Literary Reading as a Social Technology

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An Exploratory Study on Shared Reading Groups

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This chapter presents an exploratory study on "shared reading" groups in clinical populations as practised within the *Get into Reading* program. Methodologically, the study is grounded in extensive fieldwork using participatory observation and involvement, as well as qualitative interviews. From this ethnographic approach I studied "shared reading" as a material practice that motivates and constrains social interactions. Through observations of reading sessions with psychotic and affective patients in both mental health and community settings, I describe how this practice comes to function as a *social technology.*

For the past ten years, the Reader Organization in the UK has practised a particular form of reading called "shared reading" within its Get into Reading (GiR) program. The program was developed not just to get more people reading, but also to get people reading more, so as to enhance their personal engagement in the reading experience. This is done through participation in weekly reading groups lasting for ninety minutes during which a literary text – often a short story or an extract from a novel, followed by a poem – is read aloud while a trained "shared reading" facilitator encourages participants to share responses and engage in open-ended reflections. Although GiR was not developed for therapeutic purposes, shared reading groups have demonstrated a solid "best practice" record of accomplishment.

Over the years, the program has accumulated an impressive number of positive evaluations within mental health settings. In 2007 the National Health Service (NHS) shortlisted GiR as the most innovative practice in mental health. Locally, the organization has a formal relationship with the Mersey Care NHS trust. Just the sheer number of groups served by this program testifies to the success of GiR as a successful intervention – there are more than 330 weekly reading groups in the Liverpool area alone. Approximately one-third of those are within mental health settings or aimed at people suffering from mental health problems in the community. The practice of shared reading seems to be particularly well-suited for people

with mental health problems, as *in situ* reading allows for participation even in cases when reading and other demanding cognitive tasks have become inaccessible due to a reduced level of cognitive functioning whether as part of diagnosis or as an effect of medication (Robinson 2008). Preliminary research further suggests that shared reading represents a form of ecological remediation that strengthens the cognitive functioning level.

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A recent study (Dowrick et al. 2012, 16) identified the following three factors as relevant to the therapeutic effects of shared reading: (1) the literary form and content, (2) facilitation, and (3) group processes along with the impact of the environment. A typical shared reading session is a ninety-minute session with "re-cap" period of ten minutes, followed by a "prose reading and discussion" for fifty to sixty minutes. In the course of reading, pauses are made. The first is usually eight to ten minutes into the reading session, to allow time for discussions "usually starting with issues, characters or situations contained in the material just read and often progressing to personal reflection and the sharing of opinions and experiences" (2012, 15). After the first pause, the facilitator encourages participants to read aloud. Prose reading is followed by "poetry reading and discussion" for twenty to thirty minutes (2012, 16).

Concerning literary form and content, Dowrick and his colleagues found that fiction "appeared to foster relaxation and calm," while "poetry encouraged focused concentration" (2012, 17). They explain the distinction between prose and poetry as a difference between a *fictional* mode afforded by a "continuous temporal sequence" that suspends the unfolding of real time where the "future takes care of itself," and a *poetic* mode that is "more exacting regarding levels of concentration and mental effort" (2012, 17). Thus they found that the latter "elicited more verbal expression of thinking, intensity of focus on individual words and meanings and, interestingly in light of increased difficulty, inclusiveness" (2012, 17). The article shows that though they work differently, "both literary forms allowed participants to discover new, and rediscover old or forgotten, modes of thought, feeling and experience" (2012, 17).

When it comes to facilitation, the research team observed how the facilitator, who was positioned as an experienced "expressive reader," was crucial both in making the literature come alive in the room and in modelling the range of potential adequate and appropriate literary responses (2012, 18).

The third factor for therapeutic success pointed out by Dowrick and his co-authors relates to group processes. Linguistic analysis of conversational patterns revealed that participants would engage in "reflective mirroring of one another's thoughts and speech habits" expressed through "verbatim or

near-verbatim repetition of another participant's words" (2012, 18). The study documents that speakers also support one another through syntactic and prosodic mirroring. This is taken as a measurement of the social co-operation and confidence built within the group over time.

