Original research paper

"Becoming multidimensional": an interpretative phenomenological analysis

of client's experiences of transformation with teacher-led Pilates

By

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Abstract

There is a paucity of research that explores how people change without the assistance of psychotherapy. This exploratory investigation aims to make a contribution to the counselling psychology knowledge-base about the experience of psychological change without psychotherapy, and to the scant psychological knowledge-base about teacher-led structured exercise.

The dissertation develops an in-depth account of eight people's meaning-making of experiences of transformation with teacher-led Pilates. Semi-structured interviews and the resultant transcripts are analysed using interpretative phenomenological analysis. The idiographic sensibility of this approach is represented using poetic condensations of individual participant's interviews. Two themes emerged from the cross-case analysis: 'weekly teacher-led Pilates classes can provide opportunities for valued interactional experiences' and 'weekly teacher-led Pilates classes can provide an invaluable arena for transformation'.

The discussion considers the characteristics of the contributors to this investigation in relation to available descriptive characteristics of people who use and participate in surveys or research about physical exercise, complementary and alternative medicine, and psychotherapy. The cross-case findings are contextualised with interactional theories, namely social psychological climate theory, attachment theory, and an embodied social cognition perspective that develops the work of phenomenological thinkers.

The findings offer unexpected insights that seem to problematise key assumptions that underpin empirical psychology, psychotherapy and Pilates. The thesis draws out specific implications for the knowledge-base on which counselling psychology bases its practice.

Key words: Counselling psychology; psychological change; teacher-led Pilates client; interpretative phenomenological analysis; context; interaction

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Chapter 1: Introduction

1.1   Introduction

Counselling psychologists typically conduct research to develop the knowledge-base of talking therapy (McLeod, 2003; Rafalin, 2010). Research that is not concerned with advancing knowledge about talking therapy is therefore atypical. Nevertheless, it is argued that there is a paucity of research exploring how people change without the assistance of psychotherapy, and that more empirical work which investigates the experiences of people who change without psychotherapy is needed so that a generic model of change can be developed (Gianakis & Carey, 2008).

This thesis is motivated by the researcher's lived experiences and the distinctive priorities of the discipline of counselling psychology (CoP) as well as its historical and philosophical heritage. The researcher's experiences are described below. The distinctive priorities of CoP include a concern with an holistic conceptualisation of human being, well-being, education, prevention and relationship (Strawbridge & Woolfe, 2003, 2010). A relatively new discipline in the UK that has evolved from the disciplines of philosophy, psychology and sociology (Cowie, 1999), CoP gained divisional status within the British Psychological Society (BPS) in 1995 (Strawbridge & Woolfe, 2003, 2010). Philosophically, CoP advances a pluralistic stance, with a commitment to recognising and establishing the value of three major traditions in psychology: phenomenological/existential/humanistic, psychoanalytic/psychodynamic and cognitive/behavioural (Strawbridge & Woolfe, 2003, 2010; Orlans & Van Scoyoc, 2009).

The aim of this thesis is to develop a CoP perspective that can make a contribution to our knowledge-base about psychological change without psychotherapy, and that can contribute to the scant psychological knowledge-base about teacher-led structured exercise. CoP does not typically accord this complex social phenomenon priority, although we have a unique contribution to make because of our distinctive heritage and

research literacy. Indeed, completing this study has been motivated by the recognition that counselling psychologists have a distinctive contribution to make beyond therapy (Milton, 2010). Accordingly, this investigation is concerned to disinter, reveal and grapple with phenomena that may at first appear 'other' to some practitioners.

1.1.2 Locating the researcher

To address the reader directly, the introduction and sections of this study concerning methodology, procedures and discussion will use the first person. Albeit uncommon amongst quantitative researchers, use of the first person is recommended by some qualitative and phenomenological proponents, for three reasons. First, because qualitative designs cannot be fully detailed prospectively (McLeod, 1994) such research "unfolds as fieldwork unfolds" (Patton, 1997, p.61). Second, in qualitative inquiry the researcher is an integral part of the process (Grafanaki, 1996; Polkinghorne, 1991). Finally, use of the first person is preferred by some phenomenological proponents because the writer can thereby bring themselves to the task of "taking up a position" and developing an argument (J. A. Smith, Flowers, & Larkin, 2009, p. 41).

I am a forty year old unmarried mother of white ethnicity with middle socio-economic status, a philosophy[1] and theatre studies[2] graduate with a Master of Science (MSc) in counselling psychology[3], Pilates teacher training experience[4] and over 30 years' experience of competitive sport, recreational dance and structured exercise. The theorised and phenomenological interrelationships between structured physical exercise, psychological health/well-being, the mind and the body have long been perplexing to me. Through my clinical experience within the National Health Service (NHS) and in private practice I have come to realise that these phenomena are aspects of being human-in-the-

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[1] Bachelor of Arts with Second Class Honors (First Division) in Philosophy, Bristol University, Bristol 1994
[2] Bachelor of Arts with First Class Honours in Theatre Studies (Design: Set & Puppetry), Central School of Speech and Drama, London 1999
[3] Master of Science with Merit in Counselling Psychology, London Metropolitan University, London 2006
[4] Body Control Pilates (BCP) mat work teacher training, London 2006; recruited as a 'body' for BCP and Pilates Foundation teacher training mat work and equipment exams, London 2007-2009

world that are also salient for the structures that surround and support my work, and for some people that I work with and alongside.

As of mid-2011 the NHS National Institute for Clinical Excellence (NICE) recommends "offering structured physical exercise to adults presenting with depression and depression with a chronic physical health condition" (NHS NICE, 2011, p. 26 & 29). Similarly, the construct of 'well-being' is particularly salient for psychologists because, despite longstanding problems of definition and measurement, it has featured on the UK government agenda since 2011 (Allin, 2011; Evans, 2011; Jarrett, 2011). Regarding the mind-body relationship, the past decade has witnessed calls from counselling psychologists (e.g., Moodley, Sutherland, & Oulanova, 2008; Turp, 2001; Wahl, 2003), sport psychologists (e.g., Allen-Collinson, 2009; Hays, 1999), health psychologists (e.g., Bakal, 1999; Radley, 2000) and psychotherapists (e.g., Corrigall, Payne, & Wilkinson, 2006; Muller & Tillman, 2007; Rothschild, 2000; Soth, 2006) for practitioners to 'mind the body' in research and practice.

As a CoP trainee, my aim is to research teacher-led structured exercise within the context of "every day" human functioning (Barkham, 2003, p. 65). I will use an approach to research that harnesses CoP's emphasis on understanding the subjective world of individual people (Orlans & Van Scoyoc, 2009; Strawbridge & Woolfe, 2003, 2010). I aim to prioritise understanding how individual clients describe experiences of transformation with teacher-led exercise, and the meaning thereof.

1.1.3 Locating Pilates clients as a focus for this study

This thesis is inspired by my own experiences. For example, I clearly remember my experience of seeing the word 'Pilates' for the first time when it appeared on the timetable at my local gym in South London in 1997. I enquired about the class but the receptionists were uncertain what Pilates was. I was interested to learn about Pilates and attend the class because it replaced another class that I valued, it was scheduled at a time

that was convenient, and I already enjoyed partaking in teacher-led classes including krav maga[5], muay Thai kick boxing[6], t'ai chi[7], yoga[8] and choreographed group fitness to music.

Learning Pilates with my first teacher represents a tipping point (Gladwell, 2000) that has contributed to a profound transformation of my understanding and experience of my body. Over 15 years, learning Pilates with different teachers has contributed to a perceived more complex, paradoxical, subtle and satisfying relationship with my body, the world and other people. Teacher led Pilates (TLP) classes have also contributed to my sense of a transformed relationship with exercise, the meaning of exercise for me[9], my motivations and the focus of my practice. For the past nine years, my learning of Pilates has run parallel with my learning and development at London Metropolitan University (LMU). The CoP program at LMU focussed disproportionately on the cognitive behavioural tradition, because of the established grounding in quantitative research of this approach, and the current context in which the ethos of evidence-based practice (EBP) in healthcare is paramount.

In my experience, TLP circulates well with cognitive behavioural therapy (CBT), a conceptualisation that follows in the wake of authors who have circulated psychotherapy with other practices[10] (e.g., Claessens, 2009; Faggianelli & Lukoff, 2006; Germer, Siegel, & Fulton, 2005; Hyland, 2005; Kutz, Borysenko, & Benson, 1985) or different traditions within psychotherapy[11] (e.g., Claessens, 2010; Corrie & Milton, 2000). Circulation refers to the creation of a "complex dialogue and reciprocal influence between two disparate communities that share a new common ground" (Varela, 1989, p. 15).

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[5] Krav maga is a non-competitive tactical self-defence system developed in Israel & is underpinned by a philosophy emphasizing threat neutralization with simultaneous defensive and offensive manoeuvres
[6] Muay thai is a combat sport from the muay martial arts of Thailand that uses stand-up striking along with various clinching techniques
[7] Tai chi is a Chinese martial art practiced as self-defence training and as health/well-being enhancement
[8] Yoga is a generic term for physical, mental, and spiritual disciplines which originated in ancient India; in this gym context, teachers placed most emphasis on the physical aspects (asanas/postures)
[9] e.g., I perceive that previous to my TLP learning experiences, I used exercise to relate to my body in particular ways. I perceive that I have since come to relate with my body to physical exercise in very different ways.
[10] Aikido and complementary and alternative medicine (CAM)
[11] Existentialism & CBT

TLP and CBT already seem to share common ground, not least that both approaches are described as popular but controversial (Hyland, 2005; Ives & Sosnoff, 2000). Developed in America in the 20th Century by charismatic men of white ethnicity[12], both approaches have evolved over the past 30 years, such that the novel ideas of both originators are referred to as traditional Pilates (Latey, 2001) and traditional CBT (e.g., Hickes & Mirea, 2012), respectively. Both traditional and modern Pilates seem to share with modern, third wave CBT[13] the principle that human beings need training that involves the development of specific skills to function at their best (Claessens, 2010; Friedman, Eisen, & Miller, 1980; Pilates, 1934). For example, traditional Pilates emphasises "special mind training", the cultivation of "mental concentration", and the formation of "good habits" through regular practice (Pilates, 1934, p. 43). CBT emphasises that "the mind is complex and that it needs training" with the cultivation of "mindfulness" and regular practice (Claessens, 2010, p. 299).

Some authors have argued that the clinical utility of mindfulness has proceeded in the absence of an operational definition (Bishop, 2002; Bishop, Lau, S. Shapiro, Carson, & Anderson, 2004; Sillifant, 2007). There appears to be some agreement that mindfulness involves the self-regulation of attention (Bishop, et al., 2004; Brown & Ryan, 2004), a definition that suggests similarities with the principle of concentration[14] in the modern Pilates literature, which is described as the requirement to "focus the mind" (L. Robinson, Fischer, Knox, & Thomson, 2000, p. 20). Refer to appendix G for a description of the principles of Pilates.

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[12] TLP originates in the work of J. H. Pilates (e.g., 1934) who drew on the philosophy of Schopenhauer (1883-1886/2008), and circulated yoga with body building and gymnastics (Latey, 2001); CBT originates with the work of A. Ellis (e.g., 1962) and A. T. Beck (e.g., Beck, 1963, 1964; Beck, Rush, Shaw, & Emery, 1979), and has its roots in stoic philosophy (cr. Rist, 1977), and behavioural therapy (BT) (e.g., Lindsley, Skinner, & Solomon, 1953). BT has its roots in a philosophical and psychological movement that opposed philosophy of mind and mentalist (inner structure) approaches to understanding & influencing behaviour (i.e., the 'blank slate' hypothesis (cf. Pinker, 2002)).

[13] i.e., approaches that emphasise the cultivation of 'mindfulness' and 'acceptance'

[14] Some argue that mindfulness and concentration refer to distinct states of consciousness; e.g., concentration refers to the focus of awareness on a single point or object; mindfulness refers to the division of attentional resources among all sources of stimulation without evaluation, analysis or clarification (evenly suspended attention) (cf. Dunn, Hartigan, & Mikulas, 1999; Mikulas, 2011)

I have personally experienced learning and practicing CBT to be transformative[15], perhaps for similar psychological reasons that I have also experienced TLP as transformative. For example, each approach has offered myths[16] (Frank & Frank, 1961/1991), metaphors[17] (Lakoff & Johnson, 1980), and rituals[18] (Frank, 1972, 1982) that I perceive to have enriched my life. It feels as though learning and practicing CBT and TLP have contributed to a sense of being awoken to strange, complex and subtle choices that I was previously unaware of. My learning experiences have informed my clinical practice in that I perceive one part of my role as that of facilitating a safe, respectful and structured dialogue that can provide people with an opportunity to explore and discover their own choices, as well as the limitations and consequences thereof.

From my perspective, the learning experiences from TLP and CBT that I have lived suggest that practitioners from both approaches are similarly charged with navigating tensions as regards 'being/relating/validating' and 'doing/applying/invalidating' dichotomies encountered in literature pertaining to psychotherapy (e.g., Claessens, 2009; Claessens, 2010; Hickes & Mirea, 2012; Nanda, 2009, 2010; Spinelli, 2003; Strawbridge & Woolfe, 2003, 2010). Indeed, some argue that both CBT and TLP can be regarded as sets of techniques applied by practitioners, or clients themselves, in fairly mechanistic ways to treat problems (Gruenke, 2007; Merrett & Easton, 2008). Physicians describe both Pilates and CBT as mind-body approaches (Astin, S. L. Shapiro, Eisenberg, & Forys, 2003; Ives & Sosnoff, 2000), and there are striking similarities in the emotive language used to describe problems they can treat. For

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[15] e.g., learning and practicing CBT has transformed my relationship with my inner dialogue & imagery; e.g., at times I find myself able to identify my dialogue with some ease & I find that at times it feels second-nature to treat my thoughts as hypotheses or events, rather than as *a priori* facts

[16] 'Myth' refers to the provision of theories, models, explanations or aetiologies; the word 'myth' underscores the contention that the accuracy of the explanation is less important than its plausibility in the eyes of the client; i.e., dysfunctional or faulty thinking and behaviour (Beck, 1995) and dysfunctional thinking and body use (Pilates, 1934) can contribute to human distress

[17] Metaphors serve to partially structure concepts, they provide an understanding of one kind of thing in terms of another; e.g. of structural & ontological metaphors from Pilates: 'core stability' and 'centring' (Latey, 2002); from CBT: 'core beliefs' and 'decentering' (Segal, Williams & Teasdale, 2002)

[18] Procedures that involve the participation of helper(s) and client(s) in activities that both believe will help the client(s) to experience change

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example, Pilates is described as a treatment for 'crippling' back pain and movement 'disorders' (Curnow, Cobbin, Wyndham, & Boris Choy, 2009; Mottram, 2006; Tasker, 2012) whilst CBT is described as a treatment for 'crippling' depression and anxiety 'disorders' (Layard Report, 2006).

Critics suggest that Pilates and CBT have become established as dominant approaches because of proponent's adept use of the media, medical terminology, and, consequently, an almost universal acceptance by the medical profession (Hickes & Mirea, 2012; Merrett & Easton, 2008; Morrison, 2007). Finally, until relatively recently research pertaining to both TLP and CBT has been concerned with establishing their efficacy for particular outcomes using experimental designs that are concerned with measurement, quantification and establishing laws of ecumenical scope (e.g., Choon Wyn Lim, et al., 2011; Pereira, et al., 2011; Simpson, et al., 2009; Tolin, 2010).

Four notable areas of divergence between TLP and CBT include: differences in the significance accorded to cultivating body and mind-body skills for optimal human functioning; differences in the volume, scope and quality of research conducted; differences in how the approaches seem to be evolving; and differences in statutory regulation. If practiced in accordance with the philosophy of its originator, Pilates accords as much importance to training the body as it does to training the mind (Friedman, et al., 1980; Latey, 2001; Pilates, 1934). By comparison, although mind-body practices can feature within the CBT practitioner's repertoire[19], primacy is given to the cultivation of mind skills[20].

CBT research is considered to have developed consistently over the past three decades (e.g., Hickes & Mirea, 2012) whilst, by contrast, it is argued that despite the popularity of Pilates[21], there is a paucity of quality research that supports the claimed

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[19] e.g., progressive muscular relaxation, the body scan, mindful walking, hatha yoga-inspired techniques
[20] e.g., behaving like a scientist, identifying and challenging cognitive distortions, metacognition, mindfulness
[21] Refer to Appendix G for evidence of popularity of Pilates with examples of from popular media

benefits of the method (Lange, Unnithan, Larkam, & Latta, 2000; Lederman, 2010; Pereira, et al., 2011; Shedden & Kravitz, 2006). Pilates research has predominantly focussed on evaluating its efficacy for symptoms and physical outcomes including lower back pain, improvements in strength, body composition, body alignment, range of motion and flexibility (e.g., Alandro-Gonzalvo, Machado-Diaz, Moncada-Jimenez, et al., 2011; Bernardo, 2007; Choon Wyn Lim, et al., 2011; Pereira, et al., 2011; Posadzki, Lizis, & Hagner-Derengowska, 2011). By comparison, CBT's description as a mind-body approach appears legitimised through a combination of psychology and neuroscientific research. For instance, it is claimed that CBT is demonstrably associated with neurobiological effects or 'changes in the brain' for particular diagnoses, such as phobias, psychosis and anxiety disorders (Kumari, et al., 2011; Myers & Davis, 2007; Paquette, et al., 2003). Modern Pilates proponents claim that they draw on developments in psychology, and that TLP requires the practitioner to pay specific attention to the needs of individual clients (e.g., Latey, 2001, 2002; Stone, 2000). These claims indicate that psychological, phenomenological and perhaps also interactional factors are currently accorded particular significance within TLP. However, there is a dearth of theorising and research about these factors, although one source describes the Pilates teacher-client interaction as a therapeutic relationship (Conraths-Lange, 2004).

Thus, despite the originator's equal emphasis on mind and body, and modern proponent's recognition of the importance of attending to psychological, phenomenological and interactional processes, Pilates research is not typically concerned with developing these claims. By comparison, there seems to be some evidence of a philosophical shift within CBT in response to criticisms about the emphasis on technique, the mechanistic ways in which CBT can be conducted, and its focus on symptoms and disorders (cf. Hickes & Mirea, 2012; Merrett & Easton, 2008). For instance, a growing body of literature suggests that CBT is evolving towards prioritising an intensely mutual therapeutic relationship (e.g., Gilbert & Leahy, 2007; Karver & Caporino, 2010; Kelly &

Iwamasa, 2005; Norcross, 2010; Safran & Segal, 1990; Wright & Davis, 1994). It is also argued that CBT has evolved from an approach that emphasises content, 'doing' and the active pursuit of change, to one that advances process, 'being' and the realisation of change through the cultivation of acceptance, compassion and mindfulness (cf. Claessens, 2010; Gilbert, 2005).

Finally, with respect to statutory regulation[22], despite the apparent popularity of Pilates and its arguable endorsement by members of the medical community, unless practitioners are also physiotherapists, they are not currently regulated by statute[23]. By contrast, regulation for psychologists was introduced in 2009, along with the establishment of the Health and Care Professions Council (HCPC)[24] register of practitioner psychologists and statutory regulation of talking therapists is currently underway (Department of Health, 2011). Consequently, from 2014, all CBT practitioners working in the UK will be regulated by statute and required to register with the HCPC.

1.1.4   Locating my position in relation to teacher-led Pilates

As a CoP researcher, it is difficult to express my position as regards TLP. It seems fitting to claim an ambiguous space that is poetically described by Spinelli (2009) as that of existing at the periphery of 'insider-ness' and 'outsider-ness'. I am an insider because I have benefitted from and see the value of TLP. I have witnessed how some Pilates practitioners share with counselling psychologists a common concern for the clients that they meet, engage, interact, work with and/or lose. As a CoP trainee, I am an outsider because I am familiar with theories, research and practices that may appear 'other' to some Pilates practitioners, and also perhaps to some CBT practitioners.

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[22] Statutory regulation exists to protect the public against the risk of poor practice. It works by setting agreed standards of practice and competence by registering those who are competent to practise and restricting the use of specified protected titles to those who are registered

[23] Physiotherapists have been regulated by statute since 2005, and some also work as Pilates teachers in clinical settings.

[24] Formerly the Health Professions Council (HPC)

CoP is a discipline that embraces and grapples with the complexities of pluralism[25] (Cooper & McLeod, 2007). It straddles contradictions between scientist (M. B. Shapiro, 1985), humanist (Rogers, 1961) and reflective practitioner (Schön, 1987) models (Corrie, 2011). The discipline is demandingly synchronously committed to empiricism and critical reflection, to respecting the subjective experience of the client, to the centrality of the therapeutic relationship, and to the therapist's understanding and use of self (BPS, 2005, 2007; 2011; Orlans & Van Scoyoc, 2009). I feel closely affiliated with the discipline, not least because of the breadth and richness of the contributions it can make to research and debate (du Plock, 2006). For instance, CoP honours exploration and creative engagement with notions of psychological health and well-being, and what is effective across all therapies (McLeod, 2011). Indeed, CoP is described as distinctive in its ability "to grasp a philosophical overview which can draw its vitality from a wide range of disciplines which seek to address what it is to be human" (du Plock, 2006, p. 32). I value that CoP inspires courage and the tolerance of uncertainty because it resists theoretical dogma and it encourages me to repeatedly question my own and my discipline's assumptions (cf. Boucher, 2010; Golsworthy, 2004).

To summarize, this investigation is partly motivated by my fore-understandings, my lived experiences of TLP and CBT, and my belief that they share common ground. My fore-understandings raise the possibility that people may relate to these approaches in similar ways. For example, it is possible that people may relate to TLP in similar ways as people relate to CBT; for guidance, personal development, skill development, self-care, to enhance psychological health and well-being, for prevention, insight, treatment of psychological distress, and symptom management. The investigation is also partly motivated by the unknown and my ignorance, because I recognise that my fore-understandings might, in fact, be inaccurate and may actually reflect my distorted

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[25] Pluralism is defined as 'the doctrine that any substantial question admits a variety of plausible but mutually conflicting responses' (Rescher, 1993, p. 79).

perspective and cognitive biases. It seems timely because CBT research has recently begun to focus on what practitioners can learn from researching the lived experiences of individual clients (Kellett, Greenhalgh, Beail, & Ridgway, 2010; McManus, Peerbhoy, Larkin, & Clark, 2010; Williams, McManus, Muse, & Williams, 2011). By contrast, Pilates research continues to be disproportionately concerned with researching the efficacy of specific techniques for discrete symptoms or physical outcomes (e.g., Aladro-Gonzalvo, et al., 2011; Choon Wyn Lim, et al., 2011; Culligan, et al., 2010; Neumark-Sztainer, Eisenberg, Wall, & Loth, 2011). As such, research about Pilates seems to neglect exploration of lived experiences of individual clients. This is perplexing, given the apparent emphasis on psychology and phenomenology.

I propose that designing a study that prioritises offering the TLP client an opportunity to share their subjective experiences, and that can subsequently develop a dialogue between the findings and existing theory and research may make unique contributions to CoP. For example, one of my fore-understandings is that TLP is a complex social phenomenon that has elements in common with CBT. It is possible that the investigation may reveal further unanticipated similarities between TLP and CBT, and that it may provide the CoP reader with a unique opportunity to disinter and critically reflect on their own assumptions and unexamined beliefs about teacher-led structured exercise.

1.2   Literature review

The two main approaches to reviewing literature for psychological research are narrative or systematic (Hart, 1998; Light & Pillemer, 1984; McLeod, 1994). Narrative reviews can be effective in situations where there has been a substantial amount of research, most of which has built on previous studies (McLeod, 2011). Such reviews do not typically include a section describing the methods used in the review, being mainly based on the experience and subjectivity of the author, who is typically an expert in the area (Cipriani & Geddes, 2003). One criticism of this approach however, is that the

absence of a clear method section can lead to a number of methodological flaws, which can bias the author's conclusions (Kerlinger, 1973; Kerlinger & Lee, 2000). Other authors draw a distinction between narrative and subjective reviews, contending that whilst subjective reviews are often idiosyncratic, implicit and irreproducible, narrative reviews may be an appropriate methodology for describing the history or development of a problem and its solution (Fink, 1998).

Systematic reviews are described as objective syntheses of primary research that use and describe specific, explicit and reproducible methodological strategies to identify, assemble, critically appraise and synthesise all relevant issues on a particular topic (Cipriani & Geddes, 2003; Fink, 1998; Kerlinger & Lee, 2000). It has been argued that where systematic reviews are associated with natural science assumptions and practices, narrative reviews are conversely associated with phenomenology because they are underpinned by different assumptions (McLeod, 2011; B. Smith & Sparkes, 2006; J. K. Smith, 1989). Relevant here is that CoP researchers who have used a phenomenologically oriented approach tend to use the literature review to map a context and rationale for the investigation (Rizq & Target, 2008, 2009). This is the approach taken with the narrative review that follows.

1.2.1 Coverage

TLP is a complex social phenomenon that manifests multifaceted problems of definition. For example when defined as treatment for or prevention of musculoskeletal problems, TLP can be conceptualised as a complementary and alternative medicine (CAM) modality. By contrast, when defined as a health or well-being enhancement approach, TLP can be conceptualised as a structured physical exercise modality. This review aims to provide a selective synthesis of some of the reading that has been undertaken for this investigation, followed by a critique and rationale for the current study.

It maps a context and rationale for this inquiry with the coverage of three areas.

First, the findings and conclusions of a clinical paper that uses meta-analyses draw attention to similarities in the research stories of psychotherapy and CAM. Second, the review discusses how structured physical exercise and people's relationships therewith are characteristically conceptualised and researched in psychology. Finally, the review discusses some of the literature concerning physical exercise in psychotherapy and describes the work of a CoP who offers a distinctive and thoughtful account of physical exercise and 'psychosomatic health' from a psychoanalytic perspective.

