‘The Uses of Psychoanalysis in Contemporary Literary Reading Groups’

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This chapter is concerned with the value of psychoanalytic thinking and procedures in understanding the experience of reading literature in groups. The intention is to suggest not that shared literary reading performs the function of psychoanalysis, but that it creates conditions not unlike what Freud calls the psychoanalytic situation or ‘deal’: ‘total honesty in return for complete discretion’, in order to give to the analysand ‘the knowledge [he or she] lacks’.[[1]](#endnote-1)

**Context**

Over the last decade, the Centre for Research into Reading, Literature and Society, a collaboration of literary and linguistic specialists with health experts in Medicine and Psychology at the University of Liverpool where I have been based, has researched the mental health benefits of a specific model of Shared Reading which has been pioneered and delivered by UK charity, The Reader.[[2]](#endnote-2) Shared Reading groups are distinct from conventional book clubs.[[3]](#endnote-3) The material is not read in advance nor confined to contemporary works. Nor is the material chosen for its targeted relevance as in self-help bibliotherapy[[4]](#endnote-4) or in reading interventions which seek to treat particular cases, conditions or moods.[[5]](#endnote-5) Rather, poems, short stories and novels from the literary heritage down the ages are read aloud, together, live, and the reading is regularly interrupted for group members to share thoughts and responses. Currently there are 600 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. CRILS’ multi-disciplinary published studies have shown the value of Shared Reading in relation to mental health in community and health-care settings[[6]](#endnote-6) - specifically depression,[[7]](#endnote-7) dementia,[[8]](#endnote-8) and chronic pain[[9]](#endnote-9) – as well as in prison and secure environments.[[10]](#endnote-10) Such research has been crucial not only for convincing often sceptical mental health service providers of the power of a ‘soft’ intervention for chronic, long-term conditions but for laying the foundation for a theory of literary reading and mental health.[[11]](#endnote-11) This endeavour has increasingly led away from medical and psychological paradigms which emphasise outcomes, to psychodynamic models concerned with complex inner processes.[[12]](#endnote-12)

In what follows, I identify four key areas, to demonstrate where and how the processes of shared literary reading and psychoanalysis richly intersect. In so doing, I draw on an invaluable (and, as far as I know, unique) body of data collected by CRILS in the course of multiple research studies. These are (with the informed consent of all participants)  filmed, sound-recorded and transcribed Shared Reading sessions, together with (recorded and transcribed) individual interviews with group-members in which they were able to witness their own participation, and re-inhabit the feel of significant but small passing moments.[[13]](#endnote-13)

**Reading, free association and not knowing in advance**

‘Psychoanalysis as a form of therapy,’ writes Adam Phillips, ‘works by attending to the patient’s side effects, what falls out of his pockets once he starts speaking. … Undergoing psychoanalytic treatment is, rather like reading a powerful work of literature, a leap into the relative dark. No one can ever know beforehand the effect it will have.’[[14]](#endnote-14) The inadvertent, unexpected and often unwanted ‘side effects’ of shared literary reading are witnessed plentifully and powerfully in participant testimony.

I went in there, not knowing; I didn’t know I was going to come across that. I was totally taken aback and it felt so important. I felt it mattered and should be pursued.

I felt quite - quite emotional there – and wasn’t expecting to. The reading just touched something in me. I had no idea where that was going to go.

The poem kind of short-cut into a feeling when I was least expecting it. It just happened quite – suddenly.[[15]](#endnote-15)

When a literary text ‘matters’, it catches the reader pre-cognitively, beneath the level of preconception or considered response (‘I went in there not knowing’; ‘I had no idea where that was going’). The effect is invariably experienced as an involuntary emotional and neo-physical connection. ‘It got to me’; ‘a powerful poem sort of hits you in the face’; ‘the reading can get to feelings really quickly’; ‘the poem really zeroed in on my feelings, laid them bare’; ‘just touched something in me’. These sudden, live, unexpected short-cuts to often dormant inward matter are the result, in the first place, of the poetry being read aloud performatively, as a near and intimate emotional–vocal presence: *‘*things become more 3D and more alive’; ‘certain words, sort of jump out at you’; ‘it seems to resonate’; ‘it got into me’; ‘it strikes home’ (Billington et al., 2019). The voiced text, at such moments, acts as a quick trigger to the kind of subterranean experience which psychoanalysis goes in search of.