"Shared reading" presents an interesting case for researching the reading experience, for it cuts across traditional distinctions between pleasure and utility as well as between silent and expressive, and individual and social forms of reading. Such a case takes reading for pleasure seriously and lifts personal and non-expressed responses to the literary text into a collective setting of shared reflections. This occurs through *in situ* live reading, thereby expanding existing notions of what constitutes a reading experience and consequently challenging how to study it. I am as concerned here with the description of a new reading phenomenon as I am with methodological issues related to its study.

In Dowrick and colleagues' 2012 study, factors of relevance are isolated and analyzed as variables in relation to therapeutic change. Although it uses conventions from ethnographic and linguistic research methods, their design follows a traditional psychological intervention/effect model, with a focus on outcome measurements (i.e., on a depression scale). In contrast to this, I argue that an ethnographic approach to the study of "shared reading" allows for a stronger consideration of context, given that physical space and organizational structure are both important factors for the analysis of outcomes. More importantly, however, an exploratory qualitative study allows us to discern what I will here refer to as "unintended consequences," that is, outcomes that are non-stipulated by the design, in contrast to research agendas in which outcomes are identified by the design prior to the intervention. In the present case it was an objective to explore outcomes as they arose from the activity itself, although with the obvious aim of defining factors of relevance for future studies. To address those unintended consequences I established different kinds of groups to identify the importance of the following:

1. Setting and place: How does the actual physical place in which the reading group is conducted relate to outcomes? I had three different settings: a community setting, a clinical setting, and finally an acute care setting. In the latter case, I also explored the difference between open and secluded spaces.
2. Voluntary engagement: What is the role of voluntariness as it relates to outcome measures, in this case defined as engagement and pleasure of reading, and motivation to continue as an active reading group member?

Below, I report findings drawn from work with three groups set up within clinical mental health care settings. Then I turn to discuss results from work

with groups set up in external contexts. This will enable me to directly address the importance of setting and voluntariness respectively.

Mental Health Hospital Settings

From autumn 2011 to spring 2013, I conducted and collected data from three different shared reading groups in mental health hospitals. The intention was to investigate whether shared reading would constitute a meaningful activity for patients at mental health hospitals. Two groups were conducted at Aarhus University Hospital in Risskov, Denmark, in 2011 and 2012. Group A was conducted in an acute care ward for patients with psychosis. Data were collected through participatory observation over a period of twenty weeks, with the reading sessions suspended only over the Christmas holidays. The ward had a capacity for sixteen patients; of these, between two to five patients would participate in the reading group. As the primary investigator, I participated as the reading group facilitator. Reading group members were informed that I was a literary scholar from the University of Aarhus with an interest in exploring social forms of reading in different settings. The hospital librarian also participated as part of her training to become a shared reading group facilitator and took over the role of facilitator halfway through; this allowed me to participate as an "ordinary" reading group member. The purpose of bringing in outsiders was to clearly mark and set the activity aside from ordinary treatment, although all activities are viewed within a framework of therapeutic treatment. It was further decided that two occupational therapists would join the group in turns in order for the intervention to become an integrated part of the activities at large, and to assist the reading group facilitator in potentially difficult situations. The occupational therapists also helped select and motivate those patients who would benefit most from participation in the reading groups. The reading group was announced at morning gatherings.

At the end of the intervention, qualitative interviews were conducted with the two assisting occupational therapists, the head nurse (who had commissioned the intervention), the librarian, and a single patient. I had considered using audio-recordings so that I could transcribe the reading group sessions for the purpose of conducting a reader-response analysis of reading engagement, but with patients suffering with various forms of pyschosis, this proved impossible. Instead, I kept a detailed reading log.

Group B was conducted at a ward for patients with affective psychiatric disorders. It ran irregularly over a period of fifteen weeks in the spring of 2012. As with the other group, I participated as reading group facilitator, with one of the hospital librarians taking over halfway through. The group

had between two to five participants. Of these, one was a regular member; the others participated between one and three times. Staff did not participate. At the end of the intervention, the librarian was interviewed.

Group C was conducted over a period of ten weeks by one of the hospital librarians at a day hospital in Silkeborg, Denmark, for patients with affective disorders. It was offered as a voluntary supplementary activity to the existing range of treatments on the ward. Four to six patients participated every week, with a core group of three members. On some occasions the occupational therapist would sit in on the reading. With this group I did not conduct participatory observation; instead, at the conclusion of the session I interviewed the occupational therapist as well as the head nurse who had commissioned the intervention.

