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### 'Leave all the troubles of the outside world': a qualitative study on the binary benefits of 'Boxercise' for individuals with mental health difficulties

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## **‘Leave all the troubles of the outside world’: a qualitative study on the binary benefits of ‘Boxercise’ for individuals with mental health difficulties**

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With a growing trend to advocate physical activity as an adjunct to mental health treatment, this study aimed to assess the motivations, expectations and experiences of a 6-week structured physical activity programme, specifically Boxercise, for individuals with mental health difficulties. This study consisted of one pre-intervention focus group (FG) ( $n=8$ ) and one post-intervention FG ( $n=4$ ), employing inductive thematic analysis to assess the motivations, expectations and experiences of Boxercise. The pre-intervention results yielded three main themes and several subthemes: *Gone off track* (Loss of physical self, Loss of confident self, endeavour), *Social re-integration* (Free to ‘Be’) and *Class constituents* (Wayne, Evoke power). Post-intervention results focused on the actual experience of the programme, including three main themes and several subthemes: *Praise of class* (A focused challenge, Healthy escape, Camaraderie); *Wayne* (Superstar status, Proxy efficacy, Wayne’s gym) and *Path to metamorphosis* (Lost and found, Somatopsychic principle in practise, Heightened awareness of health). Overall, the study found positive physical and psychological benefits from the participation in a structured Boxercise programme for people with mental health difficulties. Furthermore, the study found that the unique ‘power’ (boxing) component of the class to be of particular benefit to the participants. Implications for practice and suggestions for future research are discussed.

**Keywords:** Boxercise; mental health; well-being; power; qualitative

### **Introduction**

The evidence supporting the binary (physical and psychological) benefits of engaging in physical activity is aplenty (for a review, see Biddle and Mutrie 2008, Hefferon and Mutrie 2011). Moreover, for populations who experience mental health difficulties, the need for activity engagement escalates as this population has been found to have higher levels of physical health problems and poorer physical functioning (Crone *et al.* 2005, Holley *et al.* 2011, Callaghan 2004).

A growing number of clinical practitioners (Hays 1999, 2002) have advocated the use of exercise in recovery and therapy for individuals with mild to severe mental health difficulties, such as depression (Camacho *et al.* 1991, Blumenthal *et al.* 1999, Babyak *et al.* 2000, Mead *et al.* 2009); obsessive compulsive disorder;

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anxiety/stress disorder and more severe and enduring such as psychosis, psychotic depression and schizophrenia (although there is little evidence of changes to symptomatology) (Ellis *et al.* 2007, Gorczynski and Faulkner 2010, Faulkner and Biddle 1999; Pelham and Campagna 1991; Pelham *et al.* 1993; Salmon 2001).

From a positive psychological perspective, physical activity not only reduces negative psychological states, it can produce positive experiences and increase levels of hedonic (pleasure) and eudaimonic (meaning) well-being (Carless 2008, Hefferon and Mutrie 2012, Hefferon, 2011; Ekeland *et al.* 2004; Ekeland *et al.* 2005; Fox 1997; Fox 2000; Fox and Corbin 1989; Hassmen *et al.* 2000; Steptoe and Butler 1996). Affective Beneficence (Morgan 1985 as cited in Hays 1999) refers to the enhanced levels of positive affect and well-being immediately after chronic and acute activity participation (Biddle and Mutrie 2008). Positive emotions are the cornerstone of building resilient individuals, enabling them to create social, intellectual, physical and psychological resources they can fall back on during tough times (Fredrickson 2001, 2009). The lack of focus on activity for the promotion of mental health and well being, rather than the alleviation of mental illness, in addition to the lack of positive psychological measurement tools (Hefferon and Mutrie 2012), are criticisms within the current exercise psychology literature (Carless 2008, Holley *et al.* 2011).

Qualitative research has been identified as the most suitable methodology for studying the experience of physical activity by people with 'mental illness' (Carless and Sparkes 2008, Holley *et al.* 2011). Furthermore, investigation into the actual motivations and expectations of physical activity participation within this participant pool is an important focus for activity researchers (Carless and Douglas 2004, Holley *et al.* 2011). This study contributes to the emerging literature on the role of physical activity in mental health recovery based on qualitative research (e.g. Faulkner and Sparkes 1999, Carless and Douglas 2004, 2008a, 2008b, 2008c, 2008d, 2010, Crone *et al.* 2005, Fogarty and Happell 2005, Crone 2007, Carless 2008, Crone and Guy 2008, Douglas and Carless 2010).

As a final point, there is a growing trend to diversify physical activity interventions used with mental health populations (Carless and Douglas 2004). Recent studies utilised a range of activities including football, golf, green gyms and running (Carless and Douglas 2004, 2008a, 2008b, 2008c, 2008d, Carless 2008). Boxercise is an, as of yet unexplored, physical activity intervention which utilises non-contact boxing training techniques to improve fitness and strength. The sessions are made up of a cardiovascular component (exercise machines, skipping), skills work (punch bags, pad work) and strength work (resistance exercises). Boxercise has been found to increase the binary benefits within the normal population (Mackay and Neill 2010) and could therefore theoretically be of value to individuals with mental health difficulties.

In light of these gaps, the aim of the study was to qualitatively assess the motivations, expectations and actual experiences of a 6-week structured physical activity programme, specifically Boxercise, for individuals with mental health difficulties (Creswell 2008).

## Method

This study was a pre/post qualitative inquiry into the motivations, expectations and actual experiences of a structured Boxercise programme for 10 mental health service users. Ethical approval was obtained from the University of East London Ethics Committee.

### ***About the Boxercise intervention***

The Boxercise intervention was a 6-week course of weekly training sessions lasting 2 h, funded by the local mind association (LMA). Mind is a mental health charity, which has LMAs across the country (<http://www.mind.org.uk>). Boxercise was initially piloted at this LMA after a member of staff anecdotally observed improvements in their own well-being (improved health, stress and anger management and improved confidence). The pilot demonstrated that service users also felt the same, and this innovative approach is now offered as an intervention. The sessions were held at a local boxing gym and were led by a former multiple world champion boxer, two graduates of previous Boxercise groups, and one member of staff from the LMA.

