More benefit from a well-stocked library than a well-stocked pharmacy: How do readers use books as therapy?

Abstract

It has long been acknowledged that readers can find solace in literature. Since the term bibliotherapy was coined in 1916, attempts have been made to harness this quality of the reading experience to help people improve their health and well-being. Particularly used for mental health problems like depression and anxiety, bibliotherapy is a non-medical intervention focused on developing coping skills and resilience. Texts used in bibliotherapy can range from imaginative literature such as poems and novels to informational self-help books based on recognised therapeutic techniques. While there are schemes in UK public libraries aiming to help the reader to locate self-help books, readers are also using the resources of the public library to 'self-medicate' and find texts that appeal to them in times of need.

The aim of this study, conducted for doctoral research, was to investigate how books and bibliotherapy are used by readers as a coping technique and as an intervention to maintain good mental health. In-depth semi-structured interviews were conducted with 27 readers, taking a life-narrative approach to learn how different texts helped the reader to cope with challenges in their lives. Over half of these readers also participated in reading groups, and discussed the impact of reading in a group environment. Interview data was analysed using an emic, ethnographic framework.

Readers identified four ways in which they used bibliotherapy to provide emotional engagement, social support, information and to escape from symptoms of mental health problems. Bibliotherapy was a diversely-understood concept, and books used included a wide range of fiction, non-fiction,

poetry and self-help materials. Participants in this research used bibliotherapy in several ways not previously discussed in the academic literature on the subject, and four new user-centred models that synthesise readers' needs throughout their experience of mental health problems are presented here. These four models are:

- Emotive bibliotherapy – an individual emotional connection with a work of imaginative literature, often validating feelings and decreasing isolation;

- Escapist bibliotherapy – a means of escaping from the negative experience of symptoms of mental health problems;

- Social bibliotherapy – the social discussion of texts in a group environment;

- Informational bibliotherapy – a quest for self-education and understanding about mental health problems.

Building on these four concepts will help to shape future bibliotherapy interventions in the public library, and will also help to further understanding about the motivations and benefits of reading for all readers.

Introduction

Bibliotherapy is a psychosocial or psycho-educational intervention for mental health problems, centred on the use of reading to provide insight. Here, the aim is examine the use of bibliotherapy for mental health and well-being, taking a reflexive approach to conceptualise bibliotherapy and therapeutic reading. I present findings from a doctoral study which analysed and contrasted current bibliotherapy service provision in the UK with individual reading experiences. Of primary importance in this wider project was the finding that current models of bibliotherapy do not meet all the needs of people with mental health problems and there is thus a gap between current service provision and reading experiences (Brewster 2011).

Readers who considered their experience to be 'bibliotherapy' understood the concept differently when compared with the perspective of those providing bibliotherapy services. Service providers were often more focused on the type of text used, while readers were concerned about the outcome of the intervention. For readers, outcomes of the reading experience included emotional engagement, distraction and escapism, social support, and locating useful information to help them cope. Using data gathered from interviews and observations, the focus here is the experiences of readers, who shared their personal, diverse understandings of bibliotherapy. The findings about current service provision and policy analysis are reported elsewhere, concluding that the evidence-based practice discourse has previously legitimised the exclusion of the readers' voice in understandings of bibliotherapy (Brewster et al. 2012). Evidence of the effectiveness of bibliotherapy as an intervention is also presented elsewhere (Brewster 2011).

Bibliotherapy schemes like *Books on Prescription*, *Get into Reading* and the *Reading and You Service (RAYS)* have operated in UK public libraries since 2000, but there has been little evaluation of their impact and effectiveness (Frude 2005; Duffy et al. 2009; Davis et al. 2005). More recent studies have started to add to the body of work exploring the experience of reading to maintain or improve mental health (Billington et al. 2010; Dowrick et al. 2012). The need to explore the experience of reading for well-being was identified following a study exploring the implementation of bibliotherapy schemes in UK public libraries, in which librarians shared a wider problem with the evaluation of bibliotherapy schemes (Brewster, 2007). Public library staff commented that in-depth evaluation of these cost-effective schemes was too expensive to conduct, and the 'soft outcomes' of improved mental health were difficult to measure (Brewster 2007). Thus, while they had anecdotal evidence of the effectiveness of bibliotherapy, it was considered too sensitive to ask readers what they felt and experienced while reading. Public librarians found that while it is easy to measure how many books were being borrowed from the public library, it was not easy to understand what these books meant to people. Thus, if twenty people borrowed a book called *Overcoming Depression* as