When setting up these three groups, I was concerned with the differences between reading practices of people with psychotic and affective psychiatric disorders; in particular, I looked at the terms of engagement and the kinds of responses to texts. Two important aspects were pointed out by the involved research partners, patients and staff alike.

The first aspect concerns the reading group as a "free space," with particular emphasis on the importance of the activity being voluntary and on the presence of a skilled reading group facilitator who does not have a therapeutic relationship with the patients, thus keeping the aesthetic purpose of the activity in sight. In this regard, the importance of an "outsider" acting as a reader-in-residence, who came for the reading only and had no impact on or role in treatment, was stressed repeatedly by staff and by reading group members as well. In this context, the strategies of "shared reading" function as a technology for interacting with co-readers and building a shared world.

The second aspect identifies the active participation of staff members as engaged readers and their conceptualization of the reading group activity as integral to the relational work in their therapeutic activities at large. Within this understanding, the reading group became a way of creating – in the words of the staff – "human" and "sane" relations not just between patients but also between patients and staff. Although these two findings may seem contradictory, when it is taken into account that we were looking at "unintended consequences," it makes sense that an intervention conceived of as a purely aesthetic activity may carry unintentional effects.

Literary and Literal Responses: Grounding Meaning and Enabling Social Interactions

Shared reading proved to function as a social technology enabling psychotic patients to enter into an intersubjective domain with the text and with other reading group participants. Following Rosenblatt's (1978) ideas on literature as a "lived-through experience" – ideas that posit that the transaction

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between a reader and a text enables a literary response (and demands a non-psychotic response) – patients were able to leave their conditions behind and enter a realm of shared human experiences through the practice of shared reading. Previous to the intervention, it had been a concern that psychotic patients would be too disassociative to follow a story that lasted for more than half an hour. In practice, I observed that on the contrary, literary reading delimits the range of potential responses and motivates even strongly hallucinating patients to respond adequately to the text, even if such a response, in the case of psychotic patients, is often a literal response rather than a literary one.

A Lived-Through Experience: The Embodiment of Reading

At times, it was a shared embodied experience that allowed for social coordination. To illustrate this I describe here the reading of the Norwegian writer Lars Saabye Christensen's short story "Gensynet" (The Reunion). The story is about a young daughter being reunited with her father. Much of the text consists of a detailed description of an airplane flight in severe weather during which the flight personnel and main characters experience great anxiety and fear. As we read this story in the reading group session I observed how all participants, staff and patients alike, were sighing and jumping in their chairs, swaying to one side and the other as the light airplane was buffeted by the storm. When the plane finally landed and the main character could touch firm ground, we all looked around at one another, smiling in relief. At the beginning of the reading, there were many pauses during which participants discussed the characters and their motivations, but as the intensity of the flight unfolded, there was an explicitly stated eagerness to stay within the embodied experience of the reading and follow it to its conclusion. The subsequent discussion evolved around our own experiences of airplane flights, and our anxieties and fears of death in similar situations.

The sighs and the movements as well as the memories and experiences of fear that were brought to the table were all adequate literary responses to the style, voice, and content of the text. The active shared engagement in the embodied experience of the text placed all participants, both staff and patients, on an equal footing, and in the subsequent discussion there were no substantial differences between the kinds of experiences and responses that staff members and patients brought to bear on the reading. The text encouraged a common set of human responses based on fear of flying and fear of death, and participants responded in kind at the affective and conceptual levels.

Another example of shared reading involved the response to Karen Blixen's story "The Ship-Boy's Tale." Halfway through this session, one patient

became clearly anxious in response to a situation suggestive of physical and mental abuse. This was an appropriate response as we all felt the suffocating fear of being held tight in the arms of the drunken sailor. Our responses led to reflections on the right to kill in self-defence and how to live with such a deed.

