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# The language of feelings: A reading and storytelling group in an adolescent unit

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## Abstract

This article describes a “Reading and Storytelling Group” that ran at an adolescent inpatient unit and outlines how fictional stories, both read and told, can develop psychological insights such as mentalization and emotional literacy. The structure of the group is described, and some of the activities and responses of the young people are illustrated. How activities such as this can have therapeutic benefits without being ostensibly “therapy” are discussed.

## Keywords

Storytelling, reading aloud, fiction, empathy, emotional literacy, bibliotherapy

## Prologue

Two facilitators are sitting with a small group of young people at a unit for adolescents in a psychiatric hospital. We begin with a warm-up exercise. We agree a scenario—the beach. We invent two characters—a lifeguard and a holiday-maker. Then, the young people improvise a dialogue—each participant in turn contributes a sentence that must start with the next letter in the alphabet (“A fine day for swimming” followed by “Be careful you stay between the flags,” and so on). Before breaking down into laughter, we have established that the holiday-maker needs rescuing. One facilitator says it reminds him of a poem . . . technology takes a hand, and we find the poem *Not Waving but Drowning* by Stevie Smith (2002) on an iPhone (in *Selected Poems*, p. 167). One of the young women is very moved by the following lines:

I was much too far out all my life  
And not waving but drowning.

She writes the whole poem out very quickly, while we discuss the text and then we re-read it. It seems very appropriate and important to balance the concerns that the poem raises, so we read the extract from Christy Brown’s *My Left Foot* included in *A Little Aloud* (Macmillan, 2010, p.177).

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The young people make the connections instantly—"He was drowning but his mother was there to rescue him":

Luckily for me my mother and father held out against the lot of them. (well-meaning doctors who wanted the family to put Christy in an institution) But mother wasn't content just to say that I wasn't an idiot, she set out to prove it, not because of any rigid sense of duty, but out of love.

Being in a medical institution ourselves, it feels right to affirm the importance of stories in helping us to endure and enjoy life. They can offer models of courage and love. The psychologist tells the conclusion of a story-cycle from India concerning the trials of King Vikram who, although failing at many of the tasks he is set, finally recognizes how much he has learnt from his failures and how he has a duty to help others avoid them by passing his tales on forever.

This article describes an innovation in practice at an adolescent unit for young people aged between 12 and 18 with severe mental health problems. The benefits of reading and storytelling upon well-being and emotional literacy have been increasingly recognized. This led the authors to develop a "shared reading and storytelling group," partly inspired by the principles developed by The Reader Organisation (Davis, 2009). The group began in 2010 and ran for over 2 years. The purpose was to find new ways of engaging and stimulating young people in the process of reflection through reading literature aloud and listening to stories told orally without accompanying text. It was important to offer a process that was not directly concerned with outcome, either therapeutic or educational—rather a space to think together about what has been read or heard. Although not therapy, it might nevertheless be therapeutic, and although not education, it might, in the true spirit of education, draw out from within. In so doing, it was also hoped to offer an experience that might develop and enhance the young people's ability to mentalize (Allen & Fonagy, 2006). Mentalization, which has much in common with the concept of emotional literacy, concerns the ability to recognize thoughts, feelings, and motivations in one's self and in others. Using this information to guide action and behavior is a foundation of mental health. Engaging in fiction and fantasy, through literature and stories, may have the potential to develop this capacity (Oatley, 2011).

The group is facilitated by a clinical psychologist who, in addition to working at the unit, has great experience as a storyteller in many different settings. The second facilitator is a volunteer, an Accredited Get into Reading Facilitator, with many years' experience as a group worker in the probation service. The group was run in an adolescent inpatient psychiatric unit, part of a Child and Adolescent Mental Health Service serving a large geographical area in Wales, United Kingdom, serving both urban and rural populations from a wide socio-economic range. The young people, mainly of White British backgrounds, were experiencing severe mental health problems such as depression, psychosis, anxiety, and eating disorders.

It was agreed at the start that the volunteer would not enquire into the young people's clinical history—he would only know whatever they chose to divulge in the group itself.

## **The psychological benefits of reading literature**

The benefits of reading fiction are being increasingly recognized. Keith Oatley (2011) identifies how fiction can enhance capacities for understanding others, relationships, group interaction, and dealing with the problems of selfhood. He suggests that through reading we can create mental models to enlarge our ability to empathize. He adopts Kierkegaard's idea that art, in this case the written and spoken word, is "an indirect mode of communication." In Oatley's words, "it does not

recruit people to believe or act or feel in a particular way.” It should give people “an impulse to go precisely (their) own way” (Oatley, 2011, pp. 174–175).

