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Running head: EXERCISE AND SPORT

The Contribution of Exercise and Sport to Mental Health Promotion in Serious Mental Illness:  
An Interpretive Project

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## Abstract

In this article we synthesise the findings of previous research to explore the question: How can exercise and sport contribute to mental health promotion in the context of serious mental illness? We used an interpretive approach to gain insights into the sport and exercise experiences of 11 men with serious mental illness. Data were gathered through interviews and participant observation and analysed through a content analysis and a narrative analysis of structure and form. These analyses suggest that exercise and sport contributed in three distinct ways: (i) acting as a vehicle for other outcomes; (ii) facilitating the recreation of a previous athletic identity; (iii) providing a means to re-story self and identity through adventure experiences. We conclude that the ways exercise and sport can help promote mental health in the context of serious mental illness are varied, complex, and closely related to the meaning the activity holds for the individual.

*Keywords:* physical activity, mental health promotion, narrative, identity, mental illness

## The Contribution of Exercise and Sport to Recovery in Serious Mental Illness: An Interpretive Project

In recent years a number of reviews have concluded that exercise provides mental and physical health benefits for people experiencing mental health problems (e.g., Callaghan, 2004; Carless & Faulkner, 2003; Ellis, Crone, Davey, & Grogan, 2007; Faulkner, 2005; Saxena, Van Ommeren, Tang, & Armstrong, 2005; Stathopolou, Powers, Berry, Smits, & 2006). Typically these reviews recommend, on the basis of existing evidence, that exercise provision is incorporated within treatment and care programmes. Less research has been conducted to explore the psychological benefits of exercise for people with severe or psychotic forms of mental illness and in a recent review Ellis and colleagues (2007) identified only ten studies since 1981 which have explored the relationship between exercise and psychosis. As Carless and Sparkes (2008) note, the prevailing focus of this research is on the ways in which exercise participation might alleviate the symptoms of mental illness. In this regard, the conclusions of recent reviews can be characterised as positive but cautious. Reviewers generally conclude that exercise can be effective in terms of symptom alleviation among people with serious mental illness (SMI) but that more research is urgently needed (e.g., Ellis et al., 2007; Faulkner, 2005; Richardson, Faulkner, McDevitt, Skrinar, Hutchinson, & Piette, 2005). The need for further research has been echoed in several more recent studies of exercise and SMI (e.g., Beebe, Tian, Morris, Goodwin, Allen, & Kuldau, 2005; Fogarty & Happell, 2005).

For us, the conclusions of existing reviews suggest that much remains to be learnt about the ways exercise can improve the mental health of people with SMI. Taken together, these reviews suggest that we still have a long way to go in terms of answering the question *How can exercise contribute to mental health promotion in the context of SMI?* In this article, we hope to

provide some new insights to this question by synthesising the findings of our interpretive research project which has explored how various forms of exercise and sport can contribute to the lives of people with SMI (see Carless, 2007, in press; Carless & Douglas, 2004, 2008a, 2008b, in press; Carless & Sparkes, 2008). In keeping with an interpretive ethos, our focus is on illuminating the *possibilities* of exercise and sport while increasing understanding of *how* changes come about. Our theoretical approach stems from a social constructionist perspective “which takes as its goal the elucidation of meaning” and seeks to “sustain conversation and debate, rather than to attempt to function as a ‘mirror to nature,’ as a source of foundational, universal truth” (McLeod, 1997, p. 142).

Underlying our work is an explicit recognition of the observation voiced by several authors – who have themselves experienced SMI – that *recovery* entails something more than the alleviation of symptoms (see Baker-Brown, 2006; Chadwick, 1997; Deegan, 1996; Repper & Perkins, 2003). According to Davidson, O’Connell, Tondora, Lawless, and Evans (2005),

recovery from serious mental illness does not require remission of symptoms or of other deficits. Rather, recovery involves incorporation of one’s illness within the context of a sense of hopefulness about one’s future, particularly about one’s ability to rebuild a positive sense of self and social identity (p. 484-5).

