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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.

# AN INVESTIGATION INTO THE THERAPEUTIC BENEFITS OF READING IN RELATION TO DEPRESSION AND WELL-BEING

## 1. AN INTRODUCTION TO READING AND HEALTH

### **1.1 Reading and Mental Health**

The Reader Organisation (TRO), a national charity based at the University of Liverpool (UoL), is a nationally recognised centre for the promotion of reading as an intervention in mental health: [www.thereader.org.uk](http://www.thereader.org.uk). TRO's 'Get into Reading' project (GIR) is a social inclusion programme based on shared reading which runs weekly reading groups in a range of health/social care settings (from neurological rehabilitation units to dementia nursing homes). TRO has a strong track record of engaging 'hard to reach' groups and of working in partnership to provide quality participatory arts activity to key priority target groups, thereby meeting Quality of Life objectives of regional Primary Care Trusts (PCTs) and the NHS (TRO was a finalist in 2007 NHS Health and Social Awards). Professor Louis Appleby, former NHS Director for Mental Health, commented: '*GIR is exactly the kind of work we at the Department of Health want to develop over the next 10 years – facing outward into the larger community and looking after the mental health and well-being of the general population*'. TRO's intervention is distinguished from other reading therapies (which rely on 'self-help' books) in emphasising the importance of serious, 'classic' literature and its role in mediating experience and offering a model of human thinking and feeling (Morrison 2008). 'Get into Reading' was offered as a model of best practice in the *New Horizons* consultation document.

### **1.2 Mental Health and Therapy**

The mental health and well-being of the population are high on the national health agenda given the prevalence of depression as a major disabling illness (NICE, 2004). Although anti-depressant medication remains the mainstay of treatment, its effectiveness has been called into question (Turner et al, 2008). There is an expanding evidence base in support of a range of treatment options including psychosocial interventions and comprehensive disease management programmes (Layard, 2006). Alternative treatments typically



emphasise the importance of: meaningful social engagement; a sense of value, purpose or comprehensibility in respect of one's self and life; a sense of agency and of manageability in relation to the problems and demands posed by life; the capacity to 'tell a good story about oneself' (Dowrick, 2009). As the latter possibility is likely to decrease in the culturally adverse setting of an in-patient ward, or in the context of a diagnosis which offers a passive story of a 'patient' who is ill and in need of professional cure, recent initiatives have stressed the importance of preventative interventions which can reach individuals before such adverse personal stories take hold.

### **1.3 Previous research on reading and health in primary care**

In partnership with Liverpool Primary Care Trust, a Get into Reading group for shared reading was set up for patients from the practice (situated in one of the most disadvantaged areas of Liverpool) and from the local community, to improve access to literature and to promote self-esteem and participation. Observed and reported outcomes (Robinson, 2008) for participants included: being 'taken out of themselves' via the stimulation of the book or poem; feeling 'good', 'better', 'more positive about things' after taking part in the group; valuing an opportunity and space to reflect on life experience, via memories or emotions evoked by the story or poem, in a convivial and supportive environment; improved powers of concentration; a sense of common purpose and of a shared 'journey'; increased confidence and self-esteem; sense of pride and achievement; valued regular social contact; improved communication skills. The GPs were very supportive of the reading group and of its benefits, in particular for patients who frequently consulted on poor mental health linked to social isolation, and to whom GPs often felt unable to offer conventional medical treatments. GPs also commented that the people who come to the practice are not just poor in the sense of materially deprived; they are also 'word poor' and may lack the resources to be able to communicate their day to day (health) concerns to their GPs. Reading may introduce people to new forms of verbal expression and so improve their potential to communicate their condition.

These preliminary findings resonated with other innovative research into reading and health, which suggested that the act of reading together a literary text not only harnesses

the power of reading as a cognitive process: it acts as a powerful socially coalescing presence, allowing readers a sense of subjective and shared experience at the same time (Hodge et al, 2007). Related research suggested that the inner neural processing of language when a mind reads a complex line of poetry has the potential to galvanise existing brain pathways and to influence emotion networks and memory function (Thierry et al, 2008). The possibility that shared reading can help make those micro-happenings last longer and bite deeper - both at the point of delivery and in its effects over time – was a key area requiring dedicated research.

It was our hypothesis that literature per se has important therapeutic benefits. However, we were also aware that there are other dynamics in GIR groups, of which key ones would be the social interaction of the reading group and the role of the facilitator as an enthusiastic, caring person. Part of the research plan was designed to tease out the relative importance of these factors.

#### **1.4 Research Questions**

*Does the shared reading of literature help to improve well-being and mental health in terms of:*

*Social well-being:* Can reading and talking about literature: a) increase personal confidence and self-esteem? b) reduce social isolation and foster a sense of community? c) encourage/extend oral communication skills?

*Mental/ Educational well-being:* Can reading fiction and poetry aloud in a group: a) improve powers of concentration? b) enhance literacy skills? c) foster an interest in learning and make more educable?; d) promote language acquisition at levels of vocabulary and syntax (and thus extend capacities for thought, verbalized and internalised)?

*Emotional/Psychological well-being:* Is reading literature observed to: a) increase awareness of personal narrative? b) help shift internal paradigms relating to self/identity? c) enhance ability to articulate profound issues of self and being?

### **1.5 Aims:**

The aims of this research are to:

1. Investigate the power of shared literature to improve mental health and address depressive symptoms in local primary care and community settings.
2. Pilot research methods and working relationships leading to larger-scale investigations including randomised controlled trials (RCTs).

### **1.6 Objectives**

The objectives of this research are to:

1. Research the practical use of reading in preventing, alleviating or managing depression by setting up an innovative multi-disciplinary collaborative network around reading and health.
2. Establish the nature and efficacy of good practice in this area as a potential alternative where other interventions have proved economically costly.
3. Provide a sound base for policy and practice, including the development of prototype procedures.
4. Promote the collaboration and interaction with, and dissemination of best practice and knowledge to, professionals and organisations working to improve the mental health of the local population.

### **1.7 Data Collection**

Two weekly community reading groups were established, in a GP surgery (Aintree Park Group Practice) and a health drop-in centre (Upstairs at 83, Bootle), each of 4-6 people, all with a GP diagnosis of depression and validated measure of severity (e.g. Patient Health Questionnaire (PHQ-9), Kroenke et al, 2001). Participation was voluntary and the criterion for inclusion in the group was a validated diagnosis of depression: note was

taken of other medical/psychiatric diagnoses. Data collection took place over a 12 month period from July 2009 to July 2010 using the following methods:

#### *1.7.1 Questionnaires*

Preliminary and ‘exit’ questionnaires for participants, including PHQ-9 scores pre- and post-reading group experience were used to elicit information regarding use of health care services (consultation, treatments, referrals to secondary care) before and during participation in the reading group;

#### *1.7.2 Observation and reflective diaries*

To capture the interaction taking place within the reading group sessions we used researcher observations and digital recordings some of which were later transcribed verbatim. In addition, reflective diaries were completed by the researcher/observer and the facilitator to record their impressions of the group reading session.

#### *1.7.3 Interviews and a focus group discussion*

The experience of taking part in the groups was explored by conducting: **a.** appropriate (unstructured, participant sensitive) individual interviews with participants; **b.** a focus group discussion for participants at the close of the 12 month period to elicit responses in relation to the following topics: the quality of the social experience and group interaction/process; the personal value of the literature in motivating interest/learning, and in stimulating concentration, self-reflection and positive self-awareness; the role of the facilitator in creating atmosphere, encouraging confidence, and in making the literature ‘live’.

### **1.8 Analysis and Interpretation**

Digital recordings of each session were transcribed using appropriate annotation to prepare the text for an ethnographic approach to conversation analysis (undertaken by social scientist and linguist), including studying speech events, such as turn-taking, interruptions, participation, and silences, in relation to the immediate setting and stimuli, the poems presented to the participants and the wider social context of the reading group (Elliott, 2005).

The observation notes and reflective diaries of the researcher and group facilitator, and transcribed audio-recordings of interviews, were analysed thematically, and the findings critically compared to those from the conversation analysis (Atkinson et al, 2007). Thus this part of the analysis studied components of the **intervention** (broadly the social dynamics created by group process, environment and facilitator's role in promoting communication), as well as potentially informing choices regarding **outcome measures** in relation to depression and well-being in the design of a future RCT.

A literary researcher and linguist used the data collected via digital recording/transcription to study the relationship and dynamic between participant responses, as established by conversation analysis, and: **i)** the literature in terms of: **a.** the human-emotional content of the poetry and fiction; **b.** its formal dynamics (rhythm, rhyme; structural/syntactic/narrative patterns); **c.** its delivery (using speech analysis software to trace vocal patterns of facilitator and participants); **d.** its typography; **ii)** the role of the facilitator in guiding emotional and intellectual responses to the literary stimuli; **iii)** the role of the group process in encouraging the articulation of personal thoughts and feelings in relation to the fiction or poetry.

## **1.9 Ethics**

The project was approved by the Sefton NHS Research Ethics Committee, and conducted on principles of good research governance.

## **2. OVERVIEW OF THE FINDINGS**

**Section 3** will:

- (i) explain the ‘Get into Reading’ model employed in the reading groups;
- (ii) outline Theoretical Background to the study of the reading groups.

**Section 4** will:

- (i) concentrate on findings from quantitative data (entrance and exit PHQ9s), assessing Clinical Outcomes of the intervention;
- (ii) synthesise the findings yielded by literary, linguistic and sociological/anthropological analysis of the data gathered from researcher-observation and transcribed audio-recordings of the reading group sessions. This section will demonstrate the components of the intervention or ‘Mechanisms of Action’ and how the individual components work (and work together) to produce a distinctive therapeutic intervention, based on literature and reading;
- (iii) concentrate on findings from further qualitative data, using Focus Group evidence, detailing participants’ testimony as to the value of ‘Get into Reading’, and Two Case Studies relating to the experience of one member of each reading group from personal and facilitator viewpoints.

Finally, the report will (5) consider Methodological Insights gained from the study, (6) summarise Conclusions, and (7) briefly outline Plan for Future Work.

### **3. BACKGROUND TO THE FINDINGS**

#### **3.1 The 'Get into Reading' Model**

The groups followed the standard 'Get into Reading' format: most of the session was taken up with shared reading of a book and the session opened or (more usually) concluded with a reading of a poem, the latter format providing a satisfying sense of 'completion'. Each session lasted approximately one and a half hours and was delivered at weekly intervals over the course of the twelve months.

The principal feature of the Get Into Reading model is shared reading: all reading material is read aloud in the session itself and open-ended discussion is encouraged by the facilitator. Group members participate voluntarily as they wish and interact in relation to what is happening in the text itself (in terms of narrative, characters, place and setting, themes, description, language for example) and what may be happening within themselves as individuals (in terms of reflections about personal feelings and thoughts, opinions and experiences for example) as an articulated and evolved response to the shared reading of the text and wider group discussion. The basic structure of the Get Into Reading model is summarised below:

- **10 Minute Recap/ Break-In Period**

Every session begins with a 10 minute recap/break-in period which provides group members with a transitional space to adjust mentally and prepare themselves for the reading group session, settle down and relax into the defined space of the reading group. This transition is aided by the friendly welcome provided by refreshments at the start of every session and group members having a little time to meet and greet each other. This 'welcome' space also provides the facilitator with the opportunity to encourage the group to reflect on what may have been read and/or discussed in the previous session.

- **Prose Reading and Discussion (50-60 minutes)**

After the 10 minute recap/ break-in period, the facilitator will always begin the session by reading aloud from a short story or novel. That the facilitator is always

the first person to read is one effective way in which a sense of structure is injected into an otherwise relatively fluid set-up. (Group members involved in the present study commented on how the facilitator's opening of the reading allowed the members themselves to relax into the book with a familiar, regular, and reliable narrating voice which became appreciated as one of the constants in the reading group.) Group members are free to interrupt during the facilitator's reading if they want to raise questions or express opinions, but if not interrupted the facilitator will usually pause after 4 pages (approx. 8-10 minutes reading time) of the short story/novel at an appropriate point to provoke discussion and allow time for group reflection. In these pauses, the discussion can range widely, usually starting with issues/characters/situations contained in the material just read and often progressing to personal reflection and the sharing of opinions/experiences. After a time (between 5-15 minutes depending on the nature of the discussion and response of group members) the facilitator will bring the discussion back to the text and ask if anyone would like to take a turn reading. A group member might volunteer and the same pattern will be repeated - the group member pausing and/or handing over the reading aloud or the facilitator intervening to allow discussion or another group member to take a turn.

- **Poetry Reading and Discussion (20-30 minutes)**

The session always concludes with a reading of a poem. The poem is often selected to reflect and/or develop themes that might have been read and discussed during the session in response to the prose material. The poem is a crucial component of the Get Into Reading model, allowing for the clear signalling, and satisfying sense of completion, of the reading session as a defined happening and unit of meaning in the life of the group members. The introduction of new literature and a new voice and language also simultaneously encourages a fresh opening for reflective thinking. In addition, the poem offers the weekly ritual of a 'transitional space', enriching and concluding the thinking that has taken place in one session yet also looking forward to re-connecting with that thinking when the prose reading is taken up again the following week. The rich and complex potential of this regular mode of transition can best be summarised by a comment



made by one reading group member at Aintree Park, who once said when leaving a session (having just read and discussed 'I Go Among Trees and Sit Still' by Philip Larkin): 'I'm going to go home now and think about this. I'd just be sitting at home if I wasn't here in the reading group. It gets me out and it gets me thinking and afterwards I go out of the room still thinking about the poems we've read.'

The poem is also intended to restore a sense of balance to the mood of a group, which can prove particularly helpful in circumstances where the group has been reading a difficult/upsetting/despondent episode in the story. The poem also provides an opportunity for members who may not have read during the prose section of the session to take a turn at reading aloud. Sometimes group members will read the poem collectively, either in unison or taking a turn each at reading a stanza or a line. In any case the same poem is read aloud at least 3 times, sometimes 4, with pauses after each reading for discussion and reflection. After several readings and discussions, the facilitator will usually ask for one final reading of the poem to conclude the session and to illustrate how far the group members may have come in their understanding of the piece, which often feels different with each reading, experienced anew through deeper understanding.

- **End of session**

Group members will leave the designated reading area, often making some informal comments on looking forward to what will be read next week.

## **3.2 Theoretical Background**

### **3.2.1 Reading theory**

The study of the reading group is underpinned by the findings of Stanley Fish and Wolfgang Iser and that reading per se is not a passive activity, but a participatory and creative one.

(i) As with any other context for communication or understanding, a book or poem is a given system - a way of thinking, a form of life – which ‘shares us’, rather than our sharing it, by implicating the reader in a world of already-in-place objects, purposes, goals, procedures and values. A reader is part of an interpretive community, finding and creating meaning in relation to a new system of intelligibility - the book or poem. While the meanings are relative (i.e. the understanding achieved by two or more persons is specific to that system and determinate only within its confines), they are, by virtue of being thus situationally determined, not merely arbitrary. Meaning is creative to the degree that the new context (the book or poem) introduces new categories or the extension of old ones. (Fish, 1980)

This extension of the repertoire of contexts resonates with the desirability for the depressed patient to find new paradigms for lived experience (‘telling a new story about oneself’, Dowrick, 2009).

(ii) The relation between text and reader is quite different from that between object and observer. Instead of a subject-object relationship there is a moving viewpoint which travels along *inside* that which it has to apprehend. This mode of grasping an object is unique to literature. Furthermore, literary texts do not serve merely to denote an empirically existing object. Rather, instead of finding out whether the text gives an accurate or inaccurate description, readers have to build up the object for themselves. The act of reading is a continual interplay of expectation and memory – a dialectic of gestalt-

forming and synthesis – in which the text is constantly being structured and re-structured, because it cannot at any one moment be grasped as a whole.