### ***Participants***

Participants were referred to the project, which aims to increase people's well-being through physical activity. Methods of referral included: Community Mental Health Teams, LMA services, other voluntary organisations, local supported housing organisations, self-referral and family members.

In all, 10<sup>1</sup> participants took part in the qualitative focus groups (FGs). The group consisted of six females and four males.<sup>2</sup> Their ages ranged from 20 to 52 ( $M=36$ ). Of the 10 people that joined the group, five people completed the course. One did not attend any sessions, as he gained employment, two people dropped out due to physical health difficulties, one person dropped out due to deterioration in their mental health and one person dropped out as he could not afford the travel costs to the gym. Five of the six completing the course attended all sessions, while the other person attended four out of six. This adherence rate is consistent with previous experiences of the Boxercise course over the past 6 years (Mind, personal communication, 10 September 2011). Attrition and lack of attendance due to several intrapersonal and contextual circumstances is a recognised issue while working with mental health patients (Carless and Douglas 2008d, Crone *et al.* 2008 (Table 1).

### **Procedure**

#### ***Rational for research design***

The researchers choose to employ a qualitative research design to elicit the understandings, experiences and voices of individuals with mental health issues; 'voices'

Table 1. Participants and FG attendance.

Name	Age	Diagnosis	Focus group attendance
Andrea	26	Depression	Pre and post
Becca	45	Depression and anxiety	Pre and post
Carol	39	Depression and anxiety	Pre
Diane	40	Post-traumatic stress disorder (anxiety/depression)	Pre
Edward	26	Depression	Pre
Frank	49	N/A	Pre
Ginny	52	Depression	Pre
Harry	35	Psychosis	Pre
Jessica	20	Depression and anxiety	Post
Peter	29	Psychosis	Post

that are not traditionally heard in psychology (Carless and Sparkes 2008).<sup>3</sup> FGs are excellent primary methods used to elicit understandings, opinions and views of the individuals of interest. Furthermore, FGs can ‘trigger memories’ stimulate debate and facilitate disclosure (Howitt and Cramer 2008, p. 189).

Thus, FGs are the product of a group situation and have been argued to be more naturalistic than one-to-one interviews:

If you really want to know either of us, do not put us in a laboratory, or hand us a survey, or even interview us separately alone in our homes. Watch me with my women friends, my son, his father, my niece, or my mother and you will see what feels most authentic to me.

(Fine and Gordon 1989, p. 159)

It is necessary to achieve a balance between gaining enough people to create an engaged discussion and too many that overwhelm the others (Smith *et al.* 2009). Due to the difficulties in engaging mental health service users (e.g. shortened attentions span and increased anxiety levels) (Carless and Douglas 2008d), we wanted to get as many participants voices at one time to maximise our participation (Smith *et al.* 2009). Furthermore, there has been a high rate of no-shows for preliminary and post interview sessions at the centre; therefore we wanted to ensure that we got a quick, optimal participant data set rather than rely on one-to-one interview format.

### **Data collection**

Individuals who attended the induction day at LMA headquarters were asked to read an information sheet and sign a consent form to participate. They were reminded of their right to withdraw and confidentiality. Two separate semi-structured FGs were conducted by some of the authors in the week before the first Boxercise class.

The researchers opened the FG by explaining the purpose and objectives of the FG session. The pre-intervention FG questions centred on motivations for attending and expectations of the Mind Boxercise programme. The main Boxercise facilitator, with whom the participants would have already been familiar, was present to ensure a comfortable experience for the individuals. The researchers attempted to ensure that all members of the FGs had a chance to participate in the discussions, in order to ensure a balanced perspective. Overall, the researchers felt that despite being short in length, the FGs addressed the relevant topic issues. The participants appeared to be reserved, yet willing to participate, and there were no examples of collusion or disagreement. Data from each group were combined and analysed as one document ( $n=8$ ).

### **Reflection on the pre-intervention FG experience**

The pre-FG sessions lasted on average 12.5 min in length. The brevity of the FG sessions was deemed to arise for several reasons. First of all, this was the first time each of the participants had ever met each other. This could have caused anxiety and shyness with regard to expressing their expectations. Secondly, there was an unusual abundance of females attending the FG, which may have made the males less open to expressing their feelings. Thirdly, there were three researchers present, which may have created an ‘authoritarian’; presence, although every step possible

was made to make each participant welcome a comfortable. The authors did find that they had to stick to the schedule in order to prompt answers out of the participants, who were on the whole, not forthcoming with their answers. Thus, the distribution of quotes represents the overall contribution from each participant. Although there is slight imbalance of representation, potentially by gender or person, the authors did not witness any domineering or manipulation of the overall conversations. There were, however, some individuals (e.g. Andrea) who were more articulate in presenting their expectations and experiences than more shy participants (e.g. Edward). Overall, the females were perceived to be more open and expressive than the male participants. Reasons for this are discussed in the final sections.

### *Post-intervention FG*

The post-intervention FG was conducted at the gym following the last (sixth) session of the Boxercise programme. Again, some of the researchers and the main service facilitator conducted the FGs, which focused on the benefits, drawbacks and overall experiences of participating in the Mind Boxercise programme. An example of questions include: 'What was your experience like over the past 6 weeks? What were the benefits from the class? Any negatives?' Totally, four participants attended the final FG. Of these four, two attended the pre-intervention FG. Overall, the post-intervention FG lasted 31.5 min, which is longer than the pre-FG average (12.5 min). The increased length in discussion may have been due to enhanced trust which was created over the 6 weeks which opened up the participants to discuss more about their experiences. All told, the attendance rate for both the pre and post FGs was deemed sufficient (norm=4–8) to begin analysis (Howitt and Cramer 2008).

