

BOOKS, MIND & WELLBEING

S. McLaine & E. Mackenzie

PRÉCIS

At different times, we all may find ourselves at different points between extremes of ‘high’ and ‘low’ on a scale of wellbeing, or extremes of ‘absent’ to ‘present’ on a scale of mental illness. This paper discusses how bibliotherapy supports people to improve their positions on these scales, through linking books to their life circumstances.

ABSTRACT

In its early forms, ‘bibliotherapy’ (defined as the use of literature to help people deal with psychological, social and emotional problems) used non-fiction literature in clinical settings to generate interaction between self-help books and a service user – but, through discussion, interaction can also be developed between the service user and psychologists or counsellors.

This paper aims to look beyond traditional use of bibliotherapy, centred on self-help books, and to focus on the therapeutic use of imaginative literature, especially fiction and poetry. This ‘creative bibliotherapy’ assists people to think about personal problems and various transitions experienced within their families and individual lives, through exploring how fictional characters related to similar situations in fictional narratives. Reading in this way develops empathy, for self and others, through helping us understand how other people feel.

Creative bibliotherapy is facilitated in read-aloud reading groups and is particularly beneficial to people who are vulnerable as a result of their situations, such as the homeless, the unemployed, new arrivals in Australia, residents in aged-care facilities and those experiencing mental health problems.

The benefits experienced over a three-year period by a group of participants, who have been homeless or at risk of being homeless, will be discussed. In this group, imaginative literature was read aloud by a trained facilitator, with group members also reading aloud if they wished. The text introduced by the facilitator provided the main structure and focus for group discussion which referred to many life situations; often assisting participants to change their beliefs and attitudes and often contributing to the development of a more integrated sense of self, with increased self-awareness and acceptance.

Delivered in this context, bibliotherapy has a broader potential than that of its traditional application. The focus is shifted to supporting good mental and emotional wellbeing through offering a link between books and the community.

1. INTRODUCTION

This paper will provide an overview of bibliotherapy and its application from ancient times to contemporary practice. Australian initiatives, following United Kingdom developments, will be outlined as will the place of bibliotherapy within the broader creative practices of arts therapies. Discussion will be included regarding bibliotherapy's potential to support good mental and emotional wellbeing through offering a link between books and the community, as demonstrated by its application within community settings. To date, studies of bibliotherapy using imaginative literature have focused on user experiences. Research investigating the practice of delivering such bibliotherapy, and training for it, has been lacking. Future research in this area will be discussed.

1.1. An overview of bibliotherapy

The word 'bibliotherapy' originates from the Greek words for book '*biblio*' and healing '*therapeia*'. The term was first used almost 100 years ago to describe a 'process in which specific literature, both fiction and non-fiction was prescribed as medicine for a variety of ailments' (Crothers 1916, p. 291). Bibliotherapy is used in a variety of contexts including: psychology, counselling, social work, education, corrections, libraries and general medical fields (Silverberg 2003). Depending on the context, bibliotherapy can have different definitions and employ various processes. Within the family therapy context, bibliotherapy is defined as an approach to help people 'deal with psychological problems and various transitions through the family and individual life cycles' (Pardeck 2006, p. 199). Within the education context, bibliotherapy has been defined 'as a process of dynamic interaction between the personality of the reader and literature—interaction which may be utilized for personality assessment, adjustment, and growth' (Russell & Shrodes 1950, p. 335).

Two central strands of bibliotherapy are identified: self-help and creative. Self-help bibliotherapy is the use of non-fiction literature to provide practical support as a positive strategy to deal with psychological issues, such as mild to moderate depression and anxiety (Brewster et al. 2012). The aim of self-help bibliotherapy is to provide recommendations of books to read relevant to the psychological issue being experienced. Two forms of self-help bibliotherapy are practised: guided and non-guided. Guided self-help bibliotherapy is used by health professionals, who advise clients to read a recommended cognitive behavioural therapy (CBT) book. A CBT book is often described as a 'self-help' book and can provide a range of techniques for changing thoughts, feelings and behaviours (Neenan & Palmer 2012, p. xvi). The client uses the recommended book as a form of psychological therapy, through reading then discussing with the health professional the ways in which the book has offered practical support for psychological problems. Non-guided self-help reading is an autonomous form of self-help bibliotherapy. Individuals independently read self-selected resources offering health and wellbeing information.

