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## The public library as therapeutic landscape: A qualitative case study



Liz Brewster\*

Social Science Applied to Healthcare Improvement Research Group (SAPPHIRE), Department of Health Sciences, University of Leicester, 22-28 Princess Road West, Leicester LE1 6TP, UK

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## ABSTRACT

The idea of the therapeutic landscape has been widely used to describe the relationship between place and improvements in mental health. This paper uses data from a qualitative study conducted with people with mental health problems to outline the role of the public library as a therapeutic landscape. It situates the public library as a space that is simultaneously familiar and welcoming, comforting and calming, and empowering. Further, the paper reflects on the impact of proposed library closures in light of these previously hidden benefits, thinking about the library's role as an environment and not as a service provider.

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## 1. The public library as place

Public libraries represent the values of liberal democracy, open access to knowledge and equality (Lees, 1997). Recent challenges to the public library service have opened an international dialog about what the public library means as an institution in society (Flood, 2013a). The author Neil Gaiman recently referred to the public library as a place that is: 'about freedom. Freedom to read, freedom of ideas, freedom of communication' (Gaiman, 2013). Debates about whether public libraries are valuable repositories of knowledge and social values or outdated and unnecessary have shown how the public library inspires a passionate response and is valued (or denigrated) as a place (Flood, 2013b).

Several studies have started to explore the impact of the public library on well-being, trying to identify the qualities that make the public library an essential element of community life (Curry and Alstad, 2003; Toyne and Usherwood, 2001). However, studies have struggled to define the real benefits of the public library; the rewards of engaging with the public library are seen as intrinsic, intangible qualities. Indeed, although in the UK there is a statutory duty under the 1964 Public Libraries and Museums Act to provide a 'comprehensive and efficient' public library service, there has been little clarity about what this service should look like (HM Government, 1964).

While demonstrating the impact that a community location such as the public library has on the population is difficult, its removal – even temporarily – provides an opportunity to examine that role. During a strike in 1995, the entire public library service

in Sheffield was closed for 8 weeks, and subsequent research with library users identified two factors relevant to the study reported here (Proctor et al., 1997). First, library use was found to be more frequent than previous studies estimated; second, those using the library did not just value the books and information available via the library. Instead, library users 'missed the library for a reason related to its social value or because it had become an indispensable part of their lives' (Proctor et al., 1997, p. 63). Analysis of the Mass Observation Archive, a UK-based data set focused on everyday life experiences, similarly concluded that the public library is a place of 'reflection, self-realization and sanctuary' (Black, 2011, p. 34). Thus, there is evidence that the public library can play a significant and fundamental role for those who use it. The focus here is not on the services provided by the public library; it is about the public library as an institution and a space.

Public libraries have long had a tacit role in providing an open and a safe environment for vulnerable groups, including people with mental health problems.<sup>1</sup> Public libraries are also associated with philanthropic and self-improving tendencies (Greenhalgh

<sup>1</sup> While the literature addresses the needs and use of public library services for vulnerable groups such as homeless people, asylum seekers and elderly people, little has been written about their use by people with mental health problems. The knowledge is indeed tacit, though an integral aspect of education and training in librarianship. Several older texts refer to deinstitutionalisation and the role of libraries in community care, demonstrating how this has come to be accepted as implicit (Martin, 1989; Shapland-Howes and Crossley, 1989). A quote from a librarian collected as a part of this wider study on which this paper is based summarizes this best: 'libraries have always been a place that attracts quite a lot of vulnerable people, because they're seen as safe spaces. During – was it the 1990s, when the whole care in the community act came out? People with mental health issues who've come back into the community were encouraged to go to libraries. In the sort-of package of information they received, it was explicitly stated that libraries are safe,

\* Tel.: +44 116252 5439.

E-mail address: [eb240@le.ac.uk](mailto:eb240@le.ac.uk)

et al., 1995, p. 54). This paper aims to explore the role of the public library for one particular group of public library service users (those with mental health problems), questioning whether the public library forms part of a ‘therapeutic landscape’ (Gesler, 1992).