Very rarely did I observe psychotic participants responding in a disassociative or hallucinating manner. One female patient associated the concept of "milking" with her own breastfeeding, but even if the analogy was socially "out of place," the connection was still highly relevant. In fact it was much more often the case that participants would put pressure on a reading to become as literal as possible. When confronted with two possible readings, figurative and literal, psychotic participants in general opted for the literal. This was particularly evident with a female participant who when outside the reading group session experienced intense hallucinations, believing she was the creator of the universe. On one occasion she sat with a cup firmly placed on her head to prevent her brain from exploding; nevertheless, she insisted on the most concrete of all possible readings. In the post-reading session interviews, staff members explained that they know from experience that no matter how psychotic a patient is, a non-psychotic part of the person is always within reach. It is not always easy to access that part or to create space for its expression. Regarding the participant described above, reading was an activity that called for non-psychotic behaviour, and on the basis of this, a relation was built, on her own initiative. This included discussing literature and going to the hospital library, where she suddenly declared, "It's lovely being able to think like a normal person." The head nurse emphasized in the post-session interview the importance of the reading sessions in establishing a relationship with this particular patient in that they facilitated a conversation about "how to live a life with a strongly psychotic patient." Reading as an activity had been fundamental to the patient's conceptualization of her own recovery process. It represented a plan, something to go on with, perhaps in a more formal way an education, once she returned home.

The reading group thus seemed to encourage what staff members referred to as "sane" expressions. Therefore, despite the fact that a literal response is seldom an adequate literary response, and regardless that concrete thinking constitutes a symptom of cognitive inflexibility in schizophrenia, and as such represents an "unhealthy" response, in the reading group the concreteness functioned as an effort to ground meaning and to respond adequately.

For other psychotic patients the reading group was simply an occasion to sit down, to focus on something other than their condition. One participant who could not otherwise sit still for two minutes at a time sat through the whole session, saying nothing but listening and concentrating. The value

of such an experience is articulated by an occupational therapist: "When you think about how miserable some of them were, how invalidated by hearing voices, just sitting quietly is quite an accomplishment."

Social Coordination outside of the Reading Experience

Previous to the intervention there had been concerns about the social aspect of shared reading. As a result of their mental illness, patients with psychosis often find social interactions difficult and therefore withdraw from the social milieu, which leads to isolation. Would such people be able to participate in a shared reading session? In general, there was a tendency for psychotic participants to interact primarily with the text and with the reading group facilitator. Responses were thus most often individual responses to the text, and less frequently responses to other participants. However, we did find that moving stories such as "Gensynet," where all participants shared the same embodied fear of flying, and "A Ship-Boy's Tale," enabled social interactions. When one patient became visibly frightened during the reading of "A Ship-Boy's Tale," a second adopted the role of protector with comments such as "don't be afraid, it's just a story" and exhibited an almost parental guidance throughout the reading of the text: "that's life, nothing we can do about it," "nothing to worry about," "it will be over soon, then everything will be all right." An occupational therapist expressed the effect of the shared experience in the following way: "It has often been intense, because you feel that the patients are engaged, we are all engaged, and that creates a pleasant experience and atmosphere in the reading group."

In post-intervention interviews it was mentioned that participation had many times led to social interactions outside the sessions. One staff member observed that patients who "could not stand one another," were able to sit side by side without provoking one another during reading. She also noted that patients who had participated in a shared reading session would suddenly contact one another to start a conversation in the sitting room area, or play a game together. Some would approach her wanting to discuss the story again, or talk over stories they had read before. She explained, "When it spreads like that, like rings in water, I find it truly fascinating, then it suddenly becomes completely different than just medication, medication, and we are the bad guys, then it becomes such a good and positive thing."

There was as described in the above section a real sharing of the literary experience and, perhaps most importantly, a shared non-psychotic experience that enabled participants to build relations and engage in social interactions. Also, the very act of participating in a social situation, sitting around a table with coffee, cake, and conversation, constituted an important aspect of the reading group. As such the shared reading group can also be seen,

according to the head nurse, as an activity that supports the general training of social skills and thus fits well with the concept of cognitive milieu therapy, albeit in a more ecological form that explores already existing cultural practices.