In the psychoanalytic situation, said Freud, the analysand ‘has to put at our disposal all the material that its self-perception offers it’:

He has to tell us everything that his self-observation yields to him, everything that comes into his mind, even if it is unpleasant for him to say it … If he succeeds in switching off his self-critical mechanism … he will give us a wealth of material – thoughts, associations, memories – that are already under the influence of the unconscious, indeed are often directly derived from it. (Freud, 1940/2003, p.202)

In Shared Reading, literature acts as a stimulus to this unconscious material not so much by switching off the self-critical mechanism as by short-circuiting it and switching *on* what lies outside or beneath it. Let me offer here some brief representative examples, some of which I will draw on throughout the chapter. The examples are taken from different reading groups across a range of studies, but, in each case, the reader has been diagnosed with a mental health difficulty (depression) sometimes associated with a physical condition. None of the readers referred to in what follows has any formal education or experience in reading literature.

Lois, a young woman in her early twenties is attending a community reading group. She is suffering some significant neurological impairment from a traumatic accident where she came into contact with an electric fence while living in South Africa. It is during a reading of Robert Frost’s ‘The Road Not Taken’ that she speaks for the first time about the difference her accident made to her life. ‘If I hadn’t gone I would still probably be wanting to go here, wanting 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*.[[16]](#endnote-16)

The stutter occurs on the ‘if ’, the poem’s own key word (‘I doubted if I should ever come back’[[17]](#endnote-17) is the closing line of the penultimate stanza). Lois’s neurological disability meant that she occasionally had problems with fluent speech. But here Lois’s intermittent speech problems come under the most intense emotional strain, as she stutters five or more times ‘if I ever had’ before poignantly managing to complete the sentence with - ‘children’. As a result of her accident the possibility within that ‘if’ is unlikely to be fulfilled. It is the kind of admission which is as difficulty and ‘unpleasant’ to say as it might be unbearable to think. In one so young, it is a thought that might need to be suppressed simply for Lois to carry on. But I use the example here because it offers a model of the sudden inarticulacy, in place of default or automatic norms of thought and speech, which characterises and signals those instances where significant psychic matter is ‘touched’, in much the same way as happens in psychoanalysis. ‘What is distinctive about the practice of psychoanalysis is that the patient is encouraged to tell the story of his sufferings in a way that makes it impossible to tell a story. … The free-associating speaking patient must not be in search of the right word; indeed, getting it right, finding the words for what he has to say, is the problem not the solution’ (Phillips, *Side Effects,* pp.56-7).

 In my next example, Toby, whose depression accompanies his severe chronic physical pain, is reading Elizabeth Bowen’s short story ‘The Visitor’, in which a young boy, whose mother is dying, is waiting for the news that she is dead. He hears a large clock ‘tick out’.

Sixty of these ticks went to make a minute, neither more nor less than sixty, and the hands of the clock would be pointing to an hour and a minute when they came to tell Roger what he was expecting to hear. Round and round they were moving, waiting for that hour to come.[[18]](#endnote-18)

Toby, who normally sits back in his chair, upon hearing this moment in the story, leans forward and extends his arm across the table, in imitation of the clock hand, as he speaks: ‘I used to look at the clock when I was a child and try to will the second hand to stop’. ‘Why, was that because of something you didn’t want to happen?’, the group leader asks. ‘Yes,’ says Toby, looking down, covering his face, leaning back. The momentary silence which follows is almost palpably full of something amorphously un-nameable or too emotionally powerful to be fitted into words. Witnessing ~~a~~ video-recording of this moment later at interview, Toby related his response to the child’s helplessness in relation to his own experience of a prolonged period of abuse when he was young. The story did not simply stir ‘painful memories’, he said. ‘The pain is still there, locked away inside’. The interviewer ventured that this pain - like his chronic pain itself – is a hidden, secret thing. ‘Yes,’ he said. ‘Those two things - no one can ever see them’.[[19]](#endnote-19)

 While not the same as free association – formally, it can be very different – what I am calling inarticulacy is nonetheless operating in the same area, freeing the psyche from default norms or constraining patterns of thought and releasing from ‘locked-away’ debilitating restraint, unfinished business or unpurged residues of lived experience. ‘Through free association Freud knew he had found a new form for being spoken to by the self … The therapeutic genius of this method is that it quite naturally breaks down the paralysing authority of any symptom or pathological structure.’[[20]](#endnote-20) In shared reading, the ‘break-down’ can sometimes be quite literal at the level of language, where the authority of straightforward speech is replaced by a kind of dumb pointing (‘That bit there’ said one reader in relation to a half-line – ‘myself almost despising’ - from Shakespeare’s Sonnet 29)[[21]](#endnote-21) or simply by the words of the poem as they are read aloud. Of his experience of reading haltingly and with quiet care Robert Herrick’s ‘To Anthea, Who May Command Him Anything’, one reader, Donald, said afterwards at interview: ‘I was shaking inside. Certain words touch nerves with me [pointing to the poem on the page and reading] - “Heart as soft, heart as kind”.[[22]](#endnote-22) Really good things, which I’ve not had. Softness, kindness, I like those traits.’[[23]](#endnote-23)

