

## Chapter 4

# PRESCRIBED READING

**I**N 2005, a Cardiff psychiatrist named Neil Frude saw his patients waiting months to be prescribed antidepressants, and years to receive talk therapy. He noticed, as well, that they were filling those days and months of waiting with furtive forays to the self-help section of the bookstore or, in the privacy of a home or library, with what was then coming to be known as Googling. Of the more than 100,000 books on sale that offered psychiatric advice in layman's language, at least some seemed to help. If randomized trials could identify which books those were, Frude realized, doctors without specialized psychiatric training would be able to recommend them.

Soon, "recommend" ratcheted up to "prescribe." In NHS Wales's Book Prescription program, any primary-care physician who diagnoses mild to moderate depression can scribble a title on a prescription pad. The patient takes the torn-off sheet not to the pharmacy but to her local library, where it gets exchanged for a copy of *Overcoming Depression* or *The Feeling Good Handbook*. Now that depression is only one of over

a dozen conditions treated, libraries across Wales stock *Mind Over Mood*, *Overcoming Traumatic Stress*, *Getting Better Bit(e) by Bit(e)*, and *The Worry Cure*. Those made anxious by all that required reading can choose between *Stop Worrying About Your Health!* and *An Introduction to Coping with Health Anxiety: A Books on Prescription Title*.<sup>1</sup>

By 2011, doctors in Wales were issuing 30,000 book prescriptions a year.<sup>2</sup> Whether or not those books were ever opened, many of them at least got as far as the circulation desk. By 2013, a third of libraries' top ten most borrowed titles were self-help books.<sup>3</sup> A public library system suffering even more drastic budget cuts than the health service was in no position to turn away the foot traffic, funding, and legitimacy that Book Prescription supplied. No wonder that in 2013, Books on Prescription began to spread beyond Wales. England's Reading Well initiative was launched by a nonprofit rather than its own health service, but the doctors who participated were paid by the NHS. Within three months, English libraries had lent over 100,000 copies of the prescribed titles—20,000 more than *Fifty Shades of Grey*.<sup>4</sup>

It's logical enough for an underresourced health system to outsource the work of expensive medical professionals to underpaid librarians and cheap books. What might come as more of a surprise is that self-help isn't the only genre that the National Health Service is endorsing. The second branch of Reading Well, Mood-Boosting Books, recommends fiction, poetry, and memoirs. MBB's annual lists jumble fiction whose characters are anxious or depressed (such as Mark Haddon's *A Spot of Bother*) with books that lack direct representations of mental illness but are likely to jerk a tear or a laugh. Still others represent characters comforted by reading: a novel enrolls its

characters in a reading group (*The Guernsey Literary and Potato Peel Pie Society* by Mary Ann Shaffer and Annie Barrows); an autobiography chronicles a footballer's journey toward literacy (*Tackling Life* by Charlie Oatway).

This leads to some strange shelf-fellows. In the same year as the Nobel Committee, Mood-Boosting Books honored Alice Munro's *Too Much Happiness*. The first honor seems a lot easier to understand than the second, since Munro's collection of mood-killing stories turns, specifically, on the often disturbing power dynamics brokered by books. One story's naked heroine is tricked into reading aloud to a fully clothed man. Another story depicts a postoperative radio announcer, eyes bandaged, listening to books read aloud by a sinisterly unidentified woman. A third protagonist "hated to hear the word 'escape' used about fiction. She might have argued, not just playfully, that it was real life that was the escape." Also in *Too Much Happiness*, a character writes a book of short stories with "some title like a how-to book," *How Are We to Live*. That character's "mission in life is to make people feel uncomfortable."<sup>5</sup> One wonders whether the person who added Munro's collection to the list of Mood-Boosting Books got past its title page. While the Mood-Boosting program enlists fiction to alleviate anxiety and depression, Munro casts literature as an unsettler.

The merging of self-help and literature under the umbrella of Reading Well makes visible, as in a caricature, the double transformation that long-form print literature has undergone since the turn of the millennium. Literature has become medicalized, as the act of reading has been placed in the service of mental and physical well-being, but also institutionalized, as state-funded agencies are weighing in ever more systematically

on whether to read and what to read. You might explain this second change as a corollary of the infantilization described in Chapter 3: at the same moment when bedtime stories spread from toddlers to adults, assigned reading extended its reach from schoolchildren to adult NHS patients.