It is this orientation towards, in Davidson and Roe’s (2007) terms, recovery *in* SMI which underlies our approach and aims with this research. That is, we seek to explore the ways in which exercise and sport can contribute to improved mental health among people with SMI in a holistic sense as opposed to considering solely its potential to alleviate symptoms. Thus, we are particularly interested in the ways participation might promote mental health by helping individuals overcome the “loss of valued social roles and identity, isolation, loss of sense of self and purpose in life” that Davidson and Roe (2007, p. 462) suggest is common in SMI.

## Method

### *Participants*

The participants were 11 men aged between 24 and 43 who were attending a vocational rehabilitation day centre on the basis of being diagnosed with a severe and enduring mental illness. All participants had personal experience of exercise and/or sport participation through their involvement in a variety of scheduled exercise or sport activities which were offered and facilitated by staff at the centre. These activities included golf, football (soccer), badminton, tennis, swimming, walking, gardening, gym-based exercise, and running. All participants had volunteered to participate in the research and the study received ethical clearance from the local NHS Trust research ethics committee. All participants provided informed consent and to protect anonymity all are referred to by a pseudonym.

### *Procedures*

An ethnographic approach underlies this interpretive project. According to Quimby (2006), ethnographic approaches have the potential to “provide understanding of the perspectives of participants and targeted groups from their points of view and based on their structural conditions and cultural dynamics” (p. 860). Ethnography is also, Quimby notes, an effective way to “generate information useful for developing or informing hypotheses, theories, and intervention models” (p. 860). Our choice of this approach was strongly influenced by our recognition of the potential challenges of conducting research in the context of SMI. In particular, given our desire to obtain first person narrative accounts of sport and exercise within the context of SMI, it was necessary to conduct interviews in which participants could share stories of their experiences. According to Stone (2004), however, there is a risk in telling these kinds of personal stories in the context of mental illness because “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” (p. 20). In this regard, Stone (2004, p. 20) suggests, “the narrative journey may be a perilous one.” In an effort to minimise these perils, we employed two strategies of ethnographic research.

First, we strove to develop a supportive and caring relationship between participants and researchers through establishing trust, rapport, and familiarity. Specifically, the primary researcher (name of author) engaged in prolonged immersion in the field over an 18 month period where he participated in the daily life of a vocational rehabilitation centre for people with serious mental illness. During this time, he took part in sport and exercise groups as well as social and day-to-day activities which helped build relationships with potential participants. For the second author (name of author), trusting relationships and familiarity with participants were established through her attending the centre on a weekly basis and coaching a golf activity group which was offered alongside other sport and exercise sessions at the centre.

Second, we employed two methods of data collection, in which both researchers were involved, to gain a rich understanding of participant’s exercise and sport experiences: (i) *Participant observation*. During sport and exercise activities and day-to-day life at the rehabilitation centre field notes were independently compiled by both authors to document observations, interpersonal exchanges, and personal reflections; (ii) *Semi-structured interviews*. A total of 16 semi-structured interviews were conducted and each participant took part in between one and three interviews each lasting from 20 to 90 minutes in duration. In keeping with the ethos of interpretive research, the interviews loosely followed an interview schedule which invited participants to talk about: (i) their sport and exercise experiences; (ii) particularly memorable sport or exercise-related moments; (iii) their previous sport and exercise involvement; and (iv) the ways in which sport or exercise affected them. Where necessary, the interviews deviated from the schedule to explore issues raised by individual participants.

Routinely, the interviewers used a wide range of further impromptu prompts and clarification questions to explore these issues in more detail. The interviews were audio recorded and transcribed verbatim with the exception of an interview with one participant who did not want a tape recorder to be used.

### *Data Analysis*

We used a three-stage process of analysis to explore the narrative data that were collected. The first stage involved both researchers engaging in several close readings of the interview transcripts and field notes to become immersed in the data. Next, we conducted a content analysis using quotations as the unit of analysis. Finally, we conducted what Sparkes (2005) terms an *analysis of structure and form* in recognition that “the formal aspects of structure, as much as the content, express the identity, perceptions, and values of the storyteller” (p. 195). Full details on these narrative analysis processes are provided in Lieblich, Tuval-Mashiach, and Zilber (1998) and Sparkes (2005). In this article, we synthesise these multiple forms of analysis to, as Sparkes (2005) recommends, gain new insights and perspectives into the ways in which exercise and sport can contribute to recovery in the context of SMI.

