

Running Head: A RUNNER WITH A MENTAL ILLNESS

Narrative, Identity, and Recovery from Serious Mental Illness: A Life History of a Runner

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Abstract

In recent years researchers have investigated the psychological effects of exercise for people with mental health problems, often by focussing on how exercise may alleviate symptoms of mental illness. In this article I take a different tack to explore the ways in which exercise contributed a sense of meaning, purpose, and identity to the life of one individual named Ben, a runner diagnosed with schizophrenia. Drawing on life history data, I conducted an analysis of narrative to explore the narrative types that underlie Ben's stories of mental illness and exercise. For Ben, serious mental illness profoundly disrupted a pre-existing athletic identity removing agency, continuity, and coherence from his life story. By returning to exercise several years later, Ben reclaimed his athletic identity and reinstated some degree of narrative agency, continuity, and coherence. While the relationships between narrative, identity, and mental health are undoubtedly complex, Ben's story suggests that exercise can contribute to recovery by being a personally meaningful activity which reinforces identity and sense of self.

Keywords: narrative, schizophrenia, recovery, exercise, physical activity, mental health, running

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Serious mental illness has been defined as “a diagnosable mental disorder found in persons aged 18 years and older that is so long lasting and severe that it seriously interferes with a person’s ability to take part in major life activities” (United States Department of Health and Human Services, n.d.). Experienced by as many as six percent of the population (Kessler et al., 2001), serious mental illness is considered a threat to personhood and the self because it can affect all facets of life (Kirkpatrick et al., 2001). Schizophrenia, described by Green and colleagues (1999) as a tragic and devastating mental illness, is one of the most common diagnoses among people with serious mental illness (Childs & Griffiths, 2003). According to Frith and Johnstone (2003), schizophrenia is a psychotic illness characterised by a loss of touch with reality through the experience of delusions and hallucinations.

Repper and Perkins (2003) note that the traditional focus of treatments and services for people with serious mental illness has been on symptom alleviation and suggest this has led to a culture within mental health services preoccupied with deficits and dysfunctions. Within this culture, these authors suggest, need is assessed in terms of symptoms to be alleviated, interventions are focussed upon difficulties, and effectiveness is evaluated in terms of symptom removal or ‘cure’. There is a growing awareness, however, that symptom alleviation is only one part of the recovery picture; that recovery for people with severe mental health problems entails more than the removal of symptoms, deficits, and dysfunctions (see for example, Baker-Brown, 2006; Chadwick, 1997; Repper & Perkins, 2003). For Anthony (1993), recovery is

a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life, as one grows beyond the catastrophic effects of mental illness. (p. 19)

From this perspective, the process of recovery from serious mental illness can be appreciated as far-reaching, complex, and closely related to each individual’s life experiences.

Raine and colleagues (2002) note that not all therapeutic interventions aimed at relieving mental distress are equally valued by recipients and suggest that a critical factor in their value is the degree to which the intervention is seen as meaningful and relevant to a person’s life. Clearly, meaning and relevance are highly subjective; what is meaningful and relevant to one person may be meaningless or irrelevant to another. Thus, from the

perspective of researching the recovery process, developing an understanding of what is essentially a subjective process would seem to require a focus of attention on the ways in which individual persons experience recovery with reference to their own life history and socio-cultural context.

A Narrative Life History Approach

Narrative theorists hold that we are fundamentally narrative beings and that the ability to create a story of one's life is essential to sense of self, identity, and mental health (e.g., Bruner, 1986; Crossley, 2000; McLeod, 1997). According to Crossley (2000), creating and telling stories of one's life is a necessary part of developing and maintaining a coherent identity and sense of self because it is through narrative means that we define who we are, who we were, and where we may be in the future. In this light, stories may be considered a way of linking one's past, present, and future which allows the development of a coherent sense of self that 'makes sense' within the context of one's life experiences. According to Baldwin (2005), "maintaining this sense of coherence is an overarching feature of a life-project and productive of well-being and (arguably) its loss is a feature of mental ill-health such as in schizophrenia or post-traumatic stress disorder" (p. 1023).

Ricoeur (1987) argues that we constitute ourselves in accordance with self-concepts or identities which are not static but change and grow in response to our own histories and the meta-narratives that are available within our culture. Thus, McLeod (1997) suggests, we construct personhood and identity from the cultural resources available to us and "the task of being a person in a culture involves creating a satisfactory-enough alignment between individual experience and 'the story of which I find myself a part'" (p. 27). One particularly powerful story within which ill persons are likely to find themselves to be a part is the medical narrative. According to Frank (1995) the medical narrative, as told by the physician, is characterised by talk of tests, treatments, and possible outcomes. It overrides all other stories of illness and is the one against which personal illness stories are ultimately judged.