## 2. Thinking about therapeutic landscapes

The impact of the built and natural environment on mental health is widely documented in the mental health geographies literature (Korpela et al., 2008; Parr, 1997, 2008; Wood et al., 2013; Yates et al., 2012). The role of place in the recovery process has also been discussed, and concepts including ‘safe spaces,’ ‘favorite places’ and ‘enabling places’ have been outlined to suggest that people with mental health problems identify locations that have attributes which support recovery and encourage well-being (Duff, 2012; Yates et al., 2012). According to those who regard particular spaces as safe or enabling, these locations have different qualities compared with those found elsewhere (Tucker, 2010). These characteristics are difficult to concretely define, and vary from person to person, but contribute to the everyday life work of illness and recovery (Adler et al., 1987). Debate around the value of places has typically been framed around residential and community care spaces in the built environment, or on the impact of green space and access to the natural world (Korpela et al., 2008; Yates et al., 2012). The problematic nature of medicalized spaces has also been identified (Martin et al., 2005). Non-commercial community service settings such as public libraries and community centers have been identified as locations which can be restorative and relaxing, though little work has been done to identify the factors that encourage this (Korpela and Ylén, 2007).

The term ‘therapeutic landscapes’ is often used to think about spaces that have a positive impact on mental health and well-being (Gesler, 1992). It has been defined as: ‘an environment conducive to well-being’ and ‘helping to promote holistic healing’ (Martin et al., 2005; Wood et al., 2013). It has been widely applied to think about everyday spaces as having the potential to be therapeutic (Cattell et al., 2008; Parr, 1997, 2008). Typically, work has been framed around asking people directly what spaces they find therapeutic. The approach taken here differs in that it started by asking people about a specific location (the public library) and then, building on their responses, identified therapeutic qualities post hoc. The emphasis here will be on the public library as a space of restoration and the promotion of well-being, rather than as a curative environment. Some questions have been raised as to whether the spaces described are truly ‘therapeutic’ and have long-term benefits, or if they can more accurately be described as ‘micro-restorative experiences’ (Kaplan, quoted in Cattell et al., 2008, p. 557).

It is argued here that the physical space of the library represents something more than a building in which services are housed, and that there is a need to go beyond library-as-access-to-materials to think about the public library as a space. Questions can be raised as to whether public library use has previously unrecognized benefits for people with mental health problems such as stress reduction and improved well-being. Consideration of these potential effects has direct implication in light of current public library closures in the UK, emphasizing the value of the public library as a space may have for people with mental health problems. Thus, this paper aims to answer the question: what impact does the public library have on mental health and how might the closure of public libraries affect this?

## 3. Methodology

### 3.1. The study and its context

This paper reports on 16 in-depth, life course interviews with people with mental health problems who use public libraries which were conducted as a part of the collection of a larger data set including participant observations, interviews with information and mental health professionals, health policy analysis and quantitative analysis of book borrowing. The wider study focused on the provision of bibliotherapy schemes in the public library, and compared policy aims with service user experiences (Brewster, 2011). Bibliotherapy is the provision of texts (non-fiction or fiction) with the intention of improving mental health, and around 100 public library services operate a bibliotherapy scheme (Hicks et al., 2010). The majority of schemes focus on the provision of evidence-based cognitive-behavioral therapeutic texts, but some use fiction and poetry to work with people with mental health problems. Schemes initially focused on people with mild-to-moderate mental health problems like depression and anxiety, but there is increasing evidence that bibliotherapy (mainly using fiction and poetry) can be beneficial for people with more severe and enduring conditions like schizophrenia and bipolar (Volpe et al., 2013; Farrington and Fearnley, 2010).

