Study on Reading Therapy for College Students' Mental Health Education

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Abstract: Mental sub-health problems are common among college students, and the existing mental health education in universities cannot meet the needs. Reading therapy has been applied to mental health treatment for a long time. The purpose of this study is to explore the advantages, measures and effects of reading therapy for college students, and to provide references for education mental health of college students. The research methods in this paper include theoretical analysis and practical verification. The researcher analyzed three advantages of reading therapy for college students, less time and space limitations, wider group coverage, and privacy protection. The researcher analyzed the specific measures of reading therapy for college students, opening the reading treatment site, expanding the types of reading books and setting up the reading treatment group. The researcher conducted practical verification in Jiangsu University, conducted reading treatment experiments on 74 college students, obtained data with SCL scale, and completed SPSS statistical analysis. The result showed that the SCL scale data of the experimental group was significantly lower than that of the control group, and the curative effect was significant. The conclusion of the study is that reading therapy combined with specific measures can effectively carry out mental health education in college students.

Keywords: Reading Therapy, College Students, Education, Mental Health

1. Introduction

Nowadays in China, Psychological problems of college students show a growing trend. Due to the influence of exam-oriented education in China, teenagers who have a critical period of life and values happen to be at the stage of maximum exam pressure. They read a lot of school textbooks or tutorials, and rarely spontaneously read books that are helpful to philosophy. Moreover, they often form overly utilitarian short-term values because of vicious competition. As a result, quite a number of teenagers present psychological confusion. When teenagers become college students, they face the pressure of interpersonal communication, emotion and employment. Many college students have no goals for the future, no motivation for learning and no fun in life, and have serious psychological problems. Therefore, the existing education of mental health in colleges cannot completely solve the above problems, and the exploration of new education methods of mental health has become one of the important tasks of colleges today.

People's mental health is a continuum from unhealthy to healthy, which can be divided into different levels, namely mental illness, sub-health and mental health [1]. If the mental state of sub-health is not provided with timely help and treatment, it is likely to develop into a state of mental illness. To some extent, prevention is more important than cure. According to database retrieval, studies on the mental health education of college students also showed an upward trend from 1988 to 2018, as shown in figure 1.
Therefore, it has become an important subject of education for college students to find a method to prevent the deterioration of their mental sub-health status, and reading therapy is an ideal method. The psychological health education of college students with reading therapy can effectively prevent mental trouble with low cost, enhance psychological quality, cultivate a correct outlook on life and improve learning ability [2]. This paper will explore the advantages, specific measures and practical effects of reading therapy in education of college students’ mental health, so as to benefit the industry.

2. Background of Reading Therapy

Reading therapy is also called book therapy and literature therapy. In medieval Cairo, priests recited the Koran for patients to assist with surgery and medication. During the 18th and 19th centuries, physicians in countries such as Britain and France often accompanied their prescriptions with lists of books that would heal patients. Benjamin Rush, a famous American physician who used reading therapy, advised psychiatric hospitals in 1810 to provide wholesome reading to relieve pressure on their patients and correct their pathological mood. In ancient China, there were many scattered thoughts on reading therapy during the pre-Qin period [3]. In the Han dynasty, Fu was a popular reading. In the biography of Wang Bao of the Han dynasty, a case is recorded that reading can improve the mind and make the body healthy [4]. Mei Cheng wrote *Seven Thing* about music, delicious food, banquet tour, field hunting, watching waves and so on. Mei Cheng guided the prince to read it and made him recover from illness. In modern times, Xia Zhenyi pointed out that reading was a therapeutic category in *The Encyclopedia of Chinese Medicine* edited in 1982. In 1991, in the *Library Journal*, Chen Xinchun published "The Reading Therapy -- the Contents of Reader Service Work". In 1994, Shen Guchao of Nanjing University published *Books Cure*. Wang Bo of Peking University systematically sorted out the cases of reading therapy in China from the pre-Qin period to the Ming and Qing dynasties. He published many papers in nine core journals and gradually improved the reading therapy theory. In 2007, he compiled these papers into a monograph on reading therapy to build a comprehensive theoretical system of reading therapy.

