'MEDICINE FOR THE SOUL' BIBLIOTHERAPY AND THE PUBLIC LIBRARY

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'A book must be the axe for the frozen sea within us'
(Franz Kafka)

Abstract

This research explores the perspectives of public library staff on the subject of bibliotherapy. Bibliotherapy is either using non-fiction advisory texts to help people understand and deal with mental and physical health problems, primarily mild mental health difficulties including mild to moderate depression, or it is using fiction books to provide enjoyment for people with similar health problems. The research was conducted from a grounded theory perspective, using the influences of post-modern theory, with an emphasis on the importance of language. As the aim was to collect and understand the opinions of staff, a qualitative approach was taken, using in-depth interviews to ascertain views and practices.

A thorough inter-disciplinary literature review, including literary criticism, medical, psychological, reader development literature was undertaken to ascertain the place and practicalities of bibliotherapy within public library service provision. This found that while a great deal of research supports the concept of bibliotherapy, there has been little attempt to study its application in practice.

The research revealed that the scheme *Books on Prescription* has been widely utilised by libraries as a form of bibliotherapy using self-help books. Creative bibliotherapy schemes are less widespread, but librarians often feel that they provide informal bibliotherapy via reader development and readers' groups. Many public library staff felt that bibliotherapy schemes were of great benefit both to patrons of the library, and to the library itself. It was thought that bibliotherapy helps to reduce the stigma connected with mental health problems, as well as contributing to the social inclusion and healthy communities agendas. Experiences reported by staff about their clients on bibliotherapy schemes were positive and optimistic in terms of service expansion. Bibliotherapy schemes were primarily run as partnerships with healthcare organisations, and the importance of building a strong partnership was stressed. Partnership working also assisted with funding bids.

There was a lack of a clear definition of bibliotherapy, though all surveyed agreed it was a useful service. The evaluation of the services, especially from the point of view of users, was missing, and provides a topic for further research.

Contents

1. 'Medicine for the Soul': Bibliotherapy and the public library

1.1 What is Bibliotherapy?

For clarity, this research will define the prescription of self-help texts such as *Overcoming Mood Swings* and *Coping with Depression* to patrons as self-help bibliotherapy, and the use of fiction, creative writing and communication about fiction as creative bibliotherapy. The schemes have a therapeutic aim, to improve the mental health and well-being of patrons who take part in the scheme, though the concentration is not necessarily about the discussion of issues and problems in the case of creative bibliotherapy. In this research, the application of these schemes to treat depression, anxiety and other mental health problems using books to help people to understand their experiences and improve their lives will be the focus, though they are also used to help people with other health problems.

Bryan's research (1939) eludes to six objectives of bibliotherapy, which it is appropriate to expand here to ensure that a full understanding of the purpose of the service is produced. She states that bibliotherapy is to:

- show the reader he is not the first to have the problem
- permit the reader to see that more than one solution to his problem is possible
- help the reader to see the basic motivation of people involved in a particular situation
- help the reader to see the values involved in experience in human terms
- provide facts needed for the solution of the problem
- encourage the reader to face his situation realistically

1.2 Self-help bibliotherapy

Self-help bibliotherapy involves using non-fiction books based on cognitive behavioural therapy techniques to help people to understand their problems and change their behaviour. These books typically include resources like *Coping with Panic* (Cambridgeshire, 2007) and encourage people to improve their lives. In this country, schemes are typically operated by libraries, often in partnership with health care organisations like the NHS. Most self-help bibliotherapy schemes in England currently operate under the name of *Books on Prescription*, or similar. Hicks (2006) estimates that there are around eighty bibliotherapy schemes operational in total in England, with the majority of these schemes being self-help bibliotherapy. In this model, a doctor, health worker or other member of the medical professional selects a book from a pre-agreed list based on books using cognitive behavioural techniques that the patient can then borrow from a library. The practicalities of these schemes will be explored within this research.

1.3 Creative bibliotherapy

While creative bibliotherapy has the same aims as self-help bibliotherapy, it is a much more diverse service. Creative bibliotherapy can include a one-to-one service of book recommendation, based on in-depth work with a patron; a group meeting discussing books either formally or informally; using fiction and poetry to encourage people to write; or using fiction or poetry to stimulate the discussion of feelings and issues. These schemes are often run in partnership with other organisations to gain funding, but because of the more creative nature of the projects, this tends to be with organisations like The Arts Council. As the nature of the service is highly individual, there is no set book list that can be prescribed, and the provider of the service often needs more training to be able to engage with clients about books and provide suitable recommendations. Reading and You, in Kirklees, is one of the few schemes to operate within this model in England at this time. Such schemes are very open, and clients can be self-referring, or referred by doctors, mental health workers or other medical professionals. The service offered involves both one-to-one bibliotherapy and reading groups in which a variety of literature can be discussed. There are also elements of typical library work which can be construed as creative bibliotherapy, a theme which will also be examined in this study.

1.4 'Medicine for the soul'

In Ancient Greece, libraries often had an inscription above the door stating that within the building was 'medicine for the soul' (Brown, 1975: 13). This research aims to explore this idea using the modern concepts of creative and self-help bibliotherapy, assessing the perceptions of public library staff and exploring the role of books in the lives of librarians and patrons. Schemes like *Books on Prescription* and *Reading and You* have come to prominence in the last ten years, and are part of a wider government initiative to encourage healthy living in communities. They focus on the provision of information and support for those with mental health problems, and illustrate greater recognition of such issues within society.

Much of the research previously carried out on the subject of bibliotherapy has a North American focus and a clinical viewpoint, assessing the views of mental health professionals and patients (Adams and Pitre, 2000). Creative bibliotherapy was particularly popular as an approach in the 1970s and 1980s, and so much of the research does not take into account recent developments in society (Elser, 1982). Thus, this research will provide valuable information about developments in the sector, and assess the impact and significance of such schemes from the point of view of the public library staff who help to deliver the schemes. The study addresses broader questions about the librarians' role in providing information in society, and the future importance of the profession within terms of partnership working.

Aim:

- Investigate the experience of bibliotherapy in the public library from the perspective of staff.

Objectives:

- Review and analyse self-help bibliotherapy schemes like *Books on Prescription*, and assess the success of such schemes from a public library perspective.
- Review and analyse creative bibliotherapy schemes like *Reading and You*, and assess the instigation and impact of such schemes.
- Explore the opinions of public librarians about self-help bibliotherapy and creative bibliotherapy.
- Examine the views of public librarians about partnership working, reader development and mental health within the context of healthy communities and social inclusion

This research will be divided into six chapters. In this, the first, a general background to depression and treatment will be provided, and the concepts of bibliotherapy will be explained. The library's role in providing self-help and creative bibliotherapy services will then be briefly outlined. The second chapter will contain an in-depth literature review, drawing on theories from literary criticism, psychotherapy, information studies, and medical research. Following this, a detailed description of the methodology and theory behind the research design will be discussed, before the results, analysis, conclusions and recommendations are presented.

1.5 Depression and bibliotherapy

It is estimated that between one in four and one in five of the general population experience some form of mental health problem in a year (Gelder *et al*, 1999: 384). The World Health Organisation lists ten key symptoms of depression, which affect the quality of life of those who suffer from it:

- Depressed mood
- Loss of interest and enjoyment
- Reduced energy leading to increased fatigability and diminished activity
- Reduced concentration and attention
- Reduced self-esteem and self-confidence

- Ideas of guilt and unworthiness
- Bleak and pessimistic views of the future
- Ideas or acts of self-harm or suicide
- Disturbed sleep
- Diminished appetite

(WHO, quoted in National Institute for Health and Clinical Excellence, 2004)

Most people who experience mental health problems either receive no treatment, or are treated in a primary care setting, using anti-depressant medication. They can be referred for counselling or cognitive behavioural therapy, depending on their condition, but the stepped care model does not usually begin with such treatment (Bower and Gilbody, 2005). Recent recommendations from the National Institute for Health and Clinical Excellence (NICE) have advocated the use of self- help books in the treatment of depression, as they are more cost-effective. NICE estimates the £5 million a year will be saved in England if exercise and guided self-help are recommended as treatment instead of anti-depressant medication (NICE, 2004: 14). As NICE also concludes that psychological intervention is more likely to be chosen by patients if they are given a choice, this also recommends self-help bibliotherapy as a form of treatment (NICE, 2004: 12).

While there is less clinical evidence about the use of creative bibliotherapy, anecdotal and psychological evidence indicates that reading contributes to a feeling of overall well-being (Nell, 1988; Gold, 1990). Nevertheless, as re-engaging people with interests in their life is one of the aims of treating depression, helping them to find enjoyment in literature can be considered an outcome of recovery as well as a form of treatment.

1.6 The role of libraries in bibliotherapy

Libraries are encouraged to undertake work that is socially inclusive, and working with people with mental health difficulties fulfils this initiative. Partnership working is also important to modern libraries, and both self-help and creative bibliotherapy schemes enable libraries to work with other organisations from the health sector, social services, and voluntary organisations such as Mind and The Samaritans. Current government initiatives focus on the health and well-being of a community as a target for improvement. Bibliotherapy can contribute to the libraries' role in meeting these targets.

Overall, the potential of creative bibliotherapy and self-help bibliotherapy within the public library exemplifies a number of r*aison d'être* for the library. The use of books for enjoyment, education and information has long been seen as the function of the library, and bibliotherapy in its various forms fulfils these aims. As critics comment on the death of reading and the library (Goulding, 2006b), concepts like bibliotherapy may form the basis of new key aims for the library, 'developing their role as community resource centres, providing access to communication as well as information' (Department of Media, Culture and Sport, 1999: 5).

2. Literature review

2.1 Introduction: bibliotherapy

The topic of bibliotherapy takes its inspiration from many different academic disciplines, and it is important to utilise influences from medicine, literary criticism, librarianship – including the provision of health information and reader development – and psychology, when considering the topic. An investigation of the literature revealed that interest in bibliotherapy is currently limited within academic study in the United Kingdom and much of the research on the subject is over ten years old (Rosenblatt, 1970; Elser, 1982; Clarke and Bostel, 1988). Indicators suggest that there has been limited investigation of the *Books on Prescription* scheme within the library sector (Middleton, 2006; Hicks 2006).

To fully comprehend bibliotherapy – both creative and self-help – a thorough literature review was undertaken and will be presented here to emphasise the capability of bibliotherapy to meet many aims and goals within the sector of strategic library planning. Salkovskis *et al* (2006) comment that the majority of people treated for depression are seen within a primary care setting. As the main recourse of General Practitioners (GPs) is to prescribe a stepped care model, beginning with minimal intervention, it seems that the increased use of guided self-help bibliotherapy or creative bibliotherapy may assist with the increased recovery of patients from depression (Bower and Gilbody, 2005).

It is important to remember that bibliotherapy may not be possible for all; literacy levels may prohibit people taking part in self-help schemes, though work encountered within the creative *Reading and You* scheme suggests that low literacy levels are not always a barrier to the enjoyment of literature. Language and cultural barriers may also exclude people from taking part in such schemes. Nevertheless, research carried out so far suggests that a significant majority of the depressed population may benefit from some form of bibliotherapeutic intervention (Ackerson *et al*, 1998; Marx *et al*, 1992; Jorm and Griffiths, 2006; Mead *et al*, 2005; Gregory *et al*, 2004).

2.2 Self-help bibliotherapy

While self-help bibliotherapy has been widely researched within the medical profession (Den Boer *et al*, 2004; Johnson, 1998; Reeves and Stace, 2005; *et al*), this is not the case within the information sector. Nevertheless, the evidence from the medical sector has had an impact on schemes like *Books on Prescription* that have been set up sporadically throughout the United Kingdom.

2.2.1 Self-help bibliotherapy and Books on Prescription

The National Institute for Health and Clinical Excellence (NICE) Guidelines on depression (NICE 2004, amended 2007a; NICE 2004, amended 2007b; NICE 2004, amended 2007c) recognise that Grade A evidence is available to support the use of self-help bibliotherapy in treatment for depression. However, little academic research has been carried out into the practicalities of its application in a wider context. Most research over the last ten years into self-help bibliotherapy has been small-scale clinical trials (Salkovskis *et al*, 2006; Smith *et al*, 1997; Jamison *et al*, 1995). Though the Museums, Libraries and Archives Council put in a funding bid for a national project to support mental health work in libraries, this was unsuccessful (Lavis, 2007) and there has been little attempt to create a coherent scheme to encourage authorities to take up self-help bibliotherapy as a treatment for mild to moderate depression. As libraries already have a social role in the provision of reader development activities, community information and support, it seems an apt suggestion that further investigation of the roles that may be played by public library staff in the delivery of such a service is necessary (Holden, 2005). The infrastructure of a bibliotherapy scheme is, in many respects, already present in the day-to-day operation of a library service (Usherwood, 1996: 75).

