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Being physically active – A bodily anchorage on the journey for recovery in mental ill-health

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ABSTRACT

Suffering from mental ill-health does not merely involve mental distress; it also often comprises deteriorated physical health. The physical consequences can be of a severe nature and may lead to premature death. Since physical inactivity has been identified as a critical health risk factor, there is an imperative need to support physical activity in persons with mental ill-health. The benefits of being physically active for persons with mental ill-health are many, but there are also considerable barriers. In mental healthcare and research, there has been increasing attention on a recovery perspective that focuses the personal journey on repossessing meaning in one's own life. However, in the recovery perspective, as well as in mental healthcare research and praxis in general, there is a lack of recognition of the lived body of the person and the lived experiences of being physically active as a potential part of that journey.

The aim of this thesis is to contribute to our knowledge of aspects of being physically active for recovery in mental ill-health, and how this can be supported in mental healthcare. Overall, this research was conducted using a mixed methods research design, including both qualitative and quantitative methods. Philosophical and theoretical underpinnings consisting of a lifeworld perspective, of the notion of human capability, and of the existential dimensions of recovery have guided the process of seeking a comprehensive understanding of the phenomenon. An initial cross-sectional inventory of the self-reported health and physical activity of persons with mental ill-health was conducted (study I). This inventory showed that this population was a vulnerable group affected by both physical and mental health risk factors and low levels of physical activity. The lived experiences of being physically active in persons with mental ill-health were illuminated, and were interpreted to render opportunities to connect to one's being-in-the-world and to experienced meaning (study II). As physical activity enabled a sense of meaning, the person's ability to reclaim life was strengthened. Caregivers' lived experiences of motivating persons with mental ill-health to be physically active were described as something more than an act of doing – it was a way of being together, sharing experiences through being physically active, and interacting with each other's life-worlds (study III). In order to investigate a novel mode of physical activity, the use of interactive video games for physical activity among persons with mental ill-health was explored (study IV). Playing interactive video games was found to enable experiences of evolvment and competence, which can be understood as dimensions of personal recovery.

The main finding from this thesis is a recognition of the potential of physical activity for embodied recovery in mental ill-health. Three core aspects were found to articulate the qualitative significance of being physically active as meaning and capability, connectedness, and wholeness. Furthermore, it is assumed, that a person's barriers to being physically active may not only represent realms of the mental illness itself, but also constitute expressions of disconnectedness from the lived body, as subjectively experienced disembodiment. In conclusion, there is a need to develop a more nuanced understanding of the potential of physical activity in mental healthcare, and by giving room for the lived body, experiences of embodied recovery in mental ill-health can be enabled.

Key words: caregivers, embodiment, lifeworld, lived body, mental healthcare, mental health nursing, mental ill-health, mixed methods research, personal recovery, phenomenological hermeneutics, physical activity, psychiatric disabilities, self-assessment, single case design

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