3. The Advantages of Reading Therapy for College Students

As an effective means of psychological disease prevention and treatment, the reading therapy can let college students feel aesthetic in reading, so as to achieve a way to relieve stress and balance the emotion. At the same time, the reading therapy is not affected by time and space, so its application in the mental health education of college students can be commoner and wider. In 1939, Briton Bryan summarized the important features of reading therapy, namely the six goals of reading therapy: telling readers that they are not the first to encounter the problem; Show readers that there is more than one way to solve their problems; Help readers understand the value of human experience; Provide facts to solve the problem; Encourage readers to face their own problems realistically [5]. For college students, reading therapy has more advantages in education propaganda, follow-up investigation and psychological consultation compared with the traditional mental health education method.

3.1. No Time or Space Constraints

The traditional psychological consultation should take the time and space factors into account, especially the face-to-face consultation should take into account the time arrangement between the consultant and the client, and be carried out in the special psychological consultation room. The implementation of reading therapy is not restricted by time and space. College students can go to the library to borrow related books, and they can read their favorite books anytime and anywhere. By reading, they can learn from appropriate books about ways to help alleviate their psychological problems.
3.2. Broad Group Application

In the traditional mental health education, the work focus is on those students who have psychological abnormality, and the majority of mental sub-health students tend to be neglected. In universities, students in the state of mental sub-health are far more than those with mental illness. The psychological education of students in the state of mental sub-health needs more general and popular means. Reading therapy, as an effective means of prevention and treatment, not only has a certain therapeutic effect on mental illness, but also has a better effect on preventing mental sub-health from developing into mental illness. Bryan discussed that reading could help readers understand human experience and provide solutions to problems. Therefore, the implementation of reading therapy is beneficial to students with psychological diseases and sub-healthy students and even mentally healthy students.

3.3. Avoidance of Privacy Exposure

Mental health is a sensitive topic, and some students with mental illness do not want to face it and take an evasive attitude towards psychological treatment. In addition, most students in sub-health state often do not understand their own state. The public also often lacks an unusual view of people with psychological problems. This situation often makes mental education difficult. Reading therapy can be carried out at the appropriate time and place, such as library, classroom, lawn, etc. These ordinary student living areas will not bring psychological pressure to students, and students need not worry about exposing their privacy and hurting their self-esteem.

4. Principles and Measures of Reading Therapy for College Students

In the implementation of reading therapy, the correct selection of reading materials is the most important measure. Many researchers believe that reading education books on mental health, such as College Students’ Self-Counseling Manual, can help students master the basic knowledge of mental health and thus have a preventive effect. Therefore, such books should be the first choice in reading therapy [6]. In fact, that’s not the case. At present, some researchers believe that psychological consulting books can’t play a big role, and novels, poems, leisure reading books and so on are the most favorable treatment tools. At the very least, this suggests that reading therapy should not rely solely on mental health books, and that choosing appropriate books for students is more effective. In the process of reading, college students should absorb the knowledge they are interested in and be influenced by the positive thoughts in the book unconsciously. College students should improve their awareness of mental health education without stress. In addition to the selection of reading materials, the principles and measures of reading therapy for college students are as follows.

4.1. The Main Principle

Reading therapy can carry out the principle of psychological education in college students, which is also the mechanism of why reading can treat diseases. Reading therapy mainly includes genetic principle, psychology principle, physiology principle, psychophysiology principle and so on. The principle of psychology is the main principle, which includes the theory of resonance, the theory of purification, the theory of balance, the theory of implication and the theory of comprehension. In the broad sense of reading therapy, the principle and mechanism of reading therapy is as follow: in the process of providing meaningful reading resources and guiding reading activities for college students, college students can comfort, comprehend and even sublimate and improve their psychological problems. Among them, comfort, comprehension and sublimation are the three main functional mechanisms of education for college students in reading therapy.

The role of comfort is that college students find bosom friends and confidants in their reading works, and project themselves into a character in the works. The character's fate is similar to that of himself or even more tragic. What the character is thinking is exactly what he is thinking, and even more accurately express the thoughts he is aware of but cannot express. The college students' readers identify with and sympathize with, feel that they are not alone, and thus feel comforted and comforted. For example, as a reading therapy, college students facing lovelorn issues cannot be provided with books like The Sorrows of Young Werther. They can be advised to read Gone with the Wind or watch the movie of it. So it's understandable why some people compare reading to a spiritual sanctuary.