The lack of large scale research into the topic also presents some gaps in the literature. While this research revealed the ethnic diversity of those taking part in self-help and creative bibliotherapy, no research has been encountered in this literature review into the topic of social, cultural, racial diversity within bibliotherapy and treatment for depression. In fact, while Hicks (2006) stresses the limited nature of her sample, she concludes that the audience of such schemes is a white, female one. This lack of literature and evidence suggests the need for further research in this area.

Salkovskis *et al* (2006) quote National Health Service (NHS) figures stating that the treatment of depression costs £887 million a year. Frude (2007) emphasises the cost effective nature of the treatment provided by self-help bibliotherapy in comparison with anti-depressant medication, especially if schemes like *Books on Prescription* are taken on by authorities on a large scale to encourage economies of scale within book purchasing. Wollersheim and Wilson (1991) also note that group therapy is more cost effective than individual therapy, thus suggesting that libraries could make a significant contribution to the costs of the NHS by implementing such schemes accompanied by support groups for patients.

One of the few pieces of research encountered during this literature review that concluded that the use of self-help materials to treat depression had no impact was that of Salkovskis *et al* (2006). The pharmaceutical company Eli Lilly commissioned this research, and are also producers of Fluoxetine (Prozac), one of the most used anti-depressant drugs in the world. This suggests that schemes such as *Books on Prescription*

may encounter opposition from sectors of the pharmaceutical industry with their own agendas, despite the proven effectiveness of treatment that has lead NICE to recommend self-help bibliotherapy. As the library is a government funded-service, and, with the NHS, requires the most cost-effective schemes to benefit the majority of the population, a level of protection from the interests of multinationals is offered.

Nevertheless, Quarry's essay (1998) also criticises self-help bibliotherapy, stating that many self-help books are not suitable for use within bibliotheraputic treatment as they are not high quality. This lack of a quality standard is being addressed in current research (Richardson and Richards, 2006; Richardson, 2007). An investigation of the suitability and availability of self-help materials is being conducted by Richardson (2007). While this research is yet to conclude, it raises interesting questions about public librarians' choice of self-help literature, and the impact of recent schemes that have yet to be evaluated. Halliday (1991) questioned the danger that self-help books can cause psychiatric patients, but concluded that there was little danger or distress encountered throughout his research. He also reached the important conclusion that people for whom self-help bibliotherapy is not working can stop reading and move forward on the model of stepped psychiatric care to another form of treatment.

Frude's (2007) selection of books for the initial project of *Books on Prescription* in Cardiff is the only current significant survey of professional medical opinion in the U.K. on self-help provision. Quackenbush's (1991) earlier research found that university counselling centres would be more willing to prescribe books to help their clients if a good list of books was produced. This suggests that further research is again necessary to ensure that standards of quality are maintained. Hicks' study (2006) found that most schemes operating in the country have based their work on Frude's list, but as will be shown later, this is not always the case within the research carried out within this study.

One worrying trend that Hicks (2006) picked out of her research is that the around half of schemes surveyed do not have a review panel to examine, recommend and discuss new self-help books that may be available. This suggests the potential for a stagnation of the scheme, as authorities do not react to changes and improvements within the field of self-help literature. As Johnson (1998) highlights that the currency of medical literature is of utmost importance within the library collection, it seems that the lack of a review panel or other method to update the *Books on Prescription* collection may affect the implementation of such schemes.

In Mataix-Cols and Marks' (2006) study of patients with obsessive compulsive disorder (OCD), they emphasised the time-critical nature of treatment, the cost and the shortage of trained professionals to help

with OCD; 'self-help approaches have the potential to help many more patients who would otherwise remain inadequately treated or untreated' (78). This is supported by Reeves and Stace (2005), who comment that mental health services cannot cope with the number of people who require treatment. As Den Boer *et al*'s (2004) research 'shows a robust effect for bibliotherapy as a self-help treatment for emotional disorders such as anxiety and depression' (967), it seems that the main lack of research into the area of bibliotherapy is how best to implement a scheme to benefit the maximum number of people.

Despite the proven evidence in the effect of self-help bibliotherapy (NICE, 2004, amended 2007a) there is not currently a national scheme within Scotland and England to address this issue (Lavis, 2007). While the scheme has been given national prominence in Wales, there has been no literature written about its impact and effectiveness. While Frude (2007) advocates the effectiveness of the scheme, the evaluation that has taken place has primarily been in the delivery of the scheme, and not the effect. Hicks (2006) reaches similar conclusions, noting that the voice of the service user is not present within current research. She also notes that many schemes are still in their infancy and so there had not been time for significant evaluation.

2.2.2 Bibliotherapy and empowerment

Dixon-Woods (2001) work on health information and empowerment is also relevant to the discussion of bibliotherapy. Latner (2007) states that 'self-help requires individuals to take responsibility for their own problems and solutions' (82) and that this can be empowering for them. Indeed, this is supported by Quarry's (1988) earlier work, which highlights the proposition that people must have factual information to help them understand their condition before they can change their behaviour. A move towards self-help and creative treatment rather than pharmaceutical intervention emphasises Walton and Booth's (2004) conditions for patient empowerment; namely that it is a more client-centred approach, with a prominence given to honesty, respect and choice.

Much creative bibliotherapy provides an opportunity for patients to write about their own experiences, which can often prove cathartic and help them to find a voice with which to discuss the problems that they have faced. Alaszewski (2006) reinforces this point, stating that diaries can help patients to document their fears and feelings, and help them to manage events and thus make sense of them. In section 2.3.5, the genre of misery literature is discussed, and it seems that the creative work of those with mental health problems can in turn be used in the future to help others undergoing similar experiences, and contributing to a sense of empowerment for all.

2.3 Creative bibliotherapy

Creative bibliotherapy has been recognised as a form of self-improvement for many years. The earliest scientific reference encountered to it is from Ireland's 1934 short work encouraging the use of hospital libraries as a 'reconstructive agent' to aid recovery. Much creative bibliotherapy work was carried out in the 1970s and 1980s, and this is reflected in the literature. While the literature is still theoretically relevant, it needs to be remembered that the world has undergone great social change since the publication of such research.

2.3.1 The psychology of reading

Underwood and Toyne (2002) provide a concise outline of the outcomes of reading fiction, which assist with understanding of creative bibliotherapy as a treatment. They emphasise escapism – from the dullness of everyday life, to the excitement of other worlds and through the joy of aesthetics - as well as relaxation, instruction, and improved literary competency. Attention is also given to the potential of literature as a source of self-development, and the opportunity to learn more about a person's own beliefs and values, as well as to provide information about other cultures and lifestyles. This overview, taken from a qualitative study into library use and reading, is supported by a large amount of the literature available on the psychology of reading.

 Nell (1988) views books as apparatus for readers to 'acquire peace, become more powerful, feel braver and wiser in the ways of the world,' (1) while Gold (1990) describes reading as 'a safety valve' (297). These emotive depictions of reading as one of life's essentials emphasise the great impact that books and reading can be seen to have on readers. Indeed, the Greek philosopher Aristotle viewed literature as arousing emotions within a person, which had 'healing effects' (Quoted in Association of Hospital and Institution Libraries, 1971: 3). As the Association of Hospital and Institution Libraries conclude in their recommendations for using fiction in hospital to work with those experiencing mental health difficulties:

'most literate people can mention at least one or two books which have affected them profoundly, which have expanded their potential for growth and development, and have provided not only instruction and knowledge but also understanding and inspiration'

(Association of Hospital and Institution Libraries, 1971: 8).

Lack (1985) lists the following potential outcomes of reading, placing an emphasis on the possible benefits of holding sessions for people to discuss and reflect on their reading:

- Intellectual stimulation
- Universalisation [recognition that you are not the only one who feels a certain way]

- Personal insight

- A growth in self-esteem

- Development

- Value clarification

- Energising [via the lightening of the burden of personal problems]

- The abating of isolation [both through reading about the human condition, and through group acceptance]

Gold's (2002) work takes this further, stating that literature is a form of biological survival behaviour, allowing human beings to 'foster diversity, build reader identity, support balance, nurture adaptation and assist survival' (xi). His neurological interpretation of the necessity of reading takes his earlier psychological analysis further, expressing the way in which emotion is a key part of the human biological survival system. The focus of his work draws the emphasis away from moral, historical and anatomical – or over-analytical – imperatives of the text, stating that it is important as a system of memory and community, thus enabling people to acquire knowledge.

Nevertheless, it is often difficult to quantify the effect that reading has on the general population. While reading encourages change within the individual, rather than change in the environment, according to Oberstein and Van Horn (1986), it is important to remember that this communication between author and reader does not always provide the clarity, insight and change required.

However, reading does not have to encourage transformation; it can simply provide understanding and reassurance. Black's (2003) discussion of J.K. Rowling's *Harry Potter* series provides a persuasive argument suggesting that the imaginary world created by the author contains well-structured parallels with our own experiences that can then provide an uplifting exploration of triumph over adversity and engage with people of all ages. Black (2003) is one of the few authors who chooses to recommend a book title within her work; while this is because bibliotherapeutic intervention is a very individual exploration of the self, the universalist nature of the triumph of good overcoming evil, and the struggle of a young boy to find his place in the world seems to demonstrate the potential appeal of a range of texts and stories.

2.3.2 Reader development
Concepts of reader development are very important within investigations of creative bibliotherapy: the psychology of reading, with considerations of the role of literature in providing education, insight and catharsis all impact on the public library's role. Elkin, Train and Denham (2003) conclude that reading is a

very personal and subjective act, with the power to unlock creativity. This approach echoes that of Sheldrick Ross *et al* (2006) who emphasise the use of literature for people to find out about themselves. Rosenblatt's research (1970) precedes much reader development theory, but provides a defined link between a belief in reader development within the sphere of librarianship, and credence in the power of literature from a psychological point of view.

However, reader development could be termed unofficial or informal creative bibliotherapy. Sheldrick-Ross (1999) states that 'reading changed the readers' beliefs, attitudes, or pictures of the world, which change in turn altered the way readers chose to live their lives' (792). Her qualitative research, conducted amongst 'heavy readers', related empirical data to Ricoeur's (1974) concepts of the 'reciprocity between text interpretation and self-interpretation' (95). This links directly to reader response theory, in which the reader is seen as the primary interpreter of the text regardless of the author's intent, and is discussed below in section 2.3.3. Usherwood and Toyne (2002) also reached similar conclusions to those of Sheldrick-Ross *et al* (1999).

Thus reading groups and book recommendations could be interpreted as creative bibliotherapy, as they enable people to verbalise their thoughts, feelings, and views about books from a very personal point of view. This 'social aspect of reading' is one of the practices encouraged by Kirklees library services within their *Reading and You* scheme (Sheldrick-Ross, 1999: 797; Kirklees Council, 2007). The utilisation of books as reassurance and comfort is one of the major themes emerging from Sheldrick-Ross's work (Sheldrick-Ross, 1999: 793 – 795). Manguel (1996) also reaches similar conclusions within his history of the subject of reading, commenting that readers often find traces of themselves within the stories that they read.

2.3.3 Reader-response theory
In critical literary theory, there has been a move away from a study of the author of a text as the producer of its meaning, and a concentration of the response of the reader to the text. As Eagleton (1996) states, literature is an intimate, personal creation, as well as a socio-political product of the world in which it is created. The core of reader-response theory is that meaning is not set in stone, and the reaction that we, as readers, have to a text is as important as the authors' intentions. Barthes (1975) asserted that the 'death of the author' undermined the writer's intended meaning of the text and emphasised the power of the reader to bring his or her own experiences and feelings to the text. He emphasises that 'the pleasure of the text is irreducible to the psychological need' (17). Thus, the interpretive nature of reading emphasises the potential impact of creative bibliotherapy. While this is not strictly the case – for example, the work of Primo

Levi is heavily influenced by the years he spent in the Nazi concentration camp Auschwitz, and it would be a denial of his experience to say that his authorship has no influence on the stories he tells – reader-response theory does take aspects of Barthes' ideas to heart (Levi, 1959). Nevertheless, as Fish (1988) states, 'the reader's response is not *to* the meaning of the text, it *is* the meaning of the text' (quoted in Nell, 1988: 42). This means that without our reaction, the text is meaningless, as we supply context and emotion to it. It could be argued, however, that it is our own cultural and social awareness of the events in the Nazi concentration camps that makes our reaction to Levi's work so powerful.

The differing opinions that people can have about a book support this. While one reader may find Primo Levi's work poignant and informative, another may find his tales dark and depressing. Rosenblatt's (1970) seminal work on reader-response theory emphasises that the reader is not a 'blank photographic plate' for the author to expose an image on; environmental and personal factors influence their understanding of the text (196).

