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IMPORTANCE OF READING HABITS FOR MENTAL HEALTH

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Abstracts:

There is increasing evidence for the efficacy of non-medical strategies to improve mental health and well-being. Get into Reading is a shared reading intervention which has demonstrable acceptability and feasibility. This paper explores potential catalysts for change resulting from Get into Reading. Two weekly reading groups ran for 12 months, in a GP surgery and a mental health drop-in center, for people with a GP diagnosis of depression and a validated severity measure. Data collection included quantitative measures at the outset and end of the study, digital recording of sessions, observation and reflective diaries. Qualitative data were analysed thematically and critically compared with digital recordings. The evidence suggested a reduction in depressive symptoms for Get into Reading group participants. Three potential catalysts for change were identified: literary form and content, including the balance between prose and poetry; group facilitation, including social awareness and communicative skills; and group processes, including reflective and syntactic mirroring. This study has generated hypotheses about potential change processes of Get into Reading groups. Evidence of clinical efficacy was limited by small sample size, participant attrition and lack of controls. The focus on depression limited the generalisability of findings to other clinical groups or in non-clinical settings. Further research is needed, including assessment of the social and economic impact and substantial trials of the clinical effectiveness and cost-effectiveness of this intervention.

Keyword- *Mental Health. Reading culture, Daily habits Reading ways, technology*

Introduction:

Population mental health and well-being are high on the international health agenda given the prevalence of depression as a major disabling illness. Although anti-depressant medication remains the mainstay of treatment in primary care, its effectiveness has been called into question. There is an expanding evidence base in support of a range of treatment options including psychosocial inter-venations and comprehensive disease management programmes. Within these we note increasing interest in narrative and bibliotherapeutic approaches, which typically emphasize the importance of meaningful social engagement; a sense of value, purpose or comprehensibility in respect of one's self and life; a sense of agency and of manageability in relation to the problems and demands posed by life; and the capacity to "tell a good story about oneself". As the last possibility is likely to decrease in the culturally. adverse setting of an in-patient ward, or in the context of a diagnosis which offers a passive story of a 'patient 'who is ill and in need of professional cure, recent initiatives have stressed the importance of preventive interventions which can reach individuals before such adverse personal stories take hold

Physical environment:

contributed to the atmosphere, group dynamic and expectation of the utility of the reading group. The group which met at the mental health drop-in centre was easier to recruit, and was much more willing to engage with the literature for its own sake from the very outset of the study. By contrast, the group which met at a GP surgery initially tended to view the literature as something 'prescribed 'to them

in direct relation to their mental health problems. The location of the latter reading group in (often different) doctors' offices may have encouraged this perception, where the former reading group had a designated and more informal space for the group each week. However, while the environment influenced the group, the collective action of the literature, facilitator and group appeared to supersede that of the environment. The creation of a stimulating, non-pressurized, non-judgmental atmosphere considerations of physical environment. texts tended to encourage reflection and relaxation, as within this format the future tends to take care of itself, whereas poetry, which is intentionally more immediate, was more likely to evoke participation and active social engagement. The combination of these responses appears to be valuable in reducing key symptoms of depression, such as anhedonia, difficulties with concentration and personal withdrawal.

Top eight mental health benefits of reading:

1. Reading is pleasurable

When you start to read a really good book it is often hard to put it down, the story captivates you and time disappears as you become absorbed. When you reach the end, you feel sad because it is over, or you are so eager to get the next book in the series you are emailing the author daily! It is a magical feeling and choosing to read a book can provide a number of other benefits.

2. **Reading can reduce stress**

Losing yourself in a good book has been shown to reduce your levels of stress. Research by Dr David Lewis showed that reading as little as six minutes a day can reduce stress levels by 60% by reducing your heart rate, easing muscle tension and altering your state of mind. That same study showed that reading was better at reducing stress than music, drinking a cup of tea, going for a walk and playing video games. When I mentioned this to my tea obsessed co-host Becky Lawrence about reading being better at reducing stress than tea her reply made me laugh – she asked if she could have books and tea at the same time? Because maybe in combination they would beat all of her stress. Well I guess that is something for her to experiment with!

3.Reading can provide an escape from the 'real world'

Closely linked to reducing stress levels when you read is the ability to escape from the real world. I did this a lot as a child as a coping mechanism to dealing with the emotional hurt I experienced from my family. I often become immersed in that world and helped me to forget my worries. Research has shown that escapism is more complex than just reading for light-hearted entertainment, but it did show that people found the process transformative changing the way people interact with the world and others.

4. Reading helps you develop empathy for others

People who read fiction have been shown to improve your level of empathy, the ability for you to understand someone else's belief's, feelings and thoughts. Known as the theory of mind. Research has shown that people exposed to fiction predicted the results of an empathy task and even positively correlated with social support (but remember correlation does not mean causation!). Further research into the impact of fiction on empathy showed that it was temporarily enhanced after reading fiction.

