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# LivHIR

Liverpool Health Inequalities Research

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## An investigation into the therapeutic benefits of reading in relation to depression and well-being

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## **Executive Summary**

### **Introduction**

This study investigated the therapeutic benefits of shared reading in relation to depression and well-being, and was conducted via a partnership between researchers in English, Health Sciences and Medicine at the University of Liverpool, Liverpool Primary Care Trust, and The Reader Organisation (TRO), a nationally recognised centre for the promotion of reading and positive mental health.

TRO's social inclusion programme - 'Get into Reading' - is distinguished from other reading therapies in emphasising the importance of serious, 'classic' literature and its role in mediating experience and offering a model of human thinking and feeling. These objectives resonate with an expanding evidence base in respect of depression, in support of a range of treatment options which can supplement or substitute for medication and which typically emphasise the importance of meaningful social engagement and the capacity 'to tell a good story about oneself'.

### **The Study**

The project established two weekly reading groups, in a GP surgery and a health drop-in centre in Liverpool, of 4-8 voluntary adult participants with a GP diagnosis of depression. The data collected via researcher-observation, digital recording/transcription, and interviews with participants, was subject to literary, linguistic and social-scientific analysis to establish what kinds of literature work and why. These findings were compared and collated with quantitative evidence (depression severity questionnaires).

### **Findings**

#### **Clinical Data**

The clinical data indicated that statistically significant improvements in the mental health of depressed patients had occurred during the 12-month period in which they had attended reading groups. Though these findings are not conclusive (in the absence of a control group, we cannot infer that Get into Reading caused reduction in depression 'caseness', only note the temporal association between the two), they lay the foundation for further study.

### *Experience of Participants in the Reading Groups*

The self-reports elicited in focus group discussion and/or informally in the reading group sessions attest to the benefits of the reading group intervention in respect of the participants' mental well-being. Participants reported feeling more confident, more willing to talk, to listen and to interact with the other group participants. They valued the reading groups as a stimulating, meaningful, challenging activity which at once helped them to relax, putting personal thoughts aside, while also encouraging increased concentration and attention in relation to the text being read and others' responses to it. Hearing other people's opinions and interpretations and sharing details of their own experiences in discussion was valued. Becoming involved and feeling part of something were key attributes. This was true for those who habitually read outside of the group and for those who rarely read at all.

The study found that there were four significant components or 'mechanisms of action' involved in this intervention, three of which were essential to its success, the fourth influential:

1. A rich, varied, non-prescriptive diet of serious literature, including a mix of fiction and poetry (the former fostering 'relaxation' and 'calm', the latter encouraging focused concentration). Both literary forms allowed participants at once to discover new, and rediscover old and/or forgotten, modes of thought, feeling and experience.

2. The role of the group facilitator in expert choice of literature, in making the literature 'live' in the room and become accessible to participants through skilful reading aloud, and in sensitively eliciting and guiding discussion of the literature. The facilitator's social awareness and communicative skills were critical in creating individual confidence and group trust and in putting the group's needs above those of the individual where necessary. The facilitator's alert presence in relation to literature, the individual and the dynamics of the group is a complex and crucial element of the intervention.

3. The role of the group in offering support and a sense of community. The latter was fostered particularly by the shared reading model of Get into Reading which included everyone together in the reading experience. Likewise the discussion elicited in response to the texts, where personal ideas, feelings, opinions and experiences were mutually shared, was demonstrably critical in 'knitting' the group together. Linguistic

analysis of the groups' conversational habits over the 12 months show clear increase in reflective mirroring of one another's thought and speech habits, as well as greater cooperation and confidence, as participants took the initiative in supporting one another's comments, in guiding the direction for discussion and in offering to read aloud from the text themselves. At the same time, there were signs that group members were free to pursue individual and personal trains of thought, enabled by the protective presence of the group.

4. The environment in contributing to atmosphere, group dynamic and expectation of the utility of the reading group. The group which took place at the mental health drop-in centre was much more willing to engage with the literature for its own sake from the very outset of the study. By contrast, the group which took place at a GP surgery initially tended to view the literature as something 'prescribed' to them in direct relation to their mental health problems. The location of the latter reading group in (often different) doctors' offices may have encouraged this perception, where the former reading group had a designated and more informal space for the group each week.

However, while the environment influenced the group, the collective action of the literature, facilitator, and group appeared to supersede that of the environment. The creation of stimulating, non-pressurised, non-judgemental atmosphere ('**not** like school', as one participant emphatically put it) overrode considerations of physical environment.

### **Conclusions**

The study found that Get into Reading helped patients suffering from depression in terms of: their **social well-being**, by increasing personal confidence and reducing social isolation; their **mental well-being**, by improving powers of concentration and fostering an interest in new learning or new ways of understanding; their **emotional and psychological well-being**, by increasing self-awareness and enhancing the ability to articulate profound issues of self and being. The study also established what types of literature work, why they work and how they work in the specific context of depressive illness. Our findings thus offer a preliminary evidence-base for the efficacy of an inexpensive and humane psychosocial intervention, which will inform the development and design of the intervention, as well as the choices regarding outcome measures, in the design of a future RCT.