part of a *Books on Prescription* scheme, there was no way to measure how many of them actually improved their mental health because of it, and what they thought of the experience. As Markless and Streatfield (2006) note, '*no amount of monitoring of book loans will tell you whether the items borrowed were actually read, let alone whether the targeted users were in any way affected by what they read.*'

Thus, the aim in this study was to provide the in-depth reader-led perspective missing from current research and practice. The research question was: *How do people with mental health problems use reading as therapy, both in formal bibliotherapy schemes and independent of these schemes?* Following extensive qualitative research, the research outcome was four new user-centred models of bibliotherapy – emotive, escapist, social and informational – which explore motivations for using reading as a therapy or coping mechanism.

Theorising reading as therapy

Significant research has been conducted on reader response theory, with implications for therapeutic interaction with literature. While such research does not engage with concepts of mental health and well-being directly, it presents a useful theoretical framework . Several key concepts have been identified, including the positioning of the reader as the creator of meaning in the text, rather than the author (Rosenblatt 1970). Reading is seen as a process of exploration; literature increases comprehension and understanding (Rosenblatt 1970). The perspective of the reader is paramount, as they interpret texts in the context of their personal experience. Interaction with the text is always a '*transaction*' in which the reader approaches the text from their own personal standpoint (Rosenblatt 1970). Reading is seen as an active – not passive – phenomenon, and literature is the '*process, not [the] product'* (Atkinson and Coffey 1997; Leitch 1995). The exchange between the text and the reader relies on the biography of the reader as much as the content of the text (Atkinson and Coffey 1997). For these reasons, reading the same text at different

times in life may encourage a re-interpretation of the content (Rosenblatt 1970). These principles underpin the understanding of reading that is presented here.

Emotive bibliotherapy

Literature has been theorised to have four conceptual effects on the reader; identification, projection, catharsis (or abreaction) and insight (Shrodes 1949). Shrodes' work was influential in initial explorations of the psychological impact of literature, and her work contributes to modern models of bibliotherapy in practice. More recent research, again not engaging with concepts of mental health, has established that readers found: confirmation of thoughts and beliefs; reassurance; comfort; and acceptance of their views in literature (Cohen 1992; Usherwood and Toyne 2002). Readers felt a connection between their experiences, and those of characters in books, creating a sense of connection which validated their emotions (Usherwood and Toyne 2002). Thus, *'reading imaginative literature is regarded as a special activity which serves to satisfy a wide variety of needs'* (Usherwood and Toyne 2002). Ideas of reading serving a need summarise the perceived effects of emotive bibliotherapy.

Psychotherapeutic notions, such as catharsis, are also useful in exploring emotional engagement with literature (Gold 1990). Catharsis, an Aristotelian concept, contains notions of emotional expression, suspense, and thrill seeking, which combine to produce an emotional reaction in the audience of a text (Scheff 1979). Catharsis is regarded as a form of clarification of emotions, and can be seen as a technique for resolving earlier painful experiences (Oatley 1995; Scheff 1979). Those experiencing the resolution of emotional trauma via catharsis may find that the vicarious experience (e.g. reading) may not be as overwhelming; reading literature or watching a play can bring a distance to remembered experience that will then enable the reader/audience to process their feelings (Scheff 1979). Catharsis is thus a significant concept in the use of reading as emotive bibliotherapy.