Across all of these instances, what is abundantly evident is the vital centrality of the literature in producing a situation analogous to a psychoanalytic one. First, the reading aloud of the poem or story creates a resonant ‘atmosphere’[[24]](#endnote-24) or, as Freud put it of the ‘surrender’ to free association, ‘a special attitude of the attention’ (‘quite different from reflection, and which excludes reflection’).[[25]](#endnote-25) The literary text provides ‘a grounded centre … “as though there was a power in the middle …. pulling us in”’ (Longden et al, 2015, p.115) for immersive concentration and sustained attentive ‘listening’. Second, the literature in such instances helps to give material body to realities otherwise hard to hold or contemplate. A poem or story at once contributes to the ‘holding’ environment of the reading group and itself ‘holds’[[26]](#endnote-26) the trouble or emotion it ‘hits’ in the reader.

**Interpretation and story: writer-reader-therapist**

One might say that the virtue of Shared Reading’s primary reliance on the literary stimulus to disclose unconscious material is that the process is freed (to borrow Bollas’s words), from the ‘authority’ of *the therapist***.** Asboth Bollas and Phillips emphasise, the latter can be radically at odds with the practice upon which it relies. Freud’s free-associative method, writes Bollas, was subversive not only of the Western mindset (which ‘privileges mental adventures … mediated by custodians of consciousness’) but of the very certainties of psychoanalysis. ‘Analysts have the somewhat thankless task of supporting a process that undermines the intellectual sanctity of analytically acquired truths’ (Bollas, *The Mystery of Things,* pp.1-2). ‘A psychoanalysis bent on understanding people is going to be very limited’, says Phillips, because Freud’s ‘golden rule of free association points us in two directions at once’ – the possibility of profound ‘intelligibility’ on the one hand and equally profound ‘bafflement’ on the other.[[27]](#endnote-27)

Arguably, Shared Reading aids the psychoanalytic project while avoiding some of the contradictions inherent within its process. For what typically happens in SharedReading, is that a poem or prose passage ‘lands’ on someone. Why? No-one knows, and no-one tries to understand in the conventional way. The process is entirely unpredictable, and, save for the loose informal rules which operate within the group (Gray et al, 2016), pp.252-3), non-governable. No one has the ‘answer’.

But what possible help can literary reading be to the inward life it awakens without an external intelligence to guide it? And isn’t it dangerous to open up psychic wounds in the absence of a therapist who can skilfully manage such irruptions? This is where the centrality of the literature is once again crucial. As one psychiatrist running a reading group in a high-secure hospital put it, ‘the book becomes the expert’ (Billington et al, 2014, pp.28-9).

Let me return, by way of illustration, to what happened in the group session in which Toby, reading Bowen’s ‘The Visitor’, became particularly attuned to the child’s anxiety about the impending news of his mother’s death. ‘The loss is going to be a great big thing in his little life; I think I’d want to run and hide, want to escape’(Billington, Farrington et al, 2016, p.57). It’s important to remember that, while the significance of Toby’s reaction was palpably and incontrovertibly present in the room, intensifying its atmosphere, nobody in the group knew (or knows) why this passage resonated personally and powerfully for him, not even the group leader. Indeed the question which elicited this reaction (‘Why, was that because of something you didn’t want to happen?’) arose spontaneously out of the moment’s mutual attentiveness, and was not intended therapeutically to target painful memory. It was in a similarly informal way, nonetheless grounded in the formal structures of the text, that Toby’s ‘secret’ pain seemed to be ameliorated itself at the end of the session without need of the group-leader’s explicit intervention.

At the close of the story, when the boy-protagonist expects his father to tell him the terrible news, his father holds out to him instead, a picture-postcard from his aunt, depicting the bay of Naples: ‘Blue sea, infinitely smooth and distant … Behind the land, behind everything, the clear fine line of a mountain went up into the sky … This was the blue empty space, Heaven, that one came out into at last, beyond everything’ (Bowen, ‘The Visitor’, p.140). Toby said:

I’m thinking about his father as well. The little boy doesn’t know how his father’s thinking. But I think the father can see what’s happening with the little boy. It’s like his way of being able to give the child comfort. You really feel for the father don’t you? (Billington, Farrington et al, 2016, p.57)