The convergence of psychiatric treatment and textual engagement might suggest that these otherwise very different activities are following a similar trajectory. Psychiatry, once focused on the surprising revelations that could emerge in the therapist-patient conversation, and reading, once experienced as a serendipitous encounter between a person and a book, are both being automated and instrumentalized under pressure from cash-strapped governments. Yet you might also see reading and psychiatry moving in opposite directions: the very moment when psychiatrists have come to subordinate form to content (assuming that it doesn't matter whether the treatment is delivered by a therapist or a book or an app) is also the moment when policy makers are shifting their interest in literature from content to form (where once governments focused on censoring books whose topics included sex or violence, now they're just as eager to promote the experience of long-form literary reading, regardless of subject matter).

Bibliotherapy might seem like a boon not only to the health industry, but also to the book industry. The foot traffic, funding, and legitimacy that Reading Well supplies are sorely needed in a country that lost 343 libraries between 2010 and 2016. A crude economic calculation would make book prescription look like a win-win benefiting not just patients but taxpayers, and perhaps (however unintentionally) benefiting books. Library systems gain new patrons when doctors send

patients through their doors. Literature reaches new readers every time a patient picks up a novel or a memoir en route to the circulation desk: come for *Feel the Fear . . . and Do It Anyway*, stay for *The Shining*.

For libraries as for beleaguered booklovers, an ally with as much clout as a national health service can only be welcome. Yet turning a bookshelf into a medicine cabinet raises troubling questions about why exactly a society should value reading, and which professions are authorized to measure that value.

From a medical vantage, books' selling points are largely negative: the money they don't cost, the side effects they don't produce, the addictions that they don't engender—all these allow them to beat out drugs and talk therapy alike. Unlike the antidepressants taken by one out of seven Americans and one out of six Britons, reading can't increase weight or decrease libido.<sup>6</sup> It doesn't even trigger nausea, unless you happen to be in the car.

Compared to one-on-one counseling, meanwhile, bibliotherapy looks absurdly cost-effective—for while randomized trials suggest that therapists outperform books by a narrow margin, books underbid therapists by a much wider one. A 2012 study that compared anxiety sufferers stuck on a therapist's waiting list to those prescribed self-help books found that the latter fared better but cautioned that “comparison of self-help with therapist-administered treatments revealed a significant difference in favor of the latter.”<sup>7</sup> Translation: a book does worse than a therapist, but better than nothing. And for Brits enrolled in an NHS suffering from cuts as for the 3 million Americans who lack health insurance, nothing is what many sufferers would otherwise get.

As anomalous as therapeutic claims are within the history of books, they're perfectly consistent with a decades-long attempt to automate mental health. For most of the twentieth century, psychodynamic therapy took the therapist-patient relationship as its building block. The mere fact of human interaction mattered more than its content—rather as some believe that the power of print lies less in its message than the attention and focus that it elicits.

More recently, though, insurers' interest in cutting costs has conspired with researchers' interest in protocols that can be measured and replicated to favor short-term, standardized methods such as cognitive behavioral therapy. Books take this trajectory to its logical conclusion. If your aim is less to help patients explore the underlying causes of their condition than to offer step-by-step instructions for managing it, then who cares whether the exercises emanate from a mouth, a manual, or a smartphone app?<sup>8</sup>

Still, bibliotherapy pioneer Frude acknowledges that “off-the-peg” treatments offered by self-help manuals” won't help “many people whose problems demand a more personal and a more bespoke treatment.” “Off the peg” is British for “off the rack”: the analogy casts psychodynamic therapy as a luxury good, no more accessible to the masses than Savile Row tailoring. Books on Prescription launched across England in the same year that American universities like mine rolled out their first MOOCs, or massive open online courses. Frude's comparison of Books on Prescription to one-size-fits-most mass-market clothes echoes the populist logic used to market MOOCs. Both scale up an activity whose face-to-face version lies out of reach of the masses. Both also emphasize content delivery at the

expense of the interpersonal give-and-take that goes on around the seminar table or in the consulting room. In the same way that lectures lend themselves more to online delivery than do courses involving discussion or hands-on projects, so cognitive behavioral therapy—broken down into discrete, standardized exercises—proves more adaptable than psychodynamic therapy to the impersonality of the book.<sup>10</sup>

But just as some students may find it tempting to ignore instructions delivered through a screen, Frude acknowledges that not all patients follow through with their assigned reading. At best, bibliotherapy works for those highly literate patients who are already “familiar with the process of following a structured ‘recipe’ in a book (as in a cookbook or a DIY manual).”<sup>11</sup> Just as anyone who follows the instructions in a cookbook will end up with a cake, he explains, a patient who uses the book as prescribed will end up with control over their emotions.

