

**Turn the Page: Using Diverse Methodologies to Assess the Outcomes of Reading  
for Mental Health and Wellbeing within Community and High Secure Settings**

Thesis submitted in accordance with the requirements of the University of Liverpool  
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“Turn the Page: Using Diverse Methodologies to Assess the Outcomes of Reading for Mental Health and Wellbeing within Community and High Secure Settings” by Megan Watkins

## **Abstract**

This research aimed to investigate the effects of the therapeutic use of literature on mental health and wellbeing for individuals in community and high secure settings. Evidence gaps are addressed by exploring the value of Shared Reading within populations experiencing enduring and complex mental health needs and, in so doing, this research informs future work and practice. The thesis comprises a general introduction, two systematic reviews, a methodology chapter, a cross sectional survey, two longitudinal analyses of Shared Reading groups, a qualitative analysis of post reading group interviews and a general discussion and conclusions section.

The existing literature was systematically reviewed using an integrative narrative synthesis approach to determine the effects of creative bibliotherapeutic interventions and to inform subsequent studies. For children, reading interventions were related to socioemotional development, enhanced communication, understanding of complex matters, the development of coping strategies and reduced isolation. For adults, the evidence indicates that reading fosters a sense of identity, adds value to life, promotes social support and reduces symptom intensity.

A cross sectional survey with 286 respondents further investigated the relationship between wellbeing and reading behaviour. High frequency of reading for pleasure was associated with significantly greater subjective wellbeing scores and there was a significant positive correlation between recollection of being read to as a child and psychological wellbeing for current users of mental health services.

A longitudinal study of six weekly Shared Reading sessions took place with a small group of participants referred from Community Mental Health Teams. A Sentiment Analysis on participant discussion demonstrated reduced negative affect and enhanced descriptive language use over the duration of intervention. Furthermore, four patients with experience of psychosis and a history of self-harm took part in a 12-month longitudinal case series design investigating the efficacy of Shared Reading within a high secure hospital. Psychological Discourse Analysis identified participants' broadened capacity to consider, increased assertiveness, engagement and reduced avoidance of expression over time.

Semi-structured interviews were conducted post-Shared Reading interventions with six participants, using Framework Analysis to extract themes. Shared Reading was reported to provide participants with a relief from emptiness through bringing contrast to their everyday lives, enhancing hedonic feeling and life satisfaction. Shared Reading created a space that supported capacity to reach others in which participants described a sense of being alone together. Effective facilitation, use of appealing reading material and lack of disruption within the group were considered crucial to support these outcomes.

The diverse range of methodologies used in this research, to examine the multidimensional outcomes of reading, has enabled a holistic representation of Shared Reading outcomes and experience. As many of these methods have not previously been used to explore the value of Shared Reading, they are described and reviewed within a dedicated methodology chapter. The findings reported in this thesis should be interpreted with consideration to the strengths and limitations of the studies reported.

Overall, there is evidence for Shared Reading promoting interactional accomplishment for individuals ready to engage with recovery-related activity within high secure settings. Additionally, Shared Reading may increase readiness and responsiveness to psychological therapy for individuals within community settings. Therapeutic reading can have beneficial outcomes for the child-self, adult-self and future-self.

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### **List of Abbreviations**

BDI	Beck Depression Inventory
BIS-11	Barratt Impulsiveness Scale
BPD	Borderline Personality Disorder
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CMHTs	Community Mental Health Teams
CORE-OM	Clinical Outcomes in Routine Evaluation-Outcome Measure
CORE-10	10 items drawn from the CORE-OM
CRILS	Centre for Research into Reading, Literature and Society
DASS-21	Depression Anxiety Stress Scale
HRA	Health Research Authority
IPHS	Institute of Psychology, Health and Society
IRI	Interpersonal Reactivity Index
ISAS	Inventory of Statements about Self-injury
JBI	Joanna Briggs Institute
<i>M</i>	Arithmetic Mean
MCFT	Mersey Care NHS Foundation Trust
<i>Mdn</i>	Median
MeSH	Medical Subject Headings
NHS	National Health Service
NIHR	National Institute for Health Research
NPI-Q	Neuropsychiatric Questionnaire
NSSI	Non-suicidal self-injury
OECD	Organisation for Economic Co-operation and Development
OERS	Observed Emotion Rating Scale
PANAS	Positive and Negative Affect Schedule
PHQ-8	Personal Health Questionnaire Depression Scale
PHQ-9	Patient Health Questionnaire
PT	Perspective Taking
QoL-AD	Quality of Life in Alzheimer's Disease Scale
RQ	Relationship Questionnaire
Ryff-18	18 item Ryff Scale of Psychological Well-Being
<i>SD</i>	Standard Deviation
SUPPS-P	Short version of UPPS-P Impulsive Behavior Scale
SWEMWBS	Short Warwick Edinburgh Mental Well-Being Scale
TAS-20	Toronto Alexithymia Scale
ToM	Theory of Mind
TR	The Reader
WEMWBS	Warwick Edinburgh Mental Well-Being Scale

### **Glossary of Linguistic Terms**

Adjacency pair	Exchange between two speakers comprising one turn each
Backchannel	Expression serving social purpose
Cajoler	Speech act intending to coax
Disclaimer	Statement nullifying responsibility
Discourse marker	Word or phrase structuring discourse
Epithet	Descriptive term or byname
Frame	Structure of concepts required to interpret meaning
Hedge	A mitigator to reduce the impact of an utterance
Interlocutor	Person partaking in conversation
Polysyndeton	Successive use of conjunctions
Tag question	Question comprising statement and interrogative fragment

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**1. Chapter 1. Introduction to Turn the Page**

### 1.1. Historical bibliotherapy

The inscription above the entrance to the earliest known library built in 1760 BCE reads, “*ψυχῆς Ιατρεῖον*”, translated as, “*The house of healing for the soul*” (Lutz, 1978). The recognition of the therapeutic properties of literature dates back to the ancient Greeks and is reflected in the word bibliotherapy, stemming from the Greek *biblion* and *therapeia*, meaning book and healing respectively (Gorichanaz, 2019). The word *bibliotherapy* was first employed by the Unitarian minister, Samuel McChord Crothers, in the 1916 publication, *A Literary Clinic* (Pehrsson & McMillen, 2007). Crothers described the *Bibliopathic Institute* led by Dr. Bagster, who recommended reading material to improve people’s health and saw bibliotherapy as a *literary prescription* (Crothers, 1916). This was a new type of health care emerging.

The use of creative arts based therapies, largely emerging post World War Two in the 1950s, has since received greater acceptance and recognition from health care professionals and the public, due to a growing body of evidence supporting outcomes such as enhanced social connection and awareness (National Collaborating Centre for Mental Health UK, 2014). This has led to investment in mental health research networks drawing together professionals from the sciences, humanities and arts (Medical Research Council, 2018). In current times, bibliotherapy is most often practised in groups with foundations in group psychology (Rubin, 1979). Cohen (1994a) defined bibliotherapy as “*the therapeutic use of literature with the guidance or intervention from a therapist*” (p. 40) and a variety of modes for the delivery of bibliotherapy have been described in the literature. Bibliotherapy has become synonymous with terms such as reading therapy, literature therapy, poetry therapy and book therapy (McCullis, 2012). In addition, some have extended the definition

of bibliotherapy to include the production of creative work through expressive writing. McArdle and Byrt (2001) highlighted the importance of clarifying types of bibliotherapy as a precursor to research.

## **1.2. Models of bibliotherapy**

Rubin (1978) identified three types of bibliotherapy: institutional, clinical and developmental. Institutional bibliotherapy was described as taking place in an institution such as a psychiatric hospital or prison and delivered by a physician and the library team, using didactic reading material with largely informational goals, partly related to insight. Clinical bibliotherapy, in contrast, was described as appropriate for clients with emotional or behavioural issues within institutional or community settings, delivered by a physician, mental health professional or librarian in consultation, using imaginative literature focused on insight and behavioural change. Developmental bibliotherapy was described as appropriate for non-clinical clients who may be facing a “crisis” or adverse life event in which imaginative or didactic material could be used and delivered by individuals such as a librarian or teacher within the community, with the goal of achieving self-actualisation and maintenance of mental health. Cohen (1994b) also differentiated between interactive bibliotherapy which involves the reader, reading material and a facilitator and self-help bibliotherapy, without feedback from a therapist.

Hynes and Hynes-Berry (1994), pioneers in the field, proposed a four stage model of bibliotherapy for use by therapists, clinicians and teachers. Preparation subsumes building a rapport and assessment of client reading skills and interests which informs the selection of material. Application can then take several forms, ranging from client to counsellor-initiated and can differ in level of structure,

facilitation and the extent to which delivery is directive. Measurement of efficacy of these components can take place during follow-up. Counsellors using a client-centred approach may tend to use fiction whilst non-fiction may be more in keeping with cognitive-behavioural approaches using more direct suggestions about diagnosed or putative conditions. Fiction and non-fiction may be used in combination, with the former offering an emotional experience and the latter supporting understanding of behaviour (Pehrsson & McMillen, 2007).

The Reader, established as a national charity since 2008, delivers what we could refer to as creative bibliotherapy, providing Shared Reading groups across the UK in diverse settings including health services, criminal justice, dementia care, schools and universities. The Shared Reading model, which is participatory and voluntary in nature, encourages people to connect and develop understanding of the self and others through the medium of classic literature (Longden et al., 2015). Sessions are led by a trained facilitator and typically, a short story is read aloud within the session with pauses for discussion, followed by a poem. There is no pressure for group members to read aloud themselves but participants often volunteer to read with continued participation. Shared Reading contrasts individual reading and some other reading group formats in which reading is a solitary activity with material read silently, rather than aloud, without immediate subsequent discussion. Unlike other models of bibliotherapy, Shared Reading was not intended for a specific clientele, rather it has a place everywhere in society, as its worth is described in terms of human value and meaning (Davis, 2018).

While there is less clinical research regarding the outcomes of creative bibliotherapy than self-help bibliotherapy (Brewster, 2007), there is increasing evidence for the efficacy of Shared Reading interventions for those with mental



health problems amenable to treatment within primary care. There is a need to investigate the efficacy of this intervention within populations experiencing more enduring complex mental health difficulties, using diverse methodologies to capture the holistic experience and multidimensional outcomes of therapeutic reading.

In terms of cognitive processes, anticipated longitudinal effects such as the development of more nuanced emotional language may decrease difficulty expressing feelings and thoughts in relation to the self and others. Moreover, undeveloped language skills may hinder the mastery of self-control (Beaver, Delisi, Vaughn, Wright & Boutwell, 2008) and perspective taking (Rawn & Vohs, 2006). This is congruous with the notion that reading for pleasure can induce the state of “flow”; the experience of this state requires both control and concentration (Towey, 2000). The state of flow has been described as an “autotelic experience”, in which the actor’s attention is completely focused on an activity and is not dependent on external goals or reward (Csikszentmihalyi, 1975).

In terms of patient experience, Shared Reading aims to encourage balance, equity and non-judgmental attitudes and these aims may be a key component of Shared Reading’s efficacy, particularly within highly constrained environments. Individuals using services report not having adequate time to talk about how they are feeling and feeling pressured to agree with psychiatrists (Taylor, Hawton, Fortune & Kapur, 2007). This may lead to failure to attend aftercare and negative expectations for therapy following discharge.

Well-managed Shared Reading sessions should provide the environment that allows patients/ group members more time to consider and talk about how they are feeling than other creative interventions and provide a greater sense of continuity in

the absence of an apparent 'authority figure' than psychological therapies. In contrast to many existing psychosocial interventions, Shared Reading does not necessitate the direct and explicit repetition of an individual's clinically relevant story which according to Hawton, Taylor, Saunders and Mahadevan (2011) is perceived as unhelpful and distressing within current services. Instead, Shared Reading tends to naturally elicit recollections of life beyond the rehearsed clinical narrative, uncovering and reviewing deeper, less emphasised episodes. Shared Reading may have potential utility in increasing responsiveness to psychological therapy and may be offered as a therapeutic activity for clients on therapy waiting lists.

Increased mastery and self-esteem have been recognised as a benefit of Shared Reading (Longden et al., 2015). In populations with a high prevalence of self-harm and/or suicidal ideation, Shared Reading may reduce the seeking of mastery and self-validation through maladaptive behaviour and instead encourage the development of a more sustainable and advantageous means towards personal mastery and self-worth. Importantly, King, Wardecker and Edelstein (2015) found that personal mastery served as a buffer to the negative effects of childhood sexual abuse whilst affectivity has been found to be a determinant of psychotic symptomatology (Rus-Calafell, Gutiérrez-Maldonado & Ribas-Sabaté, 2014) with high negative affect and rumination predicting both occurrence and frequency of non-suicidal self-injury (Nicolai, Wielgus & Mezulis, 2015).

### **1.3. Research Aims**

The purpose of this research was to gather data on the effects of Shared Reading interventions on mental health and wellbeing for individuals in community

and high secure settings with enduring and complex mental health needs, including those experiencing psychosis and/or a history of self-harm. The information obtained from this research was intended to i) provide insight into Shared Reading within new populations addressing evidence gaps in the literature ii) inform the design of future Shared Reading studies and iii) inform the possible provision of Shared Reading interventions for this population within NHS Trusts. The studies within this thesis are part of a research programme funded by Mersey Care NHS Foundation Trust (MCFT) involving collaboration between the Centre for Research into Reading, Literature and Society (CRILS) at the University of Liverpool, MCFT and The Reader (TR).

#### **1.4. Structure of thesis**

In order to meet the aims of the research enquiry and investigate the effects of reading on mental health and wellbeing within community and high secure settings, the existing literature was systematically examined to investigate the effects of creative bibliotherapeutic interventions for children and adults (Chapters 2 & 3). This provided the foundation for subsequent studies, helping to identify methodological strengths and weaknesses. Chapter 4 details the methodological approaches employed within the thesis, justification for selection and explanation of epistemological stance, where relevant. This chapter also demonstrates the range of qualitative and quantitative strategies used and how these can be implemented within reading studies.

Chapter 5 describes how the Reader Survey, a cross sectional design, was conducted to allow ‘profiles’ of different types of readers to be obtained within a

non-clinical population and clinical populations of current and past mental health service users. Profiles were mapped to wellbeing outcomes, providing further insight into peoples' motivation to read, occasions of reading and reasons for not reading. This highlights important factors for the delivery of Shared Reading groups in longitudinal intervention research. Chapter 6 describes how sentiment analysis was used to computationally assess linguistic and affective change for individuals from Community Mental Health Teams participating in six weeks of Shared Reading.

Chapter 7 provides further evidence for interactional change investigated through a 12-month longitudinal case series design in a high secure psychiatric hospital, using psychological discourse analysis. Chapter 8 explores participant perceptions of their Shared Reading outcomes and experience using a framework analysis approach. In Chapter 9, recommendations are made based on research findings, experience of intervention implementation and a model of the multidimensional outcomes of therapeutic reading is developed.

**2. Chapter 2. The effects of Reading Interventions on Mental Health and Wellbeing for Children: A Systematic Review**

## 2.1. Abstract

**Background:** Reading has been associated with cognitive progress, social opportunity and positive effects on mental health and wellbeing for children.

However, the focus of many studies has been on academic outcomes, namely literacy and comprehension levels.

**Method:** The aim of this review was to review interventions involving the reading of literature which report direct effects on children's mental health and wellbeing. An electronic literature search of databases identified the key terms and grey literature was identified.

**Results:** Six studies of the 99 full papers retrieved met the inclusion criteria: three quantitative and three qualitative studies. An integrative narrative synthesis was conducted. All identified studies concluded that reading interventions, particularly those with a focus on affect, had some positive impact on children's mental health and wellbeing. In particular, benefits related to socioemotional development. The reviewed evidence indicated that these reading interventions enhanced communication, understanding and coping strategies whilst reducing isolation.

**Conclusions:** Methodological issues need to be considered when interpreting these results. Nevertheless, findings are generally supportive of the use of reading interventions to promote mental health and wellbeing of typical and vulnerable children. This chapter explores childhood reading effects that may inform adult reading experiences and behaviour.

## 2.2. Introduction

According to Clark, Akerman and the National Literacy Trust (2006), children from more deprived family backgrounds, read less, experience less enjoyment reading and receive less encouragement to participate in reading. Reading for pleasure has been associated with substantial cognitive progress in childhood (Sullivan & Brown, 2015) whilst reading enjoyment has been referred to as a greater indicator of academic success than family socioeconomic status (Clark & Rumbold, 2006).

The National Literacy Trust, founded in 1993, aims to raise UK literacy levels. This initiative has led to the derivation of several projects catering for a variety of age groups and disadvantaged communities (“Teaching children to read”, 2004-5). Many of these interventions have indirect positive effects on wellbeing. Reports suggest that the ‘Early words together’ intervention has increased school readiness, social-emotional interaction, language skills and communication for many individuals (Wood, Vardy & Tarczynski-Bowles, 2015). Following the ‘PLRS Cymru’ ten week programme, teachers reported positive outcomes for disengaged boys including improved social skills, increased positive behaviour and self-esteem (“Reading stars”, 2013).

The Book Trust, founded in 1921, is the largest reading charity in the UK and promotes reading for pleasure by providing books and interventions within a variety of settings including libraries, schools and health services (“About us”, n.d.). ‘Bookstart’ provides free books for children 0-12 months and 3-4 years to encourage families to read together. According to an evaluation report (Eliot, 2015), many partner survey respondents communicated that reading with children increases

bonding. Similarly, Demack and Stevens (2013) reported significant differences in parent confidence, parental encouragement and interaction with their children, child interest and enjoyment pre- and post-intervention.

### **2.2.1. Interventions for children in a clinical context**

Mucchetti (2013) provided evidence for the efficacy of adapted shared reading for minimally verbal children experiencing Autism Spectrum Disorders. The intervention increased story comprehension and level of engagement. However, due to the lack of longitudinal follow-up the extent of skill maintenance is unknown. In addition these findings, from a one-to-one intervention, may not extend to a group context.

Similarly, Roberts and Leko (2013) implemented story-based lessons for adolescent students with moderate to severe cognitive disabilities. Findings suggested a potential for such an intervention to enhance not only academic outcomes (namely comprehension) but functional skills; daily activity, independence, inclusion and levels of participation. However, this study was also limited to three one-to-one sessions and teachers expressed concern as to whether the intervention was sustainable given the needs of other students and the time required to prepare material. In addition, the efficacy of the intervention may be influenced by the presence of behavioural issues.

### **2.2.2. Interventions for children in a non-clinical context**

Longitudinal research suggests that wellbeing scores increase following reading intervention; children assigned to a ten year programme to develop social skills, including reading tuition, obtained higher wellbeing scores at follow up in comparison with a control arm (Dodge et al., 2015). Likewise, Grills et al. (2014)



found that a small group reading intervention, provided to school children experiencing reading difficulties, resulted in decreased anxiety over time. However, anxiety measures failed to predict response. The need to investigate the influence of socioemotional factors predictive of response was acknowledged. Furthermore, if the motivational effect of harm avoidance did in fact vary as a function of age, this would suggest the need for more tailored interventions.

Further reading interventions have been associated with skill acquisition in non-clinical contexts. Riquelme and Montero (2013) reported that mediated reading groups delivered to 6-7 year old children resulted in greater development of empathy, emotional recognition and less emotional lability than silent and traditional reading groups. However, all children participating in the study were from a similar socioeconomic background, attending schools located in Temuco, Chile. Potter, Walker and Keen (2013) reported an intervention that encouraged fathers from disadvantaged areas to engage in their child's learning and found that activities such as reading successfully supported the development of familial relationships.

### **2.2.3. Rationale**

There is a vast quantity of literature investigating bibliotherapeutic intervention for children, much of which focuses on improving literacy, confidence and self-esteem in relation to reading and academic outcomes. There is relatively less focus on the effects of reading on the mental health and wellbeing of children using validated outcome measures and methods of analysis. Whilst the existing literature, summarised above, indicates that reading interventions for children show promise for promoting mental health and wellbeing for children, studies vary considerably in type of reading material employed and mode of delivery. However, inclusive reading interventions may benefit lifelong health and educational

achievement as well as social, emotional and economic wellbeing. Reading intervention may serve as a catalyst for change and hence has the potential to decrease health inequalities.

#### **2.2.4. Objectives and Structure**

The review aimed to address the question: to what extent do children participating in creative reading interventions experience improved mental health and wellbeing? The review provides an integrative, narrative synthesis of the literature with a view to establishing data transparency, intervention effects, suitability for specific disadvantaged groups and provides a foundation for subsequent studies in this thesis. In order to meet the research enquiry, consideration is given to methodological issues before summarising both quantitative and qualitative findings.

### **2.3. Method**

#### **2.3.1. Types of studies**

Both published and unpublished studies were assessed when the information provided was satisfactorily detailed and in line with eligibility criteria. Studies were eligible for inclusion if published within the last ten years. This is in keeping with the relatively recent evolution of current reading interventions of a therapeutic nature. Opinion and discussion papers, anecdotal accounts or single case studies were excluded due to lack of generalisability. Unpublished doctoral theses were excluded; Vickers and Smith (2000) investigated the incorporation of dissertation data into systematic reviews and suggested that unpublished dissertations rarely influence review conclusions.

### **2.3.2. Types of data**

The review includes studies from all countries and both qualitative and quantitative papers, providing participants were under 18 years old. Papers written in English or with available English translations were included. Criteria for inclusion aimed to reduce both publication and location bias.

### **2.3.3. Types of methods**

The definition of reading intervention for this review, referred to practice to promote reading that affects mental health and wellbeing as opposed to interventions intended to enhance literacy. Papers investigating interventions in which material was explicitly related to a diagnosed or putative condition for informational purposes, often coined psychoinformational material, were excluded.

Studies using bibliotherapeutic material derived from specific therapy strategies were excluded; for example, cognitive behavioural bibliotherapy or problem solving based bibliotherapy. Likewise, interventions described as bibliotherapy employing supplementary exercises, assignments, consultations and writing homework were excluded to reduce confounding variables. Similarly, interventions involving the reading of religious texts were excluded as it was felt likely that efficacy would be mediated by religiosity.

### **2.3.4. Types of outcome measures**

As acknowledged by The UK's Faculty of Public Health, mental and social wellbeing are related but distinct concepts ("Concepts of Mental and Social Wellbeing", 2010). Mental wellbeing subsumes capacity to realise personal ability, feel purpose and contribute to community. It enables formation of positive relationships, emotional intelligence, life satisfaction, resilience and the management

of responsibilities. In addition, psychological wellbeing includes the development of self-confidence, sense of agency and positive attitudes. Mental wellbeing is interlinked with physical health and social wellbeing. Social wellbeing encompasses equity, trust and social capital; all of which may be influenced by societal norms, government policy, service provision and resource distribution.

In 2011, The Office for National Statistics assessed four aspects of personal wellbeing in the Annual Population Survey; life satisfaction, worthwhileness and recent happy and anxious emotions. A following regression analysis showed that the factors largely to moderately accounting for the variance in personal wellbeing in ascending order were self-reported health, economic activity, marital status and age (Oguz, Merad & Snape, 2013). Dronavalli and Thompson (2015) conducted a systematic review assessing 27 tools for the measurement of health and well-being. Key domains, and therefore outcomes of interest for this review (and that reported in Chapter 3), included: environment and resource access, activity and capacity, beliefs and attitudes, self-concept, symptomology, congruence and resolution.

Studies lacking primary data, specified methodological approaches or tools used were excluded. Papers reporting assumed indirect outcomes of mental health and wellbeing were excluded i.e. literacy, academic attainment or comprehension.

### **2.3.5. Search Strategy**

A search of the following databases for key terms was conducted:

PsycARTICLES, PsycINFO, PubMed, Scopus, ScienceDirect, ProQuest Hospital Collection, CINAHL Plus, AMED (Allied and Complementary Medicine Database), Web of Science, Social Care Online, Cochrane Database of Systematic Reviews,

BMJ : Best Practice, Google Scholar and Open Grey . The search parameters covered from 2006 to 2016.

Titles, abstracts and keywords were searched and the ‘anywhere in the article’ option was used if the database allowed. Free text words were used to yield more papers and parameters were flexible to ensure relevant information within broader qualitative studies was not missed. The keywords used were: poetry intervention, poetry therapy, literature intervention, literature therapy, reading intervention, reading therapy, reading group, bibliotherapy and shared reading. Boolean operators were utilised to combine the words e.g. OR and truncation was used, for example, “bibliotherap\*”. This allowed identification of variants such as bibliotherapies and bibliotherapeutic. Search terms were expanded or MeSH terms applied, where possible.

The extended research team was consulted to aid identification of any data not yet considered. Search strategies and results of searches were recorded using the bibliographic software, Endnote. The search strategy aimed to achieve a balance between specificity and sensitivity as advocated by Boland, Cherry and Dickson (2014). Professor Rumona Dickson and Miss Eleanor Kotas (Liverpool Reviews and Implementation Group at the University of Liverpool) provided methodological advice and search strategy advice respectively and Mr Ken Linkman (the University of Liverpool Library) provided database advice. Feedback was also sought from the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast (NIHR CLAHRC NWC) Evidence Synthesis Team.

### **2.3.6. Data Collection**

The titles and abstracts of all retrieved studies were screened and if eligibility criteria were not met, papers were excluded at this stage. In ambiguous cases, papers were included to ensure potentially relevant data was not missed. Relevant full texts were then obtained, reference lists of eligible studies checked and grey literature identified. A list of included and excluded studies was produced, noting reasons for exclusion.

### **2.3.7. Critical Appraisal**

Methodological assessment was carried out for included studies using an adapted Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) and Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) for quantitative and qualitative studies (JBI, 2017). Papers comprising multiple studies were presented collectively. Critical appraisal forms were completed with justifications for responses and any critical information missed was noted under comments.

### **2.3.8. Data Extraction**

Extraction of data was conducted using adapted JBI extraction forms. Study details such as intervention, methodology, population and outcomes of interest were recorded. For mixed-methodology studies, both quantitative and qualitative components were assessed against the relevant extraction form.

### **2.3.9. Independent Review**

Independent second reviewers (RC and JB) assessed a subsample of data (approximately 10%) collected for eligibility, extraction and quality assessment.

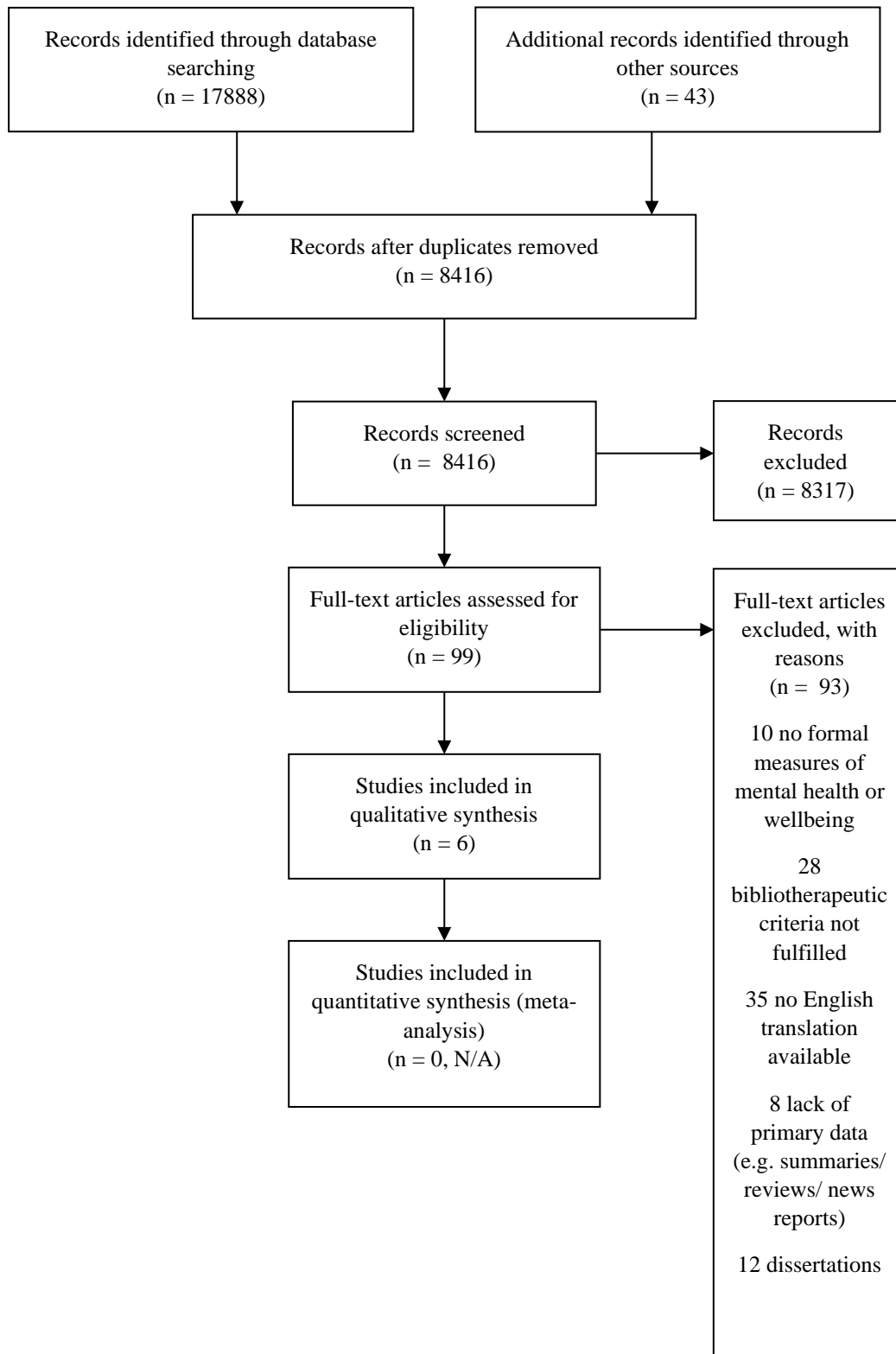
Any discrepancies between the first and second reviewer were resolved through discussion before progression.

### **2.3.10. Data Synthesis**

An integrative review was conducted (Kirkevold, 1997); both qualitative and quantitative studies were assessed for mental health and wellbeing outcomes. It has been suggested that implementing mixed methods reduces bias and error; hence integrative reviews can contribute greatly to evidence-based health care (Whittlemore & Knafl, 2005). A narrative synthesis approach (Popay et al., 2016) was employed to “tell the story” of included literature findings. The diversity of primary studies in terms of samples and treatment, was not amenable to meta-analysis which may obscure differences in effects (Higgins & Green, 2011).

## **2.4. Results**

The electronic search strategy described identified 17888 studies and a further 43 articles were identified through other sources (snowballing and internet searching). Duplicate studies were removed, the majority manually, which resulted in a non-duplicated record of 8416. The eligibility of these studies was assessed and 99 titles and abstracts were identified as potentially relevant. The full texts were then retrieved and assessed for eligibility. Overall, 6 articles were included in the review; this total comprises three qualitative studies and three quantitative studies. The results of the search process are represented in Figure 2.1 (Welch et al., 2013; Stewart et al., 2015).



**Figure 2.1** Flowchart of study identification process



### **2.4.1. Methodological Issues**

As illustrated by the critical appraisal tables (see Appendix 1), the methodological quality of included studies varied. Studies had different designs, samples, strengths and limitations. Out of the three quantitative studies identified, one was a correlational design (Aram & Aviram, 2009), one was a randomised controlled trial (Betzael & Shechtman, 2010) and one was a pre-post quasi experimental study (Riquelme & Montero, 2013). The three qualitative studies used a one cohort, descriptive design (Ceribelli, Nascimento, Pacifico & Lima, 2009; Harvey, 2010; Polleck, 2011). Variability in study designs limits comparison between studies. Methodological limitations should be considered when interpreting findings and to aid the identification of areas for improvement in future research.