1.2.2 Psychotherapy and complementary and alternative medicine

In 2005, a UK clinical and health psychologist, Michael Hyland, used meta-analyses to draw attention to similarities in the research stories of psychotherapy and CAM, which are described as "controversial therapies that involve quality therapist-patient contact" (Hyland, 2005, p. 361). The author notes that even though the research base of psychotherapy is significantly more developed, the increasing popularity of CAM is matched by a reduction in use of psychotherapy (cf. Duncan & Miller, 2000).

Hyland proposes two models with associated hypotheses and motivations for conducting research in CAM and psychotherapy. From the 'medical model specific factors hypothesis', research is carried out to verify the effect of specific therapies as a form of medical treatment for discrete problems. From the 'humanistic model contextual factors hypothesis', research is carried out to identify and investigate 'common features' (cf. Frank & Frank, 1961/1991) shared by therapies that involve therapist-patient interaction. Here, psychotherapy and CAM are conceptualised as parallel to conventional medicine but as different kinds of treatments with different research agendas. Hyland's paper identifies that research in both psychotherapy and CAM is dominated by the first motivation: using the medical model and research that is concerned with verifying how discrete conditions respond to a specific dose of treatment.

Meta-analyses of CAM research that have found that it is effective for contextual

reasons are used to argue that it is a form of psychotherapy. Hyland calls for a more concerted effort by CAM researchers to develop research using what is known in psychotherapy, specifically that when researcher or therapist therapeutic allegiance is accounted for, contextual factors are more significant than specific factors in healing (cf. Lambert, 1999; L. Luborsky, 1995; Messer & Wampold, 2002). To develop this argument, Hyland cites research in psychotherapy that has failed to find either client-therapist interactions that predict outcome (cf. Westen, Novotny, & Thompson-Brenner, 2004), or a placebo-responding personality that might predict good responders to contextual effects (cf. Brody, 2000). Research is used selectively to argue that the individual therapist may be the most significant contextual factor, and that we have not yet begun to study the therapist in meaningful ways (cf. Carroll, 2001; L. Luborsky, McLellan, Diguer, Woody, & Seligman, 1997; Okiishi, Lambert, Nielsen, & Ogles, 2003; Wampold, 2001). For example, Hyland cites empirical analyses which found that even though peers and patients can identify a good therapist, the findings are equivocal about what makes a therapist 'good' (cf. L. Luborsky, et al., 1997; Okiishi, et al., 2003).

Hyland surmises that the 'human effect' may be the most important aspect of psychotherapy and CAM, but that the mechanisms underlying the effect are poorly understood and that this illuminates the most significant gap in the knowledge-base of both disciplines. Hyland also notes that, whilst the philosophy that it is the person/therapist that matters is at variance with the medical model (cf. Lendreman, 1986), it is consistent with medical observation[26] (De Maeseneer, van Driel, Green, & van Weel,

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[26] e.g., Di Blasi, et al.'s (2001) systematic review of the influence of context effects on health outcomes focussed on randomised control trials investigating the effects of physician's non-treatment specific care; the aim was to determine whether there was any empirical evidence to support the theory that physician-patient interactions can have an important therapeutic effect, irrespective of the specific treatment. On the basis of the 25 studies that met the inclusion criteria, the review concludes that one relatively consistent finding is that physicians who are warm and empathic are more effective. However, the review found that available studies do little to highlight the mechanisms by which non-treatment specific interactions influence patient's health. Both of the Lancet articles cited above argue that further study of the interactions between specific and common factors are needed to bridge the gap between efficacy - what works in isolation in an ideal setting - and effectiveness (what works in 'every day' and routine practice).

2003; Di Blasi, Harkness, Ernst, Giorgiu, & Kleijnen, 2001).

1.2.3 Physical exercise in psychology

Stuart Biddle and Nanette Mutrie are sport and exercise psychologists who have conducted impressive comprehensive reviews of contemporary psychological knowledge in physical activity (2001, 2008). Addressing psychological determinants, psychological well-being, and behavioural interventions to increase physical activity, these reviews describe the relationship between physical activity and psychological well-being as one of the oldest areas of study in philosophy and psychology, and the research as voluminous but controversial.

Psychology research characteristically focuses on structured physical exercise, which is conceptualised as a behaviour that can be clearly defined and measured. Biddle and Mutrie recognise that structured exercise behaviour is a complex social phenomenon and that the field provides an individualistic, "decontextualised perspective" (Biddle & Mutrie, 2008, p. 138). These reviews show how psychological research about structured physical exercise has predominantly utilised quantitative designs and conceptual tools from social cognitive learning theory, such as self-efficacy theory (Bandura, 1997), self-determination theory (Deci & Ryan, 1985) and self-regulation theory (e.g., Bandura, 1991). The reviews provide a wealth of anecdotal evidence suggesting that physical exercise can have positive psychological effects, but demonstrate that research about the psychological effects of physical exercise is mostly concerned with investigating the relationship between exercise and affect[27], and consequently prioritising a 'dose-response'[28] conceptualisation.

Biddle and Mutrie highlight how, despite the considerable body of quantitative research activity that has been undertaken in physical activity over the past two decades,

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[27] This research is controversial because psychology researchers have characteristically not clearly defined the focus of dose-response research; the distinction between affect, emotion or mood "is often not made clear" (Biddle & Mutrie, 2008, pp.166-167).
[28] Effects of exercise intensity on affective response

there are significant problems, gaps and anomalies in the knowledge-base. For example, mechanisms explaining psychological change with physical exercise have not been clearly identified. Physiological and psychological mechanisms proposed include the thermogenic hypothesis (deVries, 1981; Koltyn, 1997; Morgan, 1988), the endorphin hypothesis (Hoffman, 1997), the monoamine hypothesis (Chaouloff, 1997), the self-efficacy hypothesis (Bandura, 1997) and the distraction hypothesis (Craft & Perna, 2004)[29]. Interestingly, psychotherapy research similarly attests to the continuing mystery surrounding the nature and mechanisms of psychological change (Carey, Carey, Mullan, Murray, & Spratt, 2006; S. Higginson & Mansell, 2008; Tryon, 2005).

Biddle and Mutrie's reviews also reveal that little is known about teacher-led structured physical exercise, suggesting that, despite evidence of the growth in popularity of exercise leaders and personal trainers, "there is virtually no evidence for their effectiveness" (Biddle & Mutrie, 2008, p. 147). Moreover, little is known about whether or how people choose between the varieties of teacher-led classes that are available because data on exercise adoption are "sparse", and wider social trends have largely been "ignored in psychology research" (Biddle & Mutrie, 2008, p. 129 & 138). Certainly, scant reference is made in the reviews to teacher-led mind-body exercise regimens such as TLP, despite anecdotal evidence of their increasing popularity across the UK (refer to appendix G for supporting evidence).

The omission of mind-body exercise in the reviews can be explained in part by the finding that the research base is underdeveloped and tends to be of poor quality (Biddle & Mutrie, 2008). The following three points are also relevant. First, mind-body exercise is made up of diverse practices, although most are anaerobic and of low-to-medium intensity[30] (i.e.,

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[29] e.g. psychological accounts suggest that the "feel better" effect from physical activity may result from changes in self-worth and self-esteem from mastering new tasks, having a greater sense of control or from time away from negative or more stressful aspects of life (Biddle & Mutrie, 2008, p. 197).

[30] With 'physical exercise', the intensity of the physical work (i.e., 'high', 'medium' or 'low') has an effect on what energy/fuel (e.g., oxygen, carbon dioxide, carbohydrate, fat) the body uses, and what kind of adaptations the body makes after exercise (i.e., the training effect or outcome). 'Intensity' is the amount of physical power, expressed as a percentage of maximum heart rate (MHR), that the body uses in performing

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they are not associated with improving or maintaining cardiovascular health). Second, psychology research traditionally advances a hedonic conceptualisation of well-being, wherein "positive affect is considered an important health outcome in its own right" (Biddle & Mutrie, 2008, p. 165). Third, traditional conceptions of the exercise-affect relationship advance an 'inverted U' dose-response model such that moderate-intensity exercise is assumed to lead to positive affective changes in most individuals, the capacity to induce negative affective changes is limited to high intensity, strenuous exercise, and anaerobic exercise performed at low-to-moderate intensity is believed to constitute a stimulus of insufficient strength to elicit positive affective changes (cf. Berger & Owen, 1992; Ekkekakis, 2003; Ekkekakis & Petruzello, 1999). These kinds of assumptions seem to influence the research agendas of psychologists and thus teacher-led low-to-medium intensity exercise is underrepresented in psychology research. Certainly, the dose-response model and associated research has led some to the peculiar conclusion that it may be possible to defend "a single exercise prescription for all individuals" (Morgan, 1997, p. 11). This conclusion is peculiar because weak research designs and low statistical power in many studies cast doubt on any claims made about the true effects of exercise on psychological well-being (Biddle & Mutrie, 2008).

The concept of exercise prescription indicates that the stimulus-response model lends itself to the medicalization of physical exercise. The terminology has the effect of associating physical exercise with 'treatment', and perhaps by extension psychotherapy. There is little in the way of experimental psychology research that can question the medicalization of physical exercise, because it represents a convenient albeit questionable extension thereof. Similarly, psychological research typically conceptualises individual's relationships with physical exercise using conceptual tools and constructs that are

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an activity. Medium-to-high intensity exercise is strongly correlated with health because it is typically 'aerobic'. Aerobic exercise involves the continuous and intensive use of the heart and lungs; it includes activities such as rope-skipping, running and cycling. By contrast, 'anaerobic' exercise is typically construed low-to-medium intensity because it does not predominantly focus on strengthening the cardio-respiratory system.

characteristic of the biomedical model and social cognitive learning theory. For example, 'positive/negative addiction behaviours' and 'positive/negative dependence behaviours' are two of the most commonly used hypothetical constructs (e.g., J. Adams & Kirkby, 2002; J. M. Adams, Miller, & Kraus, 2003; Allegre, Souville, Therme, & Griffiths, 2006; Glasser, 1976; Hausenblas & Downs, 2002; Little, 1969). The terms 'healthy/unhealthy exercise behaviour' and 'exercise commitment/exercise over-commitment' are also used (e.g., Cockerill & Riddington, 1996; Little, 1969).

A relatively recent overview by Benjamin Allegre and colleagues (2006) has synthesised the knowledge about physical exercise addiction or exercise dependence generated from the few available studies. The review found that the majority of studies concentrate on solitary aerobic behaviours (e.g., jogging or running), and that the field lacks a conceptual framework to define and measure exercise addiction or exercise dependent behaviours[31]. Nevertheless, it found that there were three highly similar characteristics between the components and criteria of 'negative' or 'unhealthy' exercise addiction/dependence: neuroadaptation[32], salience[33], and adverse consequences[34]. The few studies available suggest that for a small proportion of people[35] excessive exercise may be problematic (cf. Downs, Hausenblas, & Nigg, 2004; Terry, Szabo, & Griffiths, 2004). The overview concludes that an individual's relationship with exercise can be conceptualised as "a continuum", ranging from a healthy/positive to an unhealthy/negative "habit" (Allegre, et al., 2006, p. 635).

Intriguingly, the few systematic studies of exercise deprivation that have been undertaken suggest that withdrawal[36] symptoms are characteristic of both healthy/positive

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[31] The field of addiction and dependence is characterised as conceptually chaotic (cf. Morse, 2004; Shaffer, 1997)

[32] Tolerance and withdrawal

[33] Time spent exercising, cognitive preoccupation with exercising

[34] Interpersonal conflict, reduction in other activities, practice despite medical contraindication

[35] The prevalence obtained with one or other classification and measures gives identical results. It seems that less than 5% of a population of exercisers would be classified as at-risk for exercise dependence.

[36] Withdrawal is described as the sensations experienced on cessation of an addictive behaviour and can take the forms of physiological and/or psychological disturbance.

and unhealthy/negative habitual exercise behaviours (Hausenblas, Gauvin, Downs, & Duley, 2008; Mondin, et al., 1996; Szabo, 1995; Szabo, Frenkl, & Caputo, 1996; Trine, et al., 1996). There is also some evidence that deprivation from different forms of exercise may have different effects that may not surface jointly (Szabo, 1995). However, there is a paucity of studies that can provide an understanding of whether people who are committed to teacher-led anaerobic mind-body exercise experience withdrawal symptoms between or when deprived of their classes. One study that has investigated the psychological impact of training deprivation in advanced level martial artists[37] found that all participants $(N=20)$[38] reported severe mood disturbance [39] during a one-week period of abstinence from training (Szabo & Parkin, 2001). Interestingly, the authors of this study suggest that insider status and the characteristics of the researcher were important for this kind of research[40].

1.2.4 Physical exercise in counselling psychology

Over the past three decades, a body of literature has examined how mental health professionals approach structured physical exercise in clinical contexts, and has considered how practitioners can respond constructively to exercise material in ways that advance therapeutic processes (e.g., Beesley & Mutrie, 1997; Biddle & Mutrie, 2008; Burks & Keeley, 1989; Chung & Baird, 1999; Faulkner & Biddle, 2001; Faulkner & Taylor, 2005; Hays, 1999; McEntree & Halgin, 1996; Pollock, 2001b; Turp, 2001). One key finding of this work is that psychotherapists have either focused on physical exercise as an irrational defence and have tended to regard client's exercise beliefs and behaviours as pathological, or they have tended to view exercise material as outside the remit of psychotherapy. It is argued that the latter instance can be taken to indicate that some

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[37] Martial artists training at brown and black belt levels in instructor-led Shotokan karate
[38] 10 male participants, 10 female participants with a mean age 28.4 years (SD=6.6) who trained an average 3.6 times a week (SD=1.1) for a total of 6.5 hours (SD=2.5) per week.
[39] Participants reported increased negative affect, anger, depression & tension, and reduced positive affect & vigour relative to baseline
[40] Parkin is a national champion in the martial art style of the participants, and his status is described as crucial to the successful undertaking of the investigation.

psychotherapists suffer from the tendency to treat the mind, the body and the social context of human existence as separate and separable domains. These assumptions have meant that client's exercise material has not been routinely engaged with in the sense of either being discouraged, actively ignored or not being considered important to a contextualised understanding of the client. It is perhaps therefore unsurprising that physical exercise is underrepresented in UK CoP literature, despite two decades of empirical psychology research that alludes to a consistent correlation between structured physical exercise and psychological health/well-being (Biddle & Mutrie, 2008).

Interestingly, some authors have argued that CoP has a major contribution to make to the fields of sport and exercise psychology through its philosophies, principles and models (Daley, 2002; J. Owen, 2010). These authors describe an overlap between the client populations seen by counselling psychologists and those with whom sport and exercise psychologists work, observing that recent trends in this field are concerned with adding exercise as a psychotherapeutic intervention, and as a lifestyle, health and well-being enhancement dimension. In view of these developments, it is suggested that there is much potential for interdisciplinary collaboration, which could be of benefit to both the sport and exercise psychologist and the counselling psychologist.

CoP contributions to theory relating to physical exercise and well-being are also sparse. One notable exception is CoP Maggie Turp (e.g., 1997; 1998, 1999, 2000a, 2000b, 2001) who has written extensively about ways in which self-initiated leisure exercise may fulfil an adaptive, restorative and reparative emotional role from a psychoanalytic perspective. In particular, Turp's (2001) book *Psychosomatic health: The body and the word,* incorporates phenomenology, postmodern and narrative theory, psychology, medicine, complementary medicine and neurophysiology. In this text, Turp argues that health is psychosomatic in that it involves both mind (psyche) and body (soma), and that therefore "health and recovery involve both physical and psychological aspects of the self" (Turp, 2001, p.x). The author describes her perspective as untraditional because

psychoanalytic thinkers have typically developed accounts of psychosomatic illness, thus by extension exercise behaviour has been conceptualised as a defence and/or manifestation of pathology (e.g., De la Torre, 1995).

Turp develops the work of paediatrician and psychoanalyst Donald Winnicott who wrote extensively about infant caregiving and mind-body health (cf. Winnicott, 1949; Winnicott, 1960b, 1962, 1967a, 1970). Winnicott proposed that in the early stages of human emotional development, "a vital part is played by the environment which is in fact not yet separated off from the infant by the infant" (Winnicott, 1967b, p. 111). Within his developmental theory, Winnicott uses several metaphors to refer to the developmental provisions of the environment: 'holding' (i.e., the care-giver's emotional responsiveness to the baby) 'handling' (i.e., the physical care of the infant) and 'object presenting' (i.e., the capacity of the caregiver to provide an environment that can facilitate experiences of power, spontaneity and creativity). Crucially, for Winnicott adequate handling experiences can enable the infant to experience a sense of the self as centred in the body, a process that is poetically described as "the psyche indwelling in the soma" (Winnicott, 1960b, p. 45). Building upon Winnicott's work, Turp uses clinical case studies to develop the argument that physical exercise may offer 'self- handling' opportunities that can contribute to a sense of enjoyment, the restoration of a sense of 'psychosomatic indwelling', or reparation for poor developmental handling experiences (Turp, 1997, 2001). Within the context of psychotherapy, Turp argues that therapists can support clients to make sense of their experiences of using the body and that they can meaningfully contribute to client's strivings to enjoy, inhabit or repair the relationship with the lived body (Turp, 1997, 1998, 1999, 2000a, 2001).

Turp conceptualises an individual's relationship with physical exercise as "manifestly complex", because it can fit into any or all of a number of perspectives, including: a ritual enacted in accordance with narcissistic tendencies; a broadly healthy tendency that reflects an appropriate response to limited opportunities for movement in

developed countries; and an idealised route to 'perfect' physical and mental health (2000a, p. 477). Turp (2000) observes that talking therapists presently lack a coherent theoretical context that can help with identifying and naming a shift on the client's part away from exercise avoidance or abuse, toward "beneficial engagement" (p. 478). Interestingly, even though the theme is not developed, Turp (1997) proposes that when a person engages with an exercise trainer[41] they may be taking up one of few opportunities available in this country to compensate for developmental experiences of insensitive handling.

1.2.5 Critique and rationale for the present study

The review of the selected literature reveals similarities in the research stories of psychotherapy, CAM and structured physical exercise. It has exposed how stimulus-response research lends itself well to the medicalization thereof, and that there are contradictions, gaps and anomalies in the psychology knowledge-base.

Two things particularly strike me about the ways that psychotherapy, CAM and structured exercise are conceptually researched. First, in order to develop the knowledge-base in a systematic, replicable way, and to develop laws of ecumenical scope, the evidence is based on dehumanised, decontextualised, mechanistic conceptualisations of very complex social phenomena. Second, it seems to me that researchers characteristically conceptualise the patient/client/participant as a passive recipient of the therapist/intervention/product. As a case in point, Hyland's (2005) critique concludes that in both CAM and psychotherapy "the personality of the therapist has a therapeutic effect on the patient" (p. 365). Although I agree in principle with Hyland's (2005) argument that CAM/psychotherapy research that attends singularly to one objective[42] is questionable, I find his conclusion that researchers should singularly attend to therapist effects peculiar. The paper makes no reference to the comprehensive body of research on the effectiveness

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[41] e.g., who sensitively guides, encourages and protects against over-exertion
[42] i.e., empirical validation of effectiveness of psychotherapy or CAM for discrete outcomes

of specific psychotherapeutic and CAM interventions for particular presentations[43] (Bronfort, Haas, Evans, Leininiger, & Triano, 2010; McCullough, 2002; Roth & Fonagy, 1996, 2005).

In the current evidence-based practice (EBP) climate, it can be argued that all practitioners working in UK who make claims about a preferred approach in the treatment or prevention of particular problems, whether construed psychological or somatic, have a responsibility to evidence and develop the claims that they make. An undefended engagement with consuming, critiquing, conducting and disseminating research that is concerned with the following question: "what treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances?" (Paul, 1967, p. 111) invites curiosity, magnanimity and humility on behalf of the practitioner-researcher. It requires an acceptance that preferred practices are contingent on contextual factors[44] including formal and informal sanction; that research is a complex and imperfect human endeavour that is used to service human ends (cf. Corrie, 2011; Fairfax, 2008); that there are limitations in one's preferred approach that need to be considered; and that there are some things that one can and cannot claim to do with a preferred approach.

A program of research about the characteristics of good therapists undertaken in the USA over the past decade has found that 'master therapists' identified by peers are curious about the human condition, read widely around all therapy approaches, are motivated by their ignorance and are unusually open to receiving feedback in relationships (Skovholt & Jennings, 2004). This work was not included in Hyland's (2005) critique, although it is argued that the research provides an example of how quantitative and qualitative methods can complement each other in the inquiry process (cf. McLeod, 2011).

I propose that psychotherapy, CAM and structured teacher-led physical exercise lend themselves to being investigated from different perspectives because they are

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[43] e.g., effectiveness of CBT and exposure treatments for specific phobias & obsessive compulsive disorders; family intervention programs for schizophrenia; effectiveness of manual therapies for chronic low back pain

[44] e.g., dependent on or intertwined with economic, political and social factors

complex social phenomena that some people relate to and with, in embodied meaningful ways. Counselling psychologists conceptualise human beings as active agents in their lives, recognise that modern society is characterised by a literate citizenship and open access to information, and that some people actively seek out and use therapies to make judgements about what they need (Corrie, 2011; McLeod, 2011). This investigation is concerned with developing a humanised, contextualised and contingent account that, albeit uncommon in research about transformation with physical exercise, is in keeping with the ethos of CoP and existing CoP research - a perspective that is developed in Chapter 2.

Chapter 2: Methods & Procedures

2.1   Introduction

As described in Chapter 1, this investigation evolved from my own experiences and fore-understandings and my identification with the values espoused by CoP, as well as the gaps and anomalies identified in the literature review. In this chapter, I contextualise and account for the philosophical and methodological decisions taken with this research.

2.1.2   Locating a meta-theoretical framework

Of the traditions that inform CoP, the phenomenological tradition offers a distinctive overarching theoretical framework[45] that is consonant with the spirit of this investigation[46] because it is concerned with developing a philosophical[47], psychological and contextualised account of human experience. Within the context of human science research, some authors have cautioned that phenomenology tends to be erroneously conflated with qualitative research generally (e.g., Langdridge, 2007; Polkinghorne, 1983). Nevertheless, phenomenology is described as the most distinctive and significant philosophical movement of the twentieth century (e.g., Embree & Mohanty, 1997; Moran, 2000).

The pragmatic position taken for the purpose of the present investigation is that the thesis is "phenomenologically-inspired" qualitative research (Finlay, 2009b, p. 3). The thesis is not wholly phenomenological because it *a priori* respects the delimiting regulations of CoP research that is undertaken in an academic setting. A modest claim to phenomenology is essential because academic psychology research evidences credibility in advance by explicitly drawing on psychological models, theory, concepts and existing

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[45] e.g., a set of ideas and principles that provide a basis for the approach taken with this investigation
[46] e.g., within CoP, existential-phenomenological writers are critical of research and therapy based on mechanical metaphors and statistics, arguing instead for the development of a philosophical psychology for understanding human beings (Manafi, 2010a; I. R. Owen, 1994; Spinelli, 2003).
[47] Phenomenological philosophers reject Cartesian dualism (the epistemological & ontological separation of 'mind'/*res cogitans*, 'body' and 'world'/*res extensa* & are committed to advancing the pivotal role played by embodiment in perception, emotion, intersubjectivity & being-in-the-world (e.g., Merleau-Ponty, 1945/1962)

research. The use of theory, hypothetical constructs and quantitative research from psychology is described as antithetical to the rigorously phenomenological research endeavour (Allen-Collinson, 2009; Brocki & Wearden, 2006; Finlay, 2009b; Giorgi, 1989).

Phenomenological research has circumscribed meanings. It places trust in the research if the researcher demonstrates engagement with phenomenological philosophy and coherence of method with three interlocking phenomenological steps[48]: openness to the participant, openness to the un-known and rich description of the lifeworld (Allen-Collinson, 2009; Brocki & Wearden, 2006; Finlay, 2009b; Giorgi, 1989). By contrast, qualitative research is described as being concerned with the process of discovery and in treating research as exploratory (Willig, 2001). It offers a set of flexible and sensitive methods for opening up areas of social life that are not well understood (McLeod, 1994). Phenomenologically-inspired qualitative research is promising for this investigation because it does not have circumscribed meanings and can allow for *a priori* and *a posteriori* engagement with psychological theory, methods and practices[49] that are more characteristic of experimental psychology[50].

The approach that I propose is informed by CoP's pluralistic vision of research, because it draws upon and seeks to develop a phenomenological model of enquiry[51] (British Psychological Society, 2005, p. 1), and aims to respect and uphold the research context's circumscribed research practice and evaluation criteria.

2.1.3 Locating 'the phenomenological attitude'

Phenomenology evolved in the 1930's with the work of Husserl (e.g., 1935/1970),

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[48] e.g., phenomenological reduction, description and search for essences
[49] e.g., conducting a literature review that includes quantitative research and psychological constructs; drawing on conceptual tools and constructs from psychology and pre-determining open-ended interview schedules
[50] e.g., the practice of attempting to delimit mental life in physical terms such as 'mechanisms', 'processes' and 'models' (De Preester, 2007a; Radley, 1991, 2000)
[51] e.g., adopting a phenomenologically-inspired qualitative approach seems fitting for this CoP investigation because value is placed on philosophical, contextual and discipline-consistent inquiry, respect for first-person accounts of lived experience, and dialogue with psychological theory and research

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who proposed that that the natural scientific model was not appropriate for investigations of human experience[52]. According to Husserl, lived experience loses its essential qualities when it is conceived of as a discrete, measurable entity[53] (Husserl, 1935/1970). Husserl's work is relevant to the present investigation because of the centrality that he places on assuming a distinctively self-reflective approach referred to as the phenomenological attitude (Finlay, 2008a; Throop & Murphy, 2002).