The power of the medical narrative to influence the life story of people with mental illness is recognised by Baldwin (2005) when he suggests the experiences accompanying serious mental illness threaten narrative agency, continuity, and coherence. At these times, the mental illness meta-narrative disrupts the individual's ability and opportunity to maintain or create a personal story which is continuous and coherent with her or his life experiences. This narrative damage is in itself a further threat to mental health which may compromise the development, well-being, and identity of a person with mental illness (Lysaker et al., 2003). If this loss of narrative agency and continuity is to be prevented, Baldwin (2005) suggests, it

is necessary to challenge disruptive and limiting illness narratives through the creation and realisation of counter stories that are individual, enabling and meaningful.

Utilising a narrative approach to research has the potential to illuminate these complex issues of self, identity, and mental health within their socio-cultural context. According to Crossley (2000), narrative psychology permits an exploration of the stories by which individuals constitute selves and create identities while gaining understanding of the implications of those stories for individuals and societies. Thus, by focussing on psychological processes which take place in the context of each individual's unique history and life circumstances, narrative practice has the potential to provide a rich and nuanced understanding of the process of recovery from serious mental illness.

Exploring the Therapeutic Potential of Exercise

The therapeutic potential of exercise in the context of serious mental illness has received some research attention in recent years (see for example, Beebe et al., 2005; Carless, 2007; Carless & Douglas, 2004; Fogarty & Happell, 2005; Faulkner & Sparkes, 1999) and several reviews have been published (Carless & Faulkner, 2003; Faulkner & Biddle, 1999; Faulkner & Carless, 2006; Faulkner 2005; Richardson et al., 2005). Although research suggests that exercise can contribute to mental health, Faulkner and Biddle (2001) report that it is rarely considered a viable intervention among clinical psychologists. Exercise is, however, well accepted by some people with serious mental illness and is often considered one of the most valued components of treatment (Richardson et al., 2005). Given the significance and prominence of exercise and sport within contemporary society, its acceptance and popularity among people with mental illness should perhaps not be surprising.

With few exceptions (e.g., Carless & Douglas, in press; Carless & Sparkes, 2007), the prevailing focus of most exercise and mental health research has been on the role of exercise in the alleviation of symptoms, impairment, and dysfunction. For example, in reviewing research which has explored the therapeutic potential of exercise for people with schizophrenia, Faulkner (2005) considers the potential psychological effects of exercise exclusively in terms of symptom alleviation. As a result of this focus, the ways in which exercise may help individuals recover from mental illness – perhaps by bringing meaning or purpose to life; affecting attitudes, values, or feelings; or providing new goals, skills, or roles – remain largely unexplored.

My purpose in this study was to use a narrative life history approach to explore one man's experiences of exercise and serious mental illness in recognition of the need to consider the wider context of a person's life to comprehend possible links between exercise

and mental health. To do so, I adopt a position comparable to that of Crossley (2000) and Lieblich and colleagues (1998) in recognising that while stories are socially constructed, it remains possible to gain a partial and situated understanding of an individual's lived experience through attending to the kinds of stories that person tells about her or his life. Thus, I subscribe to the view expressed by Lieblich et al. (1998) that we both know or discover ourselves, *and* reveal ourselves to others, through the stories we tell. From this position I attempt to illuminate the role of exercise in one man's progress towards recovery by exploring: (i) how narrative agency, coherence, and continuity may be disrupted, reinstated, or preserved through the experience of serious mental illness and participation in exercise; and (ii) the narrative types that underlie the storied accounts of this individual's exercise and illness history. Through this approach I hope to, within the context of serious mental illness, shed light on (i) the meaning of exercise at the personal level; and (ii) the ways in which identity and sense of self can be shaped through the experience of mental illness and exercise involvement.

Method

The Participant

Ben (a pseudonym) was one of four participants taking part in a larger study of physical activity and mental health (Carless, 2003). At the time the research began, Ben was 36 years old and had been living with serious mental illness for ten years. Throughout this time, Ben had been treated with antipsychotic medication and his illness had a profound impact on all areas of his life. At the most severe times he had been hospitalised, while at other times he lived a relatively normal life in a supported environment. Although some difficulties remained and he continued to be prescribed antipsychotic medication, Ben had made significant improvements in terms of his mental health and general well-being by the time he took part in this study. Indeed, at the time of our final interview, Ben was about to leave the vocational rehabilitation centre he had been attending for several years to take up a voluntary work placement. Ben described himself as “nearly one-hundred percent. Just the odd attack every now and again but other than that I'm fine ... I feel that I'm OK now, nearly better now. Bit of luck, hopefully, I could be one-hundred percent in a few years.” Throughout the research Ben gave the impression that his mental illness was behind him, he was ready to move on in life, and was moving towards recovery. By studying Ben's experiences in-depth it is thus possible, as Anthony (1993) suggests, to gain insight into the recovery process from the perspective of a person who has experienced it himself.