Escapist bibliotherapy

Many pejorative judgements have been made about reading and literature; the concept of escapism, with its connections to fantasy and avoiding responsibility, has particularly been seen in a negative light (Nell 1988). Escapism is connected to other qualities ascribed to literature, including absorption or entrancement in a story – the idea of being *wrapped up* in what you are reading – which are viewed more positively (Nell 1988). Moving forward from the negative connotations of escapism, Usherwood and Toyne (2002) emphasise that reading is *'more than merely a denial or retreat'* and is seen as emancipatory, making a contribution to knowledge and coping techniques. Escapist bibliotherapy has not been widely theorised or discussed in the academic literature, though it is sure to be familiar to many readers.

Social bibliotherapy

Reading has long been a social practice, with the idea of individual reading emerging later in the eighteenth century (Manguel 1996). More recently, the popularity of discussing literature in book clubs shows that there is still a desire for reading in a social environment (Hartley 2002; Jacobsohn 1998). There is some commonality in responses to literature, explained in part by Fish's (1976) notion of the interpretive community in which a basic customary response to a work of literature is adopted by the reader; the creative aim of the writer is also included within an interpretive community. Criticisms of Fish's (1976) interpretive communities include lack of attention to wider socio-cultural factors and the loss of self and identity in the constructed community (Leitch 1995). Situating the reader and their response to a text in their socio-cultural environment and personal history was a fundamental aspect of critical engagement with reader response theory (Iser 1995; Leitch 1995). Research with thirty readers responding to the same short story found both individuality and *'orderliness-within-diversity'* in responses, suggesting some commonality of interpretation (Miall and Kuiken 2002). Discussion of dialogue and reading communities often encompasses the idea that reading and interpreting a text – particularly in a group situation – was

'the full act,' with the writing of a narrative as just '*half an act*' (Oatley 1999). The concept of shared

reading forms the basis of one of the models of bibliotherapy discussed here – social bibliotherapy.

Recent evaluation of bibliotherapy schemes like *Get into Reading* and *RAYS* has focused on

observations in the group environment (Billington et al. 2010; Dowrick et al. 2012). An exploratory

study focused on the '*non-specified'* benefits of reading literature in a social setting, commenting

that the interaction between literature and group members mirrored previously established

theoretical interpretations (Hodge et al 2007; Oatley 1999). Such work begins to build on the work of

theorists like Fish (1976), applying ideas of interpretative communities to conclude that the mix of

literature, group facilitator and group environment were essential to a successful therapeutic

interaction, which focused on the *'telling [of] a new story about oneself'* (Billington et al. 2010).

Informational bibliotherapy

Information that helps people to cope can be found in many sources – from fiction to self-help texts

specifically designed to help people to manage their mental health problems.

Research exploring information seeking in works of fiction, and notions of information encountering

emphasise the potential positive experience in finding information in unexpected places, such as

literature (Sheldrick Ross 1999; Erdelez 1999). One of the reported outcomes of avid reading is

serendipitously finding information that can be used to improve a life situation (Sheldrick Ross 1999).

These conclusions are supported by Usherwood and Toyne's (2002) work, which found that fiction

books could be used for problem solving and information gathering. Readers in Cohen (1992),

Sheldrick Ross (1999) and Usherwood and Toyne's (2002) research all reported finding new

knowledge about the world via reading, which encouraged them to change their perspectives.

Research highlights that people with mental health problems may prefer non-pharmacological, self-

help strategies such as bibliotherapy to more traditionally allocated care (Priest et al. 1996). For

example, barriers to traditional care such as people feeling stigmatized by seeking treatment from health providers can be removed by self-help (Clarke et al 2006). The use of books might thus be a less stigmatizing method of accessing therapy (Cuijpers 1997). A preference for independent self-improvement – the 'do-it-yourself' option – has also been established (Clarke et al, 2006). The large number and varied subject matter of self-help books is indicative of high consumer demand for – and thus potential acceptability of – self-help (Mains and Scogin 2003). However, there is a need for the application of empirical evidence and clinical judgement when considering whether or not to recommend these many and diverse titles, which vary in quality quite dramatically.