Creative bibliotherapy employs the use of imaginative literature. Oatley (1998, p. 70) defines reading and interpreting an [imaginative] text as a creative activity. This means the participant uses his or her imagination to create meaning. The main aim of creative bibliotherapy is to assist people to think about more creative ways to solve personal problems, through reading and discovering how fictional characters 'similar to themselves confronted problems and solved them' (Pardeck 2006, p. 199) within fictional narratives. This allows people to 'look at a problem, situation or state of mind in a more indirect way' (Hodge et al. 2007, p. 100). Two forms of creative bibliotherapy are typically practised: individual and group. Individual creative bibliotherapy involves reading imaginative literature to oneself for companionship, which may also involve reflecting and gaining insight into possible ways of dealing with problems. Group creative bibliotherapy involves literature being read aloud in a group by a trained facilitator, with group members joining in reading aloud if they wish, followed by discussion around meaning creation. In group bibliotherapy, a text introduced by the facilitator 'provides the main structure and focus for the group discussion' (Shechtman & Nir-Shfir 2008, p. 104).

Whichever form of reading is used in the bibliotherapeutic practice, as C.S. Lewis is often quoted as having said, 'We read to know we are not alone' (<<http://www.goodreads.com/quotes/305767-we-read-to-know-we-are-not-alone>>) in the human experience.

1.2. A brief history—from ancient times to contemporary application

Bibliotherapy can be traced back to ancient times when civilisations placed inscriptions over library entrances which, translated, stated that within the building was 'healing for the soul' (McDaniel 1956; Cornett & Cornett 1980). Since then bibliotherapy has developed in diverse settings. Americans Benjamin Rush and John Minson Galt II are acknowledged for early bibliotherapeutic work in the nineteenth century, through advocacy of bibliotherapy practice in asylums (Weimerskirch 1965). This was followed by reading becoming part of recreational programs in many mental hospitals worldwide. Towards the end of World War I, libraries and books become established in many convalescent hospitals (Peterson-Delaney 1938). From 1950 to 1970 there was a shift away from the hospital environment towards using fiction books in bibliotherapy for children in schools. Work with children was further developed by Pardeck (1994, 2006) through using books in family therapy as a tool to help children deal with problems.

More recently, 'creative bibliotherapy schemes began in the UK in 2000' (Brewster 2011, p. 33). Over the last thirteen years, two creative bibliotherapy models have emerged in the United Kingdom, using imaginative literature with therapeutic intent in community settings. In 2000, the Kirklees and Calderdale Library Services 'Reading and You' (RAYS) initiative began. In 2001, The Reader Organisation launched its flagship 'Get Into Reading' program (GIR). These UK creative bibliotherapy models contribute to a wellbeing-centred construction within mental health treatments as defined in recent UK health policies which include the 2011 'No Health Without Mental Health' strategy and the 2013 'Healthy Lives, Healthy People' strategy.

Oatley (1999, p. 102) suggests that 'fiction could have a wider place in modern psychology through the use of a method of 'reflection' with the 'criterion of recognition and insight'.

Using imaginative literature in this context, bibliotherapy has a broader potential than that of its traditional application. Drawing on oral traditions of sharing stories offers a link between books and the community, as imaginative literature is read aloud, contemplated and discussed. Collective imagination is developed and, by extension through conversation, experiences of self and others are reimagined. Reading in this way can assist readers to recognise themselves in, or otherwise relate to, a text and find insight through reflection.

2. THE DEVELOPMENT OF CREATIVE BIBLIOTHERAPY

An essay, by Blake Morrison, entitled 'The Reading Cure', published in *The Guardian* online in 2008, inspired hundreds of people around the world to look beyond the more traditional use of bibliotherapy. Morrison (2008) asserted 'that bibliotherapy works best using serious and imaginative literature rather than the self-help books' to support people to improve their mental health and wellbeing. In quintessence, Morrison was agreeing with the ideologies of what was at that time a still small UK local charity, The Reader Organisation (TRO). This charity grew out of the School of English at the University of Liverpool in 2001. Its founder and director, Jane Davis, has pioneered the use of 'serious and imaginative literature' in community settings through the organisation's principle program, entitled 'Get Into Reading' (GIR). In TRO's early beginnings Davis, as facilitator in her first literacy-focused GIR class, wasn't sure if the fourteen people who signed up could read, so she prepared to read aloud (McLaine 2010). The reading aloud focus has become '(t)he principle feature' (Dowrick et al. 2011) underpinning the GIR program. After reading Morrison's essay, many converts contacted TRO. Consequently, TRO grew from 50 weekly groups in the local Merseyside area, to 280 weekly groups nationally over the following two years. This led TRO to develop 'Read to Lead' (The Reader Organisation) training courses to train people to facilitate reading groups (Goldsmiths University of London).