Procedures

The method used in this study was strongly influenced by my recognition of the potential challenges, difficulties, and risks of conducting research in the context of serious mental illness. In particular, given my desire to obtain first person narrative accounts, it was necessary to conduct in-depth interviews with Ben in order to provide him with an opportunity to tell his own story of exercise and mental illness. There was a risk, however, that these interviews might be problematic. According to Stone (2004),

to formulate a narrative will necessitate a willed passage into and through the same spaces of self – thought, memory and emotion – in which the illness has been, and possibly still is, manifest ... All of this, I want to suggest, means the narrative journey may be a perilous one. (p. 20)

My desire to minimise the perils of the “narrative journey” – the dangers arising from talking about and revisiting potentially traumatic life phases – led me to use some strategies of ethnographic research in order to reduce the demands placed on Ben through taking part in multiple interviews.

The first strategy involved my prolonged immersion in the field in order to develop a high degree of trust, rapport, and familiarity. Specifically, following ethical clearance from the local NHS Trust research ethics committee, I began an 18 month period of immersion in the daily life of a vocational rehabilitation centre for people with serious mental illness. During this time, I took part in sport and exercise groups as well as social and day-to-day activities which helped build trust and rapport with potential participants. During this time Ben was identified as a potential participant on the basis of (i) his personal experience of both serious mental illness and exercise participation; (ii) his willingness to take part in the research; and (iii) mental health professionals’ assessment that he was sufficiently mentally well to participate. At this time Ben agreed to take part in the research and provided informed consent.

The second strategy involved my use of four alternative methods of data collection in an effort to gain a rich and comprehensive understanding of the background and context of Ben’s experiences while reducing the need to dwell during our interviews on moments in his history which may be traumatic to revisit. These methods were: (a) *Analysis of medical records*. Given the diverse issues that may influence mental health and illness across the lifespan (Carless & Faulkner, 2003), I felt it necessary to gain an understanding of Ben’s medical history and background. As a long time mental health service user, Ben had extensive medical records which provided information on course of illness, treatment approaches, and lifestyle issues alongside records of his sport and exercise participation. While I acknowledge that these records are in themselves a situated (medical) narrative, they

provided me with some sense of the chronology of Ben's medical history which allowed me to be more aware of potentially sensitive issues during the interviews; (b) *Participant observation*. Over a six month period of immersion in the field, I engaged in participant observation and informal interviews (i.e., conversation and general interaction) with Ben and with mental health professionals during sport and exercise activities and day-to-day life at the rehabilitation centre. Field notes which document observations and interpersonal exchanges during this time provided valuable insights and understanding of Ben's experiences; (c) *Interviews and a focus group with mental health professionals*. I conducted two interviews and one focus group with a clinical psychologist, physiotherapist, occupational manager, and exercise leader who had worked closely with Ben for several years to explore alternative perspectives on events and moments in Ben's history; and (d) *In-depth interviews with Ben*. The primary source of data was two in-depth interviews with Ben and one focus group with Ben, a clinical psychologist, and a physiotherapist. During the initial interview I asked Ben to tell me about (i) his current exercise participation; (ii) his previous sport and exercise prior to mental illness; (iii) the effects or changes he experienced through sport and exercise; and (iv) his explanations for these effects or changes. Descriptive questions (to learn about the participant's experiences), structured questions (to investigate specific details of these experiences), and contrast questions (to clarify meaning and interpretation) were used throughout the interviews in an effort to generate a comprehensive and complex understanding of his experience (Biddle et al., 2001). Issues raised during each interview guided the direction taken in subsequent interview/focus group in order to further develop and explore key issues. These interviews were audio recorded and transcribed verbatim.

Analysis of Narrative

After several close readings of the interview transcripts, field notes, and summary of Ben's medical records to become immersed in the data, I conducted a content analysis to identify and code themes arising from the data using quotations as the unit of analysis (Sparkes, 2005). Next, I developed and re-contextualised the findings of the content analysis by returning to the interview transcripts and creating a first person narrative of Ben's experiences (see Carless & Sparkes, 2007). On the basis of this storied account of key moments in Ben's experiences of mental illness and exercise, I proceeded to conduct an analysis of narrative as described by Smith and Sparkes (2006) whereby I treated Ben's stories as data which I explored with the intent of identifying more general narrative types within Ben's personal stories. In Sparkes' (2005) terms, my focus in conducting this analysis was on the *structure and form* of Ben's narratives in recognition that "the formal aspects of structure, as much as the content, express the identity, perceptions, and values of the

storyteller” (p. 195). My aim is to communicate, through linking episodes in Ben’s story with culturally available narrative types, an understanding of the meaning and value of exercise and sport within the context of Ben’s life experiences and identity.