### **2.4.2. Quantitative study findings**

The quantitative findings were extracted from three papers (see Appendix 2). One study was conducted in the home setting (Aram & Aviram, 2009), one at school (Riquelme & Montero, 2013) and one at a residential home (Betzael & Shechtman, 2010). None of these studies included a clinical sample; within the residential home setting, children were not officially diagnosed with emotional difficulties but many displayed anxiety symptoms (Betzael & Shechtman, 2010). Sample sizes ranged from 40 (Aram & Aviram, 2009) to 92 (Riquelme & Montero, 2013) whilst age ranged from an average of 5 years and 9 months (Aram & Aviram, 2009) to between 7 and 15 years (Betzael & Shechtman, 2010).

The reading practice in all three studies involved the reading aloud of children's literature. The reading interventions in two studies took place within a group; a facilitator read a story which was followed by discussion of related feelings (Betzael & Shechtman, 2010) and text was read by an adult facilitator (Riquelme &

Montero, 2013). One study investigated mothers reading to their children (Aram & Aviram, 2009). Duration of intervention ranged from eight sessions, each of 45 minutes (Betzalel & Shechtman, 2010) to twice weekly meetings of between 25 and 40 minutes, for four months (Riquelme & Montero, 2013). For the correlational study (Aram & Aviram, 2009), the mean frequency of storybook reading, as measured by an Author Recognition Test was 11.13 ( $SD = 3.83$ ).

Whilst studies evidenced positive effects of reading, different quantitative methods were used to assess change. All studies centred on outcomes indicating child socioemotional development. Two studies related reading to higher levels of child empathy (Aram & Aviram, 2009; Riquelme & Montero, 2013). Maternal expertise in choosing books, was positively associated with child empathy (Aram & Aviram, 2009); however, empathy was teacher rated, based on class ranking as opposed to a previously validated scale.

Nevertheless, Riquelme and Montero (2013) also found that following participation in the adult mediated reading group, children had a higher level of empathy, as measured by the Griffith Empathy Measure (Hunter, 2003), compared with the traditional reading group and silent reading group. The traditional reading group differed from the mediated reading group in that it lacked communication with students about emotional interactions. Similar results were found between groups for decreased emotional lability. However, there was no statistical difference in facial emotion recognition between the mediated reading group and the traditional group; most probably due to presence of social interaction in both groups.

Two studies reported the positive effects of reading on child adjustment (Aram & Aviram, 2009; Betzalel & Shechtman, 2010). Aram and Aviram (2009)

related maternal expertise in choosing books to socioemotional adjustment as measured by the positive behaviour part of Hightower's (1986) Teacher-Child Rating Scale. In accordance, Betzalel and Shechtman (2010) reported that only children in the affective bibliotherapy group experienced a decrease in adjustment problems as measured by the Teacher's Report Form (TRF; Achenbach & Edelbrock, 1991). There was no change for children in the cognitive bibliotherapy group and control group. Children in both bibliotherapy conditions demonstrated significant decrease in social anxiety measured by the self-report, Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985).

Both studies with comparator groups made some effort to control for confounding variables such as maternal education (Aram & Aviram, 2009) and age (Betzalel & Shechtman, 2010). Nevertheless, potential counsellor and facilitator effects were not accounted for. In addition, further methodological issues identified include: small sample sizes and small effect sizes (Riquelme & Montero, 2013), lack of validated outcome measures (Aram & Aviram, 2009), limited generalisability (Aram & Aviram, 2009; Betzalel & Shechtman, 2010; Riquelme & Montero, 2013) and lack of follow up information (Aram & Aviram, 2009; Riquelme & Montero, 2013).

#### **2.4.3. Qualitative study findings**

The qualitative findings were extracted from three papers (see Appendix 3). Two studies focused on clinical populations; adolescents with chronic illnesses (Harvey, 2010) and hospitalised children, most with chronic disorders (Ceribelli et al., 2009). One study took place at an urban high school with a sample of female adolescents (Polleck, 2011). Sample sizes ranged from 12 (Polleck, 2011) to 23 participants comprising 14 children and 9 mediators (Ceribelli et al., 2009) whilst

age ranged from 3-12 years (Ceribelli et al., 2009) to 14-17 years (Polleck, 2011). All three studies used different methods of data collection; observation and semi-structured interviews with children and mediators (Ceribelli et al., 2009), semi-structured individual or group interviews with welfare team members and teacher-librarians (Harvey, 2010) and observation, interviews and book club discussions (Polleck, 2011).

The reading intervention in two studies described staff mediated reading with a child (Ceribelli et al., 2009), sometimes involving lone child reading of recommended books (Harvey, 2010) and one study took the format of a traditional book club (Polleck, 2011), all read age appropriate fiction. Duration of intervention varied; the minimum participant hospitalisation period reported by Ceribelli et al. (2009) was three weeks whilst Polleck (2011) describes 12 months of weekly 45 minute sessions.

All studies employed some level of thematic analysis (Harvey, 2010; Polleck, 2011) or thematic content analysis (Ceribelli et al., 2009). The key characteristics of the included qualitative studies are summarised in the data extraction table. Data were synthesised to produce four main themes; communication, understanding, reducing isolation and forming coping strategies.

#### **2.4.3.1. Communication**

All three studies described the reading intervention's ability to enhance communication. Ceribelli et al. (2009) described "bilateral humanisation" occurring between the child and adult mediator through increased communication. Reading provided opportunity for staff to enter the child's world, allowing the child to "open up". Reading together encouraged self-expression and a more intuitive relationship.

In accordance, Harvey (2010) described bibliotherapy increasing the connection between staff and students. This may be achieved through the text promoting productive ways of communicating (Polleck, 2011). Polleck suggested that students were able to articulate both conflict and their own struggles through making textual connections; the book was used as a tool for disclosure of traumatic experiences.

#### **2.4.3.2. Understanding**

The three qualitative studies demonstrated how reading activities can lead to increased child understanding of complex issues. Ceribelli et al. (2009) reported that students could identify complications of their own illness through drawing parallels with the story. Welfare staff also recognised the value of using fictional books to assist with the understanding of issues; children could interpret messages from the text without pressure but this required time for reflection (Harvey, 2010). In addition, students were able to use characters from the book to unravel and understand their own familial relationships (Polleck, 2011).

#### **2.4.3.3. Reducing isolation**

Evidence for reading practice reducing children's sense of isolation was recognised in each of the three studies. Reading and identification with characters in the book provided students with the reassurance that they were not enduring distressing experiences alone (Polleck, 2011). Similarly, staff recognised that although reading was an activity that could be done privately, identification with protagonists in the text could provide children with the knowledge that they are not alone (Harvey, 2010). Ceribelli et al. (2009) found that mediated reading helped to relieve child stress; contact with staff through reading was of a pedagogical and recreational nature, demonstrating to children that the hospital was not exclusively a place of suffering.

#### **2.4.3.4. Forming coping strategies**

The three studies described how reading intervention could enhance children's formation of coping strategies. Ceribelli et al. (2009) found that reading advanced internal development by providing the foundations for problem solving. This leads to appreciation of different alternatives and possible outcomes. The text can be used as a medium by which ability to cope and adapt to life stressors can be improved (Harvey, 2010). One staff member recognised how fiction helped young people to deal with emotional and physical change. This is important for all adolescents but particularly relevant to those experiencing chronic illness. In line with this, Polleck (2011) described female adolescents using the text to co-construct "survival techniques", in this way, the book served as a catalyst in the confrontation of difficulties.

### **2.5. Discussion**

The studies included in this review investigated either group reading or individual adult mediated reading. The findings from three quantitative studies were explored, none of these included clinical samples but one study included children displaying anxiety symptoms (Betzael & Shechtman, 2010). All reading interventions provided evidence of positive effects on children's socioemotional development; through either increased levels of child empathy, adjustment or both.

The two studies including comparator interventions generally favoured affective bibliotherapy to cognitive bibliotherapy (Betzael & Shechtman, 2010) and mediated reading to traditional reading and silent reading groups. The findings reported by Aram and Aviram (2009) and Betzael and Shechtman (2010) suggest that it is the quality and choice of literature used, rather than merely frequency of intervention, that influences intervention efficacy. However, findings should be

interpreted with caution due to methodological issues such as small sample sizes, heterogenic outcome measures, lack of follow up information and limited generalisability.

Findings from three qualitative studies were explored. Two of these studies focused on the effects of adult mediated reading with children experiencing chronic illnesses. One study discussed the books read as a group, the sample comprised Latino and African American adolescent girls (Polleck, 2011). Sample sizes were in keeping with those expected for qualitative analysis whilst duration of intervention varied or was non-specific. All of the studies employed thematic analysis and explicitly described methodological procedure. Data synthesis of the qualitative studies identified four key themes. All studies evidenced reading leading to enhanced communication, better understanding of complex issues, reduced isolation and the formation of coping strategies.

Mental health and wellbeing can encompass many outcome measures. Therefore, due to the breath of the research question, eligibility criteria were applied rigorously to the full papers retrieved. The heterogeneity of study designs necessitated the use of different types of critical appraisal and data extraction tools which limited comparability. However, the assessment of quantitative and qualitative designs was required to obtain a holistic picture of the many faceted outcomes of reading interventions.

Although grey literature was searched, the decision to exclude unpublished doctoral theses may be contested. Whilst publication tends to provide assurance of methodological quality, it has been suggested that doctoral theses are subject to great scrutiny by examiners and should be included in reviews to reduce publication bias (Moyer, Schneider, Knapp-Oliver & Sohl, 2010). In addition, a number of relevant

studies may have been excluded if an English translation was not available.

Nevertheless, extending the review to all countries should have reduced location bias.

The samples within included studies varied greatly with respect to methods of data collection, the age and health of participants, gender, ethnicity and the format of reading interventions. Often confounding variables were not accounted for and in one case, validated outcome measures were not used despite evidence of high internal consistency. Further research should employ validated measures to investigate the differential effect of individual and group adult mediated reading for specific subgroups.

Only one randomised controlled trial was identified, there is a need to produce more studies of robust design employing this degree of rigour. Future research should aim to compare the effect of reading interventions with traditional therapy groups. In addition, no mixed method studies were identified. The amalgamation of qualitative and quantitative data is required for triangulation and may be better placed to capture the multi-dimensional outcomes of reading interventions.

Only one study explicitly reported participants' ethnicity (Polleck, 2011) and socioeconomic background was referred to in two papers (Aram & Aviram, 2009; Riquelme & Montero, 2013). Future research should consider participants' cultural background given that measures of mental health and wellbeing can be culturally specific. In addition, ethnicity and socioeconomic status may act as confounding variables and limit the generalisability of findings.



Overall, both group reading and individual adult mediated reading have demonstrated some positive findings for children's empathy and adjustment levels. Quality and choice of literature appears to be an important factor in determining outcomes related to socioemotional development. There is evidence to suggest that the benefits of reading interventions that focus on affect may supersede that of other types of reading interventions such as cognitive bibliotherapy, traditional reading or silent reading. However, these findings should be replicated to determine reliability. Qualitative findings provide insight into factors which can contribute to increased socioemotional development and psychological wellbeing. Key themes identified from qualitative findings demonstrate how reading can enhance child communication and understanding of complex issues whilst reducing sense of isolation and encouraging the development of coping strategies. Future research should aim to address methodological issues identified such as small sample sizes, heterogeneity of outcome measures and sample characteristics. The design of mixed method studies for a child population would promote data triangulation, robustness of evidence and would provide a more holistic view of the outcomes of reading interventions.

**3. Chapter 3. The effects of Reading Interventions on Mental Health and Wellbeing for Adults: A Systematic Review**

### 3.1. Abstract

**Background:** Reading has been associated with positive effects on mental health and wellbeing for adults. However, as many studies investigate the use of self-help material, psychoinformational booklets or biblio-based therapy, the extent to which mental health and wellbeing benefits are attributable to the reading of literature is currently unknown.

**Method:** This review was conducted to summarise the mental health and wellbeing effects of interventions that promote the reading of literature not explicitly related to a diagnosed or putative condition, with a view to making the data transparent. An electronic literature search of databases was conducted to identify key terms and grey literature was included.

**Results:** Thirteen studies of the 125 full papers retrieved satisfied the eligibility criteria: four quantitative, five qualitative and four mixed methods. A narrative synthesis approach was employed. All studies were suggestive of reading having a positive effect on mental health and wellbeing but the evidence for reading interventions outperforming comparators was inconsistent.

**Conclusions:** Results should be interpreted with consideration to methodological limitations such as small sample sizes, heterogeneous outcome measures and confounding variables. Nevertheless, the evidence tends to favour reading as a promising intervention for good mental health and wellbeing. This chapter provides the foundation for the development of subsequent empirical reading studies within clinical adult populations.

## **3.2. Introduction**

In addition to providing educational advantage, it is argued that reading can promote mental health and wellbeing (Turner, 2008). Studies have attributed the therapeutic efficacy of Shared Reading group interventions to the sharing of the literary material itself, effective facilitation and the social component of group processes (Dowrick, Billington, Robinson, Hamer & Williams, 2012). In accordance, Jeffs and Pepper (2005) suggested that poetry can stimulate insight and may mediate recovery. Therefore, it is important to establish the efficacy of reading interventions and how these may best be implemented.

### **3.2.1. Existing reading interventions and their development**

The Reader, which began in 1997, now delivers Shared Reading groups across the UK within diverse settings. The Shared Reading model encourages people to connect and develop through the medium of short stories and poetry. This facilitates realisation and promotes change (“Connect, realise, change”, n.d.). The Reader’s Shared Reading model, formerly called ‘Get into Reading (GIR)’, was set up in 2002 and has inspired the development of programmes outside the UK such as Book Well, Australia (McLaine, 2012). The Book Well programme aims to promote wellbeing in vulnerable individuals including residents of aged care facilities and those experiencing physical and mental health issues.

In addition, ‘Reading Well Books on Prescription’ assists with self-management of mental health and wellbeing and is implemented within public libraries. Although there are around 7,000 prescribers of the accredited self-help material, namely within General Practice and Improving Access to Psychological Therapies services, books are available through self-referral (“Reading Well”, n.d.).

According to an evaluation report (“Reading Well Books”, 2013-14), ‘Overcoming Depression’ by Paul Gilbert and ‘Overcoming Anxiety, Stress and Panic’ by Chris Williams were two of the most frequently borrowed books. The Reading Agency advocates users of the ‘Reading Well Books on Prescription’ scheme also engage with ‘Reading Well Mood-boosting Books’ which promotes the use of novels, poetry and non-fiction for its uplifting effect.

### **3.2.2. Interventions for adults in a clinical context**

Volpe, Torre, De Santis, Perris and Catapano (2015) found that six months following hospital discharge, individuals experiencing psychosis who participated in reading groups displayed significantly greater psychosocial and cognitive functioning relative to control participants. However, lack of statistical power limited ability to assess specific subgroups. Participation in reading groups has also been shown to significantly improve the mental health of individuals experiencing depression (Billington et al., 2010) and to have positive effects on mood, quality of life and functioning for individuals experiencing chronic pain (Billington, Humphreys, Jones & McDonnell, 2016). However, these findings have been limited by lack of control groups.

As well as improving daily functioning, emotional triggers prompted by literature may have an effect on autobiographical memory (Conway & Pleydell-Pearce, 2000). Wexler (2014) conducted a three and a half year poetry programme in a nursing home for elderly residents experiencing physical and mental health difficulties. It was suggested that poetry reduced fear arising from the paranoid symptoms of dementia whilst addressing longing for meaning and self-validation. Similarly, Shared Reading interventions have been shown to decrease dementia

symptomology relative to baseline measures (Billington, Carroll, Davis, Healey & Kinderman, 2013).

Skrajner and Camp (2007) suggested that positive effects of a story reading activity may be due to individuals engaging in enjoyable and meaningful social roles. However a systematic review examining reading interventions for neurological conditions suggested that positive effects should be viewed cautiously due to methodological limitations (Latchem & Greenhalgh, 2014).

### **3.2.3. Interventions for adults in a forensic context**

Shared Reading within prison settings has the potential to improve the articulation and recognition of personal narrative and reduce maladaptive behaviours such as self-harm (Billington, 2011). Bagarić, Miksaj-Todorović and Butorac (2015) found that implementation of a guided reading programme resulted in positive effects for the personal development and rehabilitation of participating inmates. The programme enhanced the understanding of other people's situations and increased ability to imagine alternative endings for literary material. However, these findings are limited to male prisoners in a medium security setting. Nevertheless, Pulido (2010) also suggested that reading programmes can promote personal enrichment and tolerance of others' thoughts and feelings.

### **3.2.4. Interventions for adults in a non-clinical context**

Reading interventions have scope to serve as an innovative tool within professional development. Carol et al. (2015) found that implementation of a book group within psychiatric postgraduate training facilitated peer-to-peer learning and improved critical thinking. This was linked to improved, humane practice. Indeed,

Koopman (2015) found that repeated exposure to literature in a non-clinical sample predicted empathic understanding. However, the lack of correlation found between dispositional empathy and experience of reading suggested that readers may be unaware of this heightened empathy.

In addition to promoting emotional intelligence, reading interventions may increase self-management ability. Frieswijk, Steverink, Buunk and Slaets (2006) found that, in comparison to a control condition, bibliotherapy increased self-management preventing decline in well-being measures. However, differences between conditions were small, short-term and only generalisable to slightly and moderately frail older people.

### **3.2.5. Rationale**

Inclusive reading interventions may benefit lifelong health and educational achievement as well as social, emotional and economic wellbeing. However, there is great focus on bibliotherapeutic intervention in the literature, which focuses on self-help rather than promoting reading. Many bibliotherapeutic interventions are derived from cognitive behavioural therapy principles, such as books provided through the 'Reading Well Books on Prescription' scheme. There is relatively less focus on the effects of reading fiction or poetry and there are discrepancies in the mode of treatment within the existing literature summarised.

The review aimed to address the question: to what extent do adults participating in creative reading interventions experience improved mental health and wellbeing? An integrative, narrative synthesis approach was employed whilst considering the heterogeneous nature of methodological approaches, analyses and outcome measures. This is necessary to establish data transparency to assess the

efficacy of different reading interventions and ascertain which may be best implemented within specific groups.

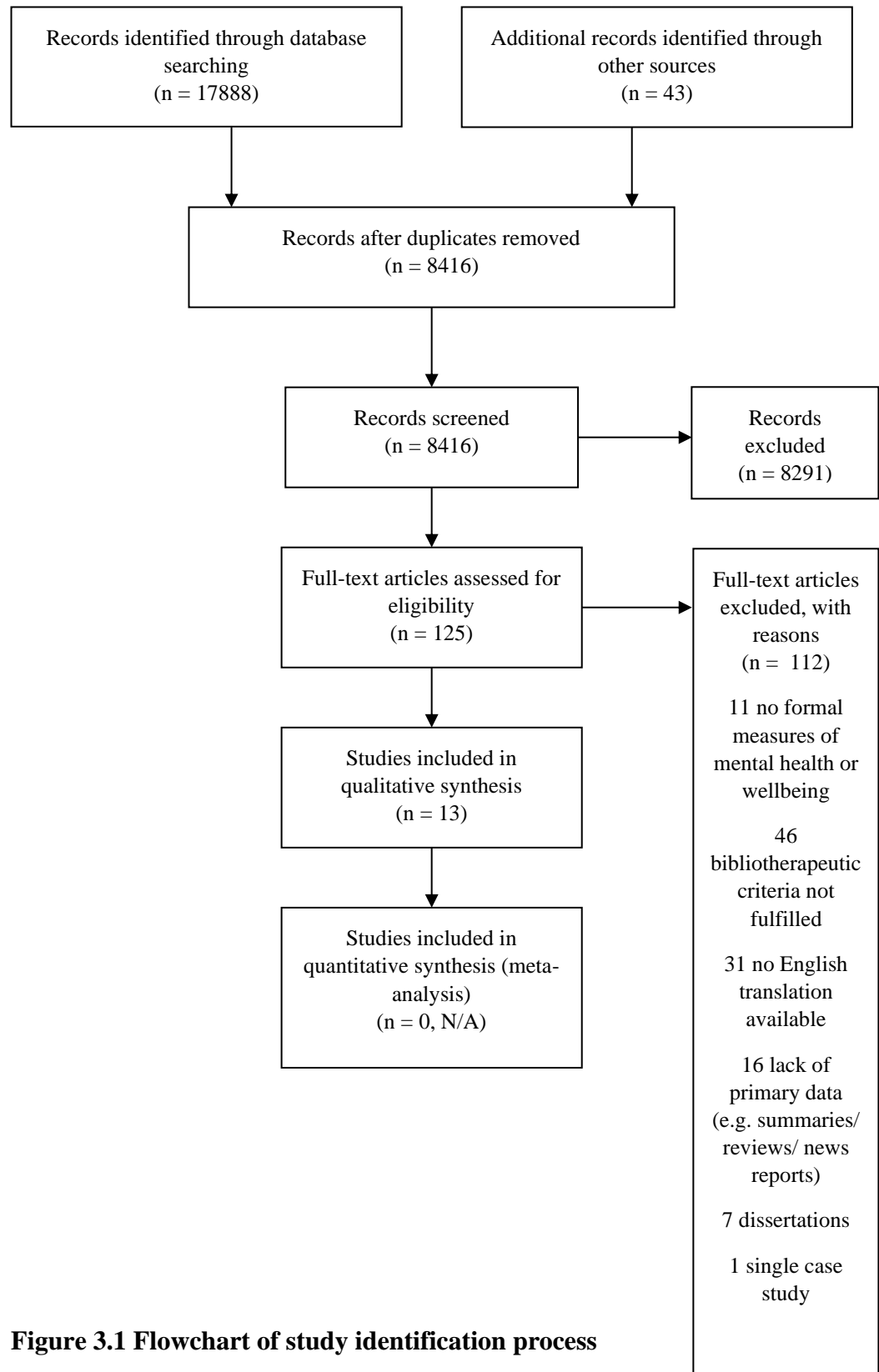
### **3.3. Method**

The methodological procedure in terms of inclusion and exclusion criteria, critical appraisal, data extraction and synthesis are consistent with the preceding review reported in Chapter 2. However, data collection focused on an adult population i.e. participants 18 years old or above.

### **3.4. Results**

The electronic search strategy identified 17888 studies and a further 43 articles were identified through other sources (snowballing and internet searching). Searches covered both child and adult populations i.e. were combined. Duplicate studies were removed, the majority manually, which resulted in a non-duplicated record of 8416. The eligibility of these studies was assessed and 125 titles and abstracts were identified as potentially relevant. The full texts were then retrieved and assessed for eligibility. Overall, 13 articles were included in the review; this total comprises five qualitative studies, four quantitative studies and four mixed methods. The results of the search process are represented in Figure 3.1 (Welch et al., 2013; Stewart et al., 2015).





**Figure 3.1 Flowchart of study identification process**

### **3.4.1. Methodological Issues**

As illustrated by the critical appraisal tables, the methodological quality of included studies varied (see Appendix 4). Studies had different designs, strengths and limitations. Out of the four quantitative studies identified, two were randomised controlled trials (Moyle et al., 2013; Volpe et al., 2015), one a quasi-experimental design (Riahinia, Azimi & Seify, 2011) and one a cross-over design (Schechtman & Nir-Shfir, 2008). Quantitative components of the four mixed methods papers had a cross-over design (Longden et al., 2015), repeated measures designs (Billington et al., 2013; Dowrick et al., 2012) and participants also served as their own control in one study (Billington et al., 2016). All five exclusively qualitative studies used a one cohort, descriptive design (Lourdunathan et al., 2012; Mårtensson & Andersson, 2015; Robinson, Hodge & Davis, 2007; Shipman & McGrath, 2015; Walwyn & Rowley, 2011) as did the qualitative components of mixed methods papers. Variability in study designs limits comparison between studies. Nevertheless, methodological limitations should be considered when interpreting findings and this aids the identification of areas for improvement in future research.

### **3.4.2. Quantitative study findings**

The quantitative findings were extracted from eight papers (see Appendix 5). All studies were conducted in clinical settings (Billington et al., 2013; Billington et al., 2016; Dowrick et al., 2012; Schechtman & Nir-Shfir, 2008; Moyle et al., 2013; Volpe et al., 2015) or included patients at risk of or experiencing mental health issues (Longden et al., 2015; Riahinia et al., 2011). Sample sizes ranged from six (Billington et al., 2016) to 61 (Billington et al., 2013; comprising multiple studies). The reading intervention in all studies was of a group nature and involved a facilitator or group leader. Five out of the eight studies employed the Shared

Reading/Get into Reading model, specifically focusing on the reading aloud and discussion of classic literature which encourages people to connect, and to purportedly develop understanding of human thinking and feeling (Billington et al., 2013; Billington et al., 2016; Dowrick et al., 2012; Longden et al., 2015; Volpe et al., 2015). Duration of intervention ranged from three sessions within a one to two month period (Schechtman & Nir-Shfir, 2008) to weekly sessions for 12 months (Dowrick et al., 2012).

Studies evidenced positive effects of reading interventions through assessment scores pre- and post-intervention for indicators of mental health and wellbeing, to some extent. Reduction in depressive symptomology was evidenced in the majority of studies (Billington et al., 2013; Billington et al., 2016; Dowrick et al., 2012; Longden et al., 2015; Riahinia et al., 2011; Volpe et al., 2015). However depressive measures varied and included use of the Depression Anxiety Stress Scale (DASS-21; Longden et al., 2015), the Beck Depression Inventory (BDI; Billington et al., 2016), the Neuropsychiatric Questionnaire (NPI-Q; Billington et al., 2013) which includes a depression/ dysphoria component, the Personal Health Questionnaire Depression Scale (PHQ-8; Volpe et al., 2015) and the Patient Health Questionnaire-9 (PHQ-9; Dowrick et al., 2012).

Reduction of condition-specific symptoms following reading intervention was also evidenced. For example, decline in neuro-vegetative symptoms for dementia participants across all three care homes in the study was reported by Billington et al. (2013) and some improvement in pain rating was found for chronic pain patients (Billington et al., 2016). Purpose in life, measured as part of the Scale of Psychological Wellbeing, improved following Shared Reading but not in association with a design-based social activity control group (Longden et al., 2015).

In addition, two further studies favoured the effects of a reading intervention with respect to a control group. Greater cognitive and psychosocial functioning in participants with psychosis was found following reading than standard clinical activities (Volpe et al., 2015) and greater ‘affective exploration’ took place in group bibliotherapy compared with group therapy for participants with anxiety and depression (Schechtman & Nir-Shfirir, 2008).

However, two studies describe the comparator intervention as having better results. Quality of Life in Alzheimer’s Disease Scale (QoL-AD) and Observed Emotion Rating Scale (OERS-Pleasure) scores were more favourable in the PARO (a therapeutic companion robot) condition than the reading group (Moyle et al., 2013). It is noteworthy that Moyle et al. (2013) report a large amount of missing data and considered data imputation inappropriate. Depression reduction has also been found to be greater following counselling than bibliotherapy. However, these results may not be generalisable as the study recruited an Iranian student sample (Riahinia et al., 2011).

Half of the studies recognise small sample sizes as a limitation (Billington et al., 2013; Longden et al., 2015; Schechtman & Nir-Shfirir, 2008; Volpe et al., 2015). Further methodological issues identified included: lack of follow up information, non-balanced sequence of treatment (Schechtman & Nir-Shfirir, 2008) and diagnostic heterogeneity (Volpe et al., 2015).

### **3.4.3. Qualitative study findings**

The qualitative findings were extracted from nine papers (see Appendix 6). All studies were conducted in clinical settings (Billington et al., 2013; Billington et al., 2016, Dowrick et al., 2012; Robinson et al., 2007; Walwyn & Rowley, 2011) or

included patients at risk of or experiencing mental health issues (Longden et al., 2015; Lourdunathan et al., 2012; Mårtensson & Andersson, 2015; Shipman & McGrath, 2016).

In some cases, sample sizes varied over the course of the intervention, depending on attendance (Longden et al., 2015) but sample sizes tended to range from six (Billington et al., 2016) to 14 participants (Walwyn & Rowley, 2011). Studies comprised multiple studies (Billington et al., 2013), took place at different settings (Dowrick et al., 2012; Walwyn & Rowley, 2011) or used different methods of data collection (Robinson et al., 2007).

The reading intervention in seven out of nine studies was of a group nature and involved a facilitator or group leader (Billington et al., 2013; Billington et al., 2016; Dowrick et al., 2012; Longden et al., 2015; Robinson et al., 2007, Shipman & McGrath, 2016; Walwyn & Rowley, 2011). Two of the studies involved individual reading of young adult literature or fiction (Lourdunathan et al., 2012; Mårtensson & Andersson, 2015). Duration of intervention ranged from six weeks (Longden et al., 2015; Billington et al., 2013) to weekly sessions over 12 months (Dowrick et al., 2012).

Four studies employed thematic analysis (Billington et al., 2013; Billington et al., 2016; Robinson et al., 2007; Shipman & McGrath, 2016), two studies used content analysis (Walwyn & Rowley, 2011; Mårtensson & Andersson, 2015), one study was based on conversation analysis (Dowrick et al., 2012), one study incorporated discourse analysis with realistic evaluation (Longden et al., 2015) and one study implemented phenomenological analysis (Lourdunathan et al., 2012).

The key characteristics of the included qualitative studies are summarised in the data extraction table. Data was synthesised to produce four main themes; sense of identity, added value to life, a safe place and social support.

#### **3.4.3.1. Sense of Identity**

Seven of the qualitative studies described reading as providing a sense of identity. A staff member from a hospital ward observed that the reading group offered participants a sense of identity and purpose; participants could contribute as discussions sparked memories (Billington et al., 2013). Reading triggered the sharing of life-stories and literature mediated the process of self-awareness and self-understanding (Robinson et al., 2007; Lourduathan et al., 2012). Shared Reading resulted in meaningful focus, positivity and enhanced quality of life as participants were able to recognise part of themselves as distinct from chronic pain (Billington et al., 2016). Mårtensson and Andersson (2015) also found participants were able to regain ordinary life as reading filled a void and enhanced connectivity with real life. Through this, joy and pleasure were described as well as the ability to relieve pain. Furthermore, Shared Reading led to identification with characters, allowing exploration of different possible futures (Shipman & McGrath, 2016) and providing emotional relief and insight (Walwyn & Rowley, 2011).

#### **3.4.3.2. Added Value to Life**

Seven of the qualitative studies described how reading added value to participants' lives. Billington et al. (2013) found that enjoyment of reading was central to engagement and provided participants with a way of expressing themselves. Shared reading of literature led to anticipation and excitement (Billington et al., 2016; Longden et al., 2015), participants considered the reading of literary material preferable to self-help approaches that they had experienced as the

stories were absorbing and the concentration required reduced pain awareness (Billington et al., 2016). Dowrick et al. (2012) also found that reading poetry led to heightened concentration whilst reading fiction was more associated with relaxation and calmness. Reading served to increase participants' self-esteem; the experience inspired confidence and was ego-strengthening (Lourdunathan et al., 2012; Mårtensson & Andersson, 2015; Walwyn & Rowley, 2011).