Since 2011, though, something has happened to Frude's analogy. If you're hungry today, a book isn't what you turn to. A long historical view suggests that culinary know-how is coming full circle: the cookbooks that emerged when the splintering of extended families prevented girls from watching their grandmothers bake may disappear again once YouTube eliminates the need to translate sight and touch into words. And once cookbooks go the way of the yellow pages, self-help books may not be far behind. Self-help has already joined romance and erotica as one of the earliest genres to sell well in electronic form: no one wants to advertise her alcoholism or codependency to anyone who glimpses the hardback she's carrying on the subway. What ebooks were to print, apps may soon be to ebooks: Epicurious.com has found its psychiatric

counterpart in the interactive cognitive-behavioral exercises offered by websites such as Living Life to the Full ([www.lltff.com](http://www.lltff.com)) or Moodgym ([www.moodgym.com.au](http://www.moodgym.com.au)).<sup>12</sup> As the book automates the therapist, so cognitive behavioral apps may soon underbid print. Meanwhile, health-care providers must bet on the medium—therapist, book, or app—being incidental to the content delivered.

Books on Prescription doesn't just reflect the evolution of psychiatry or the politics of health-care funding. Paradoxically enough, the shift to self-help books also responds to the rise of digital media. The turnstile of a specialized library once separated doctors from laypeople. But now that second-guessing your diagnosis doesn't require finding a table sturdy enough to hold some multivolume medical dictionary, the question becomes less whether patients will read than what. Pew surveys reveal that almost three-quarters of American adults use the internet for health-related searches.<sup>13</sup>

In 2016, Google reported that one out of every hundred uses of its searches involved medical symptoms; an independent estimate puts one out of twenty searches about health.<sup>14</sup> The following year, its search engine began redirecting anyone who typed or dictated "depression" into a mobile device to a diagnostic quiz.<sup>15</sup> Prompting users to tap "check if you're clinically depressed," Google blurred the distinction between checking a box on-screen and "checking" in the sense of "diagnosing." And once advertising vendors get into the act, doctors' intervention in patients' reading begins to look less like an innovation than like a rearguard action. Even if prescribed books go in one ear and out the other, they may at least crowd out pop-ups touting miracle cures.

If the medicalization of reading seems like a logistical step in the history of psychiatry, the alignment of self-help books with literature seems at first glance like a break from the history of reading. In fact, one of the earliest genres of self-help was the conduct book warning against too much novel reading. The inventor of the modern advice book, the aptly named Samuel Smiles, compared indulging in fiction to "dram-drinking." Books, Smiles warned, could never teach as much as the "life-education daily given in our homes, in the streets, behind counters, in workshops, at the loom and the plough, in counting-houses and manufactories." Selves could be helped "by work more than by reading— . . . life rather than literature, action rather than study."<sup>16</sup>

Smiles's *Self-Help* expanded for mass-distributed print a speech called "The Education of the Working Classes" that he delivered in person to a mutual improvement society, the MOOC of the day. In the book-length version, Smiles's assertion that "many of our most energetic and useful workers have been but sparing readers" seems to sit oddly alongside exemplary biographies of men inspired by childhood reading. A twelve-year-old progresses through the *Encyclopaedia Britannica* from A to Z after finishing his work at the counting-house, a warehouse boy defies the master who "warned him against too much reading," and "a poor gardener's boy" explains how he had managed to read Newton's *Principia* in Latin: "One needs only to know the twenty-four letters of the alphabet in order to learn everything else that one wishes."<sup>17</sup> Smiles's own book, available to anyone with access to a library or secondhand shop, replaced live advice from lectures and sermons. But Smiles drew a sharp distinction between educational nonfiction—such

as encyclopedias, mathematical treatises, and self-help books—and literature consumed for pleasure. The former was to the latter as vegetables are to dessert.

