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HDRC Lunchtime seminars



From A Dark Place to a Blue Space:

A Case Study of two swimmers' journeys from acute mental ill-health to a more positive future

Presented by: Dr Mark Christie, Kathleen Wootton, Mark Marsland and Dr David Elliott

Types of Research (DE)

- **Quantitative:** collection & analysis of numerical data. Researchers can make predictions, test causal relationships, and generalize results to wider populations; typically uses (large sample) surveys & experiments to test hypotheses.
- **Qualitative:** probes deeper into understanding how people experience the world, with small samples. A range of approaches, *e.g., ethnography, action research, grounded theory, case studies*
- Gathers & analyses non-numerical data to appreciate individuals' social reality (*attitudes, beliefs, motives*). Interviews, focus groups, field notes are used to collect data rich in detail and context; not generalisable, but can be *transferable* to similar contexts.
- Whatever the method, ideally we want to have some **tangible impact** (*generate policy change; new practice; further research etc.*)



Case Study as a method (MC)

- Considers a **specific focus of interest**
- Provides **unusual, distinctive, and 'edge' narrative** (Lazar, Feng and Hochheiser 2017)
- Associated with **naturalistic inquiry**: emphasis upon **actions and experiences of specific people** and their **social context** (Zucker 2009).
- Aim: to provide **any combination of factual** (e.g., biographical/historical), **descriptive, interpretive, and explanatory narratives**, whilst avoiding claims of generalisable findings (Yin 2014)
- Typically employs **fieldwork**, allied to specific data collection tools, facilitating **rich, insightful descriptive and interpretative data** about specific social phenomena (Armstrong 2001)
- If more than one 'case' is involved case study research can also be **comparative** (Merriam and Tisdell 2015)
- Cases selected for their **uniqueness**, i.e., **where only a limited pool of available research participants** who could be potentially involved.
- Given the potential for this study to produce guidelines for practitioners, it embraced both **inductive and deductive** data analysis. As such, the researchers acted as the **primary conduit of data collection and analysis**, embracing an **inductive strategy to search for meaning and understandings**, resulting in a narrative that richly describes a contemporary phenomenon (case) within real-life contexts (Merriam and Tisdell 2015); but also, a **deductive approach allowed for the data analysis to be informed by existing theory**.
- rigour.

This Case Study: Our Approach MC)

- A case study approach was utilised to **explore** the participant's backstories, mental ill-health, and subsequent recovery.
- Parallels were drawn between their **experiences** of mental health recovery and the **role** of OWS within this.
- Whilst findings are **not generalisable**, they provide **important insight** into the **potential therapeutic role of OWS** in alleviating the impact of acute mental ill-health, and how OWS facilitated a more positive future for Mark & Kathleen.
- The study also explores **how and why** such enhancements to mental health might occur.



**HOW
AND
WHY**

How this study was conducted (MC)

- This study focused upon **Mark & Kathleen's use of open water swimming (OWS)** as a therapeutic means of recovery from acute mental ill-health
- **Fieldwork**: venues Mark and Kathleen visited most frequently: **Millennium Lake (Lincolnshire) and Seaham Marina (County Durham)**
- Swim and interview!
- **Semi-structured interviews**
- **Telling their story**: background, role of open water swimming in their mental health recovery
- **Reflexive notebook; Go Pro footage**



Data Analysis (DE)



- **Thematic Analysis** was utilised to assess the data, including data familiarisation, coding, generating themes; then reviewing and defining themes, and finally writing them up (*Braun and Clarke 2019*)
- The '**insider**' researcher and '**outsider**' identified patterns & themes independently; here, the 'outsider' has never participated in OWS and as such, no particular attitude towards the activity.
- This detachment offers impartiality and counters any bias the 'insider' might unconsciously hold

Data Analysis... and plenty of coffee! (DE)

- The analysis process involved: familiarisation with transcripts, identifying initial trends, comparing notes, then coding: data driven (e.g., 'resilience', 'pain relief', 'coping'), and theory-driven (e.g., 'restoration', 'stress reduction', 'nature connection'). In vivo codes captured evocative elements (e.g., 'buzz') (Charmaz 2006)
- Codes were then grouped into themes. To aid analysis, relevant literature was reviewed to gain understanding of key issues
- To further promote confirmability and dependability, transcripts were offered to participants (Xerri 2018). Via all these processes, triangulation of data was effectively promoted throughout