‘Thus readers participate in the text ... [they] are caught up in the very thing [they] are producing. This is why we often have the impression, as we read, that we are living another life. For Henry James, this “illusion of having lived another life” was the most striking quality of narrative prose... . But when we are present in an event something must happen to us. The more ‘present’ the text is to us the more our habitual selves – at least for the duration of the reading – recede into the ‘past’. ... Reading has the same structure as experience, to the extent that our entanglement has the effect of pushing our various criteria of orientation back into the past, thus suspending their validity for the new present. This does not mean that these criteria or our previous experiences disappear altogether. On the contrary our past still remains our experience, but what happens now is that it begins to react with the as yet unfamiliar presence of the text. ... The acquisition of experience is not a matter of adding on – it is a restructuring of what we already possess.’ (Iser, 1978)

Again, the emphasis is on reading as an encounter with a new way of seeing.

It is important as a starting-point in analysis of the reading groups that we recognise that the processes described above will be individual and personal to each participant even while the personal inwardness with, or ‘production’ of, the text intersects with the same process in other participants (see **Example 15** below, p. 53). And a great deal of what constitutes the individual reading experience, including its potential therapeutic power, will remain hidden from the surface interaction, intuited but not ‘known’ from the latter, and not be articulated in individual testimony but not ‘not there’ even so.

Hence the further reliance of this study on:

### **3.2.2. Psychoanalytic theory**

‘Psychic reality cannot be stated directly. ... 0 denotes that which is the ultimate reality the “thing-in-itself”. 0 does not fall in the domain of knowledge or learning save incidentally ... it can be “become” (its presence can be recognised or felt), both analyst and analysand can “be” it, but it cannot be “known” except in the evolution of experience or when it becomes manifest in the emergence of actual events. Its existence is conjectured phenomenologically or it is experienced through at-one-ment with it.’ (Bion, 1970)

In what follows, the ‘reality’ of the reading experience is necessarily interpreted via the indirect evidence of the transcripts and via the facilitator’s and researcher-observer’s witnessing of, or ‘at-one-ment with’ its ‘presence’.

### **3.2.3 Linguistic theory**

Linguistic analysis of the GIR recordings takes as its theoretical starting point that conversation is essentially a cooperative act, and seeks to examine how successfully group discussions adhere to the Gricean ‘cooperative principle’ of conversation; and whether the conversational strategies of individual group members change over time.

The Gricean ‘cooperative principle’ states: ‘Make your contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged.’ Grice identified four precepts which speakers must observe in order to fulfil the cooperative principle. These precepts, the ‘Gricean maxims’, state that speakers: must be truthful and not make unsubstantiated claims (maxim of Quality); their utterances must be relevant (maxim of Relation); they must avoid either unnecessary terseness or prolixity (maxim of Quantity); and they must avoid ambiguity and obscurity (maxim of Manner). (Grice, 1975)

The linguistic analysis examines moments when participants observe or flout the ‘Gricean maxims’. In addition, analysis was conducted under the following headings, common in discourse analysis: adjacency pairs; elicits and responses; topic control / topic

shifting; modalising; tag questions; conditionals; hedges. There are two new headings of analysis, created ad-hoc for this project: ‘Boundary of Text Discussion’ (**BTD**), used as a marker of when the discussion moves from being closely based upon the literary text to a more general topic, and vice-versa; and (for want of a better term) ‘Awareness of Another’s Unspoken Thoughts’(**AUT**). Not the same thing as inference from implicature, analysis under the latter heading is intended, rather, as an indicator of a speaker’s ability to empathise with another participant.

At the outset of the study, it had been conjectured, by the linguistic expert on the research team, that a person’s depression might be signalled by measurable acoustic indicators in their speech, including in particular, slow tempo and ‘flat’ intonation contouring. However, it was immediately apparent from a first hearing of the audio-recordings that there were no such indicators in the speech of any of the participants, and this hypothesis was therefore rejected.

## 4. FINDINGS

### 4.1 Clinical Outcomes

At baseline, 18 reading group participants provided information: of these, 14 provided information on demographics, health care use and PHQ scores; two provided demographic data and PHQ scores, and two provided only PHQ scores.

Most participants were aged between 35 and 64. There were similar numbers of men and women. All considered themselves to be white. Over three quarters attended the reading group at Upstairs at 83. All participants had been in contact with their GP in the previous six months, most commonly between 3 and 6 times, while half had hospital contact once or twice during the same period. Everyone reported taking at least one regular medicine. The mean PHQ9 score was 14.3, which is equivalent to a diagnosis of moderate depression. Despite our formal cut-off of a PHQ9 score of 10 or greater, two participants had initial scores of less than 10. These data are summarised in Table 1. PHQ9 scores are presented in quintiles, considered to represent no, sub-threshold, mild, moderate and severe depression.

At follow up, 8 (44%) participants provided updated information health care use and PHQ scores. These data are also summarised in Table 1

***Table 1 Baseline and follow-up data on demographics, health care use and PHQ Scores.***

	Baseline	Follow-up
Age (years)		
<35	1 (6%)	0
35-64	11 (69%)	7 (87%)
>64	4 (25%)	1 (13%)
Gender		

Female	8 (50%)	4 (50%)
Male	8 (50%)	4 (50%)
Ethnicity		
white	16 (100%)	8 (100%)
Reading group site		
Aintree Park	4 (22%)	2 (25%)
Upstairs at 83	14 (78%)	6 (75%)
GP Contacts last 6 months		
0	0	2 (25%)
1-2	5 (36%)	2 (25%)
3-6	6 (43%)	2 (25%)
>6	3 (21%)	2 (25%)
Hospital Contacts last 6 months		
0	4 (29%)	3 (38%)
1-2	7 (50%)	2 (25%)
3-6	2 (14%)	3 (38%)
>6	1 (7%)	0
Regular medicines		
Mean	3.5	2.8
range	1 to 8	1 to 6
PHQ score		
1-4	1 (6%)	2 (25%)
5-9	1 (6%)	4 (50%)
10-14	6 (35%)	0

15-19	5 (29%)	1 (13%)
20-27	4 (24%)	1 (13%)
Mean	14.3	9.4
Standard deviation	5.6	8.3
range	2 to 24	3 to 26

Comparing data at baseline and follow up, the demographic proportions were similar. The mean numbers of GP and hospital contacts, and regular medications appeared to be lower at follow up than at baseline. However direct comparison of those who responded at both time points revealed no trend towards reduction in health care use on any of these three parameters.

PHQ-9 scores were compared in terms of numbers of cases, and in terms of mean scores:

- Six of the eight follow-up respondents had scores below 10 (the accepted level for depression caseness), compared with only two of 17 at baseline. Using Fischer's exact test (two-sided), the probability of this being a chance finding was 0.0036. By conventional criteria, this difference is considered to be *statistically significant*.
- Analysing the change in mean scores for those with initial scores of 10 or above (n=6), the initial mean (standard deviation) was 16.0 (4.6) and the follow up mean (standard deviation) was 11.2 (9.0). Using Students' t-test, the two-tailed P value for this difference was 0.0565. By conventional criteria, this difference is considered to be not quite statistically significant.

Given that there was no control group, we cannot infer that participation in the Get into Reading Groups caused reduction in depression 'caseness': we may only note the temporal association between these two variables.



## **4.2 ‘Get into Reading’: Mechanisms of Action**

The study identified four key components of the intervention: the literature, the facilitator, the group, and the environment.

### **4.2.1 The Literature**

#### **a. Literary Content**

The range of material was very varied (see Tables 1 and 2 below) crossing centuries and genres, according to the interest and facilitator-guided choice of the participants. A wide range of literature has always been integral to the Get Into Reading model, but in the present study it proved particularly important in encouraging participants to engage in discussion and thinking which called on the ‘whole’ person rather than just the ‘depressed’ part. Indeed, the importance of the range of material was illustrated very early in the project in the Aintree Park setting. Several group members spoke about how, in this context, they viewed themselves as patients suffering from depression who had come to the reading group as an alternative or complementary ‘treatment’ and with that in mind asked for literature which, in their view, would be of direct benefit to their condition – works which either directly addressed their feelings of depression or which, conversely, were uplifting. However once the group members had become more familiar with the Get Into Reading model and began to gain an appreciation of the literature for its own sake rather than as a ‘remedy’, participants contributed and interacted as interested members of a reading group rather than as patients. Increasingly, they were able to enjoy and make choices and give indications of preference that were stimulated by the intrinsic interest of the book, regardless of topic or difficulty (see below) or relative remoteness in time. (Upstairs@83 chose Charles Dickens’s *Great Expectations* over Frank Cottrell Boyce’s *Millions* for example.) Opportunity for (informed) choice took priority over prescriptiveness in respect of reading matter in giving group a sense of ownership of, and responsibility for, their reading experience. The study showed the facilitator’s

commitment to the Get into Reading custom of offering a rich rather than narrow diet – based on the seriousness and quality of the literature, past experience of ‘what works’ in read aloud groups, and the agreed taste and interests of the groups members themselves - to be one of the most important components of the intervention. It allowed participants both to discover new, and rediscover old and/or forgotten, modes of thought, feeling and experience that may have been suppressed or made difficult to access when suffering from depression.

**Table 1 Reading Record for GIR group at Upstairs@83, 28 July 2009- 20 July 2010**

	Book/ Short Story	Poem
28. 07. 09	'Accelerate' Frank Cotterall Boyce	
04. 08. 09	'Accelerate'/ 'Penny in the Dust' Ernest Buckler	'Leisure' W. H. Davies
11. 08. 09	'The Lottery Ticket' Chekhov	'When in Disgrace with Fortune and Men's Eyes' Shakespeare
18. 08. 09	Session cancelled due to holidays.	
25. 08.09	'The Liar' Tobias Wolf	'Ask Me' William Stafford
01. 09. 09	'The Liar'	'Song' by Rupert Brooke
08. 09. 09	'Mr Peebles' Heart' Charlotte Gilman Perkins	'The Peace of Wild Things' Wendell Berry
15. 09. 09	Session cancelled due to holidays.	
22.09. 09	<i>Five People You Meet in Heaven</i> Mitch Albom	'Accidents of Birth' William Meredith
29. 09. 09	<i>Five People</i>	
06.10.09	<i>Five People</i>	'Accidents of Birth'
13.10.09	<i>Five People</i>	'The Lake Isle of Innisfree' W. B. Yeats
20.10.09	<i>Five People</i>	'Flying Crooked' Robert Graves
27.10.09	<i>Five People</i>	'Invictus' W. E. Henley
03.11.09	<i>Five People</i>	'Sympathy' Paul Lawrence Dunbar
10.11.09	<i>Five People</i>	'The Moor' R. S. Thomas
17.11.09	Session cancelled due to Annual GIR GET TOGETHER	
24.11.09	<i>Five People</i>	'Snow' Louis MacNiece
01.12.09	<i>Five People</i>	'This Morning' Ray Carver
08.12.09	<i>Five People</i>	'Before you were mine' Carol Ann Duffy

15.12.09	<i>Five People</i>	'somewhere I have never travelled' e. e. cummings
05.01.10	<i>Five People</i>	'Stopping by the Woods on a Snowy Evening' Robert Frost
12.01.10	<i>Five People</i>	'The Clause' C. K. Williams
19.01.10	<i>Five People</i>	'Comfort' Elizabeth Jennings
26.01.10	<i>Five People</i>	'I carry you in my heart' cummings
02.02.10	<i>Five People</i>	
09.02.10	'Chivalry' Neil Gaiman	'Dawn Not Yet' Elizabeth Jennings
16.02.10	'Chivalry'	'Kindness' Naomi Shihab Nye
23.02.10	'The Country of the Blind' H. G. Wells	'Do you think we'll ever get to see the earth sir?' Sheenagh Pugh
02.03.10	'The Country of the Blind'	'Foreign' Carol Ann Duffy
09.03.10	'The Country of the Blind'	'As Kingfishers catch fire' Gerard Manley Hopkins
16.03.10	'The Country of the Blind'	'Often Rebuked Yet Always Back Returning' Emily Bronte and 'The Single Mind' Sybil Birch
23.03.10	Session cancelled due to training.	
30.03.10	Session cancelled due to training.	
06.04.10	'The Man Who Could Work Miracles' H. G. Wells	'Neither Far Out nor In Deep' Robert Frost
13.04.10	'The Man Who Could Work Miracles'	
20.04.10	'The Man Who Could Work Miracles' and 'The Monkey's Paw' W. W. Jacobs	
27.04.10	<i>Great Expectations</i> Charles Dickens	'Portrait of a Child' Louis Untermeyer
04.05.10	<i>Great Expectations</i>	'Boy at the Window' Richard Wilbur
11.05.10	<i>Great Expectations</i>	'Desert Places' Robert Frost
18.05.10	<i>Great Expectations</i>	'Hoar Frost' Huw Menai
25.05.10	<i>Great Expectations</i>	Acquainted with the Night' Robert Frost
01.06.10	<i>Great Expectations</i>	'Being But Men' Dylan Thomas
08.06.10	Session cancelled due to sickness	
15.06.10	<i>Great Expectations</i>	'Mirror' by Sylvia Plath
22.06.10	<i>Great Expectations</i>	
29.06.10	<i>Great Expectations</i>	'What does your father do?' Roger McGough

06.07.10	<i>Great Expectations</i>	
13.07.10	<i>Great Expectations</i>	'Walking Away' C. Day Lewis
20.07.10	<i>Great Expectations</i>	'Letty's Globe' Charles Tennyson Turner

**Table 2 Reading Record for GIR group at Aintree Park Surgery, 30 July 2009-29 July 2010**

	Book/ Short Story	Poem
30. 07. 09	'Accelerate'	'Leisure'
06. 08. 09	'Penny in the Dust'	'Stone Beach' by Simon Armitage
13. 08. 09	'The Lottery Ticket'	'When in Disgrace with Fortune and Men's Eyes'
20. 08. 09	'Tea with Birds' Joanne Harris	'Oh Life Oh Me' Walt Whitman and 'I wake to sleep' T. Roethke
27. 08. 09	'Faith and Hope Go Shopping' Joanne Harris	'Just This' W. S. Merwin
03. 09. 09	'My Polish Teacher's Tie' Helen Dunmore	'A Return' Elizabeth Jennings
10. 09. 09	'Turned' Charlotte Gilman Perkins	'Wild Geese' Mary Oliver
17. 09. 09	Session cancelled due to holidays.	
24. 09. 09	'Mr Peebles' Heart'	'The Peace of Wild Things'
01. 10. 09	'The Withered Arm' Thomas Hardy	'Wild Geese'
08.10.09	'The Withered Arm'	'Often Rebuked, Yet Always Back Returning'
15.10.09	'The Withered Arm'	'Begin'
22.10.09	<i>Cider with Rosie</i>	'Do you think we'll ever get to see the earth, sir?'
29.10.09	<i>Cider with Rosie</i>	'The Lake Isle of Innisfree'
05.11.09	<i>Cider with Rosie</i>	'Silver' Walter de la Mare
12.11.09	<i>Cider with Rosie</i>	'The Railway Children' Seamus Heaney
19.11.09	<i>Cider with Rosie</i>	'This Morning' Ray Carver
26.11.09	<i>Cider with Rosie</i>	'Snow'
03.12.09	<i>Cider with Rosie</i>	'Where the sidewalk ends' Sheenagh Pugh
10.12.09	<i>Cider with Rosie</i>	'Postscript' by Seamus Heaney
17.12.09	<i>Cider with Rosie</i>	"This Christmas Life' by Wendy Cope; 'The Darkling Thrush'
07.01.10	Session cancelled.	
14.01.10	<i>Cider with Rosie</i>	'Freshen the Flowers' Mary Oliver
21.01.10	<i>Cider with Rosie</i>	'Handbag' Ruth Fainlight
28.01.10	<i>Cider with Rosie</i>	'Cold Hill Pond' Mike McCarthy

04.02.10	<i>Cider with Rosie</i>	'The Single Mind
11.02.10	<i>Cider with Rosie</i>	N/A
18.02.10	<i>Cider with Rosie</i>	N/A
25.02.10	<i>Cider with Rosie</i>	'As Kingfishers Catch Fire'
04.03.10	<i>Cider with Rosie</i>	'Coming' Philip Larkin
11.03.10	'Chivalry'	'Love Bade Me Welcome' George Herbert
18.03.10	'Swimming into the Millennium' Helen Dunmore and 'The Seamstress' Colette	'What If This Road' Sheenagh Pugh
25.03.10	'Loose Change' Andrea Levy	'Foreign'
01.04.10	<i>Rebecca</i> Daphne du Maurier	'The Way Through the Woods' Rudyard Kipling
08.04.10	<i>Rebecca</i>	'The Call' Charlotte Mew
15.04.10	<i>Rebecca</i>	'The Trees' Philip Larkin
22.04.10	<i>Rebecca</i>	'The Wild Iris' Louise Gluck
29.04.10	<i>Rebecca</i>	'Nostalgia' Billy Collins
06.05.10	<i>Rebecca</i>	'I Go Among Trees and Sit Still' Wendell Berry
13.05.10	<i>Rebecca</i>	'Apple Blossom' Louis MacNiece
20.05.10	<i>Rebecca</i>	'Love Is Not All' Edna St Vincent Millay
27.05.10	<i>Rebecca</i>	'The Slip' Wendell Berry
03.06.10	<i>Rebecca</i>	'The Phantom Horsewoman' Thomas Hardy
10.06.10	Session cancelled due to sickness	
17.06.10	<i>Rebecca</i>	'She Rose to His Requirement' Emily Dickinson
24.06.10	Session cancelled due to sickness	
01.07.10	<i>Rebecca</i>	
08.07.10	<i>Rebecca</i>	'On The Sea' John Keats
15.07.10	<i>Rebecca</i>	
22.07.10	<i>Rebecca</i>	'Outlook' Archibald Lampman
29.07.10	<i>Rebecca</i>	'And Yet the Books' Czeslaw Milosz

#### b. Literary Form

Prose and poetry were observed to have distinctive functions and benefits, which were emphasised by their combination in each session and which were mutually complementary. Broadly speaking, the continuous narrative led to observed and reported outcomes of 'relaxation', or calming of mental anxiety. One participant at Upstairs@83

(an avid reader – ‘I used to eat books’ - before his wife’s long-term illness led to his ‘not being able to concentrate on anything but TV’) described with surprise, at the close of the first session he attended, how the story had ‘soothed’ him ‘here’ (pointing to his forehead). These soothing effects of story were particularly visible in one participant of the Aintree Park group, in the early stages, who, during the poetry reading at start and close of the session, had been easily distracted (fidgety in body, eyes and head, and excessively aware of the attention and behaviours of other group members) but became stilled as her absorption in the story overcame other claims on her attention.