There's nothing new about the NHS's assumption that novels affect the body and mind. But for most of the Gutenberg era, that effect was rarely thought to be for the better. Mood-Boosting Books reverses half a millennium's worth of campaigns *against* fiction waged first by churches, then by schools, and, eventually, by the public libraries founded in the nineteenth century that rationed the number of novels a borrower could take out but allowed all-you-can-read essay borrowing. Doctors provided all three institutions with expert backup. In Cervantes's Spain, printing allowed compilations of traditional romances to spread beyond the elite audiences that had once listened to them read aloud or been able to afford to access them in manuscript. The barber who would have been the only medical professional in Don Quixote's village burns those printed versions in the hope of saving his friend's "dried-out brain." The Romantics who thought that madmen were the greatest poets sometimes tarred fiction readers with the same brush: Goethe's novel *The Sorrows of Young Werther*, they pointed out, prompted copycat suicides.

Indeed, well into the nineteenth century, experts were likelier to think that fiction reading caused madness than cured it. A doctor warned in 1806 that reading "affects the organs of the body, and relaxes the tone of the nerves." As late as 1877, another expert "could tell of one young woman of my acquaintance, of fine education," "who gratified a vitiated taste for novel-reading till her reason was overthrown, and she has, in consequence, been for several years an inmate of an insane asylum."<sup>18</sup> If these professionals had time traveled forward, the biggest surprise

to them might not have been antidepressants, but the NHS-sponsored alliance of fiction and self-help books.

The same printed books now tasked with curing the mind are also expected to heal eyes and backs. "You need a real book in your hand," one independent bookseller recently told a *New York Times* reporter, "the computer screen just hurts."<sup>19</sup> Earlier, though, it was books that were assumed to hurt hands, along with eyes, stomach, and pretty much every other body part. Long before 1949, when the term "ergonomics" was coined, doctors blamed reading for health hazards including (to quote one 1621 list of diagnoses by Richard Burton) "gouts, catarrhs, rheums, wasting, indigestion, bad eyes, stone, and colick, crudities, oppilations, vertigo, winds, consumptions and all such diseases as come by overmuch sitting" or (according to another expert in 1795) "weakening of the eyes, heat rashes, gout, arthritis, hemorrhoids, asthma, apoplexy, pulmonary disease, indigestion, blocking of the bowels, nervous disorder, migraines, epilepsy, hypochondria and melancholy." The comprehensiveness of the lists may have been tongue in cheek, but any of the individual items would have been familiar to a doctor. When Wordsworth imagined a reader being told "Up! Up! my Friend, and quit your books; / Or surely you'll grow double," the physical danger of doubling over—or just gaining weight—symbolized the duplicity of virtual experience.<sup>20</sup>

No sooner did the new infrastructures whose development we saw in Chapter 3 make reading convenient than it began to look dangerous—as harmful to the eyes and brain as sandwich munching was to the digestion. "Observe the passengers in the train," thundered one antebellum American moralist, "before all eyes, young and old, spectaclad and otherwise, there oscillates

some kind of printed page. Opportunity for fresh air is lost at the stopping-places, while the eyes are eagerly strained and worried over the plot of some novel."<sup>21</sup> The physical dangers of eyestrain concretize the mental dangers of distractedness.

By 1863, Isaac Ray, the superintendent of the Butler Hospital in Providence, Rhode Island, and a founder of the American Psychiatric Association, had used the latest medical methods to pinpoint reading as the source of "cerebral disorder," "irritability," and "abnormal erythism which often terminates in overt disease."<sup>22</sup> Ray attributed Americans' growing propensity for insanity and suicide to their "increasing fondness for light reading, especially such as is addressed to the emotions and the passions"—that is, to the very imaginative fiction that Mood-Boosting Books would later deploy as therapy.<sup>23</sup> Fiction was both cause of Americans' poor mental health—because "excessive indulgence in novel-reading necessarily enervates the mind"—and an effect of "a feverish pulse, a disturbed digestion, and irritable nerves" that created the "craving for an intense and exciting literature."<sup>24</sup>

Along with insanity came insomnia. The fears about nighttime reading that Chapter 3 traces culminated in one 1867 expert's caution that bedding a book could "injure your eyes, your brain, your nervous system." Cue the other under-the-blankets activity blamed for blindness. Ray had warned that "violent emotions thrill through the bodily frame" of fiction readers, whose habits resulted in "debasing effects constantly assisted by the habit of self-indulgence"—that is, of what would later come to be called masturbation.<sup>25</sup> Reading, too, threatened to upstage the mess and tedium of human contact with solipsistic fantasies.