Reader-response theory also emphasises the influence that different texts can have on our selves; 'the reading of a book, it is true, has sometimes changed a person's entire life' (Rosenblatt, 1970: 197). This awareness of our personal interpretation of the text and the way it can 'speak' to us links to Bennett and Royle's (2004) conclusions that we can use literature to interpret and symbolise our selves within the books. This is of vital import to theories of creative bibliotherapy. While literature is widely recognised as a powerful force in influencing people's thoughts and even actions, this is a very personal event. Different books have different effects on different people. However, many people feel that the library service is primarily about providing the right book to the right person at the right time – and it could be argued that bibliotherapy is an extension of this as its aims are the same (Elkin, Train and Denham, 2003).

Rosenblatt (1970) emphasises that, while texts are an excellent stimulus for creating insights, we cannot impose meaning from 'above'. One sensitivity that must be observed when planning a bibliotherapy scheme is that the books that we feel may influence people in a positive manner may have the opposite effect. It is at this point that creative and self-help bibliotherapy differ most widely. While the prescription of self-help books for specific experiences of poor mental health, 'prescribing' a specific fiction book to assist someone work through an event in their life imposes an expectation on them that may not be easily fulfilled. As Rosenblatt (1970) identifies the individuality of the reader, and the transaction between the reader and the text, thus we need to be aware that the librarian or information professional needs to have a close relationship with the recipient of creative bibliotherapy before reading recommendations can be made (Rosenblatt, 1970: 34).

2.3.4 Reading as therapy

However, the treatment of mental illness utilising such creative techniques has not been investigated from a clinical point of view, though music, writing and art are all recognised therapy (Gilroy and Lee, 1995). While medical theory supports self-help bibliotherapy, there is less systematic research into creative bibliotherapy. Although the *Journal of Poetry Therapy* dedicates its pages to the use of fiction and poetry in working with people in situations ranging from basic relationship counselling to assisting mental health nurses to understand the situations their clients may face, national guidelines on using reading as a therapeutic tool have not been considered.

Clarke and Bostle's research (1988) on reading therapy discussed some of the problems with bibliotheraputic techniques. They state that some people may intellectualise problems when reading them, instead of empathising with them. Fears may be reinforced by the choice of text, and the insights provided by reading may be confused with actually coping with the problem in question (Clarke and Bostle, 1988: 31). It has been called 'a form of therapeutic alcoholism', replacing one obsession with another (Clarke and Bostle, 1988: 5). Quarry (1988) also evaluates the possibility for the reader to misinterpret the text they have been given, as well as the lack of a defined commitment to change that reading provides. While psychotherapy may encourage people to alter their behaviour, this is not the case always within creative bibliotherapy. The personality-based variables perceived within creative bibliotherapy may explain why there is little substantial current research on the subject.

Nevertheless, there is a trend towards using literature with people with mental health problems. Diana (1998) suggests that fables and fairytales can help clients who are not ready for cognitive therapy. In her experience, people were able to relate their problems and experiences to those of the characters in the stories, providing a useful sense of disassociation that can help with problem solving. This is supported by Cascio and Gasker's (2001; 2003) work with people undergoing psychoanalytical treatment. Their counselling utilised *Gone with the Wind* by Margaret Mitchell, and Bram Stoker's *Dracula*. The use of 'timeless' stories like traditional fairy tales and classic novels could lead to the conclusion that it is only the literary canon that has the universal appeal to engage with readers. However, Hicks' (2006) research reveals that throughout schemes like *Reading and You* and the similar *Get into Reading* run in Liverpool, more modern fiction has a greater resonance with participants as they find it easier to translate their experiences into those of the characters.

2.3.5 'Misery' literature

As a genre, 'misery' literature has many names including 'painful lives' and 'inspirational memoirs', but refers to a general emergence of a vastly increasing number of childhood memoirs based on tales of abuse, neglect and woe. While little research has been undertaken on this type of literature – which Addley (2007) dates as beginning in earnest in 2000 with Dave Pelzer's *A Child called It* – it is important to consider when looking at bibliotherapy. The concept of catharsis, primarily said to involve purging emotions via art or literature, is one that is carefully applied within bibliotherapy (Gold,1990) . While some people may feel a sense of belonging and empathy when reading literature based on traumatic experiences, others may find the stories too distressing, and can even trigger bad memories (Clifford *et al*, 1999).

However, Clifford *et al* (1999) make the point that first-person autobiographies by sufferers of abuse and mental health problems can often help clients, with 79% of patients in their survey referring to this kind of treatment as 'somewhat helpful' and 18% finding it 'very helpful'. Elser's (1982) earlier work also reached the same conclusions, stating that the use of 'biographies and autobiographies of individuals who also felt alienated are helpful to patients'. While this does not refer to 'misery literature' *per se*, the use of *I Never Promised You A Rose Garden*, a story about a woman's schizophrenic illness illustrates that such books can, and have been used in a bibliotheraputic intervention (Clifford et al, 1999).

Norcross (2006) comments that people may prefer to use films and autobiography rather than straight self-help literature as they are 'more experiential, immediate and emotional… [not] pedantic and instructional' (690). This is important as it emphasises the potential for different schemes to be put into place that have not previously been considered within the United Kingdom, and promotes the possibility for further research into the use of specific genres with certain client groups.

It can be argued that the genre of misery literature, as it is generally based on memoir – non-fiction – fits between the realms of creative bibliotherapy using fiction and self-help bibliotherapy using instructive non-fiction. Indeed, with boundaries between fiction and non-fiction often blurred, with novels such as Daniel Defoe's *A Journal of the Plague Year* pertaining to be a factual account and Truman Capote's *In Cold Blood* creating a fictional account of factual events mean that we can see the influence of narrative structure as a tool in this manner. As the value of narrative has been explored by many in allowing people to crystallise their problems in a logical fashion, it is an interesting proposition to investigate (Kearney, 2002).

2.4 The role of the public library in providing bibliotherapy

Goulding (2006a) takes the view that the public library should be an active organisation within the community. She stresses that one method of fulfilling this role is to work in partnership with other organisations to provide access to sources of funding and client groups, and to build relationships within the community. Schemes like *Books on Prescription* and *Reading and You* enable libraries to do this, linking mental health services with libraries and allowing a group of people who may have previously felt excluded from the service to access them. The positive contribution to government agendas of social inclusion and healthy communities that library services can make via these schemes is emphasised by the Department of Culture, Media and Sport (1999).

The purpose of the library is often debated within the literature related to the subject. Whether it is agreed that entertainment, education, information or a combination of all three is the overriding reason for libraries to exist, Allred's (1978) work on the historic purpose of the public library seems to confirm that bibliotherapy continues a tradition of using 'literature… to solve social problems' (20).

Hayes and Morris (2005) carried out qualitative research on the user views of those using libraries in their leisure time and found that some users felt that reading was 'therapeutic,' linking the concepts of creative bibliotherapy and the role of libraries in providing entertainment in various forms. According to their research, it also enables ordinary patrons of the library to socialise, and contributes to their general health and wellbeing.

Creative bibliotherapy emphasises that any form of literature can be used to engage the emotions, which also feeds the debate about libraries and the quality of fiction that they should provide (Hoggart, 1998; Spiller, 2000). The acceptance that many different types of literature can have an impact on readers undermines the perceptions of writers like Hoggart (1998), who comment that libraries should only contain literature of a high standard. While creative bibliotherapy can be seen as a form of reader development, it places emphasis on the reaction of the reader to the text, and does not place value judgements on the reader, in the way that terminology such as 'development' might be considered to do.

This is of vital import, as libraries are often portrayed as formidable places, in which the user is unwelcome or present to be 'improved' (Radford, 2001). Providing services like self-help and creative bibliotherapy, which are user-centric and alter the typical 'practices' within the library will help to undermine the stereotype of libraries as unwelcoming places. Initiatives connected to bibliotherapy such as creating clearly signed

Health and *Books on Prescription* sections within the library will empower library users previously disconcerted by the complexities of the classification system (Radford, 2001).

2.5 Overall findings from the literature

In conclusion, a wide body of literature from critical literary theory, psychology, medicine, and the information sciences, need to be investigated before significant conclusions can be reached about the role of bibliotherapy – both self-help and creative – in the public library sphere. The multiplicity of views within these spheres needs to be interpreted in more depth to determine the impact and potential of such schemes, from a practical and theoretical point of view. There is little defined agreement in the interdisciplinary literature that contributes to the subject, but the significant trends within the literature emphasise that self-help and creative bibliotherapy are beneficial to both library users and libraries as institutions.

The everyday reading of fiction and use of self-help literature has a positive impact on the mental health of those involved with such schemes, and books have the power to change the lives of those that read them when the right book is given to the right reader at the right time. From the perspective of libraries, government objectives such as social inclusion, community health and partnership working are all covered by the introduction of bibliotherapy schemes, and enable the service to increase its client base and better serve the community.

3. Methodology

3.1 Introduction

This research provides an original insight into the implementation of bibliotherapy and the experiences of public library staff involved with these schemes in England. While a great deal of research has been carried out on the concepts of self-help and creative bibliotherapy from a medical and literary point of view, little exploration has been made of the processes of the schemes that have been set up within the last ten years. Hicks (2006) conducted a nationwide quantitative survey, which provided a valuable insight into the spread and diversity of the schemes, but there has yet to be a thorough qualitative investigation of the day-to-day running of bibliotherapy schemes. It is hoped that this research will help to contribute to this investigation and that the conclusions drawn will provide a resource for authorities hoping to set up similar schemes in the future.

As the aim of the research was to provide a descriptive analysis of experiences with bibliotherapy projects, it was decided that interviewing public library staff would be the most appropriate methodology to achieve this. This allowed perceptions of the projects to be studied, providing a detailed picture of opinions and experiences. This interpretative approach meant that there were no preconceived expectations of the outcome of the research. The conclusions drawn from the project form a basis for further research, as well as providing an analysis of the experiences of participants.

3.2 Sampling

The sampling method used was predominantly convenience sampling, utilising contacts made during the research process (Denscome, 2003). An email was also sent to the JISCmail bibliotherapy list, requesting help with the research, which provided several contacts[1]. Sampling also snowballed, as contact details were passed on by interested parties who had already been interviewed (Denscome, 2003). This method of convenience sampling was appropriate because of the sporadic uptake of projects within the United Kingdom. There was not the scope within the research design to undertake a national survey, thus a convenient sample was taken.

The final sample was of 12 library professionals, all of whom had some experience with either *Books on Prescription* or other bibliotherapy schemes and reader development. This gave a broad perspective of seven different authorities, from which a variety of experiences could be drawn. Interviews were in-depth, ranging from 25 minutes to 40 minutes in length, which provided a wealth of data to explore. Four of these

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[1] http://www.jiscmail.ac.uk/cgi-bin/quicktype.cgi

interviews had to be carried out by telephone for logistical reasons, but were still recorded in the same way as face-to-face interviews. While these interviews still provided as much detail and factual information as the interviews conducted in person, there was not as much opportunity for the interviewer to establish a rapport with the person being interviewed, and so fewer stories, anecdotes and personal examples were given in these interviews (Keats, 2000).

3.3 Ethics

The University of Sheffield's ethical research policy was followed, ensuring that guidelines for participant safety and anonymity were observed. Participation in the project was voluntary, and participants were asked to read an information sheet and sign a consent form, confirming that they understood the aims and objectives of the research. Volunteers were also informed that they could withdraw their data from the research at any time, and assured that their data would be anonymised and kept securely once it had been collected. The discs containing the data were kept securely, and transcriptions were only accessible to the researcher and the project supervisor. Bibliotherapy is a sensitive subject, as it is primarily recommended for people with mild mental health difficulties. However, as those who use the service were not interviewed, and data from which they could be identified was not collected so this did not present sensitive ethical issues at a patient/user level.

3.4 Conceptual framework

The theoretical framework for the research project was a pragmatic one, considering the interdisciplinary nature of the study. It drew on grounded theory, allowing topics and ideas to emerge through the research process, yet was strongly influenced by postmodernist linguistic thinking in terms of the researcher's stance, and the meaning and interpretation of the data. Grounded theory is best described as 'one that is inductively derived from the study of the phenomenon it represents' (Strauss and Corbin, 2006: 23). It was the intention of the researcher to gradually develop hypotheses based on the data as it emerged and was coded. Glaser and Strauss (1967) theorise that clusters of relationships can be identified within the data, and data gathered within an interview context is highly suited to this kind of analysis. According to Strauss and Corbin 'data collection, analysis and theory stand in reciprocal relationship with each other' and this approach was integrated into the generation of theory (Strauss and Corbin, 2006: 23).