As articulated by Husserl, the phenomenological attitude includes retaining a sense of wonder and openness to the world, with disciplined reflection culminating in radical self-transcendence, so as to see the world in new ways (Husserl, 1935/1970). As elaborated for the purpose of psychology research, the phenomenological attitude does not include a transcendental quest. Instead, the psychology researcher can attempt to identify their fore-understandings, assumptions and vested interests at the beginning of the research (Finlay, 2008a; J. A. Smith & Eatough, 2007; J. A. Smith, et al., 2009). Researchers can then strive to restrain or disengage from their pre-understandings so as to actively engage with participants, and to open themselves fully to being moved by the encounter and interaction with another human being.

For the purpose of this investigation, the identification of my fore-understandings of teacher-led Pilates (TLP) provides one rationale for undertaking this investigation. The phenomenological attitude is appealing because it is a practice that makes it more likely that I will be able to relate to Pilates clients as experts of their own experiences and allow for unknowns to emerge. Embodying the phenomenological attitude offers the possibility

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[52] e.g., Husserl cautioned that researchers who are not mindful that natural science is a human accomplishment inevitably miss the assumptions that they impose when attempting to understand human experience. He determined that a number of premature assumptions underpin the natural science approach as applied to understanding human experience. For example, that human experience can be reduced to discrete objects that can be mathematised (the practice of reducing phenomena to or 'as if' to mathematical formulas) quantified (e.g., the process of expressing the quantity of phenomena; of specifying the quantity of (a term) by using a quantifier, e.g., 'all', 'some', or 'no') and measured, and that it is possible to establish predictable and probabilistic patterns of human experience (Husserl, 1935/1970, p. 275).
[53] For Husserl, objectification, mathematisation, quantification, measurement and generalisation change contingent, finite and constantly shifting lived experience in such a way that the meaningfulness of human experience is obscured.

of making the research endeavour a great deal more instructive and therefore satisfying.

2.1.4 Locating the relevance of qualitative research

As Chapter 1 demonstrates, research thus far concerning complementary and alternative medicine (CAM), psychotherapy, structured physical exercise and TLP is dominated by a treatment efficacy validation quantitative[54] approach. I have argued that these social phenomena are characterised by complexity, and that there is a paucity of research about the client's experience of TLP. This study therefore adopts a qualitative approach[55] for two reasons. First, because qualitative research is considered particularly appropriate where the field of interest is characterised by complexity, ambiguity and a lack of prior research[56] (Richardson, 1996). Second, because qualitative inquiry foregrounds the researcher's role in the investigative process and offers an opportunity to circulate what is known and what is unknown in seemingly disparate communities[57]. My experiences and fore-understandings may result in a loss of rigour and yet paradoxically it is argued that they may actually increase the value of the investigation by providing access to tacit knowledge (Elliott & Williams, 2001; Guba & Lincoln, 1981; Lincoln & Guba, 1985).

A substantial argument alludes to the value and function of tacit knowledge or tacit knowing within the qualitative research process (cf. Cutliffe, 2003). The contribution of tacit knowing to the generation of new understandings and social and scientific discovery was first illuminated by Polanyi (1967). Polanyi argued against the dominant position that science is somehow value-free, and he sought to bring into creative tension a concern with reasoned and critical interrogation with other, more tacit ways of knowing (D. Scott,

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[54] Quantitative approaches are typically concerned with measurement precision, quantification, and the identification of cause-effect relationships (Willig, 2001;Smith, 2003).
[55] By contrast, qualitative approaches are concerned with how the individual person experiences events and makes sense of the world through exploring, describing and interpreting personal and social experiences (Willig, 2001; J. A. Smith, 2003).
[56] A qualitative approach offers the possibility of addressing a significant gap in the literature because the client's experiences of teacher-led structured exercise can be foregrounded.
[57] Pilates, CBT & Counselling Psychology

1995). For Polanyi (1967), tacit knowledge comprises a range of conceptual and sensory information and images that can be brought to bear in an attempt to make sense of something. More recently, Altheide and Johnson (1994) attest to the role of tacit knowledge in qualitative research, acknowledging that "tacit knowledge plays a constitutive role in providing meaning" (p. 493).

Tacit knowledge therefore appears to be a significant component of qualitative investigations, although it is not easily captured by reflexive activities because of the very tacit nature of the phenomenon. It is more likely to be reflected in the quality of my interactional, analytical and discursive work, which may allow for my tacit knowledge, creativity and intuition to emerge in the context of encounters with individual participants and interactions with the interviews/data (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991).

2.1.5 Locating qualitative research in counselling psychology

CoP is described as of relatively recent vintage in the UK because it was only granted divisional status within the BPS in 1995 (Strawbridge & Woolfe, 2003, 2010), in contrast to clinical psychology which has been recognised as a distinctive division within the BPS since the late-1940's (J. Hall & Llewelyn, 2006). This is relevant because psychotherapy research in the UK evolved in tandem with clinical psychology and behaviour therapy through the founding and controversial work of psychologists such as Eysenck (1949, 1990, 1991). Eysenck's (1952) radical critique of psychotherapy reports about clinical effectiveness highlighted the shortcomings of the methods used and the need for properly planned and executed experimental studies. The debate over Eysenck's claims has persisted over the years and has stimulated four generations of empirical psychotherapy research[58] (Barkham, 1996, 2003, 2007; Rachman, 2003) that draws on

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[58] Generation 1 (1950s-1970s) addresses outcome and process questions: 'is psychotherapy effective?' and 'are there objective methods for evaluating process?'; generation II (1960s-1980s) utilizes scientific rigour to address the process question 'what components are related to outcome?'; generation III (1970s- present) addresses outcome question 'how does change occur' (Barkham, 1996) ; generation IV (mid-1980's-present)

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positivist/post-positivist[59] research assumptions for legitimacy. Consequently, psychotherapy researchers over the past six decades have used and developed experimental quantitative designs to address outcome and process questions about individual therapy[60]. Consequently, significantly less qualitative research in counselling and psychotherapy has been published.

A decade ago it was argued that many counsellors and psychotherapists are drawn to qualitative inquiry because they recognise its potential (McLeod, 2001), and that qualitative research in counselling psychology is still in its infancy (McLeod, 2003). Recently, McLeod (2011) found that in the UK the reporting of qualitative research is promoted by two journals – *Psychology and Psychotherapy: Theory, Research and Practice* and *Counselling and Psychotherapy Research*. In 2009 the proportion of research studies using qualitative or mixed methods was 81% (22/27) for the former, and 27% (8/30) for the latter. By way of comparison, the proportion of qualitative to quantitative research in the US *Journal of Counseling Psychology* was 17% (8/48) (McLeod, 2011). A PsycInfo database search conducted in 2012 [61] reveals that in the UK between 2009 and 2012 more qualitative studies relative to quantitative studies were published in *Counselling Psychology Review (CPR)* (65%; 11/17), *Counselling Psychology Quarterly (CPQ)* (64%; 9/14), *Counselling and Psychotherapy Research* (68%; 34/50) and *Psychology and Psychotherapy: Theory, Research and Practice* (55%; 29/53). Taken together, the findings offer anecdotal evidence that qualitative research may hold particular appeal for counselling psychologists who publish their work in psychotherapy journals in the UK.

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addresses clinical relevance question 'how can we make outcome and process research clinically meaningful/useful'.

[59] Belief that scientific methods of objectification, quantification and measurement can directly or approximately generate knowledge about real psychological phenomena or aspects thereof

[60] Psychological therapies premised on a one-person, one mind and one body psychology that paradoxically typically focuses on one-to-one settings (e.g., where at least two people and two bodies are present)

[61] August 2012; search terms Publication Name + United Kingdom + methodology [quantitative study]/ [qualitative study]

2.1.6   Locating philosophical assumptions

Within the context of psychology research, philosophical[62] assumptions shape all

aspects of the endeavour including the kind of research that is undertaken, the way that

research participants are treated, the way the data are treated, and the knowledge claims

made about the findings. There is a perplexing assortment of typologies to be found in the

qualitative research literature, and variations therein can be subtle[63]. A recent typology

proposed by Willig (2012) classifies phenomenology as a distinctive philosophical

framework[64] that can be tentatively positioned in the middle of a continuum between

direct realism at one end and radical social constructionism at the other. Harper (2011)

draws on this scheme in a recent publication about qualitative research in mental health

and psychotherapy, which suggests its utility for counselling psychologists. In the

schematic proposed, phenomenology is tentatively located between critical realism[65]

(Bhaskar, 1978, 1989, 1993, 1997, 1998) and moderate social constructionism[66] (e.g.,

Burr, 1998).

There seem to be commonalities between these middle-ground perspectives

because they do not conflate epistemological claims with ontological claims. For example,

a critical realist perspective can consider scientific theories and methods as socially

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[62] e.g., ontological (theory of what exists) & epistemological (theory of knowledge) assumptions (Lacey, 1986)

[63] e.g., Guba and Lincoln (1994) propose *positivism, post-positivism, critical theory* and *constructivism.* Madill, Jordan and Shirley (2000) offer *realism, contextual constructionism* and *radical constructionism,* whilst Ponterotto (2005) and Morrow (2008) discern *positivism, postpositivism, interpretivism-constructivism,* and *ideological-critical theories.*

[64] Until relatively recently phenomenology was largely unknown outside of the academic spheres of continental philosophy (Kearney, 1984; I. R. Owen, 1994).

[65] Bhaskar conceptualises the social and natural world as three overlapping domains - the real, the actual and the empirical. The domain of the empirical reduces events to [observable/perceivable] experiences & excludes generative mechanisms altogether. The domain of the actual includes events that may be experienceable, as well as events that we are yet to experience and events that are beyond the possibility of any experience. The domain of the real is inclusive of mechanisms, events [actualities], and experiences without the requirement that these categories overlap or always occur together. There can be the presence of generative mechanisms without the presence of events [actualities] or experiences, & there can be the presence of events [actualities] without experience of them or sentient capacity for experience of them (Bhaskar, 1978, p.13). It is this stratification that disambiguates knowledge claims from claims about reality or what exists (cf. Bhaskar, 1993).

[66] For moderate social constructionists, talk involves the creation or construction of particular accounts of what the world is like, although language is not conceptualised as the only reality. Researchers draw on both critical realism and social constructionist ideas to develop interpretative accounts of qualitative data in relation to existing social, cultural & historical structures (Harper, 2011).

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constructed, without maintaining that reality is socially constructed. This perspective accepts that human experience is not reducible to or constituted by language, and that language can be conceptualised as a tool that can be directed toward representing experience (cf. Pinker, 2002a).

I have found that a number of phenomenologically-oriented psychologists draw either explicitly or implicitly on critical realism (e.g., Finlay, 2006; Giorgi, 1994; O. C. Robinson & J. A. Smith, 2010). This position is described as appealing for psychology researchers, because it assumes that people's subjective accounts reflect attempts to represent actual events, actual people, actual lives and actual emotions (cf. O. C. Robinson & J. A. Smith, 2010). The participant can be treated as an actual person who is contributing to the construction of knowledge about an experience of importance to them. Although most approaches to phenomenological research seem to advance an epistemic middle-ground, I have found that individual variants thereof differ in respect of key theoretical assumptions and methodological emphases.

2.1.7 Locating a phenomenological approach

Phenomenological psychology is an approach that draws directly on the phenomenological tradition in philosophy (Langdridge, 2007). There are many variants of phenomenological philosophy, including transcendental (Husserl, 1935/1970); existential (Heidegger, 1962/1927; Kierkegaard, 1985; Merleau-Ponty, 1945/1962; Nietzsche, 1878/1986; Sartre, 1943/1957) and hermeneutic (Gadamer, 1960/1990; Ricoeur, 1970). Consequently, there are also a number of variants of phenomenological research, including descriptive (Giorgi, 1989), interpretative (J. A. Smith, 1996), relational (Finlay & Evans, 2009) and critical narrative (Langdridge, 2007). Different forms are demanded according to the phenomenon under investigation and the kind of knowledge that the researcher seeks (Finlay, 2008b).

Drawing primarily on Finlay (2008b) and Langdridge (2007), Table 1 provides the reader with an understanding of characteristic research questions, aims and theoretical underpinnings of four variants of phenomenological research.

IPA was chosen for this inquiry on the basis of a perceived goodness-of-fit that is particularised below with a discussion of nine key characteristics.

2.1.7.1 Sensitivity to research aims

This investigation has evolved in tandem with the researcher's fore-understanding that experiences of transformation with TLP seem to be marked for some people as very important. IPA is committed to the examination of how people make sense of experiences that are of particular significance to them (J. A. Smith, et al., 2009).

2.1.7.2 Sensitivity to counselling psychology values

As an approach to research that seeks to understand and give voice to individual's concerns and that is flexible enough to dialogue with mainstream psychology, IPA is compatible with the values of CoP as described in Chapter 1. IPA shares with counselling psychology, social cognition and CBT a concern with what people think (cognition), feel (emotion) and do (behaviour) (cf. Sanders, 2010; M. J. Scott & Dryden, 2003; J. A. Smith, 1996)[67]. The epistemological openness of IPA emphasises not testing set hypotheses so that the researcher can learn from the interaction with individual participants. Rather, the themes and concerns that emerge from the data are subsequently used to dialogue with literature and research deemed appropriate to the material (cf. Rizq & Target, 2008, 2009).

2.1.7.3 Sensitivity to context

IPA has a flexible critical realist/phenomenological/contextualist/lightly social constructionist epistemology that takes the person-in-context as a topic. IPA will venture to suggest how something has been understood by a particular person in a particular

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[67] In line with interactional social cognition perspectives (e.g., De Jaegher, et.al 2010), IPA conceptualises cognitions as an aspect of being-in-the-world (Eatough & Smith, 2006a, 2006b). By contrast, some psychologists conceptualise cognition as an isolated, separable function that can be mapped in an information-processing model (e.g., Tryon, 1993a, 1993b, 2005)

Table 1

Four Variants of Phenomenological Research

Variant	Characteristic Questions	Characteristic Aims	Theoretical Underpinnings
Descriptive (Giorgi, 1989)	What is the lived experience of transformation with TLP?	Identify the essential or general structures underlying the phenomenon of transformation with TLP	Draws on phenomenology (esp. Husserl, 1913/1982, 1935/1970). Not primarily concerned with idiographic details. Closest to realism
Interpretative Phenomenological Analysis (J. A. Smith, 1996)	What is the individual experience of transformation with TLP?	Capture individual experience and variations between co-researchers. Thematic analysis involves explicit interpretation	Draws on phenomenology (Husserl, 1913/1982), existential-phenomenology (Heidegger, 1962/1927; Merleau-Ponty, 1945/1962), hermeneutics (e.g., Gadamer, 1960/1990), social cognition (S. Gallagher & Zahavi, 2008), and symbolic interactionism (Mead, 1934). Idiographic (small group of co-researchers). Broad focus: socio-cultural & research context, language, cognition & affect. Dialogues with mainstream social cognitive psychology research & theory. Draws on critical realism, contextualism[68] and social constructionism
Relational (Finlay & Evans, 2009)	What is it like to experience transformation with TLP?	Focus on the co-researcher's sense of self, their being-in-the- world and the defensive way they've learned to cope. Reflexively explore the relational dynamics between researcher and co-researcher	Draws on existential-phenomenology (e.g., Heidegger, 1962/1927; Merleau-Ponty, 1964, 1964/1968). Idiographic (one co-researcher). Relational existential phenomenology underpinned by reflexive, dialogical, feminist-poststructuralist epistemology (taking either a critical realist or a relativist view) & inspired 'by a range of relational psychotherapy theories' (Finlay, 2009a, p. 26).
Critical Narrative Analysis (CNA) (Langdridge, 2008)	What story or stories does a person tell of their experience of transformation with TLP?	Focus on the narrative produced by one person and how it was co-created in the research context	Draws on hermeneutic phenomenology (esp. Ricoeur, 1970, 1992) & 'critical social theory' (Langdridge, 2007, p. 159). Idiographic (one co-researcher). Intensively analytic. Incorporates hermeneutics of empathy and suspicion (destabilising narrative). Closest to social constructionism

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[68] Contextualism is the position that all knowledge is local, provisional, and situation dependent (Jaeger & Rosnow, 1988)

interaction with a particular researcher (Larkin, Watts, & Clifton, 2006). The researcher comes to the person first, which provides a means of learning also about the context. For CoPs, the idea of developing context-free theories, research and interventions is described as misguided because we have to consider moral, social, cultural and environmental contexts and how they exert influence (Christopher, 1996, 1999; Coyle, 2010; Lane & Corrie, 2006; Thatcher & Manktelow, 2007).

2.1.7.4 Sensitivity to individual participants

With IPA, participants are recruited because of their expertise in the phenomenon being explored. IPA's commitment to idiographic psychology emphasises that individuals can offer a unique perspective (J. A. Smith, et al., 2009). Participants are treated as experts on their own experiences who can offer an understanding thereof through telling their own stories, in their own words (Reid, Flowers, & Larkin, 2005).

2.1.7.5 Sensitivity to commonalities and differences between participants

The idiographic commitment of IPA involves careful examination of similarities and differences across a small group of cases (Larkin, et al., 2006). The aim is to produce a detailed account of patterns of meaning and reflections on a shared experience (Shinebourne, 2011)

2.1.7.6 Sensitivity to the unknown

IPA is both an inductive (bottom-up) and interrogative approach (J. A. Smith & Eatough, 2007). During data collection, there is no attempt at the outset to verify or negate hypotheses or the researcher's fore-understandings (J. A. Smith, 2004). Rather, IPA is concerned with discovering, revealing, uncovering and disclosing meanings and experiences that in some sense lie hidden (Shinebourne, 2011). Thus, IPA favours a research attitude that is flexible and sensitive enough to follow unanticipated concerns or themes that may emerge during data collection and analysis. IPA is interrogative in its capacity to contribute to and question existing psychological research (J. A. Smith &

Eatough, 2007). These two positions are significant for the present study as there is no set hypothesis, and the data are used to guide the researcher's selection of literature considered appropriate to the material.

2.1.7.7 Sensitivity to the role of the researcher and researcher sensitivity

IPA advances a phenomenological emphasis on experience, which recognises that meaning is first constructed jointly by participant and researcher during data collection, and which recognises the subsequent interpretative role of the researcher during data analysis (J. A. Smith, et al., 2009). IPA recognises that researchers typically hold preconceptions about the phenomena under investigation, and that they may not necessarily be aware of all of them. Consequently, a 'hermeneutic circle' and 'double hermeneutic' conceptualisation of the research process are advanced (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003).

2.1.7.8 A circular conceptualisation of 'method': hermeneutic circle

The hermeneutic circle provides a way of thinking about 'method' for IPA researchers because a key tenet of this approach is that the process is iterative; it involves dynamically moving backwards and forwards rather than sequentially. For example, my experiences of TLP, the fore-understandings described in Chapter 1, and the preconceptions that I am unaware of are significant to the undertaking of this investigation. They are recognised as on-going dynamic parts of the overall investigation that are disengaged with during data collection whilst complete attention is given to the participant throughout the meeting. Analysing the interview, I return to the perspective that I started from and use it to make sense of the participant making sense of TLP. I make sense of how the interaction with the participant and the data analysis affect me and/or have facilitated disinterring preconceptions that I was unaware of. The process of going backwards and forwards, from part to whole, is conceptualised in Table 2.

Table 2

A circular conceptualisation of method

Part	Whole
Researcher's fore-understandings, expertise and ignorance	Research Proposal
Focus completely on individual participant, facilitate uncovering her/his experience in detail	Complete interview
Reflect, revisit, replay, transcribe, relate with, dwell with, dialogue with, make sense of the interaction and interview	Complete transcription and fine-grained analysis of the material
Individual interview	Complete data set
Fine grained analysis of individual interviews	The sentence in which the word is embedded
The single word	The complete text
The single extract	Complete fine-grained analysis of all interviews
Distinctive voices of participants	Complete cross-case analysis of common themes and variations of participant's reflections on a shared experience
Poetic condensation of participant interview	
Participant's meaning-making	Complete interpretative account of researcher's sense-making of participant's sense making
Researcher's connection with fore-understandings, expertise, disinterred tacit preconceptions and new understandings emergent from the research process	Connection of the research findings with extant psychology literature
Locating the coherence of all the parts	Complete study

2.1.5.9 A circular conceptualisation of the research process: double hermeneutic

Using IPA, this construct communicates two aspects of the research process. For example, it describes how the researcher attempts to make sense of the participant who is making sense of their experiences of transformation with TLP (J. A. Smith & Osborn, 2003). The researcher only has access to the participant through what he/she reports, and the researcher's own 'experientially-formed lens' (J. A. Smith, et al., 2009, p. 36). Second, it explains two levels of interpretative work that are used to draw out, reveal and disclose aspects of the meaning of the experience. IPA combines a 'hermeneutics of empathy' with a 'hermeneutics of questioning'. In the former, the researcher attempts to see things from the participant's point of view. In the latter, the researcher asks questions of the participant's account, moving beyond the text to a more interpretative psychological level, and eventually relating the findings to existing theory and research.

2.2 Methodology

Methodology flows from the theoretical assumptions of the investigation and refers to "the process and procedures of the research" (Ponterotto, 2005, p. 132). This investigation developed gradually through an interactional process of discussion, negotiation and compromise with members of the CoP, Pilates and IPA communities in London, as well as self-directed learning, reflection, independent work and creativity. The procedures and processes undertaken are dated, listed and connected with supporting evidence in Table 3.

Table 3

Processes and Procedures

Date	Processes and Procedures	Supporting Evidence
	Supervision & Research Module Group Meetings	
2007 – 2011	Development and negotiation of research ideas and procedures with academic supervisors in 60-minute meetings in 2006 (06/12), 2007 (19/01, 14/03, 30/03, 29/08, 01/11 & 06/12), 2008 (28/02, 05/06, 05/08), 2009 (11/02, 07/05, 02/11) & 2011 (02/11) & 2013 (06/03)	Appendix A
	Discussion of research regulations, ideas, proposals, procedures & progress with doctorate module leader & peers in 60-minute meetings in 2007 (17/01, 24/01, 21/02, 21/03, 25/04, 18/10, 25/10, 15/11, 29/11) & 2008 (17/04, 24/04 & 15/05)	
	Research Proposals, Literature Reviews & Formal Progress Audits	
>11/11/06	Literature Reviews	Chapter 1, Appendix F
12/02/07	Draft Proposals & Feedback	Appendix A
25/04/07	RD1 application to register research thesis; research proposal, ethical clearance application, participant recruitment, research information sheet, confidentiality agreement, personal information form & semi-structured interview schedule	
25/04/2012	RD2 post-registration progress review	
	Participant Recruitment & Interactions with TLP Practitioners/Organisations & TLP Workshops	
23/03/07	Meeting with senior studio co-ordinators @ a the Body Control Pilates (BPC) centre in central London to discuss the viability of the study & the proposed approach to data analysis, to circulate ideas & request assistance with recruiting participants	Appendix B
20/04/07	Presentation of ideas about the investigation at the weekly BCP teacher meeting @ the BCP centre in central London; discussion of viability, troubleshooting & request for assistance with recruiting participants	
>07/12/07	Emails to Pilates teachers based in London requesting assistance with recruitment of four participants	
12/09/09	Presentation & discussion of research progress @ the BCP teacher training & development conference, London	
02/12/12	Mary Bowen workshop: 'Pilates plus psyche', Bloomsbury St. Hotel, London WC1	
	Interactions with Participants & Data Collection	
	Prospective participants contacted me directly by email to negotiate a suitable location & time to conduct the interview. Equipment: Semi-structured interview schedule, two Olympus VN-2100PC digital voice recorders	Appendix C
11/05/07	Interview 1 (am) Café south east London. Interview recording: 48 minutes	
11/05/07	Interview 2 (pm) Domiciliary visit (DV). Interview recording: 70 minutes	
11/09/07	Interview 3 (pm) DV. Interview recording: 71 minutes	
18/01/08	Interview 4 (am) DV. Interview recording: 31 minutes	

01/02/08	Interview 5 (am) Café central London. Interview recording: 45 minutes	
13/02/08	Interview 6 (pm) Café central London. Interview recording: 40. minutes	
18/02/08	Interview 7 (pm) DV. Interview recording: 64 minutes	
31/03/08	Interview 8 (pm) LMU basement (pre-booked room). Interview recording: 47 minutes	

Data Analysis

15/05/2007 - 03/12/08	Digitally recorded files were transferred to a Toshiba L10 series portable personal computer and subsequently individually transferred to eight compact discs (CD). All files were deleted from the digital equipment. Analysis involved an iterative and inductive cycle (J. A. Smith, 2007) - Sustained engagement with interview 1 through listening and re-listening to the CD at three sittings - Interview 1 was transcribed (circa 15 hours of transcription) - Interview 1 transcript was read at six sustained sittings - Exploratory comments were noted in the left-hand margin of the transcript - Tentative identification of themes that emerged were noted in the right-hand margin of the transcript - Thematic analysis of interview 1 with supportive extracts was structured and tabled - The process was repeated anew with each interview, ending with the analysis, table & supporting extracts of interview 8 - Cross-case thematic analysis emerged with identification of patterns of convergence as well as instances of divergence in the accounts. These were structured, tabled and connected with supportive extracts.	Appendix D

Research Methods Workshops and Credibility Audits

18/07/07 - 23/07/07	LMU summer school quantitative research methods	Appendix E
05/07/07 - 06/07/07	Annual IPA conference, University of Sussex	
04/09/07	LMU summer school quantitative research methods	
06/02/08 – 07/02/08	Advanced IPA workshop - data analysis troubleshooting, London City University	
30/04/08 – 01/05/08	Advanced IPA workshop – data analysis troubleshooting, London City University	
29/07/08	IPA regional group meeting, power point presentation of study, Birkbeck University	
08/08/08	IPA regional group meeting, data analysis troubleshooting session, Birkbeck University	
04/11/08	IPA regional group meeting, data analysis troubleshooting session, Birkbeck University	
03/12/08	IPA regional group meeting, data analysis troubleshooting session, London South Bank University	
09/12/08	Writing centre LMU independent audit to test the credibility of cross-case themes & illustrative excerpts	
28/05/09	IPA seminar, Birkbeck University	
23/09/11	Independent audit to test the coherence & plausibility of the interpretative analysis (CoP IPA expert)	
31/10/11	Independent audit to test the coherence & plausibility of the interpretative analysis (CoP clinical practitioner)	

April 2010 - July 2011	---*Maternity Break*---	

July 2011- June 2013	Write-up	Appendix A

2.2.1 Research design

This investigation favours a middle-ground contextualist epistemology and employs a phenomenologically-inspired qualitative design. With qualitative inquiry, it is advisable to determine the approach to data analysis early on because the approach taken shapes the scope of the research and the strategies used right from the initial stages of the research process (cf. Creswell, 1998; Ely, et al., 1991; J. A. Smith, et al., 2009). IPA was therefore chosen as the approach to data analysis before fully formulating research questions, devising data collection methods, negotiating access to participants or collecting data.

