tool for developing language ability RG as tool for learning (goal-driven) (Facilitator's) belief in ability fosters sense of potential/ self-worth RG providing potential for personal growth Poem providing regular sense of accomplishment Ability to read poem providing sense of self as normal: enabling confidence Projecting own desires to progress by championing others Meaningful engagement in stimulating activity Seeking fulfilment through meaningful activity Motivation to engage in purposeful activity	1,2,3,4,5,6,7,8

		Sense of purpose following loss of roles? RG providing meaningful worthwhile endeavour RG capturing interest: meaningful activity? RG as mentally stimulating/demanding: maintaining mental agility RG as revitalising: summoning life RG providing 'unique' sense of stimulation RG promotes enjoyment of literature (vs. academic 'dread') RG as enjoyable Sense of fun/enjoyment derived from specifics of RG model Group reading as enjoyable activity Opportunity to reap enjoyment through reading Value of enjoyment (over performance) RG promoting positive mood Fundamental role of facilitator in maintaining engagement/motivation RG stimulating motivation outside group; promoting sense of usefulness	
	Opportunity for contribution/involvement	Opportunity to contribute promoting sense of worth Multiple ways to contribute: enabling sense of worth RG as alternative way of maintaining access to literature RG accommodates idiosyncratic ways of understanding RG as inclusive: all individuals valued All individuals valued All individuals valued Value of diversity RG inclusive of varying abilities Equality impedes sense of inferiority/superiority	1,2,4,5,6,7,8
4. Community and togetherness in relational space	Interpersonal self-efficacy counteracting social difficulty	RG/literature enhancing interpersonal effectiveness and understanding outside group Interpersonal maturity enabling sense of social self-efficacy Developing frankness/openness with self and others	1,2,3,6,7,8

		outside group Learning how to relate to others Value of social contact RG as microcosm for understanding interpersonal dynamics Alternative interpersonal culture of openness/interaction RG as opportunity for social contact/interaction	
	Attachment to others fosters trust and belonging	Being part of something (sense of belonging?) Being part of something (sense of worth?) Continuing presence in group (despite physical absence) Mutual presence of group even when physically absent Familiarity enabling comfort/safety Attachment between group members developed over time Group community fostering sense of harmony Fostering sense of interpersonal connection in outside world RG enacting roles in family? Importance of emotional bond: creating sense of family Group as family United by shared interest Connection to facilitator through sense of genuine interest Genuineness of group leader enabling trust Connection with RG facilitator vs. detachment from group therapists (withholding of 'real person' creates distance) RG providing trusted/reliable sense of connection to others Revealing hidden vulnerabilities exposes true self Group enabling openness: disclosing internal states	1,3,4,5,6,8
	RG as a collective experience/venture	Graded transition from individual to collective focus Becoming an established member Ownership of group: from individual to collective RG functioning as a collective: thriving off each other	1,2,3,4,5,6,8

		Collective meaning making Reading as a collective venture: promoting connection/ togetherness Operating as a collective: connection through shared goals RG as collective venture Equal value of literary and social elements Value of collective experience: sense of community/ connection Value of individual within collective Diversity within shared experience Individual idiosyncrasies within shared understanding RG functionality dependent upon optimum group size	
5. Changing view of self, world, others	Re-appraising self as normal	Common experience of mental health problems creating sense of 'normality' Identifying with others' experience Knowing I am not alone: normalisation challenging self-beliefs Being with similar others fosters sense of normality Normalisation of own disability through exposure to others' difficulties Normalising struggles: re-appraising sense of inadequacy Exposure to similar others: redefining 'normal' RG normalises limitations on individual ability Identification with others	1,2,3,4,5,6,7,8
	Psychological flexibility	Engaging with different perspective Enhancing acknowledgement/recognition of multiple possible perspectives/interpretations Acknowledging divergent perspectives Recognising diversity of possible interpretations Recognising multiple possible perspectives Validation of views through others' endorsement Developing trust in my own ideas Standing by own beliefs: challenging others	1,2,3,7,8

		Discussion/sharing enabling new realisations Developing new ideas and re-appraising old ones Internalising compassionate voice Self-concept challenged by group Group enabling shift from negative to positive view of self	
	Connecting past and present self	Revisiting 'old' literature reviving memories: reconnecting with well/functioning self RG as connection to past 'normal' self Re-connecting with lost passion: RG as gateway to past self? RG reviving past (lost) interest RG as gateway to connecting with past experiences Recalling childhood experience of reading Revisiting past experiences and enabling new discoveries Literature enabling connection to past experiences Connections to past experience RG as connection to past: finding meaning in past events Re-connecting with painful past: enabling (safe?) exploring of concealed distress	1,3,4,5,6,7,8