

The art of medicine

Books do furnish a mind: the art and science of bibliotherapy

"...apt words have pow'r to swage
The tumors of a troubl'd mind"

John Milton, *Samson Agonistes* (1671)

Coined by the American essayist and minister, Samuel McChord Crothers, in a 1916 essay entitled "A Literary Clinic", the term "bibliotherapy" is 100 years old this year. Crothers' essay takes the form of a light-hearted interview with a fictional friend—a minister-cum-bibliotherapist called Bagster, who has recently converted his vestry into a "Bibliopathic Institute" for "Tired Business Men", from where he dispenses his carefully selected literary prescriptions. Happily, he manages to score more hits than misses, covering a wide range of ills, from depression to unemployment.

Crothers gently pokes fun at the very idea of matching a book to a particular patient or ailment—who after all could be sure that Thomas Carlyle could cure apathy, or George Bernard Shaw would be better for "morbid conditions" than "turpentine" and "Spanish flies"? But Bagster is more thoughtful than this. He ponders over texts. He asks what their "therapeutic value" might be for each individual case. Will they have "the nature of a soothing syrup" or that of "a mustard plaster"? And at the same time, Crothers satirises the 20th century's glut of emerging alternative therapies, such as homeopathy and naturopathy.

But humankind's awareness of the therapeutic value of words dates back at least to the second millennium BC. According to the Greek historian, Diodorus Siculus, the entrance to the sacred library of Pharaoh Rameses II bore the inscription "Healing-place of the soul". The great Renaissance essayist Michel de Montaigne argued that there were three possible cures for that most terrible of mental afflictions, loneliness: to have a lover, to have friends, and to read books. The problem with love affairs, he complained, is that sexual pleasure is fleeting and betrayal all too common. Friendship (and he did not deny that a lover could also be a friend) is much better, but it is ended by death. Montaigne was deeply afflicted by the death from plague of his friend, Etienne de la Boétie. He concluded that the only therapy that endures through life—so long as we have our mental capacities and our sight, or someone to read to us—is the companionship of books. Our relationship with the authors whose works we know and love creates a bridge between the living and the dead.

A history of bibliotherapy would tell of how in the 18th century Samuel Johnson, who coined the term "black dog" for the depression that beset him, argued that the only reason to write was to enable readers "better to enjoy life

or better to endure it". And of how in the 19th century, the philosopher John Stuart Mill claimed in his autobiography that reading William Wordsworth's poetry cured him of his depression and that because he returned to Wordsworth again and again his subsequent bouts of mental illness were never so severe.

Such a history might also consider the power of negative evidence. That is to say, arguments that books can be harmful are by their nature premised on the assumption that reading alters mental states and influences behaviour. The rise of the novel in the 18th century was viewed with alarm by some physicians as well as moralists because it was thought that young women would become hysterical under the influence of Gothic fantasies, such as the romances of Ann Radcliffe, and novels of swooning "sensibility" in the vein of Jean-Jacques Rousseau's *La Nouvelle Héloïse*. Jane Austen had great fun parodying these anxieties in *Northanger Abbey* and *Sense and Sensibility*.

In ancient Greece, Plato had proposed in all seriousness that one of the reasons why poets should be banished from the ideal republic was that they stirred up unhealthy emotions. The proliferation of murder, rape, and incest in Greek tragedy was not good for society, he claimed. Aristotle replied in his *Poetics* to the effect that, on the contrary, poetry and drama play out dangerous emotions and dark desires within the safe space of fiction. The process is not inflammatory but therapeutic, effecting a purgation of unhealthy emotions. Aristotle's term for this, which he also applied to the therapeutic power of music, came from Greek medical discourse: catharsis. Sigmund Freud, of course, appropriated this term into psychoanalysis. He cheerfully admitted that both the theory and the practice of the "talking cure" were deeply influenced by classic literature—especially the Greeks and William Shakespeare—in which he was so well versed.

The "talking cure", however, was preceded by the "reading cure". In the 19th century, publishers produced numerous poetic anthologies and "daybooks", specifically marketed to help Victorians to pace and steady themselves in an increasingly busy world. Reading was also a key element of the so-called "moral management" of more enlightened Victorian lunatic asylums, such as the one in Northampton where the poet John Clare spent the last 23 years of his life. As the educationalists Claudia and Charles Cornett note, by the early 20th century, libraries and librarians were increasingly fundamental to the provision of care in many psychiatric hospitals, serving the patients as "intellectual and emotional pharmacies, stocked with a wide range of 'remedies'". Such libraries became central to army hospitals, too, particularly during World War 1. An Oxford University

don, H F Brett-Smith, who had been exempted from military service on medical grounds, was tasked by the British Army with drawing up a "Fever-Chart" ranking the most "salubrious reading for the wounded". Jane Austen came top. Rudyard Kipling might have been recollecting Brett-Smith's work when, in the early 1920s, he wrote his wonderful short story "The Janeites", in which a hairdresser called Humberstall, invalided out of the artillery on the Western Front, deals with his shellshock by re-reading the Austen novels that he had shared with his fellow soldiers.