Life narratives and mental health

To explore the experience of reading as a form of supportive therapy for mental health problems, the most appropriate approach was a narrative one, aiming to understand the personal perspective of the reader on reading in relation to their life. There were a number of reasons for this, including previous academic work taking a quantitative focus; not wanting to make presumptions about the personal understanding that people had of mental health (which surveys – e.g. Priest et al. (1996) have shown varies); and not wanting to undervalue symptoms and contextual factors. Mental health is often a disputed concept, with biological, social and psychological explanations; gathering an in-depth, personal perspective was seen as a priority in this study. Beliefs about what causes depression can affect what treatment people think is appropriate. The medicalisation of mental health problems has been seen to '*create a dichotomy between the individual's experience of distress and the wider social context that underpins it*' (Shaw and Taplin 2007). A holistic approach, taking account of all of these diverse perspectives, is often accepted as an explanation by people who have been diagnosed with mental health problems as it mirrors their personal understanding (Kangas 2001).

Personal narratives of depression acknowledge an accumulation of long-term factors, such as a difficult relationship with family members or a genetic predisposition to mental health problems, combined with a specific event, as the causal factors. Explanatory narratives are sense-making exercises, and their purpose is often more closely linked to a need for meaningful explanations than they are to factual accuracy (Bentall 2009). People often engage pragmatically with various medical and non-medical discourses. Broom (2009) observes that there is '*a process of bricolage,*' constructing explanations as a process of sense-making to understand their own health and well-being .

An understanding of the need to quantify and measure in health care also forms an essential element of the justification for taking a narrative approach here (Mol 2002). While the mental health diagnostic interview and use of quantified scales are valued in healthcare, they are criticised for discounting contextual factors affecting mental health (Pilgrim 2002). There is a contrast between the requirement to record symptoms and a need to be aware of the context:

> '*once numbers are scribbled in the patient's file, they come to have an independent existence as 'indicators,' and possible errors of translation are no longer retrievable. Nor is the tone of voice (confident, hesitant, pleading). Thus some complexities are left out; but something is also gained as numbers are easy to handle'* (Mol 2002).

While standardised mental health scales enable doctors to diagnose and treat, they do not take into account life circumstances. Thus, the qualitative methods described below were used to gather in-depth data about the reading experience.

Using qualitative methods to explore the reading experience

Focusing on exploring the experiences of using bibliotherapy to manage mental health problems was key to providing a counterpoint to the quantitative, randomised controlled trials that are already in

existence, and present a broader picture of how bibliotherapy is working in practice. I used a qualitative set of methods based on ethnographic principles, with the aim of describing and interpreting the way that people use bibliotherapy and people's reasons for reading. From this emic framework, an in-depth study of readers' experiences could emerge.

Participants were recruited via bibliotherapy groups operating in UK public libraries, or volunteered after seeing posters in public libraries or advertisements in a mental health service user magazine. 27 semi-structured interviews with readers were conducted. Topics included participants' understandings of the term bibliotherapy; the books that they considered to have a therapeutic influence; and events in their lives connected with specific titles. All interviews were audio recorded and fully transcribed.

Participant observation, an ethnographic technique for working closely with groups, was also undertaken, using the observer-as-participant method (Adler & Adler 1994). 16 observations of seven different bibliotherapy groups in public libraries and community locations throughout the UK were conducted, allowing for interaction with 67 group members. Observations were recorded in detailed fieldnotes; to avoid adversely affecting group behaviour, it was decided not to record group sessions. To maintain the integrity of the data, interviews with facilitators and some group members were conducted to confirm the data gathered as part of the observation process. These interviews also confirmed that the presence of a participant observer had not had a noticeable effect on group interaction.

Observation notes and interview transcripts were imported into QSR NVivo software for analysis. Two main approaches to coding the interview and observational data were used; one holistic, and one thematic, both emerging from the data using the constant comparison method (Saldaña 2009;

Charmaz 2006). A full description of the coding process and framework is available elsewhere (Brewster 2011).