“I Got The Running Bug”: Forming an Athletic Identity

Ben is a person whose sense of self is intricately tied to sport and exercise in general and running in particular. In this sense Ben might be considered a person with an athletic identity (Brewer et al., 1993; Sparkes, 1998) and understanding this identity is, I suggest, central to understanding the part exercise has played in Ben’s recovery from mental illness. Brewer and colleagues (1993) define athletic identity as “the degree to which an individual identifies with the athletic role” (p. 237) and suggest that “the individual with a strong athletic identity ascribes great importance to involvement in sport/exercise” (p. 238). These authors describe athletic identity as a social role which is influenced by family members, friends, coaches, teachers, and the media. Ben’s stories of his childhood years portray the development of an athletic identity at a young age when sport and exercise became important and meaningful components of his life. In line with Brewer and colleagues’ definition, Ben’s stories suggest his athletic identity was shaped by socio-cultural factors. The following excerpt, in which Ben describes the role his brother played in him coming to regard himself as a “skilful” footballer, provides an illustration of this process:

In school I was always a fast runner. I was a real, I’m really skilful at football, real good footballer. My brother could have been a professional, he was really skilful, and he taught me when I was in my first year in seniors. He taught me all the moves and this enabled me to be from a below average player to a really good player cause of the moves he taught me. I was fast anyway, to be a really good player you gotta be fast and skilful, it’s gotta be two ... So that’s what I did – he taught me the moves and I became a real, good, skilful footballer.

Describing his memories of these times in his life, Ben spoke passionately of the importance of football (soccer) in his life. He described how “I was always playing football from the age of 16 ... we lived for football” and recounted his experiences of playing local league football in the adult league even though he was still only 16. It was a few years later that Ben started running as a way of training for football. As he put it: “I think what really got me into exercise was probably the fact that I was a footballer. I sort of used the jogging to help with the football.” Over the following years Ben increasingly became involved in running, a process that was also culturally influenced as he was exposed to marathons on television:

I'd seen the marathons on telly. I thought, 'I'll have a go at them!' I did it with my mate like, we went out running round Dilsley Common. That's when I got the running bug then, got through the pain barrier and we were running every day then, running miles. But I always kept in with football. In 1988 I did a 6-miler, and from 1990 I done a few half marathons, and from 1992 to 93 I did a few 20-milers.

As these examples indicate, Ben's narrative recollections of his childhood and young adult life long before his mental health difficulties began, show sport and exercise (particularly football and running) to have been important aspects of his identity and sense of self. Ben's stories of this period in his life, for me, demonstrate a degree of narrative continuity, coherence, and agency in that exercise and sport were constants in his life over which he exhibited some control, and which provided him with a sense of purpose and a way of living personally meaningful life.

"Out of Control": A Descent Into Chaos

According to his medical records, Ben was in his late twenties when he was first prescribed anti-psychotic medication to treat symptoms of paranoia. These symptoms were documented to have quickly improved and the medication was stopped. More debilitating psychological problems, however, are noted to have developed a year later. Over the next seven years Ben's medical records detail a total of fourteen hospital admissions. Three of these were extended inpatient periods at a mental hospital totalling almost two years, the others were short-term admissions, some to accident and emergency wards. During this time Ben's mental health is noted to have fluctuated considerably – his medical records document periods of "extreme anxiety and desperation" and "extremely negative and suicidal thoughts" interspersed with periods of improvement and remission. Over the years Ben was treated with electro-convulsive therapy and it is recorded that four anti-psychotic and two anti-depressant medications were tried and rejected on the basis of side-effects which, according to an entry in his medical records, Ben found to be "unacceptable". While the medication was reported to reduce his psychotic symptoms, serious side-effects (such as tremor, pacing, and blunted affect in addition to significant weight gain) were noted. By the time Ben reached his mid-thirties, his medical records state that his psychotic symptoms had stabilised and that an "acceptable" medication regime had been found which resulted in fewer side-effects. At this time Ben was diagnosed with "partially treated schizophrenia complicated by obsessional thoughts or obsessive compulsive disorder." Although he was subsequently discharged from hospital to a residential unit, Ben was recorded to still be experiencing what were described as "continual" anxiety attacks which could last up to eight hours.

During interview Ben recounted his memories of how his mental health difficulties began:

When I first started getting unwell I had a paranoia illness, psychosis. Thinking people were following me and stuff like that. Cause it was brought on, it was brought on by too much stress and failure. I had a lot of things go wrong with me, lot of, you know, sort of marriage break up and, uh, I failed, I had a lot of failures and stuff so that made me, and I had all that on board, and it sort of spiralled out of control ... It all built up. I just got worse and worse and in the end, (*clicks fingers*) bang! I just had a nervous breakdown.