Challenges (MC)



- Ethics: sensitivities; use of pseudonyms?; impact on participant and researcher
- Travel
- Data Collection
- Transcribing
- Writing Up
- Publication

Mark's Story



Mark: Back story

- Mark ran a highly successful business and became a millionaire. His mental health deteriorated, across a 4-year period in his mid-40s, when working 7 days a week, *'...and that was robbing me of way too much time and energy focusing on that'*, compromising his relationship with his partner.
- Previously, he had never suffered with anxiety or depression but:
- *'I went through a bout of crippling anxiety and suicidal depression that took me to a very, very dark place... these things layer up over years and you don't realise it's creeping up on you until it hits you'*
- Looking back, Mark recognised the huge impact this was having:
- *'... and the more plugs you pull out, the more you diminish yourself until you end up as I did, in that foetal position, wanting to pull the duvet over your head, draw the curtains and not connect with life... I just thought, I can't deal with this anymore. I cannot stand the thought of waking tomorrow again feeling this way, never mind feeling this way for the next ten, twenty or thirty years. You know, 'I'm out of here. I'm done'.*

Mark: Thoughts on water as therapy

- **Open water swimming and dipping - and the water itself - was manifest as a vital component of nature connectedness and Mark's mental health recovery:**
- '...the connection is water. Water is the flow in you that you're connecting to; it's that connection with water that is key; it always delivers - I just love it all. It's that connection with that living body of water, that energy, connecting to you: you get that in a lake, a river, and the sea that you would never get in a swimming pool or a shower.'
- **Nature, and dipping in cold water with friends, gave Mark the impetus to 'plug back' into life, finding both stimuli 'healing and uplifting':**
- '...that's the intrinsic nature of being able to connect, share, listen, and enjoy... that's where love, life, and connection live, they live in the moments you share with people, and places, and living things... everything we're looking at now, from the dragonflies, water, trees, swans, and geese to the sky, the sun. It's all living energy... and I guess there's a little bit of that light, that was flashing towards me [in hospital] in everything I see. You look at that dragonfly and I see dancing light energy, look at it - it's beautiful, got its own little rhythm, own little dance, and then you're aware of all the other little dragonflies that are with it now... it's just connection, connection, connection... I have such an appreciation of life now.'

Mark: Where he is now

Mark was proactive using social media for his intentions to 'embrace' cold water therapy, forming a 'Cold Water Warriors' group and his Facebook page with 2.5k followers. He also penned a book detailing his battle with ill-health & recovery. He is medication free and has established 'a new version' of himself as a life coach and hypnotherapist. Rather than regret his troubled past, he is grateful for it:

- *'...I'm **more connected, wiser, stronger, more compassionate, [become] a better listener and a much better version of me** than I've ever been because of all that suffering.'*

His new outlook on life eschews materialism:

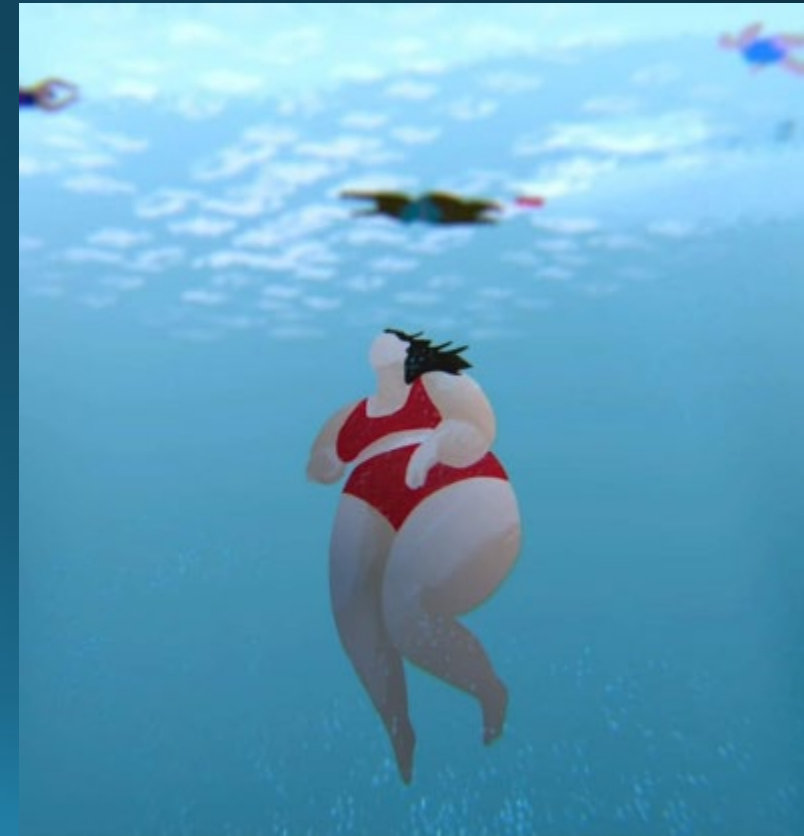
- *'...I've lost financially. Maybe the best part of a quarter of a million pounds in the last 10 years - I am poorer materialistically than in the past and **yet richer, far richer than I have ever been**'.*