Participants in five areas of the UK were recruited, leading to a diverse sample of readers with a range of ages, diagnoses and ethnicities. Of the 27 interview participants, 15 were also members of bibliotherapy groups. There was an equal mix of male and female participants, with 13 women and 14 men – this is quite unusual in light of the demographics of mental health, as more women than men are typically diagnosed with mental health problems, and studies often struggle to recruit men. The youngest participant interviewed was in her mid-20s, with the oldest in her mid-70s. The majority of participants were in their 40s and 50s. Most interview participants came from a white British background. Length of diagnosis varied, with some participants regarding themselves as newly diagnosed (1-3 months since diagnosis) and others with longer-term problems (40+ years). Reading habits and non-therapeutic reading experience was also wide-ranging.

Exploring the reading-as-therapy experience

Bibliotherapy was understood differently by readers in comparison with explanations used by library and mental health professionals. Themes emerging from the analysis of readers' experiences centred on their interaction with the texts either alone or in a group environment. Data from interviews and observations has led to the definition of four user-centred models of bibliotherapy. These models are emotive, escapist, informational and social bibliotherapy. To summarise these models, bibliotherapy was variously understood as:

- an individual emotional connection with a work of imaginative literature;
- the use of reading as a distraction or the reading of escapist literature to help manage mental health problems;
- the social discussion of texts in a group environment;
- a quest for self-education and understanding about mental health problems.

Readers were asked to define the concept of bibliotherapy. All who provided a definition were very clear that therapeutic effect could be found in any text that a person found useful when they were experiencing distress, rather than limiting a definition to a specific therapeutic approach such as cognitive behavioural therapy (CBT).

> *'It's in the eye of the beholder… my understanding of it is using books, short stories, either on your own or with the help of a therapist, to gain some insight into your mental, emotional state. Maybe get some inspiration, motivation, therapy from the actual use of the books themselves.' (Winston)*

The breadth and depth of titles read was immense. Therapeutic books were not limited in terms of type, genre, length or subject. While you might expect some correlation about specific titles that readers found helpful, the diversity of books read produced a list of over 200 titles (Brewster, 2011). Readers also found that they read different types of book at different points in their lives, and that having access to a variety of titles was important.

> *'Over the years, the underlying support and help has actually come much more from books than medication. I think I've had much more benefit from a well-stocked library than a well-stocked pharmacy.' (Winston)*

Emotive bibliotherapy

Emotive bibliotherapy contributed to the reading experience by allowing people to connect with literature. Emotional engagement with literature was valuable to many participants, with eight of the 27 interviewees mentioning an individual emotional connection to a text. There were three strands to this engagement: the use of literature for catharsis; empathy with characters' experiences, and emotional validation. As discussed, catharsis is widely recognised as the use of literature, art, theatre or music to provide relief through learning about difficult subjects.

'A friend told me that after her mum died, she read an awful lot of literature which

revolved around death, as a way of processing it.' (Olivia)

'Processing' emotions using literary depictions is at the heart of the concept of catharsis. Another

participant (Julia) repeatedly returned to a text exploring the grief felt following the death of a child,

presenting another example of using literature for cathartic purposes. The book was repeatedly re-

read in low periods, and it was felt that reading about someone who had gone through a similar

traumatic experience helped to put her own loss into perspective.

The experience of mental health problems can be isolating and lonely; similarly, many participants

reported that life-changing events such as bereavement or retirement had made them feel alone.

Literature was used as a coping mechanism to deal with these difficult situations. Emotive

bibliotherapy was a form of normalisation, with people finding comfort in recognising their

emotions. Milly found solace in reading for this reason.

'I think because they make you feel less alone in a way, that you feel that that's your

experience there on the page.' (Milly)

Experiencing empathy in relation to characters' narratives and identifying their own emotions in the

texts made participants feel less alone, and legitimised their own reactions to experiences. While

most participants found their experiences represented in fiction, some also spoke of self-help

literature providing this validation.

'I'm not unique in feeling this way, because for there to be a book written about

[anxiety], it's got to be fairly commonplace. So it's reassuring. It validates the way that

I'm feeling.' (Louis)

Vivienne, who had experienced depression following the suicide of her husband, spoke of the way that reading about people who had undergone similar experiences, albeit it fictional ones, helped her to cope with her own emotions and grief.