In this description Ben depicts the time around the onset of mental illness as a time during which he gradually lost control of his life and descended into an increasingly chaotic existence. Feelings of a loss of control, sense of confusion, and lack of understanding are also present in Ben's description of an anxiety (panic) attack:

Well it's a fear of a fear really. You're just frightened and you don't know why. Everything, everything becomes out of touch. You're just frightened to death for some reason and you don't know why. That's what it's like. And it lasts for, lasts about an hour something like that. Then it's gone again. And then you think, well you know, what was I worried about?

According to Baldwin (2005), severe mental illness is a threat to narrative agency in that it can remove the ability and opportunity to author one's own narrative. The lack of agency in Ben's narratives at this time is particularly marked when compared to the sense of personal control that was evident in his descriptions of his earlier involvement in football and running. When talking about exercise, Ben tells a story of relative personal control; when talking about mental illness, he tells an "out of control" story. In this sense, Ben's stories of becoming unwell suggest he did indeed lose narrative agency (i.e., he became unable to author his own narrative) as the chaotic, out of control conditions of psychotic illness broke into his life story, displacing his earlier sport and exercise stories. This abrupt change in Ben's stories also represents a potentially problematic breakdown in narrative continuity (Baldwin, 2005) in that exercise and sport, which had previously been constants in Ben's life story, were no longer the focus of his stories.

For a period of four years, when his mental health was at its lowest level, Ben was involved in no sport or exercise whatsoever. During this time he was, in his words, "smoking about, at least, 20 cigarettes a day" and, according to his medical records, drinking heavily at times. He was also receiving anti-psychotic medication, which has a common side effect of significant weight gain (Green et al., 2000). Ben described how: "I was on the wrong

medication – the medication was making me worse. It made me put on a lot of weight and I couldn't do exercise anyway I was so overweight. I went up to 21 stone.” In terms of physical fitness, he was at an all-time low: “I was so out of condition. I was walking up Winbridge field with Rob, I had to keep lying down I was so unfit.” At this time, it is notable that issues of embodiment come to the fore in Ben's stories as he tells how physical issues (i.e., significant weight increase) directly impacted his life. While an analysis of these issues is beyond the scope of this article, relationships between embodiment, narrative, and identity are issues worthy of further exploration in mental health contexts.

Given the value Ben previously attached to exercise and sport, it seems likely that a complete cessation of exercise combined with some dramatic bodily changes, would have had adverse effects on Ben's identity and sense of self. Indeed, Ben's narrative recollections of this time reflect a noticeable loss of continuity with his stories of life before mental illness. For Sparkes (1997), “the problem of identity is the problem of arriving at a life story that makes sense (provides unity and purpose) within a sociohistorical matrix that embodies a much larger story” (p. 101). In this light I suggest that when Ben's previous exercise-focussed life story was replaced by the “much larger story” of mental illness, he was no longer able sustain his athletic identity as talking about exercise or sport participation simply did not ‘fit’ his lived experience at this time. Thus a central aspect of Ben's identity and sense of self was lost along with a way to find purpose and meaning in his life through involvement in sport and exercise.

The tone and form of Ben's narratives of mental illness are akin to Frank's (1995) chaos narrative where “events are told as the storyteller experiences life: without consequences or discernible causality” (p. 97). Frank (1995), however, makes an important point which is relevant to Ben's accounts of his experiences in stating that those who are living the chaos cannot tell in words because lived chaos makes reflection and storytelling impossible. In a similar vein, Baldwin (2005) and Stone (2004) suggest it is unlikely during the psychotic stages of illness that an individual would be able to communicate their experiences in a recognisable or coherent narrative form. While Ben was able to describe the onset of mental illness and his experience of an anxiety attack during our interviews, a sense of understanding and narrative coherence is likely to have been possible only because the events he was describing happened some time before. In other words, it is only because he has had time to reflect on these events that Ben is able to construct a coherent and recognisable narrative which provides insight into his experience of psychotic illness and that goes some way towards making sense of this period of time. Indeed, even several years on, Ben indicated that he found discussing his memories of the psychotic stages of illness to be

difficult and unpleasant. As he put it, “I don’t really like talking about it really because it just, know what I mean, I start talking about my illness and all that it, comes to the forefront. I don’t really like chatting about it really.” While Ben’s expression of these feelings during an interview prevented me requesting further stories about the psychotic phase of illness, it also echoes Frank’s (1995) characterisation of chaos stories as difficult to both tell and hear.