The relaxation enabled by story is perhaps specifically related to narrative’s mode. Unlike lyric poetry, which exists ‘outside’ of time, narrative moves in a continuous temporal sequence, and this ‘fictional’ time can be picked up, re-joined and eased into again after a break for discussion, or after the week-long gap which separates one session from another. Among other factors (see below) the sense of relaxation and the repeated comment from participants that ‘it takes my mind off other things’ might be related to the fact that, in narrative (in temporal terms at least, if not in terms of the reader’s ‘production’ of the text), the future takes care of itself. Certainly this narrative time overrode any interruption in ‘real time’: people entering the room or noises outside were collectively ignored unless attention was directly claimed. (See **Example 4** below p. 39, where the Facilitator reacted to the interruption, but not the group.) The intense absorption was closer to meditation than ‘escapism’ since group discussion (see **4.2.3** below) continually touched base in real time and with real personal experience.

Poetry, on the other hand, was demonstrably more exacting at levels of concentration and mental effort and elicited much more verbal expression of thinking, intensity of focus (on individual words and meanings) and, interestingly (in light of increased difficulty), inclusiveness (one participant at Upstairs@83 who was never observed to contribute to discussion of narrative, always said something in relation to the poetry). There was a strong tendency for participants to go back to and repeat (aloud) words, phrases or lines in the effort to understand or mine for meaning and the emphasis in the main was on finding meaning for its own sake rather than relating it to personal experience. So:

**Example 1:** Aintree Park (26 Nov 2009)

(‘F’ = Facilitator throughout these examples. Facilitator’s contribution given in bold, repetitions of words or lines from poem are underlined.)

(The group has just read Louis MacNeice’s poem ‘Snow’)

L: *I don’t think there is such a word really as, as suddener is there? It’s either sudden or not.*

A: *Yes*

L: *That makes it sound funny.*

A: *The world is suddener than we fancy it.*

L: *Don’t like that*

A: *The world is suddener, the room was suddenly rich and the great bay window was spawning snow and pink roses against it. It’s like, you wouldn’t know if it was looking out or looking in*

**F:** ***Mm. It’s as though the snow is looking in***

A: *Or you are looking in.*

**F:** ***Or your***

A: *You know, erm, mind you then again the room was suddenly rich, mind you, you could be looking in, and the great bay window was spawning with snow with pink roses against it. As though you are looking into the room, the room is all lit, could be lit type of thing or warm and cosy. And you are standing in the snow looking at the window, that has got snow on it and there is like a vase of roses in the window or something or could it be like old rose trees?*

**F:** ***Yes could be either couldn’t it.***

A: *Hmm. Soundless, collateral, incompatible, the world is suddener than we fancy it. The world is crazier and more of it than we think Well yes. Incorrigible plural, I peel and portion a tangerine. Oh it’s Christmas.*

[laughs]

More, participants who never offered to take a turn reading narrative often accepted the invitation to read a poem. The poems' relative brevity (not so daunting/discouraging as a long paragraph of prose) was an influence here; but individual confidence also seemed engendered by the mode of discussion characteristically elicited by the poems, where (as above and in Examples 2 and 3 below) much more verbalised collective meaning-making was evident - everybody working out the poem together, as if it were a puzzle (or 'conundrum' as one participant would often put it). This is how **Example 1** continues a little later:

- A: *The drunkenness of things being various. It is a strange one.*  
L: *Yes. I think it's about Christmas though as you say definitely isn't it.*  
A: *Or,*  
L: *Don't know what to make of it, what do you make of it?*  
A: *And the fire flames and the bubbling sound for words, worlds, bubbling sound for worlds, is more spiteful and gay than one supposes.*  
L: *I mean they don't sort of go together really do they? Spiteful and gay.*  
A: *No*  
F: *No*  
L: *Sort of opposites.*

One striking phenomenon, here and generally, is that the difficulty of the material was never in itself a difficulty or obstacle but more often appeared a cooperative challenge. In the first utterances of the following extract, for example (which likewise details the first responses to a new poem), difficulty or puzzlement itself initiates group meaning-making:

**Example 2:** [Upstairs@83](#) (25 August 2009) Poem: William Stafford, 'Ask Me'

- L: *Why is the river iced though.*  
Ma: *Think of like in the middle of winter, with the ice in the river, now I mean they normally when you know you are going to talk to people you are like a nice day or*



*nice weather to sit and chat to people. You are not going to sort of sit down on a seat by when you are icy cold and then have a chat and ask people questions are you, in the winter.*

**F:** *That's a really good point Mary. Yes.*

**Ma:** *You know you go by seasons. Lets face it we all feel nice, we all feel better when it's fine in the summer. I mean we are all grumpy and God knows what aren't we in the winter time.*

**F:** *The whole thing about ice it feels more closed up*

**Ma:** *That is what I am saying it makes you feel cold to start with.*

**I:** *Why the ice.*

**F:** *Yes, that's a really good question. Why, is this person saying sometime when the river is ice, ask me mistakes I have made.*

**L:** *Why has he gone up with the ice, the river has got to be ice,*

After a second reading of the poem, the question is taken up again by another participant.

**I:** *You have got to break the ice*

**F:** *Oh, right, ok.*

**L:** *Tread carefully.*

**F:** *This idea that,*

**R:** *It's a conundrum isn't it.*

**F:** *A conundrum again yes.*

**R:** *But it's about breaking the ice,*

**Ma:** *breaking the ice yes.*

An individual question has now become a shared group questioning though, significantly (see **Example 16** below) it does not therefore cease to be an individual preoccupation.

#### 4.2.2 The Facilitator

(a) Literary knowledge/expertise were observed to be essential both

- (i) in making available suitable choices of reading material (see above)
- (ii) in offering an approachable but credible authority on literature that people could question and query.

In addition, the facilitator's skill as an expressive reader (aloud) was key in:

- (iii) making the literature 'live' in the room
- (iv) creating atmosphere of serious attention

The facilitator's further expertise as an interpreter of narrative and of poetry was crucial:

- (v) in holding, and holding open, key ideas or central concerns (often by returning the discussion to tiny details of the poem or story and repeating individual words, lines or sentences).

The following further excerpts from **Example 1** and **Example 2** above briefly illustrate the Facilitator's directive guidance (key utterances underlined) in relation to the poetry

##### **Example 1 (cont.)**

A: *It's Christmas, tangerine yes.*

L: *The snow and tangerines remind you of Christmas don't they?*

A: *Yes*

F: **What about the pink roses though? They don't seem to fit.**

L: *No they don't do they. Normally by Christmas even the most hardy of roses have zapped and given up.*

##### **Example 2 (cont.):**

F *... **this second bit of the poem, the second stanza,** that is interesting though as well isn't it, because it's still going on about this idea of stillness, but as if there are things happening underneath the stillness, so you know this going back, these theme of ice, I don't know as if there is the ice but then there is this current underneath I don't know.*

Ma: *The under current to something, and it's, whatever it is has got to come up to the surface, do you think? While you are talking.*

F: *Because he says we know the current is there, hidden. That is interesting this*

*idea that we know, there is great sort of reassurance in that line would you say, we know, we most probably don't know a lot of things do we, but we know, the current is there, hidden though, but it seems to accept that.*

*Ma: Wants something to come, to bring it out yes.*

*F: And there are comings and goings from miles away, that hold the stillness exactly before us.*

A further and related aspect of the facilitator's literary expertise was the ability to:

- (vi) 'capture' details of participant contributions which helped whole group understanding

So here, in **Example 3** ([Upstairs@83](#), November 10 2009), the Facilitator picks up E's own instinctive (and initially quiet) repetition of words from the poem (underlined) and uses it as a tool for the rest of the group to keep in focus a key phrase of the poem ('it was like a church to me'):

*F: If we just take the very first, maybe we will work with the very first sort of few lines, when he says it was like a church to me.*

*E: I entered on soft foot.*

*F: Soft foot. That is interesting isn't it Eddie.*

*Ma: You feel when you went in a church you sort of you know, tiptoe in don't you, you don't just sort of just go marching in like you do into a supermarket or something.*

*Da: You have got to go in quiet.*

*Ma: Yes. You do.*

*F: What's that about that going in softly then?*

*Ma: Well*

*F: What's that about? Is it going in on tip toe*

*Ma: It's all quiet*

*I: Not disturbing anything.*

**F:** *Not disturbing anything.*

**I:** *Yes*

**F:** *It was like, so it's not actually a church, it was like a church to me.*

In the following extract, from **Example 2** again, the Facilitator picks on a contribution, returns the question directly back to the poem, while keeping the group included in the process.

**F:** *Would anyone like to take a turn of reading the poem? So we can maybe pick up on that question about why is it saying sometime when the river is ice? Would anyone like to take a turn of reading it?*

**Ma:** *I will*

**F:** *Thank you Mary.*

*[ Poem]*

**F:** *Thanks Mary, beautifully read as well. I enjoyed listening to you read that poem. I am just wondering if this idea about asking when the river of ice ...*

(b) Social awareness and communicative skills were also an intrinsic element of the Facilitator's role in creating individual and group confidence.

(i) The mode and quality of human attention given by the Facilitator to small or subtle phenomena within the behaviours of the participants is analogous to the attention given to the book or poem. Crucial here is the facilitator's alert witnessing presence in relation to literature and needs of individuals both, through unfailing (and unfeigned) respect for and awareness of participants' needs (**Example 2, above:** 'Beautifully read'; 'Would anyone like to take a turn?; beautifully read') and through gently nudging encouragement of the subtlest efforts or contributions - often non-verbal or tentatively verbalised (**Example 3, above:** 'Soft foot'/'That's interesting, isn't it Eddie?' **Example 5, below:** 'as M said, something deep').

(ii) The testimony of participants in the focus group discussion (see **4.3.1** p.58 below) demonstrated that the personality and skill of the facilitator was pivotal to the success of

the group. This role is evidently complex, as at times participants wanted to be led and guided, and at other times they needed space to be able to contribute fully to discussions and even take the lead in the reading and interpretation of the text. Participants made it evident that for them there was a fine line between ‘pressure’ to read and ‘encouragement’ to do so. Their discussions suggest that while they often needed some prompting and support to become involved in reading and discussing the text, and would not necessarily volunteer, anything they perceived as ‘pressure’ or ‘force’ would be resented. Despite describing how they were fully engaged and stimulated by the text, participants here use the words ‘relaxed’ and ‘relaxing’, perhaps referring to the absence of any tension in the room:

*C: She encourages but she doesn't force you. Which I think is quite subtle.*

*B: She is very relaxing.*

*U: Enthusiastic.*

*P: Oh the enthusiasm is great yes.*

*S: Fun*

*B: Yes, yes it sort of, it makes you want to do the next bit, you know the fact that she reads first, you know it's, its more calming than sort of coming in and who wants to start this, and you are all going [whistles].*

*S: Feel relaxed. Relaxed at ease.*

As part of helping to create this fun yet relaxing environment each week, the facilitator was needed to remind people where they were up to in the book and through this shared recollection, rekindle some of the emotional responses people had had to the text that had already been read, variously recalling any shared laughter, tensions, ambiguities and moments of suspense that the group had been left with the previous week. The participants also appreciated the questions that were asked to help them start to think about what they had just read, or to express their thoughts, and described how they would then often go on without the need for further prompts and continue to turn over their various interpretations within the group:

- U: And she has certainly got an instinct for what questions to ask about what we are reading you know sort of when to stop and say oh I think we need to talk about this, sort of thing, it does help you to take it in and find out what people think about it and feel about it and that.*
- B: It opens the door to be able to speak freely as well about what you think of whatever it is, passage or short story whatever you have read, you know there is, you don't have to worry about it... you know you put a modern spin on a old story*
- U: Yes*
- B: and things like that, because that's what you are doing you are reading your own bits into it.*
- JR:** *Yes*
- B: And it gives you a platform to discuss that openly.*
- JR:** *Yes*
- U: It's amazing with the poems the range of things the different people can see in it and bring out of it and it's quite fascinating.*

Participation and involvement are key themes in the discussion and here the discussion shows how the facilitator creates the social and emotional environment that draws in the reading group participants.

- C: I think [CW]'s good because she makes it, tries to get everybody involved in it. That's very important that.*
- P: Yes, because we all get a chance to read some of it as well, she often asks us to read you know different passages as well.*
- JR:** *And does that make you more involved?*
- P: Well it does because as you say like you do feel as though you are part of it, you know. I mean if you go to a theatre or that the people act on the stage they do that, but you are just an audience. But you are not an audience here, you feel as though you are part of this here.*

(iii) The facilitator's 'social-conversational role' is also to put the group's needs above those of the individual where necessary. On a number of occasions, participants flouted Gricean conversational maxims, especially those of Quantity (quantity of information) and Relation (relevance).

Grice's 'maxim of quantity' states:

- Make your contribution as informative as is required (for the current purposes of the exchange).
- Do not make your contribution more informative than is required.

Grice's Maxim of Relation states:

- Be relevant.

**Example 4 [Upstairs@83](#)** (25<sup>th</sup> August 2009):

*F: Ok, let's read on. So what time is it now? It's 1.50; I don't think we will finish the whole story today, but what I thought we could do is read on for a little bit more, have our poem, and if we don't finish it we can pick it up next week. Alright then, so let's carry on reading.*

*[interrupt]*

*B: I am sorry I didn't come, I have had biopsies and that, so I have been to the hospital. I have been there three hours actually and I don't really feel up to it. I am a bit sore, I am very sore at the moment, I have got lumps in both breasts. They might take them off and put some great big ones on! So I just wanted to let you know.*

*F: Thanks for letting us know, we will hopefully see you next week if you feel better then, B, hopefully.*

*B: I am a bit sore at the moment, they don't half maul you.*

*F: Ok, right. (continues reading): While I rode my bicycle home from Dr Murphy's office, mother fretted ... . He [father] changed after he learned about the cancer, and became more calm as the disease spread.*

B here flouts the maxim of quantity (too much information). F's first response doesn't encourage B to continue, while her second discourages it. B makes no further contribution (she left after F said 'Ok, right')

**Example 5: Aintree Park (20 August 2009):**

*[Shortly after the start of the meeting.] Following initial chat, F reads a poem, then adds a comment:*

*F: It's quite a deep one to start off with, as M said, something deep.*

*V Another cheery one.*

*M: I met the kids on the way home from school, love. I never went to school properly, love, so I can just about*

*F: It is a very, very, very deep one this, isn't it, and we will most probably maybe before we go onto the story read it again. I mean, V, you said another black one, didn't you? And much of the poem is him having I suppose, what you would say, quite a black view of life in many ways. Would anyone like to?*

V responds relevantly to F's comment, but M does not, possibly because she is anxious about being called upon to read aloud in this early meeting of the group. F's second utterance encourages and reassures, through repetitions, much modalising, and tag questions. This utterance responds explicitly to V, and the question at its end removes possible pressure from M, allowing her to respond if she wishes to.