### *Analysis*

The researchers conducted (and eventually analysed) the FG under a social constructionist framework which posits that individuals create, establish and modify their opinions within the social context of the FG (Wilkinson 2004). Due to the nature of group data collection, and the participant group chosen, inductive thematic analysis was used to get a sense of the participant's motivation and expectations for the Boxercise class (Braun and Clarke 2006). This method was deemed a more appropriate method for group data analysis than other qualitative methods of inquiry (e.g. interpretative phenomenological analysis IPA) due to its flexibility and emphasis on nomothetic inquiry (Morgan 1997, Braun and Clarke 2006, Smith 2008). Although IPA has been previously used on FG data, using IPA with FGs is fraught with issues and deemed less suitable for analysis (Flowers *et al.* 2001, Smith *et al.* 2009).

The analysis included several readings of the transcripts so as to become familiar with the text (Willig 2008). The lead researcher looked for major themes, beyond surface level interpretation, organising the text into coherent sections (themes). The detail of analysis included line-by-line coding and then moving onto broader overarching themes to create the final master list (Tables 2 and 3) (Braun and Clarke 2006). This systematic analytical process was done for both the pre and post-intervention data sets. A reflection on 'quality criteria' within the research is discussed in the conclusion.



Table 2. Pre-intervention Boxercise motivations and expectations.

Main theme	Sub theme
Gone off track	Loss of physical self Loss of confident self Endeavour
Social re-integration	Free to 'Be'
Class constituents	Wayne Evoke power

Table 3. Post-intervention Boxercise experiences.

Main theme	Subtheme
Praise of class	A focused challenge Healthy escape Camaraderie
Wayne	Superstar status Proxy efficacy Wayne's gym
Path to metamorphosis	Lost and found Somatopsychic principle in practice Heightened awareness of health

## Results and discussion

### *Pre-intervention FG*

Three main themes and five subthemes (Table 2) emerged from the participants' expectations and motivation for joining the Boxercise programme.

#### *Gone off track*

Overall, the motivation for participating was perceived to be due to a sense of 'going off track'. The participants seemed to be in a state of limbo and they hoped that the Boxercise programme would help re-align their life trajectory:

This might be a good avenue I think, also to get me back on track – I think it's going to help me with my motivation as well, it's gonna motivate me which is what I need right now. To get my life back on track, cos the way things are at the moment, it's not good, so I, I just feel I need to do something – get an activity coming off of where I am right now. (Diane)

There was a childlike quality to Becca who spoke of this real disconnect from the life she used to live to the one she lives today – someone who needed a hand to hold:

Well yeah, it's like I need that somebody to hold my hand, take me from my living room to say 'how about joining in this group'. When I'm a person, going back 10, 20 y'know years ago, I would have just looked at something, gone out and found what I wanted to do and participated in that sport or gone to that gym, y'know I would have done but it's just that I don't know where myself has gone in the last 20 years. (Becca)



For some individuals with mental illness, the ‘chaos narrative’ has been shown to be a part of the mental illness journey (Carless and Douglas 2008c) and these participants ability to recognise their ‘derailing’, and the motivation to re-align, demonstrates high levels of self-awareness.

*Loss of physical self.* The FG participants discussed several ‘losses’ of the self, with the most prominent being the loss of a former ‘physical self’. In fact, one participant, Becca, even likened the loss of physical activity within her life to a ‘bereavement’:

I suppose sort of now erm being quite 40 ... old, and having physical injuries and difficulties – not being able to participate in something you love doing, umm, and, that, well-being and feeling, kind of not being able to participate. [It seems as if activity was a big part of your life?] Massive. It was like a bereavement. Yeah, it’s like a sense of not being able to do that. And y’know, your limitations are, from 100% down to like 10% achievements and goals and those kinds of things. (Becca)

The participants all seemed to identify as ‘previously active’ whether in recreational activity or more advanced sport participation. Injury was the main reasons given for lack of activity participation and loss of this self. For example, Frank had previously competed in high-level karate before a seriously debilitating accident caused him to give up activity:

I got run over- I was with a pelvic injury – I couldn’t lift my legs as high on one side as the other side, you know and I just stopped that then. (Frank)

The Boxercise class, which included working with a world class athlete, seemed integral to their motivation to return to activity or their physical ‘comeback’:

Umm, I am pretty sporty person anyway, umm, I’ve done loads of different sports – I’ve done martial arts in the past erm but I’ve got an injury, umm, in my hip, so I can’t do the sport which I love, wanna take to a higher level, at the moment, erm so, that’s pretty upsetting so I’m looking for y’know erm, sports – just being able to do sports that will keep me motivated and keep me happy really. (Andrea)

I was doing the gym previously, and then I dunno, I just, I’d seem to, I’d get started and then everything feels okay for a while and then something just happens, I don’t know what happens, I just stop, and lock myself away. I used to be like really fit – go to the gym all the time, do a lot of walking, and exercise and everything, and then I’ve been rather unwell, um, the past couple of years and up until about, only about 4 months I’ve started just staying in and just eating, eating, eating. I wanna go out and do stuff but I dunno, something’s stopping me. (Carol)

The rebuilding of athletic identities, through sport participation as part of recovery in mental health difficulty, has been observed in other studies (e.g. Carless 2008, Carless and Douglas 2008d) and may represent a desire to reconnect with a healthy self trying to survive within a person with mental health difficulties (Repper and Perkins 2003, as cited in Carless and Douglas 2010).

Surprisingly, there was not a strong ‘lose weight’ theme; their goals were rather to return to a physical self (a rower, a boxer and a runner), whereby weight loss may be achieved but it was not the primary aim. The participants were more interested in the intrinsic benefits, such as feeling good, keeping fit or staying healthy:

But you know the actual exercise – that makes you feel good as well.