Joseph Gold (2001) has identified 10 psychological consequences that may arise from the use of story and poetry in therapeutic encounters. These include language growth, learning about life, identification and modeling, cognitive shift (or reframing), problem-solving, “immunization” from their own feelings of awfulness, learning about emotions, normalization, and sharing (Gold, 2001, pp. 346–354). Such benefits support the use of *bibliotherapy* in clinical settings.

## Reading groups in mental health and social care

The principles on which our reading group is based have been developed by The Reader Organisation. Their “Get into Reading” groups have been established in a wide range of settings; libraries, schools, hospitals, old people’s homes, prisons, children’s homes, among others. The purpose is to bring the pleasure and value of reading to as many people as possible (Davis, 2010). The structure is simple: for at least one person, or more, to read aloud from a text—usually fiction (short stories, novels) and poetry rather than non-fiction or “self-help” books, and then for the group to discuss their responses to that text. It is believed that this process of listening and reflecting is valuable and can contribute greatly to well-being. It can help people attune to their own feelings and those described in the text. Jane Davis says “Literature . . . replicates more faithfully than any other man-made form the sense, structure, and feel of experience itself, while at the same time affording a safe distance from which to refract that experience” (Davis, 2009). The process of listening to such literature being read aloud rather than read internally allows people to think about and reflect upon the content in a different way. It is a slower process than reading silently, but perhaps most significantly, it is a shared experience which can help facilitate a more engaged and emotional response to the work. Real experiences can be compared and contrasted with what is read in a way that recognizes both the uniqueness and universality of our experience. Davis is convinced that literature not only helps us find enjoyment but also helps us endure pain and difficulty.

## The art of storytelling

To the established format for running a “reading group,” we introduced an oral storytelling component, that is, telling a story without recourse to a text. Telling stories is an activity that has been in danger of dying out in many literate, technological cultures. However, this universal activity that has been a means of entertainment, education, and a way of passing on traditional values and practices since time immemorial is now enjoying something of a revival in many countries and cultures which had lost much of their oral traditions (Collins, 1999; Killick & Frude, 2009). Storytelling in this way is not the same as reading a text aloud or reciting from memory despite some similarities. It is a more spontaneous piece of social interaction—the storyteller tells the story, making eye-contact with his audience and using tone of voice and gesture to amplify meaning, aiming to paint pictures in the listener’s mind and creating a unique, emotional event. The stories told can be fictional, true, or a blending of the two. Often, fictional material will draw upon folkloric or mythic sources, stories that have lived in oral traditions. “Real-life” storytelling has also become increasingly popular with the growth of storytelling performances such as “The Moth” (n.d.) or “True Stories Told Live” (n.d.) in the United States and, increasingly, in Europe (people tell their stories from their own lives in front of an audience). The traditional, oral storytelling seemed to fit very easily into the structure of the group and balanced well with reading stories. Both activities are about the experience of living, structured in ways that enable it to be reflected on.

## A reading and storytelling group in an adolescent unit

Our group runs for 1 hour each week during the school day. It is open to young people aged from 12 to 17 who attend the unit and who like to come—there is no element of compulsion. Numbers attending have ranged from just two to as many as eight, with four or five being the norm. The *raison d'être* for the members is similar to that which might inspire a community choir. People join such choirs because they enjoy singing and often regardless of their perceived musical ability. Then they develop the sense of being part of a team with a common aim. They begin to value other people's particular skills and strengths, and they gain confidence in their own. The reading group can have equally beneficial results.

We often start with a warm-up exercise with a literary theme—word-games such as riddles or puzzles—before beginning one of the two main components.

The reading component conforms broadly to the principles of “Get into Reading” groups although group members were given more of a say over which books were to be read than would normally be the case. We start reading, giving a chance to read to all those who wish to. We may read a poem, a short story or be reading a longer work over a period of several weeks. The choice is nearly always based on suggestions made by the young people themselves after discussion about their interests, often stimulated by books they have read or films they have seen. We read extracts of *Smoke and Mirrors* by Neil Gaimon (1999) and *Skellig* by David Almond (1998), written mainly for a young adult readership—also, surprisingly to us, parts of *Romeo and Juliet* and *King Lear* (there was a strong interest in Shakespeare in a particular group of young people). We discuss some of the themes that arise from the texts and how people respond to what they read and hear. When reading Shakespeare, we had the opportunity to carefully unpick the possible meanings we found in the words and to explore emotions, either implicit in the story or engendered in the group members. Looking round the group on occasions, it has been clear that members have been extra-thoughtful, even tearful. On pausing to acknowledge an effect, group members have sometimes been able to express how they have heard an echo from their own lives in our reading. When reading *King Lear*, a girl became silent at just the point Cordelia finds it impossible to speak to her father from her heart (“*I cannot heave my heart into my mouth,*” Shakespeare, 1972, p. 9). The group member then recalled times at school when she had been overwhelmed by what she perceived as the confidence of others and had been unable communicate with her teachers.