**Example 6: [Upstairs@83](#), (9 March, 2010)**

*[E has just read a poem by Gerard Manley Hopkins]*

*F: Thanks E, beautifully read. Beautifully read.*

*I: I tell you what,*

*R: [talk over] it's religious isn't it. It's meant to be religious.*

*F: Well if we just focus on that first bit first, because he does certainly, the second bit he does pick up more explicitly on religion but if we just focus on that first bit.*

*I: While E was reading it, I could just picture Pete Townsend and Keith Moon backing that. I could picture the progression of chords, gradually sliding up and Keith Moon going mad with all sorts of fast,*



*F: So it had like a music to it, as it were.*

*I: Pink Floyd did that*

*F: I mean that first half, let's spend a little bit of time on that, shall we?*

[This extract was recorded on 9 March 2010. I had only joined group on 9<sup>th</sup> February. F's last comment ('I mean ...') stops a threatened 'side-track', and returns to the suggestion she made in her second utterance.]

**Example 7: Aintree Park (11 March 2010)**

This is an example of the facilitator's **topic control and topic shifting**. The topic shift (to end of session poem) takes place in accordance with the Get into Reading format, against some reluctance to leave the world of the story. The Facilitator then makes four attempts to move on to the poem.

*F: ok, I am glad we all enjoyed that one. I will look out for some sort of similar ones to that one.*

*A: [talk over] it's the way she gives him, the way she gives him a hug and he hugged her,*

*F: Yes, yes*

*A: That was everything wasn't it?*

*L: It's nice.*

*F (1<sup>st</sup> attempt): Yes, ok, on to the poem.*

*A: You are a nice boy she said, take care of yourself. He hugged her and she shooed him out of the house, go and sod off type of thing, wasn't it, while she cried quietly into her Kleenex.*

*F (2<sup>nd</sup> attempt): We have got 15 minutes, then,*

*A: [talk over] and the sound of the hooves*

*F (3<sup>rd</sup> attempt): I will read it first, just so you can sit back and enjoy it,*

*A: [talks over in the background] the sound of horse hooves down Hawthorne Road  
[laughs]*

*M: clip clop*

*F (4<sup>th</sup> attempt): I don't know what you will make of this one, but as I say, I just brought it along.*

It is typical of the numerous levels of the Facilitator's role that in that final utterance, following firmness in relation to GiR *format* (poem follows story, to conclude session), the facilitator prefaces the reading of the poem by 'democratising' encouragement of entirely open responses ('I don't know what you will make of this one') in relation to the *content* of the poem.

### 4.2.3 The Group

#### a. Shared reading aloud

Two clear benefits of this model were observed to be:

**Inclusiveness.** One clear example of this was the participant at Upstairs@83 who had dropped by at the centre not expecting to take part in the reading group and thus, having no reading glasses, was unable to follow the text as the facilitator read. Nonetheless, he listened, concentrated and contributed throughout, not only understanding but offering a profoundly convincing account of an instance of a child's attention-seeking in the story as the symptom of loss or lack (of father). Clear evidence here that the relaxation benefits outlined above could be extended to depressed patients with literacy difficulties, or neurological disorders, or impaired vision.

**Increased Confidence.**

The performative element enabled understanding and engagement with/overcoming of textual difficulty (see facilitator's role above), where a lone reader might easily have become discouraged. The will to understand cooperatively and collaboratively is enabled by shared reading and reading aloud, and the latter encourages an atmosphere of serious attention and meditative calm. Also, it was noticeable in the course of the study that the number of participants who offered to take a turn reading aloud increased markedly. This might be attributable both to their growing social ease within the group (see below), but also to the participants' greater experience, confidence and comprehension as 'silent' (listening) readers. The sense of pride and achievement in individuals at the accomplishment of reading a paragraph, stanza or poem was often felt and acknowledged by the whole group. Furthermore, linguistic analysis of 'Boundaries of Textual Discussion' (BTD – shifting into and out of the text) indicates that the group increasingly showed confidence in taking over leadership in other ways. Example 8a, below, was recorded in February (7 months after the start of the group).

**Example 8a:** [Upstairs@83](#) (9 Feb 2010)

*I[reading]: Almost 6 and light is spreading now, soon the many waking, soon the powers we cannot handle will make their demands, but now a silence, stillness, everywhere, and the goodnight still holds us in its hands. Smashing. (See below)*

'Smashing' – I's comment on the text – is BTD at its simplest, the shift from reading to critical evaluation marked by a one-word emotional reaction to the text. A more complex, negotiated topic shift, from text to discussion, is evident in:

**Example 8b:** Aintree Park (11 March 2010)

*F: I wonder if he [viz. Sir Galahad] will return, do you think?*

*A: Don't know but you know*

*M: If we read on we might find out, mightn't we?*

*F: Ok, would anyone like to take a turn of reading?*

*M: Go on then.*

*A: Yes go on. I will have a go.*

*M: Go on, A is going to have a go.*

*F: Ok, yes.*

*A: [begins to read]*

This extract marks the transition from a lengthy discussion of the text to further reading from it. It's actually M who first suggests returning to the text, here moving towards assuming the role of Facilitator. The topic shift (BTD) here is negotiated cooperatively and the repetitions by A and M – 'Go on ... have a go' are examples of group-'knitting' repetition discussed below.

**b. Group Discussion**

Discussion of the literature played a demonstrable role in 'knitting' together the group socially. In relation to the book or poem the group were observed to constitute an 'interpretive community' working out a new 'system of intelligibility' (Fish, 1980). In this process of meaning-making the literature and the group were reciprocally dependent.

On the one hand, collaborative understanding often involved verbalising personal memory at moments of keen identification with the text. For example, 'awe' 'wonder' was how one participant described the first moment of his own fatherhood in response to

stimulus from the text, with strong assent from others. The presentness of the lived-in reality of the fictional text (Iser, 1978) would often thus bring back to life past events of participants' personal lives, helping cumulatively to foster the group's sense of connectedness already engendered by thinking together. (That supportive connection was clear in non-literary 'events' – participants bringing biscuits to share, one previously very inward, 'enclosed' group member offering his arm to an elderly, less able member of the group on leaving the room.) On the other hand, the tacit group permission to respond personally did not take discussion away from the book or poem; rather, verbalised identification with character or situation would take the group more immediately to the heart of a work's meaning. For example, in relation to a work concerned with the possibility of leaving human trouble behind in an imagined life after death where one is incapable of anything but calm, there followed a profound discussion on how such a heaven 'takes away what it is to be human'. That suffering was a normal part of life was the group conclusion (a striking one given the group's clinical condition).

Group 'knitting' was evident in multiple ways in linguistic phenomena and behaviours – Examples 9-12 are representative examples of: Awareness of Another's Unspoken Thoughts (AUT, example 9), Requests for Take-Over Taken Up (example 10), Verbal Repetitions (example 9), and Syntactic Mirroring (example 12).

**Example 9:** Aintree Park (26 Nov, 2009)

L's first utterance in the following exchange is an example of AUT:

A: *Because drunkenness doesn't mean*

L: *Not necessarily*

A: *an alcoholic state*

L: *No, no ...*

### **Requests for Take-Overs (marked by ^^^)**

A speaker may explicitly invite another participant to take over the conversation, by for example directly addressing them or by asking a question. But a request for a take-over need not be explicit: in this case, it may be signalled by features like hesitation or pausing, or by the speaker simply ‘drying up’. Successful interactions occur when participants respond relevantly, and promptly enough to prevent any awkward silences.

#### **Example 10a: Upstairs@83 (8<sup>th</sup> December 2009)**

*F: Yes, talking, or I used to love my mom telling me stories of when she was young. I don't know if anyone else used to sort of, you know like ^^*

*M: My granddaughter likes to ask me when I was a little girl*

*F: Does she?*

*M: My granddaughter*

The Facilitator's strategy here is to combine five epistemic modality features (*don't know ... if ... sort of ...you know ... like*) in support of her invitation to the group (*'anyone else'*) to respond. M responds to F's request, using semantically related terms: *likes ... ask ... I was a little girl* (compare F's: *love ... telling ... she was young*).

Example 10b will be discussed at more length, because it shows a group member fully engaged in the interaction, alert to the Facilitator's conversational signals, and replying with complex and sophisticated signals of his own

#### **Example 10b: [Upstairs@83](#) (20 October 2009)**

*F: I don't think we have been given an age, he still feels quite young. And war has broken out, and he is sort of deciding what to do isn't he? Whether to join it or not.*

*D: Well it looks as though he has already made his mind up. (F: Why?) He doesn't have to choose like, even when he was moving he was moving as a soldier does, so it was as though his body was telling him that you have to join up or ^^*

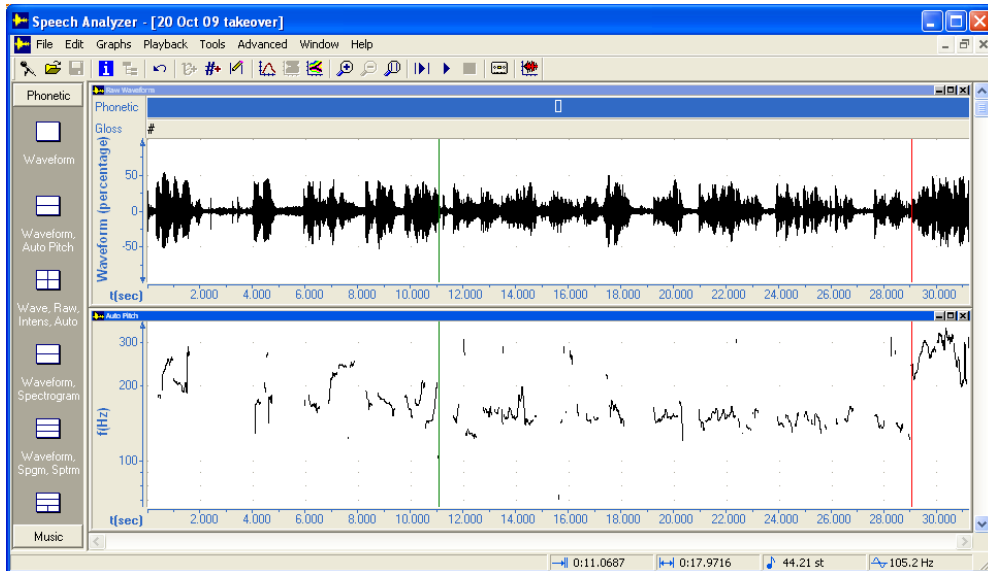
*F: Mmm. That's interesting, so almost as if like he didn't really have ^^*

*D: Have a choice, yes.*

*F: Have a choice to start with*

D and F are each equal participants in this interaction: F's first request for a take-over is marked by a tag question about decision, the nature of the decision then defined (whether to join or not); D first directly responds to F's comment, in fact disagreeing with it (*'Well it looks ... have to choose like'*); he then responds to F's question, *'Why?'*, by listing arguments to support his own view. The different intentions ('illocutionary force') in D's remarks are signalled by different intonation patterns: the responses to F's first suggestion, which articulate D's own opinion, are marked by rises leading to final falls (clauses A and B below); the listing of arguments (clauses C, D, E) show the reverse pattern: fall to rise, the final rises signalling that the list is not yet complete; the final fall in clause F indicates that D has now exhausted his list of arguments and has no more to say. This changed intonation pattern signals a request for a take-over, which is also marked by the syntactic incompleteness of clause F. That it is the intonation pattern, rather than the syntax, that alerts the Facilitator to the request for take-over, is clear from the fact that there is only the tiniest of pauses (in fact, about 25 milliseconds) between the end of D's *'join up or'* and the start of her *'Mmm. That's interesting'*, showing she had already planned her utterance by the time D reached the end of his.

While the principal points in the above remarks are based simply and subjectively on listening to a sound recording of the interaction (in this way attempting as far as is possible without any visual signals to repeat the experience of the group members), the close detailing is the result of computerised analysis. The following screenshot shows approximately 30 seconds of speech: D's whole turn is marked by the two vertical lines (at approximately 11 and 29 secs).



The lower of the two panels is relevant to this discussion, as it displays traces of the two speakers' pitch contours. D's utterances may be tabulated as follows, where ↓ indicates a fall, ↑ indicates a rise, and → indicates a plateau.

Clause	Time (secs)	Intonation Patterning
A	12.0 – 14.8	al↑ready→made his ↓mind up ( <b>F</b> : 'Why?')
B	15.2 -17.2	doesn't ↑have to ↓choose, like
C	17.5 – 20.7	↓even when he was (1 sec pause: 18.25 – 19.25) ↑movin
D	20.8 – 23.2	↓movin as a ↑soldier does
E	24.2 – 27.1	↓body was ↑tellin him
F	27.6 -29.1	↓that you ↓have to join up or

Finally, it should be noted that D's use here of clear and sophisticated intonational signals to show his intentions is despite his fluency being affected by a stammer.

### Verbal repetitions

Verbatim or near-verbatim repetition of another participant's words shows that the speaker's attention is closely focused on the conversation, and that they wish to support



the view the other has expressed. In the following example, M interrupts F's utterance to support D. Verbal repetitions are indicated below by capital letters.

**Example 11a:** Upstairs@83 (20 Oct 2009)

*D: Be a bit boring if we were all the same though wouldn't it, really?*

*F: Well that's the thing, isn't it? You know that we are, you know we are sort of these, we are curious aren't we? We like to have a nose, you know, and a little look at this and that, so, and that is what makes us all different, isn't it? So we all follow these different sort of*

*M: Well, it would BE A very BORING world IF WE WERE ALL THE SAME, WOULDN'T IT?*

**Example 11b:** Aintree Park (11<sup>th</sup> Feb 2010)

In the following example, M repeats two words ('took him') of A's utterance. A corrects her, and supports her own first utterance, by repeating both her earlier salient points. At the same time, however, she repeats M's 'she just took him'. The repetition of M's words acknowledges M's point of view and softens the correction

*A: and they used him as a battering ram, and he come back absolutely penniless, and then this girl from the district, Fanny, Fanny took him and married him*

*M: [laughs] yes, yes, yes I don't think there was ever nothing said about love, she didn't fall in love with him, she just TOOK HIM.*

*A: No SHE JUST TOOK HIM, TOOK HIM AND MARRIED HIM.*

**Syntactic Mirroring**

A speaker may choose to support another participant's viewpoint by using the same syntactic structure(s) as that participant. Verbal repetition may co-occur with syntactic mirroring, but need not do so.

In the following example, R's syntactic structure of [*Either + you + verb + or + you + neg + verb*] is twice mirrored by L.