Yeah. The exercise gives, releases endorphins isn't it, which is good for the body anyway? So they get an endorphin rush. (Ginny)

Well it [Boxercise] was new to me ... it gives you good exercise. Good for arms ... self defence ... feel tough afterwards. (Harry)

*Loss of confident self.* Another subtheme focused on the Boxercise class as an avenue for reestablishing a 'confident self'. The participants pointed out that they felt as if they had lost confidence and were motivated to discover this again:

I think for me it's really just confidence, I just wanna get out and meet people. (Diane)

Just need the confidence to – I mean you have confidence in one thing and that hopefully will brush onto other things as well. (Ginny)

As Ginny mentions here, there was an expectation of the Boxercise programme offering transferrable skills which would hopefully permeate other areas of their life. For Frank, the loss of his ability to protect himself physically, and thus loss of confidence, was an issue he hoped Boxercise would help establish again:

And just when I come back from Karate, you feel that you – you felt very confident [...] If there's confidence it would be good, good mentally wouldn't it? (Frank)

Carless and Douglas (2008a, 2010) also argue that achievement, within the achievement narratives of participants with mental health difficulties undertaking sport, often provides efficacy for future participation in activity.

*Endeavor.* Recognising that they had 'gone off track' spurred a passionate drive to try something new; to challenge themselves and learn a new skill. It seemed like the Boxercise programme was perceived to be a catalyst for their recovery; perhaps something new would help them to separate the old from the new self:

I dunno, something's just stopping me so I'm hoping that this is something that will pull me and hold my attention [...] so I'm hoping that this will help me focus and get me back into shape, something that I'll be able to enjoy and look forward to coming out and doing, and meeting people. (Carol)

This identified desire to separate from the old self, and the desire to try something new, supports the notion that developing action narratives through participating in sport and physical activity can be part of mental health recovery (Carless and Douglas 2008a, 2010).

### *Social re-integration*

Dealing with mental health difficulties can be an isolating experience (Repper and Perkins 2003, Biddle and Mutrie 2008). The participants discussed wanting to be

part of, and comfortable, in a group and in other people's company. Ironically, the research FG seemed to enable the participants to form a bond from their very first meeting, via the sharing of hopes and stories within an empathic and similar group:

And it's also a chance to meet people because I've not really, I'm not really good with that – I find that really difficult. (Diane)

Just as I said to you why I'd wanted to do this course is because I wanted to do it with other people, didn't want to do it on my own because it was boring. I just thought the idea of doing it in a crowd of people might be more good fun, and actually get to meet new people as well. Go on my own. So I was thinking – doing it with people, get to meet people, and just- something to look forward to as well during the week. (Ginny)

*Free to 'Be'*. Interestingly, the female participants were genuinely excited about meeting new people who understood them, in a safe and understanding environment. Although the males did not discuss the 'safety of sameness' environment, this has been shown to be a motivator to other activity interventions for males with mental health difficulties (Carless and Douglas 2004, 2008c):

It is all about connections in people and feelin' like you want to be part of a group and comfortable in people and knowing that if you come to something like Mind y'know you're safe, you're safe and they understand your insecurities. (Becca)

I wouldn't have gone to another group, I mean, I would've, it would, it was really difficult to find because you think that everyone's gonna, you think their looking at you because you're not, you're not sort of, I don't know – for me I find focus is a real issue – people sometimes think 'she's so detached' but I'm not its cos I find it hard to focus, I'm finding it really hard. (Diane)

In terms of negative expectations of the course, any participants who were worried about getting hurt were assured that this was a non-contact class, focused on learning technique and movement as well as engaging in exercise:

Well, I hope that I don't go and he expects me in one week to be Bruce Lee or whatever. (Edward)

Other clinical populations have expressed hesitation in joining physical activity programmes due to a potential lack of understanding of their specific needs (Hefferon *et al.* 2008, Mutrie *et al.* 2007). Bespoke activity programmes enable the clinical participant to be confident that attendees will be similar to them, understand them and that they will be safe under the guidance of an instructor who is familiar with their exact conditions (Proxy efficacy; discussed further in next section).

### *Class constituents*

*Wayne*. The instructor's achievement profile was a major factor in the motivation to participate in Boxercise. 'Wayne' is a former multiple world champion in Boxing, and an inspiration to these participants. Although not considered an idol, per se, his expertise was deemed admirable. There was a sense of pride and prestige in being associated with Wayne, almost a status symbol – a rare opportunity in which they

wanted to engage. The uniqueness of the opportunity was not lost on the participants and stimulated a genuine excitement for the course:

Oh, it's just me and Wayne, so go boxing and ... Can't wait to meet him really. (Edward)

The key role of the instructor has been noted in previous research (e.g. Carless and Douglas 2004, 2010, Crone *et al.* 2005) with skilled, effective trainers, that provide motivational social support, being imperative for intervention success (Carless and Douglas 2008c).

*Evoke power.* Interestingly, one of the most discussed motivations was the power element behind boxing as a major draw to the class. The participants were excited to learn new skills that would enable self-defense and physical toughness. This physical toughness was seen as a transferable skill to mental toughness, with the perception of a healthy and tough body equaling a healthy and tough mind:

I enjoy the punching bag as well. It makes me feel powerful when you're doing it. Then you feel power, doesn't it? (Harry)

Yeah I think it's important nowadays [taking care of yourself]. You know, it's important in our days. And if there's confidence which would be good, good mentally wouldn't it you know? (Frank)

Both males and females spoke of wanting to learn important techniques of self-defense. Overall, feeling tough was synonymous with feeling confident, safe and secure; literally and metaphorically:

I was thinking, cause it gives you confidence as well, so being a girl, walking around I feel confident ... you just feel a bit more sort of- secure. Yes [...] if someone does come up to you, you think, well actually I could actually smack you. (Laugh) Well you wouldn't obviously but you could do (Laughs). (Ginny)

Furthermore, the physical expression of emotions through the movement of boxing was deemed an attractive component to the class. The participants felt that the physical release of emotions and thoughts would be cathartic; to get out things they could not maybe say to others or perhaps themselves:

I think as well there's some emotions due to numerous reasons that also feel I need to get out, and I think boxing is one of those sports that can help do that. (Andrea)

Yeah, I am [looking forward to] hitting that bag. Just getting all my frustrations out you know. (Becca)

These individuals appear to be expressing the need for a form of Cathartic therapy, or more specifically, venting theory (Bushman 2002). Although Cathartic therapy (which asks the individuals to visualise or ruminate upon the trauma while venting) has been found to be a potential detrimental form of therapy (Bushman 2002), the Boxercise programme does not directly address previous traumas or issues, only offering them a place to physically vent their problems and engage in a 'doing not thinking' environment.