Worse, textual stimuli could blot out the real world altogether. In 1889, one journalist compared books to drinks, dredging up his most scientific language to explain that just as alcoholism leads to "excessive fattening round the heart, and weak action of the heart in consequence," so "the habit of exciting novel-reading leads to fatty degeneration of the literary mind,—*i.e.*, to an unhealthy and spasmodic action of the imagination." Another expert compared the pleasures of fiction reading to "the dram of the drunkard, creating a diseased craving for more."<sup>26</sup> To some, the book resembled the bottle; to others, a viper. In 1874, the *Methodist* magazine asked, "What is the presence of a poisonous reptile in a house to that of a poisonous book on our publishers' list?" At the other end of the cultural spectrum, the plot of Wilde's *The Picture of Dorian Gray* (1890) hinges on a "poisonous book," whose immoral sentences "produced in the mind of the lad, as he passed from chapter to chapter, a form of reverie, a malady."

As alcohol began to face competition from addictive pharmaceuticals, the fiction that had once been compared to drink came to be compared more often to pills. By 1894 a journalist observing modern readers' "physical need for novels" explained that "as in the case of all other sedatives, there comes to the person who is accustomed to use fiction to soothe his mind, a positive craving for novels." And lest you think that his emphasis on the soothing nature of reading foreshadows the use of books to treat anxiety a century later, note that he saw the calming nature of fiction as a reason to throw it away. As he pointed out, "the very last thing which the man who uses novels as a sedative wants is to keep the volumes on his shelves. He would as soon think of keeping empty medicine bottles."<sup>27</sup>

If certain genres of book counted as mind-altering substances, why not regulate their sale? Decades before alcohol and tobacco were ruled off-limits to the young, novels were forbidden to under-sixteens. In 1883, the New York State Legislature debated whether to fine “any person who shall sell, loan, or give to any minor under sixteen years of age any dime novel or book of fiction, without first obtaining the written consent of the parent or guardian of such a minor.”<sup>28</sup> Unsuccessful in New York, a similar law passed three years later in Massachusetts, forbidding minors from buying “criminal news, police reports, or accounts of criminal deeds, or pictures and stories of lust and crime.”<sup>29</sup> Teenagers needed to be protected. The 1901 expert who worried that it sapped “the power of concentration, of attention, of memory [for a boy] to mope about the house and to be eternally bending his back and straining his eyes over the printed pages of a book” blamed print for the very vices that reading is now expected to combat.<sup>30</sup> A 1916 commentator added that “those children who prefer to stay at home and read a good book when all the others are out and play[ing] can be suspected of using reading as a sedative.”<sup>31</sup> To childproof your house, the bookcase needed to be locked as firmly as the medicine cabinet.

Today, on the contrary, the absence of printed stories is seen as a threat to children’s health. In 2014, the American Academy of Pediatrics enjoined pediatricians to recommend reading aloud with the same authority with which it endorsed car seats. Screen is to page as formula is to mother’s milk. When my son was an infant, I fretted as much about his access to books as to breasts. Some parents start worrying even earlier. *With Love: A*

*Book to Be Read to Your Child in Utero and Beyond* outdoes Baby Einstein to produce a Fetus Shakespeare.

How exactly, though, did scientists’ and policy makers’ new faith in books replace the centuries-old suspicions that dogged them? Perhaps the explanation is that the first generation to accede to mass literacy was also the last for which the book had been the default communications medium. As other media began to challenge print’s monopoly on popular entertainment, in other words, novels came to look like a lesser evil. In 1916, when cinema seemed to be on the verge of crowding out books, the clergyman Samuel Crothers coined the term “bibliotherapy,” positing tongue in cheek that “a book may be a stimulant or a sedative or an irritant or a soporific.”<sup>32</sup> In 1925, as radio threatened to cut into reading time, an anthology titled *The Poetry Cure* offered “sedative” poems for “raw and jumpy nerves,” “stimulant” poems “to redden pale blood-corpuscles,” “tissue builders,” “soothers and soporifics,” and “accelerators for sluggish blood.”<sup>33</sup> Its editor predicted that “when editions of this work begin to dispute front window space in our drug stores, with beauty clays, heating pads, and gland preparations, the market value of the poet will rise.”<sup>34</sup> That may not have been just a metaphor: drugstores were one of the first venues for for-profit lending libraries, with the British pharmacy Boots managing to keep one going from 1898 all the way to 1966. Then again, the “gland preparations” that promise to bathe literature in the aura of science can also drag it down to the level of quackery.