#### **3.4.3.3. A Safe Place**

Five qualitative studies described reading activities as providing participants' with a safe place to reduce symptom intensity and confront difficult emotions. Staff observed that care home residents benefitted from the informal setting of the reading group (Billington et al., 2013). Dowrick et al. (2012) also highlighted that the physical environment influenced willingness to engage but creation of a non-judgmental atmosphere was deemed more important. The experience of absorption during reading was compared to the state achieved in meditation. Shared Reading provided participants' with an opportunity to confront painful feelings from different perspectives (Longden et al., 2015) and the creation of a 'private zone' in a fictive world enabled escapism (Mårtensson & Andersson, 2015). Participants described being transported in time and space, attesting to escapism (Shipman & McGrath, 2016).

#### **3.4.3.4. Social support**

All nine qualitative studies described how reading interventions provide participants with social support. Collaboration between group members often occurred in order to develop diverse thoughts, which was associated with communication and cooperativeness (Longden et al., 2015). Dowrick et al. (2012) further demonstrated this sense of community through linguistic analysis; over the

duration of the intervention, reflective mirroring of habits increased. The facilitator was key in creating an atmosphere of confidence and group trust. Shared Reading group members valued development in social interaction; one group member described how the reading group allowed connection with members and project workers (Billington et al., 2016).

Furthermore, Shipman and McGrath (2016) identified a sense of belonging; participants felt they were “in the same boat”. Participants recognised that sense of community and connection helped them to overcome social isolation (Billington et al., 2016). Robinson et al. (2007) found that reading provided a medium for establishing relationships with individuals from different backgrounds and provided companionship. Engagement in literature through lone reading also resulted in all participants feeling less isolated and led to new friendship and ideas (Lourdunathan et al., 2012). Participants described how the characters in the literature offered companionship and feelings of affiliation (Mårtensson & Andersson, 2015; Walwyn & Rowley, 2011).

### **3.5. Discussion**

The majority of studies included in this review investigated shared as opposed to individual reading. The findings from eight quantitative studies were explored. The majority of these studies employed The Reader’s Shared Reading/ Get into Reading model and were focused on a clinical population although duration and frequency of interventions varied. All reading interventions resulted in some positive effects on participants’ wellbeing and mental health; particularly depressive symptomology. Three studies favoured reading to the comparator intervention whilst two showed the comparator intervention to be more efficacious. However, findings



should be interpreted with caution due to methodological issues in many of the studies such as small sample sizes, missing data and heterogeneity of diagnoses and outcome measures.

Findings from nine qualitative studies were explored. All studies were within clinical contexts or focused on symptomology associated with mental health issues. The majority of studies employed a group-based reading intervention but two studies looked at lone reading. Sample sizes were in keeping with those expected for narrative interviewing and qualitative analysis but duration of interventions varied considerably. Half of the studies conducted thematic analysis and all were explicit about the methodology employed. Following data synthesis, four key themes emerged from the studies. Five studies described how the reading intervention provided participants with a safe place to reduce intensity of symptomology and confront difficult emotions. The majority of studies described participants gaining a sense of identity and added value to life. All studies found that reading increased social support, enhanced companionship and decreased sense of isolation. The methodological strengths and limitations of the narrative synthesis, as outlined in Chapter 2, should be considered when interpreting these findings.

Samples were often heterogenic in terms of age, gender and diagnoses/symptomology. Often qualitative studies analysed two types of data or data from different groups together and did not control or check for differences in potential confounding factors. Therefore, further research should investigate the effects of group and lone reading for specific subgroups of adults. The results of further qualitative research should support the designs of quantitative studies. Few randomised controlled trials were identified. Perhaps an increase in studies with this

degree of experimental rigour and robustness is needed for the provision of evidence informed health care.

In addition, future research should aim to report socio-economic status, ethnicity and the cultural background of participants. Out of the five studies that provided an indication of cultural background or ethnicity, three studies describe a white or predominately white British sample (Dowrick et al., 2012; Shipman & McGrath, 2016; Walwyn & Rowley, 2011), limiting the generalisability of findings. Given the relatively recent emergence of creative bibliotherapeutic interventions, increased interest and funding supporting mental health intervention research (see Chapter 1), the evidence base should be further developed, addressing informational gaps.

Overall, both shared reading and lone reading interventions have been shown to have positive effects on the mental health and wellbeing of vulnerable adult groups. The extent to which these benefits may supersede control conditions such as standard clinical care or therapy is inconsistent in the studies identified. However, the majority favour reading interventions. Quantitative and qualitative findings are generally supportive of one another, participants undertaking reading interventions often improve in depressive and condition specific symptoms. This is in keeping with the qualitative finding that participants engaging in reading interventions gain an increased sense of identity and experience added value to life. In addition, reading interventions can provide a safe place and means of social support. Limitations and methodological issues of the included studies such as small sample sizes, presence of confounding variables and the heterogeneity of samples should be considered but triangulation of methodologies provides a more holistic view of outcomes and increases the robustness of evidence.

#### **4. Chapter 4. Methodology**

## **4.1. Introduction**

Bryman (2008) described methodic practice as uncovering the researcher's systematic approach and pertaining ideas as opposed to being a "proselytising speciality", seeking to endorse favoured techniques. Unreliable or inappropriate methodology can undermine the value of research findings and where the researcher is largely responsible for generation of qualitative data, research necessitates comprehensive methodological description. This chapter provides background for the methodologies employed within this thesis including sentiment analysis, psychological discourse analysis and framework analysis. Reasons for the selection of each method to address the specific questions posed in the study and the epistemological stance are considered. In addition, quantitative tools suitable for the assessment of Shared Reading outcomes are suggested.

## **4.2. Sentiment Analysis**

The study reported in Chapter 6 uses sentiment analysis to evaluate change in linguistics across a Shared Reading intervention, with focus on valence, adjectives and mental state reference words used within participant discourse. Use of sentiment analysis in the health sector could also concern the health status of a patient, conditions, treatment and clinical narratives, although, in these cases, applications may need to be context dependent (Denecke & Deng, 2015). Sentiment analysis, also known as opinion mining, computationally identifies and categorises expressed opinions, attitudes and emotions within sources, examining polarity which can be positive, negative or neutral. Sentiment analysis is a fast-growing area used most extensively in product review, social media analytics and customer services.

Dictionary lists of words are employed to generate lexicons that are part of detecting algorithms (Mohammad & Turney, 2010). IBM Watson is one of the mostly widely used and studied artificial intelligence systems used to examine natural language. The IBM Watson Developer Cloud platform provides the facility to combine many functions (Biondi, Franzoni & Poggioni, 2017). In Chapter 6, the following valence measures were chosen to be used to test the questions posed in the study: Stanford (Manning et al., 2014; Socher et al., 2013) and Syuzhet (Jockers, 2015) which incorporates Bing (Liu, Hu & Cheng, 2005; Hu & Liu, 2004), AFINN (Nielsen, 2011) and NRC (Mohammad & Turney, 2010). The Stanford sentiment parser has been regarded as relatively better than alternatives but only by a small margin and, out of the simple lexicons, Bing has been most commonly endorsed (Swafford, 2015).

Basic emotion classification (using R package Cognizer function) was used to detect joy, anger, disgust, sadness and fear. Parts of speech and word categories such as adjectives, nouns and pronouns were examined (using the R package coreNLP). A dictionary list of mental state reference words, established by Stewart, Corcoran and Drake (2009), was also employed to examine the natural progression and use of Theory of Mind (ToM; the representation of others' mental states) and empathy in Shared Reading sessions.

It is important to be aware of the limitations of this technique when used to detect opinions, thoughts and feelings in natural language. The accuracy of sentiment analysis is likely to be compromised by insensitivity to more complex aspects of natural discourse such as metaphor, irony, slang, sarcasm and negation. In addition, the perceived negativity and positivity associated with words will vary between individuals. Nevertheless, sentiment analysis has been found to have a predictive

accuracy of approximately 75% (Ding & Pan, 2016). Processing by humans is not faultless either and sentiment analysis confers the advantage of allowing vast quantities of information to be extracted from data that would be impracticable manually.

### **4.3. Psychological Discourse Analysis**

Psychological discourse analysis was used to address the research questions for the study reported in Chapter 7. The focus was on how participants within a high secure setting engage with the text, facilitator and other group members, investigating both relationships and social functioning and how these change throughout the Shared Reading intervention.

Discursive psychology views talk as an instrument for action, concerned with how speakers portray psychological states within real life (Molder, 2015). It considers how participants understand one another through the action performed often with intention of producing an interaction based pathway into the domain of interest. Whilst it can be argued that no research setting is truly naturalistic, examination of therapeutic sessions lends itself well to a discursive psychology approach given the nature of the discourse results in less contrived data than, for example, an interview approach largely derived from researcher led conversation. A strength of discourse analysis is the resulting equality of dialogue between researcher and participant, without commanding influence. Rather than pertaining to ontological matters or claiming to assess accurate cognition, discursive psychology is interested in what the selective use of language is intended to achieve. Therefore, the epistemological foundations of discourse analysis are within social constructionism

rather than positivism which is concerned with uncovering the true nature of actions (Johnstone, 2002).

Kaszynska (2015) suggested that language can be indicative of mental processes and used to identify salient incidences of “subtle mental change” (p. 262). However, discourse analysis has been criticised for placing greater importance on language than mental states, subjectivity and non-word based interaction (Willig, 2001). With this in mind, video recordings of sessions were used to inform discourse analysis, recognising that communication is typically multimodal and non-verbal. This allowed consideration of body language and gesture. Willig (2001) also advocated that researchers adopt a critical stance in their analysis to ensure assumptions are transparent showing awareness of both the social context and influence of the researcher on study outcomes.

In order to understand how meaning is created, Machin and Mayr (2012) advocated analysis of features such as abstraction, connotation, critical stance, hegemony, implicit meaning and lexical analysis. Scholarly analysis requires familiarity with the vast discursive psychology literature and relevant strategies (Goodman, 2017). Key principles that informed the discourse analysis reported in Chapter 7 related to the formation of identity, intentional ambiguity, co-construction and the multi-functional uses of discourse markers. These are summarised below.

#### **4.3.1. Construction of identity**

The literature shows how pronouns can be used to construct identity within discourse. For example, in a qualitative analysis of data extracts from a Danish magazine, different communities were created through pronouns such as the magazine representatives, the general readers or the subsuming female category to

which readership was directed (Dam, 2015). An investigation of a corpus of congressional speeches found few sex-related differences in rate of personal pronouns used (Lenard, 2016). However, female politician discourse tended to be more formal and job-orientated while male politicians shared more personal experiences, with a view to promoting relationship with the audience. Different degrees of communicated self-awareness and commitment to self-ascription of mental states have been implicated in self-referencing. In line with this, dialogismus, speaking as someone else which may be marked by first person pronouns, can be an effective rhetoric strategy as personification can enliven and embody abstraction (Freeman, 2018).

#### **4.3.2. Indicators of intentional ambiguity**

First person pronouns can also serve a secondary role when attenuating a commitment and thus serve as a hedging device, for example, *I think* or *I believe* (Jaszczolt, 2013). While the use of active verbs requires identifying an agent by way of noun or pronoun, the use of nominalisation (use of a non-noun as a noun) and passivisation (transformation from active to passive form) can delete agency and is often imprecise (Billig, 2008).

Hedges can qualify responsibility, indicate the speaker's commitment to an utterance, hide the speaker's attitude and be used to express politeness rather than uncertainty (Markkanen & Schröder, 1997); hedges include understators (e.g. *a bit*), downtoners (e.g. *possibly*), adverbials lacking precision (e.g. *kind of*), modal auxiliaries (e.g. *may*) and modal verbs (e.g. *could*). Smithson (1989) clarified uncertainty proposing a taxonomy of ignorance with two categories i) error (a state of ignorance) and ii) irrelevance (an act of ignoring). The first results from distortion



subdivided into confusion and inaccuracy or incompleteness subdivided into uncertainty and absence. Types of uncertainty include vagueness, probability, ambiguity, fuzziness and nonspecificity. The latter is a deliberate action (Shahbazian, Rogova & Valin, 2005) subsuming untopicality, taboo and undecidability. Given that Shared Reading encourages exploration of thought and feeling from different perspectives, the use of tentative expressions within discourse, such as hedging language, may lessen the constraints placed on interaction, although the utility of employing such discursive devices appears context and person dependent.

Lexical markers, contradictions, verb tenses, modal verbs, hedges, negative construction, quantification and context all contribute to linguistic ambiguity (Auger & Roy, 2008). Word-sense disambiguation requires identification of both polysemy and homonym referring to how a signifier can have multiple meanings and also how words can have the same spelling and pronunciation but different meanings. Referential ambiguities are influenced by contextual elements such as time, space, intent, body language, mood and circumstance. Additionally, ethno-linguistic studies have also demonstrated a direct relationship between language and the way people use discourse to talk about their perception.

#### **4.3.3. The Co-construction of Discourse**

Imitation, mimicry and alignment can be strategically manipulated within discourse to effect the assignment of blame, establish consensus and reinforce authority. Effective bullying interventions have focused on bystander alignment with and imitation of the bully, serving to reinforce dominance of the bully (Walton, 2005). Alignment may also be attenuated by non-verbal communication. Stel, van den Bos and Bal (2012) found that the more individuals mimicked movements from

videos of either a victim of a crime or an unrelated person, the less blame they assigned to the victim.

Self-disclosure appears implicated in the development of interpersonal relationships. A study examining self-disclosure and emotion words use by sexual offenders in online chats with minors, using a statistical discourse analysis approach, demonstrated how language use was linked to goal motivation. Offenders seeking to meet with youths were more likely than fantasy sex offenders who did not meet with youths to employ first person pronouns and both negative and positive emotions which elicited immediate reciprocating responses (Chiu, Seigfried-Spellar & Ringenberg, 2018). In this way, self-disclosure served as a strategy to build trust.

Empathy is a further cognitive and communicative resource, which can be elicited, given and received (Martinovski, 2006). Elicitation is characterised by strategies such as rhetorical questions and exclamations whilst giving empathy may involve answering questions, rebuttals, acceptance and hypothesising mental state. Empathy which is rejected can be signalled linguistically through cut offs, interruptions, unwillingness to grant a turn and explicit rejections.

Tilney (2015) found that in two television interviews discussing political issues in China, interviewer use of discourse managed the orderliness of responses. Two specific devices were identified i) metapragmatic acts to remove ambivalence and ii) extended question sequences which can pursue missing answers, expand questions and provide background. Both strategies effectively sought agreement with the interviewer, the latter more so. Additionally, Mueller and Whittle (2011) identified discursive devices employed in the translation of management ideas. The authors noted that these devices were not only applicable to training sessions but the

translation of ideas generally, given the analysis is context-sensitive as opposed to context-bound. Trainer discourse was found to use footing, authenticity and spontaneity i.e. talk was framed as unscripted. This combination of devices served to present the trainer as a colleague with helpful intentions rather than one fulfilling a job obligation.

Also implicated in self-presentation, Edwards and Fasulo (2006) examined the use of honesty phrases, in domestic calls compared to police interrogations, focusing on the framing of dis-preferred answers and assessment. Phrases such as “to be honest” were a way of asserting sincerity and often used when a functional or normative response was demanded. Tendency to use an honesty phrase as a preface to a complement rather than following an utterance has been associated with self-repair. Unlike domestic call discourse, within the interrogation discourse, honesty phrases appeared exclusively within question and answer pairs, as answers. Honesty phrases served to indicate that responses were merely reports of what was known, as opposed to non-answers concealing the truth.

#### **4.3.4. Discourse Markers**

Discourse markers, which have been studied under various labels in the literature including pragmatic particles, pragmatic markers, discourse connectives and discourse operators (Müller, 2005), have been defined as linguistic elements with little semantic meaning which are syntactically optional and “stylistically stigmatized”, associated with sex, age and social status. Fraser (1999) suggested that the core meaning of discourse markers is procedural rather than conceptual with interpretation being negotiated by context and that discourse markers are often derived from syntactic classes of conjunctions, adverbs and prepositions. As well as serving as connectors, discourse markers also function to seek confirmation, mark

hesitation, attitude, are used as fillers, prompters and hedging devices. Discourse markers are often expressive, indicative of informality and occur in oral rather than written discourse. More controversially, discourse markers have been more associated with female than male discourse and subordinate social status.

Discourse markers can help integrate information for the speaker and listener. This includes use of primary connectives (e.g. *and, but*), secondary connectives (e.g. *that is the reason why*) and option markers such as *or* (Rysová & Rysová, 2018). Fillers (e.g. *erm*) can signal hesitation and backchannels manifest attention to the speaker (e.g. *mmm, yeah*). Complement markers (e.g. *so, because*) can signal progression whilst temporal adverbs can indicate succession (e.g. *now, then*). Cajolers (e.g. *you see*) may function to appeal to the listener through storytelling and act as modifications which can be speaker focused (e.g. *I mean*) or listener directed (e.g. *you know*), relying on meta-knowledge. A combination of these may seek endorsement in the form of a tag question in which a declarative statement has an appended interrogative fragment, for example; *you know what I mean* (Beeching, 2016). Additionally, within talk, the choice of an idiomatic rather than a literal expression may carry rhetorical force thus serving as an intensifier to communicate ideational or dialogic information (Moon, 1998), it has an underlying normative assumption and therefore may promote acceptance and consensus.

Speech markers can serve a multitude of functions. For example, *Oh* and *Well* can function as starters, receipts, exclamations and preface disagreement. Fox Tree and Schrock (1999) found that recognition of words following *Oh* was faster compared to when *Oh* was replaced with a pause or omitted completely; similar effects were found for semantic verification of words before *Oh*. However, repeated use of *Oh* can be received as a backchannel response, which does not lead to a turn

transition (Schiffrin, 1987). In an examination of the use of *like* as a marker of reported speech, Romaine and Lange (1991) also reported several functions. *Like* cannot only be used to report speech but to reconstruct dialogue; this can act as a token of mimicry blurring the boundaries between direct quotes and the speaker's own representations. As well as a quotative, *like* can serve as a formulaic introducer and hedging device. The use of *like* is most typical of discourse of individuals under the age of 30 and commonplace in oral rather than written discourse.

Silence can serve a variety of functions within communication and may occur as a speech marker. Ephratt (2008) differentiated between pauses outside of language and what has been described as eloquent silence, a form of significant communication used by the speaker which can express emotion. For example, caesura (rhythmical pause or break of flow in prosody), metaphors and ellipses may convey poetic silence. In contrast, non-communicative silence is marked by stillness. Communicative silence, as with discourse, can either counter or adhere to the cooperative principle (Ephratt, 2012). Nikolić (2016) described different types and purposes of silence. In confrontational discourse, silence can be employed to express power and indicate the unfavorable position of the speaker. Purposefully chosen intra-turn silence or pause can highlight a statement and draw attention to the discourse and be used to control power within the discourse. Inter-turn silence on the other hand is not purposefully chosen, the gap is rather indicative of speechlessness either because the speaker does not wish to respond or due to the previous speaker's turn. Consequently, the gap in this case may signal powerlessness. Alternatively, pauses which result due to deliberate interruption can lead to the speaker creating pause and not continuing.

Goldberg (1990) disputed traditional interpretations of interruptions as markers of power and control, rather describing interruptions as a conversational phenomenon signaling the interpersonal relationship. Interruptions can be influenced by a myriad of factors such as the desire of the speaker and listener, rights, obligation, personality traits, mood, degree of involvement in the topic as well as relational disposition. Goldberg also highlighted the sanctity of the single speaker code which coordinates turn transfer.

It is noteworthy that humour is multifunctional and laughter is an unreliable marker. Sometimes humour can fail and be deemed inappropriate, which may be circumstantial (Attardo, 2015). In literary criticism, it has been suggested that paronomasia, the use of word puns, is more in keeping with entertainment and satire than serious discourse (Holland & Smith, 2016). Humour has the ability to terminate talk, demonstrate mode adoption and be affiliative or dis-affiliative in nature. Humour can heighten involvement and also provide a licence to challenge the power structure.

This summary of models, principles and research findings informs the researcher's analytic stance.

#### **4.4. Framework Analysis**

Chapter 8 reports how participant interview transcripts were subjected to framework analysis (Ward, Furber, Tierney & Swallow, 2013) in order to investigate participant perception of their own experience of Shared Reading. Framework analysis builds on thematic analysis (Braun & Clarke, 2006; Charmaz, 1995) but has been favoured for its rigour and endorsed for the management of data in health research (Gale, Heath, Cameron, Rashid & Redwood, 2013); the qualitative coding

process is used to develop an analytical framework allowing theme generation. Framework analysis was considered the most appropriate position for the study within Chapter 8 given the concern was predominately experiential.

The framework method, unlike many other qualitative analyses, is not aligned with a specific epistemological or theoretical perspective, rather it can be used flexibly for the purpose of theme generation. Conversely, this lack of theoretical underpinning has been seen as a disadvantage by some (Ward et al., 2013). Nevertheless, the transparency and possibility to incorporate both *a priori* and emergent themes was to be preferred given that there were some pre-determined areas the researcher wished to explore, such as themes extracted from the existing literature within the preceding systematic reviews, whilst also discovering the unanticipated themes.

#### **4.5. Quantitative Measures**

Within predominantly qualitative studies, quantitative measures were used to supplement qualitative data (see Chapters 7 & 8), enabling triangulation. For example, it was anticipated that if transcript material showed less side-talk, increased pausing and affect regulation across the intervention, this may be reflected quantitatively through reduced impulsivity scores.

Using quantitative measures alone to evaluate Shared Reading within complex populations may lead to an overly reductive understanding which overlooks the subtleties of individual change that scaffold improvements in social functioning and wellbeing. Furthermore, questionnaire and interview responses, when administered by, or in the presence of, a researcher or clinician in a psychiatric setting, may be particularly susceptible to the effects of social desirability, demand

characteristics, difficulty with introspection and concentration. On the other hand, micro-level analysis of naturally produced talk has potential to detect nuanced changes indicative of interactional development occurring across a well-embedded intervention.

Only quantitative measures relevant to qualitative results and the participants recruited were eventually pursued i.e. the 18 item Ryff Scale of Psychological Well-Being (Ryff & Keyes, 1995), the Short Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007; Stewart-Brown et al., 2009), the SUPPS-P Impulsive Behavior Scale (Whiteside & Lynam, 2001) and the Perspective Taking subscale of Davis's (1983) Interpersonal Reactivity Index. The following quantitative measures may be sensitive to change arising from Shared Reading participation, were considered during research design and may be usefully employed in future Shared Reading studies, if relevant to the population. Below self-report measures are considered, that were used in the research reported. They can be divided into general measures of mental health and wellbeing, symptom measures and measures of psychological mechanisms considered relevant to the efficacy of Shared Reading as a practice.

#### **4.5.1. General measures of Mental Health and Wellbeing**

Shared Reading participation has been positively associated with wellbeing and improved mental health through reduction of symptomology (Billington et al., 2016). The 18 item Ryff scale (Ryff & Keyes, 1995), can be used to assess psychological wellbeing. This has three items for each of this six dimensions; autonomy, positive relations with others, environmental mastery, personal growth, purpose in life and self-acceptance. Van Dierendonck (2004) provided some support for the six factor model for the 84, 54 and 18 item versions. The factorial validity was deemed acceptable for the 18 item version although the internal consistency was



not considered to be as adequate. The psychometric properties of the 18 item version make it less desirable than longer measures. Nevertheless, this scale is widely used, has been used within the existing literature to assess the effects of Shared Reading and is preferable when completion time and participant concentration are methodological considerations.

The Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) is a measure of subjective wellbeing. This seven item version of the Warwick Edinburgh Mental Well-Being Scale (WEMWBS; Tennant et al., 2007) adheres to the Rasch model with strict unidimensionality and confers the advantage of brevity (Stewart-Brown et al., 2009). The scale assesses positive affect, interpersonal relations and positive functioning with affective and cognitive components (NHS Health Scotland, University of Warwick and University of Edinburgh, 2006).

The CORE-10 is a measure used in current clinical routines and outcome evaluation. This is a ten item short version of the CORE-OM (Evans et al., 2000) which comprises 34 items and is designed to produce an overall assessment of global distress. The CORE-10 is a widely accepted tool with good psychometric properties (Barkham et al., 2013). However, the evidence base supporting use of the CORE-OM is not as established within forensic and learning disability services; other more specific measures may be superior and it is often appropriate to use supplementary measures (Reshaping Care and Mental Health Division, 2011).

#### **4.5.2. Measures of particular symptoms**

##### **4.5.2.1. Self-harm behaviour**

Self-harm has been described as having an adaptive, coping function (Edmondson, Brennan & House, 2016), transcending the elimination of negative

emotions and affording feelings of control. As argued in this thesis, Shared Reading may encourage a more sustainable means towards personal mastery and sense of control and may therefore be an intervention which has benefits for those who self-harm by providing a more socially acceptable and less injurious route to enhanced self-control and psychological wellbeing. The short version of the Inventory of Statements about Self-injury (ISAS; Klonsky & Glenn, 2009) can be used to assess self-harm behaviour. The short form comprises 26 items in total with two items per factor, investigating 13 functions; affect regulation, interpersonal boundaries, self-punishment, self-care, anti-dissociation/feeling generation, anti-suicide, sensation-seeking, peer-bonding, interpersonal influence, toughness, marking distress, revenge and autonomy. Items are rated on a scale with response key options including: not relevant (0), somewhat relevant (1) and very relevant (2).

Scores for each function and two overarching factors (interpersonal and intrapersonal factors) are averaged. The short version retains the high internal consistency and factor structure of the original 39 item version although some research suggests that sensation seeking exhibits relatively lower internal consistency (Victor, Styer & Washburn, 2015). The ISAS-short form confers the advantage of brevity and lengthier measures of non-suicidal self-injury (NSSI) may be perceived by participants as unnecessarily intrusive.

Research suggests an absence of iatrogenic risk; asking questions about non-suicidal self-injury and suicidal behaviour does not yield increases in the behaviour itself or urges but may lead to enhanced self-reflection, disclosure and help-seeking intentions (Lloyd-Richardson, Lewis, Whitlock, Rodham & Schatten, 2015). This could increase the likelihood of respondents answering questions openly and

honestly and could be used as an outcome measure for participants currently self-harming.

#### **4.5.2.2. Physical Health and Pain**

Chronic pain, like self-harm, is reflective of a manifestation of intrinsic distress which can be difficult to articulate. Emotional expression, and absorption promoted by Shared Reading, has been associated with pain alleviation (Billington et al., 2016). Therefore, reduction in pain ratings would support Shared Reading's efficacy for improving psychological and physical health.

Tang and Crane (2006) reported that the lifetime prevalence of suicide attempts and suicidal ideation was 5-14% and approximately 20% respectively in a chronic pain population. In addition, the literature suggests that chronic pain and self-harm share underlying risk factors such as the presence of a mood or personality disorder, experience of childhood abuse and substance use (Okifuji & Benham, 2011).

Brief questions to assess lifestyle factors such as general activity, alcohol consumption, use of drugs for non-prescription purposes and a single item measure to record perception of pain may be relevant. Suitability of these enquiries will be dependent on the setting and the participants' access to resources; for example, certain activities may be limited and the use of substances such as alcohol prohibited.

#### **4.5.3. Measures of Psychological Mechanisms**

##### **4.5.3.1. Perspective taking**

Externally-orientated thinking has been associated with components of empathy such perspective taking (Grynberg, Luminet, Corneille, Grèzes & Berthoz, 2010). Shared Reading encourages understanding of others' thoughts and feelings,

promoting consideration of alternative points of view. Perspective taking can be measured using the perspective taking seven item subscale of Davis's (1983) Interpersonal Reactivity Index (IRI), which is a widely used instrument in health research. It is appropriate to use relevant subscales separately given that the IRI was not designed as an overall measure of empathy (Konrath, 2013). De Corte et al. (2007) suggested that the internal consistency of the instrument is adequate. Similarly, Fernández, Dufey and Kramp (2011) reported acceptable psychometric properties of the IRI.

#### **4.5.3.2. Attachment**

Shared Reading is driven through social interaction and engagement with the reading material, in which attachment is implicated. A secure attachment style was found to be less frequent in a forensic population than a control group, whilst fearful attachment was more frequent. However, groups could not be differentiated by dismissing or preoccupied styles (Timmerman & Emmelkamp, 2006). Furthermore, the association between attachment and Cluster A personality pathology (including Paranoid, Schizoid and Schizotypal Personality Disorders) and Cluster C personality pathology (including Avoidant Personality Disorder, Dependent Personality Disorder and Obsessive-Compulsive Personality Disorder) was stronger than that of Cluster B personality pathology (including Borderline Personality Disorder [BPD], Narcissistic Personality Disorder, Histrionic Personality Disorder and Antisocial Personality Disorder; American Psychiatric Association, 2013).

Adult attachment style can be assessed using the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991). The RQ has been used extensively in research and provided a benchmark for assessing the psychometric properties of more recent scales. Sibley, Fischer and Liu (2005) suggested that the RQ is a viable

measure particularly when consideration must be given to survey length and item repetition. However, interview ratings have been linked to higher stability than self-report measures and a lack of consistency between life events and changes in attachment within a period of eight months has been reported (Scharfe & Bartholomew, 1994), which may reduce utility in evaluating change in intervention research.

#### **4.5.3.3. Impulsivity**

Trait affective impulsivity and sensation-seeking have been associated with self-harm behaviour and suicidal ideation (Liu & Mustanski, 2012; Rawlings, Shevlin, Corcoran, Morriss & Taylor, 2015). This relationship is mediated by stress, anxiety and depressive symptomology (Hallab & Covic, 2010). Despite being considered a gold standard measure of impulsivity and its wide usage, the unidimensionality of the Barratt Impulsiveness Scale (BIS-11; Patton, Stanford & Barratt, 1995) has been questioned. In light of this, Reise, Moore, Sabb, Brown and London (2013) advocated use of a short version which improves the model by discarding redundant items.

However, Whiteside and Lynam (2001) studied representations and existing measures of impulsivity, including the BIS-11 and factor analysis identified four facets including: negative urgency, lack of premeditation, lack of perseverance and sensation seeking. The use of the UPPS Impulsive Behavior scale, which accounts for these facets, is favourable given that the factor structure of the BIS-11 has not led to consistent empirical replication (Tomko et al., 2014). Furthermore, the incremental validity of premeditation and negative urgency and their interaction have been found superior to BPD symptomology in predicting NSSI and suicidal behaviour (Lynam, Miller, Miller, Bornovalova & Lejuez, 2011). Importantly, the

UPPS Impulsive Behavior scale is the only widely used scale that acknowledges an affective component to impulsive behaviour. A fifth facet, positive urgency, was later incorporated into the scale and the short version of the UPPS-P scale has been described as a valid and reliable alternative to use of the full measure (SUPPS-P; Cyders, Littlefield, Coffey & Karyadi, 2014).

#### **4.5.3.4. Emotional responsiveness**

The assessment of positive and negative affect through polar terms utilised in the Positive and Negative Affect Schedule (PANAS; Watson, Clark & Tellegen, 1988) may be limited in assessing the value of Shared Reading directly (Davis et al., 2014). However, Shared Reading can promote emotional expression (Billington et al., 2016) and may decrease alexithymic traits, the inability to identify and describe emotions in relation to the self. Alexithymia, can be measured by the Toronto Alexithymia Scale (TAS-20; Bagby, Parker & Taylor, 1994). Parker, Taylor and Bagby (2003) supported the reliability and factorial validity of TAS-20; age, gender and education accounted for only a small to modest degree of variability. The TAS-20 has been criticised for focusing too much on the cognitive constructs of alexithymia (Westwood, Kerr-Gaffney, Stahl & Tchanturia, 2017) but is perhaps favourable to other measures; the Bermond-Vorst questionnaire may require greater refinement and testing (Culhane, Morera, Watson & Milsap, 2011).