Thus, the role of place was not the main focus of this work, but arose in interview data as a concern for participants. At the time the research was being conducted (2009–2010), cuts to public library services were taking place across the UK. Participants often commented that they did not see this as a positive development and wanted to contribute to the research project to ensure that services they valued were not taken away in budget cuts. Public library use has been seen to grow as economic decline affects a country, with reference to their role as ‘recession sanctuaries’ (Rooney-Browne, 2009). The research took place in Sheffield, a large northern English city with an ethnically and socio-economically diverse population of over 550,000. The city has 27 community libraries, and a central library which houses a reference and community information service. Since this research was conducted, Sheffield City Council have confirmed that decreases in the library service budget mean that 15 of these 27 branch libraries are under threat of closure (Anon, 2013; Flood, 2013a).

Participants visited and discussed 10 of these libraries; the libraries were a diverse selection in terms of age of building and type of space, but some general remarks can be made about their characteristics. Names of specific libraries have been removed to help to maintain participant confidentiality and anonymity. This may represent a problem to the reader trying to visualize specific spaces, but it is necessary to minimize the possibility of participant identification. As buildings, libraries discussed included: a converted 18th-century house; a purpose-built Victorian library; a mid-20th-century purpose-built library; a purpose-built steel-framed building designed in the early 2000s. All had some element of what could be described as a typical traditional library atmosphere – they were mostly quiet spaces. In some libraries, this was more of a ‘quiet corner’ than the whole building. In the majority, the children’s and adult books were separate, though in the more modern purpose-built libraries this separation was less pronounced. Older buildings tended to have the children’s stock in a separate room or on a separate floor. All the libraries had Internet-enabled computers, and most had café facilities and comfortable chairs for reading. There were light, bright spaces with large windows and all had been made as accessible as possible (with difficulty in some of the older buildings). All the libraries had the same local branding, but maintained a unique feel in terms of having notice boards of local events, children’s artwork and the same staff working there regularly.

(footnote continued)

neutral spaces and they were encouraged to go there.’ (Librarian 5, unpublished data, Brewster, 2011)

### 3.2. Participants

Sixteen local people with mental health problems volunteered to be interviewed; participants were recruited to the study via three routes:

- Volunteering to be interviewed after meeting me while I was observing a bibliotherapy group operating in a local public library (four participants).
- Making contact after seeing a poster on a public library notice board asking for volunteers to be interviewed about their use of books for well-being (six participants).
- Reading articles written about the project for a local mental health service user magazine, which asked the reader to contact me if they were interested in participating in the research (six participants).

A convenience sampling method was used, talking to all participants who volunteered to be interviewed. The sample was not intended to be representative of the local community, but attempts were made to reach different groups; a mail-out was also sent to local mental health service user groups, including groups specifically for different Black, Asian and Minority Ethnic (BAME) communities, though no participants were recruited via this route. The sensitive nature of the data collected, some of which was highly personal to participants, meant that maintaining confidentiality and following ethical guidelines was paramount. Pseudonyms are used throughout this paper to maintain confidentiality of participants, and demographic data kept to a minimum.

The participants represented a diverse sample of the population in terms of gender, age, mental health diagnosis and socio-economic background, though not ethnicity. Seven were female and nine male; 14 were from a white British background, and two from two different BAME communities. All participants lived in Sheffield at the time of their interview, though several participants had either migrated to the UK, or lived abroad for some of their life. Ages ranged from mid-20s to mid-70s, with the majority of participants in their 30s and 40s. Some participants had enduring mental health issues that meant they were unable to work, and were at the lower end of the income scale. Nearly all participants had taken time out of employment because of their mental health issues, though most had returned to paid employment on a full or part-time basis. Participants had a variety of diagnoses of mental health problems ranging from schizophrenia to social anxiety and depression. The majority had more mild-to-moderate mental health problems, and had not required in-patient treatment. Length of diagnosis varied, from those diagnosed in the past few months to those who had experienced symptoms of mental health problems for most of their adult life.

