

Reading 'Doing its Work': Shared Literature Lifelines

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Over the last decade or so, I have been working with colleagues in my own discipline of English Literature, as well as with colleagues in Psychology and Medicine at the University of Liverpool, to carry out research on reading and mental health in partnership with UK charity, The Reader. Principally, I have studied The Reader's unique model of Shared Reading in which people gather weekly in a range of health, care and community settings to read aloud, together in real time, short stories, novels and poetry, and to reflect on and weigh their meaning. This work brings me into frequent contact with health and social care professionals who are using Shared Reading as part of their service provision or practice.

This week, for example, I have spoken with a pain consultant who set up a Shared Reading group in his weekly pain clinic eight years ago and who has fought hard, year on year, to get the space and funding to continue the group. I also met with a national care home provider who would like to introduce reading groups for dementia care residents across the country. And with a mental health specialist who has integrated shared reading into his therapeutic programme for service veterans suffering from Post-Traumatic Stress Disorder. These health practitioners and providers have been following closely The Reader's heroic efforts to keep reading groups going during Covid-19 lockdown in order to reach vulnerable and isolated people who have come to rely on this

live weekly contact. I'll say more about The Reader's sterling work in this regard at the end of this podcast.

But you would be forgiven for asking, why are these health professionals who are faced every day with the problem of intractable illness, often physical illness, in their patients, why are they taking time to talk to me, an English Literature specialist? The short answer is that the patients they see who are living with chronic illness are also very often, and very understandably, experiencing depression too. Our research first came to the notice of health practitioners when we were able to demonstrate that Shared Reading helped alleviate symptoms in people diagnosed with depression. But that begs a further question: how can something as immaterial and as apparently soft as a poem or story help a problem which, like depression, has reached epidemic proportions in the Western world?

This is what one of the participants in the reading and depression study, I'll call her Linda, said when we interviewed her about her experience of the reading group which had taken place in her GP's surgery. '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.' Gets 'it' out, 'whatever' is hidden. Linda said that she had been glad of the diagnosis of depression given to her by her GP because it explained what was, as she put it,

‘wrong’ with her. All she had otherwise was this sense of need and distress without apparent external cause, a vague indefiniteness - an ‘it’ a ‘whatever’: an inner life without an inner voice to speak it or to think it.

What reading helped Linda to do was locate and identify her feelings, and find a language in which to express and release them - feelings which exist in Linda, belong to her, but which, so immersed in her predicament as she is, she cannot think for herself. The greatest threat to psychic health, said the twentieth-century psychotherapist Wilfred Bion, is the inability to think our own emotions, to translate raw inchoate feeling into a thought which brings release and active doing. ‘Failure to eat, drink or breathe properly,’ he said, ‘has disastrous consequences for life itself. Failure to use emotional experience’, he goes on, ‘produces a comparable disaster in the development of the personality.’

But crucially the language which Linda found in books, was not a medical or therapeutic language. Literature offers the widest possible language for human experience, unconfined by category or agenda or expectation. The health practitioners with whom I collaborate are conscious, they tell me, of the enormous gap between the medical explanation, language and treatment for the suffering they encounter, and the lived experience of that suffering. Yet even the most sensitively humane doctor or counsellor, committed to understanding his or her patients through carefully listening to and engaging with their distress, might be tempted to fall back on a pre-packaged therapeutic or clinical

language given the sheer scale of the distress he or she encounters. What literary language can do, in place of a stereotypical or clichéd vocabulary, is find a person – who like Linda feels she can barely find herself - find a person in a deep sense and at a deep level, beneath the formulaic case. Like the best, ideal doctor or counsellor, literary language takes seriously the human trouble which does not have a ready name or diagnosis and enters into the indeterminate areas of individual experience – the whatevers, the its - in order to be their articulate witness.

Here is a quick example, from the nineteenth-century religious poet, Christina Rossetti, a poet whom Linda found especially powerful:

We lack but cannot fix upon the lack

Not this, not that, yet somewhat certainly.

‘Somewhat certainly.’ A poem may not fulfil the lack it expresses; it is not a simple cure. No more might it exactly specify—‘fix upon’ — just what it is that is missing. What it can strenuously do is underwrite the intuitive certainty of an inner need and longing, the vague sense of lack made at least definite, certain.

That is what literary language can potentially do for those of us who are not writers and who do not have the ideal doctor, counsellor or friend: it can make what is deeply inner and private, and rarely expressible in normal life, both more personally felt and more publicly sharable.

And it can also make the experience of lack or longing or need more humanly normal, not a disease. Literary narrative and poetry can have therapeutic value, in so far as its deepened language is often, though not exclusively, dedicated to exploring human trouble. It helps people to see that what is often called ‘illness’ or depression is common to all. Literature offers to sufferers a representation of sadness as the human norm without merely normalizing that experience in a reductive way. In the clinic, says the pain consultant, my patients are people with pain; in the reading group they’re people with lives.

But any therapeutic effect of literature arises precisely from literature’s never trying or meaning to be a therapy. A poem or story is entirely neutral so far as the reader is concerned – it doesn’t know you or care whether you are well or ill, and has no plan or programme to accomplish in terms of ‘fixing’ what is ‘wrong’. What literature offers is never exclusive to ‘ill’ people, nor aimed at cure or specific relevance.

In her moving memoir, *Why Be Happy When You Could Be Normal?*, Jeanette Winterson calls literature ‘medicine’, because it offered to her as an adolescent ‘a tough language’ to support a tough and damaged life. When she watched her fanatically religious adoptive mother burn the great works she had hidden away – D. H. Lawrence, T. S. Eliot – she writes ‘The books were gone but they were objects: what they held was still inside me’. What is left is pure essence—what

Winterson calls elsewhere the inner ‘pearl lining’ which books protectively deposit. ‘You have taken in more than you know, and it will go on doing its work.’ This power of books to help protect us in trouble helps explain, we might venture, why so many people have turned, and often *returned*, to books as life-support under lockdown. It is why the work of a charity like The Reader is so crucial – at any time but especially at this time - in getting great literature ‘inside’ everyone, taking serious fiction and poetry to those who need them. The reading material in Shared Reading ranges across genre and period, and is chosen for its intrinsic interest, not pre-selected for a particular ‘condition’.

During the pandemic, The Reader has launched a new online service, ‘The Reader at Home’. Here, the charity’s unique offering of reading literature aloud, live and performatively in the room as a powerful vocal-emotional human presence, has itself been kept alive during lockdown through audio and video readings of featured poems and specially curated digital collections, in addition to virtual reading groups. This new public programme has actually widened the reach of Shared Reading bringing this vital resource and connection for the very first time to people who would be unable to attend a reading group under normal circumstances – people who are housebound for reasons of social anxiety, poor health, or disability. The digital medium is also crossing cultures and nationalities as Shared Reading is expanded to new audiences. You can find out more about this service and how to become involved at www.thereader.org.uk. Experience for yourself how the newest technology is

becoming a carrier for that oldest of medicines: great books.