Our innovation was the oral storytelling component where we told traditional folk tales from different cultures that addressed dilemmas faced across the life span. These stories have become a popular part of our group's experience, often told for their folk-wisdom or as a counter-point to one of the texts that has been read. For instance, after reading *King Lear* with its narrative of three sisters divided, the story of Cinderella was told, again a story of three divided sisters. This was not the “Disneyfied” version, but the tale as collected by the Brothers Grimm (originally entitled *Ashputtel*), a tale of loss and grief, attachment, jealousy, and parental neglect and abuse (Zipes, 1987). The tale has been told in many different cultural guises and evolving forms for thousands of years. It also immediately engaged our group of young people and became a powerful shared emotional experience establishing this form of storytelling in the group and, in turn, enabling others to tell stories that they knew or have heard. Such a process of storytelling in families and schools has been linked with developing attachments and building emotional literacy (Thomas & Killick, 2007). Attachment theory stresses the importance of shared attention and intention. Storytelling encourages these linked processes. The teller and listener interact in a way that echoes that of a carer and infant; both are engaged in a shared enjoyable activity in which they can interact and are attuned emotionally (Frude & Killick, 2011). Apart from

folk-stories, we have also drawn upon other traditional narratives. Over several weeks, we told the Indian mythological tale of the King and the Corpse (Sivadāsa, 2006; Zimmer, 1956), a series of interlinked riddling and dilemma stories that pose questions about leadership and wisdom in living. These stories stimulated thought and encouraged debate and discussion—often about relationships within and outside the group. A boy who has been captivated by storytelling took it upon himself to prepare and tell a story himself—the theme was bullying, concluding with a successful strategy to confront it.

## Evaluation

We wanted to create a group that was beneficial to its members without being labeled “therapeutic” or “educational.” We wanted to offer the young people a chance to explore thoughts, feelings, and experience in a different way than they normally would. For some, formal psychotherapy can be almost too personal, seen as over-intrusive and anxiety provoking in itself. Education often seemed to be “about getting it right or wrong.” Group members say the group is fun, they like being together, sharing an experience. Quieter members emerge as confident individual readers after weeks of “just listening.” They also say it encourages a sort of problem-solving—we spend time working out what Shakespeare means at his most complex. It is not entirely intellectual—we are trying to work out what feelings Shakespeare’s characters are experiencing more than struggling with the precise interpretation of his words. Then, perhaps following from that effort to make sense comes recognition that there is something here that can help them make sense of their own lives.

The group has worked surprisingly well. The young people who attend often find contributing in a group difficult and so their participation has been very encouraging. We had been concerned that adolescents might find both listening to stories and reading aloud more suitable for younger children. Our concerns have been proven groundless. The young people have been happy to listen to stories and (usually) comfortable reading aloud to one another. Given the nature of adolescence, there have been times when all has not been plain-sailing, but the extent and quality of the young people’s engagement in the group has been remarkable.

The unit staff have commented that after attendance at the group, participants are more talkative, interact with each other more, and seem lighter in mood—perhaps less guarded and “more themselves.” For a complex inpatient environment, this observation is not insignificant. The culture of the unit could be described as saturated in therapy. The group offers a more “normalizing” alternative. Themes of jealousy and love, insensitive parenting, suicide, and shame, all aspects of the human condition, have been encountered and survived. The authors felt the young people were engaged and gained much from the group. However, to ascertain how far the group had any impact on well-being and emotional literacy would need a thorough evaluation. Our subjective impressions would be that this endeavor is but worthwhile.

## Conclusion

We hope we have suggested something about the potential benefits membership of such a group may bring. Blake Morrison has written how poetry read in a similar group can be “a cauterising iron to burn away our own pain and to leave ‘comfort root-room’ in which to grow” (Morrison, 2008). Without overstating the case, we think wisdom about the self can be discovered by finding “comfort root-room” in reading aloud together and listening to stories well-told. Exploring difficulties and sharing joys that are, at one and the same time, our own and not our own—allowing our hearts to speak.

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## Author biographies

Steve Killick is a Clinical Psychologist in independent practice and Associate at Cardiff University School of Psychology. He also works as a Storyteller and has written extensively on the use of stories in health, education and social care.

Steve Bowkett was a probation officer in the UK from 1976 to 2011. Trained by the Reader Organisation, he is an accredited 'Get into Reading' Facilitator. Since retiring, working as a volunteer, he has run several reading groups in nursing homes, housing associations and in an adolescent unit.