

Bibliotherapy at Its Best

Reading Aloud in a Swedish Hospital

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This article is a condensed version of a paper presented by the authors at an International Federation of Library Associations and Institutions (IFLA) Conference in August, 2017, in Wroclaw, Poland. All children's names have been changed.

Bringing comfort, reading, and a listening ear can make a big difference. At least, that's what we colleagues at the Queen Silvia Children's Hospital in Sweden have learned working in the hospital's Play Therapy and Library.

Our teams visit and bring stimulation to young patients unable to leave the ward. While we initially pushed book carts in the wards, the loans tended to be few, and the cart was clunky and hard to maneuver. We needed to update our program, so we asked ourselves, "Can we sit by the child for a while and not just stand in the doorway?"

That presented other challenges, such as being outfitted in clean hospital clothing. And since the book cart was far from sterile, the isolated children were closed out from this kind of library service. We decided to phase out the carts and concentrate on books as work material. We would use hospital clothing and antiseptic, according to hospital rules, to visit those children who needed intellectual stimulation the most.

We now offer Reading Club for children ages one to eighteen. The librarian can focus on the child's individual needs and is a follower in this complicit process. We choose books with the child's interest, and the quality of the book, in mind. The reading is naturally paused whenever the listener wants to talk.

The librarians simultaneously study this activity through action research containing transparency, reflection,



Victor didn't like to have his precious Reading Club disturbed.

self-monitoring, and analysis, and we collect spontaneous comments from children and parents. Reading Club is based on the child's perspective, meaning that the librarian will not interrupt the child, nor comment on medical status, but will always listen and follow the child's communication, as stories are told in various ways. An equal relationship is sought. The child can choose to speak or remain silent.

When working with Reading Club, we must be careful and sensitive in every meeting. The child has a right to worthy, meaningful communication. We will not minimize the child or interrupt or moralize. We take every wish seriously.

Would the artful kind of reading be appropriate with this child, 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 we see? Congruence and presence are two important words.

We didn't use any promotion, we just started and let the action of reading aloud speak for itself out in the wards. Our different experiences were analyzed, processed, and compared between us. We examined false steps and backlashes,



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Matthias found Reading Club a nice way to relax. “You never want it to end,” he said.

like for instance, when the librarian sometimes lost the child’s perspective and returned to adult talk by addressing the parent. Reading Club became an experience of moving on to the opened and lively productions of texts and images. Since we already had the library at our hands, there was no extra cost.

Creating Focus in a Child

The descriptions below give stories of different kinds of Reading Clubs, as well as showing how some children—who all happen to be boys—and parents have reacted to the activity.

One little boy, we’ll call him Erik, was just two years old. He was stressed and in pain. The librarian came in and staff members worked at the patient’s side. Erik expressed something with his body language, and the librarian approached, clearly showing the book.

Erik’s eyes were drawn to the book cover illustration. The librarian began reading, showing the illustrations to Erik, and his crying stopped. The librarian completed three books; Erik sat in his bed with his back straight, following along the whole session. His mother was taken by his focus. “He has never been so concentrated before.”

Fostering Parents’ Reading

“Arvid” was two years old. The parents didn’t read to him, to start with. The librarian offered a reading session daily, and Arvid always wanted his parents to do the reading. The librarian chose to stay in the room and listen along with the child.

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 Arvid suddenly accepted the librarian as the reader. His mother commented on the new family habit, “We go through several favorite books with Arvid two or three times every day now.”

“Better when You Came”

Eleven-year-old “Mohammed’s” health was becoming 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 with books. After an acute episode, Mohammed was admitted to the intensive care unit.

The Reading Club continued there, but it was more about being there, holding his hand, and answering his questions.

When Mohammed got stronger, he wanted to explain about his case-history and his development around the diagnosis. The librarian was a natural listener.

Later, when Mohammed returned to the hospital for check-ups, he stayed in the library for several hours talking. When asked about his experiences with Reading Club, he responded, “It was very good. It was better when you came.”

Reading through the Pain

“Simon,” eleven, wanted 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!”

Simon and his mother came in to the library sometime after.

“You had such good, varied voices,” Simon said. His mother added, “He loved it when you read. We shall never forget it, never!”

Simon’s librarian recalled, “I was about to enter the room on one particular day. I could identify a situation in there. His mother cried, holding him. He had shaking pain attacks. I was about to back off when she waved me in.”

The mother said, “It might help, we can try!”

“Simon was on his side with tubes on his body,” the librarian tells. “I started reading the book. Staff stood around, working with something on the back of Simon’s body. They went in and out, checking the infusing drip, whispering between them, only using as few words as possible, not to disturb the reading.”

Simon needed continuous breaks in his listening attention, while obviously enduring pain. He would then simply shout out, “Stop!” urging the reader to pause while concentrating on coping. And then: “OK, go on!”

After the episode, Simon said of the reading, “It was good, I wanted to try; maybe it would make me forget the pain.”

Turning a Bad Day Positive

Young “Matthias,” eleven, said, “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 added, “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 the 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.”

“It has served as inspiration for his own reading. It helped Matthias finding books, and I see a connection according to inspiration. He has become a reader, which he wasn’t before.” Philip Pullman’s work showed up in Matthias’s Reading Club, prompting a correspondence between the patient and the author.

Calming Down Listening

Even when he was anesthetized (and could still hear), sixteen-year-old “Olle” got to listen to books in his room in the intensive care unit. His librarian was able to observe his breathing during the reading, and she witnessed a calming impact. His parent commented, “He likes knowing there is someone here with him. This is very good.”

Conclusion

What happened when we swapped the book carts for the more personal interaction of Reading Club? We wanted to create a



Victor thought, “There is not supposed to be a photographer in here during my moment . . .”

work that consistently aimed for the healthy part within the child. That means we didn’t ask any questions concerning the child’s well-being, like, “How are you today?”

We are now more active, using the books as our consequential work material. In between reading, we discuss thoughts, what the text says, how the book cover looks, colors in design, chapters, and illustrations.

Between 2013 and 2017, 210 children have joined Reading Club. And the work goes on. We are reaching more patients now, in comparison to the book cart years, and the achievement is deeper and more planned.

We’d love to see similar programs offered by other hospital librarians in the future. A children’s hospital is a small and often forgotten place but still a central part of the society. Through Reading Club, life contains the habit of opening books and finding pleasure and excitement. Normal and healthy developments continue and are fueled within the child, whose own practical experience is a literacy factor that they carry with them after leaving the hospital.

Focusing on patients’ and parents’ reactions to this bibliotherapy shows the good that reading can do. It also points out a simple and natural crossover into a new library era, with a deepened and more aimed way of working. 📖