Overall, the acquisition of power is an ambiguous phenomenon, which could be both positive (enhanced non-aggressive confidence/self-efficacy and psychological toughness) and negative (enhanced offensive aggression) in relation to well-being and pro-social behaviour. The role of power in wellness is theorised by Prilleltensky (2008) and it may be that increased perception of physical (somatic) power acquired through Boxercise might result in the development of psycho-political power-for-wellness, a belief in personal agency, that may be absent in those with severe and enduring mental health difficulties. Furthermore, the participants' narratives of the body influencing the mind through the training effect (physical toughness) relates to Dienstbier and Zillig's (2009, p. 537) concept of toughness, which assume 'to promote positive outcomes by facilitating the use of adaptive coping strategies and improving emotional stability'.

This unique boxing element highlights the argument that it was not just the group environment or meeting others that was the draw; the participants wanted something more than passive leisure classes offered by mental health services (e.g. cookery courses). They wanted a class that was active and dynamic, leaving little idle time for excessive rumination.

### *Post-intervention FG*

Three main themes and nine sub-themes emerged from the data reflecting the participants' in-depth experiences of the 6-week programme (see Table 3).

#### *Praise for class*

Overall, the participants were passionate in expressing their praise for the class and recommendation of the programme:

Well it's cause this has been so good, I think for everyone, I think it should be recognized for that fact. (Andrea)

Furthermore, the participants expressed gratitude at harnessing the opportunity given to them via Mind which was perceived to help change the destructive path they were on:

It's a great opportunity I think. I got friends who do em like different fitness em, self-defense classes and stuff like that. And I always wanted to pursue it but the opportunity never came to rise, till this came along and I would have orig ... originally I would – there was ten places, I was number thirteen. Think I was lucky to get on this course. And I don't regret it, I just- I'm going to join next week, I'm going to come more regularly-so it's, it's a great opportunity for me. (Peter)

Peter's enthusiasm to join the boxing club after the 6-week intervention was a common occurrence following participation in the LMA Boxercise programme, with several ex-attendees ( $n=11$ ) permanently joining as well as acting as mentors and helpers to new comers to Wayne's programme.

There were no perceived negatives to participation, only lighthearted joking about the physical demands; 'I ache' (Becca). However, the physical pain acted primarily as a positive reminder of the day and their achievements, leaving them with the memory

of ‘More good than bad’ (Andrea) and ‘Many ups weigh out any downs for me’ (Becca).

*A focused challenge.* As self-predicted in the pre-intervention FG, the participants felt a huge sense of achievement, challenge and learning over the 6 weeks. Here, Andrea recounts how not only she felt challenged, but focused, for the first time in a long time:

Em. It was ... I don't know ... kind of pushes you, challenges you ... challenging yeah ... learning new things ... Eh, it pushes you. It pushes – challenges you. Em... focuses you, definitely. (Andrea)

Achievement, competence and goal attainment are key aspects of well being in most eudaimonic positive psychological theories (e.g. Ryan *et al.* 2008, Seligman 2011). Achievement in physical activity and sport undertaken by people with mental health difficulties has been identified in previous research as being an important aspect of mental health recovery (Carless and Douglas 2008a, 2010; Hodgson *et al.* 2011). Achievement in other domains of life, such as work or hobbies and interests may be problematised for those with mental health difficulties, as a result of cognitive, behavioural or other social factors (Carless and Douglas 2010).

*Healthy escape.* Boxercise allowed the participants to acquire a new skill to help them ‘escape’ from their current situations, enabling a safe environment to ‘quieten the mind’:

Good. Em ... in a way you forget about it all when you're in here. Which is a big way of dealing with it. Em otherwise your mind is just going round and round constantly. Em, and you can get away from that. (Andrea)

For clinical populations, this ‘healthy escape’ is an important component to the daily demands of living with a clinical disorder (Hefferon *et al.* 2008). The distraction hypothesis (Morgan 1985, as cited in Holley *et al.* 2011) supports the supposition that exercise can offer a break from the everyday living with mental health difficulties, such as trait and state anxiety and depressive rumination. Moreover, ‘keeping busy’, as a distraction and as a positive use of time, has been identified as a positive outcome of physical activity with participants with mental health difficulties (Faulkner and Biddle 2004, Carless and Douglas 2008d).

Similar to existing in a state of flow (Csikszentmihalyi 2009), the participation recounted the activity as a sort of getaway, a place where they could come to ‘brain dump’:

[It] takes your mind off things. Em, especially as you're kind of learning a new skill. It's kind of – like the speedball for instance – You zone in on looking at that little ball and you just totally forget everything. Or like focus pads. Yeah. Because it's so – don't know, everything to think about. [So you] Just totally zone out. (Andrea)

By ‘switching off’ from cognitive disturbance, the participants eventually felt that they could ‘switch on’ more to what was going on around them, in the real world. Clarity and focus, as well as changes in attention, were perceived to be ignited through Boxercise participation:



[It] made me focus more ... Mmm, made my mind more focused, more clear. (Becca).