> *'Because grief is a bit like a madness, you do kind of think – 'I'm going crazy.' In that*
>
> *time, it was a mood thing, it was a coping mechanism.' (Vivienne)*

Vivienne felt that the power of literature to articulate inexpressible emotions was of immense value and helped her to understand her own feelings. She discussed her recognition of feelings of grief and loss in indirectly-related literature. When talking of *The Lovely Bones* by Alice Sebold, she commented that: *'you feel almost validated. The emotions and feelings you had… that wasn't just me. It's there and it's real.'* She recognised the importance of reading about other's situations, and reflecting on them in light of her own circumstances.

Escapist bibliotherapy

Escapism is often seen negatively, but emphasis here rests on the perceived therapeutic nature of the escape, which progresses beyond relaxation and relates to some participants' inability to engage with emotionally-challenging texts when depressed.

> *'When I have been in a very severe depressive state, I read children's books. Sometimes I*
>
> *just go [to the library] and look at the pictures.' (Amelia)*

Participants discussed escapist literature as a safe world. 10 participants mentioned the escapist capacities of literature, using phrases like *'otherworldliness'*, *'a very safe world'* and *'to go on a little journey'* to describe the way that literature distracted them from their mental health symptoms. Connor stated that: *'there's a sense of being able to enter into a world that's possibly different to the real world.'* Children's books, crime fiction and popular narrative non-fiction titles (e.g. history, science) – texts identified by participants as having a strong narrative – were all mentioned as having

a positive impact on mental health. Crime fiction performed an important role for some participants, providing escapism through its predictable outcome. The familiarity of the outcome in reading genre fiction, such as crime, has previously been considered as a positive reason for reading such texts (Sheldrick Ross 2009; Sheldrick Ross 1995). The narrative conventions of crime, with its familiar journey from discovery of crime to its solution, provide reassurance.

> *'I read detective stories… I think I wanted reassurance that there were boundaries. Despite the fact that somebody's been hideously murdered in the study, there is a safe boundary all around it and someone's going to come along and solve it.' (Nathan)*

Escapism could also be found in different settings in literature. Science fiction and fantasy were also popular forms of escapist reading. Winston mentioned Evelyn Waugh's *Brideshead Revisited* and P.G. Wodehouse's *Jeeves and Wooster* stories, both of which are set in the 1930s, as having a value in their distance from the modern world. Reading texts set in bygone eras was mentioned as escapist by several participants, and this may be because these texts exemplify the disconnection from daily life and the perceived safety of other worlds.

Social bibliotherapy

Social bibliotherapy was identified as a concept through attendance at bibliotherapy groups in public libraries, and 15 participants interviewed were identified as using this form of bibliotherapy. Participants used the combination of reading and social interaction to benefit from their experiences. Isaac had suffered from a loss of confidence after a breakdown and saw joining a reading group as an opportunity to continue to address this, getting used to being with people and improving his state of mind.

> *'You don't have to pretend to be anything you're not, everybody's got their own opinions. It has helped build my confidence back. It's just total relaxation, enjoyment.' (Isaac)*

Three interacting elements were identified as vital to the implementation of these groups – the group environment, the group facilitator and the literature itself. Sharing views about reading was considered to be one of the most important aspects.

> *'It gets me out, mixing with people who love reading like I do. And I like discussing it and listening to other people's opinions especially the poetry, because I think everybody finds different things in poetry.' (Virginia)*

Several different group models (e.g. literature read aloud, reading and writing poetry, novels taken away to read individually and then discussed) were used, and various kinds of books were read as part of the social bibliotherapy experience. The opportunity to read material that participants had not chosen, and might not have otherwise read, was one reason cited for enjoyment of the groups. The atmosphere created by the communal reading of the book meant that there was implicit encouragement to continue to read even if a person did not initially enjoy the book. The findings presented here are supported by work conducted separately but simultaneously examining one bibliotherapy scheme in Liverpool (Dowrick et al. 2012). Social bibliotherapy also represented a change for many participants, who were not in the habit of reading outside the group environment. The shift from close reading of texts to discussion of wider experiences was common to all the bibliotherapy groups I attended and observed.