However, research investigating alexithymic levels in forensic populations has produced contradictory results. The reason for some TAS-20 items' unfavourable parameter estimates is unclear (Parker, Shaughnessy, Wood, Majeski & Eastabrook, 2005). However, contradictory evidence may be partly attributable to methodological differences in use and reflect the unsuitability of entertainment-related items within settings which restrict access to some forms of entertainment.

#### **4.5.4. Physiological Measures**

Recording physiological measures during Shared Reading sessions may provide further insight into individual and group phenomena that take place during engagement with therapeutic literature. The extended research team has been developing methods for capturing physiological data, using E4 wristbands from Empatica, a wearable device that records real-time data and provides software for visualisations. This device includes sensors to measure heart rate and peripheral skin temperature. Events can be tagged using a marker button to support interactions (E4 Led Guidance, 2019). Future studies could employ wristbands to look at processes like synchronisation and alignment.

Physiological measures could be viewed alongside session transcripts as amalgamation of different types of evidence can promote cross verification. However, application of the device within groups requires validation and must undergo extensive piloting. This method may be best suited to non-clinical populations and moreover, depending on the security level of the setting, use of the rechargeable battery operated device raises challenges due to security concerns and increased demands on staff.

#### **4.6. Summary**

This chapter describes the background and rationale for methodologies employed within this thesis considering both strengths and weaknesses of approaches and outlines further possible methods for examining change in Shared Reading studies. Triangulation of data can contribute to a more detailed, objective and holistic representation of intervention outcomes.

**5. Chapter 5. The Reader Survey: Investigating Reading Behaviour and Wellbeing**



## 5.1. Abstract

**Background:** Reading for pleasure has been associated with positive effects on mental health and wellbeing. However, much of this research has been conducted in the general population and there are inconsistencies in the literature.

**Method:** A cross sectional survey was conducted through online and paper based means with 286 respondents. The survey, advertised through a variety of mental health service and academic channels, elicited a description of the occasion and purpose associated with initiating reading behaviour as well as reasons for not reading. The relationship between measures of wellbeing and reading practice was investigated. Descriptive statistics, between group comparisons and correlation analyses were employed to examine the data.

**Results:** Individuals who reported a high frequency of reading for pleasure had significantly greater subjective wellbeing scores than those who did not and wellbeing scores did not appear to be influenced by genre preference. A significant positive correlation between recollection of being read to as a child and psychological wellbeing was found for current service users. There was not a significant relation between recollection of being read to as a child and level of service use or current reading frequency.

**Conclusions:** Frequent reading for pleasure shows promise for enhancing subjective wellbeing. However, early life experience of reading is more related to psychological wellbeing and future research could explore the mechanisms behind this association. These findings should be interpreted with consideration to the limited demographic diversity of the study population. The findings within this chapter were considered in the design of two longitudinal reading studies.

## 5.2. Introduction

A UK-wide survey conducted through an online poll investigated the effects of regular reading for pleasure in adults (Billington, 2015). Regular reading was associated with increased self-esteem, openness to experience, feelings of social inclusion, a greater sense of community and enjoyment of social interaction. A literature review exploring reading for pleasure and empowerment conducted by The Reading Agency (2015) also identified cultural awareness, increase in empathy and community cohesion as positive effects of reading for pleasure in the general adult population.

Furthermore, reading for pleasure has been associated with reduction of stress, depression and dementia symptomology (Longden et al., 2015; Billington et al., 2013; Billington, Dowrick, Hamer, Robinson & Williams, 2010). Accordingly, the Book Trust Reading Habits Survey (2013) found that regular readers tended to be less anxious than more reluctant readers. Reading frequency was associated with lower deprivation levels whilst more positive attitudes towards reading were associated with higher socioeconomic groups. However, individuals classified as 'bookworms' were found to have greater deprivation scores than other groups of regular readers suggesting that reading is not an activity associated with only one socioeconomic group or demographic area. The group classified as 'bookworms' contained the most frequent readers and made up only 6% of the population.

Experience of fictional worlds appears to be linked to real life thoughts and behaviour. Kidd and Castano (2013) reported that literary fiction reading was associated with better affective and cognitive ToM performance compared with reading of popular fiction, non-fiction, or nothing. A replication study, however, did

not evidence significant effects of single session reading of literary fiction on promoting ‘mentalising’ performance, despite being sufficiently powered (Stansfield & Bunce, 2014). Discrepancies in findings could not be attributed to any specific reason, although it was postulated that literary fiction could enhance both internal and external motivation to employ mentalisation.

The literature points to a positive relationship between empathy and wellbeing (Khajeh, Baharloo & Soliemani, 2014) with story absorption tendency predicting empathy scores after controlling for individual differences such as intelligence (Mar, Oatley, Hirsh, dela Paz & Peterson, 2006; Mar, Oatley & Peterson, 2009). In contrast, non-fiction exposure was found to negatively predict social ability. More specifically, exposure to fiction has been linked with trait cognitive rather than trait affective empathy but transportation (story imagining) was found to be positively correlated with story induced affective empathy (Stansfield & Bunce, 2014).

There is evidence to suggest that the relationship between reading and empathy has its roots in childhood experience. Frequency of mothers’ storybook reading and expertise in selecting books has been related to child language and socioemotional development respectively (Aram & Aviram, 2009). It has also been reported that disadvantaged children read less, experience less enjoyment reading and do not receive as much encouragement to read as children from more privileged backgrounds (Clark, Akerman & National Literacy Trust, 2006). Sammons, Toth and Sylva (2015) investigated factors that predicted greater probability of disadvantaged students being identified as ‘high achievers’ and found that individuals engaging in enriching activities such as reading at home were about twice

as likely to achieve four or more AS-levels than disadvantaged students who did not participate in such activities.

A 20% gender gap in reading for enjoyment has also been reported across member countries of the Organisation for Economic Co-operation and Development, with girls generally reading more for enjoyment than boys (OECD, 2011). Similarly, 69% and 47% of Year Five female and male school children respectively reported liking reading 'a lot' (Dungworth, Grimshaw, McKnight & Morris, 2004). This study further reported that the most popular reasons for reading were related to feelings of enjoyment and calmness. The second most popular response related to enabling imagination whilst some children described not reading due to preferring another hobby. It was noted that the clarity and depth of many children's responses 'belied their age'. There were few sex-related differences between genre preferences for this age group.

Summers (2013) found that individuals encouraged to read during childhood were nearly five times more likely to read fiction during adulthood. The gender gap in frequency of reading in adulthood closed when reported parental encouragement to read as a child was held constant, indicating a potential broader significance of this encouragement for boys compared to girls. There were sex-related differences in reading behaviour; females showed a stronger preference for fiction whilst male participants were inclined to prefer books by a male author and with a male protagonist. In addition, females were more likely to be engaged in social book-related activities such as belonging to a book club.

In accordance, a OnePoll survey commissioned by The Reading Agency, reported around three quarters of men would chose to watch a film or televised

version of a book as opposed to reading the book itself, the reverse was seen for women (The Reading Agency, 2014). Smaller gender differences have been shown to exist for reading ability than attitudes towards reading and frequency of reading (Logan & Johnston, 2009).

### **5.2.1. Rationale**

The association between reading for pleasure and wellbeing in the literature has been focused on data from the general population. Furthermore, there is a need to distinguish between the effects of reading on psychological and subjective wellbeing which although related at the general construct of wellbeing level, have been reported as distinct dimensions, when their overlap is partialled out (Chen, Jing, Hayes & Lee, 2012). Subjective wellbeing encompasses global evaluations of affect and life satisfaction and is associated with high levels of positive emotion and mood. Psychological, also described as eudaimonic, wellbeing is concerned with perceived challenges and positive functioning. The information obtained from the current survey was intended to help investigate the relationship between measures of wellbeing and reading practices and to provide insight into reading behaviour of mental health service users and those who do not use services. Evidence about the behaviours and preferences associated with reading, could help to equalise the opportunity for individuals to benefit from reading and inform the provision of reading practice in both community and mental health service contexts.

It was anticipated that within the self-declared service-user and non-service-user sample, individuals who read for pleasure more frequently would report significantly greater wellbeing, both subjective and psychological, than those who do not. It was anticipated that those who report reading mostly fiction would report higher levels of wellbeing than those who report reading mostly factual material.

Within both the service-user and the non-service user samples, a relationship between the recollection of being read to often as a child and current wellbeing was expected. A significant difference between recollection of being read to as a child was expected between service-users and non-service users, paralleling group differences in wellbeing and self-reported adult reading frequency.

### **5.3. Method**

#### **5.3.1. Participants**

A convenience sampling approach to recruitment was initially adopted which resulted in snowball sampling. Using G\*Power software (Faul, Erdfelder, Lang & Buchner, 2007), a sample of approximately 300 was deemed sufficient to achieve acceptable power assuming a medium effect size.

#### **5.3.2. Design**

The online version utilised the survey software, Qualtrics. To avoid missing data, a forced choice approach was taken, with the inclusion of “prefer not to say” and “not applicable” where necessary. The paper version was produced in Microsoft Word to closely resemble the layout of the online version. Method of delivery was recorded; although mixing methods of delivery is not ideal, this was necessary for settings in which computers and internet access were not available. The use of a paper version was considered essential in this context as users of mental health services are more likely to be digitally excluded. For example, in a sample of individuals with serious mental illness, only 36% reported ever using the internet (Borzekowski et al., 2009)

The survey was reviewed by the research team at the University of Liverpool, including a service user research advisor. The survey was designed using The Reader’s procedures as guides with a view to it being used to inform the

organisation's future practice and evaluation. Photographs of books and people reading were included to make it look inviting (images were provided with permission for their use from The Reader). The survey was pilot tested on a small sample to check that it was understandable, relevant and could be completed in an appropriate timeframe (see Appendix 7 for paper version of survey, including participant information and consent form).

Participants were made aware that the survey should take approximately 15 minutes to complete and that their participation was voluntary, with no compensation for their time offered. The first part of the survey collected demographic information: sex, age, ethnicity, qualifications, work status, cohabitants and mental health service use. The ethnicity question was obtained from The Reader and was used in the survey to ensure compatibility with the organisation's ongoing evaluation questionnaires.

The second part of the survey investigated reading behaviour: recollection of being read to as a child, frequency of current reading, type of reading (e.g. solitary or group), preferred genre, occasion on which reading was initiated, purpose and reasons for not reading. There was text space for participants who wished to elaborate and space to list books/authors enjoyed.

The third part of the survey investigated wellbeing. The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Tennant et al., 2007; Stewart-Brown et al., 2009) was employed to measure subjective wellbeing. The scale items are scored from one to five, using a five point Likert scale. The 18 item Ryff Scale of Psychological Well-Being (Ryff-18; Ryff & Keyes, 1995) was used to assess psychological wellbeing. Each item is scored using a six point Likert scale and there are eight negatively phrased items, which require recoding (see Chapter 4 for

description of tool properties). Permission for use of the wellbeing scales was sought and obtained from the authors.

Participants were made aware of the inclusion of questions requiring self-reflection prior to completion of the survey. Information about mental health helplines was also provided at the end of the survey as part of the participant debrief and the researcher had no direct contact with participants completing the online survey. In addition, for consistency and to minimise the likelihood of inaccurate responses, minor alternations were made to the layout of wellbeing measures. Specifically, five point Likert scales were employed with the addition of a prefer not to say option.

The survey was granted University of Liverpool IPHS Research Ethics Committee Approval (see Appendix 8) and was used as part of Mersey Care Foundation Trust Service Evaluation. The study was conducted in accordance with university policy.

### **5.3.3. Procedure**

Paper versions of The Reader Survey were distributed by the researcher at a research stall at two World Mental Health Day festivals in Liverpool, Williamson Square (8<sup>th</sup> October 2016 and 7<sup>th</sup> October 2017). The online survey was advertised through the Institute of Psychology, Health and Society (IPHS) and the Mental Health in Context research group (MHiC) communication channels (news bulletins and Twitter) and also listed on websites for the Recovery College, The Reader and Live Well Liverpool (the wellbeing directory). The online survey was made available to Psychologically Informed Planned Environments (PIPES) residents by a PIPES Reader Leader. Given the nature of an online survey, it is possible that the



survey was completed from outside the United Kingdom. Guidelines for internet mediated research (British Psychological Society, 2013) were adhered to.

The first participant completed the survey on 6<sup>th</sup> October 2016 and the survey was inactivated on 24<sup>th</sup> May 2018. The online response rate for completion by all participants who started or opened the online survey was 67% (242 out of 362). Partial online responses were not included as exiting the browser window could have indicated a participant wished to withdraw, in line with instructions provided. For the paper surveys returned to the researcher, approximately 77% were completed to a useable standard i.e. consent information complete and demonstration of an attempt to complete the survey, with more than 50% of survey questions answered.

Prior to completing either the online or paper survey, participants were presented with participant information and informed consent was sought. Participants were eligible to complete the survey if 18 years of age or over and English speaking. The participant information provided emphasised that participation was entirely voluntary and it was possible to withdraw at any time until the point of anonymisation and analysis.

Results collated in Qualtrics were exported to the statistical software SPSS for analysis and the paper survey responses were collated and input manually. Participants were assigned a participant number and identifiable information such as contact details provided by participants who registered their interest in future research was recorded separately in an Excel file. SPSS and Excel files were kept on a password protected university account and printed documents were kept in locked storage at the University of Liverpool.

A pairwise deletion approach was taken to eliminate information when the data-point to test an assumption was missing and in one case where responses to a tool were notably inaccurate with the same option selected for every item, regardless of negative items. This approach preserved more than listwise deletion and was more appropriate given there were few missing observations; for example, 18 subjective and/or psychological wellbeing scores had missing values. In addition, with missing values that are not strictly random using mean substitution can result in unacceptable inconsistent bias (Kang, 2013).

## **5.4. Results**

### **5.4.1. Participant characteristics**

In total, 286 participants completed The Reader Survey (44 completed a paper version and 242 completed the online version). Forty one participants were male and 243 were female. The joint most common age groups for participants were 25-34 and 45-54 years ( $n = 61$ ), followed closely by 35-44 years ( $n = 56$ ) and 55-64 years ( $n = 53$ ), only three participants were 75 years or older and 91.5% of participants stated they were between 25 and 74 years old. A total of 54 participants reported current mental health service use, 90 past use and 132 no service use.

The majority of participants ( $n = 98$ ; 34.3%) reported having a bachelor's degree as their highest level of qualification (from options ranging from no qualification to doctorate) and the most common employment status was full-time work ( $n = 130$ ; 45.5%) and part time work ( $n = 64$ ; 22.4%), with these two categories making up nearly 70% of responses. Around 20% of participants were students or retired and the remainder stated that they were unemployed, unable to work or other. Approximately 80% of participants lived with others and under 20% specified that

they lived alone. The majority of participants (93%) identified as White British/Irish or described another Caucasian background. There was no substantial difference in the demographic features of the population described between levels of service use, verified by comparison of means and standard deviations.

Over three quarters of participants reported that they read often ( $n = 114$ ) or all the time ( $n = 102$ ) and 23% reported reading sometimes or less. Around three quarters of respondents said they would most likely read from a print book when reading for pleasure, as opposed to using an e-reader, smartphone, tablet or computer. Over a third of participants remembered being read to frequently as a child ( $n = 106$ ) while 23% reported remembering that being read to as a child did not occur very often ( $n = 67$ ). The data output for participant demographic information and characteristics reported can be found in Appendix 9.

#### **5.4.2. Profiling reading behaviour**

For multiple answer questions, the overwhelming majority of participants responded that they read on their own (98%) whilst 17% (also) read in a reading group or book club of whom 21% specified reading in a Shared Reading group. The most common occasion associated with reading was “if I’m feeling good”, followed by when “feeling down” or when “anxious or stressed”. It is noteworthy, however, that 41% of all respondents “hadn’t noticed” on what occasion they read. This was largely attributable to the never used services group, for which this was the most frequently selected response. In contrast, “not noticing” was the third most selected response for past service users and also current service users, tied with “when feeling anxious or depressed”.

In order of most commonly selected, purpose in reading was reported as; “because it makes me feel good”, “to learn”, “to escape”, “to pass the time” and “reading to someone else”. This pattern reflected the never used services group and the past service use group to a lesser extent. However, reading purpose for the current service use group, in order of frequency, was “to learn”, “to escape” and “because it makes me feel good”; there was however, very little difference in frequency of selection between reasons. Overall, twenty one participants selected “other” and provided textual responses that expanded on reasons provided such as, “I have been reading... books re mental health to learn”, “I read to relax” and “enjoy it”.

Main reasons for not reading in the overall sample, in order of endorsed frequency, were “not having the time due to other demands”, “cannot concentrate”, “prefer to do other things in my spare time”, “reading can be solitary” and “reading can be difficult”. Less than 1% of respondents said they “do not see the point” in reading or have difficulty accessing material. Similar trends in responses were observed when the sample was split by service use, but concentration appeared a more common reason for not reading in the current service user group; 44% of participants selected this as a reason compared to 29% of past and 12% of the never used services group. Overall, twenty six respondents selected “other” and textual elaboration described feeling “too tired” sometimes due to work and being “distracted by electronic devices”. Patterns in responses to questions about occasion of reading, purpose and reasons for not reading in the overall sample persisted when the data was grouped by frequency of reading for pleasure.

Around 74% of respondents expressed a preference for fiction, 21% enjoyed mostly non-fiction and less than 3% preferred poetry. Sixty five participants listed

authors that they liked and/or books enjoyed in the open text space provided. The majority of these responses reflected reading a mixture of classic, modern classic and/or popular fiction. The exclusive listing of classics or non-fiction related authors or titles was uncommon. Participants who referenced non-fiction most often referred to academic, (auto)biographical or lifestyle related material; for example, “research or history novels, autobiographies”. Some responses reflected both fiction and non-fiction reading; “I’ve also really enjoyed several fiction and non-fiction books” and “generally I like fiction but also biograph[ies]”. The data output for reading profiles reported can be found in Appendix 10.

#### **5.4.3. Frequency of Reading for Pleasure and Wellbeing**

Frequency of reading for pleasure was collapsed into three categorical groups: ‘sometimes or less’, ‘often’ and ‘all the time’. SWEMWBS and Ryff-18 total scores were continuous dependent variables.

Box plots for SWEMWBS and Ryff-18 total scores by reading frequency group identified four and two outliers respectively, each  $\pm 1.5$  times the interquartile range. When assessed, there was no justification for exclusion of these values. Levene’s test for homogeneity of variances indicated that for SWEMWBS total score, the variances were equal for ‘sometimes or less’, ‘often’ and ‘all the time’ groups,  $F(2, 260) = 0.42, p > .05$ . For Ryff-18 total score, the variances were also equal,  $F(2, 260) = 0.46, p > .05$ .

The Kolmogorov-Smirnov test, most often used with large sample sizes, showed that SWEMWBS total score was normally distributed for two categories of the independent variable (‘sometime or less’ and ‘often’);  $D(60) = 0.09, p > .05$  and

$D(106) = 0.07, p > .05$  respectively. However, SWEMWBS total score for the ‘all the time’ category was significantly non-normal,  $D(97) = 0.10, p < .05$ . Conclusions about normality concur with Shapiro-Wilk test results. The Kolmogorov-Smirnov test also showed that Ryff-18 total score was non-significant for the ‘sometimes or less’ group ( $D(60) = 0.11, p > .05$ ) but the ‘often’ group  $D(106) = 0.10, p < .05$  was significant indicating departure from normality. In addition, the ‘all the time’ group was nearly significant ( $D(97) = 0.09, p = .06$ ). In fact, the Shapiro-Wilk test result, less widely reported but more accurate, for the latter two groups is significant ( $p = .02$ ).

Given that the  $F$  statistic can be biased when normality is violated, particularly when group sizes are unequal, the Kruskal-Wallis test was employed. SWEMWBS total scores were significantly associated with frequency of reading for pleasure  $H(2) = 9.81, p < .01$ . Mann-Whitney tests were used to follow up this finding, opting for the Exact test rather than Monte Carlo or default asymptotic method; although sample sizes are adequate, this is appropriate for poor distribution. A Bonferroni correction was applied; all effects are reported at a .0167 level of significance (the accepted level of .05 divided by the number of comparisons) and exact significance values (one-tailed) are reported. SWEMWBS total scores did not show a significant difference between reading ‘sometimes or less’ ( $Mdn = 23.00$ ) and ‘often’ ( $Mdn = 24.00$ ),  $U = 3122.50, z = -1.26, ns$ . There was however a significant difference between ‘often’ and ‘all the time’ ( $Mdn = 27.00$ ),  $U = 4553.50, z = -2.24, p < .01, r = -.15$  as well as between ‘less than sometimes’ and ‘all the time’,

$U = 2281.50$ ,  $z = -2.88$ ,  $p < .01$ ,  $r = -.23$ . In accordance, Jonckheere's test revealed a significant trend in the data; as reading frequency increased, SWEMWBS total score increased,  $J = 14423.50$ ,  $z = 3.16$ ,  $r = .19$ .

Ryff-18 total scores were not significantly affected by frequency of reading for pleasure, there was no significant difference between 'sometimes or less' ( $Mdn = 67.00$ ), 'often' ( $Mdn = 67.00$ ) and 'all the time' ( $Mdn = 69.00$ ) groups,  $H(2) = 4.98$ ,  $p > .05$ . However, Jonckheere's test did show a significant trend in the data; as reading frequency increased, Ryff-18 total score increased,  $J = 12920.00$ ,  $z = 2.11$ ,  $r = .13$ . The data output for frequency of reading for pleasure and wellbeing results reported can be found in Appendix 11.

#### **5.4.4. Reading genre and Wellbeing**

Two levels of the categorical variable genre preference (fiction and non-fiction) were examined, sample sizes were reasonably large but unequal. The continuous dependent variables were SWEMWBS total score and Ryff-18 total score. There was independence of observations between the groups and box plots for fiction and non-fiction preference identified one outlier for both SWEMWBS and Ryff-18, there was no reason to necessitate exclusion.

Levene's test indicated that for SWEMWBS total score, the variances were equal for fiction and non-fiction preference groups,  $F(1, 244) = .32$ ,  $p > .05$ . This also applied to Ryff-18 total score,  $F(1, 244) = .17$ ,  $p > .05$ . The Kolmogorov-Smirnov test was significant for SWEMWBS total score and the fiction preference group ( $D(191) = 0.07$ ,  $p < .05$ ) and near significance for the non-fiction preference group,  $D(55) = 0.12$ ,  $p = .05$ . The Kolmogorov-Smirnov test was highly significant

for Ryff-18 total score and the fiction preference group ( $D(191) = 0.10, p < .001$ ) but not for the non-fiction group,  $D(55) = 0.07, p > .05$ ).

Non-normal distribution rendered non-parametric tests most appropriate, Mann-Whitney tests were therefore conducted. SWEMWBS total scores did not show a significant difference between fiction ( $Mdn = 25.00$ ) and non-fiction preference groups ( $Mdn = 25.00$ ),  $U = 5431.00, z = -.23, ns$ . Likewise, Ryff total scores did not show a significant difference between fiction ( $Mdn = 68.00$ ) and non-fiction preference groups ( $Mdn = 67.00$ ),  $U = 5106.00, z = -.43, ns$ . The data output for reading genre and wellbeing results reported can be found in Appendix 12.

#### **5.4.5. Recollection of being read to as a child and Wellbeing by subgroup**

Recollection of being read to as a child was measured using a five point Likert scale (never, not very often, quite often, often and frequently). The categorical variable service use had three levels: current, past and never. The value of deviation from linearity between levels of recollection of being read to as a child, was non-significant ( $p > .05$ ) for SWEMWBS total score, Ryff-18 total score and service use, indicating linear relationships. Inspection of scatter plots did not highlight any significant outliers with grounds for exclusion.

The variables recollection of being read to as a child and SWEMWBS total score showed approximate normal distribution but Ryff-18 total score and service use did not as the skewness statistics were more than twice the standard error. The Shapiro-Wilk test for SWEMWBS total score, Ryff-18 total score and recollection of being read to as a child categories, did not indicate bivariate normal distribution; the



‘frequently’ value for both wellbeing measures was significant ( $p < .05$ ). The assumption of normality was also violated for service use.

A Spearman's rank-order correlation was conducted in order to determine the relationship between recollection of being read to as a child, SWEMWBS total score and Ryff-18 total score for each level of service use. For the overall sample, there was no significant correlation between recollection of being read to as a child and SWEMWBS total score ( $r_s(271) = .09, p > .05$ ) but there was a significant positive correlation between recollection of being read to as a child and Ryff-18 total score ( $r_s(264) = .12, p < .05$ ). For current service users, there was no significant correlation between recollection of being read to as a child and SWEMWBS total score ( $r_s(53) = .07, p > .05$ ) but there was a significant positive correlation between recollection of being read to as a child and Ryff-18 total score ( $r_s(47) = .27, p < .05$ ). For past service users, there was a positive correlation between recollection of being read to as a child and SWEMWBS total score that was near significance ( $r_s(89) = .17, p = .06$ ) but there was no significant correlation between recollection of being read to as a child and Ryff-18 total score ( $r_s(88) = .14, p > .05$ ). For those who had never used services, correlations between being read to as a child were non-significant for SWEMWBS and Ryff-18 total scores, for both  $r_s(129) = .06, p > .05$ . The data output for recollection of being read to as a child and wellbeing results reported by subgroup can be found in Appendix 13.

#### **5.4.6. Recollection of being read to as a child and Service Use**

A Pearson's chi-square test was performed to examine the relation between type of service use and recollection of being read to as a child. Each person contributed to only one cell of the contingency table meeting the assumption of independence. A 3 X 5 contingency table showed that all expected counts were

greater than one and no more than 20% of expected counts were less than five, only one cell (6.7%) had an expected count of less than five. The relation was non-significant,  $\chi^2(8) = 3.73, p > .05, \phi_c = .08$ . This seems to show that there was no difference between recollection of being read to as a child between current, past and no service use. Cramer's V, showing little association, was more appropriate to examine than Phi and Contingency Coefficient statistics given that both variables had more than two categories, theoretically a maximum of one would indicate a strong association.

On further investigation, a Pearson's chi-square test was also performed to examine the relation between recollection of being read to as a child and current frequency of reading for pleasure. Only one cell (6.7%) had an expected count of less than 5. The relation was also non-significant,  $\chi^2(8) = 9.25, p > .05, \phi_c = .13$  indicating that there was no significant difference between recollection of being read to as a child and current reading frequency. The data output for recollection of being read to as a child, service use and current reading frequency results reported can be found in Appendix 14.

## **5.5. Discussion**

The results of the current study suggest that reading is positively correlated with subjective wellbeing significantly and psychological wellbeing (although non-significantly so) but only when frequency of reading for pleasure is particularly high. However, those with a preference for fiction as opposed to non-fiction, do not show significantly greater subjective or psychological wellbeing scores. In addition, there is a significant positive association between being read to as a child and Ryff-18 total scores. The association is not significant for those who have used services in the past

or never used services. SWEMWBS total score is not significantly correlated with recollection of being read to as a child for any level of service use, but near significance for past service users.

High frequency readers, those who reported reading all the time, had significantly greater subjective wellbeing scores than those who read often and sometimes or less. A similar but non-significant association was observed for the Ryff-18 total score suggesting that current reading frequency is more related to hedonic rather eudaimonic wellbeing. This is in keeping with findings associating regular reading with heightened self-esteem, social inclusion and enjoyment (Billington, 2015) and decreased symptomology for mood related disorders (Longden et al., 2015; Billington et al., 2013; Billington et al., 2010).

However, there was no significant difference in either subjective or psychological wellbeing between those who enjoyed mostly fiction compared to non-fiction. Given the positive relationship between empathy and wellbeing (Khajeh et al., 2014), this does not appear in keeping with associations between literary fiction exposure and enhanced Theory of Mind performance (Kidd & Castano, 2013), empathy task performance (Mar et al., 2009) and social ability (Mar et al., 2006).

The present study may be more reflective of Stansfield and Bunce's (2014) finding that there was no significant effects of literary fiction reading compared to popular fiction and non-fiction on mentalising ability, this study however looked at single session reading rather than current lifetime exposure and did not directly measure mentalising ability. Textual responses to the current survey indicated that few participants may have read only fiction whilst those who preferred fiction also read non-fiction. Therefore, an alternative possibility is that wellbeing scores of

predominately non-fiction readers may be confounded and elevated by fiction reading or that fiction reading negates the negative effects of non-fiction reading on social ability.

The current study suggests that only for current services users, there is a significant positive association between being read to as a child and psychological wellbeing whereas subjective wellbeing is not significantly correlated with recollection of being read to as a child. This finding appears to demonstrate that childhood reading experiences are more related to eudaimonic wellbeing, concerned with personal growth, achievement and perceived functioning. This mirrors findings reported by Aram and Avirma (2009) relating mother's storybook reading to child language and socioemotional development. Childhood reading, perhaps itself a marker of attachment, environment and opportunity, may therefore act as a protective factor for adult psychological wellbeing for those who will seek psychological care. This finding cannot be attributed to a relation between recollection of being read to as a child and service use groups as there was no significant difference. Although there may have been differences in accuracy of recollection of being read to as a child between groups, it is perhaps more likely that the identified benefits for children of reading aloud with a facilitator such as enhanced socioemotional development, communication, understanding of complex issues, formation of coping strategies and reduced isolation (see Chapter 2) may aid adjustment to future life circumstances, transitions and challenges.

Furthermore, there was no significant difference between current reading frequency and recollection of being read to as a child, this is possibly attributable to the influence of individual differences, environmental change and accuracy of recollection. This appears contrary to Summers's (2013) finding that individuals

encouraged to read during childhood were nearly five times more likely to read fiction during adulthood but encouragement to read and recollection of being read to are perhaps two related but distinct concepts.

Generalisability of the study's findings is limited as respondents to this survey are not representative of the general population with regard to sex, ethnicity and education. The high level of education and lack of ethnic diversity among respondents is reflective of reports suggesting that higher socio-economic groups, with possible educational advantages, tend to have more positive attitudes towards reading (Clark, Akerman & National Literacy Trust, 2006; Book Trust Reading Habits Survey, 2013). Equally, disadvantaged students identified as high achievers are more likely to have engaged in enriching activities such as reading (Sammons, et al., 2015). However, circulation of the survey through university communications is likely to have introduced a bias towards responders with a higher level of education.

In addition, the sample was predominately female which is also in keeping with the literature assessing the gender gap in reading for pleasure (OECD, 2011; The Reading Agency, 2014). With so few male respondents in the sample, sex differences were not explored. Future research could usefully investigate whether the findings of the present study persist in a male sample. A further limitation is that respondents were perhaps more likely to have positive attitudes and experiences of reading than non-responders (see French, 1981). Bias may have been exacerbated by advertisement through The Reader as individuals using The Reader's website and social media are likely to be frequent readers. It would be worthwhile to achieve a more random sample in future surveys, or record how the survey was accessed which would allow for this variable to be controlled for if necessary.

In order to analyse potential differences in wellbeing between those that read mostly fiction and non-fiction, future studies could employ a greater range of response options for questions related to genre such as; “I only read fiction”, “I read mostly fiction”, “I read both fiction and non-fiction”, “I read mostly non-fiction” and “I only read non-fiction”. This may help differentiate between groups and eliminate confounds.