**Example 12a:** Upstairs@83 (8 Dec 2009)

- R: So you can take your pick can't you?*  
*F: Yes, you can take your, yes that's interesting.*  
*R: [Either you are responsible for your fate or you are not.]*  
*L: [Either you believe or you don't believe.]*  
*F: I wonder if they are two different things there, because partly*  
*L: (interrupt) [Either you believe in God or you don't believe in God]*

**Example 12b:** Aintree Park (26 Nov 2009)

- A: What's going on and maybe Christmas, maybe just a sudden downfall of snow, **BTD** oh, strange. Light the fire, get everything nice and warm*  
*L: And sit and look out. Out on the world with the snow coming down*

A ponders the meaning of the poem, then, with the comment '*oh, strange*', shifts out of the discussion of the text and creates a new world, warm and pleasant. L immediately joins her in this fantasy world, and mirrors A's syntax as she does so: A has begun a list of activities, each marked by the use of the base (uninflected) form of a verb (*light ... get*); L continues the list with *sit ... look out*.

c. Thinking 'Space'

The linguistic example and analysis immediately above offers hard evidence of a shift both the Facilitator and researcher-observers had observed and recorded happening within this group - away from mutual consciousness of the world and language of the participants' common medical condition (which was very strong when the group began) to a close in-tune-ness with one another's fuller selves through responsiveness to the book or poem. At this mid-way point in the Aintree Park group, it was striking how the imagined life of the poem became a presence in the real life – in the very room - of the participants, enlarging their sense (hitherto isolated, precarious, fragmentary) of the possible. Through use of speech analysis software (which picks up the fleeting phenomena of voice and conversation – tempo, rhythm, pitch, volume - too subtle for

capture by transcription), it can be seen how the discussion was at times intensely bursting with the simultaneity of thoughts, worlds, realities:

### Example 13: Aintree Park (26 November 2009)

*L: More than one thing happens from. You can just imagine yourself being there can't you.*

*A: Yes.*

*L: The snow coming down.*

**A: Yes. Snow us another tangerine [laughs].**

*L. And the pips.*

*A: Spitting the pips in the fire.*

*L: Sitting there in front of the fire, peeling a tangerine.*

*A: Peeling a tangerine, splitting it up, and the pips in the fire.*

*L: You can just think of that. You can just imagine that really.*

The conversation slips the facilitator's guidance altogether here, becoming a sort of 'duet' of meaning-making. Indeed, analysis of the rhythm and intonation of the utterance 'Snow us another tangerine' shows that this playful literary metaphor can also be set to music (the 'tune' represented by musical notation thus) – reflecting A's exuberant 'singing-out' of the dissolving of boundaries between selves and worlds:



Snow us a- nother tan ger ine

At other times, within a single (and here the same) session, the phenomenon of the room seeming to echo or inhabit the atmosphere of the poem or story seemed more a personal than a shared phenomenon.

**Example 14:** Aintree Park (26 Nov 2009)

*A: There is more than glass between the snow and the huge roses. I think this is, this is looking out from the room.*

*L: Just as though it's like a moment in time, isn't it. Like a little glimpse.*

*F: yes*

*L: Just on that one moment.*

*F: Yes, yes. It's as though he suddenly sees something that he hasn't seen before, or he hasn't noticed.*

*L: Mm, yes.*

*A: The drunkenness of things being various*

*L: do you think he feels as though it's, there is like a magic to that just that moment, it's magical.*

The 'moment' or 'glimpse' seems more the recognition or achievement of L than of A. Inside this 'rhyming-in' of one another's vocalised thoughts, there were repeated instances of participants following independent trains of thought, as the shared reading or discussion carried on.

**Example 15** (a continuation of **Example 3** above)

It is De who first picks up on the initial words of R.S. Thomas's poem 'The Moor' - 'It was like a church to me'.

*De: He is reacting like it is his church.*

*F: Yes*

*L: [1.09.51]*

*De: given that it's not like and he is treating with the respect of a church.*

Subsequently, his (increasingly expansive) comments are closely associated with the notion of a 'personal church' - 'I think where he says about the mind, he says it's not

going on, thinking of all his worries and then he has probably just in peace'; 'Made him simple and poor what he has seen like isn't it, I walked on simple and poor, it's like humbling' – and the line of thought here converges with that of another participant:

**F:**    *yes, walked on simple and poor, while the air crumbled that's a strange one,*

**Da:**    *Yes*

**Ma:**    *it is yes,*

**F:**    *And broke on me, generously as bread.*

**De:**    *That's like when you go to church and get*

**L:**    *Bread and wine yes.*

**De:**    *Bread and wine yes.*

In this next excerpt, De's line of thought has continued, now diverging from the surface 'group' discussion.

**L:**    *Something falling from the sky.*

**F:**    *The air. It's like as if the air, even the air becomes really rich doesn't it you know, this idea of, the*

**Da:**    *The air crumbled.*

**F;**    *The air crumbled and broke on me generously as bread.*

**Da:**    *Yes*

**F:**    *So it really is as if the church really is outside in this, and it was like a church to me.*

**De:**    *You would rather have that place, than a church as well*

These separated, divergent lines of thought, or 'personal' narratives of meaning often surface and, from time to time, converge with the group discussion. But they are demonstrably continuing intently beneath the surface of the latter and are indicative of subterranean concentration over a long time span on particularised matters.

**Example 16** (a continuation of example 2 above)

L. who helped to initiate the group's thinking about the poem by asking initially 'Why the ice?', was silent for a long time as the discussion proceeded, as though she were no longer a part of the group, before saying - quietly at first, and then once again at the facilitator's prompting - 'Opening up'. This utterance, like L's next and final contribution - 'Can we keep this one?' - was indicative of the poem's having effected some kind of personal breakthrough. Like L's 'moment' or 'glimpse' in Example 14, or De's 'that place' (of mind stopping or at peace) in Example 15, these linguistic events are the surface clue to the reality of the reading experience (the 'really real') at 0, which is irreducibly individual. Yet, our tentative conclusion is that these personally meaningful inward events in relation to the literature were made possible by the protective presence of the group. L (example 14), L (example 16), or De reading alone, if they had read at all, might easily have become discouraged. The group situation offered safety not in numbers merely but in a shared human questioning. Shared reading, it seems, was always potentially *personal* reading and one enabled the other. The ongoing-ness of the shared reading/discussion fostered more personal thinking or meaning-making also, therefore, as each participant, trusting to that continuity and support, could risk the adventure of a separated current of thought. Shared reading demonstrably made available a safe space to think personally and inwardly about serious human or personal issues, encouraging mindfulness while overcoming isolation. What is described here as a personal or subterranean 'thinking space' needs due consideration - together with the power of the literature itself, and the opportunity explicitly to articulate personal feelings in relation to it which the reading groups provide - in assessing how shared reading encourages in participants the capacity to tell a positive, meaningful, comprehensible, life-enhancing 'story about self'.

#### **4.2.4 The Environment**

The collective importance of the literature, facilitator, and group was further illustrated in the study when we considered the role played by the physical environment.

The two reading groups took place in very different settings. The Upstairs@83 group took place in a mental health drop-in centre where the group had the same designated space each week, which was separate from the central drop-in area. Recruitment to the group was made very accessible as the drop-in sessions were going on downstairs and, therefore, there was always a flow of new members as well as a group of regular participants, all of which helped to keep the group dynamic fresh and vibrant. The second group took place at Aintree Park Practice. This group did not have a designated space for the reading group, with room allocation changing week by week depending on availability. Participants were referred to this group through their GP at the practice and group membership remained consistent but also much smaller than the group at Upstairs, with fewer opportunities for people to join the group.

These different environments certainly played a role in influencing the shape that each group took and we can therefore infer that environment does play a role in the intervention. The group members at Upstairs@83 for example were much more willing to engage with the literature as a thing in its own right from the very outset of the study as opposed to viewing it as something that may have been prescribed to them in direct relation to their mental health illness. The greater degree of openness to the experience, without preconception as to its nature or effects, was perhaps encouraged by the fact that the setting was a more informal one, less obviously clinical or professionally therapeutic in function, compared to the GP practice, and by the fact that participants could simply drop in to the room where the group was held if they were interested, without being formally referred by a GP. Although Upstairs@83 is a mental health drop-in centre, people also go to the centre as a place where they can socialise in general, and therefore the participants' seeing themselves as patients participating in a research study did not occur as it did at Aintree Park. The flow of new members interacting with regulars also

helped to add a degree of variety to the group. The designation of a specific room each week also meant that the group was able very quickly to establish a distinct identity for itself as a reading group. For the Aintree Park group, however, the conspicuousness of the medical setting, the fact that it was not an open 'drop-in' environment and group members had to be referred through their GP at the practice itself, and the fact that group members found themselves in a different room each week, combined to produce two distinct effects. Firstly, it was more difficult for the group to establish a distinct identity as a reading group. Secondly, group members initially regarded the reading group as a therapy/counselling group and took a longer period of time to open themselves up to a wider range of discussion, enjoy the literature in its own right and see themselves as readers taking part in a reading group. However, while the environment certainly influenced the group dynamics and intervention, both groups, despite the difference in setting, were able to immerse themselves in the reading and create their own worlds regardless of external environments, an ability for imaginative immersion and concentration which increased in both groups as the study progressed. The collective action of the literature, facilitator, and group appeared to supersede that of the environment in this respect. This point can be best illustrated by one of the comments from a member at the Aintree Park surgery reading group, who created her own alternative environment by immersing herself and being both receptive to and actively participating in the environment offered by Louis MacNiece's poem 'Snow', (see Example 13 above). After discussing the poem for some time, this group member, who had found it extremely difficult to concentrate on the reading material at the start of the study due to her high level of depression, revealingly observed: *'You can imagine yourself being in that bay window can't you with the roaring fire and the snow coming down outside.'*



### **4.3 Participant Testimony**

#### **4.3.1.Focus Groups**

##### **Introduction**

Focus groups are widely used in social science research and are a form of group discussion, where 4-12 people meet to discuss a particular topic (Barbour 2007). Unlike individual interviews, focus groups are not designed to capture an individual's point of view, nor to follow a person's story or progress. As discussions typically last from half an hour to an hour and a half and aim to include all participants, there is little time, space or opportunity for one person to speak and reflect for very long (Krueger and Casey 2000; Morgan 1997). Their strength as a method lies in enabling people to come together and express sometimes a wide range of views, with each participant often building on, or contradicting, the responses of the other participants to create a frequently vibrant and stimulating series of comments, stated opinions, reflections, argument and counter-comments (Litoselliti 2003). The difference between focus groups and group interviews is that rather than asking participants to respond in turn to a question posed by an interviewer, participants in focus groups are asked to talk about particular questions *among themselves*, and the role of the researcher is to act as the 'moderator' of this interaction (Duggleby 2005; Morgan 2010). It is the interactive element of focus group discussions that made it a particularly appropriate method to use with the reading group participants.

In addition to establishing ground rules, introducing topics of interest and keeping the discussion on topic and to time, the moderator is there to make sure that particular people don't dominate the discussion, and to enable other participants to find the space they need to articulate their views if they are more reticent or perhaps hesitant in their speech (Krueger 1998; Bloor et al. 2001). They are also there to deal with any inappropriate language or conflicts or any unintended reactions to the discussion, such as tears or distress. Yet the aim of the moderator is to minimise their own role in the discussion in order to create a space where people can talk and interact with one another, and reduce

the social distance between the researcher and the researched (Kitzinger 1994). This is consistent with a feminist approach to research, where the empowerment of the participants is viewed as a requirement for the generation of high quality data and ethical research practice (Wilkinson 1998, 1999).

#### The focus group discussions

At the start of the research project, participants in the two reading groups were made aware that as part of the research, they would be invited to take part in a focus group discussion towards the end of the data collection period. As the groups had largely amalgamated to form a single group in the final weeks of the study, only one focus group discussion took place. Once the date for the focus was fixed, the participants were reminded that some of the time in their reading session on a stated date would be given to a focus group discussion, and so there was time for potential participants to ask for more information in the weeks prior to the group taking place, or choose not to attend this session. Information sheets were provided, giving the contact details of JR if participants had particular questions (see Appendices 1, 2, 3 and 4). As JR had been attending the groups once a month for a year to make observations, she was known to the group members.

It was decided to adopt the same procedure as JR has used for previous groups, namely after a brief period of reading, the facilitator, CW, withdrew and JR acted as moderator for the group discussion. After reading through the information sheet and asking if there were any questions, participants were asked to sign a consent sheet (see Appendix 5). The discussion lasted over 50 minutes and was audio-recorded with their consent. Eight people agree to take part, four women and four men. One person was in age-group 35-44 years, four people were in age-group 45-54 years, two people were in age-group 55-64 years and one person was in age-group over 65 years. All described themselves as 'White British' and stated that English was their first language.

## Findings

Hydén and Bülow (2003) track the process of interaction by exploring how participants can establish a “common communicative ground” and how they can add their “contribution to the common ground” by making supportive comments to confirm the statements made by other participants. While one person chose not to contribute to the discussion, this focus group was notable for the high degree of consensus within the group and the eagerness with which the participants expressed their ideas and opinions. This is likely to be due in part to their being members of an existing group of people who are used to coming together to discuss the books. Kitzinger (1994) terms this style of interaction as ‘complementary’ as opposed to ‘argumentative’, where participants appear to have shared ideas about issues, and group members demonstrate this by supporting one another’s statements and contributing additional comments that demonstrate their understanding and agreement as to what is being said. As these participants have been regularly voluntarily attending the group, some for a full year, it is unsurprising that they were enthusiastic about the group.

A number of key themes were evident in the data. Themes relating to people joining the group and attending initial sessions included: the role of social support and their perceptions of the utility of the group; the need to address any fears or preconceptions; and the importance of already knowing people in the group. What kept people coming to the group included; the facilitator; continuing emotional and social support from the other group members (given and received); and growing confidence to participate. The books themselves, the stories and the poem and the accessibility and timing of the sessions were also important factors.

To support the presentation of the key themes, text is included from the groups, with names removed and the initials of the participants changed. The moderator’s contribution to the text (JR) is in bold.

### The role of social support when joining the group

Participants were asked why they had decided to come to the group in the first instance. Although they were asked to recollect an event that for some people had taken place some time before, participants were able to recall how they had first found out about the groups. All of the participants had initially come to groups on the personal recommendation of either a key mental health worker or from their doctor in primary care. Some participants had been told about the group by one or other of the two key workers at the Drop In (Upstairs@83). As the participants had attended the Drop In for months or even years, they described how this personal contact and explanation about the group, and their recommendation that they should join, had been a crucial part of their coming to the first session.

**JR:** *Do you think it helped having a personal recommendation to come along?*

**P:** *Yes*

**U:** *Oh yes,*

**C:** *Oh yes*

**JR:** *If you had just seen a sign in a room do you think that would have been as easy to...?*

**C:** *I probably wouldn't have went.*

Similarly, the participants from the group that had started at Aintree Park described how their General Practitioner (GP) had recommended that they should attend the group. The recommendation for them to attend by someone they knew and presumably trusted seemed acceptable to them, and participants said that they had been told that their attending might help them [with their depression] as well as interest them:

**S:** *I think it's a way of helping you isn't it, to help you. That's what it is.*

**JR:** *Is that how it was explained to you [name], something that would be good to try?*

**S:** *Yes to help and support.*

**And:**

**W:** *Yes that what sort of like what [name] said to me, because I hadn't been to the downstairs group, for quite a while and she said oh you know you know might be interested in what*

*we have started up you know, readers group, reading through stories and poems and talking about how they affect people and stuff like that, oh yes, that sounds you know, yes.*

Another participant used language that suggested that they recall a definite instruction to attend a group rather than a recommendation, but this was said with laughter, and so they are likely to be overstating the case:

**B:** *You are going to go there!*

**JR:** *What's that?*

**B:** *You are going to come here on the [date]. Ok yes!*

#### Addressing any fears and preconceptions

Interestingly some participants recalled some of the concerns that they had before they joined the group. Predictably some participants were worried that they would be made to read when they themselves either didn't want to, or had concerns about the quality and level of their reading:

**S:** *I think I was a bit scared because, no I wasn't scared it was just because of my reading weren't so good.*

**JR:** **Right**

**S:** *Felt a bit, ... just because my spellings and that I can't, sounds letters so, mainly it's because of that, but I have managed to read out some bits, so I am quite pleased with myself.*

Once they had joined the group, participants became aware that there was no pressure for them to read if they didn't want to and there was an acceptance of the different reading levels of participants. However when participants were asked what they would say to encourage people to join in the future, they mentioned the need for personal contact to address any fears of being put under pressure to attend, and went on to mention the possibility that people might think that the groups would be like 'school' in terms of seating, atmosphere, and being made to read etc. which were possible reflections of some of their own prior concerns:

*B: Even just spreading the word amongst yourself, you know say look why don't you just come along and try, you know it's only an hour out of your day, if you don't like it you know you can always come out and*

*W: Or you could always try and entice them with like there is tea and biscuits available you know.*

*P: Some people think it's like when you are at school, reading in a classroom, and it's not, when you say a reading group they say oh I had enough of that at school, I say it's nothing whatever to do with school. It's so informal, but that is a lot of people's idea you are sitting you know in rows or something*

*C: If it was like that I wouldn't come*

*P: And a teacher is reading to you.*

They discussed at some length how the presence and contribution of the other participants, the facilitator (CW) and activity of reading itself combined to create a stimulating atmosphere. When asked to describe how they would describe their reading group to someone who was considering joining, they gave the following response:

*B: Not to be frightened. Erm, you are not judged, you are not, you are welcome.*

*P: Yes*

*B: You know, you can do as little or as much as you want, you know, things you don't understand are explained, you know if you are reading, if you have poor reading skills it doesn't matter, nothing you know, just come along and try. Because if you don't try, you won't know.*

*P: I would say it's a group anybody could fit in, anybody could come up and fit in to it, you know... anybody could fit in once you have been here.*

Again, being 'frightened' to join and poor reading skills were mentioned, but 'fitting in' and not being 'judged' were also important issues raised by the group.

