Reading and Reading Groups

Shared Reading

This chapter focuses on a specific model of Shared Reading, developed and delivered by *The Reader*, a UK national charity dedicated to extending literary reading to hard-to-reach communities. *The Reader* began life as a small outreach unit of the School of English at the University of Liverpool, taking serious literature out of the tutorial room, into the wider world, for people who typically were not literature students and often, though literate, were not habitual readers at all (Macmillan, 2010; Davis, 2011). Shared reading groups are distinct from the conventional book clubs which have enjoyed a revival in recent decades (Hartley, 2002). The material is not read in advance nor confined to contemporary works or a restricted (middle-class) demographic. The literature is not chosen for its targeted relevance as in self-help bibliotherapy (Hicks, 2006) or reading interventions which seek to treat particular cases, conditions or moods (Berthoud and Elderkin, 2013; Bate et al, 2016). Rather, poems, short stories and novels from the whole range of the literary heritage down the ages are read aloud, together, live, and the reading is regularly interrupted for group members to share thoughts and responses.

Shared Reading thereby resurrects or continues two time-honoured Western traditions. First, the practice of reading aloud, a culture successively overtaken by print, televisual and digital cultures (Wolf, 2008; Ong, 2012). Second, a faith in literature’s intrinsic capacity to affect mental and emotional states and make them available to further thought. The earliest authenticated library, founded by Pharaoh Rameses II in ancient Thebes, bore the inscription over its portals, ‘the house of healing for the soul’ (Lutz, 1978).*The Reader* re-activates these traditions in particular from two periods of renewal in English poetry. Renaissance poetics, in its revival of ancient and classical culture in the Elizabethan age, offered a lyric model for the contemplation and consolation of human sorrow through aesthetic achievement. George Puttenham, in *The Art of English Poesy* (1589), drew a direct analogy between the poet and the physician, claiming that the poem, as a repository of intense private pain, offers, cathartically, ‘one short sorrowing’ as ‘the remedy of a long and grievous sorrow’ (Davis and Billington, 2016a).For *The Reader* these qualities are further developed in a second period of poetic revolution marked by the ‘Preface to *Lyrical Ballads’* (1802) with its democratic ambitions for the uses of poetry in the common world - above all in Wordsworth’s ‘sorrow that is not sorrow to hear of’ (Wordsworth, Abrams and Gill, 1979). But there is a third period which also forms an essential part of *The Reader*’s ethos, with particular relation to far-reaching social issues beyond the world of literature, arising out of the Industrial Revolution and the crisis of meaning involved in secularization (Macintyre, 1981). *The Reader*’s Shared Reading model consciously builds on the twin literary ambitions of Victorian realism in its broad humanizing endeavour: to represent ordinary life, through the development of prose fiction as well as poetry, and to reach *into* the real life of the reader, transformatively (Rose, 2010).

Shared Reading and Mental Health: research findings

Currently there are 500 Reader groups across the UK and in Europe, in health and social care contexts, and community and secure settings, including drug and rehabilitation centres, prisons, hospitals, drop-in centres in local medical practices, dementia care homes, facilities for looked-after children, schools, and libraries. It works through three stages comprising initial involvement with the text, then sustained engagement with it both textually and personally, till some individual change or realization freely arises out of the immersion: in brief Getting In, Staying In, and Breaking Through. Published studies from the Centre for Research into Reading, Literature and Society (CRILS, University of Liverpool) have shown its value in relation to mental health in community and health-care settings (Hodge, Robinson and Davis, 2007): specifically depression (Dowrick et al, 2012), dementia (Billington et al, 2013) and chronic pain (Billington et al, 2014, 2016a). Benefits include: literature’s offering of a language for the triggered feelings and a stimulus to mental agility in a way that few activities demand with equivalent directness and immediacy (Billington, 2012); slowed deep thinking in intrinsic relation to personal emotion, where the text is not a two-dimensional manual but a voiced living presence (Billington, Davis and Farrington, 2013); memory or recovery of lost aspects of being, where the reading matter helps bridge the gap between a current unwell self, and a past healthy self and enables integration of fragmented parts of the self into a functioning whole (Gray et al, 2016). The group setting and the literature offered within it by a Reader leader provide a compassionate alternative (and partial antidote) to the experience of being judged, exposed, or disregarded within the world, enabling the compression of lived experience in moments of sudden reflection and verbal realization (Longden et al, 2015). Related research in the field of reading and neuroscience has suggested that the inner neural processing of language when a mind reads a complex line of poetry has the potential to re-excite and modify existing brain pathways and shift reading acts from left-hemisphere automaticity to areas in the right hemisphere which some neuroscientists have interpreted as being implicated in recognition and autobiographical involvement (e.g. Ciaramelli 2008), influencing emotion networks and memory function away from habitual or depressed defaults (Davis et al, 2012; O’Sullivan et al, 2015, Jacobs, 2015, Peters et al, 2017). Current research suggests how literary reading addresses, through very specific felt instances, meaning-of-life issues or the sense of lost purpose, stimulating high-level mentalisation, and shows that it does so with a freedom of immediate individual response not offered in the prescribed stages of a step-by-step top-down therapeutic agenda (Billington et al, 2016a, 2016b).