However, grounded theory does not advocate undertaking a literature review prior to the research. In this case, it was felt that a more blended approach would thus be appropriate, as the interdisciplinary nature of the research meant that some research into the literature would help to underpin the interview schedule and enable the researcher to question the interviewees more constructively. While this could be said to

undermine the inter-textual implications of using grounded theory within an interview methodology, the influence of the literature enabled a more in-depth analysis of the content of the interviews that then facilitated the interpretation of results.

The methodological stance taken was also a postmodern-reflexive one (Bryman and Bell, 2006). Reflexivity is best described as the belief that the interviewer is not involved in simply gathering knowledge that was previously in existence, but instead helps to create and influence this knowledge. Such knowledge is then translated into the language of the researcher, before it is transmitted to an audience, who also interpret it according to their own ideas and beliefs (Bryman and Bell, 2006).

Postmodernism reflects the idea that language and belief shape society (Jenkins, 1991; Lorenz, 1994; Speigel, 1997). This process, according to Ricoeur (1975), means that language is self-referential; the only way to define language is by using it. Traditional analysis has been challenged by a multicultural and multiperspectival philosophy, in which the different gender, class, race and sexuality of both interviewer and interviewee help to shape the identity and self that are presented (Kvale, 1996). This is reflected in the way that library sciences are studied, with minority groups defined by their difference; 'only people of colour have race… only lesbians and gays have sexual orientation - every one else is a human being' (Rothenberg, quoted in Jenkins, 1995). This could be extrapolated in this case to theorise that we do not acknowledge that all patrons of the library have mental health, and it is not only people with depression have 'mental health issues'. The separation between formal and informal bibliotherapy negates the fact that improved mental health via reading can help everyone – just as reading books by ethic minority authors can help anyone to understand ethnic minority cultures, regardless of their skin colour.

One of the primary changes in modern social research is that, in the words of Berkhofer (quoted in Jenkins, 1995), we now examine 'who speaks for whom and who speaks to whom'. The hegemony of this societal value is sadly reflected within this research as it denies service users a voice and does not construct the polyvocality that is necessary to create a comprehensive picture to emerge. However, the opportunity to represent those who are involved in partnership services for people with mental health issues is a first step towards the possibility of constructing a study representing a more polyvocal picture of society.

Nevertheless, postmodernism is interpretative (Tosh, 1991); it emphasises the idea that there is no single picture of society because researchers interpret data differently. Good research is always self-conscious and self-reflexive, but postmodernism can be seen as an extremist version of this, in which self-reflexivity is self-defeating. Thus, this researcher recognises the limitations and constraints of utilising language to

express ideas (Speigel, 1997). If, in the words of Geertz, 'what we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to' then it is not possible to access the very information that is sought (Geertz, 1993: 9). However, as long as the researcher remains aware that there is no objectively discernable truth within research, the only question that remains is to decide if it is important that the topics that are researched are only accessible in our opinions and the opinion of others.

To summarise, postmodernism states that research can never be objective and it is constructed through a variety of linguistic and narrative constraints (White, 1987). It is interpreted by the author and the audience; it reveals nothing to us but more language; and it is always a translation or codification of reality. Postmodernism can either be used to deconstruct language to the state where it is incomprehensible, or can be used to acknowledge and accept the societal limitations within research, and work with them to reach a clearer idea of overall perceptions. In this case, the postmodernist approach is used to reflect the instability of language and to provide an insight into a clearer mode of interviewing, in which the interviewer and interviewee 'co-author' the transcription produced (Kvale, 1996).

3.5 Interviewing

The interview schedule was written in accordance with Kvale's (1996) seven stages of interview investigation, which included a large amount of theoretical reading to ascertain themes before the design of the interview schedule was created.

Table 1: Interview Investigation

Kvale's seven stages of interview investigation and how they were completed
1. Thematizing – achieved via the completion of a literature review to ascertain topics for investigation.
2. Designing – the choice of methodology and structuring of an interview schedule
3. Interviewing – data collection using the interview schedule
4. Transcribing – turning oral data into written texts
5. Analysing – Coding the written transcripts and defining relationships between the codes
6. Verifying – Data was re-coded to ascertain the reliability of the findings
7. Reporting – communicating the results of investigation via this dissertation

Kvale (1996) stresses the importance of considering the later stages of analysis, verifying and transcribing when designing the initial interview schedule, and this was taken into account during the formulation of the schedule.

The interviews were semi-structured, addressing issues relevant to the research, but as the methodological approach was partly taken from grounded theory (Glaser and Strauss, 1967), the interviewee was allowed to dictate the direction of the interview, exploring their particular issues and shaping the research questions accordingly. This was of particular import in this situation, as the flexibility enabled detailed answers to be gathered, and points were clarified effectively. Gillham (2000) recommends following the direction of the conversation within an interview, while being aware of the intended structure of the interview, to allow the development of varied, rich and vivid data. There was some structure to the interviews, to ensure cross-case comparability (Bryman, 2001: 315). Nevertheless, this framework was kept to a minimum to avoid interfering with emerging themes from the research, such as the instability of the terminology of bibliotherapy.

The research questions were adapted throughout the course of the interviews to enable interesting points from early interviews to be compared and contrasted. For example, the question of 'misery literature' was discussed within the first interview despite not being a part of the interview schedule. It appeared to be a point for further investigation within initial analysis, and thus was included in later interviews to establish if the experience of the first participant was unique or part of a wider trend. Open ended questions were used to provide the widest scope for conversation and a variety of answers. A copy of the interview schedule is provided within appendix one.

The interview approach emphasised Kvale's (1996) theory of 'co-authoring'. Data is not merely collected impartially; it is shaped by the researcher, despite intentions. It also needs to be remembered that the demographics of the interviewer and those being interviewed can affect responses (Hollway and Jefferson, 2000; 2). The flexibility of grounded theory provided a detailed insight into the perspectives and experiences of public library staff. The interviews were recorded and transcriptions were then written out, to allow repeated examination of the data and to allow it to be coded. Kvale (1996) views transcription as an integral part of the analysis, as it involves choosing a style of interpretation. In this case, it was decided that verbatim transcriptions, including every pause and interjection, were unnecessary to provide accurate access to the data, which would be primarily utilised by the researcher to create a comprehensive interpretation of the data. The clear presentation of results is also assisted by the use of translations that are not literally word-for-word, as they are concise and have clarity.

3.6 Verification and validity

To ensure that the coding carried out by the researcher was accurate, extracts from the data were provided to another research student who then applied their own coding categories to the data independently of the first coding carried out by the researcher. The categories applied by the second coder proved to be primarily the same as the ones designed by the researcher, and thus it can be seen that the internal reliability of the data is good and the coding categories applied were in general agreement. Kvale (1996) comments that 'interview statements can be ambiguous' and so the interpretation of the data by more than one person was necessary to ensure that the results were 'intersubjectively reproducible' (62).

As the aims and objectives of the project were to ascertain the perceptions and ideas of public library staff on the subject of bibliotherapy, the questions posed during the interviews successfully addressed these issues, thus ensuring that the data was valid, and measured what was intended to be measured.

3.7 Analysis and discussion

According to Kvale (1996), analysis has six steps (Table 2). In the first two, the interviewee represents and analyses their own experiences. The third comprises the interviewer's interpretation of meaning during the interview, while the fourth is the transcription process. Kvale (1996) views the fifth step as allowing the interviewee to examine the transcript to check for accuracy, before the sixth step of active reanalysis and interpretation is carried out. However, in this case, allowing the interviewees access to their transcripts was not practical to conduct, and so instead the process described above was undertaken to ensure internal validity.

Table 2: Steps of Analysis

1. Interviewees describe their experiences.
2. Interviewees discover new relationships between experiences
3. Interviewer interprets the meaning of the data during the interview
4. Interviewer interprets the transcribed interview.
5. Interviewer re-interviews interviewee.
6. Interviewees act on insights gained from the research.

As has already been stated, analysis really began in the transcription process of the project, but coding was primarily established using an open coding methodology and defining categories of data to be studied. These included overarching categories, such as creative bibliotherapy, self-help bibliotherapy and informal bibliotherapy. To extend this further, techniques of axial coding were then utilised to structure the data; for

example, creative bibliotherapy was split into subcategories of formal and informal approaches, from which other criteria such as reader development were defined. An illustrated representation of these subcategories of coding is presented in appendix two. While coding decontextualises the responses, it enables a more thorough analysis of the subjects within the responses and provides an intertextual relationship between the various interview transcripts.

The creation of codes was undertaken quite simply, utilising a close reading of the texts to pick out specific themes after interviews were transcribed. As Glaser (1998) stresses that coding should be a simultaneous process allied with data collection, this helped to manage and create the codes as they emerged. Once the significant themes had emerged from a close analysis of the data, they were subsequently categorised to facilitate analysis (Table 3). Evidence and discussion about these results and categories are contained within the next chapter, with followed by a final chapter of conclusions and suggestions for further research.

Table 3: categories of analysis

Category of analysis	Sub-categories
Definitions of bibliotherapy	
Bibliotherapy in practice: self- help	Implementation
	Partnership working
	Primary Care Trust re-organisation
	Funding
	Procedures
	Difficulties
	Evaluation
Bibliotherapy in practice: creative	
	Implementation
	Funding
	Procedures
	Difficulties
	Evaluation
Informal Bibliotherapy	
	Readers' groups
	Misery Literature
Mental Health in the Library	
	Stigma
	Healthy communities

Categories of analysis	Sub-categories
	Social Inclusion
Staff experiences	
	Bibliotherapy as a service
Patron experiences	
	Empowerment

4. Key findings

Twelve in depth interviews were carried out, with public library staff from seven different authorities. The differing approaches to bibliotherapy schemes were categorised for clarity (Table 4).

Table 4 : Bibliotherapy in Practice - a survey

Authority number	Type of bibliotherapy	Source of funding	Books on Prescription model
1	Self-help	Library	GP-prescribing but a lot of self-referral
2	Self-help	PCT and library	GP-prescribing with some self-referral
3	Creative	Library	N/A
4	Self-help	PCT and library	Self-referring
5	Self-help	Library	Self-referring
6	Self-help	PCT and library	GP-prescribing
7	Self-help	PCT and library	GP-prescribing

As this table shows, there are more self-help model schemes than creative bibliotherapy schemes in operation and the majority of self-help schemes work in partnership with health authorities. This sample reflects a wider picture presented in the United Kingdom by Hicks (2006).

The interviews produced over 30,000 words of data, and a short synopsis of each interview is presented (Table 5) to demonstrate the main points discussed before a more inter-textual analysis, drawing on the significant themes and categories of research is undertaken.

Table 5: Interview Summaries

Participant	Authority	Synopsis of significant comments
1	1	• *Books on Prescription* scheme run by library service • Difficulties caused by the instability of partnerships • Interest in readers' groups as informal creative bibliotherapy
2	2	• *Books on Prescription* scheme run in partnership with PCT • Belief in readers' groups as vital to the community • Cynicism at government initiatives, funding & inability to clearly define bibliotherapy
3	1	• *Books on Prescription* scheme run by library service • Recognition of need for more resources to provide bibliotherapy • Not seen as integral to the library service • Interest in pragmatics of the scheme.

Participant	Authority	Synopsis of significant comments
4	3	• Creative bibliotherapy scheme • Interest in sharing enjoyment, not undergoing treatment • Recognition of effort needed to create the scheme
5	2	• Health information specialist responsible for implementing *Books on Prescription* in Authority 2 • Strong belief in partnerships with good liaison • Interest in DVDs, CDs and computer treatment
6	1	• Runs learning disabilities reading group within outreach services; unfamiliar with *Books on Prescription* • Belief in informal bibliotherapy
7	4	• Self-referring (in practice) *Books on Prescription* scheme run in partnership with Primary Care Trust. • Support groups also set up in authority • Concern with lack of evaluation of schemes and lack of alternative formats of material
8	5	• Self-referring (by design) *Books on Prescription* scheme run by library • Problems with partnerships with Primary Care Trust • Similar work undertaken with diabetes and nutrition promotion, hoping to improve services for people with depression
9	6	• *Books on Prescription* scheme run by libraries and Primary Care Trust • Limited attempts at user evaluation • Part of a wider 'social prescribing' scheme
10	7	• *Books on Prescription* scheme run by libraries and Primary Care Trust • Success of project noted by libraries and Primary Care Trust • Looking to extend to include support groups and creative bibliotherapy
11	3	• Creative bibliotherapy scheme • Some problems with working in a health centre, not a library, but considers it a personal and professional success • Recognised cynicism associated with creative bibliotherapy but thinks that it can be easily overcome
12	5	• *Books on Prescription* run by library service • Looking to undertake liaison with graduate mental health workers • Informal creative bibliotherapy present within reading groups

4.1 Analysis of key findings

The coding of results presented several emerging themes from the interviews. These were separated into categories which were then subdivided to explore relationships between the schemes and similarities and differences within the experience of public library staff working on the schemes that could be further analysed to provide an adjunct to the conclusions drawn from the literature review.