The percentage of current and past service users who selected, “I haven’t noticed” in response to “on what occasion do you tend to read?” was less than the never used services group. This could reflect differences in mood lability or heightened awareness of mood resulting, perhaps, from engagement in psychological therapies. In addition, compared to the overall sample, a disproportionate percentage of current and past service users selected, “I cannot concentrate enough to read” as a reason for not reading. Further research should therefore investigate the effectiveness of strategies that may result in difficulty in concentration being less of a deterrent from reading; for example, selection of dynamic material of high interest to the reader, the use of systematic breaks and the reading of short extracts or short stories as opposed to lengthy novels (see Chapter 7 for examples).

In conclusion, the current study is supportive of literature indicating that high frequency of reading for pleasure is linked to subjective wellbeing but did not provide evidence for differences between fiction and non-fiction reading. In contrast, childhood reading experiences were linked to psychological wellbeing for current service users which cannot be attributed to a relation between recollection of being read to as a child and level of service use or current reading frequency. These findings and suggestions for future research may inform bibliotherapeutic practice and support the use of reading as a wellbeing promoting activity.

**6. Chapter 6. Shared Reading with Community Mental Health Service Users:  
A Sentiment Analysis**

## 6.1. Abstract

**Background:** Reading intervention has been associated with increased hedonic wellbeing, life satisfaction, vocabulary development and socio-cognitive abilities. However, the existing literature focuses on general and child populations with use of predominantly qualitative methodology or self-reported outcome measures.

**Method:** A longitudinal study of six weekly Shared Reading sessions was conducted with a small group of participants referred from Community Mental Health Teams in Merseyside, North West England. A sentiment analysis was conducted on participant discussion. Valence, use of adjectives and mental state reference words were investigated across sessions and correlation analyses were employed to examine the data.

**Results:** A significant positive correlation between session and valence was found, specifically due to a decrease in the use of anger words. There was also a significant positive correlation between session and the number of adjectives used, which is related to a significant increase in the use of nouns, rather than pronouns. While there was no significant correlation between session and frequency of mental state reference words used, there was evidence at the individual level of change in this regard. These findings cannot be attributed to mirroring of facilitator language and are unlikely to be due to alignment with reading material.

**Conclusions:** Participation in Shared Reading appears to reduce negative affect and enhance descriptive abilities for community service users, which may promote social interaction and responsiveness to therapy. However, limited generalisability due to the small sample size should be considered when interpreting these findings. This chapter highlights linguistic change, further investigated in a case series approach.



## 6.2. Introduction

Positive emotion has been considered one of the five core elements that constitute wellbeing along with engagement, relationships, meaning and accomplishment (Seligman, 2018). Happiness has been associated with desirable life outcomes and adaptive characteristics (Lyubomirsky et al., 2005). In contrast, self-reported negative affect has been linked to elevated stress and lower levels of wellbeing, self-esteem and physical health (Dua, 1993). A linguistic inquiry and word count study (Tov et al., 2013) showed that anger expressions were more related to daily experienced anger, than expressions of anxiety, sadness, depression and positive emotion that related to daily affect.

Sentiment analysis (as defined in Chapter 4) conducted on language used in status updates on social media has been used to produce affect scores; machine predicted satisfaction with life was found to be moderately correlated with self-reported satisfaction with life (Chen, Gong, Kosinski, Stillwell & Davidson, 2017). Likewise, Settanni and Marengo (2015) reported a correlation between higher levels of anxiety and depression and negative emotions expressed on Facebook posts; the relationship between expression and self-reported wellbeing appeared greater for younger users. However, Seabrook, Kern, Fulcher and Rickard (2018) found that average proportions of positive and negative affect words were not associated with depression for either Facebook or Twitter users. While negative emotion word instability significantly predicted greater levels of depression on Facebook, negative emotion words on Twitter was found to relate to lower levels of depression. Therefore, both language use and communication medium appear to be implicated in affect.

There is evidence associating frequent reading with positive emotion, in particular, subjective wellbeing (see Chapter 5). In addition, individuals reading for just 30 minutes a week have been found to be 20% more likely to report higher levels of life satisfaction (Galaxy Quick Reads, 2015). Readers also reported feeling less stressed and depressed than non-readers whilst reading was associated with greater feelings of relaxation compared to other activities such as watching television. In accordance, Hong and Lin (2012) reported that participation in a book reading club improved parents' positive thinking. Kringelback, Vuust and Geake (2008) proposed a model in which reading could stimulate subjective hedonic experience, suggesting that the brain processes involved in reading reuse existing systems and employ learning processes.

In addition to positive and negative affect words, adjectives provide additional information about the speaker's internal mental and emotional state. Adjectives improve the precision of reference, tend to emerge later in acquisition than other word categories and are associated with schooling level, both occurrence and diversity (Tribushinina, 2013). Adjectives have been deemed a yardstick of linguistic richness (Cutillas & Tolchinsky, 2017) with a distinguishing feature of alexithymia, i.e. cognitive and affective difficulty understanding and articulating internal feelings (Bermond et al., 2007), being an inability to elaborate beyond the basic adjectives (Sifneos, 1967).

Alexithymic traits have been considered to be a negative prognostic indicator for response to psychological treatment (Lumley, Neely & Burger, 2007). Congruently, deficits in emotional regulation can exacerbate symptomology and emotional awareness has been considered a transdiagnostic risk factor for depression and anxiety (Kranzler, Young, Hankin, Abela, Elias & Selby, 2015).

Reading for pleasure leads to several other social, personal and intellectual outcomes, including self-expression and the promotion of what we might call a ‘narrative self’ where re-telling of one’s past is typically prompted by the literary story (Douglas & Lawton, 2016). This outcome is uncovered in Billington, Longden and Robinson’s (2016) study investigating a weekly reading group in a female maximum security prison where Shared Reading was found to elicit articulate personal memories.

The recollection of memories in this context likely has both an emotional and a socio-cognitive component. Recollections tend to involve both self and others and as autobiographical memory capacity has been shown to be associated with ToM skills in clinical groups (Corcoran & Frith, 2003), the value of this relationship between literary reading and past experiences becomes doubly clear. ToM difficulties have been associated with several disorders, including but not limited to: schizophrenia (Vass, Fekete, Simon & Simon, 2018), bipolar disorder (Grant, Hassel, MacQueen, Bobyne & Hall, 2018), borderline personality (Németh et al., 2018), major depression (Wang et al., 2018) and the autism spectrum (Kimhi, 2014).

Linguistic expressions encompassing thoughts, emotions and beliefs coined mental or emotional state language, have been deemed a natural or realistic indicator of ToM, although the nature of the relationship has been questioned (Longobardi, Spataro & Rossi-Arnaud, 2016). On the whole it is agreed that infrequent use of mental state language is indicative of difficulty with implicit mentalising. Stewart, Corcoran and Drake (2009) found that, relative to controls, participants experiencing psychosis made fewer and less varied references to others’ mental states whilst there was no significant difference in own mental state references. A qualitative analysis found that Shared Reading had the capacity to encourage mentalising tendency, even

for group members who did not typically demonstrate this cognitive activity (Billington, Longden & Robinson, 2016).

Consistent with this, reading for pleasure has been reported to increase family interaction, community participation, cultural awareness and the understanding of others (Duncan, 2013). Several studies have associated fiction reading with ToM and empathy (Tabullo, Navas-Jiménez & García, 2018). Likewise, fiction exposure has been considered a positive predictor of social ability (Mar et al., 2006) whilst narrative processing and ToM have been found to predict children's reading comprehension (Dore, Amendum, Golinkoff & Hirsh-Pasek, 2018). Barreto, Osório, Baptista, Fearon and Martins (2018) reported that ToM task performance was associated with use of mental state references and that both predicted the quality of later social behaviour for girls but not boys, which may be indicative of sex-related differences in socio-cognitive ability.

### **6.2.1. Rationale**

The current study uniquely investigated whether the effects of reading on positive affect are identified when using a sentiment analysis of Shared Reading delivered within a community mental health service user population. This differs from previous studies using qualitative methodology or self-report measures. For the current study, it was hypothesised that:

- valence (positivity of sentiment) would increase across Shared Reading sessions;
- descriptive language, marked by increased use of adjectives, would increase over sessions;
- the use of mental state reference words would increase over sessions.

## 6.3. Method

### 6.3.1. Participants

Six participants took part in the study (one male and five female), of these, two regular participants attended every week. The attrition rate for this study was 50%. Participant mean age at the start of the study was 55.75 years ( $SD = 7.70$ ,  $n = 4$ ). Participants were initially recruited from therapy waiting lists, to increase the likelihood of effects being attributable to the current study and to fill in the waiting time while potentially also increasing the readiness of service users for psychological therapies. Potential participants were referred to the researcher by mental health professionals within Community Mental Health Teams (CMHTs) in South Liverpool. CMHTs provide care and support for individuals experiencing severe and complex disorders or mental health problems who have been unresponsive to primary care treatment.

Participants were 18 years of age or above and were eligible to participate if i) they did not have a primary diagnosis of alcohol or substance use disorder which could interfere with linguistic performance and ii) did not experience language related or vocal difficulties that would impede contribution. Participant eligibility was assessed through review of medical records by psychiatrists or mental health professionals. During the intervention, the majority of participants described experiences of depression and anxiety. Less than half of the participants explicitly referenced suicidal thoughts and/or receiving acute inpatient care at various points in time.

### **6.3.2. Design**

This study was a longitudinal small group analysis, comprising six weekly Shared Reading sessions from 24 January 2018 to 28 February 2018. Effects of Shared Reading have been observed after six weeks in previous studies (Longden et al., 2015). Reading material was selected by the facilitator from literary fiction resources recommended and provided by The Reader. Table 6.1 details the reading material used within each session. Figure 6.1, a comparison cloud of participant discussion for each session, captures the content of material read.

Study documentation such as participant information sheets, consent forms and questionnaires were produced in Microsoft Word and reviewed by the research team (see Appendices 15, 16 & 17 respectively). Questionnaire packs comprised tools such as indicators of wellbeing and were intended to supplement linguistic data analysis. The 18 item Ryff Scale of Psychological Well-Being (Ryff-18; Ryff & Keyes, 1995) and The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Tennant et al., 2007; Stewart-Brown et al., 2009) were used to assess psychological and subject wellbeing respectively (for a description of wellbeing tools and their psychometric properties see Chapter 4).

The study, reviewed by North West – Liverpool East Research Ethics Committee (Reference 17/NW/0114), was granted Health Research Authority Approval 12<sup>th</sup> May 2017, Mersey Care NHS Foundation Trust Confirmation of Capacity and Capability 29<sup>th</sup> June 2017 and Sponsor Permission to Proceed from Clinical Research Governance at the University of Liverpool 5<sup>th</sup> July 2017 (see Appendix 18 for approval confirmation).

### 6.3.3. Procedure

Participants were approached in the first instance by a member of their care team who presented them with the participant information sheet and a brief description of the study. The researcher recommended that referrers provided the following description to potential participants, “You are eligible to participate in this study offering weekly Shared Reading groups facilitated by a project worker. In Shared Reading sessions, typically a short story and poem are read aloud and discussed within the session, there is no pressure to read aloud yourself...”

**Table 6.1 Record of sessions and reading material**

Session Description	Material	Attendees
Taster Session One 19th September 2017	N/A	None
Taster Session Two 3rd October 2017	“Accelerate” by Frank Cottrell Boyce “The Return” by Elizabeth Jennings	R001
Taster Session Three 31st October 2017	“Flight” by Doris Lessing “Those Winter Sundays” by Robert Hayden	R001 R002 R003
Taster Session Four 27th November 2017	“The Gift of the Magi” by O. Henry “He Wishes for the Cloths of Heaven” by W.B. Yeats	C004 C005
Taster Session Five, 17th January 2018	“The Handbag” by Dorothy Whipple “Flowers” by Wendy Cope	C001
Session One 24 <sup>th</sup> January 2018	“The Door” by Helen Simpson “The Door” by Miroslav Holub	C001 C002 C003 C004
Session Two 31 <sup>st</sup> January 2018	“The Birthday Cake” by Daniel Lyons “Outside the Bakers” by Helen Farish	C001 C005
Session Three 7 <sup>th</sup> February 2018	“The Voyage” by Katherine Mansfield “Moving” by Joanna Fitzgerald	C001 C005 C006
Session Four 14 <sup>th</sup> February 2018	“Beyond the Bayou” by Kate Chopin “Touched by an angel” by Maya Angelou	C001 C002 C005
Session Five 21 <sup>st</sup> February 2018	“Mr Wharton” by Elizabeth Taylor “Mother, Summer, I” by Philip Larkin	C001 C005
Session Six 28 <sup>th</sup> February 2018	“Winter Oak” by Yuri Nagibin	C001 C005





In total, the researcher received and contacted 27 referrals (eight decided not to participate, seven did not respond, six were unable to get to sessions, leaving six who were interested). The recruitment phase took place over six months and during this time five Shared Reading taster sessions were provided to aid participants' decision regarding participation in the study. The format and style of the Shared Reading taster and study sessions was in keeping with The Reader's Shared Reading model; sessions were about an hour and a half, spending approximately an hour on a short story and half an hour on a poem. Material was read aloud in extracts, pausing to allow for discussion. The facilitator guided participant discussion, asking non-leading questions to prompt rather than prime interpretation. All sessions took place in a private room booked at a local library, run by Liverpool City Council and a Mersey Care Foundation Trust Life Rooms Site.

Before participants took part in their first research study session, the researcher provided participant information again and sought informed consent. Participants completed questionnaire packs prior to and post intervention. Questionnaire data was input into SPSS and total scores calculated. Shared Reading sessions were audio and video recorded by the researcher and transcribed verbatim. Session transcripts were then run through sentiment analysis programs.

Sentiment output was organised, calculating sum values for all participant discussion, the reading material and facilitator/researcher discourse. In all cases, total values were divided by the corresponding overall word count to control for this variable. Descriptive analyses were conducted in Excel whilst inferential tests were performed using the statistics software, SPSS.

Participants were allocated a participant number which was used in transcripts for pseudo-anonymity. Contact details were recorded separately in a

password protected Excel file. SPSS and Excel files were kept on a password protected university account and printed documents were kept in locked storage at the University of Liverpool.

## 6.4. Results

Participant responses to quantitative tools assessing subjective and psychological wellbeing, employed within the questionnaires pre- and post- Shared Reading intervention, are shown in Table 6.2.

**Table 6.2 SWEMWBS and Ryff-18 Scores**

Wellbeing Total	C001 Response		C005 Response	
	Pre- Intervention	Post- Intervention	Pre- Intervention	Post- Intervention
SWEMWBS	19	22	23	23
Ryff-18	48	58	58	75 (58 subtracting previously missing items)

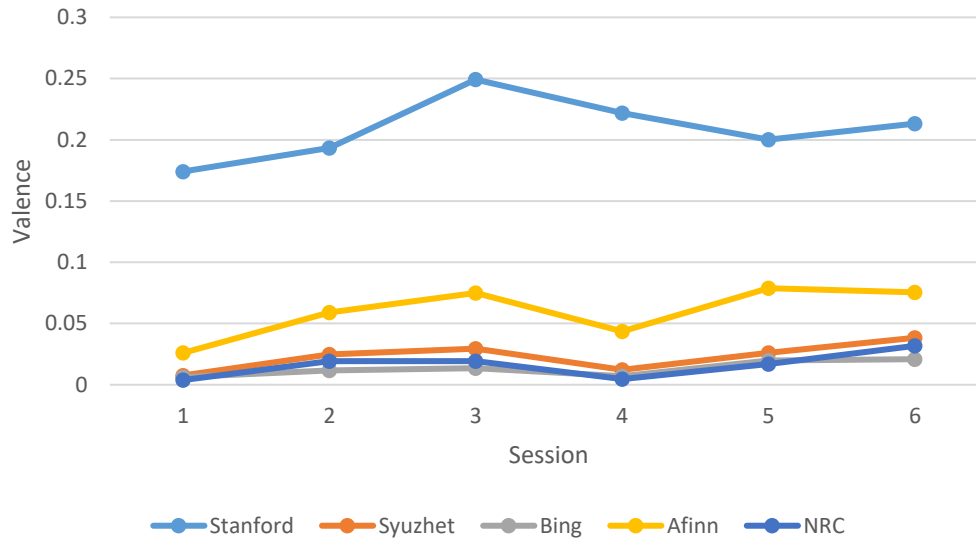
### 6.4.1. Session and Valence of Participant Discussion

Each session was recorded using session number as a continuous variable. Scatterplots indicated linear relationships between session, valence and adjective use whilst session and mental state reference word use showed a monotonic relationship. Inspection of scatter plots did not highlight any significant outliers with grounds for exclusion.

The variables of interest showed approximate normal distribution, with skewness statistics less than twice the standard error. It has been recommended that two variables with at least eight observations for each variable are required for either a Pearson or Spearman's rank correlation but it is possible with fewer observations (ITRC, 2013). Given the number of pairs ( $n = 6$ ), the more conservative Spearman's rank correlation was considered most appropriate.

Spearman's rank order correlations were conducted for session and all measures of valence. Positive correlations between session and Stanford valence measure ( $r_s(6) = .49, p > .05$ ) as well as session and NRC valence measure ( $r_s(6) = .54, p > .05$ ) were not significant but approached significance for the Syuzhet valence measure ( $r_s(6) = .71, p = .06$ ). There were significant correlations between session and Bing valence measure ( $r_s(6) = .83, p < .05$ ) and the AFINN valence measure ( $r_s(6) = .77, p < .05$ ). Change in valence values across sessions can be seen in Figure 6.2.

To inspect this further, correlations between session and emotion words were examined. There were no significant correlations observed for session and i) disgust ( $r_s(6) = .09, p > .05$ ) ii) fear ( $r_s(6) = -.31, p > .05$ ) iii) joy ( $r_s(6) = .54, p > .05$ ) or iv) sadness ( $r_s(6) = -.54, p > .05$ ). There was however a significant negative correlation between session and anger words,  $r_s(6) = -.94, p < .01$ . The data output for session and valence of participant discussion results reported can be found in Appendix 19.



**Figure 6.2 Valence of participant discussion across intervention**

#### 6.4.2. Session and Adjectives within Participant Discussion

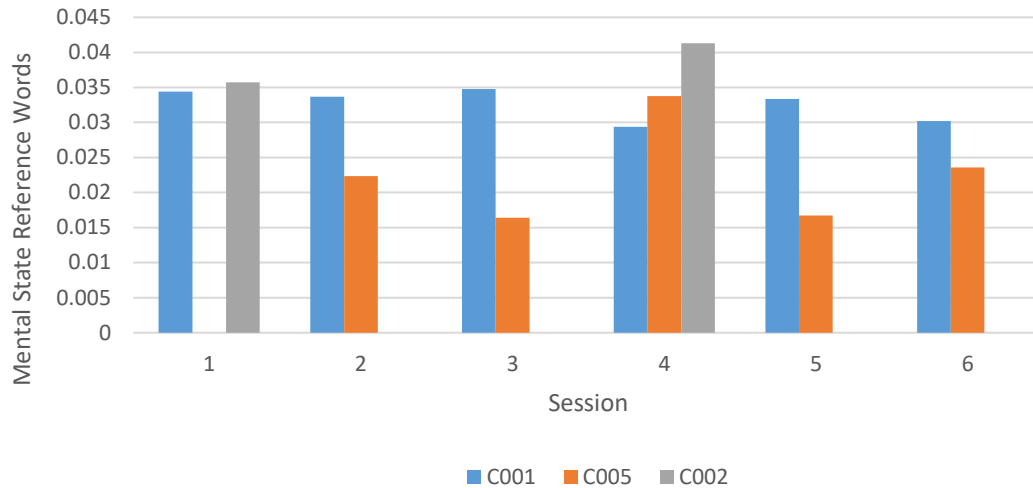
A Spearman's rank correlation showed a highly significant positive correlation between session and adjective use ( $r_s(6) = .94, p < .01$ ). On further investigation, there was also a significant positive correlation between session and noun use ( $r_s(6) = .83, p < .05$ ) but not pronoun use ( $r_s(6) = -.60, p > .05$ ). Figure 6.3 shows examples of nominal subjects combined with dependent adjectives. The data output for session and adjectives within participant discussion results reported can be found in Appendix 20.



participant C005 used an uncharacteristically high proportion of mental state reference words in Session Four where 30% of their total words uttered were mental state reference words. This participant also said much less in this session, only 237 words compared to an average during other sessions of 634 words. Participant C001 and C005 used a very slightly greater portion of mental state reference words in Session Three and Four respectively.



**Figure 6.4 Mental state reference words used within sessions by session number and date**



**Figure 6.5 Mental state reference words across the intervention by session number**

#### **6.4.4. Anger words, adjectives and mental state words used by the Facilitator Dialogue**

A Spearman's rank correlation showed no significant correlation between session and facilitator use of i) anger words ( $r_s(6) = .03, p > .05$ ) ii) adjectives ( $r_s(6) = -.54, p > .05$ )<sup>1</sup> or iii) mental state reference words ( $r_s(6) = -.20, p > .05$ ). Data output for results reported can be found in Appendix 22.

#### **6.4.5. Anger words, adjectives and mental state words within the session Reading Material**

A Spearman's rank correlation showed no significant correlation between session and reading material i) anger words ( $r_s(6) = .03, p > .05$ ) or ii) mental state reference words ( $r_s(6) = -.54, p > .05$ )<sup>2</sup>. There was however a modest significant

<sup>1&2</sup> Seemingly high, non-significant correlation values can be attributable to small sample sizes for which strong correlations are more likely to occur by chance and attention to significance is important to prevent drawing inaccurate conclusions. Using inferential statistics for this data can be problematic and alternatives (i.e. Mann-Whitney U-test) were considered. Spearman's correlations were best suited to demonstrating relationships between variables over time.

correlation between session and adjectives within the reading material ( $r_s(6) = .77, p = .04$ ). Data output for results reported can be found in Appendix 23.

## 6.5. Discussion

Spearman's correlations conducted on values obtained from sentiment analysis indicated a significant positive correlation between session and valence (namely the Bing measure), due to significant decrease in anger words. Across sessions there appeared to be a significant increase in adjectives but not mental state reference words which showed no group level trend. Findings could not be accounted for by facilitator language and type of material may be important if one of the desired outcomes is increased adjective use.

Although a moderate positive correlation was found between session and reading material adjectives, the correlation between session and adjectives used in the participant discussion, was much more significant<sup>3</sup>. Rather than being indicative of participants aligning adjective use to the text, this is perhaps reflective of the facilitator adjusting material to suit the groups' increased confidence to explore linguistically rich material as sessions progressed. Nevertheless, future research should seek consistency of session material in terms of adjectives within the text as controlling for this variable would eliminate a potential confound to participant discourse.

There was a positive correlation between session and valence which was largely attributable to a significant decrease in anger words, this is congruent with evidence suggesting that readers feel less stressed or depressed than non-readers

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<sup>3</sup>The number of cases and lack of adherence to statistical assumptions render further investigation of this relationship, through using a Pearson's partial correlation to control for the correlation between text adjective use and session in the correlation between participants' adjective use and session, inappropriate.



(Galaxy Quick Reads, 2015). Although in keeping with literature associating frequent reading with greater wellbeing, life satisfaction and positive thinking (Galaxy Quick Reads, 2015; Hong & Lin, 2012), the current study's findings suggest that these effects may be more due to decrease in negative affect, specifically anger in this clinical group. This is reflective of participant C001 and C005's decreased endorsement of the majority of the negative items on the Ryff-18 Scale of Psychological Wellbeing post intervention, compared to prior intervention. Only participant C001, but not C005, showed an increase in SWEMWBS total score (of 15%), which includes only positive items. Reduced negative affect could have meaningful implications for life outside reading sessions, given that Tov et al. (2013) showed that anger was uniquely related to daily anger, beyond that of positive emotion and sadness.

The positive correlation between session and participant use of adjectives, which marks developing linguistic richness, is supportive of studies associating reading for pleasure with enhanced vocabulary, discussion abilities, articulation and self-expression (Oakey, 2007; Billington, Longden & Robinson, 2016; Douglas & Lawton, 2016). The negative correlation, albeit statistically insignificant, between session and use of pronouns and corresponding increase in noun use is indicative of increased referent description and specificity. Given lack of significant change in most emotion words, it is unlikely that increase in adjectives is due to frequency of emotional adjectives. Nevertheless, further research should delineate the specific type of adjectives employed across the intervention and in addition to obtaining frequency should establish whether emotion words become more sophisticated with continued participation.

The current study did not demonstrate a group-level change of mental state reference words used by participants across sessions. This appears incompatible with reported links between fiction reading and social abilities (Duncan, 2013; Mar et al., 2006), ToM, empathy (Tabullo et al., 2018) and mental state reference (Barreto et al., 2018). This inconsistency is perhaps due to differences in population characteristics such as age. The relationship between reading and use of mental state reference may perhaps be more apparent in younger age groups and like ToM performance, could be prone to ceiling effects in adults. In this small group analysis, individual level and contextual differences may have influenced the outcome of the group level analysis more than desirable. For example it may be, as Billington et al. (2016) suggest, that Shared Reading could promote mentalising in those previously less inclined to demonstrate this tendency.

It appeared that greater use of mental state reference words, on an individual level, tended to reflect sessions that showed greater identification and recollection of personal memories qualitatively. For example, in Session Three participant C001 related their own experience of moving house as a child to the short story and poem; “going back to Fenella’s story children do notice...I remember sort of like excitement...but looking back it was probably one of the worse things that ever happened in our lives” (Session Three transcript p. 43). In future, to determine the relationship between reading and mental state reference frequency, sub-group differences in introspection and ToM ability could be measured to further interrogate Billington et al.’s (2016) suggestion.

The current study lacks generalisability of findings due to the small sample size; the majority of participant discourse was produced by two regular female participants. Findings must also be interpreted with consideration to wide

confidence intervals. Therefore, there is a need to investigate a larger sample over a more sustained duration to examine the presence of any sex or age related language and sentiment differences. However, there are significant challenges regarding study implementation and recruitment (see Chapter 9).

Overall, the current study is supportive of literature associating reading with positive affect but indicates this is most likely attributable to decrease in negative affect, as opposed to increase in positive affect. Participant discourse showed an increase in adjectives and nouns but not pronouns across sessions. Increase in referent specificity and descriptive propensity could potentially lead to greater receptiveness and responsiveness to therapy by equipping individuals with a greater linguistic repertoire to explore their own narratives. Future studies should also investigate whether the current study's findings persist when examining intermodal dynamics, such as the interrelation between lexical content and speech acoustics. This triangulation would compensate for limitations of using sentiment analysis alone, better taking into account tonality, negations and complex relationships between words.

In contrast, a significant increase in the use of mental state reference words was not found across sessions, rather this variable appeared more sensitive to individual connection with the reading material through the prompting of personal memories or understanding of the characters. These findings may inform areas of research that can be usefully investigated and guide group bibliotherapeutic practice. Shared Reading shows promise for benefiting real life affect and the development of narrative ability for community mental health service users.

**7. Chapter 7. Beyond the Sentence: Shared Reading Case Studies within a High Secure Hospital**

## 7.1. Abstract

**Background:** Ashworth Hospital provides care for inpatients detained under the Mental Health Acts who present a danger to themselves or others. Rehabilitative interventions can help support the best outcomes for patients, their families, care providers and society.

**Method:** The efficacy of weekly Shared Reading sessions for four patients with experience of psychosis and a history of self-harm was investigated using a 12-month longitudinal case series design. Session data was subjected to Psychological Discourse Analysis to identify discursive strategies employed to accomplish social action and change over the duration of intervention.

**Results:** Archetypes of interactional achievement across sessions emerged. Broadening of capacity to consider was demonstrated through increased hedging and less declarative language. Increased assertiveness was achieved through reduced generalisation marked by a transition from second person plural pronouns to more first person singular pronouns. Avoidance of expression and disagreement strategies diminished over time. In addition, heightened engagement was accomplished through the increased tendency to employ functionally related and preferred responses within adjacency pairs, which mirrored non-verbal communicative strategies.

**Conclusions:** Shared Reading shows promise for promoting the interactional accomplishment for individuals within high secure settings, who are ready to undertake recovery-related activity. Pathways of interaction should continue to be explored, with consideration to the current study's strengths and limitations. This chapter contributes to the understanding of efficacious reading study design and the interactional outcomes of therapeutic reading.

## 7.2. Introduction

The main ways that discourse analysis interrogates conversational conduct will be outlined, with a focus on cooperation principles, the establishment of community and discourse within therapeutic sessions. Whilst a substantive review of the discourse literature is not provided, as this is beyond the scope of this thesis, further information regarding the epistemological position and researcher's stance is presented in Chapter 4.

### 7.2.1. Conversational Discourse: Cooperation Principle and Maxims

Discourse can be used to assess interactional skill and to indicate social psychological phenomena. Grice (1975) described talk exchange as characterised by the cooperative principle with four categories of maxims. First, *quantity*, in which the speaker provides sufficient information which is not more informative than necessary, although the effect may be secured by relevance. Second, *quality*, which encompasses the speaker saying what they believe to be true while not making statements for which they lack evidence. The third category, *relation*, whereby the speaker should stay relevant and 'on point', acknowledging that there will be shifts of relevance during exchange. Finally, *manner* is concerned with avoiding obscurity, ambiguity, prolixity and disorder.

Grice noted that other maxims are only implicated if quality is satisfied and that speakers may observe other maxims such as politeness, moral and social expectations. In addition, the speaker may have a purpose to influence or direct others and adherence to maxims may be influenced by psychological variables such as personality, need for approval and pre-occupation with relationships (Fabbro, Crescentini, D'Antoni & Fabbro, 2019). Patients with a diagnosis of schizophrenia experiencing negative behavioural signs (e.g. flat affect, alogia, anhedonia and

avolition; Chang et al., 2018), have shown tendency to flout social knowledge shaping conversational conduct (Corcoran & Frith, 1996).

Concerning relevance, adjacency pairs have been considered the most basic conversational unit, comprising two turns by two speakers and providing speakers with a frame of reference for conduct to achieve inter-subjectivity (Taguchi, 2019). However, it has been suggested that disrupted turn adjacency does not always lead to incoherent interaction although there have been limited suggestions as to how exactly coherence is maintained in such cases (Berglund, 2009).

Degree of ambiguity in discourse can be identified through the use of confidence expressions, influencing manner. Wesson and Pulford (2009) confirmed expressions form a continuum ranging from great confidence statements such as *I am absolutely certain*, to moderate confidence expressions such as *I believe* to low confidence expressions such as *I suppose it could be*. In addition, *positive*, *certain* and *sure*, followed by *think* and lastly *suppose* were ranked in order of decreasing confidence.

### **7.2.2. The Co-construction of Discourse and Community**

Specific interactional devices can be employed to co-construct talk. A discourse analysis of an online graduate course (Lapadat, 2007) identified three devices that promoted coherence including: backwards referencing such as acknowledging the remarks of another participant, endogenous devices for example, marking digressions and contextualising as well as forward structuring which involved posing substantive questions to others. Patterns of agreement were linked to shared understanding and an enhanced sense of cohesion whilst participants also felt empowered, expressing strongly held beliefs rather than being silenced or feeling

an obligation to conform to a consensus. Sophisticated social negotiations were found to allow disagreement whilst maintaining community which was achieved through allowing opportunity to face-save, showing understanding, softening and balancing.

In the same study, Lapadat (2007) found thirteen devices promoting the development of community. These included greetings, references to social interaction outside the online discussion, colloquialisms and remarks with social intent. Self-disclosure served to personalise the topic, asides revealed personal anecdotes, participants made requests and offers of help whilst support was shown through praise, affirmation and encouragement. In addition, humour was used, participants invited comments, employed inclusive language, showed alignment with other participants and used familiar genres. These findings indicate that growing social capital within groups, allows communication of mutual benefit.