A brief case history

Laura, a woman in her early twenties, is attending a weekly community reading group.[[1]](#footnote-1) She is suffering significant neurological impairment resulting from an accident with an electric fence during a gap-year in South Africa. The group have been reading Robert Frost’s ‘The Road Not Taken’, in which the speaker recalls walking through a wood and coming to a fork in the pathway. The choice of one path and not the other, he concludes in retrospect, is what, ever since, ‘has made all the difference’ (Lathem, 1988, p. 105).

Here, for the first time, Laura speaks about the difference her accident made to her life. ‘A lot of my health problems started when I went to South Africa . . . But if I hadn’t gone I would still probably be like: wanting to go here, want to go there. At the same time, would I have the same mentality as now? Perhaps something worse could have happened. Or I could have been worse if it had been easier’. Then, suddenly:

But if anyone was thinking of going and doing exploring, I’d say, don’t do it, don’t do this, don’t do that. I’d be awful if if . . . I’d be awful if I ever had . . . if I ever had . . . if I ever had . . . if I ever had . . . if I ever had . . . children. Because I’d

be like, you’re not doing *that*.

Laura’s neurological impairment means that she has occasional difficulty with fluent speech. But it is here statistically that her stutter lasts longest in all the recorded sessions, when her intermittent speech difficulty comes under most emotional strain. She stutters five or more times ‘if I ever had’ before poignantly managing to complete the sentence with - ‘children’. To Laura, in her condition, despite her youth, the possibility within that ‘if’ must seem unlikely. And ‘if’ is itself a key word of the poem: ‘I doubted if I should ever come back’ is the closing line of the penultimate stanza. That feeling of ‘if’ has to do with the negotiation of painful areas of feeling, through unanswered questions and unresolved matter. That is how literature offers a holding-ground for experiences otherwise hard to contain or investigate. Laura’s condition only makes more evident what other participants experience: a creative inarticulacy, triggered by literary reading, wholly distinguished from the norms of automatic opinion and habitual cliché, or the set languages of diagnosis and therapy.

In a later session, in relation to Robert Herrick’s seventeenth-century lyric ‘To Anthea, Who May Command Him Anything’, Laura (with no formal experience of studying literature since school) saw how important sonically was the poem’s repeatedly minute use of the comma: ‘Bid me to live, and I will live’, ‘Bid me to weep, and I will weep’ (Ricks, 1999, p. 144) - in making the lover’s pledge freely weighed rather than automatically given. When the CRILS team showed her selected clips of this session and asked about her suddenly fixing on that little thing the comma, she said she had learnt a lot about the working of the brain in acts of communication since her accident. At the neurological support centre, they had told her about how much percentage in every act of communication is due to body language and tone, more than the words themselves. ‘But here you’ve only got the words on the pages. Which is why you need to be careful if you write a letter or a text. You don’t have all the hand gestures; there is a lot more when in person. You only can give clues, like that comma, as to how it should be heard said. When something is well written, you head understands all the extra stuff which it looks for in communication, it *reads* from it. But when you’re reading something badly written, or too literal, your brain is unable to fill in the blanks.’

The challenge of literature, especially in areas of still vital emotional concern taken from the strong language of an earlier age, offers an alternative discourse to (often predictable or stereotypical) modern forms of expression, enabling a move away from safe, habitual or default positions. Close attention to the difficulty and linguistic depth of the literary text works as a profitable obstacle to simple facility, literal explanation or automatic opinion – accessing areas of experience for which readers have no ready language yet which they need to get out and work at.

Implementation and Impact

The Reader has a national and international mission to develop a reading revolution for the sake of mental health in the deepest sense. There are related organisations and partnerships in Denmark, Belgium, Sweden, Norway, Germany, Australia and New Zealand. Research and evaluation attract funding but the a major barrier to further widespread growth are the economic costs of training and funding reader group leaders. With the support of Big Lottery funding, *The Reader* has therefore developed a national network of trained volunteers – to work as Reader Leaders within health, business or community-led projects to address the needs of those at risk of loneliness or poor mental health across the age range, from children to older people living with dementia. For information on *The Reader*’s Read to Lead training courses and a suite of online training films, developed by CRILS and funded by AHRC, see: [www.thereader.org.uk](http://www.thereader.org.uk).

Assessment of the benefit of Shared Reading includes potential savings from decreased use of National Health facilities; increased sense of purpose and meaning in life measured by the Ryff scale of psychological wellbeing (Longden et al. 2015); and individual evidence from research interviews stimulated by filmed excerpts of participants’ reading-group sessions (Davis, P et al. 2016b). ‘With books and poems, it makes you look at things honestly,’ says one member of a reading group held within a drug and alcohol rehabilitation centre, ‘It’s harder to lie around them. In other therapy groups you’re often just talking about actions and behaviours. But this is about feelings.’ ‘It is therapy by stealth,’ another member adds.

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1. Arts and Humanities Research Council study, Cultural Value (AH/P014356/1), in which Shared Reading groups were filmed and sound-recorded (see Longden et al, 2015). The study was conducted according the University of Liverpool research ethics protocols, including informed consent by participants. Pseudonyms are used. [↑](#footnote-ref-1)