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Mental Health and Social Inclusion

Person centred phenomenology: Service user experiences of exercise

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Abstract

Purpose
The study aimed to explore the lived experience of sport and exercise amongst a group of mental health service users. Participants were recruited from a north of England NHS mental health trust that was piloting a sport and exercise intervention for adults with mental health needs.

Design
In depth semi-structured interviews were conducted with five mental health service users. The chosen phenomenological methodology was collaborative and interpretive.

Findings
Two essential themes were highlighted; 'Intermittent health breaking through heavy clouds of illness' and 'The cycle of recovery'. In addition, this person centred research identified a number of intervention benefits beyond those relating to the impact of physical activity on mental health and wellbeing. . The main findings are expressed using visual imagery which participants found expressed their perceptions and experiences better than written prose. This includes the way day to day illness impacts on the journey of health for people with mental health problems.

Research Implications
The intervention looked to help the transition between leaving mental health services and developing a regular routine to promote recovery. The study illuminates the voices of service users and identifies that sport and exercise for mental health service users can be beneficial for recovery and feelings of belonging which can strengthen perceptions of the self.

Originality
Few studies have approached this methodological approach. This study demonstrates the value of phenomenological research with a collaborative, person centred or indeed an involved patient focus. This collaborative approach enabled a shared understanding of the phenomena.

Keywords – Mental health, physical activity, phenomenology, qualitative, person centred, collaborative.

Person centred phenomenology: Service user experiences of exercise

Introduction

The perceived benefits of exercise in the general population has been explored from a range of epistemological positions. From a physiological and neurochemical viewpoint, the endorphin hypothesis states vigorous exercise correlates with an increase in endorphin levels associated with mood elevation, anti-depressant qualities and improved cognitive abilities (Deslandes et al., 2009). These benefits have encouraged health professionals to try and implement exercise in clinical settings. Within mental health populations regular exercise can lead to greater life satisfaction, happiness, wellbeing and preventative resilience to mental illness (Duda et al.,2014).

From a psychosocial perspective many positive effects of physical activity have been shown in clinical populations. Positive correlations have been found between physical activity, increased self-esteem, self-efficacy, cognitive functioning and psychological wellbeing (Barton et al., 2012). Furthermore stress and anxiety can be reduced in a single exercise session and exercisers have higher self-esteem levels than non-exercisers.

Qualitative narrative research conducted by Carless and Douglas (2008) noted that mental health recovery is not just about alleviating symptoms, it is about rebuilding the self, social identity and a sense of hopefulness for the future. Exercise can deliver a sense of meaning, purpose and optimism. Hodgson, McCulloch and Fox (2011) interviewed mental health service users from an exercise scheme and found that feelings of achievement resulted purely through regular attendance.

Crone, Smith and Gough (2005) in their qualitative grounded theory research found self-acceptance, achievement, belonging, purpose and coping were all themes which mental health service users associated with regular activity. Crone and Guy (2008) advocated the inclusion of exercise programmes into care and treatment plans detailing the positive effects of structured exercise including increased wellbeing, self-satisfaction and management of a range of mental health conditions.

There is however, a need for more qualitative research within the area of exercise, mental health and wellbeing that illuminates the voices of service users (Mason and Holt, 2012). Ward and Miller (2014) call for a more 3D approach of the impact of sport and exercise on mental health and wellbeing in mental health service users is to be understood. Positivist research has highlighted the benefits of exercise for mental health but it is not yet understood how this is achieved or it feels. Quallington and Perry (2013) argue that for any care to be person centred any practice informing

research also needs to be person centred. As qualitative health researchers, we are driven by trying to capture service user's perspectives. INVOLVE (2016) advocate patient involvement in research from design and conceptualisation through to conduct and dissemination. They list ten guiding principles, one key principle is for researchers to conduct research 'with' service users rather that 'to' or 'about' or 'for' them. It is through such a research philosophy that we can begin to argue that our research is person centred.

The research aim of the current investigation was to explore from a person centred perspective, the lived experience of exercise for mental health service users.

Related objectives include:

1. To investigate the perceptions and lived experiences of exercise on the mental health and wellbeing of service users.
2. To explore the appropriateness of using a collaborative and interpretive phenomenological methodology with mental health service users.

Method

The research aim is guided towards an involved patient focus. This was achieved by exploring the lived experience of exercise for mental health service users. The current study adopted an interpretive phenomenological design, drawing on the work of Van Manen (1990). Van Manen's (1990) phenomenological methodology advocates the use of the arts to illuminate a phenomena. Given our collaborative approach to research we thought this aspect of the methodology would also enable member checking and shared dissemination. The use of imagery can be particularly useful for service users who may struggle with language and comprehension.

Participants

Five mental health service users involved in an exercise intervention volunteered to be involved in the research study. The recruitment of mental health service users was based on recruitment to the intervention, suitability for interview and a willingness to be involved. Each participant was above 18 years of age, resided in a locality within West Yorkshire. There was not an exclusion criteria based on mental health condition.