### Discussion of Findings

In what follows we present a synthesis of our findings through which we suggest three ways that exercise and sport experiences contributed to mental health. In doing so, we seek to make some assertions of a more general kind by linking our findings with existing literature and theory concerning narrative, identity, and recovery from SMI.

### *Exercise and Sport as a Vehicle for Other Outcomes*

For some participants, the primary role of exercise and sport was as a vehicle, a tool, or a stepping-stone for other outcomes. In this guise, participation was not for its own intrinsic sake but oriented towards achieving some kind of extrinsic outcome. The accounts of one participant



named Mark (see Carless & Douglas, 2008b, p. 151) provide an illustration of this kind of orientation which was evident from the outset as a motive behind Mark's initial adoption of exercise. In Mark's words,

I had a chat with Sarah [a physiotherapist] when I was in woodwork and she suggested that I take up a bit of exercise to get a bit fitter. She said I wasn't very fit. So that's what I decided to do: decided to take up a bit of exercise, on the exercise bike. That's what I started on. And I progressed, one thing led to another, progressed to football, badminton, and walking group.

After six months of increasing exercise and sport participation Mark perceived some improvements in his physical fitness and strength which he attributed to these activities. As he put it,

I'm a bit fitter than I used to be. Like doing the wood work, I can saw pieces of wood easier ... it helps me build up my strength for digging the weeds in the allotment ... it's made me feel stronger, capable of doing the gardening. (p. 151)

For Mark, initial participation was motivated primarily by the prospect of improved physical fitness; because he perceived that these motives were met through his activities, he had a good reason to maintain participation. A similar orientation was evident among other participants who perceived that exercise or sport led to positive psychological outcomes (such as relaxation or improved concentration) or some degree of symptom alleviation (e.g., feeling less depressed, hearing fewer voices, less negative thoughts).

Inherent within these accounts was a sense that exercise was ancillary to life, that it was understood as simply one of several activities in which they engaged. This is evident in Mark's response to a question of whether he thought about exercise prior to taking part in a session:

"No. I know I've got it on my agenda so I just wait until it comes round. I don't dwell on it ...

[Then I] move on to something else – the next thing on the agenda.” Further light is shed on the place of exercise and sport holds in Mark’s life by his response to a question of whether or not he had been ‘changed’ in any way through his participation. In his words, “No. It’s not made me into a different person. I’m still Mark. But I feel a bit more energised, a bit more with it than I did before I started” (Carless & Douglas, 2008b, p. 153).

These two excerpts typify the view of participants who considered exercise a vehicle for other outcomes that although they perceived benefits (physical and/or psychological) from participation, the activities themselves held little personal meaning. In other words, exercise and sport were not intrinsically meaningful; rather they *became* meaningful because of the outcomes they facilitated. Mark, for example, considered sport and exercise to be a worthwhile use of his time because participation resulted in perceived fitness improvements which better equipped him to meet the physical demands of his preferred vocational activities of gardening and woodwork. Thus, Mark valued the outcomes of exercise participation because they enabled him to more effectively engage in other activities (in Mark’s case gardening and woodwork) that *were* personally meaningful and important. Thus for individuals like Mark, as Raine and colleagues (2002) have also observed, exercise and sport may be considered a stepping-stone in recovery through assisting an individual to progress to other activities, occupations, or roles.

#### *Exercise and Sport to Recreate an Athletic Identity*

According to narrative theorists (e.g., Crossley, 2000; McLeod, 1997), identities are socially constructed through the process of creating and sharing stories of our lives. As Smith (in press) puts it, narratives “are important in the process of constructing selves and identities ... People understand themselves as selves through the stories they tell and the stories they feel part of.” Baldwin (2005) notes how the experience of SMI can deny individuals the ability and opportunity to create and share stories of their life. In his terms, as a result of “cognitive

difficulties or loss of language, individuals may lose the ability to construct and articulate a coherent narrative” while, at the same time, an “individual’s interactions with others may be restricted by a condition that results in decreased opportunities to launch and maintain narratives” (p. 1023). A likely consequence of this denial, narrative theorists suggest, is that individuals are thereby limited or restricted in terms of the avenues through which they may maintain or develop a sense of identity and self.

