

On the Dangers of Reading by Keren Dali

This article originally appeared in the August 2014 issue of RA News.

If you think that reading is good for you, think again. I am not talking about learning, literacy development, or other intellectual benefits, I am talking about reading for the soul -- reading to feel better, to chase away a bad mood, or to find balance in our lives. I am talking about the reading of fiction in particular. Fiction books can certainly do all of those things for us. They can be a free therapist or a medicine; they can help with heartbreaks and moments of doubt, with loneliness and insecurities. But do they always? In the last few years, there has been a resurgence of publications that demonstrate librarians' growing interest in the notion and practice of bibliotherapy (BT). BT, often interpreted as healing through books, rests on the premise that reading is inherently good, beneficial, and helpful, which is fueled by librarians' own love of reading.

These paired articles "On the Dangers of Reading" and "On Bibliotherapy" take a closer look at BT. The one you are reading right now looks at the potential dangers, rather than goodness, of reading and prepares the ground for <u>the second article</u>, which deals with the definitions, types, and limitations of BT, and the professional boundaries that librarians have to observe in order to practice BT ethically.

So, why can reading possibly be dangerous?

Tylenol may be great for a headache and Ben-gay for a back pain inasmuch as you don't suffer side effects (or get worse, for that matter). The same applies to reading if we look at it as medicine. The trick is that librarians -- many of whom are avid readers and have experienced first-hand how powerfully liberating and healing reading can be -- are often so enamored with the potential goodness of reading that they don't see how it can cause harm. Alas, it can, and the dangers of reading -- intellectual, psychological, social, and even physiological -- are sometimes very real.

Before I dive headfirst into a bleak discussion of the dangers of reading, I'd like to make a disclaimer: I am intentionally blowing things out of proportion. Just this once, I want us to extricate ourselves from an unequivocally positive, rosy outlook on reading so we could see the flaws in the seemingly perfect form and possibly learn something useful for our professional practice, as well.

The Dangers of Reading

The stereotype of an introverted reader, disoriented in the sunlight and public places and wearing heavy-rimmed glasses, is all too familiar to many. However exaggerated (or ridiculous) this stereotype is, reading is indeed associated with eye strain and comes at the expense of exercise and other physical activities. Frequently related are poor diets and digestive problems, an unwelcome weight gain or loss, and generalized exhaustion.

Then come the psychological side effects of reading. One typical symptom is guilt over unfinished (or untouched) house chores or homework, neglected relationships, unmade phone calls, and unresolved issues -- all because we've abandoned reality, yet again, to do something we love the most -- reading. To compensate, we multitask, sleep less, get up earlier, and go to work tired.

But that's not all. Do you remember how you good you felt *until* you read that book about a cheating spouse? Before that, you didn't worry about the faithfulness of yours. You also did not obsess over rare diseases, traffic accidents, bacteria-laced foods bringing on an epidemic, cunning identity theft, or an internet predator lunging at an opportunity to con you out of your life savings. The list goes on. Books deliver ideas vividly, viscerally: readers hear the criminals plot inside their minds, feel the destructive viruses penetrating a human body, and agonize over the betrayal of those whom we love and trust. And this is how reading an enthralling well-written book can result in a nagging worry or fear.

While relating to protagonists' experiences is common, some readers also *over-identify* with fictional characters -- and not in a good way. Feeling too much empathy for characters in crisis situations can be detrimental. Some readers go beyond worrying on characters' behalf and visualize themselves in the frequently unfortunate, troubling, or hopeless circumstances. The characters, in fact, become so familiar that some readers begin to think of them as though they were real people. The blurring line between reality and fiction becomes an even more serious problem when a reader prefers fictional existence to reality. This phenomenon is often referred to in literature as books "better than life" (Pennac, 1994). When individuals over-identify with characters, they cultivate unrealistic expectations of people and situations, developing the Mr. Darcy Syndrome (or an equivalent). Living in a world of dreams populated by fictional characters, readers miss out on the enjoyment to be found in real life and real people. Worse still is the situation in which a reader begins emulating negative behaviors and adopting destructive viewpoints encountered in books -- be it drugs, violence, chauvinism, or racist attitudes.

You will say that I am stretching things too far and that I can't possibly be serious about the harmful effects of reading -- fiction reading, in particular. Of course, none of the above would have any lasting and altering effect on most readers' lives. And yet, there are other readers – vulnerable readers, those who are in a troubled state of mind, plagued by severe personal problems, or affected by dramatic life events. These are the readers who come to the library hoping to find books that will heal them. These readers' perception may be altered, and books that would otherwise provide comfort may exacerbate their feelings of sadness, anger, or hopelessness. Adverse reactions to reading matter -- fear, obsession, guilt -- may be amplified, and readers may become more

susceptible to emulating negative behaviors. Reading may serendipitously help these individuals but it may conceivably make them feel worse. And this is something that readers' advisors should be aware of at all times.

Implications for Librarians

Often in the case of vulnerable readers, we deal with some kind of psychopathology or mental health issue, which results from a chronic illness, a recent psychological trauma, or a difficult life transition. The needs of vulnerable readers are somewhat different from those of other readers. However, while librarians are certainly "qualified to recommend books," they are "not qualified to diagnose the need" (Sturm, 2003, p. 174). Amen to that. We don't get much training as therapists in library school, do we? Having neither therapeutic background nor experience as diagnosticians, librarians cannot reliably gauge the nature and degree of a problem that a reader may have.

Consider a reader who approaches you with the request for a book about a breakup. For whatever reason, which may or may not have deep emotional undercurrents, the reader wants to read a story involving the end of a friendship, a love affair, or a marriage. This can easily be a typical readers' advisory (RA) question that librarians will successfully handle. Now consider a variation: "Can you find me a book that'll help me deal with a recent breakup?" Posed as such, this question should raise a red flag for a librarian as it reveals a vulnerable reader. This reader is no longer looking for just another good read; s/he is on the quest to find a cure for heartache between the book covers. A librarian who receives this request is now outside of the RA comfort zone, slowly but surely drifting into the zone of therapy -- BT, in this case. Something they cannot do. Something they are not trained for. Something outside of their purview. Thus, the most professional response to the question above is "Unfortunately, I can't but what I can do is..."

It is important that librarians learn to tell the difference between RA and BT questions but spotting BT requests is not always an easy task. However, sensitivity to and awareness of the possible dangers of reading is the first step to successful differentiation between RA and BT. The second one is understanding the practice and types of BT better and becoming knowledgeable of training options for librarians interested in the proper and ethical practice of BT. If you would like to learn more, the follow-up article called "<u>On Bibliotherapy</u>" is for you.

Did you like this article? Tweet it out Tweet Want more articles like this one? <u>Subscribe to RA News</u>

Bibliography

Pennac, Daniel. Better than life. Toronto: Coach House Press, 1994;

Sturm, Brian W. "Reader's Advisory and Bibliotherapy: Helping or Healing?" *Journal of Educational Media & Library Sciences* 41, no. 2 (2003): 171-179.

7/7/2019

Dr. Keren Dali is at the Faculty of Information & Media Studies, Western University, Ontario, Canada. Among other things, she is currently working on the online bibliography on bibliotherapy for librarians funded by the ALA Carnegie-Whitney grant.