This rich heritage has been the inspiration for ReLit, a newly formed Bibliotherapy Foundation. A charitable enterprise launched this year, ReLit is dedicated to the therapeutic value of mindful reading. The underlying proposition is that attentive immersion in great literature can help relieve, restore, and reinvigorate the troubled mind—and can play a part in alleviating stress and anxiety, as well as other conditions. The ability of the written word to comfort and console is known to anyone who has ever turned to literature at times of distress and grief. And more often than not, the particular form that brings solace is poetry: language in its most condensed, portable—and memorable—form. It's far more practical—and realistic—to recommend a short piece of poetry (or an anthology of such short pieces) than a lengthy Victorian novel such as *Middlemarch*. Of course, poetry can at times confuse, irritate, and alienate—but across cultures and across time, it remains one of the most potent and durable means of tending the wounded soul. With this in mind, ReLit has published *Stressed, Unstressed: Classic Poems to Ease the Mind*, a poetry anthology with guided reading techniques. The charity's founder, the author Paula Byrne, hopes the poetry anthology might become the Gideon Bible of poetry, placed not in hotels but in the waiting rooms of hospitals and primary care surgeries, hospices, prisons—anywhere where people find themselves waiting, wondering, and feeling stressed or anxious. The charity has also created an open online course, developed in conjunction with the University of Warwick, and delivered freely on the FutureLearn platform under the title Literature and Mental Health: Reading for Wellbeing.

The century since Crothers's "Literary Clinic" has seen the emergence of a promising body of research in favour of the benefits of reading. As Sarah Jack and Kevin Ronan noted, the discipline of bibliotherapy "must continue to strive toward more systematic research and evaluation", negotiating its way between the "considerable diversity in methodologies used across studies", the range of literature under examination ("imaginative versus didactic"), and the particular characteristics of the patients themselves. Such work has begun, but, as is noted in a review by Julie Latchem and Janette Greenhalgh, the role of reading in wellbeing is an under-researched area and although there are "encouraging results of positive effects", "the results should be viewed with caution due to the lack of randomisation, the small numbers



US Navy sailors in sickbay, 1945

Hulton Archive/Getty Images

of participants involved, and the limited and heterogeneous evidence base".

We may never be able to capture the kind of hard data the scientists hunger for—but the testimony of centuries of readers speaks volumes for those who care to listen. In the end, one of bibliotherapy's strongest cards is the personal narrative of those who have found that reading has made a difference to them—from Charles Dickens's 1850 fictional alter-ego, David Copperfield, sitting on his bed in his tiny attic room, "reading as if for life", to Rachel Kelly's recent account of the restorative powers of poetry. In her 2014 memoir, *Black Rainbow*, Kelly describes the effect on her of learning and repeating lines from George Herbert's poem "The Flower": "In those moments of the day when I held hands with Herbert, the depression couldn't find me. It felt as though the poet was embracing me from across the centuries, wrapping me in a cocoon of stillness and calm."

Of course ReLit needs to, and will, pursue numbers as well as narratives, measuring the evidence. But in doing so one must be wary of falling into a mode of sub-Bagsterism. The individual nature of each person will mean that we could never, and would never wish to, match poems to pathologies. We cannot create the bibliotherapeutic equivalent of the *British National Formulary* or the *Drug Information Handbook*. The most potent—and most moving and convincing—source of evidence will, ultimately, be the personal memoir or manifesto. Indeed, such testimony might just be the perfect example of "personalised medicine".

*Jonathan Bate, Andrew Schuman

Worcester College, University of Oxford, Oxford OX1 2HB, UK (JB); and Dr Kenyon and Partners, Oxford OX1 2NA, UK (AS) provost@worc.ox.ac.uk

JB and AS are the pro bono literary and medical consultants to ReLit: The Bibliotherapy Foundation.

For Literature and Mental Health: Reading for Wellbeing see <https://www.futurelearn.com/courses/literature>

Further reading

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