### 3.3. Data collection and analysis

Interviews were conducted in a location convenient to the participant, including in their own homes, public library meeting rooms and university meeting rooms. Interviews lasted between 60 and 90 min. All interviews were audio-recorded and transcribed verbatim, with transcripts uploaded into the NVivo8 software to facilitate analysis. Participants knew from the recruitment materials that the focus of the interview was their use of books and libraries for mental health and well-being, but the interview itself was kept very open. The first question was always *'what made you decided to be interviewed for this project?'* which allowed the participant to begin to discuss their life circumstances and their views on reading and the public library on their own terms. The shape of the interview was thus directed by the participant, and no direct questions were asked about mental health diagnosis,

leaving the participant to disclose as much or little detail as they wished. The interviewer mirrored the terminology used by the participant – so if they referred to a specific diagnosis, or a 'breakdown' this language was adopted, but if no diagnosis was discussed the interview proceeded in more general terms. This aimed to avoid medicalizing or formalizing the encounter, and helped to build a rapport with the participant. Interview questions were very open; for example participants were often asked variations on questions like *'tell me about going to the library to get the [bibliotherapy] book'* and *'what do you think of the library?'*

The research was conducted from a reflexive, interpretative perspective, and analysis was led by the data (Glaser and Strauss, 1973). A constant comparative method was used to analyze and reflect on the interview transcripts (Charmaz, 2006). Analysis of interview transcripts was influenced by guidance on interviewing using biographical methods (Merrill and West, 2009). A process of simultaneous coding based on close reading of the data was adopted, to address the complexity within the transcripts and express multiple meanings and conceptualizations (Saldaña, 2009).

## 4. Findings

Participants discussed many reasons that they visited the public library on a regular basis. They were mostly frequent users of the library, visiting once or twice a week. Those interviewed often visited more than one library, naming two or three in a geographical area. For example, when Olivia (early 30s, white, student) was very depressed, she only felt capable of going to the small, local library that was within walking distance of her house. When she was feeling better, she chose to take the bus to the bigger, central library. Participants were prepared to travel to access an aspect of the library building that they found particularly appealing. Amelia (mid-30s, white, employment not discussed) did not like her local, modern purpose-built library as she felt it was too noisy, and preferred to travel to an older, more traditional building in a different area of the city. However, participants did not agree about which libraries had restorative qualities; Milly (early 50s, white, voluntary worker) preferred to travel to the library that Amelia did not like.

*'My local one is [library 1], but I prefer [library 2], really... it's easier to just hide behind a shelf or sit in an arm chair [there]. I think [library 1] because it's an older building, it's a bit too crowded, to be honest.'* (Milly)

Participants discussed three common themes when thinking about the library as a space:

- The library as familiar, open and welcoming.
- The library as comforting and calming.
- The library as empowering.

These recurring elements all contributed to participants' view of the library as a place, and to the construction of the library as a therapeutic landscape. It was a space of safety and participants often used a visit to the public library as a direct response to acute stressing situations.

### 5. The library as familiar, open and welcoming

The open and welcoming nature of the public library as a space led many people with mental health problems to go there when they were feeling acutely stressed or unhappy. Nathan (mid-50s, white, employment not discussed) discussed his struggles with motivation when depressed, stating that: *'the library has certainly*

been a good space to visit because it felt there was something there worth going to, and people were friendly and open.'

The familiarity of the library was mentioned by participants, who felt that it was somehow established as a safe, non-challenging space in which they felt comfortable; in Amelia's words: *'when I'm feeling depressed, the last thing on earth I want is to have a chat with somebody. But then – it's odd because it's still quite nice in a way to see the same faces.'*

Staff attitudes to people with mental health problems were thus an integral part of the library experience. Connor (early 40s, white, voluntary worker) stated that his relationship with staff in his local public library was very positive: *'I have a very good relationship with the staff who work in the library. There's a couple of members of staff there who are aware what my condition is, and have on occasions recommended things. They know the things that I like, and have recommended books.'*

Nevertheless, recent staffing changes had lessened the opportunity for this staff interaction: *'they have re-structured, there have been big staffing changes and there's less time for that personal contact'* (Connor).