Discourse can drive behavioral change. Three dominant devices achieving mobilization and public engagement were identified using a psychological discourse analysis of two Facebook event pages (Sneijder, Stinesen, Harmelink & Klarenbeek, 2018). Authority integrity was disputed through use of extreme case formulation, objective formulations and contrasting stakes with use of pronouns such as *they* and *us* which created distance between in-group citizens and out-group authorities. Positive atmosphere and “togetherness” was promoted through use of positive language, sometimes used to undermine or attenuate negative event aspects while use of the pronoun *we* constructed collectivity. In addition, participants maintained an image of being active and decisive through use of disclaimers as stake inoculations, factual formulations and generalizations. Similarly, a discursive analysis of focus group interviews with multi-professional healthcare teams



demonstrated how the pronoun *we* was used to establish “knowledge synergy” and “trusting support”. Flexible use of *we* also showed a power dynamic through the representation of professional and subgroup positions (Kvarnström & Cedersund, 2006).

The use of the singular first person pronoun *I* can also have a multitude of different rhetorical effects. An investigation of a corpus of congressional speeches, reported that the functions included achieving self-focus, the exhibition of dominance, to express strong opinions in turn dismissing others’ opinions, to show compassion, to express personal wishes and to narrate a story (Lenard, 2016). In studies of power and political discourse, the use of *I* has been associated with declaring responsibility, strong conviction and willingness to take risks. In contrast, *we* introduces ambiguity by hiding agency and has been employed for this purpose in controversial speech (Jalilifar & Alavi, 2011). The use of *one* can function as a first person pronoun but differentially, has the purpose of detachment and genericity.

### **7.2.3. Discourse in therapeutic sessions**

Devices effecting quantity may be employed for strategic affect.

Polysyndeton, the use of successive conjunctions, can amplify and prolong discourse thus achieving an accumulation effect (Bardizbanian, 2019; Kjeldsen, Kiewe, Lund & Barnholdt Hansen, 2019) whilst the deletion of conjunctions, asyndeton, functions to push the dialogue forward accelerating pace (Ansari, 2019). While pleonasm (excessive use of words to convey meaning) and scesis onomatopoeia (successive synonymous expressions) may serve as methods of intensification, overlexicalisation can also have a redundant effect and chaos of stories and events may result in confusion. The discomfort it generates has been linked to countertransference within therapy sessions (Castells, 2018).

In accordance with the principle of cooperation, a discourse analysis of family therapy sessions for self-harm (Neil, 2018) found that families who worked together formed a shared understanding of the therapy whilst resistance to the therapeutic process resulted in a shared understanding not being reached, culminating in the self-harming adolescents' failure to engage. Importance of discourse type and implicit alignment of language was highlighted in a discourse analysis of nine individuals' first psychotherapy sessions. Interlocutors most frequently adopted colloquial discourse, whereas the therapists mostly used therapeutic discourse (Wahlström, 2018). It was reported that common expressions used and shared by therapists and service users within the session allowed for intimate experiences to be explored from new perspectives and the frequent use of colloquial discourse demonstrated how the person-to-person relationship was a primary function of sessions.

Silence has been investigated as a tool within both conflict management and psychotherapy. Chowdhury, Stepanov, Danieli and Riccardi (2017) suggested that silence can indicate hesitation or indecisiveness of the speaker and may be used to force another speaker to respond. Qualitative analyses used to examine therapist perceptions of the use of silence in therapy found silence was used to show empathy, facilitate reflection and expression and encourage clients to take responsibility (Ladany, Hill, Thompson & O'Brien, 2004). Furthermore, therapists perceived their use of silence to be positively associated with experience of providing therapy. Therapists, however, reported that they did not tend to employ silence as a communicative strategy with individuals experiencing psychosis, anxiety or anger.

The appropriateness of employing silence and other rhetoric devices appears therefore to be client-specific. Accordingly, Rautalinko (2013) investigated

nondirective counselling skills through analysis of counselling transcripts and found that restatements and reflections enhanced counsellor ratings and differences in the evaluation of open-ended questions could be attributed to differences in matching factors such as social skills.

#### **7.2.4. Capturing Change Associated with Shared Reading**

The Theory of Change proposed by The Reader suggests that the reading aloud of classic literature, guided by a facilitator, promotes the recognition and articulation of thought and feeling, thereby positively effecting outcomes including wellbeing, connectedness and cognitive and affective flexibility. The Shared Reading model encourages participants to develop understanding of the self and others, to connect and realise change with breakthroughs signaled by transition in language (Davis et al., 2016). While much of the research assessing Shared Reading within clinical populations has been conducted within community settings and with predominantly female samples, Shared Reading may be particularly beneficial within high security psychiatric settings through its potential to improve the quality of interactions and thus level of connectedness.

The study uniquely investigates:

- i) participants' use of discourse to accomplish social action across Shared Reading sessions, specifically employing psychological discourse analysis;
- ii) does so within the context of a high secure setting, both drawing on the existing literature and allowing the identification of new, perhaps context specific pathways of interaction;

- iii) employs a case series design to identify and differentiate stylistic tendencies and person-centered change overtime.

### **7.3. Method**

#### **7.3.1. Design**

A 12-month case series design investigated the efficacy of weekly Shared Reading for patients at Ashworth Hospital. Ashworth Hospital is a National Health Service hospital in North West England for patients requiring care and treatment in high secure conditions.

A psychological discourse analysis approach was employed to analyse sessions. In addition, questionnaire packs intended to supplement the qualitative data were completed by participants before the intervention, at an interim period of six months and following the intervention. The questionnaire packs comprised tools such as indicators of wellbeing, perspective taking and impulsivity. Tool selection was orientated around anticipated change and considered psychometric properties as well as pragmatic suitability (see Chapter 4). Examples of quantitative outcome measures supplementing qualitative data are shown in case studies of the four regular participants. Perspective Taking was an outcome of interest given its reported positive effects on communication (Krauss & Fussell, 1991). The 18-item Ryff Scale of Psychological Well-being (Ryff & Keyes, 1995) was used to assess psychological wellbeing more generally. Impulsivity was also examined, using the SUPPS-P Impulsive Behavior Scale, due to its link with psychotic disorders (Nanda et al., 2016). The tools used five, six and five point Likert scales respectively.

Study documentation such as participant information sheets, consent forms and questionnaires were produced in Microsoft Word and reviewed by the research

team (see Appendices 24, 25 & 26). The study was reviewed and approved by North West – Liverpool East Research Ethics Committee (Reference 17/NW/0114; see Appendix 18).

### **7.3.2. Procedure**

The sessions were in keeping with the Shared Reading model. Sessions took place over two hours, with a short break mid-session. Usually, both a story and poem were read aloud and discussed within the session. A record of the material that formed the corpus for analysis is shown in Figure 7.1. A full record of reading material across all sessions can be found in Appendix 27. Sessions were facilitated by an Associate Specialist in Forensic Psychiatry who was a trained Shared Reading group leader and the researcher, who attended all sessions. Four sessions over the course of the intervention were covered by a psychiatrist who had also undertaken the Read to Lead course provided by The Reader, again the researcher was present. Sessions took place in a therapy suite within Ashworth Hospital and the researcher audio and video recorded all sessions. Participants were invited to a taster session prior to study commencement to help participants decide whether they wished to participate and informed consent was sought prior to starting the study.

Questionnaires completed at the three time points were administered by the researcher or facilitator. The researcher recorded and scored measures using the statistical software, SPSS and Excel, reverse scoring any negatively worded items.

The qualitative analysis procedure was in keeping with methodological recommendations focusing on how discursive and rhetoric devices are implemented to accomplish social actions (Goodman, 2017). Appropriate research questions were generated that were in keeping with ensuing analysis and discursive theory. The focus was on how participants interacted with the reading material and group

members and did not centralise around speakers' thought processes or attitudes towards a topic of discussion (see Chapter 4 for methodological approach). The data sources comprised 39 video and audio recorded Shared Reading group sessions (approximately 55 hours of discourse). The collection of data to be analysed was selected, generating the corpus; salient sessions were selected by the researcher, in agreement with the facilitator and wider research team. Sessions that were considered salient best addressed the research questions and were attended by regular participants allowing change to be observed over time.

Transcription, utilising both audio and video recordings, was performed by the researcher to allow full immersion and to respect the sensitivity of the data. All files were accessed and stored using the researcher's password protected Mersey Care NHS Foundation Trust or University of Liverpool account and participant responses were pseudo-anonymised. A 'simplified Jeffersonian' (Goodman, 2017) level of transcription was undertaken for reader accessibility. Transcription contained sufficient but not unnecessary detail to address the research questions. Body language and pauses were noted when affecting the meaning of discourse. Transcripts were line numbered for clarity and ease of referral. Preliminary re-reading of transcripts was undertaken for data familiarity. Action orientation i.e. what was being achieved by interaction and initial thoughts were recorded through marking and annotation of transcripts; see Appendix 28 for example extract.

Drawing on the vast literature, discursive and rhetoric devices used within discourse were identified. Use of repertoires, ideological dilemmas and how subject positions and identity were constructed by the speakers were examined. Devices were recorded through marginal writing on transcripts. Strategies that best addressed

the research questions were selected and extracts and examples collated in a word document. The extracts were described to illustrate cases for each participant.

### **7.3.3. Participants**

Initially ten male participants were recruited, into this year-long Shared Reading intervention. Over the course of that year, the attrition rate was 60% leaving four regular participants upon whom this case analysis is based. Two other participants attended 23% and 5% of the sessions before withdrawing.

The case studies present discourse archetypes and participants represented a complex forensic sample; all participants had experienced psychosis, had a history of self-harm and most had been in the prison system. Participants referenced troubled childhoods, problems at school and were involved in crime from an early age. These particular men had less of a problem with substance use than the general clinical/forensic population but all of them had experienced it at some point. None had experience of full employment, two participants regarded themselves as readers prior to study, two did not and two participants experienced neurocognitive impairments that impacted their ability to concentrate. The participants shared similar demographic characteristics such as age ( $M = 45.25$ ,  $SD = 6.45$ ) and ethnicity, all were White British. Each of the four participants attended over sixty per cent of sessions and reasons for occasional non-attendance of regular participants was mostly attributable to physical illness or other appointments. Discontinuation of two participants beyond the 25<sup>th</sup> session was due to external, non-study related factors such as service transfer and/or logistical issues.

**Table 7.1 Key Sessions**

Date from 2017	Group Number	Attendees	Material Read
7 <sup>th</sup> September	5	Clive Patrick John PN004 PN005	A Selection from "Three Songs at the End of Summer" by Jane Kenyon
12 <sup>th</sup> October	4	Clive John PN005 Max	"Penny in the dust" by Ernest Buckler and "The Stone Beach" by Simon Armitage
9 <sup>th</sup> November	4	Clive Patrick John Max	"Faith and Hope Go Shopping" by Joanne Harris and "Let me die a youngman's death" by Roger McGough
7 <sup>th</sup> December	5	Clive Patrick John Max PN005	"Christmas Cracker" by Jeanette Winterson and "Christmas Light" by May Sarton
18 <sup>th</sup> January	4	Clive Patrick John Max	"The Loss" by David Constantine and "Entirely" by Louis MacNeice
15 <sup>th</sup> February	4	Clive Patrick John Max	"Beyond the Bayou" by Kate Chopin and "The Journey" by Mary Oliver.
29 <sup>th</sup> March	4	Clive Patrick John Max	"Good-for-Nothing" by Dic Tryfan and "Bluebird" by Charles Bukowski
26 <sup>th</sup> April	4	Clive Patrick John Max	"Two Gentle People" by Graham Greene and "Along the Road" by Robert Browning Hamilton
17 <sup>th</sup> May	2	John Max	"Miss Brill" by Katherine Mansfield and "Alone" by Maya Angelou
7 <sup>th</sup> June	2	John Max	"The Bull" by Saki and "Trust" by D. H. Lawrence



## 7.4. Results

### 7.4.1. Participant One - Clive: a broadening of capacity to consider alternative interpretations of events

Clive attended 24 out of 39 study sessions and was present for eight out of ten sessions forming the corpus for analysis. The participant did not generally require encouragement to speak, took more turns than other speakers and his contribution was generally descriptive.

**Table 7.2 Clive's Perspective Taking (PT) Responses**

PT Score	Pre-intervention	Interim period	Post-intervention
Total	22	28	24

Clive's discourse demonstrated a broadening of capacity to consider different interpretations across sessions and over time. This change was demonstrable both in response to the text and also in response to the opinions of other group members to some degree. Particular discursive devices, their change in use and culmination were identified as illustrating this enhanced capacity. These were predominantly use of: certainty and declarative language, consensus, polysyndeton (the use of successive conjunctions), appeals to the listener and posing of substantive questions.

#### 7.4.1.1. Certainty and declarative language

Clive's discourse in the first few sessions was characterised by expressions of high certainty and commitment to his initial interpretations. For example, "*she's got*

to...” and “*erm that’s still er that’s still basically the same*” (session one p. 29 line 13 & p. 44 line 28), “*he must be thinking...*” (session two p. 18 line 21), “*that’s the way it should be*” (session three p. 17 line 16) and “*I think she’s doing what I said before... she feels reborn again*” (session four p. 59 line 15). Over time, there was a move to greater use of hedging phrases and words associated with less certainty; “*it means to have I think it means to have like erm...*” (session five p.12 line 38), “*so I think looking at that only by my own experience...*” and “*could be loads of different things*” (session five p. 18 line 22). Clive’s use of hedges served to show his improved consideration of different points of view and seemed to convey a degree of humility by reducing the force of his statements. At six months into the intervention, Clive showed some recognition of this; “*I think so anyway probably just prove me wrong as we get further along that’s the way these stories are*” and “*I’ve changed my mind now about that about that...*” (session six p. 6 line 2 & p. 42 line 13). Furthermore, Clive displayed some self-corrective language in session eight (p. 16 line 26);

*“so it’s the be- it might be the beginning of a little affair mighten it because you’ll alwa- probably say that may happen or you might...”*

Clive’s broadened capacity to consider was also reflected quantitatively though a 27% increase in Perspective Taking score at six months into the intervention from participant baseline, as shown in Table 7.2. This appeared largely attributable to stronger endorsement with the item about believing questions have two sides and trying to consider both. The response score for this item was maintained at 12 months.

#### 7.4.1.2. Consensus and polysyndeton

Towards the start of the intervention, Clive's discourse was characterised by the use of first person plural pronouns which appeared to act as an as an indicator of general agreement and in doing so reinforced the speaker's own interpretation. An example of this use of "we", its pairing with the intensifier "all", "ourselves" as well as the use of "we" within a rhetorical tag question is evident within discussion of *A Selection from "Three Songs at the End of Summer"* by Jane Kenyon, session one (p.4 line 15):

*"and I think I think we've all stood under a tree and to protect ourselves from rain and she can feel that rain dripping down off from the tree so her stepping out in the rain..."* and *"we're talking about a pretty big nest here aren't we"*.

Clive's use of polysyndeton, specifically the successive use of "and", elongates the discourse. The use of the transition "so" further focuses attention of the listener, before drawing a conclusion. Whilst "I think" can serve as a hedge, contextually, given its repetition, coexisting devices and syntactic placement as a preface, the effect here may be rather factive accomplishing emphasis.

Towards the end of session two, as shown in the transcript excerpt in Figure 7.1, the use of "we" and "all of us" are initially used to speak on behalf of the group when Clive conveys his difficulty in interpretation of the material. However, this is not sustained throughout the utterance given the adoption of the second person plural "you" paired with the modal verb "would". This grants genericity and attenuates agency. This is followed by explicit acknowledgement that members of the group have different opinions. In contrast to the session one example, "I think" has increased in hedging function, embedded within the utterance. The complement

“*because*” whilst drawing conclusion has a less exertive force when followed by the terminal tag and hedging phrase, “*kind of thing*” ascribing less certainty.

Facilitator: Yeah we got through it, I like that poem though, do you like the poem?

John: Yeah

Facilitator: Was it okay?

Clive: We struggled to understand it though if we didn't have all of us here and you were reading it on our own, I think you'd come to the wrong conclusion about the whole thing and you wouldn't have the diversity of the people that are here because everyone's had their own opinions kind of thing

**Figure 7.1 Session Two Extract (p. 45 line 17)**

The facilitator, acknowledging sensitive discussion within session six, as shown in Figure 7.2, proceeds to ‘check in’ with participants as part of a debrief before participants return to the ward. Patrick laughs in response to the facilitator’s question, “*Have you got things to do, cheer- to think about when you get back?*”. Whilst laughter may serve to indicate amusement at the false start and anticipated understatement (cheer you up), it on another level functions to terminate talk acting as a turn rejection. John and Max’s single word neutral responses, “*yeah*” and “*alright*” respectively do not require expansion and function to push the interaction forward. In contrast, Clive conveys, although with referential ambiguity, that reflection and disclosure within the session has been cognitively demanding.

Facilitator:	How do you feel, how you all feeling?
Max:	Alright
Facilitator:	Have you got things to do, cheer- to think about when you get back? (Patrick laughs)
John:	Yeah
Facilitator:	Yeah take your mind of it a bit
Clive:	It's been a bit exhausting today to be honest, I don't know why
Facilitator:	Because we've talked about some [difficult] things
Max:	Been a bit what?
Clive:	Exhausting but some of us have like John's done it, I've done it, you (gesturing to Patrick) have done it as well lad

**Figure 7.2 Session Six Extract (p. 44 line 5)**

Clive's use of the adjective "*exhausting*" is accompanied by a hedge and honesty statement to convey a personal rather than communal record in addition to the anticipatory self-identifying and face saving expression, "*I don't know why*". Upon Max seeking clarification, Clive expands not through use of inclusive first person plural pronouns but using address terms, the singular first person pronoun "*I*" and the singular second person pronoun "*you*", forming a three part list to augment the idea and separate agency. The approximation and hedge "*some of us have like*" paired with the ambiguous verb construction "*done it*" (i.e. spoken about difficult things) and the informal terms of address, "*lad*", soften the discourse and serves to portray a group of individuals with social actions in common, as opposed to signalling a single body all with the same experience. In this way, Clive establishes

a form of collectivity as opposed to his prior tendency to prematurely proclaim an established consensus.

#### 7.4.1.3. Appeals to the listener and posing questions

Over the duration of the intervention, Clive's discourse demonstrated a shift in framing from tendency to be speaker focused to more listener focused. For example, in session one the use of cajolers such as "*can I just say something*" (p. 34 line 26) and "*you know*" serve as appeals to the listener and turn-entry devices allowing structuring of the conversation; "*you know what, that's where man- a lot of people don't know this- that's where man actually learnt to sing*" (p. 5 line 29). The modal 'actually' conveys information about the attitude of the speaker with regard to the message, communicating the speaker's view of the utterance's unexpected content, novelty and certainty about the surprising content. This is reinforced by the aside "*a lot of people don't know this*" which has an interactive function, relating the topic to an everyday frame and marking the digression whilst Clive is also establishing himself as a source of superior knowledge in the group. In session three, Clive continues to convey his own interpretation of the text with appeals to the listener such as "*isn't he...you can tell...*", however, the use of an option marker "*or*" also shows consideration for another's speakers turn;

*"he's wishing he's wishing isn't he that you can tell by because he mentions death so much I think he's scared of actually dying not just a youngman's death but he's scared of dying in general or like you said he wants to be able to have that opportunity to be able to do the things that he might never of done just faded into the night kind of thing..."* (session three p. 7 line 14).

Clive's discourse in session four demonstrated further alignment and recognition of another speaker's turn, the use of "well" demonstrates receipt of information whilst "I mean" promotes speaker clarification and highlights reflection; "well yeah you're right you're bang on the button there [Facilitator]... 'cause I can remember... I couldn't cope I mean absolute- I was my most depressed..." (p. 63 line 9). The tendency for listener focused speech in later sessions is also evidenced by Clive's use of substantive questions. In session one, Clive's discourse is, at times, directive and knowledge testing creating a demand for certain responses and exercising social control, for example, "there you are [name], there's a question for you - what's a gathering of crows?" (p. 7 line 2). Later discourse is more enquiring, "if someone said I'll give you a hundred quid to do it again would you do it?" (session six p. 14 line 8) and Clive's discourse in the extract from session seven shown in Figure 7.3, during discussion of *Bluebird* by Charles Bukowski, exerts no constraints on the following turn and is knowledge-seeking rather than knowledge-giving.

Clive:	I don't understand that I don't know what that bit means I don't know what that other bit means where it says... never know that he's in there what does he mean by that what's he trying to say?
Max:	He he ain't showing himself when he's around people
Clive:	Mmm you mean he's keeping the bluebird in there in front of these other people?
Max:	It's not actually about a bluebird it's more how he's feeling inside
Clive:	Okay
Max:	Blue

**Figure 7.3 Session Seven Extract (p. 67 line 24)**

Over the sessions, Clive demonstrated a shift from expressions of high certainty to less certain language and developed a more explorative style of questioning. This indicates how flexibility of thought can arise through participation in Shared Reading and how this promoted development of connectedness with other group members, in keeping with the Theory of Change.

#### **7.4.2. Participant Two – Patrick: increased assertiveness**

Patrick attended 25 out of 39 study sessions and was present for seven out of ten sessions forming the corpus for analysis. Patrick’s discourse displayed increased self-confidence and assertiveness across sessions, which could be evidenced through changes in: generalisation, voicing disagreement in interpretation of the text, endorsement seeking and use of humour.

**Table 7.3 Patrick’s SUPPS-P Responses**

SUPPS-P item	Pre-intervention	Interim period	Post-intervention
“When I feel rejected, I will often say things that I later regret.”	Somewhat agree	Strongly disagree	Strongly disagree
Total SUPPS-P score	39	35	36

##### **7.4.2.1. Generalisation**

Patrick’s discourse up until five months into the intervention showed a tendency to employ plural second person pronouns, conveying personal experience and opinion through generalisations about how people feel without a clearly identifiable referent. In session one, the facilitator posed the question, “*what was it like waiting to go on that first day [of school]?*” (p. 32 line 7), to which Patrick



responded, “it’s like *you* ’ve got no choice” (p. 32 line 9). Similarly, ambiguity of agency is achieved through discourse such as “when *you’re* a kid all *your* life’s like on rails isn’t it” (session one p. 41 line 31) and “*for a lot of people* in here it’s a bit depressing” (session four p. 55 line 24). At five months into the intervention, a story called the *The Loss* by David Constantine was read, in which the character Mr Silverman loses his soul. Patrick’s use of self-reference uniquely and unambiguously conveyed access to the speaker, using more first person singular pronouns. For example, “*I think I was there at one point many years ago I was like that at one point... no joy ... feelings nothing*” (session five p. 30 line 39). In session eight as shown by the extract in Figure 7.4, the agency behind the generic “*you learn*” was revealed when Patrick drew on personal experience when prompted, expanding his turn with the use of “*I*”.

Facilitator:	I think- why do you think there’s a difference between the description between the feeling of pleasure and feeling of sorrow (Max shakes head)
Patrick:	Because you learn to be humble when you’re sorrowful is that not true?
Facilitator:	Is that is that what you think?
John:	Excuse me (not part of adjacency pair)
Patrick:	I’d say that over the last like twenty years since I committed my index offense (Max looks at John) <I have learnt> to be sorrowful (slight shrug) maybe

**Figure 7.4 Session Eight Extract (p. 40 line 3)**

“*I*” as the subject of verbs portrayed a truthful narrator and increased level of ownership over discourse albeit then attenuated with use of the hedge “maybe”. Additionally, this may have also served to indicate less discomfort confronting negative emotions. Although total SUPPS-P score showed little change, it is noteworthy that the Negative Urgency subscale items for Patrick mostly decreased

from baseline to 6 months which was maintained at 12 months. For example, Patrick's endorsement of saying things he later regretted when feeling rejected changed from "somewhat agree" to "strongly disagree" (see Table 7.3).

#### 7.4.2.2. Endorsement seeking and voicing disagreement

Patrick's discourse was initially characterised by questions and hesitant tonality, "[Researcher]...is it in America?" (session one p. 21 line 8), "are they old people?" (session three p. 17 line 3), "is he actually thinking them thoughts now the dog?" (session four p. 6 line 30) and "do you think she's found someone to love?" (session four p. 61 line 20). Posing utterances as questions accomplished conveying personal interpretation in an unassertive, unchallenging manner. Uncertain language and use of tag questions contributed to this effect; for example, "he wants to die young but he doesn't if you understand what I mean" (session three p. 7 line 8). The contrastive marker "but" adds lexical ambiguity and contradiction whilst the tag question "if you understand what I mean" relied on meta-knowledge of the listener and served to seek endorsement. In later sessions, Patrick communicated interpretation through more declarative utterances. Disagreement with other speakers was managed diplomatically with the use of hedging; for example, "I don't think it's... a bird as such" (session seven p. 69 line 5), "I think he it's not necessarily what country I think it depends on the person as a person" (session seven p. 38 line 17), "feels worthless as well because she's got nothing to do..." (session eight p. 30 line 9). The extract from session eight, shown in Figure 7.5, provided a further example of how Patrick more assertively expressed opinion and feeling; "yeah" served to acknowledge the previous turn whilst the contrastive marker acted as a rejecter and successive repetition of Patrick's utterance reinforced the speaker's

message. Patrick proceeded to demonstrate development of the emotional lexicon, describing how you can learn “*regret*” (and then deeper), “*remorse*” from sorrow.

Clive:	So she’s been chatting for a mile and er chatting for another mile she didn’t chat at all
Patrick:	Yeah but she learned more from sorrow you learn more from sorrow
Facilitator:	Yeah
Researcher:	But what type of things can you learn from sorrow
Clive:	Sadness
Patrick:	Regret... remorse

**Figure 7.5 Session Eight Extract (p. 41 line 13)**

#### 7.4.2.3. Function of humour

Additionally, Patrick’s use of humour and portrayal of characters in initial sessions generally drew parallels with experience of psychosis, serving a somewhat self-depreciative function; for example, “*I think they’d have something to say if we go off on adventures here*” (session three p. 39 line 26) and “*he’ll end up in here won’t he*” (session four p. 23 line 23). In session eight, upon the researcher drawing attention to word selection within the poem *Along the Road* by Robert Browning Hamilton, “*it’s interesting how the word chattered was picked... why chattered*” (p. 45 line 30), Patrick responded through an impersonation of the imagined character, “*a word for rambling (p. 46 line 6)...oh this is great this is good this is brilliant (laughs)*”. In contrast to previous humour, the discourse was not negatively inflected and demonstrated embodiment of the character rather than comparison to personal circumstances. The shift in positioning suggests heightened absorption with the material and was accompanied by a notably animated tone, which emerged concomitantly with decreased hesitancy.

In summary, over the sessions Patrick developed discursive strategies to increase the level of ownership of his discourse; his emotions and thoughts became public. Patrick showed greater confidence in expressing his own opinion and interpretation of the reading material. Indeed, the Theory of Change describes how both the reading material and facilitator can enhance articulation of thought and feeling. This in turn led to greater assertiveness, a key social skill and diminished fear of threat to the self from exposing feelings and the self.

#### **7.4.3. Participant Three – John: decreased avoidance**

John attended 32 out of 39 study sessions and was present for all ten sessions forming the corpus for analysis. John’s discourse was characterised by particular devices: alignment, repetition, disclaimers and avoidance. The extent to which communicative strategies served self-presentation and monitoring functions attenuated moderately over time. The quantity and turn taking frequency of John’s discourse varied considerably between sessions but generally increased.

**Table 7.4 John’s Ryff Scale Responses**

Ryff item	Pre-intervention	Interim period	Post-intervention
“I have confidence in my opinions, even if they are contrary to the general consensus.”	Strongly disagree	Slightly Agree	Slightly Agree
“I judge myself by what I think is important, not by the values of what others think is important.”	Strongly disagree	Slightly Agree	Slightly Agree
Total Ryff score	75	87	82

### 7.4.3.1. Alignment and Repetition

John's discourse in the first six months was particularly marked by repetition and paraphrasing of other speaker's turns, with a tendency to follow and align, particularly with Clive; "*like Clive says... Clive what were you going to say*" (session one p. 30 line 26) and "*agree with you Clive good stuff*" (session five p. 27 line 46). Similarly, in session two as shown in Figure 7.6, John repeated the idea that a character in the story *Penny in the Dust* by Ernest Buckler was embarrassed upon losing a special penny from his father. John's use of "*so*" and "*because*" continued to reiterate and reinforce an established idea with the use of "*yeah*" also serving to align with Clive.

Clive:	He's lost it in the dirt hasn't he?
Facilitator:	"I did that again and again. Alas, once too often."
John:	So he's lost it so many times he's lost it again
Clive:	Lost it for good though
John:	Yeah because he's lost it so many times in the past
Clive:	Mmm
John:	Found it [and all of a sudden] can't find it
Clive:	So he would have been better off going to the shop and trading it anyway
John:	Instead of losing it yeah because if he'd spent it in the shop that way he would have benefitted from it

**Figure 7.6 Session Two Extract (p. 12 line 16)**

Subordinate responses within adjacency pairs, through the repetition of established ideas, functioned to avoid expansion and disagreement. The use of noncommittal language also served to avoid expressing personal opinion, for example in session three following the facilitator's question, "*do you think they go together the poem and the story?*" (p. 37 line 3), John responded, "*might do*" (p. 37

line 4). This tendency was to some extent acknowledged by John in session ten (p. 24 line 6);

*“when I don’t make comments it’s because I don’t understand it properly...today I’ve understood quite well...when I know what I’m doing when I’m working it out that’s when I comment a lot...because I understand it and I understand what it says and what it’s about”.*

In accordance, total Ryff-18 score increased from 75 to 87 in the first six months (see Table 7.4). Specifically there was greater endorsement with the autonomy items relating to having confidence in opinions that may differ from the general consensus and not judging the self by the values of others. These changes were maintained at 12 months.

#### **7.4.3.2. Monitoring self-presentation and disclaimers**

John’s discourse also reflected positive self-portrayal; *“I remember I remember everything from the age of two”* (session one p. 3 line 16), *“I went to the dentist this morning and [they] said I had a good set of strong teeth”* (session three p. 19 line 5), *“and like I say I’ve been here six years I’ve done some therapies and I must have benefitted off them because I’ve not self-harmed”* (session four p. 47 line 18). When discussing the number of sessions completed in session five, John enquired as to whether attendance was recorded on the medical record system, *“is it on PACIS is it on PACIS?”* (p. 52 line 45). Monitoring self-presentation was also accomplished within discussion through John’s use of disclaimers, such as *“I don’t hear voices no more you know but... it’s been right as rain”* (session six p. 32 line 22) and *“like I said everybody’s got a good side and a bad side haven’t they like I’ve*

*never lashed out at anybody since I've been here you know 'cause I'm not a bad person you know what I mean...*" (session seven p. 52 line 5).

Additionally, John went on to explicitly acknowledge concern with self-image, *"I was scared I was worried about what people thought of me...me personally I use to to er worry about what people would think of me...I do think because I've been in the nut house..."* (session seven p. 56 line 16). John's attitude was strongly conveyed by the use of derogatory epithet.

#### **7.4.3.3. Avoidance**

John employed topic change to accomplish avoidance which appeared to be a sophisticated strategy for managing the direction of conversation, albeit potentially maladaptive in the context of therapeutic encounters. For example, whilst John disclosed death of a relative following the misinterpretation of the previous speaker's prompt, John proceeded to reject empathy and prevent expansion through talk termination, *"time for a drink I think time for a break"* (session six p. 23 line 25).