Bibliotherapy took on special significance for populations that didn’t take access to books for granted. Observing First



World War veterans hospitalized in Tuskegee, the African American librarian Sadie Peterson Delaney concluded that “books, like medicine, have a definite effect on the physical, mental and moral welfare of those who are unfortunately handicapped by illness.”<sup>35</sup> The analogy emboldened her to yoke “biblio” with “therapy.”

Delaney went on to develop an elaborate system for recommending books to patients stuck in bed with nothing better to do. The bridge that she built between hospitals and libraries became more and more trafficked over the course of the twentieth century. As ledgers, card catalogs, microfiches, and CD-ROMs came and went, occupational therapists and social workers mounted successive campaigns for “bibliopathy,” “bibliocounseling,” “biblioguidance,” and “literatherapy.”<sup>36</sup>

Even if you believe that books can improve mood, though, there’s no consensus about how. Do books work like a mirror, a painkiller, or a piece of exercise equipment? Some twentieth-century thinkers focused on the connections that readers forge with characters. As James Baldwin put it, “You think your pain and your heartbreak are unprecedented in the history of the world. But then you read.”<sup>37</sup> This is a view taken up, too, by contemporary bibliotherapists who promise patients that “our own life mirrored in that of another person” can enable introspection or combat stigma.<sup>38</sup> Hospital nurses have long encouraged the downcast to compare themselves to the patient in the next bed. The patient on the next page, too, can help us feel less alone (if she’s just as badly off) or count our blessings (if her wound goes even deeper). A more didactic version of the misery-loves-company justification asked characters to set an

example for solving their problems and overcoming their suffering. Yet if fiction serves, as one researcher put it in 1985, to make readers “vicariously experience the surmountable struggles of others,” it becomes unclear what we should do with that most literary of endings, an unhappy one.<sup>39</sup>

Twentieth-century bibliotherapists were just as interested in form as in content. Regardless of the behavior represented, they hypothesized, narrative models how to weave disparate events into a continuous identity. At an even higher level of abstraction, some twentieth-century scientists believed that literary patterning could help readers make sense of their own life stories even without taking the form of narrative. The literary critic Meredith Martin has reconstructed one Scottish hospital’s attempt to rehabilitate World War I veterans through poetry writing, in the hope that the regularity of the meter would restore the control stripped away by trauma. In Martin’s analysis, the cure lay less in the topic or even the act of self-expression than in the shapeliness of the language.<sup>40</sup>

Some twenty-first-century researchers, in contrast, posit that when it comes to mood boosting, neither the content nor the form of literature matters so much as the medium of print. When a study of teenagers finds that “major depressive disorder is positively associated with popular music exposure and negatively associated with reading print media such as books,”<sup>41</sup> or when readers’ heart rates and muscle tension are measured to prove books “68% better at reducing stress levels than listening to music,”<sup>42</sup> the researchers don’t ask whether the pages contain a bedtime story or a thriller. Likewise, the team of Yale epidemiologists that in 2016 correlated reading with life expectancy

weren't distinguishing books about longevity from books about disease. Rather, they plotted the consumption of long-form books against news and magazine reading.<sup>43</sup>

In other words, whereas the history of psychiatry might reflect a shifting focus from the medium (talk therapy, book, or app) to the message, the shift from books as disease carriers to books as cure-alls goes together with a shift from the message to the medium. Nineteenth-century experts worried that readers might imitate novelistic characters who stole or adulterated. Twentieth-century thinkers replaced crime with mental health, hoping that fictional plots and forms might model how readers could overcome their inner struggles. Twenty-first-century researchers ratcheted that down—or perhaps up—to the wager that paper and ink, whatever messages they convey, can heal the body and mind.

In that respect, books aren't alone. Reading Well began to surprise me less when I began to notice other objects once associated with pleasure and serendipity being "prescribed." In Britain, GPs began to prescribe exercise in the form of gym vouchers. A diabetic in New York showed me his prescription for vegetables.<sup>44</sup> As books go, so goes food; the fear that consuming too much of the wrong things might endanger the soul gives way to the hope that consuming enough of the right ones might save the body.<sup>45</sup> And if books aren't the only new treatment making their way onto the shelves of virtual pharmacies, conversely doctors' offices aren't the only place where novels are being asked to heal. And like cafes whose turmeric tonics promise benefits to the immune system as well as the taste buds, for-profit ventures have also begun to peddle literature by touting its medical uses.