2.2.2 Research questions

Two questions flowed from the observation that IPA researchers tend to focus on people's experiences and the meanings thereof (e.g., Eatough & J. A. Smith, 2006 a, 2006b; M. T. D. Knight, Wykes, & Hayward, 2003; McManus, et al., 2010; Rizq & Target, 2008, 2009; Williams, et al., 2011):

- How do individual TLP clients describe lived experiences of transformation with TLP?

- What is the meaning of TLP for individual TLP clients who have experienced transformation therewith?

Three additional questions emerged from discussions with LMU doctoral research supervisors that include reference to particular hypothetical constructs, namely 'the mind-body relationship', 'health/well-being' and 'body awareness':

- How does the TLP client describe the mind-body relationship?

- How does the TLP client describe health/well-being?

- How does the TLP client describe experiences of body awareness?

The constructs identified feature in counselling and psychotherapy literature (Christopher, 1999; Haworth & Lewis, 2005; Lent, 2004; Robbins & Kliewer, 2000; Turp,

1997; Wahl, 2003), Pilates literature (e.g., Conraths-Lange, 2004; L. Robinson, et al., 2000), exercise, health, personality and social psychology literature (Bakal, 1999; Biddle & Mutrie, 2001, 2008; Bloodworth & McNamee, 2007; Brown & Ryan, 2003; M. W. Gallagher, Lopez, & Preacher, 2009; Mehling, et al., 2009; Ryff, 1989; Ryff & Singer, 2002; Sheldon & Elliot, 1999), and CAM literature (Astin, et al., 2003; Ives & Sosnoff, 2000; Newcombe, 2007); (refer to appendix F for reviews of the literature).

The *a priori* identification and inclusion of hypothetical constructs in interview schedules is discouraged in phenomenological research because it is considered antithetical to the open and participant-focussed ethos of the approach (cf. Allen-Collinson, 2009; Brocki & Wearden, 2006; Giorgi, 1994; Langdridge, 2008). It is also considered antithetical to IPA because existing research and associated hypothetical constructs are characteristically evoked after the analysis, in the discussion section (J. A. Smith, 2004). It was agreed that even though there was no pre-existing hypothesis prior to carrying out the investigation, the *a priori* identification of hypothetical constructs might be useful for two reasons. First, the process forces me to think explicitly about what the interview might cover and enables me to anticipate and prepare for possible difficulties in advance. Second, engaging with the literature might determine the viability of the project by demonstrating the psychological basis of the investigation for assessors.

Finally, two questions arose from discussions with senior Pilates studio co-ordinators who are affiliated with a reputable organisation, and who agreed to assist with the recruitment of participants.

- What is the meaning and significance of the teacher and the relationship with the teacher?

- How do these Pilates clients describe experiences of other therapies and/or personal development?

It was agreed that all questions identified would be included during the pilot stages of data collection, and that participants would be invited to provide feedback about how the

questions were experienced[69].

2.2.3 Data collection

IPA is suited to data collection methods that invite participants to offer rich, detailed accounts of their experiences (Larkin, et al., 2006; J. A. Smith & Eatough, 2007; J. A. Smith & Osborn, 2003). The majority of IPA studies use in-depth semi-structured interviews with open-ended questions because this method is consonant with IPA's intimate focus on particular topics and the participant's experiences of them (Jackson & Coyle, 2009; D. C. Miller & Draghi-Lorenz, 2005; Rhodes & J. A. Smith, 2010; Thrift & Coyle, 2005).

There is a lively debate about the possibilities and problems of using interviews in psychology research (e.g., Holloway, 2004; King, 1994; Packer, 2005; Potter & Hepburn, 2005). An overarching theme is that interviews are complex interactional phenomena that are difficult to do, transcribe, analyse and represent well. There is no *a priori* requirement for IPA studies to use interviews, and some proponents of the approach have encouraged the use of other data collection methods such as diaries and personal accounts (J. A. Smith, 2004; J. A. Smith & Eatough, 2007; J. A. Smith, Hollway, Mishler, Potter, & Hepburn, 2005). The inclusion of personal accounts seems relevant here because this research is a co-created endeavour, and it is legitimate to claim that I draw on and use personal accounts of my own experiences.

However, semi-structured interviews were chosen as the main method of data collection for this investigation for four reasons. First, the interview schedule provides the LMU academic research development panel charged with evaluating the feasibility of the project with an indication of the psychological basis of this study, and how the researcher is intending to interact with participants. Second, the investigation is concerned with facilitating TLP clients to share their experiences of a complex topic. The schedule and

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[69] i.e., Are the questions experienced as facilitative, exploratory and/or resonant, or too explicit, leading and/or constraining?

questions are designed to inspire participants to contribute their particular experiences towards the development of a cross-case account of an experience that is shared with co-researchers. Third, semi-structured interviews provide opportunities for real-time interaction with TLP clients and they can be used flexibly, enabling me to follow the concerns of individual participants as they arise during the interaction with me. Finally, a significant appeal of using semi-structured interviews is that the schedule can be adjusted organically. It can draw on feedback from individual participant's experiences of the interview, because in IPA research they are accorded expert status. I reflect on and critically evaluate the process of data collection in Chapter 4.

2.2.4   Sampling rationale

With IPA, samples are selected purposively because they can offer a research project insight into a particular experience (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). Participants are selected on the basis that they may grant the researcher access to a particular perspective of the phenomenon under study; they represent a perspective rather than a population (J. A. Smith, et al., 2009). IPA researchers usually try to find a fairly homogeneous sample of participants for whom the research question will be meaningful (Ibid.). For the purpose of the present investigation, the sample was purposively limited to people who live in London, whose first language is English, and who share a similar experience in that they perceive that they have experienced transformation with TLP.

2.2.5   Sample size

IPA is an idiographic approach, concerned with understanding particular phenomena in particular contexts, therefore IPA studies are conducted on small sample sizes (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). LMU guidelines for qualitative professional doctorate research stipulated a minimum of eight participants, whilst J.A. Smith, et al. (2009) recommend between three and six participants for an academic project using IPA. A sample size of eight participants should provide sufficient

cases for the development of an account of meaningful points of similarity and difference between participants. However, it is argued that with so many participants there is a danger of being overwhelmed by the amount of data generated (J. A. Smith, et al., 2009).

The other variants of phenomenological research detailed above characteristically use sample sizes of between one and five participants (cf. Finlay, 2008b). IPA seems flexible in its capacity to be used with larger samples because existing IPA studies carried out by teams of psychologists use samples of more than six participants (e.g., Hayward & Fuller, 2010; Mansell, Powell, Pedley, Thomas, & Jones, 2010; Rouf, White, & Evans, 2012). However, larger sample sizes (>6) present the researcher with a challenge as regards IPA's key concern with providing a detailed account of individual's perceptions and understandings of experience (J. A. Smith & Eatough, 2007; J. A. Smith, et al., 2009).

2.2.6 Locating participants

It is suggested that most frequently, potential IPA study participants are contacted via referral from gatekeepers, via opportunities as a result of the researcher's own contacts, or via snowballing (i.e., referred by other participants) (J. A. Smith, et al., 2009). For the purpose of this investigation, I discussed my research ideas with Pilates teachers that I have worked with or know socially, and this process eventually provided an opportunity to collaborate with the Body Control Pilates Centre (BCPC) based in central London. The reader is directed to Table 3 and appendix B for supporting information.

2.2.7 Locating ethical procedures

Once the proposal for this study was vetted and approved by academic research supervisors and the LMU Psychology Department Ethics Committee, Senior Studio BCP teachers also vetted the study proposal before agreeing that the researcher could approach BCP teachers to request assistance with the recruitment of participants.

The author was invited to present the study proposal to BCP teachers at a weekly meeting at the BCP centre in Central London. The author also sent emails to individual

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BCP teachers listed on the BCP (London) website. The email sent to individual teachers introduced the researcher, described the aims of the study and requested assistance with recruitment of participants.

Teachers who expressed an interest in assisting with recruitment were invited to identify clients who meet the inclusion criteria described above, and to give clients who expressed an interest in taking part the Study Information Sheet. The purpose of the Study Information Sheet was to introduce the researcher and the study to the would-be respondent, to give the client an idea of what contributing to the research would involve, and to assure participants that all attempts would be made to ensure confidentiality and anonymity in the presentation of the findings.

The Study Information Sheet detailed the researcher's contact details, as well as those of her supervisor. Interested clients were invited to contact the researcher directly either by telephone or by email to discuss the research and issues related to their contribution. The supervisors' contact details were included as a precautionary measure; the client was invited to use the information should they wish to make a complaint about how they were approached, or any other aspect of their experience of the researcher and research process.

Informed consent was obtained only once the participant had read the Study Information Sheet, contacted the author, met the author in person, discussed the study and their contribution *in vivo* with the author. Two copies of the Study Consent Form were then dated and signed by the participant. One copy was given to the participant, and the author kept the other copy for her own records.

Even though there were no anticipated physical risks related to participating in the study, the exploratory ethos of the study raised the possibility that the interviews could touch on sensitive issues. The Study Consent Form therefore emphasised that participation was entirely voluntary; that participants could refuse to answer questions; that they could end the interview at any time; that they could withdraw from the study at any point, for any

reason, without sharing their reasons with the interviewer; and that participation or withdrawal would have no impact on the delivery of service by their BCP teacher or the BCP organisation.

Finally, all respondents were asked if they would like to receive a summary of the findings and conclusions; participants were individually verbally de-briefed at the end of the interview with the researcher; and participants were asked for, and offered, feedback about their individual interview experience.

2.2.8 Participants

Table 4 provides descriptive information about the eight participants who volunteered to take part in the study, and describes each participant's experience of TLP. Participants have been given pseudonyms to protect their identities. Pseudonyms are alphabetically organised (i.e., 'A' – Adriano, is the first participant to be interviewed). Male participant pseudonyms end in 'o', female participant pseudonyms end in 'a'.

Table 4

Participants

Name	Gender	Age	Ethnicity	Occupation	Pilates experience
Adriano	M	37	White UK	Consultant	4 months, 2 x weekly
Bruno	M	39	White UK	Producer	2 years, 2 x weekly
Carillo	M	31	White UK	CAM	8 years, 1-3 x weekly
Delma	F	69	White US	Housewife	2 years, 2 x weekly
Elsa	F	44	White UK	Housewife	5 years, 4 x weekly
Francesca	F	33	White Au	Health care	7 months, 2-4 x weekly
Giulia	F	58	White UK	Manager	4 years, 2-3 x weekly
Helena	F	35	White UK	Manager	2 years, 1 x weekly

2.2.9 Data analysis

Analysis of transcripts followed the IPA procedure outlined by Jonathan Smith, et

al. (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). I undertook the following process beginning with the first interview and only moving on to the second interview once all of the steps were completed. The first step involved immersion in the original data by listening and re-listening to the recorded interview, transcribing, reading and re-reading the transcribed transcript. The second step involved noting down exploratory descriptive, linguistic and conceptual comments in the left-hand margin of the transcript. The third step involved identifying themes that bring together a range of understandings relating directly to both participant and analyst, and these were noted in the right-hand margin of the transcript. Upon completion of the three steps with all eight interviews, the next step involved mapping how the themes from all participants' accounts fit together, and pointing to the most interesting and important consonant and divergent aspects of their accounts. This process was extremely labour intensive and involved going back and forth, tentatively identifying patterns between emergent themes and then re-checking that the themes, although abstracted, were grounded in the data. This iterative, frustratingly elusive and challenging process eventually illuminated how participants were sharing the unexpected, the unknown to me.

2.3   Findings

The three master themes and associated nester themes that emerged from the individual and cross-case analysis of the data are presented in Table 5. In Chapter 3, these themes are introduced and presented separately. The first master theme is concerned with meeting the first aim of IPA, namely that of enabling the reader to learn about the particular people who have shared their experiences. To this end, the introduction provides a rationale for the use of poetic representations of participant's interviews in this context. A two-column table is used to present my summary of the concerns and experiences described by the interviewee, along with my poetic representation of the transcribed interview.

The second and third master themes are concerned with meeting the second aim of IPA, namely the development of a coherent cross-case interpretative analysis of all eight participant's accounts. The two master and subordinate themes are presented separately and sequentially, making ample use of extracts from participant transcripts. Extracts are clearly distinguished from the author's interpretations by the use of single line spacing and indentation, and three dots [...] are used to indicate any omitted text. Each extract is accompanied by the participant's pseudonym and the location within the word processed transcribed interview that the extract was taken from. For example, an extract accompanied by [Adriano 123-134] means that the extract was taken from the 123 – 134th line of the word processed transcribed interview of the participant whose pseudonym is Adriano[70].

Table 5

List of Master and Subordinate Themes

Master Themes	Nested themes
1. Pilates in the lifeworld: Summary of the interviewee's concerns and experiences	Poetic representation of individual interviews ▪ Adriano: Becoming multi-dimensional ▪ Bruno: Bullet-proof, old, hope ▪ Carillo: The control of myself ▪ Delma: A disciplined body ▪ Elsa: Catch up time ▪ Francesca: I was thrown a bone ▪ Giulia: My badminton substitute ▪ Helena: My guilty pleasure
2. Weekly TLP classes can provide opportunities for valued interactional experiences	▪ Absorbing & fulfilling 'mind-body' experiences ▪ Intense teacher & relationship experiences
3. Weekly TLP classes can provide an invaluable arena for transformation	▪ Transformed awareness ▪ Sense of connection & control

[70] To reiterate, participant pseudonyms are alphabetically organised, with 'A' – Adriano, used to refer to the first participant who was interviewed, through to 'H' – Helena, to refer to the eighth participant who was interviewed. Male participant pseudonyms end in 'o', female participant pseudonyms end in 'a.

Chapter 3: Interpretative analysis

3.1   Representation of individual participant concerns: TLP in the Lifeworld

3.1.2   Introduction

IPA studies typically deal with existential issues of considerable importance to the

participants because they are about significant and life-transforming experiences (J. A.

Smith, 2004). The skills involved in writing IPA include allowing the reader to learn about

"the particular participants who have told their stories" as well as the abstracted themes

that emerged from the cross-case analysis (J. A. Smith, 2004, p. 42). The concern IPA has

for representing individual human being's accounts of lived experiences as composite,

diverse, ambiguous, vague, obvious, and concealed is recognised as tremendously

challenging (Ohlen, 2003).

In order to express a sense of the whole interview given by individual participants,

a brief description of the researcher's impression of each participant's experience of TLP

and the interview, and a poetic representation of the individual interview are tabled and

presented concurrently. Use of poetic representation is consonant with IPA's circular,

part/whole conceptualisation of method. Here, the aim is to provide the reader with an

opportunity to get a sense of each participant's 'whole' interview, using 'parts' in the form

of their own words. It is hoped that this representation of the findings might facilitate

understanding in complex ways because the reader can make open-ended connections with

the parts of participant's interviews[71] that are later included in the cross-case interpretative

analyses of the second and third master themes.

By way of contextualising the use of poetic representations in this context, Sparkes

(2002) argues that against the dual crises of legitimation and representation in human

sciences, scholars in a range of disciplines have come to realise that for the purpose of

communication, form and content may be inseparable. It is argued that how we write about

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[71] i.e., extracts

a phenomenon may shape how we come to know or understand it (Carless & Douglas, 2009; Isaac, 2011; Kendall & Murray, 2005; B. Smith & Sparkes, 2006; Sparkes & Douglas, 2007; Sparkes, Nilges, Swan, & Dowling, 2003; Ward, 2011). With this knowledge, there has been some experimentation with alternative forms of representation (Ohlen, 2003; Ward, 2011).

For the purpose of this investigation, poetic representation is used as a vehicle to evocatively illuminate each participant's personal sense-making of transformation with TLP. A poetic representation is where the researcher transforms the data into what Glesne (1997) describes as a poem-like composition. The exact words of the participant are arranged to create a "meaningful representation" of the participant's whole interview (Sparkes & Douglas, 2007, p. 171). It is argued that transforming data into poetry can display the "prose trope" in constituting knowledge, and that it is a continual reminder to the reader that the text has been "artfully interpreted" (Sparkes & Douglas, 2007, p. 701). The acknowledgement of artistry disinters the role of the researcher in the representation of the findings.

By tabling participant information with a poetic representation of the interview, an economy of words is used to communicate the researcher's impressions of the essence of each participant's narrative, whilst also evoking something of the emotional and metaphorical dimensions of these individual's accounts. Poetic condensation of individual participant's accounts has been used by other IPA researchers, for example psychotherapist Shinebourne (2011) recently published a poetic representation of an individual participant's experience of addiction and recovery. In the section that follows, participant information and the poetic representation of the interview are presented in chronological order, starting with the first participant who was interviewed.

3.1.3 Summary of participant concerns and poetic representation of the interviews

Table 6.a
Adriano

Summary of Concerns and Experiences	Poetic Representation
Adriano has been learning Pilates for four months. He goes to a BCP Studio in central London twice a week, where he has 'one-to-one' and 'studio' sessions wherein the teacher will work with up to three clients concurrently. Adriano has worked with two teachers. He has described a preference for working with one particular teacher with whom he has experienced a personal connection described as a 'fit'. Satisfied with his work, Adriano described taking up TLP as wanting to spend less time at work, to address a tendency to prioritise developing his 'mind'/intellect, to find and engage in novel, enjoyable and fulfilling leisure and social opportunities, and to make the most of being a newly single man. In his feedback about his interview experience, Adriano reported that he experienced the interview as quite structured because he felt as though I was asking a number of questions that were clustered around similar areas in a structured way without probing for more information. He recommended reducing the questions to particular areas of interest and memorising them because relying on a schedule with numbered questions was as likely to be experienced as constraining by other participants. During this conversation it emerged that he has research experience.	**Becoming multi-dimensional** A smart guy Preaching the goodness of Pilates at me I had been ignoring him Father had a brain tumour She has breast cancer You could scream and rail against fate Or not Health is the number one I have a math degree So I kind of know Up until January 1st So introspective Intellectually driven A mindful form of exercise Made me much more aware Of the body that I had The mind so exhumes my body Everything has changed Everything has been affected Putting trust in my body I don't normally have Listening to my body This attuned guidance of my teacher Touching me not in a sexual way But in a personal way To touch people more To be more comfortable being touched My personal growth Trust is very, very important Being catapulted beyond Anyway, it all fits

Table 6.b
Bruno

Summary of Concerns and Experiences	Poetic Representation
Bruno has been learning Pilates for two years. He goes to a BCP Studio in central London twice weekly for one-to-one, studio or group classes (typically up to 12 clients with BCP). Bruno described himself as a dance and exercise professional until relatively recently when his career emphasis changed. The adjustment and the demands of his new career were experienced as stressful. Bruno sought help from a GP because he experienced frightening symptoms associated with stress, alcohol and caffeine use. The consultation was described as impersonal, punitive, infantilising and upsetting. Bruno decided to take up Pilates following a chance encounter with a dance friend who re-trained as a Pilates teacher. Learning Pilates with his teacher-friend manifested in injury during the third class. He consulted with a medical professional overseas with whom he has a personal relationship. He has since been learning Pilates with a different teacher for the past two years. Bruno described the interview experience (using the same schedule as that used for the previous interview) as pretty much what he had expected. He also described previous academic research experience.	**Bullet-proof, old, hope** An ex athlete An issue of obesity Within inverted commas It really started to catch up with me My body had literally fallen apart I couldn't move without pain It was: 'go on a diet, do some exercise' Well I can't do exercise I was hurt, I couldn't move As the doctor said A doctor who knew me Knew my history I had had fun getting to this point You know I had thoroughly abused my body I have gone through these stages This love hate relationship with testosterone It's sort of a roller coaster I have come through that In the hands of Bella Well, I have worked damn hard I am now in a position Where I am not in pain Being that way That's very valuable to me Very valuable to me Again, it's that roller coaster

Table 6.c
Carillo

Summary of Concerns and Experiences	Poetic Representation
Carillo described experiencing recurrent injuries in the context of martial arts training. TLP was recommended to him eight years ago by physiotherapists with whom he worked alongside. As well as injury rehabilitation, Carillo was initially motivated to take up Pilates because he felt daunted by the prospect of having his body scrutinised during a forthcoming bodywork course. TLP became less of a priority when his course was underway. Upon completion of his course, he undertook further training whilst practicing CAM. Over the past four years, Carillo has been learning Pilates between one and three times weekly. He reported working with his usual teacher for individual classes, although he has also worked with other teachers in one-to-one and studio sessions. Carillo described his experience of the interview as quite intense, difficult and enjoyable because he felt that it made him examine his own beliefs.	**The control of myself** Looking back Thought it might help Kick boxing and Jiu Jitsu Hypermobility syndrome So many injuries Body image agenda Stronger in my body Wanted to look better Got more busy Practice fell by the way side T'ai Chi and Yoga instead Coming back to it With new teachers Cued on a one to one A new experience of the body Changed the way I use my body Changed my posture A very different experience To be fully aware In the moment completely Quite a minute observation How integrated the body is Everything is connected More at one with my body Responsive, stronger, flexible Makes me feel in control Obtaining a good balance Enriched my practise of Qi Gong Life is easier to live Practising regularly It has made a big difference Something sort of vivid about it The external figure Doesn't really motivate me It's more about helping Keeping myself together

Table 6.d
Delma

Summary of Concerns and Experiences	Poetic Representation
Delma described many years of commitment to teacher-led group yoga classes. Delma described awareness of Pilates as an alternative exercise regimen, ageing and problems with her yoga practice in her account of taking up TLP. Delma has been learning Pilates for two years, twice weekly. She has one-to-one and group classes with one teacher. Delma described her experience of the interview as very interesting, although she felt that if she were offered the opportunity to be interviewed again she might know more about what she thought.	**A disciplined body** Always had a craving To be A very disciplined body Comes from starting Yoga Many, many years ago Keeps going back to that To train myself To be aware Aware in life of everything Led me to meditation Hindu philosophy For many, many years I focused on those things All about awareness Body awareness and everything I noticed Since I have taken Yoga Differences Pilates is better for me At my stage of life You use your body To stretch yourself In yoga you stretch yourself In spite of your body That support in my body Building strength all the time A dichotomy, a paradox Body quite open and free Oh it's extremely Extremely important to me To be what I believe

Table 6.e
Elsa

Summary of Concerns and Experiences	Poetic Representation
Elsa has been learning Pilates for five years. She goes to teacher-led group classes four times a week. Elsa began learning Pilates with one teacher, and as she has become more proficient she has since engaged with other teachers. Elsa described capitalising on an encounter with a local advertisement for Pilates classes five years ago when her life circumstances changed. Her husband was offered a new job and she was in a position to give up work and her children were at school. Previous to learning Pilates, Elsa described a sense of having neglected herself and her body. She described using alcohol and food as a way to cope with the demands of her life. When asked about the interview, Elsa described feeling that the interviewer was doing a good job.	**Catch up time** School to university University to work Got married Got pregnant Didn't have time To think A tricky time A stressful time Ticking along Just about No space To think My body Over weight Trundling along Hanging on in there Didn't have Any time His job changed Finished work Do something To switch Switch Out of the cycle Just came along The right time Very first lesson Two inches taller Grew from there Completely changed Completely think About my body Understand my body How it works Completely changed My lifestyle Happier with myself Look better Feel better More confident Something to follow One constant that helps Almost becomes

An addiction
To keep it all going
To keep fit
Relaxed

Relate to other people
Do stuff for my family
See lots of stress
Turned round
Know my own limitations

Been very lucky
Having the space
Catch up time
All those other years
Time to reflect

A breath of fresh air
Something to sort of
Hold onto
Sort of philosophy
Sorts of theories

Sort of grown up
Broadening out
Never have gone to a Yoga class
Thought no
That's not me

Strange and now
Now I'm open to it
So
A bit sledge at times

More confident
Opening my mind
Connecting
The mind and the body
I don't know

I could become a teacher
We'll see

Table 6.f
Francesca

Summary of Concerns and Experiences	Poetic Representation
Francesca has been learning Pilates for 16 months, and she attends for classes between two and four times weekly, depending on her work rota. Francesca has individual classes with one teacher. She also attends 'Studio' sessions with different teachers. Francesca decided to take up with Pilates on personal recommendation from a massage therapist/Pilates teacher who was in turn recommended by a family member. Satisfied with her work as a health professional, Francesca described wanting to manage the physical impact of her commitment to her work. Francesca described really looking forward to taking part in the interview, and that she felt as though she really needed to do it. She reflected that she felt as though her positive experiences may not be shared in the same way by other people, and she suggested that gender and motivation would likely feature as thematic differences in people's descriptions of transformation with TLP.	**I was thrown a bone** The first time I did it Know it sounds a bit strange Just come off a night shift Probably a bit disorientated As soon as I did it I knew straight away This is what I had to do This would really help One of those sort of moments Shift work and long hours I worked a lot My choice, but Taking it in the back I was really quite squashed Back just like an accordion You know, with the bellows Got this image When I think back Felt disconnected My mind was ahead But just my body It was like a struggle I was just so like squashed Catch me by surprise How I'm developing I can just actually bend I can just sort of move Not so much of an effort Things like that I notice It's like gosh, yeah Such a positive impact Positive in everyday life My head's clear I'm walking taller Feel so much better Physically and mentally That sort of balance That's really helped me