4.1.1 Definitions of bibliotherapy

One finding that is visible both in the literature and in the results of this research, is that there is no universally agreed definition of bibliotherapy. For clarity, this research has referred to self-help and creative bibliotherapy, but the experiences of the interviewees reveals that this differentiation is not widespread. The terms used in this research emerged from the literature and were expanded by the researcher for ease of comprehension by the reader. However, definitions of bibliotherapy in practice tend to reflect the projects being undertaken within the authority in question. The demarcation between schemes like *Books on Prescription* and informal experiences classified as bibliotherapy was clear in many cases;

'the formal side of it that comes from these Books on Prescription type things that seem very strict and there's these partnerships going on, and then there's the informal stuff, which could be anything...'

The difference between formal schemes set up specifically to help people with their mental health problems, and the ordinary work of the library is a common theme arising in this research, and is reflected in some reader development work (Ross, 1999; Elkin et al, 2003). Reader development recognises the importance and potential of reading fiction, viewing it as 'subversive, invasive, life-changing' (Blanshard in Elkin et al, 2003: 22). This use of qualitative analysis to examine the effect that libraries can have on the lives of those who use them has not been extended to examine it as a form of therapy. Libraries tend to subscribe to the principles of bibliotherapeutic work, but not define it thus, was illustrated;

'It's not a term that we really use ... but I think that a lot of the work that we do does come under that heading'

There was a general feeling that work including outreach, housebound services and reader development all contributed to the general bibliotherapeutic work that the library undertook in its day-to-day service operation;

'This lady [librarian] said 'well really what you're doing is what we're trying to do all the time''

Clark and Bostle (1988) refer to '*the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry, also guidance in the solution of personal problems through directed reading*' (1) as bibliotherapy. This provides further questions about how such a concept can be applied in a library and who provides guidance for collection management and assisting readers. It seems unclear whether library or mental health professionals should be responsible for bibliotherapy. The lack of an agreed definition of bibliotherapy contributes to the need for clarity about who should undertake such work;

'*Who is qualified to do bibliotherapy? Where is this mythical qualification – I am now a bibliotherapist- how do you call yourself one?*'

Regardless of the differentiation between self-help and creative bibliotherapy, and formal and informal systems and processes, the favoured definition by participants can be summed up thus;

'*Bibliotherapy is anything really, that uses books as a means of improving people's mental health and well-being.*'

While there may not be an agreed definition bibliotherapy itself, or of the type of books to use, there is definitely an agreement that books can contribute to good mental health. Phrases highlighting the potential of bibliotherapy include:

'*Enabling people to relax, find relief from stress, engage in social activity, overcome anxiety and use books for pleasure*'.

Reading groups, helping people to build confidence, and helping people to use books to find pleasure were also mentioned. Van Riel and Fowler's (1996) text on reader development also emphasises this use of fiction to escape from daily life and provide support during times of stress.

The instability of language in this relatively new initiative within libraries emphasises the evolution of the understanding and application of the schemes. As creative and self-help bibliotherapy schemes become more mature, a definition of bibliotherapy may emerge, which would enable the schemes to operate at more than a local level. The agreement of terminology

will also help to expand the sharing of good practice. Projects such as the JISCmail bibliotherapy list have become to encourage this but the diversity of comments within the archive reflects this lack of clarity.

4.1.2 Bibliotherapy in practice

Questions about how bibliotherapy is defined lead onto questions of implementation and operation. Creative and self-help bibliotherapy will be examined in turn, before issues referring to both spheres of bibliotherapy are discussed, such as staff and patron experiences, the stigma assigned to mental health and social inclusion.

4.1.3 Self-help bibliotherapy

4.1.3.1 Implementation

An important element of implementing a self-help bibliotherapy scheme is selecting the books to be recommended and utilised. In Hicks' (2006) study of bibliotherapy services, she found that 'virtually all' book lists were based on the Cardiff or Devon lists which were the founding schemes in Wales and England respectively. However, this research revealed a more diverse approach to book prescription; of the six authorities carrying out self-help bibliotherapy, three based their lists directly on Cardiff's list, while the others either utilised specialist knowledge to construct or adapt their own lists. The reliance on Cardiff's list was seen as both a strength and a weakness of the schemes. The lack of flexibility to choose new titles more appropriate to the community was commented on;

'[it] actually has some quite peculiar titles on it, because a lot of them are American, and a number of them are actually quite old... I was talking to a couple of members of staff and they'd read books that were helpful, and they were books that hadn't appeared on the list'

However, the authority of the medical voice within collection management was also visible;

'We took that [book list] from [Cardiff] because we didn't feel we should choose the books, seeing as those ones had been chosen by medical staff, who know what they're talking about'

The authorities who had chosen to construct their own book lists correlated to the authorities who expressed the strength of their relationship with their Primary Care Trusts. Book lists were

not formed independently by the library; there was an element of intervention by medical professionals in all cases;

'In the [hospital] library we've got… a collection of books written for patients; amongst them is a set of mental health books, so we looked through those'

Numerous lists of self-help literature, predominantly American in focus, are available via academic journals, but these were not mentioned in any case in this research (Johnson, 1998; Clifford *et al*, 1999). There was also no mention of review panels, as discussed by Hicks (2006) to update book lists when necessary.

Training needs of staff were seen as simple and easy to implement. The *Books on Prescription* scheme is fundamentally straightforward to manage from the point of view of the library staff who would be dealing with prescriptions and interacting with customers. It was seen as more important to explain the context of the project to staff than the way the project would be instigated;

'That [training] was on issues around the whole general area of mental health and why books were perceived to be useful in combating mental health problems; the background to the scheme, about Cardiff and so on, and how we were proposing to administer it, and the various bits of stationary involved. Basically it's very easy to operate.'

Hicks (2006) found a similar picture, with the main focus on training regarding mental health issues. However, the lack of practical training can be noted as having an effect for staff responsible for setting up the schemes as they encountered difficulties in methods of evaluation, as discussed in 4.1.3.7.

4.1.3.2 Partnership working

The impetus for the implementation of the scheme tended to affect the model of prescription that was more popular in each authority – GP-based prescription or self-referring - and the perceived success of it. In four of the six authorities investigated, the representatives from the Primary Care Trust approached the library service with the aim of setting up a service. These were also the four authorities seen by the representatives interviewed as the most successful schemes. In the other two authorities, the library service was approached by an individual GP,

who felt that the area could benefit from such a service. This initial contact did not represent wider Primary Care Trust attitudes, and so the partnerships between healthcare professionals and library staff were limited. This lack of an initially strong partnership was reflected in the procedural and operational difficulties faced by libraries, who did not attract external sources of funding or secure the support of healthcare professionals;

'We haven't got the partners, we haven't got the contacts... no-one has actually come back to us and said 'oh yes, let's work together on this, and hey there's a pot of money here that perhaps we could apply for,''

Middleton's (2006) comments that 'strategic health and social services managers simply never considered the benefits of working with public libraries' (13) reinforce the need for advocacy to ensure that partnerships are considered and, if appropriate, implemented.

If the scheme was set up via a successful partnership with the Primary Care Trust, it was generally perceived as a stronger project;

'I do think that the library has a role but I do think that it needs to be backed up by someone who knows about mental health'

The research also revealed that some partnerships were less successful than others, and that careful consideration needed to be forthcoming before partnerships were set up. While partnerships between healthcare professionals and libraries were reported with the confidence of success, inter-authority library partnerships were seen as a more disharmonious enterprise;

'[We went] into partnership with another group... the less said about that the better... very different management styles',

This implies that before inter-authority work can be undertaken, there needs to be some kind of national standardisation to ensure that partnerships will be successful and patrons will experience the same standard of service in all areas. No authorities had seriously considered working with voluntary organisations, which suggests a potential opportunity for future service provision.

4.1.3.3 Primary Care Trust reorganisation

One recurring theme within the interviews concerned with both self-help and creative bibliotherapy was that of the internal politics of the NHS. The implementation of many of the schemes studied coincided with a major change within the internal structure of the Primary Care Trusts, which undermined relations in some cases.

'The Primary Care Trust changed from four Primary Care Trusts to one, so all that work really disappeared'

'We did try to include the health authority but at the time they were going through that massive restructuring that…they're only just starting to settle down from now'

The need for both the health and library services to coordinate their aims, objectives and external circumstances is clear from these comments. The external factors affecting partnerships can undermine them, especially when restructuring is involved. Thus, if a more widespread scheme, with appropriate guidelines were instigated at a national level, the impact of small-scale structural issues would decrease.

4.1.3.4 Funding

Funding sources were varied for the projects. There were several different ways in which the responsibility for funding the schemes was split. Funding was predominantly seen as a challenge for most authorities. This was not always popular with staff and patrons who do not see bibliotherapy as a priority for the library;

'It takes a lot of resources and that means…pulling resources away from frontline services'

While some schemes were run in partnership with health authorities in theory, there was some disagreement when funding was required;

'What happened last time was that the funding paid for the publicity and a very modest launch. But the library service ended up paying for all the books, so we actually ended up footing the great majority of the bill. And to be quite candid, we're quite anxious not to do that again.'

However, some library services found that rather than costing money, the impetus from the Primary Care Trust to set up a scheme actually enabled them to access funding that had previously not been open to the library as a service;

'About 2 years ago someone put me in contact with colleagues in the Primary Care Trust mental health department who'd got some spare funding that had to be used by the end of the year and they'd heard of Books on Prescription, so they thought it'd be a good idea if we did that.'

While the concept of 'spare funding' is uncommon in both the library service and the NHS, there are often opportunities to bid for funding for projects like *Books on Prescription* schemes that are beyond the normal remit of the library service or the health service. However, the concept of partnership funding as well as partnership working needs to be considered.

4.1.3.5 Procedures

Many of the schemes took the needs of their patrons into consideration when setting up the schemes, implementing procedures to enable them to access the service more easily. Most of the schemes operated on a GP-based referral system accepted the prescription note written by a doctor as a form of identification, meaning that the client didn't find themselves refused access to the library if they were not previously a members Several other initiatives were also in place, including longer loans for patrons who undertook the scheme, and free reservations if the book was not immediately available. One area also provided access to support groups that were linked to the *Books on Prescription* ethos. This project was just coming to the end of its' successful pilot status, and the authority were looking to expand this aspect of the project once it had been evaluated;

'We'd obviously like to replicate in other areas, if it's something that people are using and deriving benefit from.'

Overall, it seems that once the initial infrastructure of the scheme was put into place, the schemes were very easy to maintain. The main difficulties with *Books on Prescription*, which will be discussed next, seem to reflect the partnership and promotional aspects of the work, and not the day-to-day operation of the scheme, meaning that it would not unduly add to staff workloads or adversely affect working conditions.

4.1.3.6 Difficulties

Participants in the research were asked about the complications encountered when implementing the *Books on Prescription* scheme in their area. While comments on the operation of the schemes were fairly positive, there were some challenges to the instigation of a solid infrastructure on which to base the service. Three authorities had issues accessing the materials that they required. One referred to DVDs and CDs that were put into the collection to help people with low literacy to access the self-help resources;

'We were supposed to get the materials out on shelves about 3 months ago, and I've only just this morning put some of them on the shelves. That's been a bit of a problem, particularly as we've been advertising them to GPs and I think we have had a couple of queries and we've not been able to supply them'

Other libraries had encountered the overall lack of availability of material from which they felt that their client base would benefit. This was predominantly in reference to material in other languages, and could indicate a potential issue with the proposed social inclusion agenda of the scheme;

'There are gaps in it. There's nothing in Asian languages, for example, about teenage pregnancy.'

'*We've only found one of those 40 books that is published in minority ethnic languages... One of the big problems is people wondering where they're going to get these alternative formats from, they just don't exist.'*

Other issues reflected the different priorities of medical and library staff, and the problems getting frontline medical staff to utilise the resources;

'Doctors are often notoriously difficult to engage with'

This comment illustrates the potential complications of the schemes; while they are thought to be an aid to medical staff, who have another option when considering treatment for patients with depression, they are sometimes not interpreted as such by medical staff themselves. The choice of contact for the partnership was also a stumbling block for some authorities;

'We sent [the Books on Prescription packs] to the practice managers... I think we've reflected on that and decided that maybe it isn't the right person because it was a bit hit and miss... GPs in nature tend to be very busy people, and something else, in addition to what they normally think of... it can be quite difficult to get into their routine of thinking 'right, this person can be helped by a book, and I've got these prescription pads''

The role of *Books on Prescription* as 'just another project' was also a preconception that some partnerships struggled to overcome in the initial stages of the project;

'Library staff had got a bit of project fatigue... lots of external agencies coming in with big ideas, and 'which ones are we supposed to respond to?''