#### Already knowing people in the group

The fact that the people who were long-term attendees of the Upstairs@83 already knew one another from the drop-in was mentioned by one participant:

*P: ... and then of course you see, we know them all because we all come here. So you just fitted in, as you say if you come into a room of strangers it does sometimes you know take a bit getting, settling down. But I mean I know this lot. Not up to much like, but better than nothing! [Laughter]*

It is interesting to note that numbers remained low throughout the year in the other group in general practice, perhaps because there was not an established group of people at the practice prior to setting up the reading group. When the two groups joined two months before the focus group discussion took place, members of the joining group talked about how it had been difficult to join the established group even though they knew how the groups worked. However joining the group with someone they already knew seemed to make it easier:

*B: I came with [name] because [name] couldn't do Thursdays, whereas I could still do Thursdays and I know, the surgery and I know the girls that were there. You know I was happy with Thursday when [name] suggested coming on a Tuesday it was more, Oh God!*

**JR: *It was a change?***

*B: I don't know, you know, [name] said oh we are both together come on we will do it, and I went ok we will do it, but it was all very nervy at the beginning but,*

**JR: *So it is quite hard then to do that and..?***

*B: It was for me, it was for me, but now I am fine with it.*

As the friend that 'B' came with does not attend each week, and was absent on this occasion, this experience of nervousness seemed to be a short-lived experience, as this group was described as welcoming and accommodating.

### Sharing the reading of a book in a group setting

There were a number of dimensions to the experience of reading the books and poems together in a group. While the choice of books and poems in terms of the text and the storyline was undoubtedly important, prior knowledge of the text, or whether or not that was a text that they would have chosen to read by themselves, was not necessarily important:

- P: Another thing I find, they always seem to have had a good choice of books,*
- C: Yes*
- P: ... you know because we do get our choice of reading 3 or 4 and everyone we have picked has been really interesting as well you know... this one kept us on edge you know they have kept us on edge until the very end.*
- JR: Are they books you might have read before or are they books you would never...?***
- P: No I have never read any of them before*
- C: I probably would have read that, but I wouldn't have read the other one the 5 in heaven, but I quite enjoyed that it was a surprise.*

A good book, in terms of the reading group, seemed to be defined in terms of how the task of reading was shared between participants and their involvement in the questions and discussion about the text, all of which created a stimulating and convivial atmosphere and continued to engage the interest of the participants:

- H: Very interesting.*
- P: Well it does make another interest in your life doesn't it?*
- H: It's interesting. The poems and all that, all the stories, and everything. Yes.*

And:

- U: I have said to a few people it's a very interesting group experience and I think it's quite fascinating to hear stories coming out with, you different personalities doing it with different voices, it's quite amazing.*

Taking part in the group was 'interesting' and also enabled participants to feel that they were experiencing something challenging and meaningful by coming each week. While social interaction was clearly important, the reading group was more than just talking and socialising. The reading and discussions were set apart from other routine group social activities:



- C: *It's just like a bit of a change as well, it's just to get out the house and you use your brain a bit, because you do actually, you use your brain. A lot of the poems are quite,*
- H: *Better than sitting downstairs you know what I mean to, whatever nattering away talking whatever,*

Some participants described how they had not read books for many years, citing poor reading, or poor concentration as a contributing factor:

- H: *Well like I said before I mean, I haven't read for years and years, I haven't got the concentration, it lasts about 5 minutes then its diverted somewhere else, but I found the more I got into it, and concentrating, my concentration improved then, so, so it was beneficial for me on my mental health side anyway.*

The reading aloud of a few pages or passages of text, and then pausing and discussing what has happened, punctuated by explanations from the facilitator and participants of the main points of action clearly made the text more accessible to people experiencing any such difficulties:

- U: *I think personally myself, I found it very hard to concentrate on reading a book but, once I got into it, sort of broken down into small chunks like it was alright.*
- S: *And my understanding of trying to get into the book as well. And trying to work it out.*

Yet this model of reading also elicited similar responses in people who were able to concentrate and read books, but who described how they could read a book alone but never feel as if they had fully engaged with the text. In contrast, the experience of reading and talking about the text made this participant feel as if they knew the characters in the book:

- P: *Well I do read a lot. But of course it's different from sitting reading in the house, but what I like about it though, as you know we read so much of a passage of the book and then everybody gives you know their comments about it. And it was really nice to listen to the different people you know, people you know the different outlook people have on the books, that is what I really enjoyed because I felt like then you were part of it.*

U: Yes

P: *You were part of the group after you have discussed it, it's alright getting a library book reading it, get the end and then putting it away, but we really got to know, I felt as though, well that first one the, the 5 to heaven, I felt as though I knew everybody, you know that was the feeling wasn't it because we, we spent a few weeks on that one, so you know it was really, it gave you a lot of in-depth, that's what I found about it.*

### Continuing social and emotional support from people in the group

The group discussions were valued by the participants as an opportunity to articulate and share their own interpretation of the story, and what they think might happen next. However this was more than a series of simple statements, as people listened carefully to what other people said, considered this when articulating their own views, and started an interactive conversation about the text. It was acceptable within the group to disagree with one another and there was requirement for agreement for the group to proceed harmoniously:

**JR:** *When you are commenting on what the book is and what has been said, and sometimes you don't agree with what someone is saying how does that work when you have got one view and someone else has got another view, how do you think that works?*

B: *Well you just have to accept it.*

U: *I don't think there has ever been any problems*

P: *Have to accept yes*

B: *You have to accept you know everybody has a different view of things and your way is not everybody's way, you have to remember you are, you know everybody is in an individual, but also it, even though you come here, you do end up in a group,*

In fact the disagreements seemed to play an important function as they reminded the participants of the interest to be had while listening to someone else's viewpoint, even if they ultimately disagreed with the view:

C: *And it makes you listen to other people's opinions as well because everybody has got a different view on it, and it's good to hear*

P: *Everybody has got a different opinion, I don't think we have ever agreed we have always had somebody*

U: *Amazing isn't it?*

P: *There has always been a bit of a thing of in-between because we all see all the different aspects on things don't we?*

This participant described how the environment enabled people to 'open-up', as they related what they read in the text to something that they had experienced in their own lives, which on occasions they went on to share with the rest of the group:

U: *I have said to a few people it's like a sort of a non-threatening environment, because you are talking about like the story or the poem and it makes it easier for people to open up about things which it may well remind them of you know it's, it's amazing how it happens.*

One of the aspects that the participants valued was that when they were involved with the group, the time seemed to pass very quickly, suggesting that perhaps at other times, time passed slowly and less pleasantly for them. Reading and discussing the text was described as 'escapism' and as 'taking your mind off things' suggesting that while they were in the group any personal problems could be put to one side:

P: *And it's amazing how time goes doesn't it? Time really flies*

U: *it flies*

**JR:** *Does everyone else agree with that as well, it takes you out and...*

S: *it takes your mind off things, plus you are meeting others and you are getting used to other people and then people's says, ways the way they say things and*

C: *It's like what [P] was saying it's different from just reading, sitting down reading a book*

U: *Oh yes*

C: *It is completely different. You really do feel as though you are actually in there almost.*

P: *You do.*

**JR:** *One of the things you mentioned...*

B: *Its escapism. Its escapism, you can forget*

P: *Yes*

B: *Have like an hour in a different world.*

U: *Yes*

C: *Yes*

P: *That's what I am saying, I don't know if you are like me I am on my own in the house, I can come up here, bit of company and that so,*

S: *I just read my letters, all the letter for the post or whatever I don't actually read any books.*

Taking part in the reading groups was described as giving the participants 'confidence' that they built from week to week as they attempted to participate more and more in the reading and group discussions. In the following extract, one participant 'B' is clearly keen to ensure that the other participants are able to articulate how much they have benefitted from taking part:

B: *It has given you confidence though hasn't it?*

S: *Not getting the education, that is what developed is, the reading, my spellings and then from them but I feel more comfortable because I am in a group and nobody insults me or anything like that because I can't read a word or you know what I mean. It's like if you were in school you know you would have somebody digging at you, and here it's just friendly.*

**JR:** *Well everyone is going to get stuck on one word aren't they, because it's often unfamiliar?*

W: *Even [name of facilitator] got stuck on them once or twice you know so,*

S: *People here understand, do you know what I mean, that's it, people here really understand.*

P: *Do you [C]?*

C: *Sorry*

P: *I think [S] has really improved.*

C: *Oh God yes, she has. Yes.*

S: *Because*

B: *Has it built your confidence up [C] yes?*

C: *Oh yes, yes. I do the reading as well now.*

B: *How about you?*

H: *Yes it's helped me too yes.*

*P: It's so easy to get self conscious about things isn't it?*

***JR: We will end on that lovely note which is about confidence, it's about...***

*P: Yes it is*

*B: Well that's it.*

***JR: It's about fostering confidence.***

### Accessibility

There was some discussion about the venue and timing of the reading group sessions. While the participants were largely uncritical, there was some concern about the ability of other people to access the group as it was located on the second floor of a tall building and reached only by steep stairs. In addition to issues of physical access, there was also some concern that some people would also find the idea of a group alienating and they introduced the idea of 'vulnerable' participants perhaps needing to see the group and observe it from a distance before resolving to join. To this end one participant, with encouragement from the rest of the group, proposed a ground floor setting, visible from the street, with perhaps a cafe so that people could come in and stay without feeling that they couldn't leave unless the session had finished.

*P: Often friends, you know have often said I would love to go there and the first thing they say is you know, is there access, have you got access and if you haven't you know, it's just a shame really you know because, and sometimes ... that's just the sort of thing they would like, because some of them some are on their own, some have family but it's nice to come in,*

*B: But also if you are vulnerable,*

*P: Yes.*

*B: You know. You don't necessarily have to worry about being on your own.*

### Non-verbal communication within the group

As well as analysing the verbal interaction within a focus group, it is also important to note the non-verbal communication that goes on (Wilkinson, Rees, and Knight 2007; Robinson 2009). While one participant chose not to contribute to the group and sat a little apart, the other participants orientated themselves towards one another in a rough circle

and listened attentively while the others were speaking. While they made a contribution to the focus group discussion, participants made eye-contact with at least one other person, and there were encouraging nods and noises made while participants were speaking. These forms of support and encouragement were particularly evident when people were talking about any problems they had experienced, and often verbal support was also given, as demonstrated in the extracts above. While people wanted to speak and sometimes all at once, people made a real effort to let other people say what they wanted to say, and were respectful of people who were more hesitant in their speech. The general atmosphere was lively and there was frequent laughter as people made deliberate jokes, or introduced humour into the more serious point they were making. In doing so, participants were to some extent evoking the atmosphere they described in their groups where laughter provided an important role:

*B: If you are a group of, in our group when we started there was like 4 women and [CW], well we would look at it from bolshy women sort of, well she must be stupid putting up with that, and that would be fun as well because you just start laughing about it and things like that, it was quite good.*

### Concluding remarks

The data from this focus group discussion confirmed the value of the reading group to participants. It is notable that the aspects of the reading group particularly enjoyed by participants included comments focussed on how stimulating and interesting they found the act of reading and discussing books, poems and short stories, and it was this that motivated them to come week after week. To highlight the value of the reading within the group, participants contrasted it unfavourably with other reading they did outside the group. This ranged from their only reading letters or reading books alone at home. In the reading group, the opportunity to read books or texts that they would never before have looked at, to take part in a critical discussion, to hear other people's views and to read aloud or merely listen made this experience unique. It is therefore more than simply 'reading' but the act of 'shared reading aloud' that the participants valued.

While participants clearly enjoyed the social interaction with other group members, and commented on the fun and laughter, this was only part of the experience, as if they wanted to talk to other people or needed emotional support from one of the key workers, they would have remained downstairs in the Drop In. Participants reported feeling more confident, more willing to talk, to listen and to interact with the other group participants and the facilitator as they attended more sessions. Hearing other people's opinions and interpretations, and hearing about their own lives, and sharing details of their experiences were also valued. As this interaction did not depend solely on participants agreeing with one another, participants described how they avoided any conflict by respecting other people's views and enjoying the exchange of opinions. Becoming involved and feeling part of something was key, as one participant put it:

*'But you are not an audience here, you feel as though you are part of this here'. (P)*

#### **4.3.2 Two Case Studies**

##### **A. (Upstairs@83)**

*'The reading group gets it out in the open. Whatever is hidden up and out - if you've got feelings put down they've got to come up and out otherwise your head would explode.'*

A joined the reading group in July 2010 and attended a total of 31 reading sessions during its 12 month duration. Twenty six of these sessions were at Upstairs@83, and attendance was on a weekly basis with the exception of a 7 week break from 12<sup>th</sup> January 2010 to 23<sup>rd</sup> February 2010 when A was unable to attend due to personal circumstances. In April 2010 A also joined the reading group at Aintree Park surgery, attending a total of 6 sessions from 22<sup>nd</sup> April to the closure of the group in 27<sup>th</sup> July 2010. A continues to attend the reading group at Upstairs@ 83, which has been so successful that we aim to continue it for the foreseeable future, subject to funding.

A is in her early 50s. She has learning disabilities and also suffers from depression and anxiety. She lives alone (her daughter is currently in care) and feels quite isolated in her community and local neighbourhood. Due to past experiences A is also rather nervous about going out by herself, especially in the evening and outside of her local area. She has also reported that she finds it difficult to trust people. A has been attending the centre Upstairs@83 for over 2 years and the centre is one of the few places A can go to and mix with other people in a supportive and safe environment.

On first joining the reading group at Upstairs@83 A was rather shy and reluctant to talk at any great length or read aloud. After a few weeks however she began to volunteer to read aloud from the poems at the end of the session and as her confidence grew she felt confident enough to be able to meet (what for A was) the more challenging task of reading aloud for a sustained period from the denser prose text. She first volunteered to read aloud from the prose in Week 6 of the project, from Mitch Albom's *Five People You Meet in Heaven*. By the end of the project she was volunteering to read aloud from more difficult prose works, including *Great Expectations* by Charles Dickens. The opportunity to read aloud in a supportive environment has proved extremely beneficial to A. She says



*'When I first joined the reading group I thought people would laugh at me because I've got a learning disability. I didn't want to read aloud at first in case they'd laugh. But it's not like that. Now I have a chance to read aloud and know that no one will laugh.'* A frequently takes a turn in reading aloud now, an experience which she has grown to enjoy as an educational and learning opportunity as well as an opportunity to hear her own voice expressed and listened to by her fellow reading group members.

Having supported access to literature and its varied and complicated language is something that has proved highly beneficial to A's sense of mental well-being. A has often felt that her own life story has been overlooked. She says that she would like to write it down if she was able to spell properly. Having access to a literary language has enabled A better to understand, inwardly make sense of and also outwardly express her own personal experiences, thoughts and feelings. Crucially, the reading group has enabled her to do this in a way which does not simply leave her recounting past experiences; rather, it has allowed her also to share forgotten memories and review past, present and future anew through the stimulus of the literature and also the interaction with other people's thoughts and feelings. A is quick to recognise the mental health benefits of the reading group. *'I really think that the reading group helps with your mental health. Other people might just think it's a reading group and nothing to do with mental health, but I think that the group has really helped me with my mental health. Sometimes before the group I feel restless and anxious – like I can't settle – but then when I go into the reading group I can start to relax and feel better.'*

A has benefited greatly from her participation in the reading group. She has reported an increase in her level of self-confidence and self-esteem and also in her sense of self-worth and value. The reading group gives A something else to think about apart from her own worries and she really values this space away from her own anxieties and the opportunities it gives her to channel her thoughts in new directions. *'I'd just be sitting at home if I wasn't here in the reading group. It gets me out and it gets me thinking and afterwards I go out of the room still thinking about the poems we've read!'* Since joining the project A has also participated in other events outside of the reading group that have

been organised by The Reader Organisation, including the evening event of the annual Penny Readings at St George's Hall.