Community and Clinical Settings

As mentioned above, in order to amplify the scope of my exploratory design addressing setting and motivation, two additional groups were formed. The first of these was recruited in the spring of 2012 through the local newspaper. The advertisement was targeted at older people, defined here as fifty-eight and older, who had a history of suffering from depression. It was stressed that the study was about "reading for pleasure." The group was commissioned by a joint project between the Danish Reading Society (*Læseforeningen*) and *Ensomme Gamles Værn*, an organization working to improve the lives of disadvantaged elderly people, with me acting in the dual roles of reading group facilitator and researcher. I informed participants that the primary aim was to conduct a number of shared reading groups for different target groups of elderly people in order to explore the benefits of participation. I also informed them that as a literary scholar I had a particular interest in exploring social reading in different settings.

The group met at a seniors' centre. The hope was to recruit others who were using the centre for other recreational purposes. But contrary to expectations, the group was formed solely on the basis of responses to the advertisement. Typically, three to five participants attended; there were three core members and three others who were more loosely involved. All participants were women between the ages of fifty-seven and sixty-three. At the first meeting, the participants discussed the peculiarity of being recruited based on their mental illness diagnoses for a study on "reading for pleasure." The general opinion was that it felt safe to know that other members had an insight into the kinds of vulnerability associated with mental illness, but apart from that, the shared medical condition itself was not an issue that would arise during the readings; what *did* arise was its existential counterparts such as loneliness, isolation, and a longing to share.

While recruiting this community group, I worked with two psychologists to set up another shared reading group for explicit research purposes. The aim was to explore the extent to which shared reading could and would function as an ecological form of cognitive remediation in depressive patients in remission, for many depressive patients suffer from memory loss and poor concentration. Most participants were recruited through an ongoing research project on meta-cognition in depressive patients, and some through

a webpage in which participants were informed about the aim of the study. Our hypothesis was that shared reading would increase the level of cognitive functioning. This hypothesis was shared with all potential participants on the webpage and in an information leaflet. All potential participants, excluding those with bipolar and psychotic diseases, underwent a diagnostic interview, were scored for levels of depression (i.e., Hamilton scale), and took a neurocognitive test consisting of a battery targeting working memory, attention span, and executive functions. After testing, twelve participants that met our inclusion criteria were selected for the shared reading group activity. I participated as reading group facilitator and investigator into social forms of reading. Each participant filled out a questionnaire to inform us about reading habits and forms of reading prior to the intervention. Also, a Likert scale was used to assert motivations and outcomes for each session. The sessions were audio- and video-recorded for subsequent analysis of reading responses and kinds of engagement.

It soon became apparent that recruitment and framing of the activity were important factors for social functioning and engagement in the reading groups. The community group recruited for "reading for pleasure" soon started to function as a group (after the third session), despite initial failures to integrate a vulnerable member, and continued as a group after the intervention period of ten weeks. In contrast, the clinical group recruited for research purposes outside of the reading experience itself (i.e., a study of concentration, attention, and memory) never managed to function as a group. Furthermore, in this group I experienced the greatest difficulties with motivation and engagement among participants. Some came irregularly, others tended to be absent-minded even when physically present. The general attitude was that of pupils in class trying to concentrate on what the teacher is saying, knowing that they ought to, but unable really to focus. Clearly this was an effect not of diagnosis (the community group shared the same clinical condition), but of setting. The fact that they were there because of a lack (of concentration or attention) and a perceived need and wish to regain former levels of cognitive functioning, and the fact that I was there to provide it, created an atmosphere of inequality, but also of demands, of unfulfilled hopes and expectations. Moreover, perhaps most importantly, those goals motivating their participation were at best derivative of the reading experience. A few participants – all of whom were already engaged readers (as stipulated in the questionnaire) – tried to pressure others for a different attitude, and although we had moments of real engagement, they were infrequent and I did not manage to mitigate my role as someone there to provide treatment.

In contrast, in the community group, which was conducted for the plea-sure of the reading experience in itself, participants were highly motivated, and members would not miss a single session (in fact, they scheduled their vacations and other activities around it). Participants stayed attuned and attentive throughout the entire session, admitting that at times they had to go home and sleep afterwards because the experience was so intense. They never expressed frustration concerning the facilitation of the group or of the texts; rather, they were grateful that such an activity existed, free and for them.