Both in the course of the story, and here in the same single moment - ‘I’m thinking about his father *as well*’ – Toby (himself a father) is now distributed between his own child and adult selves. Occupying, imaginatively, the father’s position, he is at the same time giving comfort, vicariously, to the child. The therapeutic alliance, says Bollas, warrants entry into a ‘highly complex psychic theatre’ in which the analysand is ‘deconstructed by projections, diverging self experiences, shifting moods, eventful thoughts and allegorical personages’ and ‘oscillates between two mental positions’, that of the ‘simple self’ ‘inside’ the experience’ and ‘the organising intelligence that gives it meaning’ (Bollas, *The Mystery of Things,* pp.6-7). I am suggesting that, in this instance of reading, unsafe personal matter is at once released, as well as richly held or contained, by an analogous alliance between story and reader. Fascinatingly, through the novel’s own generously shifting movement between different centres of being, Toby occupies two ‘insider’ positions (father, son) which are mutually supportive ‘outsiders’ to one another. It is worth noting, also, that the story absolutely fulfils the requirement for ‘neutrality’ or suspended judgement on the part of the therapist which the therapeutic alliance exacts (Bollas, *The Mystery of Things*, p.13). The literary text cannot know and does not care whether one needs its help or not.

My primary intention here is not to suggest that literary reading might do the job of psychoanalysis better than psychoanalysis can. On the contrary, I am seeking, via these comparisons with the psychoanalytic situation, to offer a more congenial paradigm than those currently available, for what literary reading, and specifically shared literary reading, can achieve, therapeutically speaking. Psychological models, focusing on the usefulness of reading to encourage theory of mind, stress the capacity of fiction-reading to promote ‘empathy’ with other points of view, ‘putting oneself in another’s shoes’.[[28]](#endnote-28) The thinking exerted in literary reading groups at such moments however, is deeply (ontologically and emotionally) engaged rather than merely intellectually or morally mobile. Crucially, this thinking – dispersed as it is among separated centres of being who are nonetheless held together in the same world as in the same story - is virtually in collaboration with the novelist. The analogy rightly proposed by J. M Coetzee between analyst and author (‘Both are occupied with the exploration, description and analysis of human experience, with finding linguistic and narrative structures within which to contain [it]’)[[29]](#endnote-29), here holds good when transposed to *reader* and *author.*

 It is in recognition of such collaboration between the literary work and its reader that Ricoeur defines narrative as ‘not a static structure, but an operation, an integrative process’. Every story dynamically mediates between ‘two kinds of time’, ‘time passing and time enduring'. To compose a story is to draw ‘integration, culmination, configuration’ from ‘a succession of incidents’:

The process of configuration does not complete itself in the text [but] is completed only in the reader … in the living receiver of the told story. … Through their imaginations readers belong to both the horizon of experience of the work and that of their own real action. …The sense and reference of the story well up from the intersection of the world of the text and the world of the reader, [making] possible the reconfiguration of life through the narrative.[[30]](#endnote-30)

Ricoeur’s notion of the reading process as poised (transformatively) in and out of continuous narrative, in a ‘welling up’ in-between the life and the literary story, helps to explain why moments of significance in Shared Reading – Lois’s in relation to poetry as much as Toby’s in relation to fiction – can feel like fragments of experience suddenly turned, momentarily, into lyric wholeness. Indeed, such instances offer specific empirical examples in support of Ricoeur’s psychoanalytic theory of literary reading. Here is one final moment relating to Toby, one given retrospective power and significance by Toby’s later disclosures at interview. The group is reading the conclusion to John Steinbeck’s *Of Mice and Men,* whereLennie, the child-like man, has inadvertently killed the wife of his employer, Curley, and has fled in panic:

The sun streaks were high on the wall by now, and the light was growing soft in the barn. Curley’s wife lay on her back, and she was half covered with hay.

 It was very quiet in the barn, and the quiet of the afternoon was on the ranch. … A pigeon flew in through the open hay door and circled and flew out again. …

As happens sometimes, a moment settled and hovered and remained for much more than a moment. And sound stopped and movement stopped for much, much more than a moment.[[31]](#endnote-31)

Toby: Even though Lennie’s gone, we’re left looking at that feeling, that atmosphere in the barn. That’s the feeling Lennie has got inside himself. The pigeon flying in and the advance of day – isn’t that showing you nature just going about its daily business. Life continuing as it normally does as if this bad thing hasn’t happened. You could see the world going on as normal but what had happened to you might feel unbelievable, you know, hard to accept.