A read little before joining the reading group and had little access to books as a natural resource. She was reluctant to borrow from the public library due to her low levels of self-confidence and inexperience with reading and rarely visited bookshops. The reading group has encouraged A to read outside of the reading group itself. For example, once the Aintree Park group had finished for example in July 2010, the group still had over half of the book *Rebecca* by Daphne du Maurier to complete. A asked to take the book home to finish the book in her own time and completed the book in October 2010. She has since asked to borrow more books. She is still reluctant to go to the public library and would prefer to borrow books from the group facilitator but hopefully, as she progresses in her reading journey, her next step will be to seek out further reading independently. The main point is that A has realised that she can turn to books and enjoy them as a way of helping her cope with her own personal difficulties. A is currently doing an English course at college.

### **B (Aintree Park)**

*'I enjoy the reading group – it's very interesting and it gets you thinking – and when we look into some of the poems in a bit more detail you realise that there's more going on than what you think there is - that you can see beauty about you in the most mundane things.'*

B joined the reading group in July 2009 and attended a total of 40 sessions during its 12 month duration. She is in her mid 50s and suffers from depression and anxiety. She is a highly intelligent woman and has studied English Literature in the past. However when joining the reading group she was not reading at all as her depression and anxiety made it too difficult for her to concentrate. The only reading that B was able to participate in, therefore, was provided by the reading group.

When she first joined, B struggled with the reading group and found it difficult to cope. She found it difficult to concentrate and participate in discussion, often becoming frustrated with herself and becoming upset in the session because she felt that everyone else was able to participate in the discussion and ‘get things out’ of the story/poem while she was not. She also struggled with the content of the literature at times and was initially anxious about what might be read as she was afraid of becoming upset. Sometimes she had to leave the session early as a consequence of feeling upset by something that was either read or said during the group. During the first few weeks of the session B rarely contributed to group discussions and appeared not to be enjoying the reading experience for the reasons mentioned above. Attending the reading group was therefore initially a very difficult thing for B to do and she felt she was failing in some way. She had attended various self-help courses/programmes before attending the reading group and found that these were unhelpful for her. The reading group was initially viewed by her as another course/programme which she was trying to attend as a means of making her feel better. The fact that it wasn’t initially working out for her in this way made it very frustrating for B.

However 4 weeks into the reading project B’s behaviour in the group gradually began to change. She became more relaxed in the session, her concentration improved and she began to enjoy the reading experience more. Changes in B’s behaviour included: not sighing as frequently during the session; smiling and laughing aloud during the reading or making signs of acknowledgement or sympathy with what was being described in the literature and/or by group participants; appearing less upset during the session. One of the first major changes that could be clearly noticed in B’s engagement in the group occurred in week 5 of the project during our discussion of a poem called ‘Just This’ by Merwin. The group as a whole had found it difficult to relate to this particular poem and many expressed their dislike of it. B had remained quiet at first but then made a comment which completely changed the group’s attitude to the poem. She said she liked the poem, that it was about life, and proceeded to pick out a line that she liked in particular – ‘and then the gathering of the first stars in their flowering spaces’ – reading this line out aloud. It was the first time B had had a positive response to a poem, and the first time too that

she had shared this experience with the group, and then gone on to read the line out aloud. The group were themselves encouraged by B's remark and began to look at the poem differently. From this session B's involvement in the group increased noticeably. She began contributing to the discussion without prompting, supported other members in the group when they took a turn of reading aloud and were having difficulty with a word, and eventually volunteered to read aloud from the prose material herself in May 2010 and continued to do so until the end of the project.

The group eventually became an enjoyable activity for B to participate in and was something she looked forward to each week. B's resilience increased during the group and she was much less anxious when reading something that might be upsetting in some way. She was able to talk about and reflect upon the sadness in a poem rather than becoming upset and internalising the distress herself. Her mental well-being was certainly at a higher level when she left the group compared to when she entered it and we hope that the reading group will continue to be a resource for her to help her deal with her mental health problems. When the group had to end in July, B in particular was very upset, saying that she had really enjoyed the reading group. She has since struggled to attend another group despite making several attempts at trying some alternatives. However, last week B came to one of our GIR groups at the May Logan centre in Bootle. There were several people there that B did not know and yet she contributed to discussion and volunteered to read aloud. We hope B continues to attend this reading group and that she is able to continue to build on the progress she made during her time at the Aintree Park reading group.

## **5. Methodological Insights**

As part of the study, we wanted to reflect on the methodology we had chosen, to assess the extent to which we generated data that informed our key objectives, and could be used to support further work in this area.

### **5.1 Observations**

Two members of the research team (JB and JR) each observed one group a month over a 12 month period, resulting in 24 separate 1 ½ to 2 hour observations. As we alternated each month between groups, we separately observed each of the groups every two months, on six occasions. This approach was partly dictated by the time and resources available to conduct the research, and also to minimise disruption to the group, particularly while the groups were still forming and members getting to know one another. We seemed to be accepted into the group as observers, and according to the facilitator, the groups tended to proceed on the same lines as when there was no observer present. We both feel that we gained valuable data (recorded as notes) that informed our later analysis from the audio-recordings of the group.

However this pattern of observations meant that it was difficult for us as individual researchers to note subtle changes from week to week as the group dynamics shifted and evolved, and inevitably larger changes took place within the two month period between observations by each researcher, such as group members arriving and leaving and books being finished and a new book chosen. It was therefore important to have the same facilitator throughout as much as possible, to discuss what had happened in the intervening time and to answer any questions about perceived changes. In addition, our sensitivity to the emerging group dynamics at the start of the study meant that we may have missed critical elements of the groups' development as they first engaged with reading and reading aloud and engaged in critical appraisal of the text. From a research point of view, a more intensive programme of observation (weekly) over the first three months, followed by more sporadic observations over the following months may have captured this valuable data.

As we were observing from different theoretical perspectives (literary and anthropological), we were also aware that we were looking for, and therefore recording, different aspects of the reading group session. JB was specifically concerned with studying the interplay or ‘interpersonality’ between the literature (character/situation), the facilitator and the group members’ thoughts and experience as well as the relationship between the participants’ personal responses and the public experience of group discussion. The phenomenon of written text as aural experience (and of hearing the literature from outside, processing it within) was also a consideration. Although JR was interested in the ways in which the participants engaged with the reading, her interest was how this shared (and, at times, inter-subjective) experience enabled participants to interact with one another during the sessions, and how the verbal and non-verbal communication between participants enabled an understanding of the meaning of the experience to them. Observations of how the groups occupied the physical space of the rooms, body language and turn-taking were also noted. JR observed the varying patterns of social interaction within each of the reading groups from month to month, to try to identify the underlying process by which the participants formed their group, and their particular place/ role within it. Of interest were the ways that members of the two groups adjusted their behaviours in response to changes in their group’s composition, which shifted from week to week due to absence and to people leaving and joining the groups. While this resulted in rich data and provides a multi-faceted view of the reading groups, it has made it harder for us to ‘compare notes’, and this has further emphasised the element of discontinuity in our bi-monthly observations of the groups

There is always the tension between participant and observer, and we are aware that we interpreted this in different ways. JR sat a little away from the group, and apart from greeting participants and helping with seating and serving tea and biscuits, only responded to direct questions from group members and never spoke during the group readings. JB took a slightly different approach, sitting among the group (and taking notes after group sessions rather than during them) in order to follow closely the relationship between discussion and literature and to try to inhabit the atmosphere generated by the group from within it. In the main this ‘participant-observer’ role was non-verbal and non-

interventionist (though JB's non-verbal communication will have indicated her participatory perspective to other group members). Verbal interventions were very occasionally made in response to comments directly addressed to JB, and (very rarely – once, possibly twice) she volunteered to help clarify the meaning of an obscure word. While both are acceptable approaches, this difference may have also influenced the observations we made and the groups we observed.

### **5.2 *Audio-recording the groups***

Each month, there were two sessions where no observer was present. We therefore decided, with the agreement of the group, to audio-record each of the sessions whether or not the observer was present to ensure we had as full a record as possible of what occurred. This also meant that the facilitator could direct the research team towards certain recordings that they felt represented an interesting discussion or session. This worked well in practice and there was no observable change to the group's interaction once the (very small) recorders were switched on.

### **5.3 *Patient Health Questionnaire***

Participants were asked to fill in a copy of the PHQ-9 before they joined the group and again at the end of the research period. Although the intention was to screen new members before they joined, as only those with a certain score were eligible to attend, often people joined the group unexpectedly and either hadn't been given, or had forgotten to complete the PHQ or they had left it behind. As the policy was not to turn people away who might be eligible to join until eligibility or otherwise had been established, the facilitator carried copies so that she could give them out to participants. Some were asked to complete the form prior to the start of the group, but this proved to be time-consuming and also inappropriate, as the PHQ contained health questions, when the reading group itself was not part of treatment or care. In addition, some of the questions asked about suicidal thoughts and other deeply personal questions required reflection by the individual, but there was not necessarily a private place where they could go to complete it, or someone who was dedicated to help them fill it in. Overall, though the PHQ was used in every case as an eligibility-check (at least one person who wanted to join the groups was told that they were not eligible based on their PHQ score and were put in touch with another group), the PHQ proved quite difficult to administer in the group as

well as an inappropriate start to joining the reading group session. It was agreed that in the future the PHQ should be administered separately from the reading group sessions, and that the facilitator should not be expected to help complete the forms.

#### **5.4 *Focus Group***

Only one focus group discussion was conducted at the end of the research period, as the two reading groups had merged into one by this point. While it is important to let groups establish and for time to elapse before asking people about their experiences, it may be useful to consider including more, shorter, focus group discussions throughout the year, particularly one at an early stage after the first four months, to try and capture why they joined the group and their first impressions. Further short discussions (20 minutes) could be incorporated into some sessions to get a more rounded picture of the developing groups, and capture the experience of group members who may have left during the year.

For a future study it would be useful to invite people who had not chosen to come to more sessions, or had decided not to come to the group to explore with them their experiences of taking part, or the reasons they chose not to take part, which may not have been as positive as for those participants who chose to stay with the group, or who had joined more recently.



## **6. Conclusions**

The study found that Get into Reading helped patients suffering from depression in terms of: their **social well-being**, by increasing personal confidence, reducing social isolation, fostering a sense of community and encouraging communication skills; their **mental well-being**, by improving powers of concentration, fostering an interest in new learning or new ways of understanding, and extending their capacity for thought, verbalised and internalised; their **emotional and psychological well-being**, by increasing self-awareness, enhancing the ability to articulate profound issues of being, and making possible a shift in internal paradigms (or the telling of ‘a new story’) in relation to self and identity. The study also established what literature works, why it works and how it works. 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.

## **7. Plan of future work**

Publication of findings, reviewed in the light of current thinking around the diagnosis and treatment of depression in social scientific/clinical journals aimed at health care professionals, for example: *British Medical Journal*, *Annals of Family Medicine*, *BMC Health Services Research*, *Social Science and Medicine*, *Sociology of Health and Illness*

Knowledge Transfer activities including: a workshop/conference hosted by the University of Liverpool on the findings of the project and implications for practice, inviting researchers, service providers (statutory and voluntary); *in situ* presentations at health/community care centers, libraries, regional PCTs (adopting model for dissemination of good practice established by The Reader Organisation).

Application for follow-up funding from: Mental Health Research Network (MHRN); National Institute for Health Research (NIHR), especially Research for Patient Benefit Fund; Arts and Humanities Research Council (AHRC) Connected Communities Programme.

## Key References

**NB Publications marked \* derive from the research of the project team and/or practice of TRO.**

- Atkinson, P., Coffey, A., Delamont, S., Lofland, J., & Lofland, L. (eds) (2007) *Handbook of Ethnography* London: Sage.
- Barbour, R. S. (2007) *Doing Focus Groups* London: Sage.
- Billington, J., Davis, P., Morrison, B. (2009) 'How Can This Be Me?' *The Reader* 35:
- Billington, J (2010) 'Ask Me' *The Reader* 38: 81-84.
- Bion, W. R. (1961) *Experiences in Groups* London: Routledge
- Bion, W.R. (1970) *Attention and Interpretation* London: Maresfield.
- Bloor, M. J. Frankland, M. Thomas, and K. Robson (2001) *Focus Groups in Social Research* London: Sage.
- Clandinin, D and Connelly F. (2000) *Narrative Inquiry: Experience and story in qualitative research*. San Francisco: John Wiley and Sons.
- Cupchik, G.C., Oatley K., Vorderer P. (1998) Emotional effects of reading excerpts from short stories by James Joyce. *Poetics* 25:363-77.
- Davis, J. (2005) Step into the world of books: final report on the Get into Reading pilot project. *The Reader*. University of Liverpool.\*
- Davis, Jane Groups Reading Aloud for Wellbeing, *The Lancet*, 373, 2009.\*
- Dowrick, C. (2009) *Beyond Depression* (2nd Edition) Oxford: Oxford University Press.\*
- Duggleby, W (2005) What about Focus Group Interaction Data? *Qualitative Health Research* 15 (6):832-840.
- Dwivedi, K. N. (1997) *The Therapeutic Use of Stories* London: Routledge.
- Elliot, J. (2005) *Using Narrative in Social Research* London: Sage.
- Fish, S. (1980) *Is There a Text in this Class?* (Cambridge MA: Harvard University Press, 1980)
- Grice, P. (1975) Logic and conversation. In Cole, P., and J. Morgan, eds., *Speech Acts, Syntax and Semantics* 3: New York: Academic Press: 41-58.
- Hodge S., Robinson J., Davis, P. (2007) Reading between the lines: the experiences of

- taking part in a community reading project, *Medical Humanities* 33: 100-104.\*
- Hydén, L-C, and P.H. Bülow (2003) Who's talking: drawing conclusions from focus groups – some methodological considerations. *International Journal of Social Research Methodology* 6 (4):305-321.
- Iser, W. (1978) *The Act of Reading: A Theory of Aesthetic Response* Baltimore: John Hopkins University Press.
- Kitzinger, J. (1994) The Methodology of Focus Groups – the Importance of Interaction between Research Participants. *Sociology of Health and Illness* 16 (1): 103-121.
- Kohler Riessman, C. (2008) *Narrative Methods for the Human Sciences* London: Sage
- Kroenke, K., Spitzer R.L., Williams, J.B. (2001) The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med* 16(9): 606-13.
- Krueger, R. A. (1998) *Moderating Focus Groups. Focus Group Kit 4*. London: Sage.
- Krueger, R. A. and M.A. Casey (2000) *Focus Groups: A practical guide for applied research* London: Sage.
- Kupshik, G.A., Fisher, C.R. (1999) Assisted Bibliotherapy: effective, efficient treatment for moderate anxiety problems. *British Journal of Gen. Practice* 49:47-48.
- Layard, R. (2006) The case for psychological treatment centres. *BMJ* 332:1030-2.
- Litoselliti, L. (2003) *Using Focus Groups in Research. Continuum Research Methods*. London: Continuum.
- Morgan, D. L. (1997) *Focus Groups as Qualitative Research. Qualitative Research Methods Series 16*. London: Sage.
- Morgan, D.L. (2010) Reconsidering the Role of Interaction in Analyzing and Reporting Focus Groups. *Qualitative Health Research* 20 (5): 718-722.
- Morrison, Blake, The Reading Cure, *The Guardian Review*, 05.01.08.\*
- National Institute for Clinical Excellence (2004) *Depression: management of depression in primary and secondary care*. (Clinical guideline 23.)
- Oatley, K. (1999) Meetings of Minds: dialogue, sympathy and identification in reading fiction. *Poetics* 26: 439-54.
- Pehrsson, D.E., McMillen, P. (2005) A bibliotherapy evaluation tool: grounding counsellors in the therapeutic use of literature. *The Arts in Psychotherapy* 32:47-59.