Among the participants in this research, some had been through a comparable process whereby they lost – and subsequently reconstructed through sport and/or exercise – their sense of personal identity. Ben is one such individual (see Carless, in press) who, prior to the onset of SMI had developed a strong athletic identity where sport and exercise were centrally important to his life story and comprised the cornerstone of his sense of self. Running and football were the activities that held particular personal meaning for Ben and this importance is suggested in Ben’s reflection on his life before SMI when, in his words, “we lived for football.” In terms of sense of identity and self, it is highly significant that during the onset of SMI Ben’s involvement in exercise and sport abruptly ceased. During this time, Ben no longer had sport or exercise experiences to story. As a result, Ben experienced, to a greater or lesser extent, a loss of identity and sense of self.

Ben’s account of his return to running after the remission of his most debilitating psychotic symptoms communicates the importance exercise and sport continued to hold in his life. In his words,

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. (Carless, in press)

As Ben's fitness improved and he began to lose some weight, he once again began running in competitive races – something he had not done for several years. He also started playing regular five-a-side football in a local league. His return to sport and exercise meant he was able to once again story his life around sport and exercise. In so doing, we suggest that he was able to rebuild the previous athletic identity that had been integral to his sense of self. In Ben's words,

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 ... Other people might get a kick out of other things, but for me its exercise.

This excerpt communicates a sense of the meaning and significance of exercise in Ben's life, of the central role that it plays in influencing Ben's conception of who he is as a person.

For individuals like Ben who had a positive athletic identity prior to SMI, maintaining or resuming involvement in sport or exercise is likely to be crucially important to their identity and sense of self and, by implication, their progress towards recovery. As Carless (in press) observes, the denial of opportunities to be involved in and tell stories about sport through the experience of SMI is in itself a threat to the mental well-being of people who hold a strong athletic identity. For these individuals, sport or exercise is a way of life and holds intrinsic meaning regardless of any outcomes that may result. Thus, simply being involved in sport or exercise is likely to have implications for recovery because it facilitates, in Baldwin's (2005) terms, *narrative continuity* through providing opportunities to maintain stories of one's sport or exercise experiences. These kinds of narrative processes, we suggest, are one way that identity and sense of self can be rebuilt in the wake of SMI.

#### *Exercise and Sport to Re-story Self Through Adventure Experiences*

In terms of the narrative reconstruction of identity and sense of self, it is generally recognised that people require resources, of some kind or another, to re-story their lives

(McLeod, 1997). Scheibe (1986) suggests that *adventure experience* is one way narrative resources may be provided. In McLeod's (1997) terms, "adventure gives the person a ready supply of stories through which to create an identity both in the form of an on-going self-narrative but also a narrative that is shared with, and co-constructed with, other people" (p. 43). For some participants, we suggest a particular form of sport or exercise was experienced as a kind of adventure, providing embodied experiences to talk about alongside day-to-day opportunities to share these stories with others.

We documented three types of story that resulted from participants' adventure experiences through sport and exercise (see Carless & Douglas, 2008a). The first of these, an *action narrative*, relates to, as one participant named Ronnie put it, "going places and doing stuff." Here are two examples:

It's just that I've got an activity for the afternoon that I'm not sat watching TV, something like that. I watch so much it just sort of draws me. I need to sort of break away from a day indoors and get out and do something ... it's something to get me out of bed, get out of bed that morning. (Jerry) (p. 583)

My mind's occupied. I think other things. I don't really think about bad things that I might think about if I wasn't doing something ... It can happen with other things but I think sport is such an active thing it tends to have that effect on me. (Shaun)

Action stories focused on an embodied experience of some kind which related to a physical process or bodily movement. Taking action, and telling action stories, is therefore significant in that it challenges more common stories of SMI which often revolve around *inactivity*, of not doing much and not having much to do (see for example, Baker-Brown, 2006; Deegan, 1996; Stone, 2006).