5. Reading works your brain and prevents memory loss

Participating in cognitive activities, such as reading over your life time (both early and later in life) was shown to slow down memory loss when compared to those who didn't participate in mentally stimulating activities. The same study also found that the rate of mental decline was reduced by 32% when people participated in reading, writing and other activities later on in life. While those with infrequent stimulating activity found that their decline was 48% faster than those with average activity.

6. Reading groups help to treat mental health issues

My default for when I'm feeling low is to read but there is actually scientific research that shows that reading and then talking about what you have read could be beneficial to mental health and well-being. There is something called bibliotherapy and it has a profound effect on people suffering with depression. Liverpool Health Inequalities Research Institute examined a two weekly reading group program for people diagnosed with depression over a 12-month period and reported a significant improvement to mental health. Participants reported improved concentration, better emotional understanding, increased self-awareness, and the ability to discuss meaningful issues related to self and being.

7. Reading helps teenagers develop insights into being an adult

Becoming an adult can be tricky – a lot of things change during this time and exploring self-identity is crucial. Research has shown that reading for pleasure in teenagers has three key benefits, reading was shown to enhance academic performance, social engagement and personal development. Fiction helped teens by providing significant insights into mature relationships, personal values and cultural identity all of which are important in the transition from being a child to becoming an adult.

8. Reading can make you smarter

I often feel smarter after reading books, I learn new things, experience different cultures, understand myself better and research has shown that reading does in fact make us smarter. Cognitive differences have been seen between those who read a lot and those who read a little. People who are exposed to more written information are associated with higher vocabulary, general knowledge, and verbal skills.

Some possible to free suffering:

What is suffering? Why do human beings suffer? This has been one of the great problems of life for millions of years, and very, very few have gone beyond suffering. Those that do become heroes or saviors, or some kind of neurotic leaders, or religious leaders, and there they remain. But ordinary human beings like you and me, we never seem to go beyond it. We seem to be caught in it. We are asking whether it is possible to be really free of suffering. There are various kinds of suffering – the physical and the various psychological movements of suffering; the ordinary pains through disease, old age, ill-health, bad diet and so on, and the enormous field of psychological suffering. Can you be aware of that field? Can you know the structure, nature and function of suffering intimately? How does it operate? What are its results? It cripples the mind and encloses self-centered activity more and more. Is one aware of all that?

Ethical and cultural challenges of implementation:

Although most clinicians believe that they are using the approach, there is evidence to the contrary Perceptions about level of involvement differ, with patients identifying more clinician-led and clinicians identifying more shared approaches Patients report inhibiting factors including the patient-clinician relationship, fear of being judged, perceived inadequacy, and a history of substance abuse The use of clinician-led decision making is most pronounced in treatment-related decisions

One reason for low implementation is represented by ethical tensions. A widely-used biomedical ethical framework identifies four principles: respect for autonomy, justice, beneficence and non-maleficence Skilled clinicians attempt to integrate these principles, for example supporting patient participation not just for reasons of autonomy but also justified by beneficence (as well as other influences, such as avoiding legal liability) However, engagement remains challenging The potential conflict between these principles has been characterized in relation to antipsychotic prescribing for a patient who lacks insight; the psychiatrist may think: "If I leave it up to the patient, he would certainly choose not to initiate

treatment. Symptoms would persist or even worsen, and thus I would harm the patient. If I apply pressure and he accepts antipsychotics, he may respond to treatment and likely gain insight. Then he will later be thankful that I proceeded in the way I did" This reflects the tension between deontological (duty-based) ethical frameworks emphasized in the training of many professional groups and teleological (rights-based) frameworks emphasized by citizens.

A second reason for low implementation is cultural. An asylum-based system creates a micro-culture (a "total institution" which can be out of step with wider cultural values. Institutional structures can powerfully socialize a patient into a moral duty to be treatment-adherent (a "good" patient) and respectful of the clinician's sapiential expertise and professional authority. When the dominant discourse is clinician-led, a primary flow of information from clinician to patient means that the patient's values and treatment preferences are given less importance Overall, it is difficult to avoid clinician-led decision making being the default choice in institution-based mental health services.etc.

Conclusion:

The pursuit of the psychoanalyst has become a hobby of the well-to-do. You may not go to a psychoanalyst but you go through the same process in a different way when you look to a religious organisation, to a leader or to a discipline to free you from fixations, inhibitions and complexes. These methods may succeed in creating superficial effects, but they inevitably develop new resistances against the movement of life. No person or technique can free one from these limitations. To experience that freedom, one must comprehend life deeply and discern for oneself the process of creating and maintaining ignorance and illusion. This demands alertness and keen perception, not the mere acceptance of a technique. But as one is slothful, one depends on another for comprehension and thereby increase sorrow and confusion. The comprehension of this process of ignorance and its self-sustaining activities can alone bring about deep, abiding bliss. In this paper, the case has been made that is part of a broader movement of change in the mental health system There are implementation challenges, but these are ethical and cultural as well as technical. It is worth addressing these complex issues relating to power, control, expertise and valued knowledge, because has the potential to contribute to supporting people to live as well as possible in communities of their own choosing.

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