

## Reading aloud to children in hospital. Bibliotherapy as a community builder

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### Abstract:

*The previously passive hospital librarian now plays a practical, visible part as the book trolley is put away. Isolated children ages 1 to 18 are offered Reading Club, which evolves through reading aloud and attending to illustrations. Books of quality are used. The activity contains one librarian and one child meeting during the treatment period. A session lasts for about an hour which allows for conversation space. Aaron Antonovsky's Sense of Coherence (SoC) provides the theoretical framework. Action research contains self-monitoring and analyzing and congruence is important. Patients and parents views are documented and the librarian does not ask or comment on medical status, but listens and follows the child's communication. An equal relationship is sought. Hence SoC appears to enhance the establishment of relationships and the development of comprehension skills. While protected, participants also develop a clearer sense of self as individuals through thinking and talking. Reading Club is also offered to the weakest patients. Listening is about belonging and taking part and meaningfulness and motivation is found in fantasy which reading promotes, as inner images are created that build hope for a healthy future. Hope strengthens motivation, which is important in every human life. Reading Club children often expect a continuation of the service which suggests that the Club constitutes a meaningful element for children during a hospital stay. A children's hospital is a small and often forgotten place but a part of society. Reading Club helps to develop the lifetime habit reading books for pleasure. The practical experiences provided by ReadingClub develop literacy skills that are continued after children leave the hospital. This paper focuses on patients' reaction to Reading Club as a bibliotherapeutic activity and demonstrates what reading projects can do for society. Such services are a crossover into a new library era which is deeper and more aimed at certain sections of society. The hospital librarian, previously a symbol for reading, has transformed into a practical doer.*

**Keywords:** reading aloud, children, hospital libraries, sense of coherence, bibliotherapy

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### 1. Introduction

Since 2013, two librarians at the hospital unit *Play Therapy and Library* have worked as literature pedagogues in teams with other teaching staff. The purpose of these teams is to pay

visits and bring stimulation to young patients unable to leave the ward. The librarians offer the activity *Reading Club*. A session can go on for about an hour, several times a week and it can be continued. Reading Club is offered to children aged 1 to 18. The child's individual needs are the focus and the librarian is partner in this complicit process. Quality books are chosen according to the child's interest and the reading is paused whenever the listener wants to talk about what is in the text, in the picture or in the book. The Reading Club can adjust to the level of energy required by the patient and may continue into critical periods, for example when the patient is anesthetized. In Reading Club, the child can experience books, and reflect on literature, the world and the self, accompanied by a librarian. Through books, contact is established and the speaking space and thinking space are enhanced for the child.

### **Problem presentation**

How does *Reading Club* bibliotherapy affect patients at Queen Silvia Children's Hospital?

### ***Practical application***

*Reading Club* is being studied by the librarians in a simultaneous action research which features transparency, reflection, self-monitoring and analysis. Spontaneous comments from children and parents are collected. The librarian will not interrupt, nor comment on the medical status of the patient, but will always listen and follow the child's communication, as stories are told in various ways. An equal relationship between the child and the librarian is sought.

### ***Theoretical perspective***

*Reading Club* is based on Child Perspective. The child can choose to speak or remain silent. The librarian directs the experience as the adult. The child as well as the librarian can influence and be influenced by the each other. In the sociologist Aaron Antonovsky's *Unraveling the Mystery of Health* (1987) Sense of Coherence (SoC) is used as a theoretical framework. The component parts comprehensibility, manageability and meaningfulness are used to investigate effects of *Reading Club*. The adapted form of SoC, as described by social pedagogue Petter Iwarsson in the book *Samtal med barn och ungdomar: erfarenheter från arbetet på BRIS* (2007) is used.