A second story type was evident within participants' accounts which we term an *achievement narrative*. Central to the achievement narrative are stories that focus on accomplishment, doing something well, or being successful. Here are two examples:

I went with a physio and done the Milwood 10k not last year the year before, both ran round together ... That was good, gave me something to aim for. I stopped last time. I stopped in the Buxham as well. But this year I never stopped at all, I got all the way round on the Buxham and the Milwood. So that's an achievement isn't it? (Ben) (p. 585)

I hit a lovely one last week with the six-iron, you know, when we were out at [names pitch and putt course] ... on the first one – I couldn't believe it! I thought 'How the hell did I do that?' like. I thought, well I've got to try and remember what I'd actually done to hit that ball ... just sort of prepared for the shot, I just swung the club and it worked and I thought 'Oh, hurray!' like. Yeah, thought, you know, *I've done it*, like ... It was amazing, I amazed myself really. I thought it wasn't going to work out that way. (Peter) (p. 587)

For some, achievement stories relate positive feelings such as a sense of satisfaction from learning and performing skills, while others describe enjoyment of the activity being increased as a result of success experiences. Because sport and exercise activities are culturally accepted and endorsed by many others in society, sharing stories which revolve around achievement, success, and 'being good at' these activities offers a potential point of connection. In other words, by creating and telling achievement stories in the context of popular sport or exercise activities, a participant has a personal story which is shared *by*, and can potentially be shared *with*, many other people in society.

The third type of story we term a *relationship narrative* because shared experience and interaction were hallmarks of these stories. Here are two examples:

Well you're meeting other people that are sharing a common thing aren't you really?

Common exercises, sharing that experience. That's what I reckon anyway. So it's good on that side of it ... all doing the same thing, got the same experience and got something to talk about. (Mark) (p. 587)

It's a good social activity to be with them. It's a good time, to be with them. And you can learn by other people, what they've done as well I think, you can talk about it, you know. They'll probably ask, the other person, how you felt, and I think that's how you learn ... it's a good atmosphere ... It's different when you're not with a group as well isn't it like? You get cut off a little bit don't you? I mean the atmosphere's not there so much, know what I mean? (Peter) (p. 588)

Underlying these stories was a sense of social atmosphere or occasion which we often observed in the context of group-based sport or exercise activities. An orientation towards promoting social relations and cohesion within group-based activities was, on the basis of our observations, an important factor in the expressions of mutual support and consideration that were evident in participants' stories and actions (see Carless & Douglas, 2008a, in press).

In light of these three types of narrative, we suggest that sport and exercise activities were often experienced as a form of adventure which simultaneously provided shared experiences to *talk about* (through stories of action and achievement) alongside opportunities to *talk* (through relationship stories). In other words, involvement in sport and exercise provided an arena which encouraged personal stories to be both created and told. We consider that these action, achievement, and relationship stories provide evidence of participants engaging, to a greater or lesser extent, in a process of re-storying their lives in a more positive manner which de-emphasises the centrality of the problems and difficulties of mental illness. As McLeod (1997) and Baldwin (2005) suggest, opportunities to launch and maintain positive and coherent

stories of one's life experiences are an important component of therapeutic interventions. The kinds of storytelling processes evidenced above can therefore be an important step in recovery for some people because they help reinstate a positive sense of meaning and identity in one's life.

### Reflections

We have presented a synthesis of findings from our ongoing research which, in keeping with the ethos of interpretive research, aims to shed new light on the question of how exercise and sport can contribute to recovery in the context of SMI. Our interpretation proposes that, among the participants in this research, sport and exercise contributed to improved mental health through three distinct avenues. Through linking participants' stories with existing recovery literature and narrative theory, we have highlighted some more general points which are likely to be relevant to others' experiences of exercise and sport.

Given the nature of social science research, alternative interpretations of findings are always possible. One alternative might be that sport and exercise participation is an indication – rather than a contributing factor – of recovery. We would argue against this interpretation in light of participant accounts within which sport or exercise is portrayed as personally meaningful, valuable, and important to their psychosocial well-being. Another interpretation might be that *any* activity has the potential to provide the kinds of benefits described here. This may very well be the case. We have no wish to suggest that sport or exercise is in some way “better” than other forms of activity (such as music, art, and so on); we merely wish to show that sport and exercise *can* play a valuable role in improving mental health among some people with SMI. More research is needed to explore the potential contribution of other activities and for other populations.