Silas (late 30s, white, unemployed) commented on the changing use of the space in the library, seeing the changes made to his local library as positive, making the library a welcoming place. He observed that in his local library: *'there's that nice seating area. There's the cafeteria, which does really nice food, and there's computers you can use.'* Silas also had encountered friendly and helpful staff at the same library. They were aware of his mental health problems, and he felt comfortable that they had this knowledge. In our interview, he produced a book from his bag that he was currently reading, stating that:

*'The librarian found this for me. I was reading another one on CBT, which isn't so good. And she said to me, have you seen the other book on the shelf? And I said well, I couldn't find any others. And then she got this from another library for me.'*

Many participants told short anecdotes of specific examples where they felt the library staff had gone out of their way to assist – ordering books from stores or other libraries; locating titles on similar subjects; and being friendly and helpful. Olivia (early 30s, white, student), a regular library user, was particularly fond of the staff at her local library: *'I know that they're incredibly friendly and nice people.'*

## 6. The library as comforting and calming

Participants spoke of visiting the library as being beneficial to their mental health, regardless of whether they borrowed books on their visit. These findings demonstrate some of the ways that people with mental health problems interact with the public library as an institution. Those interviewed all shared a common experience in terms of their library use and mental health. All viewed the library as a positive, welcoming environment in which they felt secure. As Connor remarked: *'I like going into libraries. They aren't necessarily quiet places anymore, but I feel comfortable just going in there and spending time in there.'*

The use of the public library as a calming space was expressed by Julia (mid-50s, Asian, administrator), who used the library to escape from the stresses of the outside world. When asked if she used libraries, she began to talk about what she used libraries for, then paused and stated that; *'I might just go in.'* She paused again and continued: *'I might just go in with one of my own books. Because it's quiet. Once I was having a bad time at work, I used to go in around lunchtime because it would be busy in town and then you'd walk through the doors and you'd go into whichever bit and just go – quiet.'*

Julia's statement that she *'might just go in'* rather than going to the library to use a specific service exemplifies the atmospheric factors that people felt were of benefit in terms of their use of the public library as a space. The library was seen as a space that was quiet and calm and many participants saw this as beneficial. Silas referred to this atmosphere as: *'very tranquil and relaxed...if you said to me what's the benefit of going to the library, certainly at [library 3]– that's the only one I go to – it's that calm, relaxed atmosphere in there. It's the atmosphere I find very therapeutic. A tranquil atmosphere without it being dead and you can get yourself comfortable.'*

Similarly, Milly described how her response to feelings of depression might be to go to the public library to experience its ambience: *'I love going into the public library, if I'm feeling low. I love it. It's like it embraces you, it's so peaceful and to be surrounded by books and people who are there for books, it's very, very soothing, I find.'*

For Amelia, it was possible to identify the role that the public library played when she was recovering from mental health problems: *'I've always loved libraries, and I think they have been a real place of sort-of sanctuary and really helpful on the recovery process.'*

Amelia also felt that going to the public library could be beneficial because it was calming and quiet: *'when I have been in very severe depressive state, I read children's books; sometimes I just go in and look at pictures. And it's been quite an easy thing for me to do, to go to the library when I don't really feel like doing much.'* She commented that for her, it was an unpressured place to go: *'I probably spend quite a lot of time there, browsing.'*

## 7. The library as empowering

Another important aspect of the experience of visiting the public library was the feeling of empowerment and choice experienced by participants. Several participants spoke of the way that their depression and mental health problems meant they found it difficult and anxiety-provoking to make decisions in everyday life. Isaac (early 40s, white, voluntary worker) could not cope with taking hold of the television remote control in his house, as he felt too anxious about choosing a program to watch for his family. In contrast, the public library was somewhere that they could go in which it was possible to overcome this inability to decide. Nathan stated a similar reaction to going to the library at times of intense anxiety and inability to make decisions: *'I hadn't realized, perhaps, how beneficial it had been—because I could go, make choices, they didn't have much consequence, because if I didn't like the books I could just bring them back again.'*