“Back Running Again”: Towards Restitution

It was seven years after the onset of mental illness that Ben first re-engaged in exercise while attending a vocational day centre. His initial exercise took the form of one-to-one sessions with a physiotherapist in the centre’s makeshift gym. Preliminary assessments of his exercise programme were promising: a “much improved mental state” is noted in his records alongside improved fitness, weight loss, and that he had quit smoking and was happy about these changes. Two years after starting at the centre Ben was documented to have experienced psychological, social, and physical improvements and reported feeling generally well although panic attacks continued to occur about once a week. Ben believed that finding the “right” medication – in a dose that combined clinical effectiveness with acceptable side-effects – was a necessary prerequisite for him to re-engage in exercise. He described how at this time:

I was on the right medication, I felt better and I thought to myself, well, I’ll get back into running again and keeping fit again ... I got well enough to start exercising again. Because I wasn’t well enough to carry on with the exercise, I became so unwell that I couldn’t do it. And then I had no interest in it.

This desire to “get back” into running was repeatedly raised during our interviews. For example, Ben described his return to running:

I started getting fitter and fitter and eventually I was back to, apart from being overweight, I was back to normal again ... back to what I used to be like ... The first time I was out running again I felt on top of the world – I was actually back to what I used to be like doing running again.

When Ben states that by running “I was back to normal again ... back to what I used to be like” he tells a restitution story; a story characterised by the possibility of a return to wellness, the possibility of ‘cure’. According to Frank (1995), restitution stories focus on returning the ill person back to health and are typified by metaphoric phrases like ‘as good as new’. Ben signals his allegiance to the restitution narrative at this time when he says, “It’s just having the right medication and the right frame of mind and exercising – you can totally get cured of a mental illness I reckon.” In telling a *successful* restitution story, Ben replaces the chaos story which characterised his descriptions of the psychotic stages of illness with a

more optimistic or hopeful story focused on getting back to health. Hence, by returning to running Ben is engaging in an activity which he believes has the potential to provide a “cure” but also, perhaps more importantly, successfully reconnecting with a valued element of his previous (well) self. According to a clinical psychologist who worked with Ben, it was through returning to an activity in which he had previously been involved – returning to “normal” things – that running was most likely related to recovery:

I would see it that it (running) is quite linked to recovery cause it’s maybe getting back a bit of how he used to be before he became unwell ... and so it really is quite significant in that sense: a normal thing to do and also a thing that brings one achievement.

Sparkes (1997) notes that “As individuals construct past events and actions in personal narratives they engage in a dynamic process of claiming identities and constructing lives” (p. 101-2). By including running in his life once more, and thus being able to share stories about his running in interactions with others, I suggest Ben was able to reclaim or reconstruct his previous athletic identity which was denied during the psychotic stages of mental illness. Baldwin (2005) suggests that efforts to maintain narrative continuity are a necessary component of service provision in order to help people preserve valued aspects of their past lives through the present and into the future. It is primarily through re-involvement in exercise that Ben was able to achieve this sense of narrative continuity and unity in his life story thus linking his past and future. It is this continuity, I suggest, which provided Ben with a way to maintain a sense of meaning and purpose despite the disruption of serious mental illness.

“Things Become Brighter”: Beyond Restitution

Although Ben tells a restitution-type story when he describes exercise as a “cure” for mental illness or as a way to “get back” to life before mental illness, there is also another side to his experience of physical activity as the following excerpt illustrates:

When I’m exercising it makes you feel up for it, it makes you feel good about yourself as well. When I’m actually exercising no matter what I feel like I don’t feel depressed or anything – I always feel good, no matter, when I’m exercising, just makes me feel good.

Within this description is a portrayal of *positive* experiences gained through running. This perspective was also communicated when Ben described further how running affected him psychologically:

You think more when you're running, I think. You can work things out. Things that are bad don't seem that bad anyway ... Things become brighter, you know what I mean ... things sort of, you see things more clear and everything around looks brighter ... I suppose it makes you face the problem head on. It makes you feel as though it's not that bad in the first place – there's nothing really to worry about.

Anthony (1993) suggests that interventions for mental health have the potential to do more than leave a person with *less* impairment, dysfunction, disability; that they can also leave a person with *more* meaning, purpose, success, and satisfaction with life. Inherent within Ben's descriptions is a sense of running making a positive contribution to his life in this way. Thus, through running it was not so much that Ben was left with *less* symptoms and dysfunction, but that he experienced *more* good feelings, optimism, confidence, success, and satisfaction with his life. In short, it seems to me that involvement in exercise brought something positive to Ben's life, and these things were valuable and meaningful to him irrespective of whether or not exercise alleviated the symptoms of mental illness.