Nevertheless, as previously mentioned, the majority of obstacles occurred as teething problems to the projects, and were not long term issues with the operation and management of the schemes. However, one area in which a number of difficulties were perceived was in the evaluation stage of the projects, which will be discussed below.

4.1.3.7 Evaluation

When participants were asked about how the scheme was evaluated in their area, the predominant response was that the number of prescriptions issued and the number of books from the collections issued were counted, but nothing else.

One authority had put feedback sheets into each copy of the books on the list, featuring questions like;

'How did you find out about Books on Prescription? Which title was used? On a scale of 1-5, how helpful was the book? Would you try other Books on Prescription? Would you recommend it to a friend?'

However, this had not been very successful, and few had been returned to the library. Another unsuccessful evaluation included trying to encourage users of the scheme to write reviews of the books;

'We've asked users to do reviews of the books and we've asked them to say what they thought of the scheme. That hasn't really produced any evidence at all.'

This lack of the user's voice in the evaluation process was a worry for one person;

'There's practically nothing we can do to see how much good this sort of thing is actually doing the patients – the customers. It's quite extraordinary, in a way, that this kind of thing has mushroomed all over the country… and we still don't have, to my knowledge, a thorough survey of how much good they're doing the people that actually use them'

Although various authorities considered the scheme to have been as success, with numbers of prescriptions and issues very high, this lack of understanding of the perspective of users means that the services are not aware of the failings of their services, and the improvements that they could make. Adams *et al* (2000) raised the concern that 'individuals might pursue a 'treatment' for the wrong disorder,' and the self-prescription - and thus self-diagnosis - model used by some authorities might lead to hypochondria by patients or the implementation of self-help procedures that are misdirected. While anecdotal evidence suggests that these schemes have a positive impact, until a thorough evaluation is carried out, there is not enough evidence to suggest the scheme could or should be nationalised.

4.1.4 Creative bibliotherapy

4.1.4.1 Implementation

Only one creative bibliotherapy scheme was surveyed within the research, because such schemes are much more rare than self-help bibliotherapy schemes. The experience of those working within this sphere is quite unique, but provides a valuable insight into how ideas and procedures could be carried out in other areas. This project was begun seven years ago, recruiting three staff to be trained as bibliotherapists within the area. The staff chosen to train to run the scheme felt that they were able to tailor it to community needs;

'So I, having a background in social work and community work, and a therapeutic interest in writing… I felt I was really qualified for the job and had enthusiasm for reading and for doing work with people.'

The work was very varied, once initial training had been completed;

'I ran the reading group but I also saw people one-to-one so I suppose my week was split between the two really, trying to promote and set up other reading groups.'

The choice of books was also very mixed, with no specific list of books laid out for use;

'We used to find out what people had read, and favourite books and types of authors, and stuff like that. Books that they wouldn't be interested in at all. And from our knowledge of books that we'd read, or books that had been recommended to us, we would them suggest books that they might enjoy,'

This lack of structure means that creative bibliotherapy projects require more time, training, work, resources and thought than self-help bibliotherapy schemes. Nevertheless, the interviews carried out indicated that the work was both rewarding and appreciated by the community.

4.1.4.2 Funding
The scheme studied employed three part-time members of staff, taking extra funding from a variety of sources.

'We had the funding from the Department of Culture Media and Sport, the Wolfson Libraries Challenge Fund, the Primary Care Trusts and libraries... then we got funding from the Arts Council'

This demonstrates the potential funding sources that can be encountered during the implementation of the projects and demonstrates that libraries can get money to try new things, like creative bibliotherapy. One measure of the scheme's success is that it eventually became fundamental to the authorities' provision of services;

'Two years ago it became fully funded. So after five years, it became an integral part of the library services.'

However, the variety of sources needed to fund the initial project could be seen as a disincentive to other authorities who are considering implementing such a scheme, as they would need to undertake a great deal of work to complete successful funding bids.

4.1.4.3 Procedures

There were no defined procedures within the creative bibliotherapy scheme, as the scheme was run on a much more personal basis, in line with the needs of the community. As the project began as a pilot, the bibliotherapists' work changed as it continued. For example, one bibliotherapist was initially based within the mobile library service, but this was not a successful location to formulate the service, so instead she moved to a static location in a health centre to more successfully meet clients and run reading groups. Originally, patrons were referred to the service by medical professionals, but as publicity surrounding the service increased, there were more self-referrals, especially to the book groups like Bookchat. The impulse driving the Bookchat groups was to provide a normal environment for people with mental health problems to interact without the stigma of mental health treatment hanging over them;

'There was a group of people who I'd recruited or had been referred by other people and after a few weeks, people without mental health problems were coming up and saying 'Can we join in?' and I felt really pleased to be part of something that rather curing people and making them fit to the rest of society, we were just doing something that was so much fun that people said 'we want to be part of that too''

This unprecedented success links to the question of evaluation discussed below; the popularity of the scheme, in which anyone could come and talk about any book that they had enjoyed, or not enjoyed, or had affected them, is a less disciplined model of the reading groups set up in libraries nationwide. However, the inclusive nature of the groups enabled people with lower literacy levels, or for whom English was not their first language to contribute on an equal footing, and did not make them feel like they had to read a certain book in a certain amount of time. The openness of the groups meant that people could come and go as they pleased throughout the weeks, and did not have to talk if they did not want to; the un-pressured environment enabled people with mental health problems to feel comfortable interacting – or not – in social situations, while finding pleasure in reading or being read to by the bibliotherapist.

4.1.4.4 Difficulties

Problems were encountered during the initial phase of the project, which linked to creative bibliotherapy's status as an untested, un-recommended medical treatment;

'I think it's one of these things – we used to say that we're the new aromatherapists, that once upon a time, people were very cynical 'oh yeah, you light a candle and it makes you smell something nice and makes you feel good' and you think how the aromatherapy, reflexology, Indian head massage, all of those therapies have still gained respect and ground'

However, these initial prejudices were overcome by the success of the project;

'Once reports got written and words got back, and reputations were established… we got a bit of credibility.'

One person interviewed felt that, despite the success of the project, the initial aim had not been achieved;

'The idea behind it was, in a sense, to try to save GPs time… that [was] a selling point but I think it was a kind of catch 22 – until we could get the doctors attention and explain to them that it worked, we couldn't do anything because we couldn't get the contact'

This could be seen as a long running problem, but the overriding success of the project was such that the schedules of the bibliotherapists were already full despite the lack of GP inclusion. The bibliotherapists were both also happy with their client base;

'We're making a difference with the client group we've got'.

This seems to show that the initial difficulties of establishing such a service are repaid in the difference such a service can make to the members of the community who use it.

4.1.4.5 Evaluation

It is very difficult to evaluate the success of a creative bibliotherapy scheme without talking to those who have taken part in such a scheme. However, I was allowed by one bibliotherapist to observe his work, and the positive effect he had on the mood of those around him was clear.

The enthusiasm for the groups and literature was obvious within general conversation. As the aims of the project - *'promoting relaxation, books and friendship through reading'* – are so loose and diverse, ascertaining its impact is also complicated. Nevertheless, the reports, publicity and funding surrounding the scheme illustrate that the authority in which it is based regard it as a success, and it can be considered that the question of a user-led perspective on the service is one for further research.

4.1.5 Informal bibliotherapy

Many people who worked in the library felt that reader development activities carried out in their daily experience were a form of informal bibliotherapy;

'People come into the library and say 'I don't know what I'd do without me books''

This idea is supported in research by Usherwood and Toyne (2002), Gold (1990), Manguel (1996) and is summarised by Elkin *et al* (2003). Reading is seen as an intimate, necessary act that has a defined effect on the self, and the idea that libraries provide the infrastructure to enable people to access books shows their suitability for venues to facilitate bibliotherapy schemes in all forms.

4.1.5.1 Reading groups

One area that those interviewed felt that patrons of the library were able to discuss their feelings about literature was in reading groups. Every authority studied within this research ran at least one reading group, and it was felt that those who came to reading groups found them beneficial;

'One particular lady who got a pretty rough home life, with problems with illness and I think that this is somewhere - it's only an hour a month – but because there's the reading with it, gives her a bit of a focus and somewhere to go, and I'm sure it must help her because she's got an awful lot on her mind and she still manages to come'

The positive effect that attending a readers group was seen by several people interviewed was seen as a kind of informal bibliotherapy. While the aim was not to improve peoples' mental health, people found that this was the case anyway;

'We're not looking to do that kind of work but it can be a spin off that that is what happens with bringing people together and that sort of dynamic and opportunity for them to have that book about something that they've all experienced.'

'I think a reader's group could be classed as bibliotherapy. Not a readers group reading a book on mental health, or those kind of things, just any sort of fiction when you're discussing it.'

4.1.5.2 Misery literature

The genre of misery literature was also discussed with those interviewed, providing some valuable insights in the genre, which could be used as catharsis for patrons of bibliotherapy schemes, or could be seen as contributing to their depression. Fiction books that were not uplifting *per se* were seen in a similar light;

'[Sebastian Faulks'] Birdsong… a fantastic read… nobody said they hated it, but obviously no-one really liked it.'

The value of reading books that were not typically uplifting in a traditional sense was also emphasised;

'Anything can be bibliotherapy, it doesn't have to have a positive slant to it'

However, librarians did express some concerns that the prevalence of the genre reflected a wider societal trend towards an overt interest in other people's misery;

'If you look at the top issuing fiction, ten years ago it was romance… the stuff that's issuing well now is some really hardcore crime like, very graphic stuff, quite miserable.'

There was a degree of cynicism within librarians' comments about misery literature, with many feeling that the commercialisation of misery was something that the library was struggling with in terms of the amount of literature published and the quality of the stories;

'They've got very similar titles, very similar covers, hard to distinguish one from the other'

'People try and create a career, and I think that becomes exploitative you know – the sequel to the best-selling childhood misery memoir– how I was even more miserable as an adult – I don't think it's a totally positive mood.'

There was also some discussion about what effect misery literature could have on the general populace of the library, though it was not discussed in the context of treating people with depression;

'I don't know whether it would be helpful to anybody who had experience of that.'

'I think that a lot of people get a sort of vicarious thrill of 'Oh, that didn't happen to me, there for the grace of God go I' and I think it's a bit sordid… some of it… people who have had similar experiences are getting a lot out of it.'

One participant felt that the author Jodi Picault, whose work reflects this wider trend for reading about misery within fiction, was a good example of the way that work that is not necessarily cheerful can still be helpful;

'Her comment was 'if I can create a book that makes people discuss the issue then I've done what I want to do.'

However, while the genre of miserable memoirs has come to the forefront of our attentions in the past few years, this is not to say that there were not books – both fiction and non-fiction – that could have been deemed to be included within such a category before. Primo Levi's work, again, could be seen as an example of a discussion of hardship and the cruelty of the human spirit that defines the genre. Perhaps the genre of misery literature should be applauded for making subjects like child abuse, domestic violence and cruelty less taboo and opening people's eyes to situations that can occur behind closed doors.

Within narrative fiction, there is often the desire for a happy ending, in which some resolution is achieved, and this is often the case within misery literature. While there is not always a traditional 'happy ending,' there is more often than not a note of hope on which the book is ended. The protagonists, and often their abusers, are given a second chance, or the opportunity to move on. Nevertheless, the individual nature of the experience of reading was

again stressed by participants in the research, emphasising that the judgements put on a text can only ever reflect personal understanding;

'You all watch Coronation Street and you all see pretty much the same thing, and you all read a book and you all see so many different aspects.'

4.1.6 Mental health in the library

4.1.6.1 Stigma
Participants were asked whether they felt that having schemes like *Books on Prescription* helped to reduce the stigma associated with having mental health problems that is often present within society. On the whole, comments were optimistic;

'I'm sure the right sort of books are bound to tell people that they're not on their own'

'Libraries are the number one area for having that sort of thing because it's a neutral, it's a non-threatening environment, and people are used to coming here and not being judged for doing so'

The diversity of people who might suffer from mental health problems was an important consideration. As has already been noted, mental illness is one of the most widespread health problems in the United Kingdom today, yet it can be isolating, and people can find depression disabling, and leave them unable to cope with day-to-day tasks;

'Anything like that that helps people to realise that people with mental health problems are like you and me and anybody at any time can suffer from mental health problems and it's just something that's part of life'

'I would hope that people are becoming more aware that one in five of us, is it, suffers mental health issues... I just think that if we have those books that are on the open shelves that are very accessible, on display, it will become part of what we all expect'

It is difficult to discern if the stigma felt by many to be attached to mental health is something that can overcome by libraries. One librarian interviewed confessed that;

'I would feel embarrassed, you know, if the doctor gave me a prescription [for a book]'

Another felt that people might feel like librarians were judging them if they borrowed such books, and that the addition of more self issue machines, so borrowers could feel that their anonymity was secure;

'That would be beneficial for people who may feel that there's a stigma associated with borrowing a certain kind of book. That would be good, to have more self-issue machines'

However, the courage that it can take to come into the library was emphasised by several librarians, who felt that there should not be a stigma attached to borrowing a book;

'You wouldn't think anything of having a book on a heart condition, or a book on obesity, you'd think well at least you're trying to do something about your problem... and really the same should be said for that.'