Connect to my body
If I had've kept going

I would've just squashed

Can't put a price on it
I struck gold
Walking taller
I just feel really alive

More connected
I'm one, now
I feel
This is what I have to do

To move forward

Table 6.g
Giulia

Summary of Concerns and Experiences	Poetic Representation
Giulia has been learning Pilates for four years with the same teacher in individual and small group classes. Giulia described herself as quite sporty until the onset of rheumatoid arthritis[72] at 35 years of age. She took up Pilates when a local class advertisement was posted through her front door. Taking up Pilates is described as a serendipitous opportunity to capitalise on a positive phase following a successful complete shoulder replacement operation. When asked about her experience of the interview, Giulia described expecting that I would not ask too many questions, and that the interview met her expectation because she felt that she did most of the talking.	**My badminton substitute** Rheumatoid Arthritis I was 35 I remember A really big shock A good two years I fought it So cross, so angry. What have I done? How can I gain Re-gain control? Actually have control Like a placebo effect Doing something To help myself, then I used to despair Don't think there are Places out there For people to go Who aren't completely You know We're not total cripples A shoulder replacement A really positive phase This sort of chat to myself Trigger to do something Make things happen Feel that with Pilates I believe in fate She did say to me A big advantage Aware of my body I'm quite in-tune Quite astonishing What I can do

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[72] Rheumatoid arthritis is characterised by a symmetric pattern of joint inflammation involving the wrists, bones of the hand, fingers, feet, toes, elbows, shoulders, hips, knees, and ankles. The inflammation is accompanied by pain and stiffness; in particular by a phenomenon known as 'gelling' in which the joints are stiff after a period of rest (Adams, Miller, & Kraus, 2003; Lorig & Fries, 2006)

She's very attuned
I'm so enthusiastic

She says I try
I'll have a go
Always, always have a go

Mentally, bodily,
It makes me feel good
I've learnt to take my time

Arthritis
So unpredictable
It doesn't make sense

It doesn't
I've done nothing
Just the way of the illness

Arthritis
So misunderstood
Oh, old people get Arthritis

Talk to me as though I'm 80
Oh, never mind dear
Trouble is, I'm not even 60

I found
Found it really difficult
Couldn't play badminton

Couldn't do the things
I wanted to do
Including sewing

Finding Pilates,
I thought I'd died
And gone to heaven

I really did
My badminton substitute
The first time

In many, many years
I can do something
I've got some control

A big turning point
To be in control
And not fighting

Mind and the body
So connected
I say it's difficult

To kind of explain

It is difficult
I've thought

Is it the Pilates
Or is it the person?
That's the tricky one

Isn't it?
I tell everybody
To do Pilates

I think the mind
Is so important
Don't think it matters

How much it hurts
It's how I cope
That's the important thing

A strong person
Mentally
I don't give up

I do keep trying
Cram in everything
Grab every opportunity

I like it because it tests me
The Pilates
Like the crowning glory

I can do absolutely anything

I won't be left out

Table 6.h
Helena

Summary of Concerns and Experiences	Poetic Representation
Helena has been learning Pilates for two years. She has individual classes with one teacher, who she sees once weekly. Helena decided to take up learning Pilates with this particular teacher on familial recommendation. Helena described how a busy, active and demanding lifestyle impacted her physical being, manifesting as distressing physical symptoms. Helena sought help from bodywork practitioners, whose interventions resulted in her feeling more vulnerable. Helena described taking up Pilates as a meaningful attempt to reduce her reliance on bodywork practitioners to 'fix' her. When asked about her experience of the interview, Helena described an expectation that the interview would be about developing a psychological account of bodily experiences. She used an example of going to the doctor with physical complaints and the offence of being given a 'mental' explanation to ground her expectation.	**My guilty pleasure** Problems with my back Osteopath Did a bad job She hurt me She damaged me Chiropractor Fixing me Sort of Been doing All sorts Rock climbing Swimming Yoga You name it Abusing My poor body All twisted up Mum and my sister Recommending Pilates Busy with life My job changed Physiotherapy Cost a fortune Signed up Not looked back So pro Pilates I can't explain it Demanding Of my body Wasn't really Giving enough More aware There's a lot Psychological To sort out My attitude Care too much About what I do Too much To stop Stop caring To release that

Nothing
Like
That one to one
That can help me
She can recognise

I talk at her
She recognises
Where I am
She can see
That has affected me
How I move

She recognises
How I am
With myself
She gets me
As much
As little

As I want
But she will push me
I don't know
With my class
With my teacher
It's re-learning

It's important
The feedback
More than
Look how fit I am
It doesn't
It's not that

It's more
It's deeper
Allows me time
Time to reflect
Re-evaluate
My strengths

My weaknesses
Not so hard
On myself
A life work
To take it with me
To give strength

To myself
My moral support
A way of being

3.2   Cross-case interpretative analysis

3.2.1   Master theme 2: Weekly TLP classes can provide opportunities for valued interactional experiences

This master theme focuses on participant's descriptions of their experiences of TLP classes, their sense-making of lived interactional experiences, and their evaluations of them. Interestingly, all of the participants who took part in this study provided vivid, detailed accounts. The data are instructive because it appears that lived experiences of teachers and classes have a central role to play in participant's experiences of transformation and their on-going commitment to attending for classes with particular teachers.

This theme is constituted by two subordinate themes: (i) Weekly TLP classes can provide valued opportunities for absorbing and fulfilling mind-body experiences; and (ii) Weekly TLP classes can provide valued opportunities for intense relationship experiences. Within the participant's accounts, these aspects of their experiences are interconnected. For instance, the analysis of the descriptions suggests that the mind-body experiences that participants value may be contingent on the affordances of the Pilates classes (i.e., class structure, Pilates approach and equipment), the teacher (i.e., interpersonal skills, approach to teaching, expertise) and the 'felt' relationship with the teacher (i.e., safe, unsafe).

3.2.2   Subordinate theme 2.1: Weekly TLP classes can provide valued opportunities for absorbing and fulfilling 'mind-body' experiences

Six participants described their experiences of TLP classes as mentally absorbing. The accounts suggest that the classes can demand effortful concentration on particular present moment experiences, for sustained periods of time. The extract below from Adriano's interview supports this interpretation:

> I would say it's a mindful form of exercise so rather than exerting myself physically ((pause)) it's more exerting myself consciously and really understanding how I move my body ... It's quite an intellectual thing rather than an emotive or

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affective state so I don't, I guess my mind or my ((pause)) the mind so exhumes my body that if I feel anything it's not quite ((pause)) it's the awareness of the muscles moving rather than a feeling of joy or satisfaction. At the end I feel relaxed and I feel satisfied that I have done good work and I've changed myself, but throughout, it's er ((pause)) I'm not going to say a Zen state ((pause)) I just said a Zen state, but that is the best way I can put it, that because I am forced to think about my body so that is what I concentrate on [Adriano 21-78].

Adriano has described his experiences of Pilates classes as a process in which both his mental and his bodily experiences are brought together simultaneously. He describes his experiences of TLP classes as "mindful", and he explains the ways in which this word conveys the nature of his experiences. He draws a distinction between physical and conscious exertion, and he suggests that the latter is distinguishable in this context. This seems to be because for Adriano, TLP classes entail exacting mental attunement to, and absorption in, particular aspects of his bodily experience. It seems as though the classes are mentally consuming because intellectual resources are not engaged with other thoughts or possibilities, such as appraisals of the experience. This is because he has described how appraisals occur once the class is finished.

It is interesting that Adriano uses the expressions "mindful" and "Zen" to translate and linguistically convey this aspect of his experience of his classes. One other participant described his experiences as "Zen-like" [Carillo 789], and two described their experiences akin to "meditation" [Giulia 281 & Helena 396]. It seems as though these words have seeped into popular usage and that they provide a useful linguistic heuristic to communicate particular aspects of these people's lived experiences of TLP classes.

It is also interesting that these six participant's accounts suggest both that the sustained concentration required by Pilates classes demands effort, and that this aspect of their classes is enjoyable, therapeutic and/or valuable. For instance, as Carillo says "...those moments of being in the moment completely are incredibly enjoyable for me and I think a lot of people don't do that enough" [Carillo 793-797]. Delma, Elsa and Giulia also convey this in their accounts:

... your, your mind is so focused that you lose all connection with any

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worries, any thoughts, any other thoughts. It's like a certain type of meditation. So you've been that whole hour or whatever it is without any other thoughts except for the one pointed, eh. Yeah it's one pointed, eh, focus. So I think that does your mind a lot of good. [Delma 278-286]

... I was concentrating so much you just switch off from everything else. So yes, it definitely serves as a relaxation exercise as well, it's a very good way to sort of switch off and eh, and just completely think about what you're doing with your body, yeah [Elsa 84-90]

... it gets, I mean when I say gets the blood pumping it's obviously not like cardiovascular ((pause)) jumping around type exercise but um, you have to concentrate and the, the effort of concentrating and trying to be aware of the bits of your body that she wants you to tap into and making sure you're stretching the right part [Giulia 214-223]

... for that time I'm tuning into my body and concentrating on trying to make that bit do something or my legs or my arms and I think that's really good. You turn off from everything. Which I think is very important for everybody to have um, something, anything ((pause)) and I thought I'd died and gone to heaven. I really did [Giulia 1144 -1161].

These extracts suggest that TLP classes may offer a way of being that is significantly different from these people's everyday ways of being. This appears to be because the classes provide opportunities to become completely immersed in the experience of their bodies in movement.

The extracts also illuminate how these participants feel about this aspect of their classes. Attending for Pilates classes seems to be valued by these people because they provide opportunities to become fully absorbed in moment to moment experiences and to disengage from unrelated mental processing. Indeed, three participants[73] propose that opportunities for these kinds of experiences are something good, valuable and worthwhile for human beings or human minds generally.

Consequently, it is interesting that two participants[74] did not focus on and discuss this aspect of their classes. Within the interview context, these two participants appeared more concerned with conveying particular mind-body learning experiences from their classes. In fact, all eight participants provided similarly detailed accounts of mind-body learning experiences. Use of the expression 'mind-body' in this interpretation seems

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[73] i.e., Carillo, Delma and Giulia.
[74] i.e., Bruno and Francesca.

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appropriate because these participant's accounts suggest that the learning experiences that they value within their TLP classes are of both mind and body. Interestingly, close inspection of the data reveals that even though two participants did not describe their experiences of classes using words such as concentration, mindful, meditation or Zen, the learning experiences that they describe in depth intimate total absorption. This extract from Bruno's account lends support to this interpretation:

> There is, you know, light bulb moments, things like that where suddenly you'll, suddenly ((participant clicks his fingers)) it will just click ... I mean, there are different types of light bulb moments, and they happen initially when I am negotiating language with Bella. 'Oh, you mean that! Oh, ok, what you are saying with your Pilates language integrates with what I have done with sport and dance and what I know of my body, cool I understand what you are saying now', and there are other light bulb moments where she, finding an exercise, she wants me to move in a certain way, using muscles in a particular way that I have not done it that way before, and the latest example has been from moving my arm from down by my side up to over my head.
>
> Standard ballet sort of move, standard move for all sorts of things, and I spent a good five or ten minutes chatting to Bella about this because what she was saying to me made absolutely no sense and I couldn't move the arm in the way she wanted me to do it, and we spent quite a while taking in fairly technical terms about what she wanted. She was talking about how the movement from the arm, it's going to be difficult on tape because [participant gesticulates[75]], it came from down here, and I went: 'that is physiologically impossible, it's not going to happen, that does not happen that way, it can't, so, you know, you really need to explain this better, or you need to re-evaluate what you are talking about with Pilates, sorry but'
>
> And we kept talking about it and she eventually found a way of explaining it to me and I was like, oh ok, the fog is still there but it is clearing a little bit, I will go away and think about that and I went away and thought about it a little bit, didn't play. In the back of my mind it was processing, and I came back a week later and I was doing a different exercise, and I thought, well, let's start this side bend trying to work out what Bella was saying about raising the arm business and it happened, it just sort of happened! I was like, cool. Ok, that happened, so that was a kind of light bulb moment and then bugger me this other side bend that I had been doing for nearly a year and never able to do properly, that happened as well!
>
> It was just a consequence of it so that was a light bulb moment as well. The side bend related to how I move my arm. Who would have thought that? So I told Bella, she just sat there rolling her eyes at me ((participant laughs)), thinking: 'you idiot'. So there are different types of light bulb moments. For me there has been this language light bulb moment, there has been this moment we have been discussing things at the time and suddenly I will get it or I will feel it or 'oh you want that, oh ok' and then there has been these rather bigger light bulb moments where it has taken a week to process and it has got a knock on effect for something else. So there are different types of these light-bulb moments [Bruno 834-898].

This extract vividly captures aspects of Bruno's valued experiences of mind-body

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[75] Palpates back of ribcage, under left shoulder blade with right hand.

learning. Bruno has described how learning Pilates with his teacher provides opportunities for memorable and distinguishable "light bulb moments". First, he describes how he has experienced sudden gains within the context of discussions with his teacher, wherein he has negotiated with her and suddenly arrived at a mutually satisfactory conceptual understanding of her Pilates instruction. Next, he describes how he has suddenly experienced a felt sense of a particular aspect of muscle/movement emphasis within his body that his conceptual understanding of the instruction and negotiations with his teacher may have been relating to. Finally, he describes how his conceptual understanding of the instruction and his felt sense thereof have culminated in a revelation about how these parts relate to the satisfactory accomplishment of an exercise that he has found problematic for over a year.

It appears as though perhaps one of the reasons Bruno values attending for TLP classes is that they provide opportunities for him to become completely immersed in mind-body learning experiences. His account also suggests that he takes a very active role in his classes, because he has described how he and his teacher engage in discussion and negotiation. It is as though Bruno and his teacher are collaboratively engaged in developing his sense of competence with Pilates. It also appears that his teacher's approach is motivating for Bruno, because he has described how he cued himself in an attempt to use the information discussed with his teacher in a previous class. It also seems that it was important for Bruno to share his experiences with his Pilates teacher.

The extract is particularly interesting because it suggests that in this setting Bruno is comfortable with obtaining feedback from his teacher even though the feedback reflects unfavourably on him. His extract suggests that he can acknowledge and accept his incompetence. This is because Bruno offers and seems to accept his interpretation of what his teacher may have been thinking (i.e., "you idiot") when he shared his experiences with her. Perhaps in this setting he can accept that he was wrong, safe in the knowledge that his teacher will not be unkind to him and that she will not shame or punish him. It is as though

the teacher-led classes can provide safe opportunities for Bruno to learn and challenge

himself that include acceptance of both failures and successes as part of the process.

Bruno goes on to describe how "light bulb moments" and the acceptance of

"failing" are experiences that are unusual to him, because they have not featured within his

past experiences of learning:

> This has been the thing that, yeah to be able to go away, to try it, you know enjoy the challenge, if you are in that mind-set, enjoy the challenge of trying something and failing, but then go away from it, don't let it bother you, don't keep repeating your errors or you know, you keep reinforcing them, it's almost like reinforcing, I can't do it, this is difficult. No, go away from it, get away do something else, do stuff you can do, come back and be able to do it ... and I don't know whether 'Bella' gets this with other people or whether other teachers have said this, but I'm getting it with 'Bella' for the first time in my life consistently and it's just the best thing ever ...
> It is a way, the relationship I have and I am calling it a relationship because it is. It is a personal relationship where we have negotiated stuff and it works and it's just, it's the relationship I have always wanted and dreamed of without being able to verbalise it. With a coach, with a dance teacher, whatever, and I have never had it. I don't know why, I don't know why that is, but this way of training ... It really is just the best thing ever on so many levels. Not just for my health, my body. This is a cool thing that is happening in terms of learning. And it's happening in the way I am learning. It happens to be happening with my body, and the brain is working, but I don't know what is going on there really [Bruno 737-770]

Bruno's extract suggests that the relationship that he has with his teacher and her

approach to teaching are in fact key to his complex and satisfying learning experiences,

and consequently to the value that he places on attending for weekly TLP classes.

The next section of the analysis illuminates how all of the participants in this study

similarly describe the teacher as significant to their valued mind-body experiences and the

developmental and therapeutic effects they describe. Interestingly, these participant's

accounts suggest that classes wherein they perceive that there is a "fit", between their

needs, values and preferences and the teacher's characteristics, interpersonal approach

and/or style, are the most satisfying.

3.2.3   Subordinate theme 2.2: Weekly TLP classes can provide valued opportunities for intense teacher and relationship experiences.

The participant's accounts suggest that TLP can provide opportunities for teacher

and relationship experiences that are very important to them. Accordingly, these participant's experiences of preferred teachers and their relationships with them may be pertinent to understanding the commitment to attending for TLP classes. Some participants also shared ambivalent or problematic experiences of Pilates teachers. The interpretative analysis attempts to provide a balanced account of these experiences.

This extract from Adriano's interview reveals his sense-making of how he has experienced a felt sense of personal connection with one of his Pilates teachers:

> My first teacher was great, she was very encouraging, very upbeat, a really nice person, I would like to go out and have a beer with her. But for teaching Pilates there wasn't quite the synchronicity or the gelling. I think that it is quite a personal relationship. More so than an aerobics teacher who just shouts commands at you. You have, someone is observing your body very, very closely ...
> Most of the time I'm I guess inwardly observing my body so I am more conscious of that than I am of her. I also, I signed a chitty which says you can touch me, it's ok. I signed a whole waiver, it's ok to touch me I won't sue you, and er that feedback is very helpful, to have somebody put their hands on your back on the vertebrae that you need to move from is an integral part of Pilates for me so it has to be somebody that personally I feel comfortable, touching me not in a sexual way but in a personal way and so trust is very, very important. I have to be able to trust my teacher absolutely and I am lucky that my teacher, after the first lesson, I knew that she was 'the one' in a slightly, in a slightly less melodramatic way than that ...
> ... I don't know what I am trying to say except that it is more perhaps a fit, perhaps I needed somebody who was a little less bubbly, a little more, not serious but had a recognised, she recognises my mindfulness and I guess I appreciate that [Adriano 576-626].

Adriano has described his experiences of being taught by two different Pilates teachers. He has described experiencing a sense of personal connection, construed as "a fit", with one particular teacher. He tentatively suggests that the felt sense of connection may relate to a sense of feeling recognised by the teacher. It is as though Adriano has experienced a personal sense of connection with one teacher because he has experienced her as attuned to his preference for a contemplative Pilates experience. Adriano uses the word "synchronicity" to make sense of his preferred teacher experience, which is a word that appears to be useful in the interpretative analysis of other participant's accounts of experiences of connection with some teachers. For example, "synchronicity" corresponds with the interpretation that these people seem to value experiences of Pilates teachers that

involve a profound meeting of minds, bodies and concepts simultaneously.

The analysis suggests that the intense interactional experiences that are significant to these participants may be one of 'minds' because they have selected to describe experiences of feeling acknowledged, held in mind and understood by some teachers. The sense of connection also appears to be one of 'bodies' for two interrelated reasons. Participants have detailed how some teacher's intimate and detailed observations of their bodies, their insightful verbal feedback and helpful guidance can facilitate a profound sense of experiencing the teacher's instruction within their own bodies. Relatedly, participants have also described experiences wherein they have connected with the teacher's instruction within their own bodies through the teacher's instructive use of touch. Finally, the connection appears to be one of 'concepts' because these participants have described valuing opportunities to discuss the focus of particular exercises, as well as anatomical, biomechanical and Pilates theory with some teachers.

That TLP classes can provide opportunities for experiencing a connection of minds, bodies and concepts is evidenced in Adriano's extracts above. For example, Adriano has described how he has experienced feeling closely observed by the Pilates teacher. Accepting this kind of scrutiny seems to have necessitated experiencing a felt sense of a personal connection, safety and trust. It is as though experiencing such intimacy with and scrutiny by an unfamiliar person in a position of relative power could elicit a sense of feeling exposed, self-conscious, vulnerable or threatened. It is interesting that Adriano has described how informed consent was sought for the use of touch in Pilates classes. The account suggests that this aspect of the practice may necessitate careful consideration because it has been recognised as litigiously complex.

Touch definitively involves a meeting of bodies, and it seems that in some Pilates contexts the client is invited to grant or withhold the teacher authority for its use. Above, Adriano describes how he has consented and that he has found one teacher's use of touch "very helpful". He construes it "an integral part of Pilates" because in his experience it can

provide valuable information or "feedback" that deepens his experiential Pilates learning. It appears that Adriano has experienced touch as helpful because in this context with this teacher he has not been concerned with assessing and responding to a perceived threat. Actually, touch from his preferred teacher in this context seems to have facilitated experiencing both a subjective felt sense of ease, and meaningful connections with his teacher's guidance within his own body.

As well as providing experiences for a profound sense of connection with the teacher, Adriano's extract also suggests that he can rely on his teacher to provide a satisfying Pilates experience. For example, he describes how "most of the time I'm I guess inwardly observing my body so I am more conscious of that than I am of her'" This description of his experiences of working with this teacher resonates with other participant's accounts. It also illuminates how this group of people describe TLP as valuable because it can provide opportunities to experience a consistent and respectful working relationship. This interpretation is developed with the analysis of three extracts from Helena's interview, in which she describes both her experiences of connection with her teacher, and of their working relationship:

> ... I find definitely after my class I feel a lot, I feel I don't know, an 'energy' as they call it that seems to flow a lot more after a class than I, I can do it myself. I can try, if I have a particularly intense day I can try my exercises but there's nothing like that one to one that I have with my teacher that can help me and also she can recognise when I go into my class I talk at her so she can, she recognises where I am mentally I think as well and she can see physically how that has affected me with how I move [Helena 242-248]

> I don't know how much I'd really enjoy Pilates if I hadn't got such a good instructor and I recognise that she's good because not only does she remember things but she gets me, um but in a really, good professional way as well. So she can have her strict moments with like me, like: 'What are you doing there? You know that's wrong' but she also laughs because she recognises how I am with myself. I don't really give myself um a lot of leeway...She makes it interesting. Yeah, she gets me I think, I like that very much. I think we've got a good friendship as well but at the same time there's always that level of professionalism so I know that when I go to her class there'll be as much or as little as I want but at the same time she will push me [Helena 252-266]

> ... see with my class with my teacher she'll say: 'it's this muscle'. I mean it's, I don't know, when you're a kid and you have to do this game where you can

move your fingers. And it's only until someone touches the muscles and you go: 'oh, okay', and then I feel that…I find touch invaluable actually ((pause)) and even for her, she's like: 'look, touch here' she takes my hand and puts it on her shoulder and says: 'look, feel that muscle' or whatever, 'that's what you should be feeling, now go for it yourself' and then I can recognise that. I think, I think that's important and it also strikes up more of a, it gives some balance in the relationship because she and I do a lot of talking about the theory as well. I find that really useful because I understand then why this muscle is doing it or um why it's not for example. I take that away with me [Helena 279-296]

In the first extract, Helena describes how working with her teacher in a one to one setting is uniquely satisfying because she experiences a felt sense of vitality after her class that is not achievable with self-directed practice. Helena describes how she experiences her teacher as reliably perceptive and attuned to her mental and physical state. It therefore seems that Helena values attending for Pilates classes with this teacher because she experiences her as empathic and skilled, and the classes as therapeutic and/or restorative. It is as though Helena experiences a sense of mental connection with her teacher, because she feels acknowledged and understood by her.

This thread runs through her second extract, in which she describes a felt sense of certainty that she is important to her teacher because her teacher can be relied upon to hold her in mind: "not only does she remember things but she gets me". Helena's second extract intimates that she perceives her teacher-led classes as valuable because they provide opportunities to experience a caring, consistent and respectful working relationship. For example, Helena has described the relationship as "a good friendship", indicating that she experiences the bond as a caring partnership. Helena also describes how her teacher "gets" her in "a professional way", such that she has experienced "strict moments" in her classes. These "strict" moments seem to be accepted as an aspect of the working relationship because they do not appear to elicit a defensive response. This may be because Helena experiences the teacher as reliably aware and mindful of her perfectionistic or self-critical tendencies. It is as though Helena experiences the teacher as someone she can rely on to regulate each class according to her presentation, find an appropriate level of challenge, and thereby provide a satisfactory Pilates experience.

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Helena's third extract provides a richly detailed example of how participants in this study have described valuing opportunities to experience a connection of bodies and concepts. Helena has described experiences with her teacher wherein touch and discussion feature as important aspects of the working relationship. First, she describes how her experience of her teacher's use of touch reminds her of a game she played when she was a child. Touch is used in the "fingers game" when a person is struggling to move the finger that they are being instructed to. Perhaps Helena's experiences of her teacher's use of touch in her Pilates classes are that it is as wondrously playful, innocent and profoundly instructive as her childhood experiences of the game. Her account does suggest that she is responsive to and values her teacher's use of touch. In this context palpation can facilitate experiencing a meaningful sense of connection with the teacher's instruction. For example, Helena also describes an experience where the teacher takes Helena's hand and guides palpation of a particular location on the teacher's own body. This experiential meeting of bodies seems useful because it can enable the teacher to connect the conceptual focus of the instruction with Helena's experiential understanding of it. That Helena also experiences her classes as providing opportunities for a meeting of concepts is evidenced by the experiential claim: "she and I do a lot of talking about the theory as well".