- Pink, S (2007) *Doing Visual Ethnography* London: Sage
- Prosser, J ed (1998) *Image-based Research: A Sourcebook for Qualitative Researchers* London: RoutledgeFalmer.
- Robinson, J. (2008) Reading and Talking: Exploring the experience of taking part in reading groups at the Walton Neuro-Rehabilitation Unit (NRU), HaCCRU Research Report, 114/08.\*
- Robinson, J. (2008) Reading and Talking: Exploring the experience of taking part in reading groups at the Vauxhall Health Care Centre. HaCCRU Research Report 115/08.
- Robinson, J. (2009) Laughter and forgetting: using focus groups to discuss smoking and motherhood in low-income areas in the UK. *International Journal of Qualitative Studies in Education* 22 (3):263-278.\*
- Scogin, F. Jamison, C., Floyd, M. (1998) Measuring learning in depression treatment: a cognitive bibliotherapy test. *Cognitive Therapy Research* 22:475-82.
- Thierry G., Martin, C.D., Gonzalez-Diaz, V., Rezaie, R., Roberts, N., Davis, P.M. (2008) Event-related potential characterisation of the Shakespearean functional shift in narrative sentence structure, *NeuroImage* 40: 923-931.\*
- Turner, E.H., Matthews, A.M., Linardatos, E., Tell, R.A., Rosenthal, R. (2008) Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine* 358:252-26
- Wilkinson, C., C. Rees, and L. Knight (2007) 'From the Heart of my Bottom': Negotiating Humor in Focus Groups Discussions. *Qualitative Health Research* 17 (3)411-422.
- Wilkinson, S. (1998) Focus groups in feminist research: Power, interaction, and the co-construction of meaning. *Women's Studies International Forum* 21 (1):111-125.
- Wilkinson, S. (1999). Focus groups – A feminist method. *Psychology of Women Quarterly* 23 (2):221-244.

## **Appendix 1**

### **Participant Information Sheet – Reading Group Sessions**

#### **Reading Group at Aintree Park Group Practice**

You are invited to take part in a research study. Before you decide whether or not you wish to take part it is important for you to understand why the research is being done and what this involves. Please talk to others about the study if you wish to.

This sheet tells you why the study is taking place and what will happen if you take part and gives you more detailed information about the conduct of the study

Please ask us if there is anything that is not clear, or if you would like more information, and take time to decide whether or not you wish to take part.

#### **What is the purpose of this study?**

Although the popularity of reading groups in the UK has never been higher and some reading-and-health projects have been started, there has been relatively little research in the United Kingdom on how the act of reading and discussing poems, prose and stories may influence people's health and sense of wellbeing.

The aim of this research is to involve people who volunteer for a reading group set up by The Reader Organisation at the University of Liverpool at Aintree Park Group Practice in a study to explore (i) what happens when people get together in a group to read a text aloud, and to talk about the text? and (ii) whether taking part relates to patients' physical and emotional recovery?

#### **Why have I been chosen?**

You have recently been diagnosed as suffering from depression and you have shown an interest in taking part in a reading group at Aintree Park Group Practice.

#### **Do I have to take part?**

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep, and be asked to sign a consent form at the start of each of the twelve reading group sessions included as part of the research study. You are still free to withdraw at any time and without giving a reason. A decision to take part, or withdraw, or not take part will not affect the standard of care you receive.

#### **What will happen to me if I take part?**

*Completing a mini-questionnaire*

If you decide to take part you will be asked to complete a brief, confidential questionnaire with the researcher before the start of the reading group sessions. If you are a patient at the Aintree Park Group Practice, this will include additional questions about your mental health and how long you have been a patient at the practice. With your consent, your GP will be notified that you have agreed to take part in the project.

#### *Observation and audio recording four reading group sessions*

The researchers, Jude Robinson and Josie Billington, will be attending 12 reading group sessions (once a month over 12 months). They will be there as observers, and will be making some notes throughout the session, but they will not be taking part in the discussion. In addition, some of the reading-group sessions will be audio-recorded, including the readings and the discussion and comments. The recordings are confidential to the project, and will only be listened to by members of the research team and a transcriber working for the University, and your name will not appear in the written transcription or in any reports or articles. We may include verbatim quotations from the sessions in reports, the research summary and articles, but your name will not be mentioned in any part of the written material. The observed reading group sessions will take place at the usual time and in the usual way, and should last the same time (just over an hour).

#### *Focus group discussion*

You will be given a separate information sheet and asked to take part in a focus group after the twelve observed reading group sessions. You do not have to take part in both parts of the research, and you can take part in the reading groups and not take part in the focus group discussion if you wish.

#### **What do I have to do?**

After completing the questionnaire, you will be asked to give written or verbal consent at the start of each of the twelve observed reading group sessions. You should then just take part in the reading group as you usually would.

#### **Are there any disadvantages or risks if I take part?**

There are no risks or harms associated with taking part in this research. However if you have said something that has been recorded, and you wish that you had not said it, or you do not wish it to be repeated in any way, then you can ask that it is not included as part of the research data.

#### **What are the benefits of taking part?**

There is no clinical benefit to taking part in this study. We hope that the information from this study will support the continuation of this group at the Aintree Park Group Practice and could be used to support the case for setting up reading groups in other health care settings.

#### **What happens when the research study stops?**

After we have collected the data for the research, we will spend some time analysing it, and then we will prepare a written summary of the findings that will be made available to

all the participants. Audio tape or CD versions will be made available if preferred. This summary will include details of how to access a copy of the short report of this study that will be available online, or as a hard copy on request.

**What if there is a problem?**

Any complaint about the study will be addressed, and more detailed information is below.

**Will my taking part in the study be kept confidential?**

Yes, all the information about your participation in this study will be kept confidential. The details are included below. Please note one exception however. The researcher has a duty to report any disclosure by participants regarding any intention to harm themselves.

**What will happen if I don't want to carry on with the study?**

If you decide that you want to withdraw from the study, then depending on what you wish to happen, your data can be withdrawn from our analysis, or you can have your contribution so far included.

**What if there is a problem?**

Should you have a concern about any aspect of your involvement with this research project, you should ask to speak with the researchers who will do their best to answer your questions and address any concerns in the first instance, (Jude Robinson, (0151) 794 5503; Josie Billington (0151) 794 2898). If you remain unhappy, and wish to complain formally, you can do this through the University of Liverpool Complaints Procedure. Details can be obtained from the researcher or from the University of Liverpool (0151) 794 2000.

**Will my taking part in this study be kept confidential?**

Yes, your taking part in the study will be kept confidential to the project. All data will be anonymised, and stored securely at the University of Liverpool for seven years, and then destroyed. The anonymised data will be seen only by members of the research team, and will not be used for a further study. Your name will not be used in any published material resulting from the study, including reports. These procedures are compliant with the Data Protection Act (1998).

**What will happen to the results of the research study?**

The results of this research study will be summarised and sent in either a written form, or as a CD or tape, to all of the participants in the research. A further brief report of the findings will be made available to participants, and also to key stakeholders within the Aintree Park Group Practice and at The Reader Organisation, University of Liverpool, and to other people interested in reading and health. We also hope to publish the findings in a peer-reviewed publication, and to present at relevant conferences. You will not be identified in any report or publication.

**Who is organising and funding this research?**

This exploratory piece of research is being funded by Liverpool Primary Care Trust.



**Who has reviewed the study?**

This study was given a favourable ethical opinion by [a recognised local ethics committee].

**Contact details**

If you have any questions or concerns about this study, please contact either Jude Robinson by telephone on (0151) 794 5503, or at HaCCRU, Thompson Yates Building, Brownlow Hill, University of Liverpool. L69 3GB or Josie Billington on (0151) 794 2898 or at School of English, Cypress Building, Chatham Street, University of Liverpool. L69 7ZR.

**You will be given a copy of this Information Sheet and a signed consent form to keep.**

**Thank you for considering taking part in this research project**

## Appendix 2

Centre Number:  
Study Number:  
Patients Identifier:  
Date:

### Consent Form – Reading Groups

#### Reading Project at Aintree Park Group Practice

Facilitator: Dr. Clare Williams, University of Liverpool

Please initial box

1. I confirm that I have read and understood the information sheet dated for the above study. I have had the opportunity to consider the information and to ask questions, and I have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I understand that the researcher (Jude Robinson) will be observing the following reading group session, and taking notes, and also audio recording the session.

4. I understand that the recording of the following reading group discussion will be transcribed, and quotes from the discussion may be reproduced verbatim in a written summary, and/or a report, and/or a published journal article, but my name will not be included.

5. I agree to let a member of the project team notify my GP that I am participating in this project.

6. I agree to take part in the above study

-----  
Name of participant

-----  
Date

-----  
Signature

-----

-----

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### Appendix 3

Name of person  
taking consent

Date

Signature

## Patient Health Questionnaire (PHQ-9)

This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders.<sup>1</sup> The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in Primary Care.<sup>2</sup>

Patient Health Questionnaire (PHQ-9)	
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things?	<div>Not at all Several days More than half the days Nearly every day</div>
Feeling down, depressed, or hopeless?	<div>Not at all Several days More than half the days Nearly every day</div>
Trouble falling or staying asleep, or sleeping too much?	<div>Not at all Several days More than half the days Nearly every day</div>
Feeling tired or having little energy?	<div>Not at all Several days More than half the days Nearly every day</div>

Poor appetite or overeating?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total= <input type="text"/> /27	<input type="text"/>
Depression Severity: 0-4 None, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.	

## **Appendix 4**

### **Participant Information Sheet – Focus Group Reading Project (MerseyBEAT)**

You are invited to take part in a research study. Before you decide whether or not you wish to take part it is important for you to understand why the research is being done and what this involves. Please talk to others about the study if you wish to. Please ask us if there is anything that is not clear, or if you would like more information, and take time to decide whether or not you wish to take part.

#### **What is the purpose of this study?**

Although the popularity of reading groups in the UK has never been higher and some reading-and-health projects have been started, there has been relatively little research in the United Kingdom on how the act of reading and discussing poems, prose and stories may influence people's health and sense of wellbeing.

The aim of this research is to involve people already taking part in the reading group set up by The Reader in a study to explore (i) what happens when people get together in a group to read a text aloud, and to talk about the text? and (ii) whether taking part relates to peoples' physical and emotional health and wellbeing?

#### **Why have I been chosen?**

You are currently taking part in the reading group organised by the Reader and have already consented to take part in the first part of data collection, the observation and audio recording of the reading groups.

#### **Do I have to take part?**

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep, and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to take part, or withdraw, or not take part will not affect the standard of care you receive.

#### **What will happen to me if I take part?**

You will be asked to take part in a group discussion about your experience of taking part in the reading groups, and whether you feel that it has affected you in any way. The focus group will be held in a private room, and the discussion will last around 30 minutes. The Reader will not be attending this discussion. The discussion will be audio recorded. The recordings are confidential to the project, and will only be listened to by members of the research team and a transcriber working for the University, and your name will not appear in the written transcription or in any reports or articles. We may include verbatim quotations from the focus group in reports, the research summary and articles, but your name will not be mentioned in any part of the written material.

#### **What do I have to do?**

We would like you to contribute as much as you like to the discussion about taking part in the reading groups.

**Are there any disadvantages or risks if I take part?**

There are no risks or harms associated with taking part in this research. However if you have said something that has been recorded, and you wish that you had not said it, or you do not wish it to be repeated in any way, then you can ask that it is not included as part of the research data.

**What are the benefits of taking part?**

There are no direct benefits to taking part in this study. We hope that the information from this study will support the continuation of this group, and could be used to support the case for setting up reading groups in other health care settings.

**What happens when the research study stops?**

After we have collected the data for the research, we will spend some time analysing it, and then we will prepare a written summary of the findings that will be made available to all the participants. Audio tape or CD versions will be made available if preferred. This summary will include details of how to access a copy of the short report of this study that will be available online, or as a hard copy on request.

**What if there is a problem?**

Should you have a concern about any aspect of your involvement with this research project, you should ask to speak with the researcher who will do their best to answer your questions and address any concerns in the first instance, (Jude Robinson, (0151) 794 5503). If you remain unhappy, and wish to complain formally, you can do this through the University of Liverpool Complaints Procedure. Details can be obtained from the researcher or from the University of Liverpool (0151) 794 2000.

**What will happen if I don't want to carry on with the study?**

If you decide that you want to withdraw from the study, then depending on what you wish to happen, your data can be withdrawn from our analysis, or you can have your contribution so far included.

**Will my taking part in this study be kept confidential?**

Yes, your taking part in the study will be kept confidential to the project. All data will be anonymised, and stored securely at the University of Liverpool for five years, and then destroyed. The anonymised data will be seen only by members of the research team, and will not be used for a further study. Your name will not be used in any published material resulting from the study, including reports. These procedures are compliant with the Data Protection Act (1998).

**What will happen to the results of the research study?**

The results of this research study will be summarised and sent in either a written form, or as a CD or tape, to all of the participants in the research. A further brief report of the findings will be made available to participants, and also to other people interested in

reading and health. We also hope to publish the findings in a peer-reviewed publication, and to present at relevant conferences. You will not be identified in any report or publication.

**Thank you for considering taking part in this research project**

**Contact details**

If you have any questions or concerns about this study, please contact Jude Robinson by telephone on (0151) 794 5503, or at:

HaCCRU, Thompson Yates Building, Brownlow Hill, University of Liverpool. L69 3GB.

## Appendix 5

Patients Identifier:

Date: 20/7/10

### Consent Form – Focus Group Discussion

#### Reading Project (MerseyBEAT)

**Researcher: Dr. Jude Robinson, University of Liverpool**

Please tick box

6. I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information and to ask questions, and I have had these answered satisfactorily.

☐

7. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

☐

8. I understand that the researcher (Jude Robinson) will be moderating the following focus group session and audio recording the session.

☐

9. I understand that the recording of the following focus group discussion will be transcribed, and quotes from the discussion may be reproduced verbatim in a written summary, and/or a report, and/or a published journal article, but my name will not be included.

☐

10. I agree to take part in the above study

☐

-----  
Name of participant

-----  
Date

-----  
Signature

-----  
Name of person  
taking consent

-----  
Date

-----  
Signature



## Appendix 6

### Sefton Research Ethics Committee

Victoria Building  
Bishops Goss Complex  
Rose Place  
Liverpool  
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26 June 2009

Dr Josie Billington  
University Teacher/Research Associate  
University of Liverpool  
School of English  
Cypress Building, Chatham Street  
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Dear Dr Billington

**Study Title:** An Investigation into the therapeutic benefits of reading in relation to depression and well-being.  
**REC reference number:** 09/H1001/45  
**Protocol number:** Protocol 1

Thank you for your letter of 18 May 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

#### Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

#### Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

#### Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research (“R&D approval”) should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>. *Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.*

*Sponsors are not required to notify the Committee of approvals from host organisations.*

**It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).**

### **Approved documents**

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Participant Consent Form: Aintree Park Group Practice	1	12 January 2009
Protocol	1	12 January 2009
Investigator CV	1	12 January 2009
Application	2.0	23 January 2009
Caldicott Guardian		18 May 2009
R & D Letter		09 June 2009
Response to Request for Further Information		18 May 2009
Participant Information Sheet: Aintree Park Group	2	20 April 2009
Participant Information Sheet: Upstairs @ 83	2	20 April 2009
Advertisement	2	11 May 2009
Questionnaire: Mini	1	12 January 2009
Letter from Sponsor		18 March 2009

### **Statement of compliance**

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

### **After ethical review**

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document “*After ethical review – guidance for researchers*” gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email [referencegroup@nres.npsa.nhs.uk](mailto:referencegroup@nres.npsa.nhs.uk).

<b>09/H1001/45</b>
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<b>Please quote this number on all correspondence</b>
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Yours sincerely

**Dr Peter Owen**  
**Chair**

Email: [kayleigh.roberts@liverpoolpct.nhs.uk](mailto:kayleigh.roberts@liverpoolpct.nhs.uk)

*Enclosures:* “After ethical review – guidance for researchers”

*Copy to:* *Mr James Fox*  
*[R&D office for NHS care organisation at lead site]*