- Under comprehensibility we study the child's wish to understand, on both an inner and outer level. The world and how it works can be better understood through stories. During a session the librarian can answer any questions.
- Under manageability the internal power of will and the ability to participate in an activity, regardless the level of strength is measured.
- Under meaningfulness motivation is examined. If literature can transmit hope for the future, it can lead to a generally increased motivation. In books, the *model of circle* is demonstrated, for example describing home-departure-adventure-home. Herein lies an opportunity for readers to identify with the characters in the story who are put to dangerous situations, but manage to survive when assistance shows up. A story carries internal meaningfulness via the reliable circle model, as well as regarding wholeness and details in text, pictures and the book concept.

### **Implementation**

How has our work changed? The workday previously included administration, standing at the information desk and pushing the book trolley in the wards. The loans from the trolley tended to be few. The trolley was clunky, and difficult to maneuver in and out of rooms and

elevators. The major work tasks seemed to be too far away from the children and lacked deeper engagement. The professional role needed up-dating.

### ***Book trolley replaced by Reading Club***

We wanted to approach our target group. Can we sit by the child for a while, rather than just standing in the doorway? When entering an isolation room staff need to be dressed in clean hospital clothing and not as a librarian in street clothes. Since the book trolley was far from sterile, the isolated children were shut out from this kind of library service. Has reading aloud occurred in hospitals before? Probably. A case study in Wales, *Children in hospital: II. Reading therapy and children in hospital* (Matthews & Lonsdale, 1991) documented a reading to children in hospital as bibliotherapy project hosted by play therapists. The teacher Elizabeth Weimer shares her experiences with an African refugee boy called Gilbert in the article *The power of books in a children's hospital: A success story* (Weimer, 2010). So the Swedish team decided to phase out the trolleys and concentrate on books as the main resource. Team members would use hospital clothing and follow hospital hygiene rules to visit those children who needed stimulation the most.

### ***How does the Reading Club work?***

The team developed a practical base. When working with *Reading Club* team members were aware of the need to be careful and sensitive in every session with the children. The child has a right to worthwhile and meaningful communication. Team members were careful not to treat the child as unequal, they do not interrupt nor moralize and take every wish seriously. Would the artful kind of reading be appropriate here, letting the text stand uncommented? Or is this a situation that requires more talking in-between? What about the pictures? Does the child want to discuss what he/she can see? Congruence and presence are two important words. The librarian is the starting point in every *Reading Club*, because it is the librarian who shows how to get started by opening the book and begin reading!

## **Results**

Our practical method of discussing the practice with one another turned out to be very important. Different experiences were discussed in-depth, processed and compared. False steps and backward steps were examined, for example when the librarian sometimes lost the child's perspective and turned to adult talk or addressing the parent.

### ***Voices on Reading Club***

The descriptions below give examples of different kinds of Reading Clubs, as well as showing how some children and parents have reacted.

*E* was 2 years old. He was stressed and in pain at the time. The librarian came in. The staff members worked at the side of the patient's body. *E* expressed something with his body language. Maybe he meant: *Yes, give me something else to think about.* The librarian approached, clearly showing the book. *E*'s eyes were drawn into the picture on the book cover. The reading started, illustrations were showed simultaneously. His crying stopped. Three books were read, *E* sat in his bed with his back straight, following the whole session. His mother was surprised by his focus in the book, saying "he has never been so concentrated before." The books used were several titles by Dick Bruna.

G was 2 years old. His parents didn't read to him. When the librarian offered a daily reading session, **G** always wanted his parents to do the reading. The librarian chose to stay in the room and listen along with the child, regarding it as just another form of Reading Club. After a few weeks the librarian asked, "Shall I come once every week, and just bring some new books for you?" The parents replied that they still wouldn't read unless the librarian showed up to initiate the activity. So the practice went on unchanged for a few days longer, when **G** suddenly accepted the librarian as the reader. His mother commented on the new family habit: "We go through several favorite books with **G** two or three times every day now, according to his wishes."