‘It is a big problem for me,’ Toby said at interview, ‘that I can’t keep hold of everything. The reading helps things, certain things, to stay in my mind. Normally I wouldn’t be able to do that: I would be lost.’ What reading demonstrably does for Toby here is ‘hold together’ two complexly related-but-distinct experiences: on the one hand, the feeling that trauma leaves behind ‘inside’; on the other hand, the further trauma produced by having to carry on, with that inside, as though one were just the same. Again, at no point is this confessionally exposing or explicit. Toby is not ‘put on the spot’. But nor is the moment psychically risk-free. Toby is the ‘living receiver’ of his own and the story’s pain, each bearing witness to the other. This is powerfully ‘implicit’ therapy (Longden et al, 2015, p.116), doing its own work hiddenly in the moment of reading, and only known to have been therapeutic through recognition afterwards. ‘The reading is helping me. I am actually having a go – to make sense of things. It gives me time to come through the fog.’[[32]](#endnote-32)

**Thinking**

The reading examples I have given are instances of what Wilfred Bion called the ‘really real’, and which he designated ‘0’[[33]](#endnote-33) in recognition that no ordinary definition or discourse would serve for what exists antecedent to or beneath language and cannot be ‘contained’ by it. 0 cannot be truly known except by experience ordiscovery. The really real is immersively lived, experienced in absorption, phenomenologically steeped in itself. In Shared Reading, ‘0’ is often marked by a ‘full silence’, in which speakers abandon a thought or leave it uncompleted and at which gestures often take over. At these ‘stops’ or ‘hangings’, something emergent seems not so much blocked as to continue to exist suggestively and unspoken in the resonant atmosphere of the group without a ready-made category or framework (Davis and Billington, 2020).

It is precisely at such moments, says Bion, that thinking, or rather proto-thoughts begin. These inchoate, half-commenced thoughts (like Lois’s stuttering ‘if’ or Toby’s ‘yes’) originate in the pre-verbal, undigested experience which Bollas called the ‘unthought unknown’, and which Bion called ‘beta’ elements. These unmetabolized experiences need to be operated on, converted, digested, given a substance by thinking (‘alpha function’) and thus be made available for use and translation into action as ‘alpha elements’.[[34]](#endnote-34) It is an axiom of Bion’s theory thatthe inability ‘to “think” with one’s thoughts’ is a catastrophic ‘deprivation of truth’ where truth is ‘essential for psychic health’. ‘Failure to eat, drink or breathe properly has disastrous consequences for life itself. Failure to use the emotional experience produces a comparable disaster in the development of the personality.’ But Bion also knew that thinking one’s thoughts - thinking 0 - could be almost impossibly hard to achieve. Indeed, for Bion, the discovery of psychoanalysis, was itself a symptom of the fact that thinking and the tasks of self-knowledge had been forced upon a mental ‘apparatus’ which is ill-suited and undeveloped for the purpose.

An apparatus existed and had to undergo, still has to undergo, adaptation to the new tasks involved in meeting the demands of reality by developing a capacity for thought. The apparatus that has to undergo this adaptation is that which dealt originally with sense impressions relating to the alimentary canal. (Bion 1962, 57)

In digesting experience, humans have to rely on primitive psychic processes belonging to a phase of development which the complexity of reality has ling outgrown. Real thinking ‘is embryonic even in the adult and has yet to be developed fully by the race’.[[35]](#endnote-35)

Thus a key matter for Bion was that the thinking *tools* at our disposal (for the analyst as well as the analysand) — our mental or verbal ‘containers’ for the experience of reality— are liable, in the very effort at containment, to falsify or misrepresent through over-definition or inadequate frameworks: ‘The verbal expression can be so formalized, so rigid, so filled with already existing ideas’ that ‘the container can squeeze everything “out of” the contained’ (*Attention and Interpretation*, p. 107). Or the ‘pressure’ exerted by the contained, may have such force and vitality relative to the verbal formulation, so that the container disintegrates or is destroyed (*Second Thoughts*, p. 141). The ‘vocabulary forged’ in psychoanalytic practice ‘serves, though inadequately’ in negotiating between these two possibilities of over-rigidified and exploded meaning, because the process and persons are fully present. ‘In mathematics, calculations can be made without the presence of the objects … but in psychoanalytic practice it is essential for the psychoanalyst to be able to demonstrate as he formulates. This is not possible as soon as the conditions for psychoanalysis do not exist.’ Significantly, Bion singled out ‘poetic and religious expression’ as alone achieving ‘durability and extensibility’, containers in which uniquely ‘the carrying power of the statement has been extended in time and space’ (Bion, *Attention and Interpretation*, pp. 1–2).

A representative example of that carrying power is witnessed, here, when Carol, a young woman recovering from drug addiction, first encounters John Clare’s ‘I am’:

 I am—yet what I am none cares or knows;

 My friends forsake me like a memory lost:

 I am the self-consumer of my woes— …

 And yet I am, and live—like vapours tossed

 Into the nothingness of scorn and noise,

 Into the living sea of waking dreams,

 Where there is neither sense of life or joys,

 But the vast shipwreck of my life’s esteems; …

 I long for scenes where man hath never trod

 A place where woman never smiled or wept

 There to abide with my Creator, God,

 And sleep as I in childhood sweetly slept,

 Untroubling and untroubled where I lie …[[36]](#endnote-36)