It is apparent that some participants' sport and exercise stories correspond with Davidson and Roe's (2007) characterisation of recovery *from* mental illness (as involving the alleviation of the symptoms of SMI). Evident in these accounts are portrayals of sport and exercise participation as a vehicle or stepping stone for particular *outcomes* (e.g., improved fitness, weight loss, symptom alleviation) which allowed individuals to, in some way, move on in life. This orientation is consistent with the contemporary ethos of exercise and health promotion which tends to promote participation on the basis of extrinsic outcomes and parallels most other research which has focussed on the effectiveness of exercise or sport in reducing the symptoms of SMI (see Beebe et al., 2005; Ellis et al., 2007; Faulkner, 2005; Fogarty & Happell, 2005; Soundy, Faulkner, & Taylor, 2007).

This outcome-focussed orientation is, however, just one part of a more complex picture. More often, a different type of story was told by participants which portrayed involvement in sport and exercise as integral to a person's life and somehow encapsulating an individual's identity, sense of self, and hope for the future. By relating these kinds of stories to narrative theory, we have been able to develop and extend previous research to show how exercise and sport can facilitate Davidson and Roe's (2007) conception of recovery *in* SMI (which does not require symptom alleviation). Two distinct avenues were evident in participants' accounts. First, we suggest that for those with a previous athletic identity, re-engaging in exercise or sport facilitated the reconstruction of a sense of self and identity that can be lost through the experience of SMI. Second, for others who perhaps do not hold an athletic identity, we suggest that adventure experiences through exercise and sport can stimulate the creation and sharing of new life stories which emphasise action, achievement, and relationships. A central theme in both avenues concerns the importance of maintaining or rebuilding through narrative means a

positive, coherent, and meaningful sense of identity and self. This in itself, narrative theorists such as Crossley (2000) and McLeod (1997) suggest, is a prerequisite for positive mental health.

In light of these findings, we emphasise that the ways in which exercise and sport can contribute to recovery are closely related to the meaning that the activity holds for each individual. To provide personally meaningful – and hence beneficial – exercise opportunities it is therefore necessary to pay close attention to the history, needs, preferences, and aspirations of each individual. It is simply not the case that a standardised ‘prescription’ of exercise will be beneficial to all people with SMI. Rather, we now understand, the ways in which exercise and sport can contribute to the promotion of mental health are varied and complex. So too, Davidson and colleagues (2005) point out, are the recovery needs of people with SMI. We close by suggesting that the potential of exercise and sport to contribute to mental health promotion among people with SMI is *dependent* upon the point that participation means different things to different people. In this light, the variation and uniqueness inherent in the exercise-mental health relationship is critical to its success precisely because it allows individuals to experience different benefits appropriate to their own needs.

## References

- Baker-Brown, S. (2006). A patient's journey: living with paranoid schizophrenia. *British Medical Journal*, 333, 636-638.
- Baldwin, C. (2005). Narrative, ethics and people with severe mental illness. *Australian and New Zealand Journal of Psychiatry*, 39, 1022-1029.
- Beebe, L., Tian, L., Morris, N., Goodwin, N., Allen, S., & Kuldau, J. (2005). Effects of exercise on mental and physical health parameters of persons with schizophrenia. *Issues in Mental Health Nursing*, 26, 661-676.
- Callaghan, P. (2004). Exercise: a neglected intervention in mental health care? *Journal of Psychiatric and Mental Health Nursing*, 11, 476-483.
- Carless, D. (2007). Phases in physical activity initiation and maintenance among men with serious mental illness. *International Journal of Mental Health Promotion*, 9(2), 17-27.
- Carless, D. (in press) Narrative, identity, and recovery from serious mental illness: A life history of a runner. *Qualitative Research in Psychology*.
- Carless, D., & Douglas, K. (2004). A golf programme for people with severe and enduring mental health problems. *Journal of Mental Health Promotion*, 3(4), 26-39.
- Carless, D. & Douglas, K. (2008a). Narrative, identity and mental health: How men with serious mental illness re-story their lives through sport and exercise. *Psychology of Sport and Exercise*, 9(5), 576-594.
- Carless, D. & Douglas, K. (2008b). The role of sport and exercise in recovery from mental illness: Two case studies. *International Journal of Men's Health*, 7(2), 139-158.
- Carless, D., & Douglas, K. (in press). Social support for and through exercise and sport. *Issues in Mental Health Nursing*.