One sweltering day in 2013, I made my way across London to the best-known such venture. A high-rent storefront spelling out School of Life advertising, author talks, singles nights, and "Conversation Cocktails" led to a front room crammed with items that old-fashioned bookstores banish to a single rack near the cash register. Here, on the contrary, a few books punctuated a mob of paperweights, "Emotional Baggage" tote bags, and candles named after writers (the Walden, incongruously, smelled like a geranium). The back room, meanwhile, derived a vaguely Freudian gestalt from its tufted couch. The "bibliotherapists" operating out of the back office, Susan Elderkin and Ella Berthoud, scribbled a faux prescription pad with recommendations ranging from the allopathic (racing through a nail-biter like *The Postman Always Rings Twice* heals apathy) to the analogic (short stories treat diarrhea). You get toothaches, they explained; so does Count Vronsky.

Ten pounds bought me Elderkin and Berthoud's *The Novel Cure: An A-Z of Literary Remedies*. I could have paid one hundred for a personalized session, or forty more if "couples' bibliotherapy" had appealed to me and my husband the biography buff. Each service charged for the kind of recommendations traditionally given out in bookstores. The difference is that Berthoud and Elderkin weren't actually selling the books.

Some bibliotherapists do. In Bath, the health resort where Jane Austen characters once flirted with fellow patients whose doctors had prescribed the thermal waters, one bookstore opened a "bibliotherapy room," also branded as "reading spa." A Berlin "book pharmacy" sells beauty products packaged with books "specially selected for their cleansing, soothing and revitalizing

qualities.”<sup>46</sup> Packaging treats as treatment, this version of bibliotherapy has more in common with aromatherapy than with chemotherapy.

While self-help books provide a cheaper alternative to face-to-face treatment, biblioconcierges emerged on the contrary as an upmarket alternative to what librarians have long done for free.<sup>47</sup> And then there are the hidden costs. “Buy *The Enchanted April*,” Elderkin and Berthoud’s bibliotherapy manual commands, “then book a villa in Tuscany and read it on the way out.”<sup>48</sup> If making your own reservation proves too onerous, its authors can chaperone you and your airport novels to a £1,600 oceanfront “bibliotherapy retreat.” As bibliotherapists, Elderkin and Berthoud are more like sommeliers than like doctors—or perhaps baristas customizing the literary Frappuccino to every reader’s finicky taste.

Yet in doing so, Elderkin and Berthoud forget that reaching for a book is a meaningful act—as transformative, in some cases, as reading it. A service that spares readers the labor of serendipitous fumbling around the stacks means missing out on two advantages that books have over other media—that you can read them for free in the library (at least if you live in a neighborhood that has one), that you can read them in secret (at least if neither a government nor an ebook retailer nor an e-reading platform is tracking you). In the Renaissance, you’ll remember from Chapter 1, printed books were among the first mass-produced, mass-marketed objects; in the nineteenth century, they were the first consumer good to be displayed on open-access shelves rather than kept behind the counter. The prescription metaphor thrusts them back into the hands of experts.

Paperback-era English professors promised that reading would impart “transferable skills” (critical thinking, clear writing). Digital-era clinicians promise that literature will heal, or at least will comfort. Auden said that “poetry makes nothing happen.” The NHS’s claim that literature can heal lends institutional weight to what I’d long felt with more conviction than evidence: that texts *do* make something happen to their readers. What surprised and ultimately dismayed me, though, was the content of that “something.” After years of turning to books for stimulus, I had a hard time accepting that they might settle or sedate. In overselling the book’s power to calm and console, these therapeutic claims undersell its responsibility to upset and anger us.

Until the turn of the twentieth century, fiction distracted from self-improvement. Novel reading was what clergy, teachers, and doctors were trying to crowd out when they recommended conduct books that spoke directly to the reader in the second person and the imperative mode. Only now, as literature takes on moral and medical powers, self-help books begin to look like the lazy option.

Searching for an adjective to characterize “non-occupational reading,” Sven Birkerts comes up with “restorative.”<sup>49</sup> A simpler adjective might once have come to mind: call it “pleasure.” In 2003, a book-length book list, Nancy Pearl’s *Book Lust: Recommended Reading for Every Mood, Moment, and Reason*, anticipated *The Novel Cure*’s pairing of books to moods. As “cure” replaces “lust,” reading moved from the bed to the couch. The medicalization of pleasure collapses the distinction that separates Books on Prescription from Mood-Boosting Books.

When Berthoud reshelfed fiction under a self-help call number, she chipped away at the centuries-old idea that literature is valuable precisely because it takes us away from our own lives and petty dilemmas.