A was 4 years old when Reading Club started. The librarian reported: "First **A** wanted to know: *how many books have you brought?* He wanted them to be put out on the bed for him to choose one. He got into this habit of having control of something. In this case it was to decide in which order to read the books on the bed. He also wanted to know how long time he had before the Reading Club session was over. **A** soon became an expert at predicting story endings. He delivered his guesses and when he was right he concluded: "I won!" He got to develop a strong interest in books where characters peek in different ways. This came to be his special subject and interest. He talked about who looks at who, and what eye contact is all about. When he came through his isolation period he turned out an independent patron in the library. Books read with **A** were, amongst others, *The very hungry caterpillar/Den mycket hungriga larven* by Eric Carle, *Where the wild things are/Till vildingarnas land* by Maurice Sendak, and *Är det dags?* by Kitty Crowther.

B was 11 years old. The Reading Club had been in operation for a while when he became physically and psychologically worse. He didn't have the strength to speak or interact with other people. Since his eyes moved when looking at illustrations, the librarian kept on showing up every day, bringing books. **B** went into an acute crisis and was put into the intensive care unit. The Reading Club went on, but in a different way. It came to be about being present, holding a hand and answering questions that were worrying the patient. *Do they know here about my disease, what medicines to give?* When **B** got stronger he wanted to explain about his case-history and his development around the diagnosis. The librarian was a natural listener. **B** later returned to the hospital for a checkup. He stayed in the library for several hours, just talking. When he got questions about Reading Club he responded: "It was very good!" *And during your "serious phase"?* "It was better when you came." Books used were *PAX* by Åsa Larsson/Ingela Korsell/Henrik Jonsson and *Bestar: möt myternas djur* by Jan Jäger and Tor Jäger.

S was 11 years old. He wished to express how he imagined scenes in the story. He would also be a critical listener, wanting to give statements about the plot and the lines. "The writer has failed! This doesn't sound right! Go on!" **S** and his mother come into the library some time later. "You had such good, varied voices" **S** says. "He loved it when you read" said his mother, "We shall never forget it, never!" The librarian reported: "I was about to enter the room on one particular day. I quickly identified the situation. His mother was crying and holding her son who was having shaking pain attacks. I was about to leave when she waved me in. "It might help, we can try!" **S** was on his side with tubes on his body. I started reading the book. Staff stood around, working with something on the back of **S's** body. They went in and out, checking the infusing drip, whispering between them, only using as few words as possible, not as not to disturb the reading. **S** made pauses in his listening attention, screaming of pain, followed by "Ok, go on!" The reading entered an exceptional phase here. There was quiet agreement about the child being in control of the reading - *stop, read*. The reading came

in doses, calibrated by *S* himself. As a comment referring to this occasion, *S* said afterwards: "It was good, I wanted to try, maybe it would make me forget the pain." Amongst other books, *Den magiska kepsen* by Petter Lidbeck was read.

*M* was 11 years old when his long Reading Club began. He became a devout Reading Club member, reaching great depth and focus during sessions. *M* tells: "Reading Club has been a nice way to relax and you never want it to end. I like the fact that it is someone kind, other than a parent, who reads. The librarians really are devoted to Reading Club, and they sacrifice time and energy. It is a good way to turn a bad day, since it is such fun." His mother said: "Reading Club is a fantastic way to escape into the world of fantasy along with an adult who is not your mum or dad. How nice to relax, forgetting personal difficulties for a while. Reading Club is one of few positive things here. It's important to have some cozy moments to look forward to, especially in the long periods of isolation. Reading Club is *M*'s own time. It is of great importance to a young person to have such space. Reading Club is a way of finding out what you like in terms of genres you never knew existed. It has served as inspiration for his own reading. It helped *M* finding books, and I see a connection according to inspiration. He has become a reader, which he wasn't before." This trilogy showed up in *M*'s Reading Club: *His Dark Materials/Den mörka materian* by Philip Pullman, that led to a correspondence between the patient and the author.