In Australia, the use of books and reading in therapeutic ways has previously been approached from a traditional perspective, through health professionals recommending self-help books and brochures and, more recently, through online formats such as e-couch. The idea of using books therapeutically in other ways first reached many Australian readers when the Melbourne *Age* newspaper republished 'The Reading Cure' (Morrison, 2008). Sally Heath, the former editor of 'A2' in the *Age*, having rights to reproduce Guardian copy, chose to reprint 'The Reading Cure' on Saturday 29 March 2008. She expected Melbourne readers would be interested. When no one inquired about the GIR program, she thought she would see if she could get funding or interest from groups to set up a similar scheme in Melbourne. VicHealth agreed to fund half the cost of bringing UK trainers to Melbourne and the State Library of Victoria agreed to fund the other half and oversee the project.

In Melbourne, in March 2010, a UK team from TRO conducted the first course of its kind offered outside the UK. The training, based on GIR, was rebranded the 'Book Well Program' in Australia. Training was provided to twenty participants, on the understanding that each facilitator would commit to the eventual implementation of a pilot program, and would assist with evaluation of that program. The resulting report (State Library of Victoria, 2012) and recent UK studies (Hicks et al. 2006; Dyer 2007; Billington et al. 2010; Billington, J 2012; Billington et al. 2013; Brewster, 2011; Centre for Research into Reading, Information and

Linguistic Systems (CRILS) 2011) provide evidence that the use of creative bibliotherapy is delivering positive wellbeing outcomes.

3. THE BENEFITS OF BIBLIOTHERAPY FOR AN AT RISK COMMUNITY GROUP

An integral part of the Australian Book Well pilot program was to develop community partnerships with local organisations to deliver reading groups in community settings. In 2010, sixteen Book Well pilot groups took place across Victoria, one of which was at Prague House—a low-care residential facility of St Vincent’s hospital, whose residents have been homeless or are at risk of being homeless, and have a mental illness or alcohol-related brain injury. This weekly group was facilitated by Susan McLaine, who had coordinated the Melbourne training after attending a five-day ‘Read to Lead’ training program in the UK. The Prague House reading group members’ mental health issues included: schizophrenia, dementia, memory loss and intellectual disabilities. The benefits experienced over a three-year period by the Prague House reading group members will be discussed by Elizabeth Mackenzie, Prague House Lifestyle Program Coordinator.

3.1 Sharing words: resident response to bibliotherapy in a mental health setting.

As Lifestyle Program Coordinator I will speak from the perspective of reader response to the Book Well program at St Vincent's Prague House. Iser, (1974 p. 294) emphasises that actively involving readers in responding to what they have read in relation to their own experiences 'brings to the fore an element of our being of which we are not directly conscious ... and so discover what had previously seemed to elude our consciousness.' I begin with a photo.

Yes, it's time for the Reading group but no-one else is here! Little dog Algie began to surprise us by appearing and staying during our bibliotherapy sessions. This meant making his way up the stairs to the lounge room on the first floor, something he doesn't do as he has a permanently damaged leg. A favourite resident and volunteer were in the group, so that must have brought him there the first time he came. During the sessions, at times he appeared to listen intently to the story, along with everyone else.

On the day of this photo, as I walked by, I saw Algie arrive on time for the start of the week's session, but Susan had been delayed, and no-one was there yet. How did he know and remember what day and time it was?



Eventually everyone gathered at the new time, to find that the story Susan had selected was about psychic dogs! Something is going on here!

Indeed, something worthwhile is going on, amid a shared and focused energy apparent to staff and residents who pass the glass door that looks into the lounge room.