Non-alignment in footing during an interaction with Max was also used to avoid voicing a demanded response, shown in Figure 7.7. Footing placed the speaker in the least self-threatening position, accomplishing to nullify and disengage from Max's notion that taking prescription drugs for non-prescriptive purposes was not too dissimilar from the *"druggy"* behaviour John disaffiliated from, *"I've never been a druggy"* (session seven p. 36 line 20).

An interlocutor seeking clarification for a question they do not understand and providing an irrelevant response seems to be an evasive strategy. However, John continues to question the question posed and responds by changing the textual content, following a receipt *"ha"* and rejection, *"no"*. The interpretation in which

the speaker avoids discourse that is dis-concordant with positive self-representation is, in this instance, more in keeping contextually with the surrounding discourse than interpreting the exchange as merely a misunderstanding.

John:	You take one and think oh this is great so you take another one and next thing you know you're popping twenty thirty
Facilitator:	Yes
John:	You know I've been on various medications in the past but I've never been a druggie
Max:	What do you think they was then
John:	What
Max:	What do you think they were then they're drugs?
John:	What do you mean?
Max:	You were talking about popping pills
John:	Yeah
Max:	How do you know how you [count] that as not popping pills?
John:	They are popping pills what do you mean
Max:	Forget it (leans back)
John:	Ha (smiles) no I'm just saying because they'll affect you they want more don't they

**Figure 7.7 Session Seven Extract (p. 36 line 16)**

Similarly, in session ten when the facilitator remarked upon discussion of familial trust, "*but does that mean that people would automatically trust?*" (p. 47 line 24), John responded, "*I would like them to trust me yeah 'cause I'm their father*" (p. 47 line 25). John did not align with the facilitator's positioning, framed by the contrastive marker "*but*", rather adjusted the textual content using the modal verb "*would*" and "*yeah*" which acknowledges the previous turn but allows the



speaker to shift topic, therefore achieving a degree of evasion. Whilst, the maxim of relation remains somewhat violated in this example, the speaker does not employ complete avoidance strategies or ambiguous language. Additionally, the novelty of the speaker's turn contrasts the imitation and alignment devices that exemplified earlier sessions.

In summary, over the sessions John's interaction style became less characterised by the tendency to follow within an adjacency pair and the extent to which discursive devices monitored self-presentation reduced to some degree. Change in avoidance strategies may indicate a greater openness to other experience, which the Theory of Change describes as "breaking through".

#### **7.4.4. Participant Four - Max: heightened engagement**

Max attended 30 out of 39 study sessions and was present for nine out of ten sessions forming the corpus for analysis. Changes within adjacency pairs, strategies for disagreement, non-verbal behaviour and disclosure served the purpose of heightening social interaction and engagement over time. Generally, Max's discourse reflected literary knowledge. Max was often able to add to the group's understanding of settings within the material read and biographical information about authors.

**Table 7.5 Max's Ryff Scale Responses**

Ryff item	Pre-intervention	Interim period	Post-intervention
"I am quite good at managing the many responsibilities of my daily life."	Strongly disagree	Disagree	Agree
Total Ryff score (excluding items 7 and 10 with missing scores)	45	52	47

#### 7.4.4.1. Adjacency pairs and managing disagreement

In session two, the facilitator provided introductions upon Max starting the intervention. Following greetings from both the researcher and Clive, the facilitator enquires, “[Researcher] comes from the university like I explained and do you know Clive?” (p. 1 line 23) to which Max responded, “Who’s Clive?” (p. 1 line 25). Max’s utterance did not attend to cues provided from previous adjacency pairs. In addition, verbal acknowledgement of other speaker’s actions or presence is absent resulting in an abruptness of turn.

Similarly, when the researcher asks, “do you think his dad might be upset that his son thought [that]” (session two p. 22 line 1), Max provides a non-sequitur, boundary-challenging response, “Are you from London?” (p. 22 line 4) which may also reflect distraction from the session. The dis-preferred nature of discourse is emphasised by interactional differences in framing. A later instance in this session demonstrated Max employing functionally related adjacency pairs but in doing so Max dismisses other group members’ interpretation of the material, “you aren’t going to have six girlfriends are you?” (p. 31 line 27).

In contrast, Max used a different discourse style for managing disagreement within discussion about the effects of money, towards the end of the intervention. When John suggested, “too much money goes to people’s heads”, Max responded, “don’t think she’s one of them though she’s erm she’s quite (looking to facilitator) is it corpus mentis corpus mentis [sic]?” (session nine p. 35 line 27). The hedge phrases “don’t think, quite”, the contrastive “though” and hesitator “erm” serve to tentatively soften the rejection.

In addition, the aiding of group inter-subjectivity in latter sessions was more collaborative in style; Max was more interactionally responsive to group members; “*yeah he is he’s a poet and an author*” (session seven p. 52 line 20) and conveyed access to other speakers’ mental states through empathic turns. For example, in session six shown in Figure 7.8, Max acknowledged previous turns discussing ward dynamics and aligned with Patrick and Clive’s non-verbal and verbal behaviour.

Patrick:	Yeah I’ve found that as I’m getting older the young ones take the piss a little bit
Clive:	Mmm
Patrick:	As you get a bit older yeah
Facilitator:	And what’s that like
Patrick:	Alright just (shrugs)
Clive:	Just laugh at it don’t you
Max:	Got to get on with it haven’t you just got to get on with it
Clive:	Yeah you’re right Max
<b>Figure 7.8 Session Six Extract (p. 29 line 12)</b>	

Continuation of sentiment and experience could be identified through the endorsement seeking tag question, “*haven’t you*”, recurrent employment of “*just*” mirroring previous turns and Max’s successive repetition of “*got to get on with it*” which produced an amplifying effect. At this six month point, the use of adjacency pairs served to promote collegiality.

Max’s language showed a change in attitude, particularly towards poetry, across the intervention. In session two, negative sentiment was expressed through negation, “[*got to be honest with you*] *I’m not really one for...poems don’t really*

*[get] reading them*” (session two p. 30 line 14). This contrasted the engagement within session eight, *“so it’s totally opposite to the first paragraph isn’t it”* (p. 39 line 27) and *“I tell you... it’s a way of explaining how he feels”* (session seven p. 69 line 6). The use of *“so”* serves to indicate Max drawing a conclusion with use of the intensifier *“totally”* resulting in a more animated style of discourse. The use of cajolers such as *“I tell you”* also served to indicate more listener focused interaction. Furthermore, positivity was expressed explicitly, *“I actually like that one”* (session seven p. 71 line 8) and *“it was a pleasure today I enjoyed it”* (session eight p. 49 line 5).

#### **7.4.4.2. Non-verbal behaviour**

Throughout the intervention, Max demonstrated an increasing effort to re-engage with material and interaction when concentration or engagement lapsed. For example, session four was marked by body language indicating disengagement and distraction such as nail biting (p. 34 line 4), moving the chair back (p. 70 line 11) and fidgeting (p. 63 line 17). Whilst Max remarked, *“I’m tired”* in session five (p. 3 line 4) this was followed by Max sitting up, making a concerted effort to re-focus. Accordingly, this was mirrored within verbal communication, *“can we get a drink in a minute can we get a drink in a minute... what’s that... what’s that”* (session five p. 25 line 17)”. Max’s frustration at losing his place during reading of the material was recognised by other group members and evident in an extract from session seven, shown in Figure 7.9. Max’s sense of satisfaction from perseverance and completion of the intervention was mirrored in greater endorsement of the Ryff Scale item describing good management of daily responsibilities which progressed from strongly disagreeing before the intervention to somewhat agreeing post-intervention, as shown in Table 7.5.

Clive:	Sorry Max Max (Max finding place)
Facilitator:	Have you got it Max
Max:	Yeah
Clive:	162 on the left hand side at the top
Facilitator:	Take mine

**Figure 7.9 Session Seven Extract (p. 10 line 2)**

#### 7.4.4.3. Disclosure

Change in disclosure and expression of feeling was observed in Max's discourse. Following disclosure of loss of relatives at a young age in session three, the discourse was marked by a long weighted pause marking both listener empathy and speechlessness. Disclosure appeared more like a revelation prompted by the poem as opposed to routine or confessional. John's starter "well" (p. 11 line 28) remained an incomplete phrase whilst Clive communicated empathy more explicitly, "Too early that isn't it too early they sa-" (p. 11 line 29). Talk was terminated by Max's response, "well having said that it was so long ago I was so young I didn't really know what was going on" (p. 11 line 30). The use of "well" functions to preface a topic shift, marks an insufficient response (i.e. not the response intended by the previous turn), it rejects empathy given and in doing so avoids expansion. Like the literature itself, the participants' discourse was full of spaces for inference, potential resonance and other unspoken words. However, Max did expand description of negative experiences in later sessions; "I've been like that as well... when I was in The Scrubs I wouldn't say I was dirty... but er I didn't wash myself I didn't care about myself I didn't eat" (session five p. 31 line 1).

Upon reading, *Two Gentle People* by Graham Greene, the group discussed the nature of communication that you may have with a stranger. Max's discourse explicitly communicated discomfort with conveying feelings, heightened through hesitation and endorsement seeking appeals to the listener, "*I don't like that me I'm I'm... I'm quite on my own if you know what I mean I don't really express my feelings you know what I mean* (session eight p. 12 line 26)". Similarly, in session nine, participants discussed what they would do with a million pounds, to which Max responded, "*do you know what I'd do... I want to build my own prison ... because I'd feel safe*" (p. 29 line 24). In light of this discourse, prior avoidance of expression and disclosure of feelings may have been used as a self-protective communicative strategy. This emphasised the poignancy of Max's discourse in session ten; "*I've I've felt guilty sometimes you know ... I shouldn't really say this but I will... the things is with me like I'm always placing all [my] trust in the relationship you know what I mean*" (session ten p. 37 line 31). The frequent use of singular first person pronoun "I" accomplishes heightened reflection, ownership of feeling and mental autonomy, although cautiously with the employment of the disclaimer "*I shouldn't really say this*" and two appeals for listener endorsement, "*you know*". Nevertheless, this contrasted the briskness of turns within initial sessions.

In summary, Max developed strategies for managing disagreement and showed increased tendency to re-focus following concentration failure. Growth within the Theory of Change links increased attention to increased openness, which is in keeping with Max's willingness to disclose feelings. These discursive strategies showed Max's heightened engagement over the duration of sessions.

#### 7.4.5. Discussion

Archetypes of interactional achievement across Shared Reading sessions were presented through psychological discourse analysis. Certain rhetorical strategies were identified and their effects were characteristic of, but, importantly, not exclusive to, certain individuals and build upon both the discursive and non-discursive existing literature.

Broadening of capacity to consider different interpretations across sessions was illustrated through Clive. The function of first person personal pronouns transitioned from predominantly establishing consensus through speaking on behalf of the group to promoting collegiality. This is reflective of research finding that the flexible use of “*we*” creates power dynamic in the representation of subgroups (Kvarnstrom & Cedersund, 2006) and can function to construct collectivity (Sneijder et al., 2018).

There was evidence for discourse shifting from speaker to listener focused; initial discourse, characterised by appeals to the listener and polysyndeton, contrasted later use of non-directive substantive questions. This is in keeping with Lapadat’s (2007) finding that posing questions can promote coherence and be forward structuring. However, the current study’s findings suggest this effect may not be achieved if the language of substantive questions is directive and knowledge-testing as opposed to knowledge-seeking. Over the duration of the intervention Clive’s discourse also showed heightened propensity to utilise hedging, ascribing less certainty to claims in line with Wesson and Pulford’s (2009) ranking of confidence expressions.

An increase in assertiveness across sessions was identified through Patrick's discourse. This was partly achieved by the movement from second person plural pronouns to singular first person pronouns to convey experience. This supports "I" functioning to narrate personal story (Lenard, 2016) and contrasts the use of "we", found to introduce ambiguity with respect to agency (Jalilifar & Alavi, 2011). Increased inclination to voice disagreement contributed to greater assertiveness within discourse of later sessions. The relationship between managing disagreement and assertiveness may be bidirectional or mutually reinforcing given that Lapadat (2007) reported that feelings of empowerment resulted from expression of beliefs within a safe communication space. Additionally, reduced negatively inflected humour over time resulted in more positive sentiment, which can create a more positive atmosphere (Sneijder et al., 2018).

Discursive devices employed by John represented changes in self-presentation/ self-disclosure. Discourse was initially characterised by repetition and alignment. This reinforced other speakers' discourse, avoided voicing an opinion that departed from the perceived norm and reduced accountability for discourse. Pagliai (2012) suggested that a function of non-alignment in footing was to conceal disagreement with other speakers. However, the strategy in this case may have also served to conceal agreement with a statement creating discordance between actual and desired self-image. Disclaimers functioned as stake inoculation as Sneijder et al. (2018) described but in this context protected the speaker from presenting a negative self-image as opposed to appearing active and decisive. The movement from predominant repetition to evasive strategies and use of disclaimers achieved less explicit avoidance of expression of opinion.



Max's non-verbal and verbal communication generally expressed a more positive attitude toward the sessions and engagement over time. Increased preferred responses within adjacency pairs and enhanced social negotiation allowing disagreement achieved inter-subjectivity. Whilst Berglund (2009) suggested that disrupted turn agency does not always lead to incoherent interaction, within this context, dis-preferred responses tended to diminish relation, leading to tangential talk that disrupted focus (in Chapter 8 loss of focus/ distraction are also considered barriers to deriving self-benefit). Development of interactional accomplishment within the group was demonstrated through increased emotional disclosure overtime. Whilst sometimes prompted by identification with the reading material, increases in this communicative strategy were also likely to occur due to other group member's discourse eliciting reciprocating responses and the development of familiarity and trust within the group over time.

In keeping with the Theory of Change, participants demonstrated a shift from "stuckness" through expanding discursive strategies employed to accomplish social action. Changes within interaction and social behaviour can lead to further developments and cumulative changes to wellbeing. These cases highlight how discourse can illustrate change and indicate readiness to accept learning and self-development. Characteristics of participant talk were determinable from the start of the intervention. It is, however, noteworthy that, whilst Shared Reading interventions within other populations have demonstrated effects following six weeks (Longden et al., 2015) changes within participant discourse for the current study were discernible from around six months. This is reflective of the gradual development of sessions, the poor concentration and impulsivity of some participants, and willingness to engage with and then discuss the material.

Findings should be interpreted with consideration to study limitations. First, it is not possible to strongly assert that the changes illustrated in the discourse analysis are due to Shared Reading because participants had been receiving care and treatment, including medication and psychological therapy, at Ashworth Hospital for considerable lengths of time. One participant explicitly communicated that they had been at Ashworth Hospital for five years and two participants were preparing to transfer service towards the end of the intervention. Impracticalities and ethical issues render elimination of many confounding factors difficult. Therefore, future research should employ a matched subjects design to assess the effects of a comparator intervention on discourse. A larger, more diverse sample would be required to determine the generalisability of the current study's findings. However, recruitment and implementation of a study such as this poses considerable challenges (see Chapter 9).

Additionally, in an attempt to account for confounds, measures of therapeutic alliance, facilitator experience, participant motivation (both degree of motivation and specific reason), personality trait scores, symptomology and changes in medication which may affect concentration and/or vocal production should be recorded. Whether changes in discourse over time are mirrored in participant's social interactions outside the sessions could also be usefully investigated. This may also elucidate dynamics between participants outside the sessions.

Participants who dropped out of the intervention tended to be younger and at an earlier stage of illness than regular participants. Reasons for withdrawal were not pursued for ethical reasons, but voluntary feedback indicated that this was likely related to anxiety about being in a group, being recorded, concentration or interest.

This may indicate that, within forensic settings, Shared Reading may be best suited to operate in tandem with or after some experience of therapy. Whilst it may be worth investigating implementation of a Shared Reading group on a high dependency ward, it should be recognised that this environment is less conducive to undisturbed, confidential discussion and raises serious issues for audio and video recording in terms of research activity.

Overall, participant discourse strategies over the duration of the intervention showed increasingly sophisticated social function through broadening of capacity to consider, assertiveness, avoidance strategies and engagement. The current study's findings have practical implications for facilitators of therapeutic activity and group members. These results could be used to assess and develop criteria for interactional progress through signalling key areas for anticipated change in discourse. For example, lists of verbal expressions related to humility, assertiveness, engagement and evasion could be developed and values assigned to assess linguistic change across therapeutic sessions, through either computerised or manual scoring. In addition, supporting participants to establish methods for conveying opinion or managing disagreement through the use of colloquial, as opposed to medical or therapeutic discourse, may develop 'trusted' pathways of interaction which can be readily employed within day-to-day interaction in the outside world or other institutional settings.

**8. Chapter 8. Exploring the Shared Reading Experience within a Clinical  
Population: A Framework Analysis of Participant Interviews**

## 8.1. Abstract

**Background:** There is a need to promote service users' perspectives in research. Qualitative research can support a nuanced understanding of participant experience and is part of valuable and ethical evaluation of intervention efficacy.

**Method:** Semi-structured interviews were conducted post-intervention with six participants experiencing complex, enduring mental health issues with rich Shared Reading experience. The qualitative data was subjected to Framework Analysis.

**Results:** Data indicated that Shared Reading provided participants with a relief from emptiness through bringing contrast to their everyday lives, promoting hedonic feeling and life satisfaction. In addition, Shared Reading created a space i) in which participants described a move from solitude expressed as 'being alone together' and ii) where they made a start to reach others, within and beyond the sessions.

Participants described conditions and features of sessions that they considered conducive to enabling this experience and heightening interaction; this included, effective facilitation, the selection of appealing material and lack of disruption within the group.

**Conclusions:** Overall, participants perceived their Shared Reading experience positively, describing beneficial outcomes. Some participants recognised how their acquired skills and interactional confidence could lead to changes in their future. The study provides evidence of Shared Reading's efficacy within this population, although findings should be interpreted with careful consideration of study limitations and noting suggestions for future work. This chapter builds upon understanding of interactional outcomes of therapeutic reading, through participants' perspectives.

## 8.2. Introduction

Respect for patient values, preferences and needs is considered to be a core dimension of patient-centred care (Kost, Lee, Yessis, Coller, Henderson & Research Participant Perception Survey Focus Group Subcommittee, 2011). In addition, participant accounts of satisfaction with interventions are fundamental to increasing service user and public acceptance of interventions. Participant perceptions of bibliotherapeutic interventions have been explored within a variety of populations. In a study that involved interviewing participants as they described their experience of reading something helpful at a difficult time in their life, Cohen (1994c) found that recognition of the self through the story is central to the experience. Reading was found to be a shared experience in which participants, by relating to the characters, recognised that they were not alone, bringing feelings of validation and hope. Reading was described as inspiring, comforting and cathartic. Participants reported establishing ways of knowing that included a deeper emotional understanding and information gathering, allowing better communication and decision-making.

In addition to deriving ways of feeling, there is evidence that reading promotes different ways of thinking. Participants from reading groups in South-East England described how discussion of fiction enabled them to broach challenging topics, which did not necessitate sharing direct personal experiences. This allowed the mediation of intensity and allowed alternative possibilities to be explored (Shipman & McGrath, 2016). Importantly, the group experience may have facilitated these cognitive outcomes given that participants described being in “the same boat”. The session environment, in conjunction with the reading material itself, appears to contribute greatly to participant outcomes, demonstrated in perceptions of Shared Reading explored for community participants and reader scheme volunteers

who have, or are at risk of, mental health issues (Longden et al., 2015). Five positive outcomes were identified: liveness through the reading aloud of literature within the sessions; creative inarticulacy demonstrating widening emotional recognition; emotional and personal outcomes as well as the establishment of a collective, group identity.

In addition, the importance of group interaction in facilitating therapeutic outcomes has been shown through narrative interviews with members of three different Shared Reading groups. Two main themes were identified; the first, reading and access to books and the second, group interaction (Walwyn & Rowley, 2011). Reading was described as promoting catharsis and empathy, enhancing literacy and learning enabling participants to expand their reading beyond the group. Subcategories of interpersonal outcomes related to the Shared Reading group included sense of companionship, increasing self-confidence, feelings of empowerment and facilitating involvement in other activities including employment. Reading was also associated with relaxation, enjoyment, a way of keeping busy and was linked to better physical health. These outcomes suggest that the benefits of Shared Reading extend to and facilitate change in other areas of participants' lives.

Change beyond the sessions has been evident in provision for physical health and psychosomatic conditions as well. Investigation of a Shared Reading intervention for individuals experiencing chronic pain found three main themes that emerged from participant experience (Billington et al., 2016). In terms of the literature read, the quality and diversity of material promoted concentration and absorption, participants felt a shared community and found improvements in mood, quality of life and functioning. Improvements were described in social, emotional, psychological and educational spheres.

Furthermore, adults who stutter participating in a bibliotherapy intervention reported both cognitive and affective changes (Gerlach & Subramanian, 2016). A five-outcome model derived from participant data suggested; bibliotherapy led to involvement, feelings of identification, catharsis, experience of insight and universalism, with participants realising they were not alone in experiencing their difficulties. The graduate students working with participants showed improved understanding and development of therapeutic alliance. This may be indicative of benefits of the bibliotherapeutic processes extending beyond service users to facilitators and providers. Bibliotherapy may allow professionals and participants to interact within a new context conducive to approaching both textual enquiries and mental health experiences from new perspectives (Chapter 7 describes the development of a more informal, less hegemonic voice used by professionals).

Following participation in a Book Prescription Scheme, including fictional and CBT material, both participants and referring practitioners described positive experiences including empowerment (McKenna, Hevey & Martin, 2010). Bibliotherapy facilitated change through identification with literature which generated insight. There were however some negative perceptions of bibliotherapy and resistance to the idea that something as simple as reading could be helpful. Some service users reported that reading being seen as unappealing could be a barrier to participation. It was suggested that motivation, literacy and suitability of the literature should be considered in this respect. The fundamental role that referring professionals played in encouraging participation was also acknowledged.

The influence of wider healthcare professionals' perception of bibliotherapy is evident in other studies as well. For example, while stroke patients exploring their perception of a bibliotherapeutic based intervention (Higgins, Mckevitt & Wolfe,



2005), reported some evidence of increased emotional wellbeing, adjustment to hospitalisation and engagement in rehabilitative activity, hospital staff viewed the intervention as entertainment as opposed to therapy, which diminished its importance and may have shaped participants' attitudes and preconceptions of the intervention's usefulness.

Participant accounts additionally highlight that specific formats and models of bibliotherapy are more likely than others to foster desirable social outcomes and sustain interest and participation. Interviews with individuals recruited from a service offering support for individuals with experience of psychological illness wishing to return to work, demonstrated that bibliotherapy was associated with increased confidence and led to participants becoming more socially active (Pettersson, 2018). The positive elements of bibliotherapy were related to the use of short fictional texts that could be read entirely within sessions, discussions allowing exchanges of thoughts and experiences, having an effective facilitator and the opportunity to be included in a group that was stable and long term.

### **8.2.1. Rationale**

A range of perceived outcomes has been identified from participants' perceptions of bibliotherapeutic interventions, for example, the idea of reading being cathartic, improving both cognitive and affective functioning, enhancing social activity and collectivity. Whilst participant perception of Shared Reading is unlikely to be context-bound, the range of outcomes described in the existing literature indicate context sensitivity. Existing research has been conducted within non-clinical and heterogeneous populations. Within studies exploring Shared Reading experiences for clinical populations, the participants have predominantly experienced mild to moderate mental health difficulties amenable to primary care intervention. In

addition, the majority of studies have used variations of thematic analyses or less transparent qualitative procedures to analyse a range of different data sources. This study will uniquely investigate perceptions of Shared Reading for participants with experience of enduring mental illness and complex mental health needs through a rigorous and reproducible framework approach.

### **8.3. Method**

#### **8.3.1. Design**

Participants were interviewed about their experience of Shared Reading interventions using a semi-structured guide. The purpose of the interviews was to gain participants' perspective about the intervention and to consolidate researcher interpretation. Participant expectations of sessions, the literary material itself, what it was like being in the group and perceived direct and indirect outcomes were discussed. Additionally, participants were invited to revisit particular moments within sessions, allowing opportunity for expansion. Interviews lasted approximately an hour, including introductory guidance and the participant debrief. An example of a personalised topic guide can be found in Appendix 29. Study activity and documentation was approved by the North West – Liverpool East Research Ethics Committee (Reference 17/NW/0114; see Appendix 18).

For small projects, Braun and Clarke (2013), proponents of successful qualitative research, recommended interviewing between six to ten participants, in order to generate sufficient data to examine patterns whilst avoiding unmanageable quantities of data which can result in superficial analysis. Data was assessed using framework analysis, an effective tool most suited to research striving to answer specific questions, across a determined time-frame and sample (Srivastava &

Thomson, 2009). Framework analysis can be used to address evaluative research questions, for example, appraising the efficacy of an intervention, deducing both helpful factors and room for improvement (Ritchie & Spencer, 1994). Chapter 4 provides more background on this methodological approach.

### **8.3.2. Participants**

Six regular attendees of Shared Reading interventions were interviewed; two female participants referred from Community Mental Health Teams and four male participants from Ashworth Hospital (see Chapters 6 & 7 for demographic details). Each participant had rich intervention experience, allowing an in-depth analysis of experience; attendance ranged between 61-100% of study sessions. All participants had experience of enduring, complex mental health issues and had some past or current experience of hospitalisation, albeit within different settings.

### **8.3.3. Procedure**

The researcher explained the purpose of the post-intervention interviews to participants and provided the Participant Information Sheet and Consent Form before commencement of the study (see Appendices 15 & 16 for CMHTs documents; see Appendices 24 & 25 for high secure setting documents). The two community interviews were conducted by the researcher in the same room at a local library where participants had taken part in sessions. The remaining interviews were conducted by the researcher at Ashworth Hospital and the Edenfield Centre, a medium secure service in Manchester, following one participant's transfer. These interviews took place within ward interview rooms with the facilitator also present. Interviews were audio recorded to produce verbatim transcripts when permitted by the setting, in one case verbatim notes were taken by the researcher and co-investigator. Due to the sensitivity of the material all transcription was undertaken

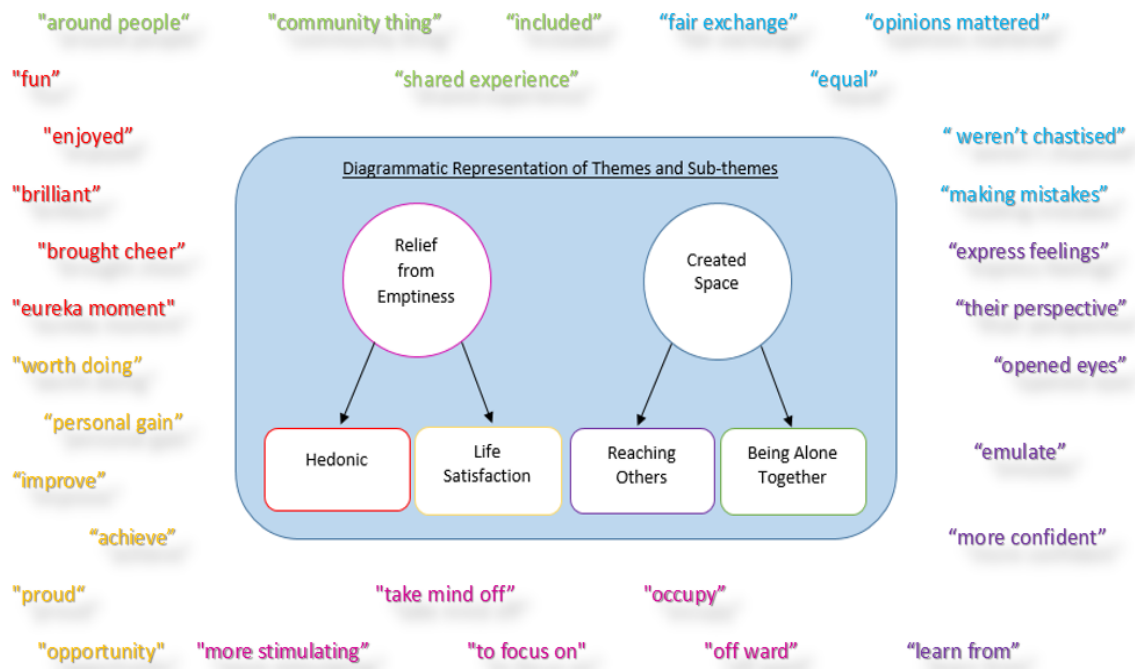
by the researcher, allowing maximum data immersion. Data was stored on the researcher's password protected university account and paper documents were kept in locked storage at the University of Liverpool. Data was pseudo-anonymised and is presented below using pseudonyms.

The methodological procedure of Framework Analysis advocated by Gale, Heath, Cameron, Rashid and Redwood (2013) was adhered to. Framework Analysis was considered the most appropriate epistemological position given the concern was predominately experiential. The methodological rigour, transparency and possibility to incorporate both *a priori* and emergent themes was to be preferred given that there were some pre-determined areas the researcher wished to explore, whilst also discovering unanticipated themes. Initial and repeated viewing of the transcripts and audio recordings was undertaken, considering both contextual and reflective notes. In addition, marginal notes aided interpretation and were used to explore analytic ideas. Line by line coding derived from a largely inductive approach, ensured that data were not overlooked. The codes applied were related to concepts, values, emotions or interview observations and stayed close to participants own language (see Appendix 30 for interview coding extract).

The wider research team was consulted to consider alternative viewpoints. Extracts from three different interview transcripts were independently coded by RC, JB or PD and compared to the researcher's coding. This was to resolve any discrepancies through discussion and promote interrater reliability. A set of codes was derived from the first half of the transcripts and applied to the remaining transcripts. Codes were categorised and defined to produce a working analytical framework. The use of a 'misc.' code was applied, if necessary, until the final framework was established. The framework was applied to all transcripts through

indexing, the application of codes. During this process, codes were abbreviated for efficient identification. Microsoft Word and Excel were used to produce a storage library, for ease of retrieval and access to data, resulting in a matrix of supporting quotes (see Appendix 31 for index codes and supportive quote examples).

With the aim of focusing on explanation beyond description, categories from each transcript were summarised to reduce the data whilst retaining its original meaning, utilising illustrative quotations with references. Data characteristics were identified and category interrelation mapped.



**Figure 8.1 Diagrammatic Representation of Themes and Line Code Examples**

### 8.4. Results

Two main themes with two sub-themes were identified, each endorsed by 80-100% of interviewees. Relief from emptiness through bringing contrast subsumed hedonic feelings and life satisfaction, whilst created space encapsulated being alone together and beginning to reach others. A diagrammatic representation of themes and subthemes with example line codes is shown in Figure 8.1. The

framework captures directional small gains and any perceived positive or negative influences upon session efficacy.

#### **8.4.1. Relief from emptiness through bringing contrast**

Participants described Shared Reading as providing a relief from emptiness through bringing contrast to their everyday lives. This was reflected in participant quotes such as *"I'm not beating around the bush if I'm doing that rather than sitting around...it's good for me isn't it"* (Max p. 3 line 5) and *"anything that brings you laughter in a miserable place it can't be bad"* (Clive p. 7 line 33). Participants described Shared Reading alleviating rumination associated with voids in activity, *"when you come to the reading group and you start reading your thoughts concentrate on that on that work so you're not thinking any other stupid thoughts"* (John p. 6 line 1) and as an activity that broke monotony, *"to get me off the ward"* (Patrick p. 1 line 31).