*O* was a 16-year old patient in the intensive care unit. His Reading Club would continue through his anesthetized periods, as the nurse said he is still able to hear. As he was always connected to instruments tracking his condition, the librarian could make observations concerning his breathing. A calming impact could be seen, awake as well as anesthetized, that usually lasted 20 minutes. *O* also had his arms and hands touched as he was being read to. His parent commented: "He likes knowing there is someone here with him. This is very good." The librarian often took the parent's place by the bed side for a while, to allow the parent some break time. *Uppdraget* by Camilla Lagerqvist was read during *O*'s awake periods. Ulf Stark's books *Detektivpojken*, *Varulvspojken* och *Krutpojken* were read during his anesthetized moments.

### ***The book as dynamic tool***

What happened when we started opening the books together with children? We noticed that Reading Club has to be about quality. Children feel if the book is not good enough. We lean towards the joint production of text/picture/book, and discuss thoughts, what the texts says, the cover, colors, chapters and illustrations.

### **Change of work method**

What happened when we swapped the book trolleys for Reading Club? There is consistency in the work method, in the work material and in the components that frame Reading Club. We are active and we use the books as our work material. The original book trolley delivery method was never really about the child, whereas Reading Club is personalized to suit each patient. Reading Club takes little room, it can function side-by-side with other events happening in the same space. Changing our work clothes made it possible for the Librarians to visit everyone, including the children in isolation. We wanted to create a consistent approach that aimed at working with the healthy part of each child. As a consequence the Librarians don't ask any questions about the child's physical state or well-being, for example *How are you today?* The patient's medical status is not part of Reading Club!

## **Analysis**

Reading Club is an approach to literature where the objective is to let another world in. It is a quiet communication and based on a desire for literature, ideas and the fantastic to be accessible to children in a way they can understand and control. The Librarians try to provide books that children can identify with and ones that exhibit a sense of coherence (SoC). The children carry their own SoC as they take advantage of the librarian being present. AS part of the methodology we asked the following question: Will SoC with its three components enhance the patients' literary experiences and sense of well-being by participating in Reading Club?

### ***Sense of Coherence***

*Comprehensability* is identified when the child recognises Reading Club as a moment to learn, understand and develop from the books, but also by asking questions about here and now. *What do you do when you are not here with me? Do you visit others? Are they as serious as I was when I was so weak?* The child often wants to give their story. Iwarsson (2007) emphasizes the work of making that possible. He means that letting someone tell their story is an important function that helps humans to understand more about themselves. The comprehensability aspect enhances the child's willingness to share their story. (p 57).

To develop as a reader is a part in becoming an individual. To come to terms with a story over and over again is to gain strength from within and is equal to understanding something about how literature and life works. To be able to focus, recognise and grasp details, imagine faces and follow events within the book is to gain understanding about society and how people interact. To become moved by literature is to have an experience. Finding out what one loves, likes, and to discuss it with another human being – that is becoming an individual.

*Manageability* is measured when Reading Club is offered also to the very weakest of patients. Expecting a child to take part in an activity generates a feeling of manageability or control over the situation from the child's perspective. Reading Club can occur when no other activity can during situations that beyond the control of the patient, for example during a treatment session. For some patients Reading Club can function as a painkiller by helping them to change focus. The librarian can offer an alternative focus, something that leads away from the horror and pain. The child identifies Reading Club as something to gain help from, something to concentrate on and escape into. Reading Club offers a pause button: *read! stop! read!* This empowers the child during a situation while participation during the reading is still possible. Thanks to the relationships being built during earlier reading hours, the book can sometimes be put down in favor of talk and reflection. Iwarsson (2007) writes about how to make it possible for a child to tell their story, in their way, at their own speed. Reading Club then becomes mostly about listening. Adults must dare to listen to themselves and to children. The fact that an important story has been told to someone, can allow manageability for the child to increase. (p 58).