The function of comprehension is that college students have realized a higher realm and a wider world in the process of reading. The problem for college students is often to exaggerate their plight, or to narrow down their belief that they are the world's most unlucky people. With professional help, They read about work, such as The Reconstruction of Life, If Give Me Three Days Light or The Pursuit of Happyness of American movie, etc. They can realize that everyone will encounter difficulties, the plight of others may be much bigger than them, and grasp the situation was not all bad, the dilemma often can inspire people's potential, variable pressure as the power, let the life have flexibility, more tough. It is also the principle of rational emotional therapy to change the single and narrow thinking mode of college students into the dialectical and developing one.

The role of sublimation lies in that college students adjust and even change their outlook on life and values through reading and self-reflection, and then their mental outlook will change. Such works often have the power to shock the heart. Some world famous books have such power, such as Meet Tuesday, Les Miserables, Jane Eyre, Autobiography of Franklin and so on. Because the problem of some college students is actually that their outlook on life and values have been distorted and deviated. They care
too much about the right to fame and interests and the evaluation of others, which leads to confusion in life. When college students read these works carefully, they will realize the meaning of life and realize love, equality and struggle. Some positive value goals will bring real happiness and happiness to college students. If comfort refers to reading as a spiritual sanctuary, then sublimation is to turn reading into being led to heaven.

The above three mechanisms are not independent. Sometimes a work has these three functions at the same time, and the effect of the same work on each college student will be different due to the difference in individual understanding and perception. To sum up, as a professional carrying out reading therapy, the first thing to do is to have the ability to diagnose college students' problems and recognize readings, and the second thing is to have a large amount of literature resources, so as to provide students with meaningful reading resources. Under the broad category of reading therapy, the application range of reading therapy is also expanding, which is no longer limited to the clinical reading therapy for treating diseases, but also has the developmental reading therapy for normal college students.

4.2. The Main Measures

Course of literature reading. In reading therapy, it is necessary to select materials and guide students to read correctly. At present, some colleges offer reading courses. In addition, many colleges also offer courses such as appreciation of literary works in public elective courses. This kind of course guides the students how to carry on the healthy reading esthetics, raises the student's cultural accomplishment and the moral sentiment. Furthermore, some interactive contents can be added in the teaching design of such courses, such as role playing, knowledge quiz, game, which can deepen students' understanding of the aesthetic taste conveyed by the classic works and also make students happy.

Place Settings for reading therapy. College generally has psychological counseling center, which is a strange place in the eyes of students. Reading therapy is a kind of psychological disease therapy for students. It emphasizes that students should be treated without mental pressure. Therefore, psychological counseling center is not an ideal place to practice reading therapy. With an elegant environment and a rich collection of books, the library is the main place for reading therapy. College students can easily find the books they need. In addition, the activity room of the student union, the reference room of the department and the reading room of the student apartment are also ideal places for students to have reading therapy.

Setting up of various reading therapy groups. Reading therapy can set up groups, with classmates and friends as members. The group members are similar in age, lifestyle and values. They live together in normal times, so they are likely to find problems with each other and influence each other with their words and deeds. The college students' ability of self-education, self-management and self-service gradually forms in this process. Therefore, the mental health education courses of college students can use task grouping to divide students into different groups and assign tasks for reading. Group members can read together, communicate with each other about reading experience and share reading results within the specified time. Research shows that it is easy for readers to find some references for living conditions in the rich literary world, so that readers can find the psychological balance again.

The expansion of the readings type. Traditional reading therapy uses paper books. With the development of media technology, the materials used in reading therapy can be expanded to video, e-book and other types. On the one hand, students watching video can also achieve therapeutic effect. At present, there are many movies adapted from literary works, which can also touch the heart and trigger thinking. On the other hand, some college students lack the habit of long-term reading. According to the survey, college students spend most of their spare time with computers or mobile phones and are easily interested in watching video. Therefore, through the expansion of readings type, reading therapy is more in line with the interests of college students.