Attendance provided reason and motivation for a more active and participatory lifestyle, *"it's given me activities and things to erm pay attention to...this made me care about things having to come here"* (Alice p. 12 line 8) and increased exposure to diverse resources that may have been otherwise unavailable to participants, *"I myself, I wouldn't have many books... because I haven't got a lot of space"* (Imelda p. 9 line 8).

#### **8.4.2. Hedonic feelings**

Relief from emptiness was achieved through Shared Reading bringing hedonic feeling; all participants described their participation as enjoyable and this was reflected in a variety of positive adjectives used by participants to describe sessions; *"it was exciting and it was interesting"* (Clive p. 3 line 10) and *"they've all*

*been stimulating*” (Alice p. 5 line 5) and *“I like it very much”* (Imelda p. 4 line 31). The production of hedonic feeling encouraged participation, *“it helped relax me you see that’s why I took part”* (John p. 3 line 16). There was some suggestion that selection of appropriate material and subsequent discussion may have been important for the production of hedonic feeling. Participants expressed being pleasantly surprised by the use of short stories and poems, as opposed to novels, and found discussion appealing;

*“when I first got it [an invitation to participate] I thought they might be giving us books...just to read books or hear chapters of books...when I... [had] been there a couple of times and [realised] that wasn’t the case, I was actually really pleased because there was something different and something unique”* (Clive p. 4 line 30) and *“I wasn’t expecting such an in depth discussion”* (Imelda p. 29 line 31).

In addition, some participants highlighted the importance of effective facilitation which may mediate hedonic experience; *“[she] was an excellent facilitator because she didn’t prompt thoughts... she would make you think about it so it wasn’t like being spoon fed”* (Alice p. 8 line 26) and *“[facilitator’s name] lets us like- lets it roll ... going specifically into little tiny details [makes it] a chore rather than an enjoyment”* (Clive p. 4 line 6)

### **8.4.3. Life satisfaction**

In addition to participants describing the immediate gratification of reading through hedonic feeling, longer term experience of relief from emptiness through contrast was described. The longitudinal participation resulted in a sense of personal life satisfaction; *“[I’m] proud of myself that I pushed myself to do it rather than not”* (Max p. 5 line 10) and *“I feel I’ve achieved something good because I’ve completed*

*it*” (John p. 5 line 15). Participants recognised their own self-development and achievement, and in this way, participation allowed a degree of positive self-evaluation; “[I’ve] *done something good*” (Patrick p. 1 line 12) and “[*Shared Reading*] *helps me to understand, I think it is very good for the intellect reading as well*” (Imelda p. 4 line 31).

#### **8.4.4. Created space**

Participants described how Shared Reading created a unique space which was “*comfortable*” (Patrick p. 2 line 33); “*we all got on, it was a good little group*” (Patrick p. 3 line 1) and “*I liked it...was a good little group*” (John p. 4 line 31). Participants indicated that the comfortable atmosphere was achieved through equity, collectivity and a lack of power imbalance between the researcher, facilitator and participants which allowed for comfortable exploration of the text and discussion; “*it [was] like a little community between yourselves, you, [facilitator’s name], and us as well*” (Clive p. 12 line 22) and “*I found it all very non-threatening...and open and... [a] rewarding, very comfortable environment*” (Alice p. 10 line 30). The lack of perceived pressure to attend appeared particularly important for some participants in achieving this atmosphere;

*"you weren't chastised and you weren't condemned [for not attending]... but [that's] not...to say that I didn't enjoy going or I didn't take the opportunity every time there was for me to get over there and be with you, because it was- I did enjoy being there, I lov- well, I just liked it a lot"* (Clive p. 16 line 13).

Participants suggested there could be hindrances on the development of this comfortable created space such as the presence of unengaged group members; “*I did get a bit upset when somebody said... I just sort of thought perhaps you could just*



say something nice as a lot of work's gone into this... that's the only time I left uncomfortable" (Alice p. 7 line 34). Likewise, drawing on experience, recommendations included;

*"stick to groups of four no bigger... would get out of hand... pick people that get on [with] similar mentalities, we had similar personalities... not too unwell [that's] not really [a] good distraction"* (Patrick p. 3 line 4).

Perceiving disruption, in addition to making participants feel uncomfortable, could render it more difficult to engage given there were already challenges to reading as a group; *"I can't concentrate all these people you have to have complete silence to read"* (Max p. 7 line 35) and *"it's easier reading on your own... everyone has their different ways of reading... it's okay when [the facilitator and researcher] read, that felt different"* (Patrick p. 1 line 25). Therefore, both lack of disruption and clarity through fluid reading promoted the creation of the most appropriate space for the Shared Reading experience.

#### **8.4.5. Being alone together**

Participants did not explicitly describe feeling less lonely as a consequence of participation; *"I do feel lonely sometimes I'm used to that"* (Patrick p. 2 line 27) and *"I think it's impossible to feel that way [not isolated or lonely] in here"* (Clive p. 24 line 31). The experience seemed more nuanced such that Shared Reading created a space in which participants could be alone together, which was neither wholly social nor solitary but a subtle form of community.

This experience for some, appeared to be largely derived from identification with the reading material, *"other people can understand... someone else is thinking the same as you"* (Patrick p. 2 line 18) and *"it was quite good for me ... when you*

*see someone else sort of saying what you would have said*” (Alice p. 20 line 6). The feeling of being alone together for other participants was achieved through realisation of shared commonalities with other members of the group;

*“well...people realise, right... it’s not just you that’s got problems, [there are] problems with a lot of [others] you know what I mean, so I ain’t being picked upon ... I learnt from it that... I’m not- there’s other people like me in the group”* (Max p. 8 line 26).

Additionally, shared experience through reading and discussion contributed to the feeling of togetherness; *“I was part of the group and I was like one of the regulars”* (John p. 12 line 8), *“it’s nice to get together and read”* (Imelda p. 9 line 8) and *“I enjoyed the discussions...I’m on my own so much it’s the novelty of talking”* (Alice p. 7 line 20). Connection with the reading material and other group members promoted this shared experience.

#### **8.4.6. Beginning to reach others**

The created space was conducive to participants beginning to reach others. Participants described this taking place within the sessions themselves; *“it’s nice to hear somebody else’s story of life, not just my own”* (Imelda p. 30 line 6) and *“you can talk about [it] with other patients... you got people to talk with so- which is good really”* (John p. 9 line 33). Some participants expressed a developed confidence in their reading ability and communication through their interaction with others; *“I learnt from listening to the way you and [facilitator’s name] read and I tried my best to emulate... my breathing my timing”* (Clive p. 13, line 20) and *“I think I learnt I developed... talking [about] my feelings or thoughts...more confidently”* (Alice p. 9 line 25).

Some participants indicated that the rapport developed with the researcher and facilitator might encourage reaching out to group members, “*being around people [became easier]... ‘cause...you said...you understood where I was coming from*” (Max p. 10 line 34) and this was shown towards the end of the intervention, “*I shall miss you not being at the sessions*” (Imelda p. 30 line 26). Similarly, other participants highlighted the fundamentality of the development of rapport;

*“I’ve never wanted not to come... I mean this will come across completely wrong but... it’s respect for you and [facilitator’s name] and you’re doing a research thing, I wouldn’t just be letting myself down I’d be letting you down and that coming from me is quite quite a big- erm major reason to have never of contemplated not coming”* (Alice p. 12 line 26).

Participants also described consideration towards other group members, specifically in instances of conflicting opinion, “*I was very very conscious about not interrupting...if you’re picking people up on points all the time... their confidence is going to get destroyed*” (Clive p. 12 line 39) and “*sometimes... [I] would think ‘that’s not how I see it’ and shut my mouth*” (Patrick p. 4 line 36). Participants described an awareness of other people’s social actions, “*I mean I know exactly how [she] feels*” (Alice p. 31 line 2) and “*she was saying her experiences*” (Imelda p. 30 line 9) and recognised their own reactions to others, “*when she first said ‘shall I read’... I thought that was good, you know she kicked it off for me*” (Alice p. 3 line 6).

Some participants described starting to reach others outside the sessions, facilitated through the sharing of reading material; “*[I] took a couple of poems back for people to read*” (Patrick p. 4 line 31) and “*I sent [her]... Emily Brontë’s poem*

*and she loved it... I replied...that's what came out in discussion*" (Alice p. 11 line 15). Additionally, participants described increased social interaction beyond the sessions, within other contexts, *"it helped me to be more confident in...delivering that...to a room full of different men and women all emotionally strangers to me"* (Clive p. 15 line 5) and *"I started to read more in front of patients I wouldn't do that I'd never"* (John p. 12 line 30). Some participants also expressed that their acquired skills may be beneficial in the future, for example; *"I've done groups now you know... if I get to [name of service] there and have to do another group... I've got a bit of experience with groups haven't I"* (Max p. 3 line 21) and *"I wanted my reading to be improved... there's [sic] going to be times where you need to read things...like if you go out into the community...or go for a job interview"* (John p. 4 line 7). In this way, participants perceived Shared Reading as enabling change.

## **8.5. Discussion**

Through exploration of participant experience of Shared Reading, two main themes emerged. First, Shared Reading provided a relief from emptiness, demonstrated through hedonic feelings and life satisfaction. Secondly, Shared Reading created a space in which participants described feeling alone together and started to reach others. Previous studies have described Shared Reading as beneficial to wellbeing and there has been some evidence of increased adjustment to life circumstances such as hospitalisation (Higgins et al., 2005). The current study's findings exemplify this but more specifically suggest that these effects were achieved by Shared Reading bringing a relief from emptiness through providing contrast to participants' everyday lives. This is perhaps particularly relevant to this population and may not emerge as an obvious theme from reading experiences of those with less enduring mental health issues due to disparities in access to resources, motivation

and desire for engagement in social activities. The production of hedonic feeling from Shared Reading is in keeping with literature reporting improved mood as an outcome (Billington et al., 2016).

Previous studies have associated reading with feelings of empowerment (McKenna et al., 2010). Whereas, the current study provided evidence for increased life satisfaction, encompassing mastery and empowerment while also capturing perhaps broader attitudes. Participants mainly described increases in confidence and feeling that they had achieved something. A minority of participants explicitly recognised the capacity for change in their lives, when talking about the future. This is likely reflective of this particular population having less perceived control over their lives, care and treatment.

The created space in which participants are alone together is reflective of the literature which describes group reading as producing a collective, group identity (Longden et al., 2015), in which participants realise they are not alone in experiencing difficulties and are in the “same boat” (Cohen, 1994c; Gerlach & Subramanian, 2016; Shipman & McGrath, 2016). However, the current study suggests that change in group interaction within this population, is more related to increased ability to reach others than it is to companionship, albeit still an element of the created space. Reaching others, through bibliotherapeutic intervention, can facilitate involvement in other social activity and rehabilitative activity, evidenced by the current study to some extent and previous literature (Higgins et al., 2005; Walwyn & Rowley, 2011). Whilst the focus of psychotherapy can be to facilitate change in the dysfunctional self, Shared Reading can explore the self via others’ perspectives and does not acknowledge ‘dysfunction’. This less direct and less judgmental nature of the invention can be perceived as less threatening.

The current study supports that participants' positive evaluations of Shared Reading are likely to be mediated by perceived effective facilitation which is open, unimposing and flexible. Equally, the use of short stories and poems within sessions, rather than stretching lengthy material across sessions, may be best suited to promoting absorption, particularly for individuals reporting difficulties with comprehension, concentration and memory. Distraction, disengagement and disruption appeared to reduce positive evaluation of sessions; the current study therefore reinforces the importance of stable, longitudinal groups for positive participant experience (Pettersson, 2018).

Whilst theme saturation was reached, the sample size and lack of demographic diversity of participants should be acknowledged as limiting generalisability of findings. In addition, whilst participants all had experience of enduring mental health issues and had rich intervention experience, the group was by no means homogenous in terms of symptom severity or in level of risk of harm to the self or others. Ideally, future research should investigate these subgroup differences which could be achieved through examining larger sample sizes, although there are substantial challenges to implementation (see Chapter 9). Generalisability, however, has been deemed a controversial topic in qualitative research; with intentions to investigate a particular phenomenon in-depth, greater importance is often placed on understanding of circumstances as opposed to producing representative data.

The current study highlighted that within this context, the created space allowed participants to start to reach out to others, beyond companionship. To extrapolate this suggestion and further explore the nature of the created space within Shared Reading groups, participant experiences could be usefully compared to another rehabilitative group intervention also of a literary nature, such as creative

writing. Employing a cross over design may aid comparison of experience. Additionally, quantitative measures of entitativity (Islam, 2008) could be used to supplement qualitative data and further delineate the extent to which participants perceive their group experience as unique, special and different from other groups.

Participant interviews can often lead to positive bias, this may have been ameliorated by the researcher's neutral stance and exploration of both positive and negative aspects of participants' experiences. The researcher communicated that honest opinions were valued and that there were no right or wrong answers. Furthermore, the substantial and longitudinal contact time, particularly for Ashworth Hospital participants, between the researcher and participants may have made interviews less daunting and a more comfortable space to convey perceptions. Nevertheless, this study investigated the perceptions of those with in-depth intervention experience. Further research should be undertaken to investigate the experience for those who drop out of Shared Reading groups or do not attend in the first place, to understand why Shared Reading may be unappealing to some (McKenna et al., 2010). Such information will enable Shared Reading to reach a wider demographic, by adapting the model, where appropriate, and removing perceived barriers for these participants.

Overall, participants with experience of enduring mental health issues perceived Shared Reading positively and emergent themes were in keeping with, but expanded upon, the existing literature. Participants described Shared Reading as providing a relief from emptiness, able to produce hedonic feelings as well as contributing to a sense of life satisfaction, both subjective and psychological wellbeing. Shared Reading created a space in which participants realised they were not alone and began to reach out to others. These findings can usefully highlight the

ways in which participants within this context may benefit from Shared Reading, signposting anticipated areas of development and providing practitioners with guidance on how best to support these outcomes.



**9. Chapter 9. General discussion, recommendations and conclusions**

## **9.1. Introduction**

In this chapter, recommendations are made for the implementation of Shared Reading research and practice that draw on experience of setting up studies and delivery within the variety of settings cited. Issues related to service interaction, study design, recruitment, sustainability, logistics, resources and scalability are discussed. Findings from substantive studies reported within this thesis are drawn together in the context of the existing literature to present a model of the multidimensional outcomes of therapeutic reading considering childhood, adulthood and future-self opportunities.

## **9.2. Recommendations for future research and practice**

### **9.2.1. Services and Referral**

Given existing strains within mental health and social care services (NHS Confederation, 2018), willingness to host or participate in research or new activity may be compromised if the perceived administrative and resource burden is high. Too high a caseload, reluctance to engage in outside projects, constraints of the environment and level of risk to client or the therapeutic relationship have all been identified by clinicians as barriers to clinical research (Sandberg, Johnson, Robila & Miller, 2002). In the current studies, it was impracticable and off-putting for clinicians or administrative staff within services to assess caseloads against eligibility criteria. Therefore, initial assessment was often the best point for approaching potential participants and was in keeping with a study design based on recruiting from waiting lists. This approach can equip services with something to offer potential participants from waiting lists and allows participants to participate in a therapeutic activity in what can be perceived by some as a long and frustrating period

of lack of support. This timing also decreased the likelihood of research outcomes being confounded by coinciding therapy.

In this way, such research design can benefit all parties but for it to do so arrangements need to consider and complement the existing structure of services. Services undergoing any structural or transformational change may be unlikely to have the capacity to support research activity. Developing research materials in close collaboration with services and clinicians to maximise the exploration of key priorities, as was the case for the current studies, can maximise relevance and investment of stakeholders.

Evidence suggests that clinical settings promoting research support improved patient outcomes (Smith & Thew, 2017). However, research not being generalisable to settings was reported as one of the major barriers to research utilisation, as perceived by nurses (Al Khalaileh et al., 2016). Clinician attitude towards the perceived usefulness of intervention research, or perhaps its potential to interfere with existing therapy, can also be a barrier to recruitment by shaping the perceptions of potential participants.

The existing literature evidenced some negative preconceptions towards bibliotherapeutic interventions from both potential participants and clinicians (see Chapter 8). Presentation of the study with demonstrations at service business meetings, grand rounds and direct contact with the researcher promoted support. The provision of taster sessions for participants and direct contact with the researcher helped to aid understanding of the intervention and, in some cases, alleviated concerns. Providing evidence of beneficial outcomes of existing research, intervention potential, assurances of confidentiality, appropriate accreditations and

procedures for dealing with any possible adverse effects within each setting can all reduce concerns about participating in research. Providing concise referral packages with summary instructions for referral, eligibility criteria and pre-password protected files can help streamline the referral process for clinicians. This is important given that stringent eligibility criteria has been considered a clinician barrier to clinical trial enrolment (Sedrak et al., 2019).

### **9.2.2. Recruitment**

Despite implementing the engagement strategies outlined above, recruitment fell short of initial target numbers for the studies reported here. The original application proposed 100 participants in total: 10 from the high security setting Ashworth Hospital, 40 participants from community settings and 50 from the Life Rooms/ Recovery Colleges whose information was intended to form a quantitative comparator to Shared Reading before and after an activity, with 18 weeks in between.

Overall referral numbers were as follows: Ashworth Hospital 10, Recovery College 15, Psychotherapy Services 13 and CMHTs 27. Participants who undertook the consent process comprised: Ashworth Hospital 10 (with 4 regular attendees of this group), Recovery College 8, Psychotherapy Services 4 (1 withdrew) and CMHTs 6 (3 withdrew). Therefore, the actual number recruited was 28 participants in total even though the researcher's contact with referrals was substantial. After six months of recruiting for community groups, recruitment was low as were actual numbers of attendees. Several referrals felt Shared Reading was not for them, could not attend due to access and/or health issues and some said they would attend sessions but in the end, did not.

### 9.2.3. Sustainability

The case-series design at Ashworth Hospital was scheduled to take place over 12 months and the research was sustained for this time. However, towards the end of the intervention, only two participants were attending. Whilst this may not have been remediable due to the closed nature of the group given its research purpose, it is noteworthy that groups of less than four members would not generally be continued.

The quasi-experimental design involving groups with CMHTs and Psychotherapy Service participants was intended to last 18 weeks. The 18-week duration of the quasi-experimental intervention was a pragmatic decision. As participants were to be recruited from a therapy waiting list, this study design was in line with the NHS Constitution which states that patients have a right to start treatment within 18 weeks from referral (The Handbook to the NHS Constitution, 2019). These groups however were not sustainable beyond six weeks. No Shared Reading sessions were held at the Psychotherapy Services beyond Week 6 and there were no attendees at the sessions Week 4 or Week 5. The group ended at this point and the service and all participants who had not officially withdrawn were informed. No further data was collected at the Psychotherapy Services.

There were three returning attendees at the CMHTs group (two regular attendees, one of which was unable to attend whole sessions due to other commitments). During Week 6, participants were informed that this group would continue but the active research would not. Participants were invited to complete a final questionnaire and attend an interview about their experiences of Shared Reading as planned in accordance with approved activities. There is a need to investigate Shared Reading within larger sample sizes. However, given the challenges to recruitment within Shared Reading studies, future research may be best

placed to investigate ways to assess and increase reach and adoption, by exploring barriers to research for those who dropped out or chose not to participate in the first place. It may be worthwhile to investigate strategies towards making reading more appealing for a more diverse range of people. In addition, interviewing research and activity leads within services at which Shared Reading groups have not been sustained, could explore reasons for discontinuation. This investigation is necessary as interventions can often be efficacious in target groups that have less need for them and ineffective for those with greater need (Centre for Epidemiology and Evidence, Milat, Newson & King, 2014), this can include high risk, low literacy and low socioeconomic status populations.

Due to the sample numbers, quantitative comparison with other activities taking place at the Recovery College and comparison between outcomes for self-harm and non-self-harm was not possible. There is still a need to gather quantitative and qualitative data to assess whether Shared Reading i) complements existing interventions provided by services and ii) outperforms current practice that may be similar such as the provision of Creative Writing, English classes or Self-esteem and Assertiveness workshops. This is particularly important given that the existing evidence for improved outcomes associated with bibliotherapy compared to other interventions is inconsistent (see Chapter 3). Gathering such data and addressing informational gaps may allow Shared Reading to be considered for scaling up as a population health intervention (Centre for Epidemiology and Evidence et al., 2014).

#### **9.2.4. Resources and Logistics**

The researcher would advocate to delivering organisations, in terms of acceptability and feasibility, that facilitators of Shared Reading groups within clinical populations are mental health professionals. The close knowledge of each

participants' medical history, personal circumstances and understanding of therapeutic alliance may predict better outcomes and be optimal for the management of inter-subjectivity.

The researcher additionally suggests that, for Shared Reading groups being delivered in community settings outside mental health services with clinical populations, it would be in all participating parties' best interests for two members of staff to be present; the facilitator taking the session and another in a more passive role on standby. In the eventuality of distress, participants can then receive adequate support whilst minimising disruption to other group members and alleviating the demands upon the facilitator to attend to all needs. For this reason the chosen setting is of great importance. Accessibility for participants should be considered and the room must be equipped to support confidential discussion. Staff members delivering Shared Reading should be able to report back immediate concerns to a member of the participants' direct care team if necessary.

It is advisable for participants to have a nominated individual as a direct contact for all matters related to their Shared Reading experience who can respond to participant queries and concerns outside sessions. The researcher fulfilled this role within community studies and the facilitator within the high secure setting. Equally, it is noteworthy that interactional change within the high secure Shared Reading group was evident from around six months following weekly sessions, indicating that provision of Shared Reading for a shorter duration, within this context, may be suboptimal. It would be important to maintain the fidelity and 'dose' of the intervention presented within this research in 'real world' practice.

### **9.3. Research Contribution**

A diverse range of methodologies was employed to examine the multidimensional outcomes of reading, selected following examination of literature identifying the need for greater methodological rigour in reading studies (see Chapters 2 & 3). Making use of analyses stemming from psychology, linguistics, sociology and literary theory, increased the originality and productivity of this research and allowed for interdisciplinary perspectives to be incorporated. Whilst the call for interdisciplinary research facilitating scholarly discovery appears contemporary, the need for it is not (Szostak, Gnoli & López-Huertas, 2016). Natural language processing approaches and the triangulation of qualitative and quantitative methodologies (albeit very limited by numbers in the intervention studies) enabled a holistic representation of participants' experiences and outcomes, allowing model development.

### **9.4. Synthesis of Findings and Developing a Lifespan Model**

This research programme has demonstrated multidimensional outcomes of therapeutic reading which may be relevant throughout the lifespan for negotiating life transitions, promoting cognitive and affective flexibility during times of change. A model of the reading self is developed, which focusses on interaction with others as driven via interaction and attachment with the reading material and the social reading group.

In childhood, reading has been associated with enhancing communication, deriving a better understanding of complex issues, reducing isolation and the formation of coping strategies. Reading interventions appear to have positive effects on children's socioemotional development. Through reading, the child self can better adjust to new environments, cultural change and adverse life events such as



hospitalisation (Polleck, 2011; Harvey, 2010; see Chapter 2). The effects of childhood reading are likely to be mediated by encouragement and opportunity to read as well as the quality and relevance of the material the child interacts with.

Childhood reading appears to shape the adult self to some extent; Chapter 5 described a significant positive correlation between recollection of being read to as a child and psychological wellbeing for current service users. There was not, however, a significant relation between recollection of being read to as a child and level of service use or current reading frequency. This may indicate that propensity and motivation to read during adulthood transcends early experience of reading although the latter may provide a marker of, or buffer against, poor psychological wellbeing for the adult self seeking psychological support.

In turn, reading can provide the adult self with a sense of identity, adding value to life. Evidence suggests that reading can also provide a safe place for testing out/ simulating possibilities or counterfactuals, a means of social support as well as reducing intensity of symptomology (see Chapter 3). Through these mechanisms, reading can provide a comfort at difficult times within adulthood, providing both distraction and a way of confronting challenging emotions and narratives. This is reflected within themes derived from participant perceptions of their Shared Reading experience in Chapter 8. Participants described a relief from emptiness because reading brought contrast to their everyday lives, supported hedonic feelings, increased life satisfaction and created space in which participants could be safely 'alone together' and could start to reach out to others.

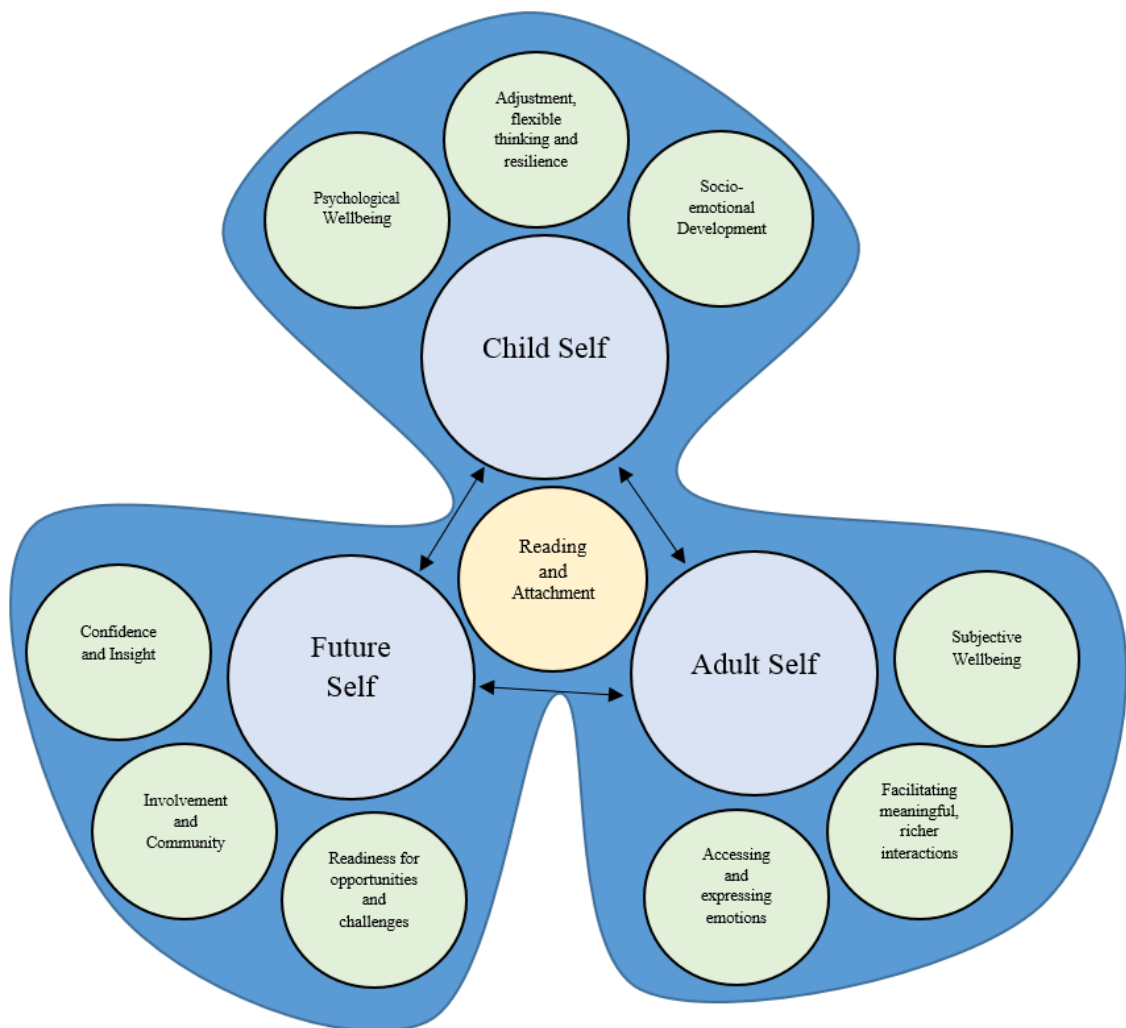
In accordance, Chapter 5 described how individuals reporting a high frequency of reading for pleasure had significantly higher subjective wellbeing scores than those that did not. This may be partly associated with reading decreasing

use of anger words in discourse which can be reflective of daily anger according to the literature (see Chapter 6). Psychological discourse analysis provided further evidence of change in participants' interactions across Shared Reading sessions including broadening capacity to consider, increased assertiveness, decreased avoidance and heightened engagement (see Chapter 7). Such effects of adult reading may not be influenced by genre preference (see Chapter 5) but appear to be influenced by effective facilitation, appeal of the material and the readers' level of focus (see Chapter 8).

Acquired interactional mastery through reading, can support widened opportunities and so can catalyse change for the future self. Chapter 6 reported a significant positive correlation between number of Shared Reading sessions and the number of adjectives used within participant discourse. This increased use of descriptive language has potential to increase readiness and responsiveness to subsequent talking therapies. Furthermore, the pathways of interaction developed (see Chapter 7) may be employed beyond sessions and can lead participants to involvement in other social interaction. Thus, in Chapter 8, some participants described an increased confidence in undertaking activity in other settings such as participating in other groups and considering job applications. The effects of reading on the future self are, therefore, likely to be mediated by setting, maintenance of interactional achievement and access to resources.

There is synergism within the model incorporating past, current and future development. Recollections of the child-self can promote the repair or nuanced understanding of childhood events that shaped the adult self, through re-interpretation or consideration of other possibilities (see Chapters 6 & 7). For example, considering the circumstances in others' lives that influenced their action.

The created, safe place where adult thinking takes place, supported by group members and prompted by the literature, enables different interpretations to be explored and deeper interrogation of others' lives. The proposed model is represented diagrammatically in Figure 9.1, which should be interpreted with consideration to reflections and recommendations for research and practice. The bidirectional arrows are indicative of re-investigation of the past encouraging growth and future change.



**Figure 9.1 Multidimensional Outcomes of Therapeutic Reading**

Future research should interrogate and develop this model further. For example, long-term follow up of participants one year post-Shared Reading could assess the extent to which involvement in the activity can support meaningful positive future change, opportunity and responsiveness to successive interventions or activities. In addition, a word count and linguistic study could derive the frequency of childhood recollections within Shared Reading sessions and investigate the association with language indicative of reinterpretation.

In the proposed model, the reader's attachment and interaction with both the reading material and social group facilitate change. This is endorsed by reading interventions enhancing social support, particularly feelings of affiliation, enhanced connection and capacity to reduce isolation in childhood and adulthood (see Chapters 2 & 3). The realisation that others are in the "same boat", be it a character in a story, writer or other group member is nuanced within participants' descriptions of "being alone together" in Chapter 8. The degree of participant attachment to the reading material and the social group is likely to enhance the outcomes of the model. Therefore, participant bond and attitude towards these two factors could be further explored in future work using appropriate attachment measures and sentiment analysis methodology.

Facilitators also contribute to the creation of the social group. Facilitators involved in the longitudinal studies within this thesis had undertaken Read to Lead training provided by The Reader and in this way the style of facilitation and reading were consistent across groups and sessions. However, individuals bring their own experience, skill set, personality and job roles to their facilitation. Individuals with experience of conducting group therapy may be well practised at managing dynamics and possible distress which is advantageous. Participant interviews indicated the

importance placed on fair exchange of dialogue and equality, hence participants appeared to respond well to openness to opinions and humility. The influence of specific personality traits and congruent linguistic devices employed by facilitators in efficacious sessions could therefore be usefully examined in future research.

The use of diverse methodologies within this thesis allowed the production of rich findings and compelling evidence for individual and small group level change following therapeutic reading intervention. This research signposts strategies for best practice for the delivery and implementation of reading interventions within clinical populations and provides recommendations for future work to advance assessment of scalability and model development. Overall, reading intervention appears promising across the lifespan for promoting good mental health and wellbeing for the child, adult and future self.

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