*Camaraderie.* Social support and the development of close relationships are crucial during difficult times (Frederickson 2009). Boxercise reduced feelings of isolation and fostered a sense of social connectedness with others with mental health difficulties:

And the other people around it, you get to meet and I suppose eventually they'll become a bit more closer like your family I guess, cause you're all doing the same thing [...] like a family. (Andrea)

It hasn't affected me in a negative way because you can – em you can sort of take tips from people and you can learn from, learn from them as well. So, which is positive yeah. (Peter)

I kind of embraced being around other people, I hate my own – hate being on my own. (Laughs). But it's kind of nice to – to know you're working with people who, I suppose are similar, in terms of they've also got struggles as well. So when you go to other sports clubs you don't really see that side. Everyone seems really strong and knows what they're doing and eh, probably hasn't got any problems. But here it's – em it's nice to – not nice it's, rather not be in this situation but nice just to know that there are other people around that are really similar. (Andrea)

Overall, the gym environment enabled social inclusion in a mainstream setting. Shared experience and interaction is one of the three key components (narratives), along with action and achievement, consistently evident in individuals' accounts of their physical activity experiences (Faulkner and Sparkes 1999, Crone *et al.* 2005, 2010, Fogarty and Happell 2005, Crone and Guy 2008, Carless and Douglas 2008c, 2010, Hodgson *et al.* 2011). Relatedness and positive relationships are crucial dimensions of well being in the positive psychology of eudaimonic well-being (e.g. psychological well-being, Ryff 1989, Ryff and Singer 2008), self determination theory (Deci and Ryan 2000, Ryan *et al.* 2008) and authentic happiness/flourishing (Seligman 2011). It may be that a central theme of group Boxercise concerns the relationship dimension, where exercise is a 'by-product' of the interaction (Carless and Douglas 2010, p. 97).

### *Wayne*

The role of Wayne was central to the success of the Boxercise programme. Wayne was effective for several reasons including his 'Superstar status', his ability to induce proxy efficacy and the gym environment he provided. Wayne's directive, but supportive, style seemed very important to the well being gains acquired through the Boxercise and our findings support the research which notes the positive effect of a directive coaching style (Carless and Douglas 2004). Although Wayne may not have known it at the time, his positivity and enthusiasm spurred the participants on their journey with him, providing 'esteem support' and, to some degree, 'emotional support' that has been identified in previous research (Carless and Douglas 2008c).

*Superstar status.* Wayne is a multiple world boxing champion, racking up world records in the process. Working with someone with such an international superstar



status was deemed as inspiring and a large element of the success of the programme:

It's inspirational working with the world champions you know. You're not a champion for no reason. Because you're definitely good at what you're doing. You're the master of your craft. And being able to train with someone like Wayne is, is a great deal. (Peter)

Despite being of such international recognition, the participants found it humbling to find such 'normality in greatness', almost lifting the curtain to see backstage and realise, that in the end, people are just people:

I've always kind of had people on pedestals like, em to kind of look up to, em but actually being able to work with someone who's been in em you know, three world championships but is just a normal guy. It brings it back to reality that you know, in a way, those people I would've put on a pedestal they're actually, in reality – reality kind of nothing special. In their particular sport they're special – em but other than that they're just normal people who go through the normal, ups and downs like everyone else does. And I think working with Wayne has kind of, helped me to begin to realise that. That you know, you just – you're a normal person. But they just-maybe you're exceptional in that particular sport, and as long as you work hard, you're pretty much the same as them. (Andrea)

*Proxy efficacy.* Wayne made the participants feel safe due to his expertise and knowledge and his personal history. This proxy efficacy ('participant's belief in their leader's capabilities'; Bray *et al.* 2001, p. 427) enabled participants to develop self efficacy beliefs in their own potential:

I think it's em, you feel confident that there's somebody who knows what they're talking about, knows what – they've been there done it. You know. And they're trying to help you – to you know, keep fit and healthy, mind and body. (Becca)

Wayne's knowledge gave them a sense of safety and confidence in actually carrying out the tasks:

It's more I think like, [he] is the master of his craft ... Kind of feel, trustworthy about everything. (Andrea)

Safe in his hands isn't it? (Becca)

Safe, yeah. And- and correct. Which is interesting because I was a member of a rowing club and they didn't teach me correctly and I got a really bad back injury, yeah. And so, you kind of start to question, but being able to work with someone who, yeah knows exactly what they're talking about ... kind of somehow starts to build your confidence again. (Andrea)

Bray *et al.* (2001, p. 431) found that proxy efficacy was positively correlated with 'exercise relevant self-efficacy cognition' and these predicted class adherences. Overall, the more participants believe in the abilities of their instructor, the more they believe in their own abilities to perform the activities and keep coming back.

Not only did Wayne enable proxy efficacy, he used 'esteem support' (Carless and Douglas 2008c), verbally encouraging them to believe in themselves, which was deemed a pivotal component to the success of the programme:

I think he also challenges you when perhaps you're not having a great day or you come in a bit more like-and you know like, specifically when he calls people champ. For me the first time I heard – he called me champ I was just like, oh, in my mind I was like, urgh I don't like that, cause I'm not. But now I've kind of, I can take it, you know and, and accept it. It's like-Yeah, I'm getting there [take a compliment]. (Phone ringing) (Laughs.) But it kind of- I suppose, just his words, just really boost you in a way, and anyone else – I suppose it's hearing it, em like I can give it. I coach young people myself. And I'm always you know, praising them and – so I can give it, but I cannot take it. Starting to learn to go okay yeah, what Wayne's saying is probably right, you know, he wouldn't say it if he didn't mean it. So take it Jessica, I think that's another thing as well. (Jessica)

Yeah, it's good to em, you know, be pushed. And told that I can- can do it. Just need those big pair of hands behind me. Saying 'Go on, get on there, you can do it'. (Becca)

Overall, the role of the exercise instructor is integral in the success of the programme within clinical populations (Crone *et al.* 2005, Hefferon *et al.* 2008, Fogarty and Happell 2005, Carless and Douglas 2008c, 2010). This has been explained for several reasons including: (1) safety in expertise and (2) the ability of the instructor to 'attach meaning to the experiences that people have whilst exercising' (Crone *et al.* 2005, p. 609).

What's more, Wayne demonstrated the qualities of an authentic leader (Lewis 2011). First of all, he demonstrated positivity about who his participants were. His ability to engage in self-reflection and awareness helped those around him to do the same. His presence and knowledge enabled the development of psychological resources such as confidence, efficacy, optimism, hope and resilience in his pupils. Research has found that people who are led by authentic leaders show greater success at difficult tasks; take a more positive perspective on their work; recover faster from tough times and promote higher follower satisfaction and commitment (Lewis 2011). Not every leader needs to be a 'Wayne' (world champion), however, authentic leadership coupled with proxy efficacy can have a demonstrable impact on achievement.