For Helena, these opportunities for a meeting of minds, bodies and theory seem to provide a sense of "balance" in the relationship because she can then "take away" and use what she has learned in her classes for herself. It appears important for Helena that these opportunities to experience a sense of connection with her teacher's mind, body and concepts through the ritual of the Pilates classes are mutually satisfactory and personally empowering. For example, it seems important to Helena that she experiences the teacher as genuinely invested in and concerned with her experiential learning and development: "and even for her, she's like: 'look, touch here...that's what you should be feeling, now go for it yourself'". It also appears important to Helena that the classes and experiences of connection with the teacher are useful to her, as she says "I find that really useful because I

understand then why this muscle is doing it or um why it's not." Perhaps Helena feels uncertain about construing her attachment to the teacher, their working relationship, and the weekly rituals as intrinsically valuable.

Interestingly, all participants have similarly described the perceived outcomes[76] of their classes as very important. It is as though they value both the safety and comfort of the relationship, and the sense that they are genuinely learning skills that they can draw on outside of the classes. These extracts from Giulia's interview reveal a tension between the importance of the teacher and the working relationship, and the importance of the outcomes of TLP classes:

> I think she listens, to me. I think she, um, she makes me feel good about myself. She chats. It's, it's not, um, a terribly serious hour where you just go from one thing to the next and ((pause)) and she'll laugh if I do something stupid. And, and some, some days I might go there and I ha--, I've, I've lost the plot ((laughingly)) I can't do anything. I'm not in-tune with anything. And she'll just laugh and eh go along with it and eventually find something ((laughingly)) that I can do um, I would, I would say we're quite friends now. I care about her. So I think that's when you know that the relationship is closer when you start to ((pause)) so I ask her how she is and how her week has been [Giulia 623-640].

> Um, I think it must make a big difference, the teach-- the teacher you have but even if I did go to a class that was more formal ((pause)) I think I would still enjoy it ((pause)) because of what it does for my body [Giulia 647-652]

Consonant with Helena's sense-making, Giulia's first extract suggests that she experiences the teacher as empathic and skilled, the classes as therapeutic and the bond as a caring partnership. Consequently, the second extract is fascinating because it clearly illustrates ambivalence about the significance of the bond with the teacher. Certainly, Giulia hypothesises that "more formal" Pilates classes with a different teacher would be just as enjoyable and equally as useful to her because she values the effects of the exercise classes. Interestingly, Giulia is one of three participants[77] who described working with only one teacher. Those participants[78] who have experienced more than one teacher help to construct a complex picture of the meaning of the teacher. For example, Francesca shared

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[76] i.e., the changes that they have experienced.
[77] e.g., Delma, Giulia and Helena have worked with one teacher.
[78] e.g., Adriano, Bruno, Carillo, Elsa and Francesca have worked with more than one teacher.

positive experiences of working with different teachers within one particular Pilates setting: "...they're all very professional, they're genuinely interested in you and how you develop" [Francesca 612-614].

Francesca is the only participant who has worked with a number of teachers and who has described them as equally skilled, safe and reliable to provide a developmentally satisfying experience. By contrast, extracts from the other four participants who have experienced working with different teachers suggest that experiencing a felt sense of safety with the teacher may not be assured and is therefore very important. Extracts from Elsa and Carillo's interviews are included because they illuminate self-incongruent teacher experiences:

> ... she's much more bang, crash, wallop, let's go through a fast routine, um, which I've got my slight doubts about but I'm just sort of trying that one out at the moment ... It's a very different approach ... the other teachers that I've had are, they're a bit slower classes and you're thinking more about what you're doing which is what I've sort grown up to, to be used to, to be honest [Elsa 501-534]

Elsa has described experiences of one Pilates teacher's approach that seems to have elicited a worry response. This appears to be because Elsa perceives the teacher as having prioritised a "fast routine" over other possibilities. The concerns that she experiences about this teacher appear to be salient because the approach is unfamiliar or incongruent with other experiences. The teacher's approach seems dissonant because Elsa has experienced teachers whose approach has been experienced as safe, contemplative and developmental. It is as though Elsa favours a more careful and contemplative approach, because she has found it personally beneficial.

This section of the analysis ends with three extracts from Carillo's interview, wherein he reflects on his experiences of different teachers:

> I've had different teachers. I think when they're good, what they do is that they pick up on what you do instinctively that is wrong for the method ... they will pick up on it and give you the, a good cue to try to do it slightly differently, which strengthens you in a different way. It usually makes the exercise more difficult as well, um, and as an aside, a bad teacher will say something like: 'you're cheating, "cause you're doing this'. I mean, I often think: it's not cheating, 'cause it's instinctive. You're here to tell me that, how to do it properly, not to punish me

because I am not doing it properly. How am I supposed to do it properly if you're not teaching me? Um, anyway ((pause)) so that's a little gripe about one teacher in particular, an individual [Carillo 877-902]

... I think a good teacher yeah will cue you in to the sensations of your body a lot rather than just look at you as, say, an object, and make you look nice. A good teacher will get you to try and experience it, because then you can take it away with you, but if it's their sort of, just aesthetic appr -- ((pause)) objective, an aesthetic idea of what you ought to look like, then you haven't got anything to take away, you only take away that you have done a session and they say you look right, you know, it's harder to incorporate into your everyday life and to embody it, it's harder to, to I am looking for a word, to assimilate, to assimilate the changes that you have made in the way that you use your body [Carillo 1179-1193]

I guess the relationship with the teacher is important as well, 'cause if you've er, if you've known them for a while there is this sort of, I don't know, it's comparable to the therapeutic relationship where you kind of feed off each other a bit, and if you end up projecting that they're like, their opinion is really important and you really respect that and they start telling you that you are wrong or that you are bad then there is a kind of emotional backlash. I hadn't thought about it like that before. I think that this probably goes both ways as well, with, like, the teacher having reactions to the client by having some people who drain them [Carillo 1216-1228]

Carillo's extracts capture his sense-making of experiences of working with different teachers. He has described how the teacher's interpersonal style and personal values are important because in his experience these factors can influence his satisfaction with the Pilates class. In the first extract, Carillo describes how a "good" teacher uses skilful observation with appropriate cues to provide a useful and appropriately challenging learning experience. Carillo describes an experience of a "bad" teacher, wherein the teacher's observation has been followed by an unhelpful correction. The teacher's use of infantilising, punitive language seems to have elicited a defensive response and a less satisfactory learning experience. It is as though the learning experience was compromised because Carillo felt incongruously chastised. It seems that he experienced himself as in a position of relative vulnerability, and that he felt unsafe. This experience with this "individual" may be memorable because he has experienced teachers whose approach has felt consistently facilitative, therapeutic and safe.

Carillo describes another incongruent teacher experience in the second extract. Here, the teacher's values appear to be important, because Carillo suggests that these can

limit the Pilates learning experience, for example by rendering it superficial. Carillo describes how it is important to him that the Pilates learning experience is meaningfully transformative, because he values the opportunity to "assimilate" and "embody" the teacher's instruction. It is as though a teacher whose values are incommensurate with those of the client can inadvertently influence the client's sense of satisfaction with the Pilates class. Certainly, Carillo shares with all of the people who took part in this study a concern that Pilates classes feel safe and personally empowering. Carillo's extract therefore seems to crystallise the significance of the experience of safe, congruent Pilates teachers for the commitment to and sense of satisfaction with Pilates classes.

The final extract portrays how Carillo has made sense of his experiences of "emotional backlash" within the context of TLP. In his experience, the Pilates teacher-client relationship is "comparable to the therapeutic relationship where you kind of feed off each other". The cannibalistic metaphor is fascinating because it illuminates a dimensional, reversible quality in his understanding of the interpersonal interaction. It is as though opening himself completely to being nourished by the teacher presents the reversible possibility of being devoured by the teacher. Interestingly, Carillo describes experiencing a realisation of how this relationship may also be reversible for teachers. It seems as though Carillo has realised that nurturing clients in this context can present the reversible possibility of being consumed by the client.

In describing the interaction as comparable to a therapeutic relationship, Carillo seems to be drawing on a particular frame of reference that is consonant with his chosen profession[79]. His extract suggests that he is alluding to a familiar working relationship that is characterised by help-seeking and care-giving, and that can impact both practitioner and client.

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[79] e.g., CAM practitioner

3.3 Master Theme 3: Weekly TLP classes can provide an invaluable arena for transformation

The third master theme captures participant's descriptions of what it is like to experience transformation with TLP. The descriptions are complex and are not easily reduced to clearly defined categories. For example, participants have described how transformation in this context includes short and longer-term aspects, psychological, somatic and behavioural aspects, as well as positive and problematical aspects. This master theme has been parsed into two subordinate themes. The first, 'weekly TLP transforms my awareness of my body', captures participant's descriptions of transformed perceptual or sensory experiences of their bodies, and accounts of learning and assimilating a particular conceptual or theoretical understanding of the body. The second subordinate theme 'weekly TLP classes contribute to a sense of connection and control' portrays participant's descriptions of how TLP classes transform their emotional attitudes and/or feelings about the body, as well as attention to and use of the body. This separation of the findings into distinctive subordinate themes has proved challenging because there is significant overlap between the descriptions of these experiences within participants' accounts. The findings have been explained in this way in an attempt to engage the reader's attention with particular aspects of participant's sense-making of the interesting phenomena discovered.

3.3.1 Subordinate theme 3.1: Weekly TLP transforms my awareness of my body

Six participants described how weekly TLP classes transform their awareness of particular aspects of their bodies and movement. Interpretation of their accounts is followed by elucidation of extracts from the two participants for whom transformed awareness of the body did not at first appear salient. The section ends with extracts from two participant's accounts that seem to problematise transformed awareness in this context.

This first extract from Adriano's interview captures experiences that feature across six participant's accounts:

Well just since I spend all my life moving or not moving, but I, it has made me much more aware of the body that I had. Rather than kind of lolloping through things and not standing up straight, not ((pause)) so everything has changed, everything has been affected [Adriano 60-64]

Adriano describes how TLP has brought the body that he "had" into his conscious awareness. It is as though his familiar body has been rendered strange or new. The extract reveals that certain aspects of the body that are usually experienced as close to automatic have been disinterred and imbued with exploratory potential. The extract tacitly discloses that the aspects of Adriano's body that have been brought into his awareness in this context seem to have not previously vied for his attention.

It is as though learning Pilates has brought anonymous performances of the body such as maintaining upright posture and executing motility into Adriano's perceptual, experiential and evaluative field. Here, the distinction between consciously attending to the body and being marginally aware of the body appears to be important. Adriano's concern with the quality of his body's movement and upright posture intimates substantial changes in the significance of these aspects of his bodily experience. It is as though some previously taken for granted aspects of his body, posture and motility have lost both their obviousness and their harmlessness.

Two extracts from Elsa's interview reveal her descriptions of perceptual, evaluative and conceptual aspects of her experiences of transformed awareness of the body:

I remember the first time I walked out of that very first class, I just sort of felt about two inches taller when I walked back down the street and thought: 'oh, this is fantastic!' Because I'd never done any, um, sort of body, um, anything like dance or gym--, well I'd done a little bit of gymnastics at school ((pause)) but nothing that, um, made me very body aware I suppose before ... just understanding how your body works and realising ((laughingly)) that your leg, your left leg is different from your right leg and, you know, and eh, and also the whole thing about posture ((laughingly))[Elsa 44-70]

... I mean I had really very little clue about anything biological or you know ana-- anatomically or whatever before [Elsa 217-219]

Elsa's first extract captures how she experienced feeling transformed after her first Pilates class. It is as though the class facilitated experiencing a memorable sense of length

in her body that she has never known before. Elsa attributes the transformation to awareness, understanding and realisation. In the second extract, Elsa describes how learning Pilates has offered a new conceptual understanding of the body. Each extract illuminates something of the complexity inherent to these participants' sense-making, because links are made between memorable perceptual experiences of the body and a particular conceptual understanding thereof.

The findings suggest that very specific aspects of the body are brought into awareness in TLP classes. For example, participants have described transformed awareness and understanding of individual trunk muscles and other muscle groups, of imbalances in muscle groups, of idiosyncratic variations in the musculoskeletal body, and of faulty, dysfunctional or incorrect postural holding and/or movement patterns. These people have not described gaining awareness of the digestive, visceral or circulatory aspects of the body.

As well as transformed awareness and understanding of particular aspects of the body and body use, the investigation found that six participants described experiences that suggest transformed sensitivity to bodily "feedback". The study found that these people seem to appreciate TLP classes because they can provide opportunities to refine transforming responsiveness to and management of bodily qualia. For instance, as Helena says:

> I'm a bit more aware of myself now so, which I find ironic because in dance they'll say: 'okay, do this', and I'm doing it, if I'm looking in the mirror I'm doing it exactly like everyone else but if you ask me to do a movement say on the floor and I place myself in a room, I'm not straight, and I find it's taken maybe a year or more to actually know that now my legs are straight. If I look up I can see that, but in myself, to actually place where my feet are [Helena 145-150]

This extract is difficult to interpret because it pertains to the body as experienced from within in relation to both an external environment and a particular goal. Helena suggests that the body can be perceived externally, whereby visual feedback provides information about the particular placement of the body in space. She also suggests that she

has developed the ability, construed as a form of knowing, to sense and organise her body in space without the use of visual feedback. Gaining sensitivity to and a sense of mastery with experiencing her body from within is meaningful for Helena, because she believes that it evidences how she is more aware of herself. It is as though not relying on external, visual feedback to provide information about the body is a meaningful indication of transformed awareness.

These extracts from Carillo's interview similarly capture the complexity of how sensitivity to bodily qualia and a conceptual understanding of the body are meaningfully implicated in a felt sense of transformed awareness with TLP:

> I mean, you sort of end up identifying and being able to control muscles you never knew you had ... um, it kind of gives me a new experience of the body. I remember after one session ... I was walking across the footbridge by the station and I just kind of realised that my whole ((pause)) I just felt really stable and strong. In, across my abdomen, there was no back ache, I felt tall and long and free in my movement, basically [Carillo 213-230]

> ...I often will feel more alert after a session ...that my senses feel acute, that I am aware of what is going on around me or that my hearing and sight and probably most of all, the internal proprioceptal awareness to do with, you know, the feeling of walking and the way my feet plant on the floor...there is something sort of vivid about it, I am not focused on just getting to the train...some of my memories of it are quite vivid, it has made a big difference [Carillo 958-970]

> ...doing Pilates has greatly enriched my practise of qigong because I am bringing to it a much more detailed, anatomical bodily awareness, and it makes it feel better, you know, and now on finishing the qigong exercises I feel kind of charged up, and full of energy and strong. Before, I basically, well, I was told what I was supposed to be doing. I hadn't ((pause)) embodied it, I guess, so I wasn't doing it as well as I am now [Carillo 854-865]

Carillo describes how some TLP classes have facilitated a noticeable sense of gaining a discriminatory awareness and intentional control of aspects of his lived body with which he was previously unacquainted. He describes memorable experiences after certain Pilates classes, wherein he has savoured appreciably vivid altered sensory-motor present moment awareness. As well as the awareness of intensely heightened multi-sensory corporeality savoured immediately after particular classes, Carillo describes how he has gained an "anatomical" understanding that enriches his experience of other valued leisure

activities. This experience, wherein the learning from Pilates is transferred to other contexts, accords with other participant's accounts, although significantly complex meanings have emerged. These are explored in the interpretative analysis of the second subordinate theme.

Given the significance accorded to transformed awareness of the body by the other participants, it is interesting that neither Bruno nor Giulia unequivocally described becoming more aware of their bodies in this context. It may be significant that both participants reported experiencing severe body problems prior to starting Pilates. These problems, combined with reported previous high levels of physical activity, seem to have contributed to making them acutely aware of their bodies prior to the engagement with TLP:

> I don't know who it was I was talking to but I have spent my whole life since the age of twelve, thirteen, in some form of pain, whether it has been back, arms, legs, tendonitis, spine. I first had a prolapsed disc at age thirteen through cricket [Bruno 484-487]

> I am intensely aware and sensitive to ((pause)) not only my body but the activity that I do, so whether I am doing Pilates, cricket, rugby, soccer, running, whatever, dance ((pause)) [Bruno 542-544]

> ... she did say to me that she thought I was quite in-tune with my body which was a big advantage ... because, I think the arthritis has made me aware of my body and when something hurts I can tap into some other muscle [Giulia 173-177]

These extracts suggest that previous high levels of physical activity combined with an acute awareness of the body through pain experiences may attenuate the significance accorded to enhanced awareness of the body. Even so, these two participants did describe appreciating experiences of aspects of their bodies being brought into awareness after certain Pilates classes. Their descriptions of the perceptual experience of particular bodily sensations are interesting because of the meanings that both participants attach to them:

> ... this is the first time I have woken up with pain, with muscle stiffness on the second day. I have had it up to a day after and then the second day none but this is the first time that I have woken up with pain on the second day. Kinda like it in a way. Its' like: oooh, yeah, muscles can still do it, they are being worked, that is a good thing [Bruno 1029-1035]

... the other thing is, before when I was fit and I had a good game of badminton I might ache. I mean with badminton your bum always aches ... and um after my Pilates class, the next day I, I can sometimes ache and it's different to the arthritis pain and I think: ooh this feels good because it's eh, I'm doing my body good kind of feeling [Giulia 659-670]

Here it seems that muscular pain or aching after particular Pilates classes can shift the balance of these participant's gestalt. The bodily sensations are differentiated from other pain experiences and are welcomed because they symbolise a sense of corporeal vitality and continuity. The sensations are used to relate these participant's present bodily selves to their past physically active selves. The acutely enhanced sense of muscularity made tangible by awareness of muscular pain and aching sensations provides feedback to these participants about having engaged effectively with physical activity. The bodily sensations are framed as signs of achievement and well-being. It is as though the awareness of the body and bodily sensations gained after Pilates classes can facilitate, and in some cases help to intrinsically restore, a robust corporeal sense of agency or existential continuity.

Two participants have shared experiences that problematise transformed awareness with TLP. In the first extract, Delma describes how the awareness of the body gained in TLP classes can fade. In the second extract, Carillo describes an experience wherein an awareness intervention is implicated in the development of an injury.

I think eh, doing Pilates makes you extremely aware of how your body is, in space, and how it, how it moves. It makes you very, very aware of that and I find that when I don't do it for a while I start losing that ((pause)) if I, if it's a long enough time, because it's just eh, an awareness which, being human, I guess you forget it if you don't do it for a while. Or it becomes less er ((silence)) [Delma 334-348]

Delma's extract is interesting because it suggests that the awareness of the body gained in Pilates classes can fade or become less salient without regular opportunities for instruction and formal practice. Delma draws on the notion of "being human" to make sense of how this complex awareness fades. Perhaps the awareness gained in Pilates classes is unusual, because it appears that when in reasonable health the aspects of the body that are rendered salient in TLP classes recede from awareness. Maybe the aspects of

the body, posture and motility that are brought into conscious awareness in TLP classes do not typically command attention unless there are particular opportunities for thematizing them.

> I was with someone, a teacher who wasn't my usual teacher, just sort of keyed in with 'that's the problem, with your shear, that's what you need to do', um and I started keying in to it more and being more aware of it when I was walking around and whatever I did, and after about a month of that, a muscle on the right hand side of my back went into spasm and my hypothesis is that it had been in a shortened position because of the shear which I'd had for years so because I'd pulled myself back together, if you like, it had been a bit too quick and my muscle hadn't adapted [Carillo 505-523]

> But um, yeah, it [TLP] makes the whole body which kind of again makes you appreciate how integrated the body is like you know everything is connected ... you know, it gives you, what I was saying is that it gives you a greater integration of how when you move like a small thing it can change like the whole structure, and that again helps you to bring it in to your everyday life and um in a rehabilitation sense, it helps you to incorporate it, change, and stop the um problems [Carillo 917-940]

These extracts are fascinating because they seem to provide an understanding of paradoxical experiences that Carillo has lived. In the first extract it appears that a Pilates teacher offered Carillo a diagnostic and corrective intervention. It seems that directing this awareness to "the problem" elicited a protest from the body. Intriguing here is Carillo's description of this Pilates teacher as "not my usual teacher". Perhaps Carillo feels retrospectively discombobulated about placing his trust in and using the corrective intervention suggested by this irregular teacher. The extract illuminates the possibility that experiences of awareness of the body described by these participants may be a representation of how these people experience being related to by particular Pilates teachers. In the first extract, the way that the teacher encouraged Carillo to relate to his body is experienced as damaging. The isolationist, diagnostic and corrective awareness intervention has resulted in hypervigilance of one part of the body and has manifested in injury.

The extract is all the more interesting in light of the second extract, in which Carillo has described how TLP classes provide an inspiring understanding of how the body is interconnected. Carillo has described a qualitatively different experience of gaining a

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greater appreciation of how changing one thing in the body has an effect on the rest of the body that he can use therapeutically. Here, Carillo seems to have understood that bodily systems function holistically. The extract seems to tacitly reveal that this awareness of his body may reflect or be a representation of his preferred teacher's theoretical/conceptual and interactional style. Certainly, the body percept and concept experiences that Carillo describes in the second extract differ in significant ways to those of the first extract, wherein diagnosis, isolation and correction of a discrete problem was emphasised by an irregular teacher. It is as though both extracts subtly convey paradoxical lived interactional experiences of transformed awareness within the context of TLP classes.

3.3.2 Subordinate theme 3.2: Transformed sense of connection and control

This section of the analysis brings to light how participants have described TLP classes as transformative because they have a role in shaping their emotional attitude towards the body and their behaviour - how they feel about, attend to and use their bodies. The first extracts from Delma, Carillo and Francesca's interviews reveal how TLP classes contribute to a felt sense of bodily connection, indwelling or control. These are followed by extracts from Bruno and Giulia's accounts wherein they describe experiences of feeling more positive about their lived bodies. The analysis then uses extracts from Adriano and Helena's accounts to portray how participants have described TLP classes as transformative because they shape body use. Finally, the analysis focuses on problematical aspects of transformed emotional attitude and body use with extracts from Helena, Elsa and Carillo's interviews.

> Um ((slight pause)), when you come out you feel that you've got yourself together again ((laughs)) in one piece. You're, you're connected. You're connected … it just makes you feel ((pause)) pretty good. Yeah. You're connected because Pilates emphasises, eh the connection of your, in, in your, the centre of your body. You, you connect together and it builds strength. It gives you a great deal of strength. Like your, your shoulder blades move down into your back and your ((pause)) it, it's, it's just a total connection from, from hip joint up to the shoulders and then you're leaving, at the same time leaving your body quite open and free. It's, it's a, it's a sort of a dichotomy, a paradox [Delma 112-135]

I think that the what the exercises have done for me, the awareness that you bring to your body when you are doing them um includes giving me a feeling of being um kind of more at one with my body, like, it's responsive, stronger, flexible, I kind of feel ((pause)) I don't know if the word 'control' is right, it doesn't, there is something about the word control that I don't like about it but essentially I guess it makes me feel in control, or of my body [Carillo 295-305]

I mean, I could say like that it makes me feel more in my body or something like that um, but then that's quite a vague thing to say, um yeah, control kind of gets more to the point [Carillo 332-337]

[Before TLP]...I actually felt disconnected and I felt like my mind and body were separate like I've almost got this image like when I think back ... I just felt like my mind was ahead of my body in the sense that yeah I was going out to meet my friends, cool, but just my body, I was just sore and tight and you know, but now I just feel more ((pause)) I still have those moments of feeling a bit sore and tight but overall just much more better, and I'm more connected to my body. More aware of how it moves and what I should be doing [Francesca 192-202]

... what I think about me because I've always had a distorted sort of self-image when it comes to sort of weight and appearance and I think now since having done Pilates I've ((pause)) ... I'm more comfortable and I mean in my body, even though I think oh yeah I'd love to be more toned, I'd love to be you know a smaller size and all the rest of it but I'm more sort of at ease with it now, I think that somehow maybe through this all just by you know the exercises and what you learn and how it's so affected my life that um I still worry about it but I don't know, I just feel more connected and more whole [Francesca 662- 873]

The extracts above are fascinating because they suggest that for some people at some times, the mind and body can be experienced as a dualism. It appears that TLP classes can provide a meaningful antidote to a felt sense of disconnection or fragmentation. The experiences are manifestly complex, for example Delma construes her experiences as paradoxical, and similarly Carillo illuminates a tension between feeling "at one with" and "in control" of his body. Certainly, feeling more "at one with" or "in" the body is suggestive of a sense of connection or indwelling, whereas "control" has connotations of dominance, power and the submission of the body.

Francesca's extracts are similarly perplexing because both extracts also intimate that a felt sense of connection may be related to a sense of control. For example, Francesca describes how learning Pilates has influenced an experience of connection with her body that is rendered meaningful in relation to her evaluation of past experiences. It is as though Francesca experienced her mind and body as a dualism because her mind was actively

pursuing and her body was experienced as obstructive. In addition, it seems that she could not make sense of or influence bodily symptoms of discomfort. Indeed, Francesca relates the felt sense of connection with her body to "awareness" and an understanding of what she "should" do. It is as though TLP classes provide Francesca with guidance, a sense of meaning, purpose or competence with understanding, accepting and being able to influence bodily experiences that previously felt dissonant, incomprehensible, unmanageable and frightening.