St Vincent's Prague House in Melbourne is the home of its forty-five men and women residents who have experienced homelessness or the risk of it, and who usually are experiencing chronic mental illness. Some have an alcohol-related acquired brain injury. Chronic social isolation is a characteristic of the residents due to mental health issues and to the stigma and marginalisation they have experienced. These conditions impose limited social contact and the lack of a choice about whether to be withdrawn or not. Cognitive impairment is a consequence of the impact of mental illness as well as of brain injury.

The Prague House Activities and Wellbeing program recognises the power of the arts therapies to engage people through the communicative and expressive aspects of the arts. This year, our Music and CD program won a national Better Practice Award. The program was cited as addressing social isolation by bringing joy and shared participation in creative activity, as well as building bridges to community. The Activities and Wellbeing program is strengths-based, client-centred and individualised. Personal interactions form the basis of relationships where trust is built. Signs of getting better, in relation to mental health, include: a shift in self-awareness; a change in social isolation; and a change in social dimensions. Individual and community wellbeing are reflections of each other.

3.2 The special characteristics of bibliotherapy at Prague House

- Inclusion and a sense of belonging: all residents are welcome. Brewed coffee and a biscuit are part of the welcoming atmosphere; the time at which the program could be offered at Prague House is also the time for morning tea, an unalterable ritual for residents.
- A sense of safety and growth are fostered through the therapeutic facilitation. The emphasis is on a shared experience of literature to meet and enjoy together. All responses are valued, as is each participant's presence in the session.
- There is an invitation to engage, to play with the particular experience of the literature. The short stories and the poems themselves come alive through being read aloud. The writer's voice is heard, her or his art is re-created. It then becomes the creative object to which we respond and return to, while listening to each other, finding our own truths. Winnicott (2005) writes of the therapeutic creative or 'play' space between individuals.
- Changes to the Book Well format have occurred to meet the responses of this particular group of readers: decisions were made to read the whole story without interruption, and without group members also reading aloud if they wished to take turns to read a section of the story.
- Dwelling appreciatively in the moment of present experience: the freshness and surprise of responses, words and the experience of the particular story or poem are savoured, tasted, turned in the mouth. The words eliciting a response are offered to be read again by the responding resident or the facilitator – and sometimes again – and again. The discussion alternates between reader/participant response and the words of the story or poem. This is a here-and-now focus that is a vital component of the program at Prague House. This 'participation and active co-creator role' held by Eagleton (2003, pp. 53–54) is the most relevant issue, regarding reader response in relation to bibliotherapy.

- Listening to the human voice, to the literature form, and to each other: the depth of listening is palpable in the alert, quiet focus of attention in the room. The story is read a little slower than usual. The reader's voice brings the writer's intent alive. The story unfolds, taking us on a journey, to somewhere we haven't been before. It surrounds the listeners. The listener can also be a reader: photocopies are distributed, offering participants a role and a choice to follow the written words along. The invitation to simply listen is also given. Hearing the expressive lilt – the prosody – of the human voice is essential to human brain development and the ability to relate. We speak to our pets also with prosody of tone; Algie the dog showed evidence of responding to the voice! In fact the whole history and development of languages and literature can be said to be founded on dialogic interchanges. Mikhail Bakhtin (Shmoop University) in his writings awakens us to the creative nature of dialogue in this way. We use the faculty of language to listen, and then use it to speak what is true for us, finding our own voice and creating language as we do.
- Poetry brings these gifts of word richly and symbolically. It is the poem that speaks to our inner listening, in ways that our everyday thoughts don't travel. It is a constant delight to share the participants' responses to the poem, which is read twice, the facilitator saying "I will read the poem again" after the first time, or the initial response. In fact the initial response is very often, "Well, I couldn't make head or tail of that!" followed by a statement that is remarkably, intuitively in touch with the poem after the second reading.

3.3 Meeting some reader responses

Maurice said, hearing the words of a poem: "I can't make any sense of that!" Maurice had recent exacerbation of his alcohol-related brain injury, to the extent that it was feared he had lost his ability to use language. He was struggling with words. Next, he said, "Something sinister must have been coming there. "I immediately saw that he was right – that the English poem gave a metaphoric image of impending war. Maurice's articulate and insightful contributions remained a feature of the sessions. When his increasing frailty meant a move to high care, he came to a final bibliotherapy session, where a story was chosen to allow participants to share warmly with him their appreciation of his contributions and the care and esteem in which they held him.