By talking about the presence of new, positive experiences Ben's descriptions move beyond the contours of the restitution narrative to show some similarities to Frank's (1995) characterisation of quest narratives. According to Frank (1995), tellers of quest stories construe illness as the occasion for a journey that becomes a quest. In his terms, "What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through the experience" (Frank, 1995, p. 115). One of the most striking aspects of our interviews was the way Ben considered that his experiences had changed him in some way. Despite the hardships and difficulties he experienced through ten years of serious mental illness, treatments, and numerous hospitalisations, Ben described how he had come to value life more as a result of his experiences. While talking about his previous lifestyle when he was unwell, which included smoking and heavy drinking, Ben said, "I think the exercise and the illness has made me value life more and I won't touch another drink again, I'll never ever get drunk again ... or smoke. Fitness for me now is a way of life." Here Ben once again signals the importance of exercise in his identity and sense of self: because he valued exercise as a "way of life" he was able to rationalise his decision to quit drinking and smoking on the basis that both would adversely affect his running. Given Ben's ambition to run a marathon, his reasoning is probably well founded.

The last excerpt provides an illustration of how Ben's experience of mental illness led him to be transformed in some way; it also demonstrates his awareness of these changes. Frank (1995) describes how the quest narrative tells self-consciously of being transformed

through the experience of illness. In this regard, Ben's description of how he has come to value life more through illness and exercise may be considered a quest story. In a similar vein, Ben described further psychological changes that have occurred as a result of his experiences:

Having a mental illness wakens you up. You realise then that things you worried about in the past, you think hang on a minute, I'm not worrying about that again 'cause it makes me ill. So I either stop worrying about it or ... I make myself ill again. So you don't worry about it.

Here Ben describes a learning process whereby he has come to change his thinking to avoid the return of psychotic illness. It is perhaps these kinds of personal changes that best explain Ben's progress towards recovery and signpost the way towards a healthy future.

In continuing to suffer serious mental illness, while describing positive change but not denying the severe symptoms and experiences he has been through, Ben has much in common with the cancer-survivors Frank (1995) presents as tellers of quest stories. Likewise, Ben's experiences share similarity with Anthony's (1993) conception of recovery which he suggests can occur without complete symptom relief. In his terms, although a person may still experience major episodes of symptom exacerbation, she or he might have "significantly restored task or role performance and/or removed significant opportunity barriers. From a recovery perspective, those successful outcomes may have led to the growth of new meaning and purpose in one's life" (Anthony, 1993, p. 21). Ben's stories suggest to me that he has successfully recreated a sense of meaning and purpose in his life and, to a considerable extent, he has done so within the context of his involvement in running.

"I Can't Beat It": The Limits of Restitution

The anxiety (panic) attacks described earlier were a debilitating and on-going aspect of Ben's mental illness. During earlier stages of his illness, these attacks occurred seemingly at random, had been totally debilitating and forced him to abandon whatever activity he was doing at the time. By the time this research took place, the attacks had changed in nature in that they now occurred only when Ben was running. According to a clinical psychologist's entry in Ben's medical records, "The attacks seem to occur only on the treadmill in the gym and at a certain point when he is out running. There seems to be a mixture of physiological arousal and 'paranoid' ideas." Ben described the occurrence of an anxiety attack during a recent race:

I had it in that half marathon. Not only was I thinking of keeping going, I had to deal with a panic attack as well – on the run. So I went 13 miles and I was in the panic

attack all the way round. I got out of it as I, as I finished and had a shower, and as I was in the shower it just disappeared. I was alright.

At this point in time, the most debilitating symptom of Ben's mental illness – an anxiety attack – was now occurring *only* when he engaged in the very activity which had been a critical factor in his recovery to date. On the one hand involvement in running allowed him to maintain an athletic identity and provided valued psychological benefits, while on the other it threatened his mental health. This turn of events led a clinical psychologist to question whether Ben's running had become an addiction that was doing more harm than good. A key consideration in this regard is the ways in which Ben's anxiety attacks had changed over the years. Although in the past the attacks had been seemingly random, uncontrollable, debilitating, and had lasted up to eight hours in duration, his medical records documented how, more recently, his "panic attacks continue generally when running ... but he is able to continue running through the attack". As such, the attacks had become more predictable (in that they most often occurred when he ran), shorter in duration (less than one hour), and Ben was reportedly learning to control them so that they did not interrupt his activities. Literally, Ben was now able to *run through* an anxiety attack.

Ben described his strategy for coping with an attack while running:

Well sometimes if I can divert my thought I'll be OK. All I gotta do is divert my thought. But it's hard to do. You gotta try and take your mind off it for a few seconds and then (*clicks fingers*) it's gone. But its just chatting to other runners – sometimes it'll go, like, chatting to them, other times it'll stay ... I gotta try and concentrate on focusing on not having the attack – just getting round all the race ... I can get through it sometimes. Other times I need to lay down, I can't beat it.

At these "other times" Ben has reached the limit of the restitution narrative in that the restitution story no longer works. According to Frank (1995), "Restitution stories no longer work when the person is dying or when impairment will remain chronic. When restitution does not happen, other stories have to be prepared or the narrative wreckage will be real" (p. 94). In the excerpt above, Ben describes the occurrence of a psychotic episode which, in his words, "I can't beat." At this time, by his own recognition and admission, there is no cure and restitution is not possible. The threat of "narrative wreckage" to which Frank refers suggests a breakdown in narrative coherence and the possible re-emergence of chaos. Despite reaching the limit of the restitution story, however, Ben is somehow able to retain a degree of narrative coherence, thus avoiding a return to chaos.