Carol said immediately, ‘It has really - hit me; right there [points to heart], the whole poem’. As the group began to discuss the distress in the first two stanzas, the need for the release of something like a suicidal death in the final stanza, Carol suddenly left the room, returning some minutes later, saying, amidst restrained tears:

The way this is to me, I exist at the moment ... I am. But I am not– [Another group-member adds, supportively: ‘Living’]. I am literally vapours, the nothingness of what-have-you, and I feel like a shipwreck, and things I used to esteem in my life are no longer there, and I have been forsaken by a lot of people, so I am a bit of a memory lost, no one really cares or wants to know. And it’s interesting what was said about suicide because, I don’t want to commit suicide, no, but I want to be at peace... and go back to that innocent childhood or you know that kind of untroubled place.[[37]](#endnote-37)

Carol is not so much ‘quoting’ from the text, as inhabiting the emotional reality of the poem, which itself is coming to life again in her. When Carol repeats the words of the poem, it is as though they are not only entering her own heart (‘right there’) but coming from it at the same time—finding her own deep text. It is an important example of how poetry has potential at once to ‘hit’ or find inner trouble *and* help unfold it into articulate expression.

The problem of finding the right word, says Bion, ‘is analogous to that of the sculptor finding his form in the block of his material, of the musician finding the formula of musical notation within the sounds he hears, of the man of action finding the actions that represent his thoughts’ (Bion, *Learning from Experience,* p.116). It is hard, struggling work; it is, Bion suggests, one of the most profoundly creative acts of being alive. It is why we people who are not artists might need literature as a language to think in. The dumb marks on the page come to life when we read with all the emotional reality – the really real, the unspoken 0 that originally summoned them - yet with the verbalised capacity to take in and hold that pain for longer than humans ordinarily can.

**Holding**

I close by proposing two possible consequences of literary shared reading’s capacity (as I suggested earlier) to offer a ‘holding environment’, in Winnicott’s sense, for difficult experience.

Participants of shared reading groups often explicitly value how literature permits them not to think of themselves as ‘cases’. ‘Oh I’m not going mad, someone else has had this experience. Somebody else is feeling that way’ (Davis and Billington, 2020, p. 295 ). For these readers, literature widens and enriches the human norm, accepting and allowing for troubles, traumas, and inadequacies as part of a continuum of existence, related not to a pathological ‘case’ but to the whole spectrum of normative human being. In a reading group for older adults, a recently widowed woman, Ona, in late middle-age, responds to Dorianne Laux’s poem ‘For the Sake of Strangers’, in which the grieving speaker recounts her feelings of emptiness and her urge to fall ‘away from the world’[[38]](#endnote-38) even as she is required to push on. Ona says:

She sounds to me like a person who’s had a terrible loss ... and that feeling... disengaged to the world I... I...I remember that feeling ... and I walked about like she’s walking about now. I was aware of things but not aware of things. I wasn’t part of it. It’s a horrible, horrible feeling... The words in the poem ‘No matter what the grief, its weight,/ we are obliged to carry it’... I’m afraid I know that. I can’t say I don’t know that because I do.[[39]](#endnote-39)

As though indeed afraid, Ona has previously found it difficult to speak of the death of her husband. The poem helps her here not by prescribing any ‘cure’, nor by simply alleviating the pain. Rather it at once transmits and witnesses grief, shares the ‘weight’ of emotion, making a momentary community of suffering amid an experience which is otherwise utterly isolating. It is as though the poem ‘finds’ Ona emotionally in the same way as, within the situation the poem depicts, the individual kindnesses of people in the crowd – a young boy, a woman, a child, all strangers – ‘reach toward’ the grieving one, keeping her ‘from the edge’ (Laux, p. 23). And versions of these strangers are literally present for Ona in the uniquely intimate space for shared emotional meditation created within a literary reading group (Dowrick et al., 2012, pp. 18-19; Longden et al., 2015, p. 117; Billington, Farrington et al., 2016, p. 163; Billington et al., 2019, pp. 201-2). One critical finding is that the ‘group’ does ‘not really exist save as a static or notional unit until, through the text, connections are made between one individual and another’.[[40]](#endnote-40) As one person, now another, becomes the ‘realizer’ of a poem or story, or as the text catalyses the release of (often unrealised or unliberated) personal matter into shared external expression, the conventional boundaries between personal and public, private and social become porous. ‘*Inner* lives come *out*, and come out *together*’ (Longden et al, 2015, p. 119). This dynamic, wherein the literary work and the reading group bring the subject in relation to themselves within the small-group community, offers a perspective and reparative opportunity that is missing from the psychoanalytic consulting room.

For ordinary people in difficult or volatile situations, it is as if a poem or story performs an equivalent of what Winnicott called crucial ‘acts of human reliability’.