Walter, in his late seventies, had begun recently to write poetry, and said he couldn't live without it. He never wrote or spoke of his own experiences, and said little in the group. When he told his hard story in response to the one being read, in some of the sessions, our hearts were touched. After this, Walter said he had "moved on" from something he had been "stuck with," about his father.

Contact with 'reality' seems to be nourished in the reading group for Paul, who suffers from 'schizophrenia' and whose ideas tend to be fixed and judgemental. Paul has said on a number of occasions, particularly with classic stories, such as by Dickens—"But that's not real, is it? It's not real" in response to the fictitious plots. Paul attends faithfully, listens deeply, and says little. The reflective listening to-the-back-and-forth of the discussion has allowed him to test the ground of his convictions, as Mikhail Bakhtin maintains, '(w)e author ourselves in conversations with others' (Anderson 2012, p. 571). Paul responds to the poems by reading with depth of feeling the lines that he has chosen.

Sometimes this will be the whole poem. I could not have known of this depth of feeling without this program: could this be true for him as well? This reminds me also of the importance of the integrity of the 'person' of the group facilitator. Much depends on the respectful way in which facilitators bring their openness and skills to the group.

Colin, usually withdrawn and shy, and with an intellectual disability as well as mental health issues, has had the courage to make his way upstairs to the group. He makes a sudden movement and his head lifts. The story features a beach, and Colin's smile and expression glow as he speaks of a childhood beach he recalls. He continued to come to the sessions until he moved to a high care facility. Recently I visited that facility. A loud voice called my name across the rooms, and Colin and I met again, with the warmth of shared experience rekindled.

The reading sessions are now fortnightly. The listening and responding, and the sense of structure for exploration engendered by that the sessions has resulted in a new development at the request of one of the participants. Andrew, who contributes richly to the group despite the severity of his mental suffering at times, asked for a mental health discussion group at the same time on the alternate week. This is a challenging and rich extension of the dialogue; that play between us where the gift of sharing words is called upon to make sense of experience. To listen to some of our own stories.

In bringing the bibliotherapy program to Prague House, Susan McLaine also brought the values she shares with ours. In the program, these things flourish: Biblio (literature); Therapy (change fostered through therapeutic dialogue); and Community (growing together through shared experience). The program continues three years on, with the same engaging atmosphere.

4. BIBLIOTHERAPY & ART AS THERAPY

There are many forms of arts therapies, including dance, music, drama, art and poetry. The use of imaginative literature could be considered parallel to the creative practices of arts therapies which use emotive visuals, calming or motivating music, and contemplative poetry.

A broad definition of the framework underpinning arts therapies is offered by The Australian and New Zealand Arts Therapy Association (ANZATA).

Arts therapy uses creative processes, including art making, drama, and movement to improve and enhance physical, mental and emotional well-being. It is suitable for all ages and many life situations, and can be done with individuals or groups. Arts therapy works by accessing imagination and creativity, which can generate new models of living, and contribute towards the development of a more integrated sense of self, with increased self-awareness and acceptance.

(The Australian and New Zealand Arts Therapy Association)

The ANZATA definition allows for a wide range of activities, with a varying degree of emphasis on the separate characteristics within the mix of arts and therapy. This definition positions bibliotherapy within the broad theoretical framework supporting therapies using the arts.

Bibliotherapy is used with individuals and groups to help people of all ages 'deal with psychological problems and various transitions through the family and individual life cycles' (Pardeck 2006, p. 199) and, as such, supports many life situations. Slade (2010) asserts wellbeing can be maximised through developing a positive identity. Onken et al. (2007), in a review of recovery literature, support this notion in concluding that the 'healing process ... hinges on development of a positive self-identity'. Reading can change readers' beliefs and attitudes (Sheldrick-Ross, 1999) which may contribute towards the development of a more integrated sense of themselves, and increased self-awareness and acceptance.

Using arts therapeutically involves the notion of the 'savouring of beauty' (Seligman et al. 2009, p. 306) which can be found in the encounter with beautiful words. Quality fiction and poetry are the appropriate forms of text to read aloud—particularly the words of classic writers. But it is also true that, in the works of a number of our contemporaries, every word is considered and every line condensed and stripped bare so that the words within some short stories achieve the power of a good piece of poetry. 'This is where the effect of beauty contrasts with the strategies of therapy ... the encounter with a beautiful object, whether it be the song of a lark, the lines of a poem ... Beauty lifts people out of self-absorption and away from the self-conscious issues and problem-solving methods of therapy ... Generosity seems to be a natural response' (Farrington et al. 2012, p. 69).