Information on the intervention

The intervention was developed by a member of a north England NHS partnership trust. The scheme looked to provide free exercise sessions for mental health service users. The scheme ran for 1 year. The funding was granted by charitable trusts. The sessions aimed to help reduce barriers individuals may face in accessing mainstream services once support from mental health organisations is reduced. All sessions were deemed suitable for all abilities and levels of fitness; the sessions were flexible to ensure any specialised needs could be met. Individuals could attend up to ten exercise sessions in total.

Procedure

The method of data collection was the semi-structured interview (Smith Flowers & Larkin, 2009). The interview schedule was informed by the research aims and the reviewed literature, its development was initially made by the researcher (LP). Following this, the mental health research involvement panel at the NHS trust were consulted on the appropriateness and content of the questions, this panel had mental health service user representation. As in most semi-structured interviews the schedule was designed to be a starting point from which to explore further and deeper phenomena using appropriate prompts and probes.

Process of consent for service users

Mental health service users were referred into the intervention from a number of mental health charities. The leader of the scheme contacted the service users and assessed the suitability of them taking part in an exercise programme.

The scheme members could indicate their willingness to participate in the study by verbally agreeing to participate or by returning a participation agreement form. Full ethical consent was granted to the project from the host institution and through the NHS ethical approval process.

The process of data collection and analysis followed Van Manen's (1990) six research activities.

1. By interviewing the people who are at the heart of the phenomenon i.e. the mental health service users, we can get closer to the original lived experience, thereby moving towards the process of revealing the true essence of the experience. Each interview was recorded then transcribed verbatim.

2. Experiences were revealed through the interview process, the participants offered their lived experience interpretations. These were conveyed as perceptions and concrete experiences. It was then a task for the researcher (LP) to interpret these meanings and

phenomena and to return preliminary and end stage analysis findings to the participants for agreement.

3. The engagement with the text looked to move away from a rigid style of coding to allow the meaning to emerge hermeneutically, whereby the importance of the analyst in the construction of meaning is recognised. LP provided a core of descriptive notes which had a phenomenological focus close to the participant's explicit meaning. Initial themes were then identified and returned to participants for their opinion. Final stages of analysis transformed written contexts to imagery that participants felt mirrored or illuminated the experience from their perspectives.

4. The art of writing and re-writing; aided the reflective nature of the research and essential theme development.

We approached the analysis process with a conscious attempt to reduce natural attitude by systematically examining the transcripts, giving equal devotion to each sentence allowing the meaning of what was being said to emerge and not just focusing upon pre understanding and experience. The rewriting concept and all it entails helped identify thematic areas, essential themes and the essence of the experience – each confirmed or amended to their final state by participants.

5. The current study is data driven in the development of themes and through discussing the perceived essences of experience. There was a focus on the research aims to avoid an abstract 'wandering'. By staying close to the research aims, the findings and subsequent conclusions have implications for practice, policy and research.

6. Balancing the research context by considering parts and whole; identifying structure of the experience.

The research trustworthiness was supported via investigator triangulation. Investigator triangulation can be defined as the use of more than two researchers in any of the research stages in the same study. It involves the use of multiple data analysts in the same study for confirmation purposes (Carter et al., 2014). This was applied through active engagement between the research team, participants and mental health panel including service users throughout the design and analysis processes.

Analysis

Service user's conditions included depression, anxiety and mild psychosis. There were four males and one female. Reasons given for participating in the intervention included an enjoyment of sport and exercise, wanting to improve fitness and lose weight and meeting new people.

Summary of sub themes

Physical and mental health – One and the same

The experiences of the participants aligned in one key message relating to their physical and mental health. The more active they were, the better they felt mentally. Without exercise there was a deterioration physically and mentally. The participants could see a link between their physical and mental health.

Being ill day to day

One of the key issues raised by the service users was the notion of a day to day existence. This is an interesting point in terms of temporality. The implications for the lived time of the service user are that they do not know when they will be well. Only limited plans can be made personally, in their recovery and professionally in their work life.

Pushing to the limits and self-image

Participants challenged their self-image through exercise. When the participants attempted to push themselves too quickly, the result was one of realisation of their physical limitations which required an adjustment in self-image.

Insight through visual representations of the experience – the essential themes

Following the determination of the above broad themes the research team returned the themes to the participants and we together explored the essential meaning of the experience further. To enable a clarity of understanding and an agreed shared experience we drew on imagery. The participants were asked to view a range of images selected by the research team based on the thematic findings. The participants were asked to choose the image that best expressed their experience and comment on how these images provided a visual representation. The development and the naming of essential themes was achieved through a collaborative approach between the research team and the words of the participants. These essential themes were the 'Intermittent health breaking through heavy clouds of illness' and 'The cycle of recovery'.