The way the mother fits in when rocking the child, the sound and tone of her voice, all communicate long before speech is understood. We received a silent communication over a period of time that we were loved in the sense that we could rely on the environmental provision and so get on with our growth and development. … The continuation of reliable holding [is present in] the ever-widening circle of family and school and social life. (*Home is Where We Start From,* pp.147-9)

‘We are believing people,’ says Winnicott, on the strength of ‘reliable holding’ (p .147) which Winnicott describes here as originating with the mother’s loving physical and vocal presence. Literature’s widened paradigm and language, especially as it is delivered in the read-aloud mode of shared reading – intimately voiced, living, present - offers its own version of ‘human reliability’ and life-supporting belief. A group-leader recalls how one reader, Eve, on listening to Edward Thomas’s poem ‘Adelstrop’, ‘after a long silence began to speak but only in the words of the poem as if musing at the possible meaning’ (Davis et al, 2016, p. 38).

Yes. I remember Adlestrop—

The name, because one afternoon

Of heat the express-train drew up there

Unwontedly. It was late June.

The steam hissed. Someone cleared his throat.

No one left and no one came

On the bare platform. What I saw

Was Adlestrop—only the name.[[41]](#endnote-41)

‘“No one left and no one came”’, Eve repeated. ‘That’s how it is for me. I don’t know if there is anyone there. I put words out but I don’t know if there is anyone really there to pick them up. There’s no evidence. One can’t be sure. One hopes. “No one left and no one came” (Hollis, p. 36). No, it seems I am quite alone, but I trust there is someone there to receive it’ (Davis et al, 2016, p. 39; Billington and Steenberg, p. 000). In these instances, the literature seems to offer ‘a vocalised place’ for ‘something not fully known or named - or not even had [“It seems … I trust”] - to be momentarily held and realised’ (Billington et al., 2019, pp. 198-9). After another silence, as if in witness of that trust, Eve read the poem’s final stanza:

And for that minute a blackbird sang

Close by, and round him, mistier,

Farther and farther, all the birds

Of Oxfordshire and Gloucestershire. (Hollis, p. 36)

‘I hear birds outside sometimes early in the morning,’ said another group member: ‘That’s a good sound’. ‘“Mistier”,’ said another, ‘has to do with one bird starting and the others all join in’. ‘The group then talked with enthusiasm of the birds all coming into song together,’ the group-leader recalls, ‘as they themselves in their own way did at that point’ (Davis et al, p. 39). ‘Nothing I am capable of is just me … somebody enabled me to get to the place I am’ (Winnicott, p. 148). ‘An emotional experience cannot be conceived of in isolation from a relationship’ (Bion, 1962, p. 42). In ways akin to the mother’s ‘reliable holding’ of the child, shared reading offers at such times an adult equivalent of the ‘facilitating environment’ which renews ‘the line of life’ (Winnicott, p. 144).

 Martha Nussbaum has proposed that a literary text can act as a ‘transitional object’: ‘When we have emotions of fear and pity towards the hero of a tragedy and his reversal, we explore aspects of our own vulnerability in a safe and pleasing setting’.[[42]](#endnote-42) Ricoeur ‘s assertion that literature ‘proposes to the imagination for meditation sample cases which constitute thought-experiments’ (*On Psychoanalysis,* p.190), is also posited, as we have seen, on the text’s occupying what Winnicott called the ‘third part of a human being’s life’. This ‘third’ area consists not of an ‘inside and outside’ only, but of ‘an intermediate area of experiencing, to which inner and outer life both contribute’.[[43]](#endnote-43) In Shared Reading, as the foregoing examples have demonstrated, the third area is three-dimensionally present. What strikes observers time and again, is how the reading group constitutes a ‘protected space’ (Gray et al, 2016, pp.252-4), an ‘invisible shield’ (Robinson and Billington, 2019, p.161). It has led psychotherapists and psychiatrists to emphasise how Shared Reading imitates and (re)-creates (sometimes for the first time) the intimacy of a close human voice speaking or reading to one’s needs - ‘the way the mother fits in when rocking the child, the sound and tone of her voice’. ‘When every word and every line is a close, vocal-emotional presence, the primary emotion involved will almost inevitably be closer to earlier life before adult stress patterns took hold or hardened into ill health’ [David Fearnley, Ashworth Hospital, UK]; ‘We can’t regrow brains, but [in Shared Reading] we *can* provide an experience which patients can internalise – that is social and in some way equated to early childhood experience of attachment and safe relationship’ [Nick Benefield, Lead, National Personality Disorder Team, UK].[[44]](#endnote-44) The suggestion is that Shared Reading might offer an adult version of pre-verbal care, reaching back to a period or condition prior to trauma, before damage set in, getting underneath habitual categories and frames, those of identity as well as of mental health condition.