5. BIBLIOTHERAPY SUPPORTING MENTAL HEALTH & WELLBEING

Research from the Australian Bureau of Statistics (AUSSTATS) has shown that one in five Australians aged 16–85 years had a mental disorder in 2007, and that almost half of these Australians will experience mental illness at some times in their lives. At different times, we all may find ourselves at different points between extremes of 'high' and 'low' on a scale of wellbeing, or extremes of 'absent' to 'present' on a scale of mental illness. However, nearly two-thirds of Australians experiencing mental illness have not used clinical based services to access help and support for their mental health problems (AUSSTATS). Thus, future challenges to support good mental health and wellbeing may not be met solely by medical interventions. Interventions of a social nature, in non-clinical community settings, may be necessary to support those not accessing conventional medical treatments or wishing to avoid any possible stigma from being in contact with conventional mental health services.

Mental health issues may affect the interaction between the person experiencing mental illness and their family, friends, colleagues and the wider community. There is evidence that this can cause isolation of those affected (AUSSTATS). Mental health is related to social isolation. For someone experiencing social isolation there is not a choice about being withdrawn; this is why support and facilitation are necessary in offering the experience to participate. Creative bibliotherapy, through facilitated reading groups, provides social insulation rather than social isolation. 'There's something beautifully soothing about being read to' (Freeman-Greene 2013) that creates the space that provides a sense of safety necessary for isolated people to take part in a group. Often, if one feels lonely and isolated, listening to prose and poetry read aloud can help to provide both an inner and outer companionship with the words, the images and then with others.

'The act of reading together a literary text not only harnesses the power of reading as a cognitive process: it acts as a powerful socially coalescing presence, allowing readers a sense of subjective and shared experience at the same time' (Hodge et al. 2007, p. 102). When the right words are read aloud they have the ability to engage an individual's imagination, whether reading is enjoyed or not. By accessing imagination, reading creates empathy for self and others. It is the resultant reflective conversation that is the key to positively influencing wellbeing. We underestimate the wellbeing to be found in face-to-face company and having a conversation. Creative bibliotherapy assists individuals to communicate in a more empathetic and accepting way, improving their life and their relationships with others, thus affecting the social outcomes of how they live as: individuals; schoolmates; neighbours; members of families; residents; friends; colleagues; and members of the community. It is the social interactiveness of bibliotherapy—reading aloud and sharing—that is the catalyst for wellbeing. Delivered in this context, bibliotherapy has a broader potential than that of its traditional application and can contribute to the evolution of healthier communities.

6. THE NEXT CHAPTER

McLaine established the Prague House reading group which is now sustained by Mackenzie and Prague House volunteers. A new group, with different challenges was needed to provide further knowledge and understanding regarding bibliotherapy practice and the theory behind how imaginative literature becomes therapeutic and how mental and emotional wellbeing can be enhanced by it. This led to the establishment of another reading group facilitated by McLaine, again in a St Vincent's facility but, this time, within the criminal justice area. This group takes place within a secure environment, and group members are dealing with a range of mental illnesses. Due to the nature of this service, and the ongoing therapeutic treatment of participants, this group is always supervised by a nationally-registered mental health professional, with formal, professional psychiatric and/or therapeutic qualifications. This reading group activity is used to complement ongoing formal treatment and is providing valuable experience for understanding the ways in which imaginative literature may be used with therapeutic intent. This will be the subject of a future article.

Alongside this, McLaine continues her studies in bibliotherapy as the recipient of a RMIT PhD scholarship. This research study takes a different approach on the subject of creative bibliotherapy from most studies, which usually explore the experience of bibliotherapy from the perspective of members of reading groups. The participants in McLaine's PhD study are the Australian participants who undertook the 2010 bibliotherapy training. McLaine is interested in the usefulness of the training model for them in an Australian context, and its effectiveness in preparing them to deliver the program now that they have had an opportunity to put their training into practice. The aim of this study is to establish how facilitators from non-clinical backgrounds can effectively deliver creative bibliotherapy in community settings to support general wellbeing of individuals and groups in society.