The Support of networking social environment. With the development of the Internet, people began to enter a new network era, and the mental health education in colleges also faced more environments, such as websites, WeChat, etc. The Internet has become an important part of college students' living environment, and some college students take the Internet environment as their "home" [7]. The virtual world of the Internet provides great convenience for people to study, live and work. Reading therapy can establish a new learning, education and communication method by using virtual communities and virtual libraries on the Internet. Tutors can also guide students to create online literature, or use platforms such as microblog to enable students to read and communicate their experiences, so that reading therapy can be carried out more deeply and commonly among college students.

4.3. Model of Reading Therapy for College Students

To sum up, combining principle and measures, the model of reading therapy for college students is shown in figure 2.
5. Practical Exploration of Reading Therapy for College Students

The researcher recruited 74 college students with mental illness in Jiangsu University, and took such measures as the establishment of reading treatment place, the establishment of reading therapy groups, and the assistance of online social environment to carry out the exploration of reading therapy. Books list is based on the research and practice of well-known scholars [8-10]. For example, some books are about the causes of college students’ psychological problems, such as *Graduation from Peking University is Equal to Zero, Everyone Can Succeed*, *Love Letter from Peking University, The Daffodil Has Gone by Carp, The Youth Network Psychology*, etc. Some are cognitive and inspirational books, such as *Be the Best You Can Be, Fantastic Psychological Hints for Yourself, Your Heart is Soft but Powerful, Extreme Life*, etc. Some books are about the adjustment of the mood, such as *A Letter from a Strange Woman, Les Miserables, Blessing, Alive, A Wide Record of Laughter, The Art of Peace, etc. Some books are classic poetry, such as *300 Poems of Tang Dynasty, Poem of MAO Zedong, Collection of Tao Yuanming, A Selection of Ancient Texts, The Analects of Confucius, etc.*

At the beginning and the end of the experiment, the researcher used the scl-90 psychological evaluation scale to obtain the measurement data, which were analyzed by the T test of SPSS. The analysis results showed that there was no significant difference in SCL-90 factor score before reading treatment between the experimental group and the control group, as shown in table 1. Four months later, the data of the experimental group (mental health reading guidance) and the control group (without mental health reading guidance) were statistically different, as shown in table 2. Before and after the experiment, there were significant differences in the data of the experimental group, as shown in table 3. There was no statistical difference in the data of the control group before and after, as shown in table 4.

**Table 1.** The measured data of Scl-90 between the two groups before the intervention were compared (x±s).

| Factor             | The control group (n=37) | the experimental group (n=37) | T value | P value |
|--------------------|--------------------------|-----------------------------|---------|---------|
| Somatization       | 2.13±0.17                | 2.04±0.10                   | 1.88    | 0.070   |
| Compulsive         | 2.52±0.36                | 2.60±0.32                   | -0.65   | 0.523   |
| Interpersonal sensitivity | 2.77±0.34               | 2.73±0.33                   | 0.29    | 0.783   |
| Depression         | 1.98±0.21                | 2.01±0.19                   | -0.69   | 0.497   |
| Anxiety            | 2.14±0.38                | 2.12±0.41                   | 0.13    | 0.896   |
| Hostile            | 2.03±0.40                | 2.19±0.38                   | -1.17   | 0.270   |
| Hostile            | 2.19±0.26                | 2.23±0.32                   | -0.42   | 0.675   |
| Paranoid           | 2.02±0.16                | 1.97±0.18                   | 0.81    | 0.425   |
| Psychotic          | 2.18±0.23                | 2.29±0.25                   | -1.34   | 0.191   |
| Sleep and diet     | 2.20±0.25                | 2.12±0.41                   | 0.72    | 0.481   |
| Average            | 2.26±0.14                | 2.24±0.13                   | 0.23    | 0.821   |