Nevertheless, several librarians in charge of running *Books on Prescription* schemes found that users who were coming to the library independently and obviously did not feel that there was a stigma attached to borrowing such books;

'One thing we have discovered is that people are almost all self-referring, they're just coming to the shelves and taking them off... they can just take it away without fear of being judged by anybody'

'Something like 10% of the books were issued by prescription, 90% were taken by the general public'

This unexpected outcome shows that the addition of the books to the collection, and the publicising of such a scheme has had a positive effect on the community, though one that is difficult to measure.

4.1.6.2 Healthy communities

Despite the overall lack of user-led evaluation of the schemes, the feeling from library staff was that the scheme had a positive impact on the community. One participant commented that;

'We've had good feedback from people who've borrowed the books, they feel like they're helping themselves rather than taking medication year after year'

While the schemes are obviously limited to areas connected with mental health within the community, rather than health in general, *Books on Prescription* was seen as an integral part of the overall agenda;

'I think it's such a massive area to be tackled that I think that anything we do that can contribute towards that is definitely a good thing.'

Nevertheless, the demands placed on the library by external agendas like social inclusion or healthy communities were recognised;

'But the thing is that the government has these expectations that we will do this.'

This point was raised in conjunction with the idea that while local and national agendas concentrate on specific issues, there is not necessarily any extra funding, help or advice for libraries to undertake such work. Nevertheless, the healthy communities agenda encourages good practice within health care information provision and it was generally found that libraries had adopted this within their ethos.

4.1.6.3 Social inclusion

The Department of Culture, Media and Sport report *Libraries for All* (1998) recommends that 'social inclusion should be mainstreamed as a policy priority within all library and information services' (5) and some participants felt that self-help and creative bibliotherapy schemes contributed to this;

'Just experience I've got with family members, who wouldn't do something, but the doctor tells them to do something and it's suddenly got that little bit of authority and you might just pop in'

The kudos assigned to the scheme by doctors' recommendations is an important aspect to consider in terms of partnership working, as the added credence provided by a recommendation from a health care professional seems to have an effect. The example provided by one participant regarding books on diet that were recommended by a dietician illustrates this model of partnership working and its application. Encouraging health professionals to prescribe books as a first step within a stepped care model is a vital, but important, step in creating a successful scheme. Participants' comments suggest the need for some standardisation, or nationalisation of the scheme;

'A doctor might think 'well I'm only going to recommend a book to the type of person I think already reads books and already belongs to the library…' and the danger is that you just get people that already use libraries coming in.'

Using the prescriptions as a valid form of identification for joining the library is also seen as a positive step in encouraging non-library users to come into the library;

'It's trying to get rid of the barriers'

However, in areas where the scheme was predominantly a self-referring one, it was felt that it was more difficult to reach out to members of the community who did not use the library anyway;

'I don't think there's any evidence that it attracts anyone in to the library just for that scheme, if they weren't already otherwise going to come in.'

Nevertheless, in one authority in which the library had good links with the Primary Care Trust, there were plans to extend the provision of information provided about joining libraries to pharmacies as well as GPs surgeries. This move towards broadening access to the scheme illustrates its perceived potential to have a positive effect on people in the community who may not have previously considered the library as a source of assistance;

'They might just need that particular nudge to see other material that might help'

Middleton (2006) describes *Books on Prescription* as 'social inclusion in action' (13) and the provision of partnerships between agencies like the health services and libraries do seem to have a positive effect on encouraging people to use the library to provide them with information that they need. Nevertheless, the political agenda behind social inclusion was deemed to be one aspect of bibliotherapy services that could be fragile and not self-sustaining;

'It's so tied up with politics, in the sense that it's one of the aims of the government, the sort of healthy communities, and have been for a while and we can all say yes, libraries go down that route... but should another government with opposing principles take over, where would we be then? Would all the funding stop for this kind of thing?'

Overall, comments about mental health and libraries were very encouraging, with self-help and creative bibliotherapy schemes providing a focus for the active promotion of stock and services.

4.1.7 Staff experiences

4.1.7.1 Bibliotherapy as a service

If staff do not understand the schemes or feel appropriately trained to implement them, they will not provide the best service to patrons who come to the library for help. One participant in the research emphasised that staff need to have an understanding in the scheme, and to care about it for it to be a success;

'The people that set it up were not the people that rolled it out... maybe the people that rolled it out didn't have that same ownership.'

This stresses the need to motivate staff and express the importance of the scheme to them. The benefits of having a clinically recommended scheme within the library were clear;

'I think the staff just thought it was another resource, but a resource that they could have some confidence in.... the book list had been well researched and well recommended, so you're not just going blindly to the shelves and saying 'oh, we've got this book on anorexia, or that book on self-esteem' you can actually say, 'oh, these are recommended for the prescription books scheme and have been researched''

The assurance that staff could have in the professional partnerships within the scheme was also reported as a positive outcome,

'We had one girl who was severely anorexic and we were able to say 'these are really good self help books'... you can have confidence in your product which is always useful'

The wider application of this conception of partnership working was also compared to, and discussed by, library staff who had undertaken projects with other healthcare professionals;

'We do have dieticians who come in and look at the books that we buy on diet and recipes... and give their assessment as to whether they think we should have the books in stock.'

This illustrates that the bibliotherapy model of prescribing books in partnership with other health care services could be broadened to include more general books about health.

There was, however a tenet of cynicism from some staff, who felt that bibliotherapy schemes were not appreciated by all staff;

'I think some library staff think it's just another thing, it's just another gimmick to get people in... and I don't think they think about it at all, it's just another display like any other'

This comment, made by a member of library staff involved with a *Books on Prescription* scheme, was echoed within the sphere of creative bibliotherapy.

'Some of the library staff were a little bit unwelcoming...it was a little bit of a lack of understanding about what we were doing... I think the idea from one or two of them was that we were just swanning about and just chatting to people about books'

This bias against the schemes suggests that there was a need for a greater level of education and training about the projects to establish them as resources for patrons, rather than as another soon-to-be-forgotten initiative.

There was also the feeling that such schemes contributed positively to help any prejudices that library staff may have had;

'It also makes library staff a little bit more aware that people like that have needs as well'

This idea links into the reduction of the stigma surrounding mental health. The overall picture presented was a positive one, with increased issue figures and satisfied customers helping to increase confidence in self-help and creative bibliotherapy services from the point of view of staff. The experience of those using the service has also reinforced staff commitment to the schemes, which illustrates the need to evaluate the services wherever possible to show their effect on the community;

'From the library's perspective, it is just good to know that you're actually helping someone to make a difference.'

4.1.8 Patron experiences

4.1.8.1 Empowerment
While this research was not able to contact participants directly about their experiences within bibliotherapy projects, interviewees reported a number of anecdotes that confirm the theory that patients found confidence, empowerment and a more inclusive atmosphere by taking part in the schemes offered.;

'One of my favourite memories is of going to see a young mum who had health problems and… loved reading, but just found it difficult concentrating … the next time I went back, she picked up this book and actually hugged it to her chest and with a great big broad grin, she said 'I've just read a book! I've managed to get through a whole book!' and she was still hugging it'

This type of experience is primarily associated with creative bibliotherapy, which can be credited with creating a more directly empowering experience than that of self-help bibliotherapy. Creative bibliotherapy often includes writing in reaction to texts, to enable people who may have problems with their self-esteem to express themselves more freely on paper than they were able to do in speech;

'What happened with a lot of the people we worked with was that they also wanted to tell their story and wanted to write, and never really felt that what they had to say was really worthwhile,

and that nobody would want to listen... on quite a few occasions there were pieces that were so powerful that we asked permission to reproduce them and use them in other groups'

One participant in this research obviously had an enormously empowering impact on his clientele. The creative bibliotherapy scheme he was involved in included holding a group session in a psychiatric ward, providing an aspect of 'normality' within a very highly charged emotional environment. One participant in the group had written a poem in appreciation of the bibliotherapist who visited them, and was obviously pleased to have found his voice and changed his own view of himself as someone that had not been very literary at school, or encouraged to apply himself academically. This approach encouraged people to feel differently about themselves;

'It makes them feel that they have got a voice and something to say, and that's empowering as well, makes you feel more self-confident'

Creative bibliotherapy also enables patrons to be able to communicate with others more and can help to encourage people to share time together and read together;

'I think just enabling people to enter that kind of enthusiasm for a story and to share it, I think that's the important thing.'

Another example cited by a participant in the research commented that a man who had been recommended to the scheme by his doctor – and did so under duress – was able to find an activity to share with his estranged young son, once he had discovered his own enjoyment of reading;

'I met him in the library one day with a little boy, and he says 'this is the ex-girlfriend's son. Can he join the library?' So I said 'yes', and he said 'because he likes dinosaurs' and the wee boy was saying 'dad, dad, can I have this book?' and you know, there they went, they went off together, and I thought that was fantastic'

Creative bibliotherapy appears, from this research to have a positive effect on the lives of those who take part in such schemes, as well as others around them. Self-help bibliotherapy can also have a similarly positive and empowering effect, informing people about coping strategies that

they can use to overcome depression and anxiety that might be affecting their lives. However, library staff noted that this effect is easy to miss and thus the true value of such schemes is difficult to evaluate;

'the anonymous nature of libraries… it makes it difficult to know what it is that people are getting out of the books that we lend them… but we assume that some people are getting amazing things out of them. Life changing things really… but we don't know because we don't ask them, and it's not for us to ask. It's a private thing that they're doing.'

'I hope that the more information that people can get about any sort of condition, situation, problem that they have, the more likely they are to improve on it… I think it must be helping people, just having it there, and there has been some research done that shows it has been beneficial but as I say, it's one difficulty, getting libraries to know, because they don't come back and say I borrowed that book and now I'm better.'

This ambiguity attached to self-help and creative bibliotherapy schemes emphasises the need for further research in the future examining the perspective of users of the service. Nevertheless, as these extracts make clear, one of the reasons that libraries are a suitable venue for implementing bibliotherapy schemes is that they ask nothing of their patrons in return, and do not pass judgements on the books they choose. Evaluation of the schemes may still not fully capture the actual experience that people have when reading books, as people may feel that they do not want to discuss their opinions, possibly because of the stigma associated with mental health, or because mental health treatment is a very private activity. The additional work that forming a group who were concerned with the views of service users was also noted by one participant;

'Because if … [doctors are] going to have to listen to what the patients say as well, I think that's going to be a fait accompli … the mechanics of that will make it pretty unwieldy'

Nevertheless, it was felt that the schemes contributed positively to their communities and enabled people to find some respite from their illnesses and problems.

4.2 Summary points from findings

4.2.1 Overall themes

- Bibliotherapy contributes to the social inclusion and healthy communities agendas, and helps to reduce the stigma surrounding mental health in society.
- Bibliotherapy needs to be defined and structured more clearly, with national standards, if it is to operate on a less sporadic basis.
- Training on mental health issues is important for library staff to help them provide a better service to all patrons

4.2.2 Informal bibliotherapy

- Informal bibliotherapy via readers' groups is very important to patrons of the library and has an impact on their lives.
- The effect of informal bibliography is very difficult to measure.
- The effect of misery literature on people's moods and feelings is complicated and requires further investigation.

4.2.3 Partnership working

- Partnership working is difficult to implement, but strong partnerships are vital for the success of schemes.
- There needs to be advocacy from the library service to the health care service to demonstrate how the library can help to assist with such schemes
- Project timing needs to be considered carefully to avoid external problems.
- Partners need to be considered carefully before they are chosen.
- Allocation of funds needs to be discussed in detail before work is undertaken in partnership.
- Funding for projects can be difficult to acquire.

4.2.4 Book provision and evaluation

- The dissemination of information about best practice would be useful for other areas who wish to set up similar schemes.
- Self-help book lists are typically written by medical professionals, not librarians.
- The provision of materials in ethnic minority languages needs to be researched further.
- The lack of the users' voice in the evaluation of the services is a cause for concern that could be rectified by further research.

5. Conclusions

The study successfully achieved its aim to investigate the experience of bibliotherapy in the public library from the staff perspective. The impact of creative and self-help bibliotherapy has been examined, and significant conclusions about the views of public librarians on partnership working, mental health, social inclusion and reader development have been reached. There is, in some cases, little evidence from the literature to support the conclusions reached here, as they have emerged from the research undertaken here.