Other participants discussed how the public library provided them with an opportunity to empower themselves through the library's provision of access to learning and education. Three participants – Connor, Julia and Louis – talked about how their life circumstances and mental health problems had left them facing financial constraints. They found that this limited their access to books and other materials that they had previously enjoyed. Connor, for example, could not currently work because of his mental health problems: *'I'd always bought books, and now I can't afford to buy books at all. My budget's very limited, so I started using the library again. And I think they're important, libraries are.'*

Similarly, Julia had accepted a lower-paid, part-time job as her previous employment was contributing to her depression: *'obviously I can't afford to buy big atlases and things, although I love books. I might go to the library for that. I'm only just sort of re-awakening myself to what's available in there.'* This freedom to choose texts, and to access material that was not available via another means, was seen as something that made people feel

positive about making a choice to go to the library and learn about things that were interesting to them.

Access to reading as education and empowerment was very important to Alfie (late 40 s, white, unemployed), who had problems with alcohol and a diagnosis of schizophrenia. He talked about how for him, visiting the library and reading was something to do to distract himself and to give him a sense of purpose when he was struggling with the symptoms of his mental health problems:

'Because I don't really know very much about Ireland. I went to the library and got some books about Ireland and I read them all last week... so I sometimes read as a chance to stop me from drinking, to concentrate the mind. I find if you read it concentrates the mind, gives you a sense of purpose... And it's not just summat to do. It concentrates the mind – oh, you feel you're a different person.'

Alfie's comments do refer to reading as much as they do the library as a space, but he appreciated that the library provided him with access to materials and enabled his learning. Participants also talked about the freedom to access materials without feeling like they were being judged by anyone.

## 8. Discussion

Participants shared a number of benefits that they found in visiting the public library. They felt that the library was open and welcoming, calming and comforting, and empowering. Its familiar environment encouraged those interviewed to find a tranquility there that they sometimes struggled to find elsewhere. Participants referred to their library use as therapeutic, and there is evidence that they viewed the space as having a positive effect on their mental health. Narratives of the use of the public library as a calming space or sanctuary were repeated throughout the interviews. Bringing these concepts together and relating them to the literature, it seems that those who talked about using the public library when they were experiencing symptoms of mental health problems were performing an act of 'self-care' when they visited it (Duff, 2012). By visiting the public library as a response to a stressful situation, those interviewed implied that it helped them to avoid the escalation of their symptoms of mental health problems, albeit a temporary one.

The material presented in this paper has built on concepts of the library as a space of freedom open to all (Lees, 1997). Participants in this research felt that the library was a place that they could go in which they were not pressured or judged. Building on Neil Gaiman's (2013) comments on the types of freedom available in the library, Cattell et al.'s (2008) concept of the 'freedom to tarry' can also be deemed relevant. This form of freedom emerged in work on the role of public and everyday spaces as beneficial for well-being, and emphasizes the importance of being able to be in a place without a specific purpose (Cattell et al., 2008, p. 554). Those interviewed never spoke of being hurried in the library or asked to move on. Julia's comments on 'just going in' to the library with one of her own books supports this. The position of the public library as a non-commercial space that people could access without having to justify their presence had value for participants.

The public library also performed another function for some mental health service users building on this portrayal of the library as a calm, unhurried space. It could be an open and welcoming space with a social aspect. Participants spoke of the value of feeling that library staff knew them and their interests, and welcomed the familiarity of these interactions. Some were comfortable with the library staff knowing about their mental health problems, showing that they did not feel that they were being

stigmatized via their disclosure. This shows the value of the library as an 'open-minded' pluralistic space (Lees, 1997, p. 323). Attending the public library was not stigmatizing, in the way that attending a clinic or day center might be. As it was open to all, the library provided a security in the anonymity of sitting reading or browsing, with a lack of obligation to disclose information about the self. This reading of the public library is in contrast with other conceptualizations of the library as institution which suggests that it can be a space of surveillance (Lees, 1997; Radford, 2001).