In the second extract, Francesca describes how learning Pilates has provided her with experiences that have influenced concerns about her body's appearance and weight. It is as though TLP classes provide learning and mastery experiences that enable her to feel more accepting of and satisfied with her lived body. Essentially, it does appear that learning Pilates has influenced worry about the lived body, which accords with accounts from other participants. For example, it seems that TLP classes transform how these people feel about the lived body because their accounts evidence a sense of enjoyment, hopefulness, positivity or existential power:

> I have kinda gone from this feeling bullet proof to feeling old and horrible and this is the end, to back up there thinking, well it's not so bad, there is life after 40 and it might be a pretty good life, physical life, you know not just, I know people say life begins at 40, I'm not just talking about life style stuff, I'm talking about my body [Bruno 514-520]

> I am more confident in my physical body now compared to two years ago because I can do stuff, because I am not in pain [Bruno 612-614]

> ... they said I'd probably just about be able to comb my hair and they said you'll never be able to change a light bulb, and I had great delight ((laughingly)) in going back to them and saying: 'Guess what? I changed a light bulb', and it's the Pilates ... there's no question that it's the Pilates, it's the Pilates, it's the stretching, its' doing the exercises that suit you, and it's also the mental thing of being-- feeling that you have some control over what your body's doing [Giulia 139-156]

These extracts again illustrate how learning Pilates is experienced as transformative because it has provided these participants with a satisfying or enjoyable sense of bodily competence and control. As with Francesca's extracts, these two participant's accounts of transformation are fascinating because they reported experiencing distress about the lived

body prior to learning Pilates. In total, five participants[80] shared experiences of worry about pain sensations and associated movement restrictions. Bruno and Giulia's extracts have been included here because they have reported experiencing the most severe body problems, and the changes that they report are therefore remarkable. It is as though TLP classes influence their perceptions of their physical capacity, their power to move the body and to perform actions therewith. In terms of their psychology, it seems that they feel empowered and hopeful because they have achieved such astonishing changes.

Enjoyment and empowerment also feature in participant's accounts of how TLP classes transform the ways that they attend to and use their bodies-in-the-world. This claim is evidenced by these extracts from Adriano and Helena's accounts:

> ...all my walking around, my sitting, my sitting driving position has changed [Adriano 106-107].

> ... I have lowered my ironing board so when I iron my shirts my arms are straighter and I guess I don't just sit down and slouch. I am aware of the, it's not that I feel I must sit up straight, but I feel that I enjoy sitting up straight [Adriano 112-116]

> When I stand on buses I try and make sure that my spine is long and when, when I'm sitting on a chair without a back I try and make sure my spine is stacked more so that actually things don't ache. I'm not holding everything in an uncomfortable way, so even learning to stand while waiting for a train or whatever, I'm not having to hop from one leg to another because I'm centered [Helena 178-182].

> When I have a lot of things on work wise I choose to ignore my body, um I choose to just say right whatever it takes to get that job I'll do it ... so I ignore the way I stand or the way I sit, something gives and that's usually that's the first thing to give is like my physical being because I just want to get whatever it is that needs to be done. Um, as I said before, now that I go to my classes and I really wouldn't want to stop them for the world, I find it allows me to reflect on that, so it makes me more aware of now that I am doing that to myself whereas before I wouldn't really think of it because say like you have your finals, fine that's what people do or, you know, you have a deadline at work, that's fine, that's what people do, whereas now I'm like no that's not what I'm going to do. Sometimes yes it happens but let me just step back and er look after myself a bit more [Helena 372-388]

These extracts reveal how Adriano and Helena experience TLP classes as transformative because the interactions influence how they attend to and use their bodies. Their accounts suggest that they monitor and adjust their bodies in accordance with what

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[80] e.g., Bruno, Carillo, Francesca, Giulia & Helena

they have experienced in their classes. It is as though the classes provide guidance as regards the significance of keeping the body in mind, and careful body use. Here, the meanings of participant's engagement with what they have learned as transferred to the context of their everyday lives are fascinating. Adriano suggests that his engagement is about enjoyment, whilst Helena suggests that hers is variously about compensation for bodily self-effacement, prevention, bodily self-care and empowerment. It appears that keeping the TLP-body-in-mind and using TLP-informed-body-use in everyday life can hold fundamentally different meanings.

Indeed, the following extracts from Helena, Elsa and Carillo seem to problematise transformed sense of control and body use in this context. First, Helena's extract reveals that although the focus of TLP classes on body use is helpful, it is limited as regards addressing psychosocial stressors that are implicated in her cyclical experiences of distress and injury.

> I'm a bit more aware of how I have to hold myself um and that's really helped a lot ... I know generally it's like I get wound up so I can't turn my neck or ((pause)) so I find all this has helped greatly because this is where my tension sits mostly now ... I haven't yet reached the stage where I can fight tension ((laughter)), it just seems to increase as the better I adjust to the next stage it goes up again but it's helped considerably in that respect as well ... I mean there's a lot, obviously psychological I've just got to sort out there and also my attitude to things I think I care too much about what I do too much you know as a job ... I think women care a little bit more and are able perhaps to shut off, not shut off, aren't able to shut off should I say whereas a guy cares but yeah I feel a lot of tension here [Helena 188-215]

> ... if my mind needs a lot of focus and there's a lot of stress going on my body still, it's the first thing to give ... Pilates, I haven't got it there yet, but it's a, how do I say it, I haven't got it as part of my life enough yet but even when I'm in those stress situations it's still working for me ... Yeah so, so that when I do have the stress times because there always is, I take it with me, because that's at the point when my back will go or when I have to see a Chiropractor or whatever [Helena 441-446]

Here Helena describes how she experiences an on-going, apparently cyclical battle with "stress" and "tension", incapacitation and help-seeking. The extract tacitly reveals a tendency to experience and communicate somatic distress in response to psychosocial stress, and to seek help for the somatic aspects of her experience. It is as though TLP offers

Helena a preferred or safe explanation of her difficulties, perhaps because it emphasises body aspects over other possibilities. For example, it is as though Helena feels comfortable with accepting that she contributes to the development of physical symptoms with faulty body use at times of stress.

The extracts also reveal that Helena is aware of alternative biopsychosocial explanations, but that these may be less palatable or manageable, are accorded a lower priority, and are therefore obscured. Disinterred from Helena's descriptions is the belief that if she can perfectly assimilate and embody TLP myths and rituals, then she will be able to better manage "stress situations". However, the extracts indicate that she feels as though she has to work harder to assimilate Pilates because her stress levels increase and so hard work is required so that TLP can work "for" her. One question that arises here is what or whom the work is for, because it can be argued that Helena's relationship with TLP helps to obscure perpetuating factors of the cycle that she has intuitively described as complex. Nevertheless, it seems that TLP may preserve a sense of familiarity, stability and continuity in Helena's ways-of-being, relating and interacting.

Elsa's extract exposes that she may overuse TLP-informed body use strategies to maintain a sense of control because the behaviour is likened to an addiction:

> ... I suppose before I hadn't even, I didn't even really think about exercising any more than just sort of, um, a quick, quick burst of exercise to try and keep the heart going ((laughs)) ... Um, but um, since, I suppose since I've done the Pilates I suppose I've just become a lot more aware of how every muscle in my body works and, um, and ((pause)) that affects your everyday life as well, you know, if you're bending over to, to fill the dishwasher you're, you're um, holding in the tummy when you ((laughingly)) bend over and everything so eh, so I suppose I'm thinking sort of Pilates nearly all day, it's, in a, in a funny sort of way because of, you know, you're, and when you're walking along a street you sort of think 'Oh', you know, 'I should be walking straighter'. Um, and eh, I suppose that gives you some, um ((pause)), I don't know, it's a sort of, eh, something to follow I suppose. Is that? It's a sort, it almost becomes, not an addiction but it's not far off in a way because you, you sort of um want to keep it all going because you see the posi--, positive benefits it's done for you [Elsa 131-153]

> Yeah I mean I think, yeah I mean perhaps, perhaps addiction is the right sort of word. I mean perhaps, perhaps I'm someone who um, who needs to be addicted to something, I don't know. Maybe Pilates has, has sort of taken over from drinking too much or something ... I mean, I still drink too much sometimes but ((laughingly)) but

you know, don't we all? ((laughs)) but um not quite as often as I used to ((laughs)). So um, I don't know, maybe it is. Maybe I'm an addictive type of person who, you know, and it's something that, it's that one constant that, that helps me. I don't know [Elsa 709-721]

These extracts capture how Elsa was self-interpreting during the interview, and how she was reflective and tentative in her sense-making. She oscillates between the first and the second person. It is as though she is moving between a personal and perhaps a shared understanding of how learning Pilates can transform body use. This has the effect of distancing herself from her experiential claims to making more general claims. Perhaps this represents an attempt to moderate a sense of uncertainty or vulnerability, because the use of the word "addiction" in this context is intriguing. It seems that learning Pilates has significantly impacted Elsa's understanding of physical exercise and that it has transformed how she attends to and uses her body. For instance, she has suggested that prior to learning Pilates, physical exercise was briefly engaged with to maintain cardiovascular regularity. TLP classes seem to have provided a completely different perspective, because the learning is incorporated into Elsa's daily routine. For example, she describes experiences of self-monitoring, self-talk and physical adjustments within the context of performing activities of daily living. It is as though Elsa has absorbed an understanding that taking opportunities to use the body carefully by monitoring and adjusting her body use in daily life is adaptive behaviour. The meaning of these experiences is interesting because Elsa offers a tentative interpretation of herself as "an addictive type of person", and suggests that Pilates has provided "something to follow" that has replaced alcohol as "a constant that helps".

Interestingly, Elsa describes her engagement with Pilates in her daily life as motivated by "the benefits it's done". She has described these as the provision of an antidote to years of self-neglect with guidance as to how to care for, develop and learn about her-self [Elsa 378-379]. Elsa has described how learning Pilates has contributed to a complete change of life style [Elsa 98-100], significant weight loss [Elsa 113-115] and the

possibility of a new career as a Pilates teacher [Elsa 560]. "Thinking" and doing Pilates therefore seem to enable Elsa to maintain the changes that she has achieved. However, because she has described her experience akin to an addiction, engaging with Pilates may reflect a tendency to use external objects to manage emotions, where one external object (e.g., alcohol) has been replaced by another (e.g., Pilates). Perhaps Elsa has perceived a tendency to use external objects in a way that is deviant from "normal". Perhaps too, she is using Pilates maladaptively, as a short-term coping strategy to cope with negative emotions. For example, Elsa may be using Pilates to cope with existential anxiety as pertains to navigating tensions between personal freedom and responsibility. Indeed, although Elsa suggests that addiction may be an intrinsic property of herself because she may be an "addictive type", she also invites us to consider that she is embedded in a particular social context when she asks "don't we all?" drink too much sometimes. It appears relevant that UK is renowned for binge drinking, which is described a social and cultural phenomenon (vanWersch & Walker, 2009). Perhaps Elsa's social world manifests an anxiety-provoking double-binding injunction wherein she is invited to be a free and self-indulgent, disinhibited pleasure seeking consumer, and at the same time to be responsible, self-controlled, fit and able to perform.

The meaning of these experiences is clearly complex, since Elsa suggests that Pilates provides her with "something to hold on to" [Elsa 1004], and her account does resonate with that of six other participants[81]. For example, Bruno describes Pilates as "the two times a week where I feel in control of my life" [Bruno 323-324], and as a "tool" that helps "to define my health...to match the culture" [Bruno 185-186]; For Carillo, Pilates is "about helping to, keeping myself together" [Carillo 1056]; Delma "craves" body discipline and "couldn't do without" the "framework" offered [Delma 524]; Francesca feels "anxious" when she does not go to Pilates classes, "like I need the exercises" [Francesca 646-647], and describes Pilates as "my haven" [Francesca 626]; Giulia describes Pilates as

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[81] i.e., all participants apart from Adriano

"the only thing" that helps her to "feel that I'm in control" [Giulia 997-998]; and Helena describes "needing" Pilates because it is her "moral support" [Helena 479].

Perhaps seven of the eight participants who took part in this investigation are deviant from "normal" because the descriptions suggest that at times they may rely on Pilates to contain their anxieties and to provide a sense of meaning, purpose, control or psychosocial well-being. Adriano was the only participant who did not make sense of Pilates using language that is associated with need or dependence. Perhaps he is a different kind of individual - he may not be an "addictive type". It is also possible that because Adriano has been learning Pilates for four months, he has not developed such a strong attachment to his teacher-led classes. It may be that he has not yet come to depend on the teacher or the classes to meet certain needs. It is also possible that Adriano has not assimilated the treatment 'myth' that surrounds TLP, or is relatively immune to this myth because he was the only participant who did not report experiencing body problems[82] in his account of starting Pilates. Perhaps the Pilates-as-treatment myth inadvertently contributes to the development of a sense of dependency in people who have experienced body problems that was not salient prior to sustained engagement therewith.

Finally, Carillo's extract problematises the sense of control, enhanced corporeality and affective beneficence that he and other participants have described experiencing after TLP classes.

> Sometimes, it makes me feel bad. Like, sometimes I come out and I feel that I am not strong enough and I am weak and that things are, you know, that I am not progressing, um, because things seem really hard and you kind of work at it and then when the teacher kind of corrects you again then it feels like you haven't made much progress and that makes me feel bad because it makes me feel less in control, and all the opposite of the things that I have said before. That doesn't happen as often. It tends to be something that is probably more tied up with how I was feeling before the session than the session itself, but when I am feeling low and the session goes like that it can, yeah, make me feel worse, make me feel like, yeah, like I am weak, I am falling apart and that I am not good enough [Carillo 1114-1129]

Carillo has shared experiences of feeling negative about his body and his progress

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[82] i.e., ageing body, overweight body, symptomatic body

with Pilates. He is the only participant who has shared a description and interpretation of negative emotional responses experienced immediately after some TLP classes. In the excerpt above, he suggests that feeling low before a class, being corrected "again" by his teacher and catastrophic interpretations of the experience can elicit "feeling bad".

His account resonates with the CBT understanding of psychological distress. For example, Carillo has explained how experiencing a low mood prior to a TLP class can negatively bias or distort the meaning of the teacher's corrections. Distortions and catastrophic interpretations of experience are central to the CBT approach. In this scheme, disastrous appraisals of experience (i.e., faulty thinking) are implicated in human distress and approach-avoid behaviours. It therefore seems relevant that Carillo withstands or tolerates these negative experiences and that he describes how these kinds of negative responses to interactional experiences do not happen as often as positive experiences in this context. Perhaps the commitment to TLP necessitates resilience on the part of the client as well as a positively biased balance. It may be important that the demands of the teacher-led class(es) do not regularly exceed or undermine the client's personal evaluations of what they can cope with; it may also be important that the individual person can hold an explanation and understanding of these experiences that does not contribute toward complete avoidance.

Of all the participants, Carillo has perhaps provided the most balance in his reflective descriptions of both positive and problematic experiences of TLP. Two interpretations are offered for this finding. First, relative to other participants he has more experiences to draw on because he has been learning Pilates with a number of different teachers in different settings for the longest period of time[83]. Second, Carillo described himself as a student of philosophy [Carillo 274] as well as a CAM practitioner with experience of a number of different approaches [Carillo 40, 495, 545]. Perhaps his experiences of different perspectives and approaches facilitates simultaneously adopting an

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[83] e.g., eight years

appreciative and a critically reflective stance in relation to a mind-body practice that he

values, and to which he wishes to contribute by sharing his experiences.

Chapter 4: Discussion

4.1   Introduction

The aims of the present paper were twofold. First, to develop a CoP perspective that can make a contribution to our knowledge-base about the experience of transformation without psychotherapy, and to the scant psychological knowledge-base about teacher-led structured exercise; and second, to provide individuals who have experienced transformation with teacher-led Pilates (TLP) an opportunity to share their sense-making of experiences that are important to them. The qualitative findings were analysed using interpretative phenomenological analysis (IPA). The decision to adopt this approach foregrounds two specific aims regarding the presentation of the findings:

(i) To enable the reader to learn about the individual people who took part is this study.

(ii) To enable the reader to learn about the convergent and divergent themes that emerged from the cross-case analysis.

In this chapter, the findings and the research process are discussed with three aims in mind. First, consonant with writing up an IPA study the discussion is where I place the findings within a "wider context" of relevant existing literature (J. A. Smith, Flowers, & Larkin, 2009, p. 112). I discuss how some existing work sheds light on what I have found, and how the findings seem to problematise other work. Consonant with the process of constructing a qualitative write-up, some of the literature that I dialogue with can be found in Chapters 1 and 2, and new literature is introduced. As recommended, this engagement with the literature is "selective and not exhaustive" (J. A. Smith, et al., 2009, p. 113).

Second, I reflect upon and evaluate the work that I have done. I evaluate the strong and weak points of my work in light evolving criteria for quality and validity in qualitative research. Finally, I suggest ways that my study has implications for CoP theory, research and practice.

4.2 Contextualising the findings

4.2.1 Placing the contributors within a wider context

Using purposive sampling and the assistance of BCP teachers, three males and five females aged 31-69 volunteered to take part in the study. The ratio of female to male participants is notable because consistent trends for leisure-time physical activity in adults indicate that is positively associated with male gender, and negatively associated with age (Trost, Owen, Bauman, Sallis, & Brown, 2002); gender[84] and age[85] differences are highly reproducible and one of the most consistent findings in the literature (Biddle & Mutrie, 2008).

There is one study to date that provides a descriptive account of Pilates clients characteristics (von Sperling de Souza & Brum Vieira, 2006). This Brazilian study found gender differences in the sample of three hundred and twenty-seven participants[86]. The authors extrapolate that the majority of TLP clients are middle-aged women who do not participate in other exercise activities and who experience musculoskeletal complaints.

A recent health psychology doctoral dissertation that used a phenomenological approach to investigate contemporary Yoga practice in Britain also found clear gender differences in the sample (Hunt, 2010)[87]. Others have also observed that women tend to outnumber men in the majority of yoga practicing groups in the West (Burley, 2009; Newcombe, 2007). The positive association between female gender and teacher-led anaerobic exercise participation may be an important consideration because epidemiological studies and clinical reviews have found that there are noticeable gender differences in the prevalence of anxiety, depression, chronic fatigue syndrome (CFS), 'borderline personality disorder' and musculoskeletal conditions such as arthritis, which

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[84] i.e., > male

[85] i.e., < 30

[86] There were 266 (81.3%) female versus 61 (18.7%) male participants reported in this sample, with a mean and median age of 42

[87] Using 'snowballing' as a sampling approach, fifteen participants volunteered; there were three males versus twelve females, ranging in age from 30 to 80

are positively associated with female gender (Appignanesi, 2005; Bakal, 1999; Biddle & Mutrie, 2008; Ernst & White, 2000; Hannan, 1996; Piccinelli & Wilkinson, 2000; Ranjith, 2005; World Health Organisation, 2002, 2012).

The determinants of observed gender differences in the presentations associated with these diagnoses are far from being established (cf. Bakal, 1999; Culbertson, 1997; Murphy, 2003; Piccinelli & Wilkinson, 2000; Steffen, 2013; Symmons, 2002). Clinically important risk factors proposed include adverse childhood experiences, early maladaptive schemas[88], sexual abuse, role limitations with associated lack of choice, self-effacement, overexertion, role overload and competing social roles (e.g., Alexander, 1950; Bakal, 1999; Lorig & Fries, 2006; Piccinelli & Wilkinson, 2000; Renner, Lobbestael, Peeters, Arntz, & Huibers, 2012; Shaw & Proctor, 2005; Stalmeisters, 2012; Ware & Kleinman, 1992).

This investigation found that four of the five female participants described a number of the risk factors identified above in their accounts of taking up TLP, and that all but one reported previous use of teacher-led structured exercise and CAM. It seems pertinent then that a US investigation of two hundred and sixty two psychotherapy patients'[89] use of CAM found that the majority were female (70%) and over 30 years of age[90] (Elkins, Marcus, Rajab, & Durgam, 2005). Consonant with the findings of previous US studies (e.g., Druss & Rosenheck, 1999; Knaudt, Connor, & Davidson, 1999), Elkins and colleagues' (2005) study found that less than one third of respondents reported discussing their CAM use with their psychotherapist[91].

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[88] Early maladaptive schemas are hypothesised to be stable, trait-like, enduring beliefs underlying chronic and recurrent disorders.

[89] Respondents were recruited "from an HMO mental health clinic" (p.232); HMO is an acronym for Health Maintenance Organisation; described as an organisation that provides health coverage with providers under contract; HMO's are believed to have been started in the early 1900s when companies began to offer employees plans of prepaid medical service; HMO differs from traditional health insurance by the contracts it has with providers; contracts allow for premiums to be lower, because the health provider has the advantage of having patients directed to them; but these contracts also add additional restrictions to the HMO's members. Information retrieved on 16/03/13 from http://www.investopedia.com/terms/h/hmo .asp.

[90] The investigation found that that the most frequently used CAM was mind-body therapy (44%), followed by herbal therapy (34%), physical modalities (21%), spiritual modalities (17%) and special diet (14%)

[91] The study found that in those cases in which client's CAM use was discussed, the topic was raised by the

The remaining four participants in this investigation also shared experiences of vulnerability and previous or concurrent use of CAM and/or teacher-led structured exercise in their accounts. As well, the eight participants who took part in this study share certain social characteristics, namely white ethnicity (WE), high to middle socioeconomic status (SES) and education (E). Descriptive literature suggests that CAM use in UK adults is positively associated with these characteristics (Ernst & White, 2000). A recent UK market synopsis found that middle-class women are the most frequent users of CAM, and that there is evidence to suggest that increasing numbers of British men are seeking CAM for pain, obesity, sports injuries, chronic illness and stress (Market Synopsis - Complementary Therapy, 2008).

As described in Chapter 1, some argue that increased use of CAM is matched by a reduction in use of psychotherapy (Hyland, 2005). It would therefore be interesting to consider the characteristics of this sample alongside those of people who use, value and have experienced transformation with private psychotherapy in London. It has not been possible to locate recent descriptive characteristics of private psychotherapy clients in London. One dated US study that investigated the characteristics of clients seen in private psychological practice found that they were white, well-educated, middle-class, and 'mildly to moderately disturbed' (Koss, 1980).

Consideration of participant factors is arguably relevant in CoP research about psychological change for two reasons. First, because of the emphasis placed on developing contextualised understandings of help-seeking and strivings for change; and second, because of the historical criticism of psychology, psychotherapy and more recently CBT research concerning the practice of making general claims based on cohorts or subpopulations that demonstrate remarkably similar characteristics[92] (Boyle, 2002; Guthrie, 1970; Henrich, Heine, & Norenzayan, 2010; James, 2008; Katz, 1985; Schofield,

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client 'almost half of the time (47%)' (Elkins, et.al., 2005, p.234)
[92] e.g., Westernised people from industrialised democracies; student populations and young, active, verbal, intelligent, social cohorts

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1964; Westen, et.al., 2004).

There appears to be increasing recognition of the influence of participant, client or 'extratherapeutic' factors in literature about the experience and explanation of change with psychotherapy, particularly amongst proponents of the 'common factors' hypothesis (cf. Bohart, 2000; Bohart, 2006; Bohart & Tallman, 1999; Clarkin & Levy, 2004; Coleman, Kelledy, & Kopp, 2004; Constantino, Arnow, Blasey, & Agras, 2005; Constantino & Smith-Hansen, 2008; Duncan & Miller, 2000; Eagle & Wolitzky, 2009; Garfield, 1994; Hill, 2005; Leibert, J. Smith & Agaskar, 2011; Tallman & Bohart, 1999; Westmacott, Hunsley, Best, Rumstein-McKean, & Schindler, 2010).

For example, ethnicity; SES; level of E; social support; role and treatment expectations; attachment style; perceptions of the therapist, relationship and treatment; and commitment to the therapy are now recognised as influential in explanations of unilateral termination[93] and successful therapy. Surprisingly, despite empirical support for the influence of 'extratherapeutic factors' in psychotherapy, and calls for "greater acknowledgement" of the client by counselling psychologists (Gianakis & Carey, 2008, p. 28), recent literature argues that they "have remained neglected" in CoP theory and research pertaining to psychological change (Jordan, 2012, p. 15).

4.3   Contextualising the cross-case thematic analysis

4.3.1   Contextualising master theme 2

Weekly TLP classes can provide opportunities for valued interactional experiences

This master theme illuminates how the people interviewed described TLP as invaluable, because it can provide opportunities for interpersonal experiences that were variously described as mentally absorbing, interesting, enjoyable, intense, personal, developmental and therapeutic. The findings are remarkable, given the dearth of exercise

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[93] e.g., a unilateral rather than mutual decision on the part of the client in psychotherapy to terminate the work (cf. Westmacott, Best, Rumstein-McKean, & Schilder, 2010)

psychology literature that associates structured exercise with these kinds of interpersonal experiences. Biddle and Mutrie (2008) have conceded that, whilst structured exercise tends to take place in social contexts, very little empirical attention has been given to examine the role of environmental, social and relational factors in understanding exercise determinants, continuing motivation, and effects. The discussion of the findings of the present research therefore draws on both psychology and psychotherapy literature. The latter having a long-established concern with developmental and therapeutic interpersonal processes.

The first subordinate theme *'weekly TLP classes can provide opportunities for absorbing & fulfilling 'mind-body' experiences'* reveals how participants provided similarly detailed descriptions of lived experiences of their classes, and the value that they ascribed to them. Six participants[94] shared experiences of complete mental absorption, and all of them shared memorable experiences of learning that are described as of both mind and body, and that intimate complete absorption.

That these participants gave such in-depth and detailed descriptions of their experiences of the ritual[95] of TLP is intriguing. The accounts suggest that lived experiences of TLP classes are as valued by these people as are the changes attributed to TLP. The valued experiences of Pilates classes that they describe suggest similarities with individualistic psychological constructs, such as enjoyment (Kimiecik & Harris, 1996; G. W. Schmidt & Stein, 1991), flow (Csikszentmihalyi, 1990; Csikszentmihalyi, Abuhamdeh, & Nakamura, 2005; Nakamura & Csikszentmihalyi, 2002), intrinsic motivation (Deci & Ryan, 1985), and optimal psychological states (Biddle & Mutrie, 2008). For instance, participants shared how they value processes that are the experience of TLP (i.e., concentration, experiential learning, guided discovery, guided movement), as distinct from the products of the experience (i.e., sense of satisfaction, transformed awareness, sense of

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[94] Adriano, Carillo, Delma, Elsa, Giulia, Helena
[95] The procedures and processes that involve the participation of the teacher and the client in activities that both believe will help the client(s) to experience change.