Carless, D., & Faulkner, G. (2003). Physical activity and mental health. In J. McKenna, & C. Riddoch, *Perspectives on Health and Exercise* (pp. 61-82). Houndsmills: Palgrave MacMillan.

Carless, D. & Sparkes, A. (2008). The physical activity experiences of men with serious mental illness: Three short stories. *Psychology of Sport and Exercise*, 9(2), 191-210.

Chadwick, P. (1997). *Schizophrenia: The Positive Perspective*. London, Routledge.

Crossley, M. (2000). *Introducing Narrative Psychology: Self, Trauma and the Construction of Meaning*. Open University Press.

Davidson, L., O'Connell, M., Tondora, J., Lawless, M., & Evans, A. (2005). Recovery in serious mental illness: a new wine or just a new bottle? *Professional Psychology: Research and Practice*, 36(5), 480-487.

Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health*, 16(4), 459-470.

Deegan, P. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal*, (19)3, 91-97.

Ellis, N., Crone, D., Davey, R., & Grogan, S. (2007). Exercise interventions as an adjunct therapy for psychosis: A critical review. *British Journal of Clinical Psychology*, 46, 95-111.

Faulkner, G. (2005). Exercise as an adjunct treatment for schizophrenia. In: G. Faulkner, & A. Taylor, (Eds.), *Exercise, health and mental health: emerging relationships* (pp. 27-45). London: Routledge.

Fogarty, M., & Happell, B. (2005). Exploring the benefits of an exercise program for people with schizophrenia: A qualitative study. *Issues in Mental Health Nursing*, 26, 341-351.

- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative Research: Reading, Analysis and Interpretation*. London: Sage.
- McLeod, J. (1997). *Narrative and Psychotherapy*. London: Sage.
- Quimby, E. (2006). Ethnography's role in assisting mental health research and clinical practice. *Journal of Clinical Psychology, 62*(7), 859-579.
- Raine, P., Truman, C. and Southerst, A. (2002). The development of a community gym for people with mental health problems: Influences on psychological accessibility. *Journal of Mental Health, 11*(1), 43-53.
- Repper, J., & Perkins, R. (2003). *Social Inclusion and Recovery*. Edinburgh, Balliere Tindall.
- Richardson, C., Faulkner, G., McDevitt, J., Skrinar, G., Hutchinson, D., & Piette, J. (2005). Integrating physical activity into mental health services for individuals with serious mental illness. *Psychiatric Services, 56*, 324-331.
- Saxena, S., Van Ommeren, M., Tang, K., & Armstrong, T. (2005). Mental health benefits of physical activity. *Journal of Mental Health, 14*(5), 445-451.
- Scheibe, K. (1986). Self-narratives and adventure. In T. Sarbin (Ed.), *Narrative Psychology: the Storied Nature of Human Conduct*, (pp. 129-151). New York: Prager.
- Smith, B. (in press). The state of the art in narrative inquiry: Some reflections. *Narrative Inquiry*.
- Soundy, A., Faulkner, G., & Taylor, A. (2007). Exploring variability and perceptions of lifestyle activity among individuals with severe and enduring mental health problems: A qualitative study. *Journal of Mental Health, 16*(4), 493-503.

Sparkes, A. (2005). Narrative analysis: exploring the whats and the hows of personal stories. In: I. Holloway, (Ed.), *Qualitative Research in Health Care* (pp. 191-209). Milton Keynes: Open University Press.

Stathopolou, G., Powers, M., Berry, A., Smits, J., & Otto, M. (2006). Exercise interventions for mental health: A quantitative and qualitative review. *Clinical Psychology – Science and Practice* 13(2), 179-193.

Stone, B. (2004). Towards a writing without power: notes on the narration of madness. *Auto/Biography*, 12, 16-33.

Stone, B. (2006). Diaries, self-talk, and psychosis: writing as a place to live. *Auto/Biography*, 14, 41-58.