REFERENCES

- Anderson, H 2012, 'Peggy Penn in memorium: 1931–2012', *Journal of family and marital therapy*, vol. 38, no. 4, pp. 571–572.
- The Australian and New Zealand Arts Therapy Association, viewed 13 September 2013, <<http://www.anzata.org/>>.
- Australian Bureau of Statistics, viewed 12 September 2013, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30March%202009>>.
- Billington, J, Carroll, J, Davis, P, Healey, C & Kinderman, P 2013, 'A literature based intervention for older people living with dementia', *Perspectives in Public Health*, viewed 11 September 2013, <<http://rsh.sagepub.com/content/early2013/01/04/1757913912470052>>.
- Billington, J, Dowrick, C, Hamer, A, Robinson, J & Williams, C 2010, *An investigation into the therapeutic benefits in relation to depression and well-being*, University of Liverpool, Liverpool, viewed 12 September 2013, <http://www.liv.ac.uk/media/livacuk/instituteofpsychology/docs/web_version_therapeutic_benefits_of_reading_final_report_Mar.pdf>.
- Brewster, EA 2011, 'An investigation of experiences of reading for mental health and well-being and their relation to models of bibliotherapy', PhD thesis, University of Sheffield, Sheffield.
- Brewster, L, Sen, B & Cox, A 2012, 'Legitimising bibliotherapy: evidence-based discourses in healthcare', *Journal of Documentation*, vol. 68, no. 2, pp. 185–205.
- Centre for Research into Reading, Information and Linguistic Systems 2012, *A literature-based intervention for older people living with dementia*, University of Liverpool, Liverpool, viewed 11 September 2013, <http://www.merseyscare.nhs.uk/Library/Learning/Library_Service/reading_groups/A%20Literature-based%20Intervention%20for%20Older%20People%20Living%20with%20Dementia.pdf>.
- Cornett, C & Cornett, C 1980, *Bibliotherapy: the right book at the right time*, Phi Delta Kappa, Bloomington, IN.
- Crothers, SM 1916, 'A literary clinic', *Atlantic Monthly*, vol. 118, pp. 291–301.
- Department of Health (UK) and Public Health England 2013, 'Healthy Lives, Healthy People: a public health workforce strategy', Department of Health, London, viewed 6 October 2013, <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/204792/2900899_28781_Healthy_lives_v0.8.pdf>.)
- Department of Health (UK) 2011, 'No Health Without Mental Health', Department of Health, London, (viewed 6 October 2013, <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215811/dh_124057.pdf>.)
- Dowrick, C, Billington, J, Robinson, J, Hamer, A & Williams, C 2012, 'Get into Reading as an intervention for common mental health problems: exploring catalysts for change', *Medical Humanities*, vol. 38, pp. 15–20.

- Dyer L (report's commissioner), *Evaluation of the Reader in Residence Project, Mersey Care NHS Trust 2007–2008*, Service User Research and Evaluation (SURE) Merseyside, University of Liverpool, 2008. [accessed at <http://thereader.org.uk> on 3 May 2010].
- Eagleton, T 2003, *After theory*, Allen Lane/Penguin, London.
- E-couch, viewed 11 September 2013, <<https://ecouch.anu.edu.au>>.
- Farrington, G, Davis, P & Billington, J 2012 'From Sullen Earth', *The Reader Magazine*, Summer 2012, pp. 63–69, The Reader Organisation.
- Freeman-Greene, S, viewed 11 September 2013, <<http://www.theage.com.au/national/between-the-lines-20110313-1bssj.html#ixzz2gZ8dtnJD>>.
- Goldsmiths University of London, viewed 13 September 2013, <<http://www.gold.ac.uk/research-enterprise/impactstories/casestudypages/inspiringreadingastherapy/>>.
- Hicks, D 2006, 'An audit of bibliotherapy: books on prescription activity in England', (unpublished) prepared for Arts Council England and the Museums Libraries and Archives Council, United Kingdom, viewed 11 September 2013, <http://www.readingagency.org.uk?new-thinking-uploads/Bibliotherapy_prescription_report.pdf>.
- Hodge, S, Robinson, J & Davis, P 2007, 'Reading between the lines: the experiences of taking part in a community reading project', *Medical Humanities*, vol. 33, pp. 100–104.
- Iser, W 1974, *The implied reader: patterns of communication in prose fiction from Bunyan to Beckett*, Johns Hopkins University Press, Baltimore.
- Lewis, CS, viewed 13 September 2013, <<http://www.goodreads.com/quotes/305767-we-read-to-know-we-are-not-alone>>.
- McDaniel, WB 1956, 'Bibliotherapy – some historical and contemporary aspects', *ALA Bulletin*, vol. 50, pp. 584–589.
- McLaine, S 2010, 'The Book Well program', conference paper, ALIA Access 2010, Australian Library and Information Association.
- Morrison B, 'The reading cure', *Guardian*, UK, 5 January 2008, viewed 12 September 2013, <<http://www.guardian.co.uk/books/2008/jan/05/fiction.scienceandnature>>.
- Neenan, M & Palmer, S (eds) 2012, *Cognitive behavioural coaching in practice*, Routledge, East Sussex.
- Oatley, K 1998, 'Meeting of minds', in S Janssen & N van Dijk (eds) *The empirical study of literature and media*, Barjesteh van Waalwijk van Doorn & Co. Rotterdam, pp. 58–72.
- Oatley, K 1999, 'Why fiction may be twice as true as fact: fiction as cognitive and emotional simulation', *Review of General Psychology*, vol. 3, pp. 101–117.
- Onken, SJ, Craig, CM, Ridgway, P, Ralph, RO & Cook, JA 2007, 'An analysis of the definitions and elements of recovery: a review of the literature', *Psychiatric Rehabilitation Journal*, vol. 31, no. 1, pp. 9–22.