Concerning neurocognitive outcomes, there is no way to compare the two groups, for my only source of data from the community group was my reading log based on observation, whereas data for the research group were collected and recorded both prior to and after the intervention. In the research group, there were statistically insignificant effects (due to the small sample size) on all neurocognitive measures. Those in the community group would spontaneously address their increased level of cognitive functioning through self-perception. They all admitted to having periods of difficulty reading due to depression; this is why the reading-aloud model suited them so well. However, during the period of the intervention, participants discov-ered that reading aloud encouraged sustained attention and concentration, and as a result, several members of the group took up this practice at home, either alone or with a partner.

Main outcomes in the community setting related to the social function-ing of the group, high levels of commitment to and engagement with the reading activity, and (self-reported) renewed ability to read at home. In the research group, the main outcomes were in the neurocognitive domain, with hardly any related to social functioning and engagement in the experience. That neurocognitive effects are achieved even when social effects are lacking suggests that reading generally boosts cognitive functioning.

Sharing Minds and Embodied Experiences

Shared reading became a social tool for creating and entering a shared expe-riential world in the community setting. To illustrate this with data from my research, below I provide the text of "Bekjendelser" ("Confessions") by B.S. Ingemanns, followed by two excerpts from my research diary on my obser-vations regarding the reading group members' responses to our reading of this poem.

B. S. Ingemanns "Bekjendelser" ("Confessions")
La bienséance est la moindre de toutes les loix & la plus svivie.
(Rochefoucauld)

I'm often glad, although I feel like weeping;
For no heart shares the joy in my sole keeping.
I'm often sorrowful, though laugh with glee,
So no one all my frightened tears may see.

I often love, although I feel like sighing;
For my heart needs be mute and hid from prying.
I'm often angry, though must wear a smile;
For those who anger are but fools that rile.

I often burn, yet in such heat I shiver;
The world's embrace is like an ice-cold river,
I'm often cold, yet sweat stands on my brow;
For many tasks lack love it seems somehow.

I often speak, though would refrain from prating,
Where mindeless words for thought need not be waiting.
I'm often dumb, and would to ease my breast
Have thund'rous voice when it is most oppressed.

Oh! You alone who can my joy be sharing,
You at whose bosom I can weep uncaring,
Oh! dearest, if you knew me, loved me true,
I could be always as I am – with you.

I pause. Inga nods, she recognizes that feeling of being alone among other people. Susanne says: "Yes, that is how it is; in the reading group my inner life becomes shared reality, here I don't feel alone. I often walk around in the world feeling isolated, in my own dimension, because I don't work any longer and I'm not busy as other people. And the things I think about would like to talk about and don't discuss those with other people but here I do."

In the course of reading Susanne had taken her shoes off and lifted and folded her legs in the chair. While she was talking, I observed Inga suddenly taking off her shoes placing her bare feet on the edge of the chair. Without a word but with her body language mirroring Susanne's she was bodily expressing her agreement of the reading. Till that point this particular reader had been a very hesitant member of the group, voicing her doubts about whether she really belonged to it or not, now she embodied it.

> (Excerpts from Researcher's Reading Log, community group)

The scene above highlights two important ways in which shared reading becomes a social technology through the synchronized embodied

experiences of reading. The first concerns the way in which both Inga and Susanne by way of reading express lived experiences of their emotional life, in this case loneliness and belonging respectively. The second concerns the way in which sharing such newly rediscovered feelings becomes a technology for shaping emotional life itself. There seems to be a loop connecting embodied qualities and lived experience of the text, to the expression of those who are sharing, which in turn leads to a modulation of initial feelings. The feeling resonating with Inga was loneliness, as expressed in the first stanza of the poem, whereas the feeling resonating with Susanne was belonging, as expressed in the last stanza of the poem. Susanne expressed those feelings, and in that expression associated the reading group and its members with the potential other of the poem with whom the heart can be shared. Inga visibly embodied the feeling of belonging to the group, of being a member, thus modifying her initially expressed feeling of loneliness or isolation. Sharing itself became a technology in the group for modulating subjective feelings and sensations.