Book titles are mutating to match. Instead of calling his primer *An Introduction to W. H. Auden*, Alexander McCall Smith has titled it *What W. H. Auden Can Do for You* (2013).<sup>50</sup> *Ten Poems to Change Your Life* (2001) was one-upped nine years later by an anthology of *Poems That Will Save Your Life*. By 2015, American conservative Rod Dreher hedged his bets by shoe-horning life-changing and lifesaving powers into a single memoir, *How Dante Can Save Your Life: The Life-Changing Wisdom of History's Greatest Poem*.

Back in 1934, Ezra Pound's *ABC of Reading* called literature "news that stays news." An updated definition: news you can use.<sup>51</sup> As the fiction reading that once prompted self-abuse gets reshelfed under self-help, so the greedy page-turning that once counted as self-harm becomes another form of self-care. In 2017, *Expecto Patronum: Using the Lessons from Harry Potter to Recover from Abuse* offered lessons from the most-read book in recent history. In 2018, Laura Freeman's memoir, *The Reading Cure*, credited Siegfried Sassoon's descriptions of soft-boiled eggs with curing her anorexia.

The paradox is that essayists who task novel reading or poetry reading with saving or changing their lives wager that we'll spend at least a good portion of our lives reading . . . essays. As Clay Shirky points out, "an entire literature about the value of reading Proust is now more widely read than Proust's actual oeuvre."<sup>52</sup> Every minute that you give to *How Proust Can Change Your Life* is a minute that you're not spending with

*Remembrance of Things Past*. Yet reading about the experience of reading literature is not the same as reading literature. Even if poetry itself can save your life, Jill Bialosky's prose memoir *Poetry Will Save Your Life* (2017) is unlikely to save yours.

And even if you do read Proust, you may enjoy him less. Panting to find out what happens next, seeing the world through a character's eyes, wallowing in the play of language—all become means to medical ends. In the process, novels may cease to provide an alternative—even a challenge—to the DSM's checkboxes.

To say that books are good for mental health isn't to say that that's all they're good for. But psychologists like Edward L. Deci find that associating extrinsic rewards with an action decreases our sense of its intrinsic value enough to cancel out the effect of those rewards.<sup>53</sup> (The classic example: snacks for blood donors can sap the idealism that motivates volunteers to give platelets for free.) As blueberries marketed for their cancer-fighting flavonoids begin to taste less luscious, reading may lose more prestige than it gains when white-coated experts replace librarians' advice. It's too soon to tell whether the power to heal or at least numb will crowd out all the other reasons for which people have read—to save their souls or to sharpen their wits, to imagine other lives or to better their own. What has already become clear is that there's a price to pay.

After spending as many hours reading Victorian novel haters as interviewing twenty-first-century scientists, I'm left wondering whether to believe the old theories or the new. On mornings when the urge to find out how a story ends is all that gets me out of bed, I think Mood-Boosting Books are on to something. When the telltale compression of pages or the

dwindling scroll bar warns me that the imaginative world in which I'm taking refuge is about to come to an end, though, books feel more like intimations of mortality.

For years I rationed Trollope novels, keeping a new one in reserve next to the unopened chocolate bar stashed away for consolation if and when my equally bookish boyfriend walked out. But when I turned the last page of *The Last Chronicle of Barset*, it was Trollope's series that abandoned me. Elderkin and Berthoud are right to dedicate an entry to "finishing, fear of." Whatever life lessons we can glean from having read, perhaps being in the middle of a book is what really counts as living.

## Chapter 5

# BOUND BY BOOKS

**I**N 2005, National Public Radio book critic Maureen Corrigan entitled her memoir *Leave Me Alone, I'm Reading*. Corrigan memorializes a mother who warned her against ruining her eyes over a book—every page read an act of rebellion. Sven Birkerts's *Gutenberg Elegies*, too, are fueled by a childhood spent using books to "seal myself off as fully as possible" from a father "with a quick temper and an impatient disdain for anything that smacked of reverie or private absorption, almost as if these states in some way challenged his authority." A third midlife book reviewer, humorist Joe Queenan, structured his 2012 memoir by contrasting his own surreptitious reading of James Bond novels at school with the assignments of teachers who "rammed books down my throat" and the "grumpy, autocratic, middle-aged women who seemed to dislike children" but nonetheless staffed the children's section of his local library. When these readers reach back to remember a childhood that predates digital media, they're also grasping at their