5.1 Overall themes

The overall problems with the lack of a clear definition of bibliotherapy mean that different authorities offer different services under the same name. While the *Books on Prescription* scheme has helped to unify self-help bibliotherapy under one banner, the various authorities surveyed operate different models with different protocols. The confusion over terminology causes uncertainty amongst staff, who are aware of bibliotherapy as a service, but are not sure if they are providing it themselves.

Linking theories from academic literature and practice within the library would help to create more coherent, well-researched schemes, which operated on a less sporadic, ad-hoc basis. The wide-reaching nature of training on mental health issues accompanying schemes like *Books on Prescription* seems to have improved overall awareness of the importance of providing good services for all, regardless of mental health issues. The schemes were also felt to enable people with mental health problems to feel welcome in the library, and to contribute to keeping local communities healthy.

5.2 Informal bibliotherapy

It is clear that public libraries have a positive impact on the lives of their users, though this is difficult to measure, aside from anecdotally. The term 'informal bibliotherapy' has emerged from this research, and reader development work has enabled this in many ways, encouraging reading groups and stressing the importance of communication about literature. Usherwood and Toyne (2002) conclude that reading fulfils a great many psychological needs, and the opinions of librarians in this research reinforce these conclusions. This informal bibliotherapy is un-evaluated, but should not be under-appreciated. 'Misery' literature is a subject that has been little researched within academic literature, but its phenomenal success as a genre impacts on

library staff, who have mixed opinions on its place within the library. The use of cathartic fictional literature in creative bibliotherapy has been shown to be effective, but the overall effect of 'misery' literature on the community is still open to investigation.

5.3 Partnership working

Goulding (2006a) states that partnership working helps libraries to modernise and provides access to funding, client groups and further relationships. Partnership working proved to be an important aspect of all the schemes studied, with many of the difficulties implementing the schemes connected to breakdowns in communication between partners. It was noted that the health service does not always recognise that the library service has assistance to offer within the sphere of treatment, and so wider publicity and advocacy may be necessary to improve perceptions and relationships. Careful consideration needs to be given to the suitability of potential partners and the timing of projects to ensure that relationships are successful, and are not undermined by external forces, such as the reorganisation of Primary Care Trusts. Funding is always presented as a problem within the public library sector, and finding resources to implement bibliotherapy schemes is no exception. Several partnerships were undertaken to improve funding chances, but other authorities found that partnership working did not mean partnership funding within this study.

5.4 Book provision and evaluation

As most bibliotherapy schemes are still in their infancy (Hicks, 2006), it seems necessary that there is an increase in the sharing of best practice between authorities. While the JISCmail bibliotherapy list is a useful tool, further research into the subject and the dissemination of information via conferences would also help to improve services and share knowledge. Many of the library staff interviewed commented on the individual quirks of schemes in their area, but seemed unaware of practices occurring in other areas. The role of partnerships was clarified by the medical voice contained within the provision of books for the library service. Nevertheless, the necessity of the expertise of library staff in sourcing titles and recognising the needs of the community was visible in comments about the lack of titles available in different languages. Finally, evaluation of the services needs to be considered as those who use the services are marginalised when discussing their effectiveness.

5.5 The importance of bibliotherapy

The benefits of bibliotherapeutic services have been emphasised by those who have taken part in this research. There were few negative comments about the services, and these mainly reflected the management of the services and the difficulties of partnership working. While they do not represent the library service as a whole, the positive comments and potential of the service to help people illustrates a direction in which the library service can progress. It was unanimously agreed that the positive effects of bibliotherapy schemes on the community far outweighed the potential difficulties implementing the schemes. Whether it is the pragmatic approach of self-help bibliotherapy, teaching people to cope with emotions and problems, or the journey of self-discovery that can be found within a fiction book recommended by a creative bibliotherapist, libraries have a role in providing the staff, services and structure that can benefit the population. Public library work has always reflected the desire to address the social responsibility inherent in their function, and bibliotherapy schemes have the potential to make a real difference in this respect, providing 'medicine for the soul' in diverse and accessible ways to the whole community.

6. Recommendations

6.1 Recommendations for practice

- Investigate the best way to gather and share information regarding best practice so that it can benefit the greatest number of library authorities. If national guidelines were to be introduced, this would also be very important.

- Books on Prescription should be extended to include the whole country. National guidelines should be introduced to ensure a high quality service.

- Survey and assess the provision and effectiveness of self-help literature within the library, creating a more comprehensive list of useful resources in a variety of languages.

- Review panels for the choice of books should be instigated to evaluate and recommend books

- Considerations of service-user evaluation should be instigated when projects are implemented.

6.2 Recommendations for further research

- Examining the distribution of funding throughout the country would ascertain if bibliotherapy could eventually become an integral, fully funded service within authorities.

- Examining methods of collecting data about users of the schemes would ascertain the effectiveness of self-help and creative bibliotherapy on the people who utilise them. Ethics and confidentiality would need to be carefully considered within this research.

- A more comprehensive survey of the types of partnerships implemented would lead to creation of guidelines for good partnership working.

- Investigation into other inter-organisational relationships would provide information to contribute to the implementation of strong partnerships between libraries and health services.

- A collation of experiences and definitions is required, with a more wide-ranging survey to link the practices of bibliotherapy in the library with the academic literature supporting it.

- Devising a method for evaluating the effect of informal bibliotherapy would allow its impact to be studied more clearly.

- More research needs to be conducted on the type of literature that people use to improve their mood – with an emphasis placed on misery literature to establish its role in the community, and if it would assist people to discuss the issues within reading groups.
- An evaluation of how library users viewed mental health, and their views of the *Books on Prescription* scheme would contribute to the wider understanding of the impact of such schemes on the wider community.

Word count: 19,995.

Appendix One

Interview Schedule

Bibliotherapy

- What do you understand by the term 'bibliotherapy'?

- What do you think about bibliotherapy, as you've defined it?

- Do you think it's something that the library should be involved in?
  - Is it something that mental health teams or social workers should be involved with?
  - How can libraries be involved?

- What sorts of books are involved?

- What do you think people (patrons and/or staff) expect when involved in such a scheme?

- What difficulties have you had with such a scheme/ can you foresee with such a scheme?

- What do you think people (patrons and/or staff) get out of it, personally?

- Can you give an example of your involvement, either formally or informally with bibliotherapy?

Books on Prescription

- Can you tell me how Books on Prescription works in your area?

- How is the scheme funded?

- Where did the initial impetus for the scheme come from?

- Are you involved with mental health and medical partners in the scheme?
  - Can you tell me more about this?
  - Should it be a part of their role?

- How did you decide what books should be involved?

Reader development

- In what ways are you involved with reader development?

- Do you run a reading group in your library?

- Are you familiar with the genre of 'misery literature'?
 - What do you think of it?

Healthy communities

- Do you think that the library has a role in promoting healthy communities?

- Do you think that having schemes like this helps to reduce the stigma attached to mental health?

- Do you work with other voluntary organisations like Mind and the Samaritans?

- Does the library do anything else to promote good mental health and well-being?

- Do you think it encourages people who wouldn't normally come into the library to come in?

- Is there anything else that you want to mention about your work?

Appendix Two

Graphical Representations of categories of analysis
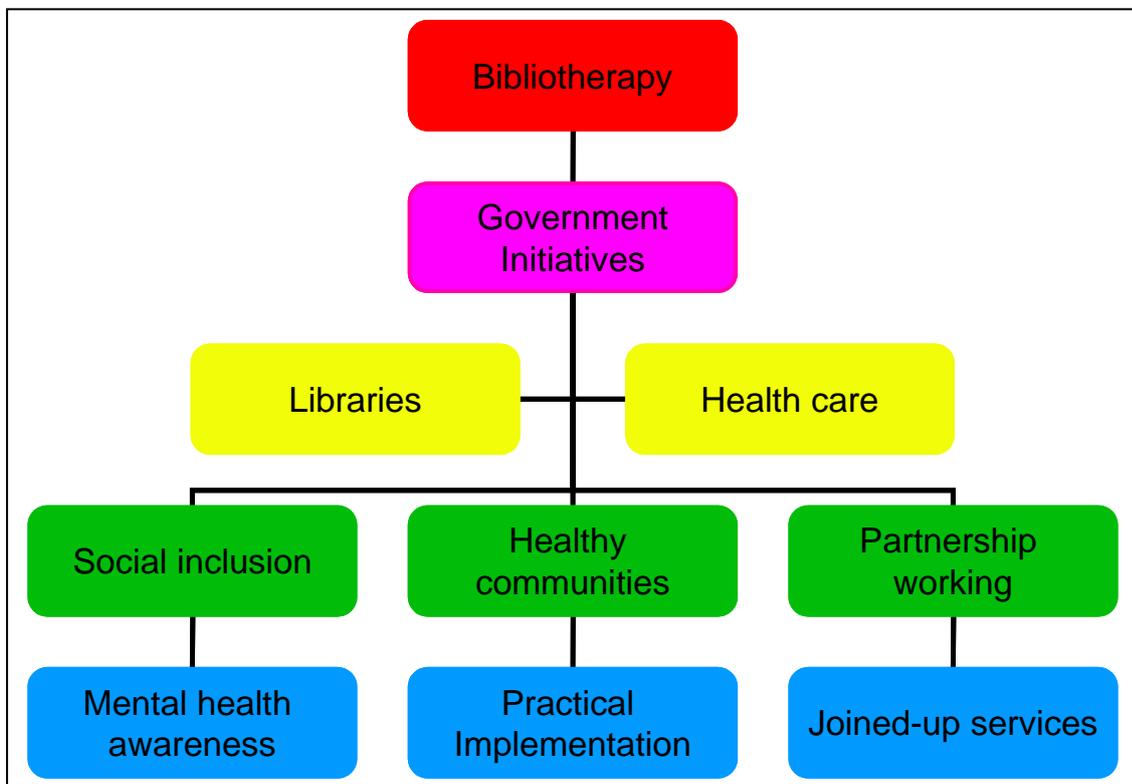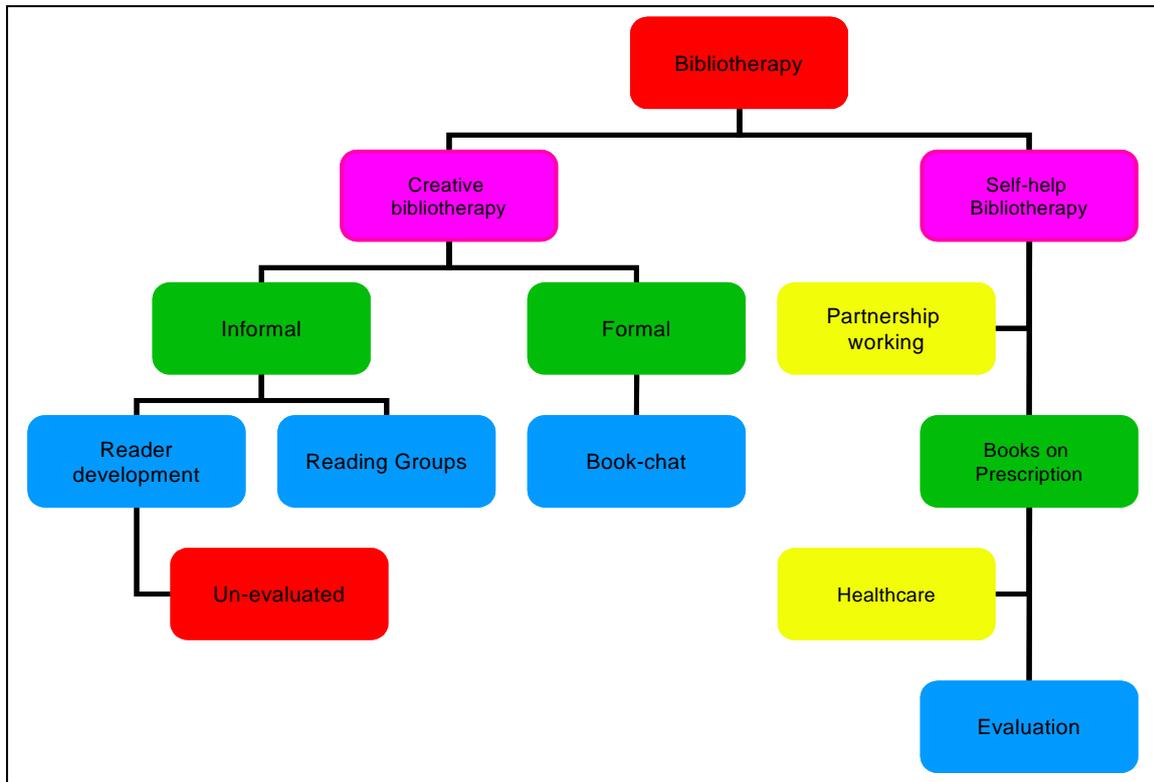
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