- Pardeck, JT 1994, 'Using literature to help adolescents cope with problems', *Adolescence*, vol. 29, no. 114, pp. 421–428.
- Pardeck, JT 2006, (2nd ed.), *Children's rights: policy and practice*, Haworth Press, New York.
- Peterson-Delaney, S 1938, 'The place of bibliotherapy in a hospital', *Library Journal*, vol. 63, pp. 305–308.
- The Reader Organisation 2010, 'Read to lead training', prepared for the State Library of Victoria, (unpublished).
- The Reader Organisation 2012, viewed 12 September 2013, <<http://thereader.org.uk/about-us/faqs/>>.
- Reading and You, viewed 13 September 2013, <<http://www.kirklees.gov.uk/community/libraries/bibliotherapy/bibliotherapy.shtml>>.
- Rubin, JA 2010 *Introduction to art therapy: sources & resources*, Taylor and Francis Group, New York.
- Russell, D & Shrodes, C 1950, 'Contributions of research in bibliotherapy to the language arts program I', *School Review*, vol. 58, pp. 335–342.
- Seligman, MEP, Randal, ME, Gillham, J, Reivich, K & Linkins, M 2009, 'Positive education: positive psychology and classroom intervention', *Oxford Review of Education*, vol. 58, no. 3, pp. 293–311.
- Shechtman, Z & Nir-Shfir, R 2008, 'The effect of affective bibliotherapy on clients' functioning in group therapy', *International Journal of Group Psychotherapy*, vol. 58, no. 1, pp. 103–117.
- Sheldrick Ross, C 1999, 'Finding without seeking: the information encounter in the context of reading for pleasure', *Information Processing and Management*, vol. 35, no. 6, pp. 783–799.
- Shmoop University 2008, 'Mikhail Bakhtin's quotes', viewed 26 October 2013, <<http://www.shmoop.com/bakhtin/quotes.html>>.
- Silverberg, L 2003, 'Bibliotherapy: the therapeutic use of didactic literary texts in treatment, diagnosis, prevention and training', *JAOA Special Communication*, vol. 103, no. 3, pp. 131–135.
- Slade, M 2010, Mental illness and well-being: the central importance of positive psychology and recovery approaches, *BMC Health Services Research*, vol. 26, no. 26, viewed 12 September 2013, <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835700/?tool=pubmed>>.
- State Library of Victoria, *Evaluation of the Book Well Program*, May 2012 (unpublished).
- Thompson, R 1993, 'When music becomes therapy', *Music therapy collection*, Alan Lem (ed), Ausdance, ACT.
- Weimerskirch, PJ 1965, 'Benjamin Rush and John Minson Galt II: pioneers of bibliotherapy in America', *Bulletin of the Medical Library Association*, vol. 53, no. 4, pp. 510–526.
- Winnicott, D.W 2005, *Playing and reality*, Routledge, Oxon.