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3. J. Hartley, *The Reading Groups Book* (Oxford: Oxford University Press, 2002). [↑](#endnote-ref-3)
4. D. Hicks, ‘An audit of bibliotherapy/books on prescription activity in England’ (Arts Council England and the Museums Libraries and Archives Council, 2006). [↑](#endnote-ref-4)
5. E. Berthoud and S. Elderkin, *The Novel Cure: An A-Z of Literary Remedies* (Edinburgh: Cannongate, 2013); J. Bate, P. Byrne, S. Ratcliffe (eds.), *Stressed/Unstressed* (London: William Collins, 2016). [↑](#endnote-ref-5)
6. E. Gray, G. Kiemle, J. Billington, P. Davis, ‘An interpretative phenomenological analysis of experience of a reader group’, *International Journal of Arts & Health*, 8.3 (2016), 248-61. [↑](#endnote-ref-6)
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10. J. Billington, ‘Prison reading groups in practice and theory’, *Critical Survey*, 23.3 (2012), 67-85; J. Billington, E. Longden and J. Robinson, ‘A literature-based intervention for women prisoners: preliminary findings’, *International Journal of Prisoner Health*, 12.4 (2016), 230-243; J. Robinson and J. Billington, ‘Prison reading groups’ in Billington, *Reading and Mental Health*, pp. 155-90. [↑](#endnote-ref-10)
11. J. Billington, P. Davis, G. Farrington, ‘Reading as participatory art: An alternative mental health therapy’, *Journal of Arts/Community*,5.1 (2014), 25-40; E. Longden, P. Davis, J. Billington, R. Corcoran, ‘Shared Reading: assessing the intrinsic value of a literature-based intervention’, *Medical Humanities*, 41.2 (2015), 113-20. [↑](#endnote-ref-11)
12. J. Billington, *Is Literature Healthy?* (Oxford: Oxford University Press, 2016); ‘Inner Voices: Literary Realism and Psychoanalysis’ in Josefa Ros Velasco (ed.), *The Faces of Depression in Literature* (New York: Peter Lang, 2020). [In press.] [↑](#endnote-ref-12)
13. J. Billington, P. Davis, G. Farrington, K. Green, F. Magee, M. Steenberg, T. M. Tangeraas, ‘Developing innovative qualitative approaches in research on reading and health’ in J. Billington (ed.), *Reading and Mental Health* (London: Palgrave, 2019), pp. 191-240. [↑](#endnote-ref-13)
14. A. Phillips, *Side Effects* (London: Hamish Hamilton, 2006), pp. xi-xii. [↑](#endnote-ref-14)
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16. Quoted in Billington, 2016, p. 93. [↑](#endnote-ref-16)
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21. J. Kerrigan (ed.), *William Shakespeare: The Sonnets and A Lover’s Complaint* (Harmondsworth, Middlesex: Penguin Books, 1999), p. 91. [↑](#endnote-ref-21)
22. C. Ricks (ed.), *The Oxford Book of English Verse* (Oxford: Oxford University Press, 1999), p. 144. [↑](#endnote-ref-22)
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24. For extended discussion of ‘atmosphere’ and ‘listening’, see Billington, *Is Literature Healthy?,* pp. 54-56, 91-4. [↑](#endnote-ref-24)
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27. A. Phillips, *In Writing*: *Essays on Literature* (London: Random House, 2016), pp. 145, 263. [↑](#endnote-ref-27)
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30. P. Ricoeur, *On Psychoanalysis* (Cambridge: Polity, 2012), pp. 188-9, 193. [↑](#endnote-ref-30)
31. J. Steinbeck, *Of Mice and Men* (London: Penguin), p. 91. [↑](#endnote-ref-31)
32. See Billington, Farrington et al, 2016, for the source of these extracts. [↑](#endnote-ref-32)
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34. W. R. Bion, *Second Thoughts* (London: Maresfield, 1967), p. 117. [↑](#endnote-ref-34)
35. W. R. Bion, *Learning from Experience* (London: Maresfield, 1962), pp. 42, 56-7, 84. [↑](#endnote-ref-35)
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42. M. C. Nussbaum, *Upheavals of Thought* (Cambridge: Cambridge University Press, 2001), pp. 271-2. [↑](#endnote-ref-42)
43. D. W. Winnicott, *Playing and Reality* (London: Penguin, 1971), p. 3. [↑](#endnote-ref-43)
44. D. Fearnley and G. Farrington,‘Reading and Psychiatric Practices’, N. Benefield, ‘On Not Falling Apart’, in Billington (ed.), *Reading and Mental Health,* pp. 323-9, 419-31. [↑](#endnote-ref-44)