**Table 2.** The measured data of Scl-90 between the two groups after intervention were compared (x±s).

| Factor             | The control group (n=37) | the experimental group (n=37) | T value | P value |
|--------------------|--------------------------|-----------------------------|---------|---------|
| Somatization       | 2.09±0.25                | 1.41±0.22                   | 8.46    | < 0.001 |
| Compulsive         | 2.46±0.37                | 2.01±0.30                   | 3.58    | 0.001   |
| Interpersonal sensitivity | 2.63±0.51               | 2.05±0.31                   | 3.23    | 0.004   |
| Depression         | 1.98±0.33                | 1.30±0.25                   | 7.06    | < 0.001 |
| Anxiety            | 2.19±0.39                | 1.42±0.35                   | 5.64    | < 0.001 |
| Hostile            | 2.01±0.36                | 1.29±0.21                   | 6.27    | < 0.001 |
| Terror             | 2.30±0.38                | 1.39±0.38                   | 6.48    | < 0.001 |
| Paranoid           | 2.00±0.22                | 1.28±0.30                   | 7.38    | < 0.001 |
Therefore, experiments have proved that the psychological state of college students after reading treatment has been significantly improved. The psychological state of the untreated college students did not get better. Among them, the biggest gap is terror, paranoia, psychosis and other factors. Students of the experimental group also responded that their psychological problems had improved significantly.

6. Conclusion

Reading therapy has the advantages of less time and space limitations, a wider range of applicable groups, and the avoidance of privacy exposure. Reading therapy can effectively carry out mental health education for college students through comprehensive measures such as the opening of literature reading courses, the opening of reading treatment places, the expansion of reading therapy reading types, the establishment of reading therapy groups, and the assistance of online social environment. In addition to the role of psychological education, reading therapy also helps to improve students' reading capacity and reading skills, strengthen literature education, and cultivate the literary quality of college students.

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**Table 3.** The Scl-90 measured data of the experimental group before and after the intervention were compared (x±s).

| Factor          | The control group (n=37) | the experimental group (n=37) | T value | P value |
|-----------------|--------------------------|------------------------------|---------|---------|
| Somatization    | 2.04±0.10                | 1.41±0.22                    | 9.48    | <0.001  |
| Compulsive      | 2.60±0.32                | 2.01±0.30                    | 8.59    | <0.001  |
| Interpersonal sensitivity | 2.73±0.33             | 2.05±0.31                    | 5.43    | <0.001  |
| Depression      | 2.01±0.19                | 1.30±0.25                    | 8.98    | <0.001  |
| Anxiety         | 2.12±0.41                | 1.42±0.35                    | 8.03    | <0.001  |
| Hostile         | 2.19±0.38                | 1.29±0.21                    | 7.44    | <0.001  |
| Terror          | 2.23±0.32                | 1.39±0.38                    | 6.00    | <0.001  |
| Paranoid        | 1.97±0.18                | 1.28±0.30                    | 8.25    | <0.001  |
| Psychotic       | 2.29±0.25                | 1.75±0.34                    | 9.96    | <0.001  |
| Sleep and diet  | 2.12±0.41                | 1.47±0.19                    | 8.43    | <0.001  |
| Average         | 2.24±0.13                | 1.48±0.15                    | 29.89   | <0.001  |

**Table 4.** The Scl-90 measured data of the control group before and after the intervention were compared (x±s).

| Factor          | Before the intervention (n=37) | After the intervention (n=37) | T value | P value |
|-----------------|--------------------------------|-------------------------------|---------|---------|
| Somatization    | 2.13±0.17                      | 2.09±0.25                     | 8.46    | <0.001  |
| Compulsive      | 2.52±0.36                      | 2.46±0.37                     | 3.58    | 0.001   |
| Interpersonal sensitivity | 2.73±0.34            | 2.63±0.51                     | 3.23    | 0.004   |
| Depression      | 1.98±0.21                      | 1.98±0.33                     | 7.06    | <0.001  |
| Anxiety         | 2.14±0.38                      | 2.19±0.39                     | 5.64    | <0.001  |
| Hostile         | 2.03±0.40                      | 2.01±0.36                     | 6.27    | <0.001  |
| Terror          | 2.19±0.26                      | 2.30±0.38                     | 6.48    | <0.001  |
| Paranoid        | 2.02±0.16                      | 2.00±0.22                     | 7.38    | <0.001  |
| Psychotic       | 2.18±0.23                      | 2.18±0.27                     | 6.85    | <0.001  |
| Sleep and diet  | 2.20±0.25                      | 2.09±0.35                     | 7.24    | <0.001  |
| Average         | 2.26±0.14                      | 2.21±0.19                     | 11.10   | <0.001  |
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