Although we hardly ever discussed the fact that all reading group members shared a diagnosis of depression, on a single occasion one reading group member facilitated a larger group discussion about depression when she responded to her reading of Danish author Hans Otto Jørgensen's "Jens Thorstensen," a story of an immaculate conception. The protagonist Jens Thorstensen is carrying a child and experiences overwhelming isolation and loneliness as he realizes that this is something that cannot be shared with anybody, not even his wife. One member of the reading group responded, "That is how it feels being depressed, no one can see it, you're all alone with this feeling inside of you, feeling ashamed and wanting to hide it." The others immediately jumped in with recognition and agreement. At the time, no further elaboration of this initial response was made, but there was a visible relief and relaxation, leading to an elevated atmosphere of joy during the remainder of the session. Then, when meeting the next time, group members engaged in a prolonged discussion prior to reading about their experiences of isolation and stigmatization as a result of depression.

Conclusion

The main outcomes I have identified are paradoxical, as the potential therapeutic effects related to social functioning and emotional well-being can only be achieved when the reading group intervention is not perceived as a therapeutic but rather as an aesthetic activity based on reading, and sharing responses. This implies that even when reading activities that take place at an acute care ward for mental health in hospitals form part of treatment, the

reading groups can only support positive outcomes when they are carried out for aesthetic rather than clinical or therapeutic purposes. There is also evidence that positive neurocognitive effects on concentration, attention, and memory are also realized even when positive effects on social and emotional well-being are not apparent. Contrary to expectations, diagnosis did not have an effect on outcomes in terms of social functioning and emotional well-being. What *did* have an effect was the setting, including the formal organizational frame into which the activity was built, how well integrated it was into the general conception of relational work within a frame of milieu-therapy, and how well the distinct aesthetic purpose was kept in sight during the reading sessions. In the case of the acute in-ward section, this purpose was achieved by a professional reader-in-residence, and in the case of the community setting, by insisting on "reading for pleasure."

In this chapter my aim has been twofold: to conceptualize dimensions of the shared reading experience, and to describe specific affordances of particular kinds of material and cultural practices, in this case "shared reading." Through this approach, I have provided a methodology for studying the reading experience, one that includes both its qualitative dimensions and its reflective processes, as well as the cultural practice of reading. When researching the reading experience – in this particular case, its potential mental health benefits – it is essential to understand reading not as a uniform activity (e.g., decoding of meaning as in the formalist tradition) but rather as a practice that can be cultivated in various ways, each of which has certain affordances. I have argued that "shared reading" as a social technology facilitates co-construction of an intersubjective reality. For the potential application of research on reading, whether it be directed at mental health or other interventions, I have argued for the need not to just isolate factors but also to describe the processes and mechanisms involved as well as the qualitative dimensions of the reading experience.

References

Blixen, Karen. 1942. "Skibsdrengens fortælling [A Ship-Boy's Tale]. In *Vinter-Eventyr* [*Winter Tales*]." København: Forlaget Gyldendal.

Christensen, Lars Saabye. 2005. "Gensynet [The Reunion]." In *Oscar Wildes Elevator*. København: Athene.

Dowrick, Christopher, Josie Billington, Jude Robinson, Andrew Hamer, and Clare Williams. 2012. "Get Into Reading as an Intervention for Common Mental Health Problems: Exploring Catalysts for Change." *Medical Humanities* 38(1): 15–20.

Ingemann, B.S. 2010. "Bekjendelser" [Confessions]. English translation by John Irons, "Another poem set to music by Carl Nielsen, by the Danish 19th century poet and hymn-writer B.S. Ingemann" (blog). http://johnirons.blogspot.dk/2010/04/another-poem-set-to-music-by-carl.html

Jørgensen, Hans Otto. 2010. "Jens Thorstensens andet liv" [The Other Life of Jens Thorstensens]. In *Kort fortalt: danske noveller 2000-2010* [*Shortly Told: Danish Short Stories*], edited by Nanna Mogensen and Klaus Rothstein. København: Tiderne skifter.

Rosenblatt, Louise M. 1978. *The Reader, the Text, the Poem*: *The Transactional Theory of the Literary Work*. Carbondale: Southern Illinois University Press.

Sikora, Shelley, Don Kuiken, and David S. Miall. 2011. "Expressive Reading: A Phenomenological Study of Readers' Experience of Coleridge's 'The Rime of the Ancient Mariner.'" *Psychology of Aesthetics, Creativity, and the Arts* 5(3): 258–68.