Different people found different library spaces to encourage a feeling of well-being, disagreeing about the qualities found in specific libraries, which supports Conradson's (2005) argument that places are not therapeutic within themselves, but the experience of being in them can be subjectively therapeutic. It also starts to help us to consider the impact that public library closures might have on people who regularly use these libraries. Geographical proximity was not the only factor in choosing which library to visit, and access to books and computers were not the most important characteristics of the public library. However, these are the characteristics on which library closures are considered by local authorities. This shows that there is a fundamental element of the experience of using a public library that is currently missing from debates about their role in society.

As discussed, recent media debates have considered the potential diversification of the public library 'brand' as a response to austerity measures (Winterson, 2012; Rasmussen and Jochumsen, 2007). Developing the role of public library to include other council and commercial services and community resources is seen as a solution that may help to protect some functions of the public library in a time of budget reductions. The findings here present a counter-argument to this role re-definition, suggesting that there is something intrinsically valuable about the public library as an institution. The opportunity for autonomous and self-directed access to the public library contributes to mental health and well-being and is a strength of the public library as an institution. Commercialization of the space and co-location with other services may change its core characteristics. Outcomes for participants reported here included emotional self-regulation and restorative aspects such as the amelioration of stress (Korpela and Ylén, 2007). Thinking about these users and uses of the library necessitates a re-evaluation of wider political debates about the importance of funding a statutory library service; it is possible that the benefits of the public library as a space as well as a service have been underestimated. For the mental health service users interviewed here, the public library has become a symbolic place of safety and restoration as much as a location providing services (Gesler, 1992).

From a policy and service provision perspective, the non-tangible benefits of the public library discussed here are problematic, as they are hard to quantify. Current public library service evaluations focus on borrowing and visitor figures; these findings show that visiting the public library may have an ameliorating effect on symptoms of mental health problems that is not captured by current evaluation methods (McMenemy, 2007). Recent work on public libraries and community resilience has started to engage with this problem in greater detail, thinking about the impact that the public library can have on the community as a whole (Grace and Sen, 2013). Nevertheless opportunities for public libraries to improve and enrich the lives of the local community, including those of people with mental health problems, can be limited by library closures and reductions in staffing (McMenemy, 2009).

The findings presented here were gathered as a part of an in-depth qualitative study, but one potential limitation of these findings is that some of those recruited to the project made contact via the public library. The self-selection of participants meant that only those who had a strong view about reading,

health-library partnerships, and bibliotherapy volunteered to participate. The location of the researcher as aligned with the library as an institution did not stop participants from suggesting 'fixes' for problems they saw with practical aspects of the spaces, showing that while they found the library at the abstract/conceptual level to be beneficial, they were happy to discuss its shortcomings.

The methodological strengths of this paper included the natural emergence of the data about the library as therapeutic space. The research did not set out to answer these questions, instead examining the books contained within the library as a source of support. Using in-depth, open interviews allowed the participants to share their views spontaneously. Future research could take the public library, and other community locations, as a topic for discussion more broadly, allowing for further analysis of diverse views on the public library. This would help to clarify if there is something unique about the public library and its qualities that is subjectively therapeutic for some people.

## 9. Conclusion

Previous research has identified the way that people with mental health problems use selected spaces in the natural and built environment as place that helps on the recovery process (Duff, 2012; Korpela et al., 2008; Tucker, 2010). This paper contributes to this evidence base on this topic, exploring the influence of one particular place that had a positive impact on mental health. The public library as a place which can have beneficial outcomes for those who visit has not previously been explored in the literature, similar aspects of the environment that may have a positive effect can be identified. For those who participated in this research, three aspects of the public library as a therapeutic space were important; the familiar and welcoming environment, quiet, calm atmosphere, the empowerment associated with being able to make non-commercial, unpressured decisions about what to read all contributed to the opportunity to conduct an act of self-care by withdrawing from stressful situations into the public library space. Participants valued different library buildings as their particular retreat demonstrating that, as other research has found, the qualities of a safe space cannot be predicted and can be to an extent indefinable (Duff, 2012). These previously hidden benefits show that the public library may help with the everyday recovery work of mental health, providing a sanctuary in the face of stress.

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