*Meaningfulness* can be established through fantasy and motivation. Reading stimulates fantasy by the creation of inner images. Fantasy and the ability to form inner images is required to create a future. A future is needed to increase motivation, which is a significant health factor, ie. the motivation to get well again. If Reading Club is viewed by the child as a positive part of the day, it is also something to look forward to. In the best books there is automatically hope, as inner images are being formed. We see our library nowadays as a collection of potential Reading Club worlds. The child gets a chance to swap thoughts for a while. The illness and thoughts of unpleasant moments as well as the worry within the family

surrounding the patient, are subjects that can create a negative spiral of thoughts. The knowledge of other aspects of life widens the patients' perspectives. Meaningfulness takes the child beyond their current personal situation. Iwarsson (2007) writes about lending meaningfulness and hope. Hope can be given by keeping calm in a stressful situation. When doing so, we also give a message that change is possible and will take place. By using our experience as adults, we can lend hope in a situation where a child can't formulate anything but hopelessness. (p 153).

### ***The secret weapon***

Our work role has changed, thanks to the opened book: our *secret weapon*. During a first meeting with a new patient, the book can be used to create a social opening. Different worlds are formed around every Reading Club. The patients' stories also tell the Reading Club story. **E** saw Reading Club as a chance to change focus. **G** finally got his parents to start reading to him. **A** has learnt to understand and love literature. **B** could take part in Reading Club and concentrate on a picture even during a crisis period. **S** exercised personal control over the situation by switching the reading voice on and off. **M** used Reading Club as a way to turn a bad day into a good one. For **O**, a reading voice and the literary language became a presence during his anesthetized moments. He could relax while tuning in to the very smallest parts of the text, the melodious quality of the language and the reading voice.

A book keeps on giving. It is always possible to read along, although you can't recall what happened last time. The reader doesn't always have to understand everything. The book can be a joint object of study. The excitement generated by a book can be used to substitute for events in the real world, and books can act as handbooks for empathy. Often, a book is like a vicarious talk, it can be a manuscript for dignity and help to build relationships.

### ***Relationships in Reading Club***

Reading Club is a way to cherish every moment by using a variety of approaches and communication styles. It allows the adult to adjust to a particular child, to find their personal style and level, thus allowing the adult to build a better relationship. We use intuition, creativity and sensitivity. If the child wants to stay quiet, we just read on. If the child wants to talk and ask questions, we listen and answer. Iwarsson (2007) says that *just being there* can be a protective factor. *I am here, I am available for you, I am brave enough to meet you*. When all these aspects are initiated, a SoC can be increased within the child. (p 36).

The child can communicate in different ways. When participating in Reading Club the Librarians become very aware of body language and subtle signs. Empathy is an important component. We practice and strengthen our ability to see things from the child's perspective, which here means not to interfere with the message given by the child. We respond to and interact with the child on an adult level. We take on a position that shows: *I am interested in being with you, to listen, and offer you my time*. The librarian is available as a potential person to bond with, as other contacts in the outside world like friends are lost or put on hold. Many patients often return to the hospital for ongoing treatment or other childhood illnesses and Reading Club can be restarted.

### **Conclusion**

If patients are responding positively to Reading Club, then a Sense of Coherence (SoC) grows. Between 2013 and 2017, about 150 children have joined Reading Club. It has had a

bigger positive influence on some patients over than others. The longer a Reading Club has lasted, then the stringer the relationship between the adult and the child.

We plan to reach more patients with Reading Club and hope it can be offered by other hospital librarians in the future. A children's hospital can be a small and often forgotten place, but it is essential for building a strong and healthy society. Through Reading Club, children develop a lifetime habit of reading and finding pleasure and excitement in books. It fosters healthy thinking and attitudes which enable them to take their own practical experiences with them after leaving the hospital. Reading Club fosters other health factors such as speech space and thinking space. Focusing on patients' and parents' reactions to this bibliotherapeutic activity advertises what reading projects can do for children. Reading Club also demonstrates a simple and natural crossover into a new library era, by establishing a more robust and focused way of working with children in the hospital environment. The hospital librarian who was previously a symbol for reading has now been transformed into a practical 'doer'. We used to lend books. Now we lend meaningfulness and hope.

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