*Wayne's gym.* The aesthetics of the gym environment have been found to have an impact on the experience, comfort and continuation of activity participation (Biddle and Mutrie 2008, Mackay and Neill 2010) and, moreover, the social 'culture' of a sport also significantly influences participants' experience of it (Carless and Douglas 2010). Within these individuals, the gym, although highly masculine and sparse of 'luxuries', was likened to a 'home environment', as well as an open and accepting place; a place they belonged without pretensions and falsities:

Yeah I – I enjoy sort of coming into this kind of a gym. Because- a fitness gym I just get intimidated by people. 'Here I am, I'm so beautiful, em, you know look at me, my latest trainers- you know, outfit'. And em, you know, you just think 'oh get away from me please. Or I'll scream. (Becca)

Wayne's gym was perceived to be different from generic mainstream gyms, which have been found to intimidate and deter clinical populations from joining (Hefferon *et al.* 2008). However, Wayne's gym gave them a sense of 'fitting in' and, in certain ways, ownership:

Think the other thing is when you go to just some ordinary, gym. Think you don't feel like you belong there, whereas immediately when you walk through the door

here, it's kind of like, you belong here. And then the more you come, it's start ... it's starting to feel a bit more like, kind of a – this is your place [...] as soon as you walk through the door you kind of feel like you belong here. (Andrea)

The physical environment and setting/location of the exercise programme and its culture (atmosphere and social norms) including gender are imperative for understanding the effect of exercise programmes on mental health (Carless and Douglas 2010). The culture of the boxing gym in which the Boxercise takes place, as represented by the images on display in the gym, and the language of the exercise leader, relates to masculinity, power and strength. These messages have been found to influence participants in mental health activity programmes (Carless and Douglas 2010). Very little of the qualitative research into physical activity and mental health considers the issue of gender, but bodies are gendered domains (Bayer and Malone 1998, Carless and Douglas 2010). In a Boxercise programme, led by a male ex-professional boxer in a boxing gym, which is typically an almost entirely male environment, it may be important, in future studies, to consider the cultural and psycho-social factors which might cause differences between men and women's lived experience in such an environment.

#### *Path to metamorphosis*

The participants eventually discussed a turn towards change facilitated by the Boxercise programme. In the beginning, the participants recounted a sadness of losing their self and 'going off track' (Pre-intervention results, Loss of physical self). However, 6 weeks later, they seemed to have a new found awareness of personal choice in their life direction:

Yeah I feel that way as well. I feel as though em, don't know, just achieved, a big life changing, kind of [Life changing?] Yeah. Yeah. Yeah ... no it's just that I've come to a fork in the road and this has taken me in the right direction. Instead of, keep em, in the wrong direction. Like trying to drag everything back from wrong – wrong direction and putting it on the right road. (Becca)

The development of an internal locus of control and agency has been deemed to be of importance for the achievement of mental well-being (Robinson and Rose in press). Somewhere in their 'going off track' the participants seem to have lost their perception of choice in their life circumstances, and Boxercise made them aware and take charge of their decisions. This again is an example of the instrumental role of physical activity (Carless and Douglas 2008d) in improving well-being.

*Lost and found.* The path to metamorphosis links to this continual theme of being lost and needing to be found. The post-intervention FG narrative demonstrated perceptions of 'finding what they were looking for' or 'being found' though the experience of Boxercise:

Yes, I was definitely a bit lost ... from kind of where I was. [I'm] Somewhere on the path ... Getting there. (Andrea)

Later, Andrea talks about 'punching through a wall' – almost like she had met the metaphorical 'marathon runner wall' and this programme helped her to get through that block, that wall, and move onto a more positive existence:

And em, that's me punching through a wall. Cause I feel stronger. Em, so yeah that's kind of to end on positive note, how I-kind of feel about this. (Andrea)

For those who considered themselves as sportsmen/women before the onset of their mental health difficulties, being 'found', or getting back 'on track' might have been perceived as regaining their athletic identity. This process has been identified as beneficial for mental health recovery within the context of physical activity opportunities (Carless 2008, Carless and Douglas 2008a, 2010).

*Somatopsychic principle in practice.* There was a strong perceived enhancement in psychological and emotional strength via the building of physical strength (Somatopsychic):

[Do you feel stronger now physically?] Mmm. And mentally as well. And emotionally. Em, that [Wayne] works with the physical side, as well as like the 'mentalness' of it, kind of helps you to feel stronger physically as well. (Andrea)

Becca gives us a behavioural example of this change in thought processing, 'Haven't cried in ages, have I? (laughs)' and, when asked about his changes in strength, Peter replied:

I do, I have yeah [changed]. It does build your confidence when you – I mean you're not going to go out on the street and beat someone up. But it gives you – teaches you discipline. And it gives you confidence as well ... if you come into a situation you can talk your way out of it, and you can control the situation. (Peter)

Eh just being able to ... kind of, start thinking about things differently. Em, and it's (Boxercise) challenged me to do that. Which has been probably the biggest help. Instead of being down on myself all the time, I kind of go, wait a minute. Think then maybe I should be thinking this way. (Andrea)

Peter discusses how behaviour changes enabled him to gain a sense of control and composure over his thoughts and actions, demonstrating tangible lessons learned:

It's very interesting [...] I'm not really an emotional person. Well not in public anyway. Em ... like I mentioned before, it has given me a lot more confidence to approach different situations-situations, in a more controlling, em, collected way. (Peter)

*Heightened awareness of health.* The Boxercise also gave them a heightened awareness of their health and provided an opportunity to take control of their fitness levels:

Well it did motive – when I first started this journey, did motivate me to go jogging in the morning – But once that's sorted [shin splints] I'm going to be more active, active. (Peter)

Over the past 6 years in which Boxercise has been running, only 30% have cited weight management as their motivation to participate (Mind, personal communication, 10 September 2011). Thus, what Boxercise seemed to be doing is helping the participants to refocus upon the importance of holistic and healthy development:

Yeah, just kind of, just – mentally feeling stronger – outweighs more, than how my body looks. (Andrea)

This increase in awareness of health has been found within in many other clinical populations (Demark-Wahnefried *et al.* 2000, Hefferon *et al.* 2010, Hefferon *et al.* 2009).