He promotes **self-resilience and stress management** through a **self-styled system that includes** his '**positivity bat**' **for 'knocking bad thoughts out of the park'**. These tools are now shared with his own clients. Part of this newfound approach includes the use of daily affirmations (whilst pouring three buckets of cold lake water over his head). Helping others overcome their own mental ill health reinforces **his self-belief and provides a sense of joy as well as purpose**.

Mark is passionate to utilise OWS to assist others:

- *'...that's my job now. There's no greater way to help people to connect and plug in than in nature and in water. Water is an intrinsic part of us, we're 72% water, water is vital to every component of you. And all that you're doing is waking that up in people - it's already there, they just don't know it.'*

Kathleen's Story



Kathleen: back story

- Kathleen has experienced a long history of both physical and mental ill-health, rooted in childhood, and a range of medical interventions perceived as ineffective.
- The co-morbid conditions include lipoedema, lipidaemia, chronic asthma, severe hypermobility, fibromyalgia, osteoarthritis, lymphedema, diverticulitis, persistent migraines, skin writing disorder, anxiety, and depression
- Low self-confidence is much improved since her darkest days: *'I see jobs and contemplate applying and just never have the confidence. I really feel that they would see my poor mobility as a barrier.'*
- The most challenging medical condition is lipoedema - a build-up of adipose tissue in the legs and arms. It typically originates during puberty or other periods of women's lives where hormonal changes are prominent. The condition is usually unresponsive to weight loss interventions. Swelling, bruising easily, and low to severe irregular patterns of pain are also common symptoms.
- The lack of medical understanding of the condition - there is no current cure, according to NHS England - leads to physical pain when standing/walking and emotional stress.
- Kathleen has had the condition since her teenage years, which resulted in associated long-term mental health difficulties, including panic attacks, chronic depression, and acute social anxiety, the latter compounded by fears over stigmatisation and poor self-image due to her size and the distorted physical appearance the condition is associated with:
- *'I was always really conscious about my body... they call it 'tree trunk legs' for a reason because it (feels) like I'm lifting concrete weights, when lifting me foot... it's so heavy, it's unbearable'.*

Kathleen: The sea as therapy

- The life changing impacts of outdoor swimming were almost **instantaneous**. But, before experiencing its therapeutic properties, Kathleen had to overcome **a major hurdle**: leaving her own home – for physical, but also for psychological reasons (*fear of people's reactions, low self-esteem*).
- Despite considerable self-doubt, she eventually took the action required to escape her home '**prison**' with the help of family and friends:
- '*...how I got off the sofa and put my own shoes on - I don't know where the strength come from. I said, 'I'll probably break your f***ing car - if anything else your car might not move because I'm so big!' Then I had to get down on the sand. Well, I didn't know how, so I just let myself go, and fell over... everybody went, 'oh are you alright?' But to me, if I hurt myself, I'll laugh rather than cry. So, I was lying there laughing my back off. And then I was thinking 'how the am I going to get back up?' I don't know how, but I got up, shuffled to the water, dropped my sticks, fell over again just as I was going to get in. And then, in the water, it was like 'oh my God, I'm alive!'*



Kathleen: Current day

- 'I get **pain relief**, which is incredible... I've moved whereas I'm not able-bodied out of the water. I **feel able-bodied** in the water. I don't need people to support (me), I can **move around freely**, so I get a bit of **independence and empowerment**. I get the **joy of being in the sea and open air**, and swimming with other people, **feeling part of the community** - and I just **feel so happy**: I can move, do what I want! Some days I've come in having been so depressed, but by the time I get in the water, **I just let it go with the tide**... let it float away. So, I get **relief** from the daily pressures, and anxieties, which is just the best thing ever. I **feel like a child**. I get to be a child again.'