Intermittent health breaking through heavy clouds of illness

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The journey to health is not always quick or straight forward, the chance to leave an institutional setting to engage in exercise can beam a bright light in an otherwise dark time. With no idea of whether you will be well enough to engage with your own recovery it can feel bleak. This experience is expressed as a cloudy day punctuated by sunny spells. As dark periods breaks into bright sunlight everything begins to feel better and positive, only for the cloud to return and once again fill life with dullness and dreariness.

Insert Figure 1

The cloud of mental illness is much like rainclouds, on the day and time you see the rainclouds the darkness can be all consuming, yet when the sun breaks through, hope of a brighter time returns. This is how the experience of being ill day to day was portrayed. This temporal window of periods of health in illness revealed that mental health issues can remove you from the 'normality' of everyday time and instead place you in a timeframe dominated by illness. You can no longer plan or operate on a planned basis because you do not know if the next day will be raining.

The cloud metaphor extends further; we are helpless in controlling the elements as we are sometimes helpless in controlling illness. The ever familiar dimensions of the scheme, and relationality with staff and other service users offered the intermittent sunny spell. This feeling of belonging with the lived other can bring about a positive perception of the self for mental health service users.

The cycle of recovery

The term 'cycle of their recovery' was used to represent the journey to health the mental health service users were making. It occurs at different times with different people, with some it takes longer than others.

Insert Figure 2

The shops in the high street represent 'normal everyday' life or the lived space of normality. The water is the mental health condition which is affecting every aspect of the 'normal everyday life', causing difficulty making the journey. The bike is the scheme and support provided. It does not make the journey easy but it helps make the journey possible. The support provided helps the mental

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health service users achieve and be an active part of their own recovery, increasing self-worth and a positive self-perception.

The waterproof coat represents the person's natural psychological resilience, it can only do so much, and without the added support of mental health service intervention they would soon feel the flood water of mental illness. This temporal awareness of the self includes an understanding that they are not in a state of full mental strength.

Being on the journey with someone else facing the same difficult struggle promotes a sense of belonging and offers a feeling that they are not alone, they are not the only one. It is through these lived relations that a sense of belonging and feelings of being a valued member of a scheme develop. The struggle in the cycle of recovery is tough but it is not impossible.

As proposed by Van Manen (1990) a single thematic statement has been constructed based on the total analysis. The lived experience of exercise and its impact on mental health and wellbeing for service users can be expressed therefore in the following statement:

> **Being within a structured exercise setting and environment fosters a sense of belonging. The relatedness of exercise activities heightens a positive perception of the self, a notion of self-worth and a temporal awareness of self-identity. The embodied experience of being a valued member of an exercise group can create relational connections that can promote the management and recovery of mental illness.**

Discussion

Research suggests the positive effects exercise can have for individuals suffering with mental health problems yet rarely does it comment on the suitability of provision based on the unpredictable changing day to day symptoms of mental illness (Carless & Douglas, 2008). This was highlighted in the sub themes and presented visually through the essential theme 'Intermittent health breaking through heavy clouds of illness'.

Few studies have approached this research area using interpretive phenomenological inquiry and drawing on collaborative design and analytic processes. The study has illuminated the complex issues from a person centred perspective. This includes the way day to day illness impacts on the journey of health for people with mental health problems. This has addressed the need for research from a service user perspective (Mason and Holt, 2012).

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The adequacy of the phenomenological investigation (Ihde, 1986) relies on the extent to which the researcher develops insight and intuition in order to think in a phenomenological manner. The experiences investigated in the current study are worldly and relational. So by making tentative generalisations, we may be able to understand experiences, not just a unique phenomenon but as essential features which can be experienced by others (Smith, Larkin & Flowers, 2009).

One potential limitation however is the nature of the voluntary participation in both the intervention and research. The scheme may only attract people with a natural affinity for exercise and therefore their views may be biased towards the positives of this type of experience (Duda et al., 2014). This limitation could be countered with the premise that the study was to enlighten the experience of exercise for mental health service users, so to investigate participants with no interest or little affinity for the subject in question would have been inappropriate.

The selected participant sample of mental health service users could be perceived as a vulnerable group. This type of sample can be difficult to firstly gain access to and secondly to have willingness to be a part of research. Following the interviews and return to participants with the final imagery, many of the respondents discussed how they enjoyed being part of the research process. This enjoyment and engagement with the process can only have helped their openness in sharing their lived experiences.

Conclusion

This study demonstrates the value of phenomenological research with a collaborative, person centred focus. It provides an exploration of the lived experiences of exercise for service users. The exercise scheme helped the transition between leaving mental health services and developing a regular routine to promote recovery. The insight provided through the collaborative process between researcher and mental health service user interviews should not be underestimated. The research process provided a mode of expression for people with mental health problems which illuminated their experience.

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Fig 1. Intermittent health breaking through heavy clouds of illness

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Fig 2. The cycle of recovery

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