## Conclusion

Uniquely, this study looked at the motivations, expectations and actual experiences of a popular, yet under researched, physical activity intervention for individuals with mental health difficulties. The pre-intervention FG exposed several psychological, physical and emotional motivations for joining the programme, as seen in the main themes: *Gone off track*, *Social re-integration* and *Class constituents*. Post-intervention results found that the class was a catalyst for realigning their lives, with particular emphasis on the importance of the class instructor. The importance of a skilled exercise leader has been noted in previous studies (Richardson *et al.* 2005) and this should be considered when designing an exercise programme.

There are several potential issues with the current study. First of all, there were low levels of adherence to the class, and therefore the subsequent follow up FG (only two completed both pre and post-intervention FGs). However, low adherence has been reported to be an issue with this type of intervention and population group and in general (Richardson *et al.* 2005, Carless 2008). Furthermore, for the purposes of the post-intervention FG, the authors were interested in the experiences of the class, which all four participants provided, regardless of their attendance in the first FG.

Another drawback is the time-limited feedback, as we can only claim to represent the experience at two time points (0 and 6 weeks); therefore, future research is currently being conducted to assess the sustainable impact of the class on exercise and well being.

Finally, the small sample size of both the pre-and post-intervention FGs, as well as the short amount of time actually engaged in the FG call for caution when generalising the results to wider mental health populations. Although there is no set minimum and maximum time limit for FGs (Howitt and Cramer 2008), the brevity of the sessions may limit the extent to which we can generalise the findings and theoretical development. Whilst the FG sessions were short, this does not reflect the quality of the data. Within qualitative research, there is a tension between the quality and quantity of data produced as interviews/sessions may be lengthy in time, and yet create little relevant data or in-depth knowledge. Likewise, often times a short, more concise and in-depth account may be superior to its lengthier counterpart. Ultimately, this participant pool is difficult to access and engage with, and this was reflected in the FG sessions. What we can interpret is that there is preliminary evidence to support the binary benefits of Boxercise for mental health patients and a need to continue more in depth and wide scale studies. Based on these preliminary findings and to consider the wider, complex and idiosyncratic experiences of participants in Boxercise, a further in depth, idiographic study of the participants experiences, using IPA is currently under way.

Despite these issues, using Yardley's (2000) four main criteria for quality within qualitative research, we believe we have produced a solid representation of these 10 participants' motivations and experiences of Boxercise. First of all, the

presentation and integration of mental health, physical activity and the positive psychology literature as well as continual reflection on the environment (gym, mental health service) and how it influenced the data produced, adhered to 'sensitivity to context'. Furthermore, we adhered to high ethical standards whilst recognising the difficult and logistical issues with working population. Secondly, our rationale for methodology chosen and breadth of analysis (e.g. pre and post) demonstrated 'commitment to rigour'. 'Coherence and transparency' were achieved via the detailed results section and our reflexivity on both the FG dynamics and the knowledge produced. Arguably, the study's importance lies in its real world 'impact and importance' on both theoretical advancement and in terms of practical, real-world suggestions for mental health services users and workers (Yardley 2000, p. 219).

### ***Implications for practice***

The findings contribute to research and conceptual development within positive psychology on the importance of physical activity to well being, including to those with mental illness (Mutrie and Faulkner 2004, Hefferon and Boniwell 2011), and support the construction of a positive clinical psychology of individuals with mental health difficulties as 'an ideology of human strength and potential' (Maddux *et al.* 2004) in which recovery sees 'people beyond their problems – [seeing] their abilities, interests and dreams' (Repper and Perkins 2003, as cited in Carless and Douglas 2008a, p. 139).

The findings also show links with Davidson *et al.*'s (2005) 'common elements of recovery' including: renewing hope and commitment; redefining self; incorporating illness; being involved in meaningful activities; overcoming stigma; assuming control; being empowered; managing symptoms and being supported by others (p. 484). The participants motivation for and experience of Boxercise map onto most, if not all of these elements, suggesting that group physical activity can potentially contribute to Davidson *et al.*'s (2005) conceptualisation of mental health recovery.

As a final point, group interventions are less expensive to run than one-to-one (Richardson *et al.* 2005) with the social aspect cited as a key ingredient for success (Richardson *et al.* 2005). Under the guidance of a well experienced and safe instructor, we suggest the implementation of these types of activity programmes for clinical populations who want to re-integrate and take control of their own lives. With the drive for more evidence-based interventions in the National Health Service, we hope the findings will enable commissioners to fund such interventions and make them accessible to all people experiencing mental health difficulties.

In conclusion, this is a unique study into the motivations and expectations of mental health service users in aerobic (Boxercise) activity participation. More specifically, the novel results provide preliminary evidence for females' motivations, experiences and the importance of social support in activity participation, an area which has so far been under researched (Carless and Douglas 2008c).

The results illustrate the somatopsychic principle, where by building stronger bodies, the participants felt psychological strength, implicating a binary benefit to activity participation. Moreover, and unseen before, the power element of boxing was shown to have a lure for service users to physically and psychologically express themselves, identifying a new area of interest for future research.



## Notes

1. Due to attrition and non-attendance, only two of the participants attended both the pre and post intervention FGs, hence why total ( $n$ ) value equals 10 not 12.
2. Total intervention percentage of males to females ratio for Boxercise=55 vs. 45%. This data set presented has a more disproportionate female to male ratio than has been previously presented (66 vs. 33%).
3. This study is part of a wider, ongoing, multi-method study that will employ surveys, a quasi experimental study and longitudinal follow up, in-depth interviews using IPA.

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