Animation by Tyke Films



August

Edinburgh International Film Festival, UK

September

Sea Change Festival Isle of Tiree, UK

October

Bolton International Film Festival, UK

Skye Community Cinema, Isle of Skye, UK

Folkestone Documentary Festival, UK

Chicago International Film Festival USA

November

Cinanima Festival Espihna, Portugal

Aesthetica Film Festival York UK

DOC NYC, New York, USA

Manchester Animation Festival, UK

London Animation Festival UK

Kendal Mountain Festival, UK

December

Fish&Films Normandie, France



Some relevant theory (MC)



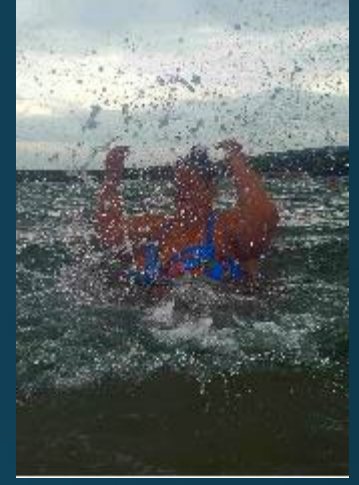
Biophilia
Hypothesis

Attention
Restoration
Theory

Stress
Reduction
Theory



Self
Determination
Theory



Occupational
Perspective

Phenomenon
of Hope

Example: Self-determination theory (DE)

- Self-determination: ability of individuals **to make choices and determine their own actions.**
- A theory of human motivation and personality that posits people **become self-determined when their needs for competence, relatedness, and autonomy** are met.
- The presence of **key environmental conditions** that satisfy one's basic needs (in the context of people's immediate situations and personal developmental history) is a **core predictor** of whether or not people will experience good mental health.
- Pursuit of **own goals that hold meaning** and are driven by **intrinsic motivation** provides optimal grounds for a happier, more productive existence. It promotes taking **responsibility** and gives **focus** to one's life.



Conclusions (MC)

- The testimonies, and previous research, suggest **OWS is an ideal activity to develop nature connectedness and promote the associated positive impacts upon health and well-being**
- OWS led to **personal health dividends and enhancements to personal agency**; factors considered important elements in mental health recovery (Yates, Holmes, and Priest 2012)
- Nature connectedness, hope and optimism about the future, identity, meaning in life and empowerment **played a key role** in alleviating serious mental ill-health
- The testimonies also ally with the concept of '**emplacement**' (Pink 2011): where **recovery is shaped by formal and informal processes**: e.g., engaging with formal medical services, but also via less obvious, relational elements (*nature, social networks: work, leisure, volunteering*) and therapeutic landscapes (perceived as 'healing spaces')
- OWS was a **catalyst for positive change** and made **life worth living**



Conclusions (DE)

- Note: OWS will not be an attractive or indeed, obtainable option to **all those experiencing severe mental ill-health. Access might be difficult** for many without transport and/or financial security; the cost of lessons, wetsuits, travel time might be prohibitive.
- Whilst OWS provides many benefits, **it can cause health issues**, e.g., *cold-water shock, after-drop & hyperthermia* are very real risks (Tipton et al, 2017). Such contraindications should be considered by those contemplating OWS.
- Where OWS is not an option, green exercise is a viable alternative given it provides **similar benefits**, without the potential dangers, and is **more readily accessible** in the form of urban parks, fields and woodlands.
- **Further research** is required to determine whether such nature-based activities can have a sustained impact upon suicide ideation. At this stage, **OWS should not be considered a substitute to empirically sound medical interventions**, but an activity that might be used in conjunction with other methods to help those presenting with suicidal tendencies and acute mental ill-health.

Q&A: 5-10 minutes