Informational bibliotherapy

Seven participants mentioned using texts as part of an informational bibliotherapy experience. While some participants used traditional CBT-based bibliotherapy materials to benefit, others found texts from the anti-psychiatry movement, those on mindfulness and autobiographical works written by other mental health service users to be useful.

Readers used bibliotherapy to provide themselves with information and as a form of self-help or access to psychotherapy. One participant, Serena, was very vocal on the importance of this use of bibliotherapy for her. Serena's self-education can be seen to have therapeutic benefit as well as providing information. She referred to her use of books as '*a quest for knowledge and understanding,*' and was very aware that self-education helped her to understand and cope with her condition: '*the thing I like about a lot of the books I've been reading is that they're fairly practical.*'

Another participant, Silas felt that reading helped him to see a variety of ways out of his depression.

> '*It's given me some insight into trying to get over my depression... the more insight I can get into how I can sort of help myself, the better.*'

Louis discussed self-help books as a 'do-it-yourself' option, viewing improving your mental health as something that could be achieved by following a step-by-step guide; '*if you want to learn about playing an instrument, you can get a guide on that, so if you want to learn about tuning your mind up then why should that be any different?*'

Defining the reading-as-therapy experience

Readers identified four previously undefined types of bibliotherapy —emotive, escapist, social and informational — which they found beneficial to treat their mental health problems or to help them to maintain good mental health. These user-centred models demonstrate that there are methods of engaging readers by using bibliotherapy that are not currently used in professional practice. The four models show that some of the benefits of bibliotherapy have not been recognised and point to a need for changes in practice to harness them.

Bibliotherapy can be experienced individually or in a group; it can be focused on an empathetic response to a text or on information gathering and learning; it can be experienced via a personal

connection to specific titles, or through the process of escaping from day-to-day life into another world. Texts could be used to: either confront or avoid difficult emotions; to provide comfort and familiarity; or to think about new perspectives and challenge existing thinking. The life circumstances and experiences of symptoms of mental health problems also affected peoples' choice of texts. Bibliotherapy was experienced on a very personal level and the outcome of an interaction between a person and a text was difficult to predict, as people do not read texts *de novo*. Such interaction between reader and reading material is the key therapeutic component of the idea of bibliotherapy.

Understanding how people use reading to manage mental health problems contributes to a wider body of literature on the use of non-medical interventions for mental health, related to the use of self-help literature. It also contributes to debates about why people read, what motivates them to read, and the benefits of reading (Elkin *et al*, 2003). People read because they enjoy reading, but also because it improves their mental health. Participants in this study used reading to access information and as a form of self-help-based psychotherapy, but also found benefit relating to the use of peer support in bibliotherapy groups, which contributes to the maintenance of mental health via shared reading.

A greater understanding of the ways that readers are engaging with, and benefitting from, bibliotherapy could be used to help people to manage symptoms, understand experiences and improve well-being. Reading is an integral part of participants' strategy for coping with mental health issues; it is used to manage difficult emotions, and to experience catharsis, clarity, and empathy. It is not simply a leisure activity, as it can have wider benefits including increasing self-understanding.

Conclusion

This study is an exploratory one aiming to investigate experiences, but it has highlighted that the meaning and aims of bibliotherapy are malleable, with those using bibliotherapy adapting it to meet their own needs. One of the findings of this research is that bibliotherapy produces a very personal connection between reader and book. While four outcome-based models of bibliotherapy were established, this was with a caveat that participants required and used different types of bibliotherapy throughout their lives.

A wide variety of texts can be used to elicit different therapeutic experiences, and participants located useful literature by various methods including independent serendipitous discovery. Examining reading for health and well-being has helped to identify the gaps in current understandings; an awareness of these gaps is essential to developing a better theoretical understanding of the processes of bibliotherapy. Previous literature has not explored the outcomes of undertaking bibliotherapy from a user perspective; this study has begun this process of exploration showing that readers are finding diverse benefits in reading. Reading has the potential to provide solace and consolation in times of stress and to enable readers to find a supportive community which may help them to cope with mental health problems. The value of a well-stocked library and its impact on mental health cannot be underestimated.

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