It is, I suggest, the importance Ben attaches to exercise – the meaning and value of exercise in his life – which allows his narrative to retain a sense of continuity, coherence, and

agency at these critical times. The following excerpt provides an illustration of the importance Ben attaches to exercise:

I suppose in a way it (exercise) is a bit of a drug like – want to do it to get that good feeling back again ... I think its better actually than drinking. I think drinking, you're living in a dream world. That's what I reckon. You're dependent on it ... cause at the end of the day after you stop drinking you've gotta come back to reality, can't drink all your life. But if you're keeping fit, its free, you don't have to pay for it you can just do it cause you like doing it. You're not living in a dream world, you're actually feeling better – making yourself feel better ... Other people might get a kick out of other things, but for me its exercise.

Within this description, Ben once again focuses on the “good feeling” he experiences through exercise and, importantly, he perceives himself to have control over its occurrence. In this way, exercise itself, for Ben, may be seen as a kind of quest; a quest to *feel good*, a quest for fitness, and a quest over which he has some degree of personal control or agency. Thus, Ben is able to preserve narrative coherence, continuity, and agency even when the restitution story fails. He does so, I believe, by drawing on a quest narrative which, according to Frank (1995), speaks from the ill person's perspective and holds chaos at bay.

Concluding Thoughts

On the basis of my interpretations of Ben's life story, I would like to conclude with some thoughts on the ways in which exercise and sport have been implicated in Ben's progress towards recovery from serious mental illness. I suggest that it is through an awareness of the complex relationships between narrative, identity, and mental health that the significance of the role exercise and sport have played in Ben's experience of, and recovery from, mental illness can be most fully appreciated.

From the preceding life history, it is evident that the experiences involved in serious mental illness acted to remove exercise and sport from Ben's life through preventing his ongoing participation. At the same time, a meta-narrative of mental illness, characterised by chaos and/or a loss of control, served to profoundly disrupt Ben's previous life story within which consistent and coherent talk of exercise and sport was fundamental. Thus, I suggest, Ben's pre-existing athletic identity was effectively destroyed and continuity, coherence, and agency largely disappeared from his life stories of this period. By reengaging in exercise several years later, it seems to me that Ben was able to rebuild or reclaim his athletic identity through once again according his exercise and sport experiences a central role in his life story. In so doing, Ben reinstated some degree of narrative continuity, coherence, and agency to his life story. Thus exercise, and running in particular, provided an arena in which Ben

could regain control of his life story and reconstruct his identity in the wake of serious mental illness. Through once again coming to story his life around exercise and sport, Ben is able to resist the dominant medical narrative of illness which, Frank (1995) suggests, focuses talk on tests and their interpretations and treatments and their possible outcomes. In so doing, Ben's stories answer Baldwin's (2005) call for counter stories which challenge dominant narratives of mental illness.

Through my analysis I have attempted to show how three further narrative types, discussed by Frank (1995), are evident at certain times within Ben's stories. In the context of serious mental illness, I suggest that two of these narrative types provide potentially valuable alternatives to the meta-narrative of mental illness. First, Ben at times tells a restitution story, the terms of which he is, in part at least, able to meet. While several authors (e.g., Frank, 1995; Smith & Sparkes, 2005) have shown how telling a restitution narrative can be problematic when restitution is unlikely, I suggest that Ben's belief that he was in some ways at least moving towards restitution (i.e., recovering his fitness, reducing the severity of his panic attacks) was preferable to remaining within the contours of a debilitating and hopeless chaos narrative. Within a mental health culture which Chadwick (1997) and Repper and Perkins (2003) see as having a tendency to be pessimistic, disempowering, and problem-focussed, Ben's predominantly positive stories of progress towards recovery provide a counter story to the more negative narratives of serious mental illness which construe restitution as unlikely.

Second, Ben at times tells a quest-type story in which mental illness is described as a journey which has led him through a process of personal growth, change, and self-understanding in that he has come to value fitness and running as worthy long-term goals and purposes in his life. In this regard Ben's quest-type stories, which focus on experiences outside and beyond the alleviation of symptoms, deficits, and dysfunctions, have the potential to, as Perkins (1999) has put it, redefine the ballpark by providing a way of thinking about recovery which differs completely from traditional ideas of treatment and cure. With this point in mind, I conclude that while relationships between narrative, identity, and mental health are undoubtedly complex, Ben's story suggests that exercise can contribute to recovery from serious mental illness by being a personally meaningful activity which permits a recreation of identity and sense of self.

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