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connection and control).

Participants also described noticing differences between the experience of TLP classes, and attempts at self-directed practice: within their accounts, teacher-led classes are associated with significantly more enjoyable, intense, motivating, developmental and therapeutic experiences. The accounts suggest that a useful distinction might be drawn between TLP, self-directed formal Pilates practice (S-DFP) (i.e., the regular allocation of time and effort to practice Pilates exercises independently), and self-directed informal Pilates practice (S-DIP) (i.e., the deliberate incorporation and use of aspects of the learning from Pilates classes within the context of every-day life). Whilst all participants described commitment to regular TLP and an appreciation for the processes that are the practice, and six[96] described regular S-DIP, no participants described regular S-DFP[97]. The findings appear relevant because as described in Chapter 1, Pilates shares with CBT a philosophy that emphasises the importance of cultivating skills with practice (Stone, 2000) and there is no research, to date, that has investigated the perceived benefits and barriers of TLP, S-DFP or S-DIP. Intriguingly, these participant's accounts intimate that it is the regularly scheduled interactions with particular teachers that are experienced as salutary, enjoyable, therapeutic and/or developmental.

A social-cognitive perspective is used to contextualise the finding that participants valued particular experiences of TLP classes. Social-cognitive frameworks have informed theorising and research about the psychological impact of social psychological climates (SPCs) in academic settings. The contextualisation appears useful because TLP is a practice that shares similarities with the framework of educational settings; for example, Pilates practitioners are described as teachers, the structured, time-limited teacher-led practice is typically referred to as a class, and the approach is premised on learning (Stone, 2000). Moreover, there is a lack of research which examines the psychological impact of

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[96] All participants excluding Bruno and Delma
[97] Two participants (Francesca & Helena) shared that they 'should' do S-DFP, but that they preferred TLP. One participant (Carillo) described occasional attempts at S-DFP, and reported that these were not as satisfying as TLP.

SPCs in structured exercise settings (Biddle & Mutrie, 2008).

The finding that all participants in the present study reported valuing TLP and that no participants reported regular S-DFP, will be related to the findings from recent qualitative research that has investigated participant's experiences of mindfulness-based cognitive-behavioural therapy (MBCT) programs. The contextualisation seems fitting because Pilates and MBCT share a similar philosophy as regards the importance placed on cultivating and practising particular skills for optimal human functioning (Claessens, 2010; R. Crane, 2009; Pilates, 1934; Stone, 2000). As with S-DIP and S-DFP there is a paucity of empirical research which examines the effects of self-directed MBCT practice in clinical and non-clinical populations (Fjorback, Arendt, Ørnbøl, Fink, & Walach, 2011).

The second subordinate theme, *'weekly TLP classes can provide opportunities for intense teacher & relationship experiences'* reflected participant's in-depth accounts of their experiences of Pilates teachers and their relationships with them. Discussion of the data that informs this theme draws upon attachment theory (AT) and relevant psychology and psychotherapy literature to develop the perspective that some Pilates teachers seem to function as attachment figures.

4.3.2 Social psychological climate theory (SPCT)

The present study found that participants value TLP classes because they can provide opportunities to feel fully immersed in the learning process, to re-gain or reinforce perceptions of change and control or to increase the level of challenge so that they continue to develop with Pilates. Within their accounts, evaluations of TLP experiences are either self-, Pilates skill-, past exercise-, or teacher-referenced. Also present within all participants' accounts is the belief that learning Pilates involves effort, practice, perseverance and patience, and that eventually these may lead to mastery. As well, although two participants[98] described initial concerns about attending Pilates classes with

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[98] Bruno, Giulia.

able-bodied people, no participants actually described making comparisons between themselves and other people during the classes. These findings suggest that TLP classes may offer a social psychological climate (SPC) that is not predicated on competition or social comparison.

Social-cognitive goal orientations theory and research is concerned with understanding interactions between individual and contextual factors on behavioural, cognitive and affective outcomes in achievement settings (Balaguer, Duda, Moreno, & Crespo, 2009; Ntoumanis & Biddle, 1999). For example, it is suggested that individuals can be disposed to either an ego goal orientation (EGO) or a task goal orientation (TGO) (Nicholls, 1989). In this scheme, individuals disposed to an EGO tend to evaluate performance on normative standards[99], and hold a differentiated conception of effort and ability such that ability is not necessarily predicated on effort. Here, success without effort can be considered evidence of superior ability. By contrast, it is suggested that individuals disposed to a TGO tend to make self-referenced evaluations of performance[100], and hold an undifferentiated conception of effort and ability, such that improvement through effort implies ability. Different psychological outcomes have been noted for individuals with EGO and TGO, with a TGO being more associated with relatively adaptive psychological outcomes, such as positive affect and confidence to initiate and maintain an activity (Duda, 1993, 1996, 1997).

Social-cognitive goal theorists also propose that an individual's dispositional goal orientation is shaped by their developmental social context (Ames, 1984, 1992b), and that the psychological climate of particular social contexts may influence individual goal orientation throughout the life cycle (Ames, 1992a; Weiss, 2004). Thus, it is argued that whether individuals hold an EGO or a TGO in a particular situation may be influenced by both individual and social climate factors (Biddle, Treasure, & Wang, 2008; Dweck &

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[99] Evaluation is defined in comparison to the performance of others.
[100] Evaluation is based on personal improvement and learning criteria.

Leggett, 1988; Nicholls, 1989; Ntoumanis & Biddle, 1999; Treasure & Roberts, 1995).

From a social-cognitive perspective, social psychological environments influence whether people are more or less concerned about improving or developing[101] versus proving or protecting[102] their level of competence (Ames, 1992a, 1992b; Nicholls, 1989; Ntoumanis & Biddle, 1999).

Despite a paucity of empirical psychological research, the work of the sociologist Joyce Epstein (1989) and education psychologist Carole Ames (e.g., 1992b) has elevated the significance of perceived situational goals, referred to as the 'psychological climate' or 'motivational climate', in exercise settings (Biddle & Mutrie, 2008; Biddle, et al., 2008; Ntoumanis & Biddle, 1999). According to Ames (1992a), how individuals perceive the psychological climate of a particular achievement setting is important because a distinction can be drawn between perceptions of mastery (task) and performance (ego) motivational climates, with particular psychological consequences for the individual. It is hypothesised that the environment can influence whether the individual values developing their competence, or displaying and proving their ability. In turn, perceptions of the psychological climate are associated with more or less adaptive cognitive, affective and behavioural patterns (Ntoumanis & Biddle, 1999).

The findings from the present study suggest that participants mostly perceive their own TLP classes to provide a mastery motivational climate, wherein preferred teachers provide task rather than ego-involving instructions, feedback and praise. Within this setting, participants describe feeling competent and, therefore, successful with respect to goal accomplishment when realising learning, personal improvement and task mastery. Absent within their accounts are ego-involved experiences, or accounts of a sense of competence exhibited by superior ability compared to others: their accounts are devoid of experiences of either outperforming others or performing equivalently but with less effort.

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[101] As reflected by an emphasis on task goals or self-referenced evaluation.
[102] As reflected in an emphasis on ego goals or evaluation using social comparison.

As predicted by goal orientations theory, it appears that the SPC provided by these participant's TLP classes has influenced their values as regards the nature and purpose of the practice (i.e., learning/task vs. performance/ego), and subsequently their investment in TLP. For example, four[103] participants described perceiving that teachers can differ in their ability to create or provide a preferred Pilates learning experience. These participants' understanding of a preferred learning experience seems to have developed through lived experiences of working with particular teachers who they experience as facilitative in the creation of a personally satisfying and appropriately challenging learning experience. The accounts also suggest that working with teachers who do not provide a preferred learning experience can evoke negative psychological reactions, and subsequent disinvestment in Pilates classes with those teachers.

The findings from the present study appear to underscore the significance of the SPC created by the teacher for both the perceived value of the processes that are TLP, and the motivation to attend for TLP classes. It seems that the SPC facilitated by the teacher may influence what people value and seek from their Pilates classes, as well as the individual's cognitive, affective and behavioural responses to their classes.

4.3.3 Preference for teacher-led practice

Although all participants valued the processes that are TLP, none reported regular S-DFP. The findings correlate with those of qualitative investigations of instructor-led MBCT programmes (I-LMBCT) in which participants who reported valuing the processes that are I-LMBCT also reported difficulties with establishing and maintaining formal independent practice (Allen, Bromley, Kuyken, & Sonnenberg, 2009; K. Griffiths, Camic, & Hutton, 2009; Williams, et al., 2011). A recent clinical psychology doctoral thesis used IPA to explore participant's experiences of the skills learned during eight weeks of I-LMBCT, on-going independent practice of the skills, and the perceived barriers and

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[103] Adriano, Bruno, Carillo, Elsa.

benefits of attending for 'reunion' meetings[104] (Hopkins, 2011). For selection into the study, participants had to have been exposed to an "adequate dose"[105] of the MBCT programme (p.14). The study found that of the eight participants who attended reunions, three reported regular formal and informal independent practice, one reported predominantly informal practice, two reported regular informal practice, and two reported occasional informal practice. Of the five participants who did not attend reunions, one reported regular formal and informal practice, one reported predominantly informal practice and three reported no practice.

That several participants in Hopkins's study (2011) reported regular independent formal practice raises the question of how to make sense of the finding in the present study that no participants reported regular S-DFP? It could be argued that a time-limited MBCT program offered in a clinical setting differs in significant ways from TLP in non-clinical settings. Specifically, in the former, individuals are offered a specified 'dose' of structured, instructor-led MBCT. In the latter, individuals are relatively free[106] to make choices about the 'dose' that is preferable for them. Within a clinical context, MBCT programs can place a greater emphasis on the individual to prioritise regular independent formal and informal practice as a self-administered treatment, because the instructor-led programs are offered as a time-limited resource and people cannot rely on the availability of the instructor and/or the setting for formal practice. By contrast, Pilates teachers and classes are readily available in numerous settings[107] for regular formal practice. Indeed, in the present study, all participants' accounts suggest that they can and do rely on the availability of Pilates teachers and the provision of regular structured, time-limited weekly classes for their

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[104] Reunions are described as follow-up sessions that aim to reinforce participant's mindfulness practice, help people to overcome blocks to continuing practice, identify positive reasons for continuing practice and reinforce changes that sustain recovery (Hopkins, 2011, pp. 49-50).

[105] An 'adequate dose' of MBCT is considered to be participation in four of the eight two-hour-long instructor-led group sessions (Hopkins, 2011, p.14).

[106] Money, time and teacher availability can be considered examples of relative factors that can impact freedom to attend for TLP classes.

[107] Settings include gyms, community centres, church halls, pubs, café's, shopping centres, health and well-being centres, rehabilitation centres, Pilates studios and residential/domiciliary visits.

formal practice.

Hopkins's (2011) study also found that the eight participants who attended reunion meetings described valuing the meetings for similar reasons that the participants in the present study reported valuing TLP classes. In the MBCT study, participants valued the instructor-led reunions because they provided structure, opportunities to remember and reinforce the practices, and occasions to develop and evaluate progress in a "safe", supportive and "containing environment" (Hopkins, 2011, pp. 21-22). Of particular interest is Hopkins's finding that participants emphasised how a connection with the teacher, the personal qualities of the teacher, and being able to "reconnect" with their original teachers was important to them (pp. 22-25). Hopkins proposed that the importance that participants placed on connecting with their original teacher appeared to be more than a preference for familiarity, and that there may be "an attachment component" to the relationship in which a "connection with the teacher" can result in engagement and motivation to persevere, whilst a "lack of connection" can result in disengagement and low motivation to persevere (Hopkins, 2011, p. 33).

Although Hopkins (2011) does not contextualise or develop this attachment interpretation, both the findings and the interpretation thereof can help illuminate the findings of the present study in which all participants described valuing experiences of connecting with some teachers. Their accounts also suggest that there could be an attachment component to the relationship, and that this has psychological and behavioural implications. The findings about the significance of the teacher and the relationship between teacher and client are of particular interest, due to the tendency to neglect interpersonal processes in exercise psychology theorising and research. For example, attachment does not feature in either of Biddle and Mutrie's (2001, 2008) comprehensive accounts of psychological knowledge about physical activity.

There is some controversy surrounding the foundational assumptions of attachment

theory (AT) and its applicability both to adult relationships[108] and to the practice of psychotherapy[109] (Berghaus, 2011; Farber, Lippert, & Nevas, 1995; Gullestad, 2001) thus using an attachment perspective in this context is likely to be equally controversial. Nevertheless, this contextualisation appears timely because there is a growing body of CoP[110] and psychotherapy literature that integrates AT in psychotherapy (Dutton & Sonken, 2003; Fonagy, 2001; Fonagy, Target, Gergely, & Jurist, 2002; Holmes, 2001; Larsson, 2012; Parpottas, 2012; Schore, 2003; Skourteli & Lennie, 2011b; Slade, 2008). There are some signs that AT is gaining interest amongst sport and exercise psychologists, as evidenced by a recent publication about attachment in sport, exercise and wellness (S. Carr, 2012). The book is principally concerned with attachment in competitive sport settings, and only the final of the seven chapters is concerned with attachment in structured exercise settings. This imbalance seems to trivialise the significance of attachment in structured exercise settings, and perhaps reflects how the discipline of sport and exercise psychology is predominantly interested in competitive sport-related performance.

In the following section, AT is described to contextualise the argument that these participant's accounts indicate that some of their teachers fit the role of an attachment figure.

4.3.4   Attachment theory (AT)

AT evolved with the collaboration between John Bowlby and Mary Ainsworth (1991), both of whom were influenced by psychoanalytic thinkers (Bretherton, 1992). Bowlby took issue with psychoanalytic perspectives that do not recognise the contribution

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[108] e.g., Behaviourist Barry Berghaus (2011) argues that AT's foundational belief (e.g., that internal working models are created early in life and affect behaviour later in life) is not supported by scientific evidence because the processes responsible for the transformation of early life experiences into internal working models that are stored and are later transformed into behaviour cannot be objectively defined, measured, or quantified, and because the structures in which such transformed entities reside are purely hypothetical. For a critique of attachment & similar abstract concepts favoured in psychology see Kagan (1996, 1998)
[109] e.g., Psychoanalyst Siri Gullestad (2001) argues that AT does not contribute specifically to analytic technique because AT's main concern is the interpersonal origins of psychological disturbances, rather than the patient's fantasies & constructions of narratives. This perspective does not consider Mary Main's AT research (e.g., Main, 1995; Main, Kaplan, & Cassidy, 1985) that tracks the manifestations of attachment processes in language/narrative(s) (cf. Slade, 2008)
[110] e.g., CoP Panagiotis Parpottas (2012) describes working with the TR in CBT from an AT perspective

of lived experiences to the development of child emotional disturbance. Bowlby's (1951) early work emphasises both the centrality of a well-functioning mother-child[111] relationship for mental health, and the role of social networks, economic and health factors in the development of well-functioning mother-child relationships. Bowlby (1958) drew a clear distinction between his concept of attachment and the social learning theory concept of 'dependency' (e.g., Levy, 1943; Walters & Parke, 1954), arguing that attachment performs an adaptive function even in adult life.

Bowlby's (1969, 1973, 1980) theory of attachment is described as a complex synthesis of ethological and control systems perspectives (Holmes, 1993). The ethological perspective is used to explain the origins of attachment in terms of "evolutionary adaptation"; how attachment behaviour "confers infants a survival advantage" through increasing the chances of an infant being protected by those to whom he or she keeps proximity (Ainsworth, 1989, p. 709). Control systems theory provides a language with which to describe the mechanism of attachment. The attachment system is a "homeostatic system" regulating proximity with the caregiver and operating through feedback in the form of responsiveness and "felt security" (Stevens & Zhang, 2009, p. 196). In this scheme, humans are motivated to maintain a dynamic balance between familiarity-preserving, stress-reducing behaviours (e.g., attachment to protective individuals and familiar places) and antithetical exploratory, novelty-seeking and information-seeking behaviours (Bretherton, 1992).

Meticulous observational studies of the development of infant-mother attachment and individual differences in attachment behaviour undertaken by Mary Ainsworth (Ainsworth, 1963, 1967; Ainsworth & Bell, 1970; Ainsworth, Bell, & Stayton, 1971; Ainsworth & Wittig, 1969) provided empirical support for Bowlby's then controversial theory. Ainsworth is credited with two other contributions, namely the concept of the attachment figure as a "secure base" from which the infant can explore and take risks, and

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[111] Or permanent mother substitute (Bowlby, 1951, p. 13).

the concept that "maternal sensitivity" to infant signals plays a role in the development of attachment patterns (Bretherton, 1992, p. 759). In line with Bowlby (1958), Ainsworth (1969) draws a clear distinction between attachment and the social learning theory concept of dependency, arguing that the former is characterised by affectional bonds[112], whereas the latter is not, and that that attachments have a role to play in adaptive human functioning throughout the life cycle (Ainsworth, 1989).

According to attachment theory and research, infants develop attachment patterns in response to the perceived availability of attachment figures when the child feels threatened (Daly & Mallinckrodt, 2009). If caregivers are reasonably responsive and consistent, the infant can develop relatively positive or secure internal working models of self, others and the physical environment (Ainsworth, 1989; Bowlby, 1982). For example, it is argued that "an infant whose mother's responsiveness helps him to achieve his ends develops confidence in his own ability to control what happens to him" (Bell & Ainsworth, 1972, p. 1188). By contrast, in the events of either traumatic loss of the attachment figure(s), or the attachment figure's inconsistent responsiveness to the infant's critical needs, negative or insecure working models of the self, others and the physical environment may develop (Daly & Mallinckrodt, 2009).

Mikulincer and Shaver's (2008; 2007a, 2007b, 2007c) relatively recent reviews of the literature found that most studies evidence attachment security by low scores on two dimensions of insecurity: attachment anxiety[113] and avoidant attachment[114]. According to Bowlby (1988), secure or insecure working models of attachment tend to persist once they are formed due to their influence on expectations of new relationships. For example, as persons with negative models of self or others meet potential attachment figures[115] they

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[112] An affectional bond is defined as a relatively long enduring tie in which the attachment figure is important as a unique individual, and is interchangeable with no-one (Ainsworth 1989).
[113] Negative models of self: fears of unlovability and rejection, anger at the threat of separation, and a strong, insistent need for love and approval (Daly & Mallinckrodt, 2009).
[114] Negative models of others: discomfort with closeness and interdependence, distrust of relationship partners, a preference for emotional distance and extreme self-reliance (Daly & Mallinckrodt, 2009).
[115] i.e., friends, partners, therapists, Pilates teachers

may be vigilant for cues consistent with their negative expectations, and tend to defensively reject evidence that might disconfirm their models (Daly & Mallinckrodt, 2009). However, insecure attachment patterns are not considered to be problematic in themselves; they are only conceptualised as maladaptive when the strategies inherent to them are rigidly and inappropriately applied to new contexts (Daniel, 2006; Larsson, 2012). The attachment system is described as complex because it can include different episodic, context-related, and relationship-specific representations (Mikulincer & Shaver, 2007b); although people may approach new relationships with a set of assumptions about relationships in general (global attachment style), they also develop specific thoughts and behaviours toward individual people in the moment (context-specific attachment styles) (Shaver & Mikulincer, 2009).

Reviews of psychology and psychotherapy research that has extended AT into the realm of adulthood have found that theory-guided interventions designed to elicit a felt sense of security have predictable and beneficial effects on emotion regulation, on representations of the self and relationship partners, and on caregiving (McCluskey, 2005; Mikulincer & Shaver, 2007a, 2007b). The findings suggest that any interpersonal intervention that increases a person's sense of safety, lovability, personal efficacy, structure, self-regulation and meaning is likely to strengthen core aspects of the self that are important for mental health and adaptive functioning (Mikulincer & Shaver, 2007b). Within the context of psychotherapy, Bowlby's (1988) descriptions of the use of AT proposes that a major goal is the reappraisal of inadequate, out-dated working models of self in relation to attachment figures. The joint task of the therapeutic work is to understand the origins of the client's dysfunctional working models of self and attachment figures. To this end, the therapist can be most helpful by serving as a secure base from which a client can explore and rework their internal models (Bretherton, 1992; Farber & Metzger, 2009).

As argued earlier, TLP is concerned with technique and the cultivation of skills through practice, therefore it does not share the same aims as AT-informed psychotherapy

as described by Bowlby (1988). Nevertheless, the participant's accounts in the present study suggest that particular Pilates teachers may function as attachment figures. This argument is developed in the follow section that creates a dialogue between the findings, six key AT principles of the originator's work, as well as psychology and psychotherapy literature.

4.3.5 Pilates teacher(s) as attachment figure(s)?

4.3.5.1 Attachment figures are stronger and wiser

Bowlby (1988) held that in psychotherapy, unless the practitioner is perceived as a trustworthy figure, "therapy cannot even begin" (p.140). In similar vein, the founders of cognitive therapy emphasised the importance of establishing an atmosphere in which a client's trust might develop (Beck, et al., 1979). More recently, it has been argued that trust may be important at the beginning of therapy but that it is also important as therapy progresses, because "the client needs to be able to trust the therapist without becoming overly dependent if breaks and endings are to be tolerated" (Laughton-Brown, 2010, p. 7).

It is also suggested that therapists may be in a natural position to activate the client's attachment system and to become an attachment figure, because the client is actively seeking help from practitioners with socially sanctioned credibility (Farber, et al., 1995; Farber & Metzger, 2009; R. Kobak & Shaver, 1987). The implicit socially sanctioned power imbalance between client and practitioner is consistent with Bowlby's (1973) conceptualisation of attachment as a system that, when activated, can influence behaviour directed to an individual who is perceived as stronger and wiser. The possibility of the development of attachment behaviour is augmented by the practitioner's genuine interest in the client, their predictable availability, and wish to help (Farber, et al., 1995; Farber & Metzger, 2009; Skourteli & Lennie, 2011b; West & Sheldon-Keller, 1990). From an attachment perspective, the practitioner's caregiving behaviour may stimulate the

client's attachment system and associated behaviours[116] - a behavioural dynamic that possibly shares similarities with the caregiver-infant dyad (Ainsworth, 1989). Despite this, it is claimed that client-practitioner relationships are functionally distinguishable from childhood attachment relationships because they are defined by particular temporal, financial, logistic and ethical boundaries (Farber, et al., 1995; Farber & Metzger, 2009). For example, practitioners are in a position to be considerably more objective and less emotionally involved in this relationship than is a mother with her child (Farber, et al., 1995). It is suggested that awareness of the practitioner's relative objectivity and the lack of emotional reciprocity may lessen the possibility that some clients will regard the practitioner as an attachment figure (Farber, et al., 1995). Conversely, it is argued that for some clients these very factors may contribute to a felt sense of safety, thus facilitating the development of an attachment relationship (Farber, et al., 1995; Farber & Metzger, 2009). It is also suggested that the practitioner's protective role may be perceived differently by the practitioner and the client (Farber, et al., 1995). From the practitioner's perspective, protection and safety may be considered inherent to their practice, whilst from the client's perspective, a felt sense of protection and safety may be contingent on their lived experiences of the practitioner and their interactions.

Relating this literature to the findings of the present study, I found that Pilates teachers featured within all of these participants' awareness as socially sanctioned, credible helpers. I also found that these people described initially joining TLP classes when they felt in need of help, support or guidance. It is as though they anticipated that they might benefit from seeking and receiving other people's wisdom, guidance and care.

Even so, four participants[117] shared initial experiences of wariness about engaging with TLP. From an attachment perspective, people are motivated to maintain a dynamic balance between familiarity-preserving behaviours and novelty-seeking behaviours. The

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[116] Proximity-seeking, particularly when tired, ill or distressed (Ainsworth, 1969).
[117] Adriano, Bruno, Giulia & Helena.

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wariness described by these participants seems to accord with this theory, because they attended for the first TLP class despite initial concerns about exposing themselves to the interaction with a stranger, scepticism about an unfamiliar exercise regimen, and relative concerns about incompetence. The accounts suggest that for these initially wary participants, a felt sense of trust in this context developed as a consequence of lived experiences of working with particular teachers.

Interestingly, all eight participants related their enthusiasm for TLP to lived experiences of working with teachers with whom they perceive a personal connection. For all participants, this connection with preferred teachers is described as a felt sense trust and safety. Participants provided descriptions that suggest they perceive an affectional bond with teachers whose professionalism, genuine interest, well-meaning action, responsiveness, availability and consistency they can rely upon, and whom they perceive as knowledgeable and skilful. The finding that four participants[118] shared experiences of feeling unsafe with teachers who were not their preferred or regular teachers seems to attest to the importance placed by these people on a felt sense of trust in this context.

Finally, even though attachment does not specify that caregiving must be done by mothers or be specifically restricted to females (Bretherton, 1992), this study found that all of the Pilates teachers described by these participants were female. The gender of the teacher may be relevant because psychoanalytic thinkers including Bion (1962) and Winnicott (1971) draw parallels between the ideal maternal and productive therapeutic environment. However, others have suggested that, because Western society largely regards power and authority as male generated, men may by extension be more compelling representatives of security than women for adults seeking help (Farber & Geller, 1994). It is proposed that preference for male practitioners may be founded on the belief that women are incapable of providing sufficient wisdom, strength and protection for felt security in adults (Farber, et al., 1995).

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[118] Adriano, Bruno, Carillo & Elsa

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It may be relevant that participants in this study described experiences wherein their teachers closely observe and guide their bodies using language and touch. Perhaps these kinds of intimate body experiences can feel less threatening with the representation of a nurturing wise and strong mother figure. Perhaps in this context for these people their preferred Pilates teacher's femininity and caregiving behaviours[119] closely match fantasies about safe primary dyadic relationships. An idealised mother-infant relationship fantasy, combined with lived experiences of perceived powerful, wise, available, responsive females in Pilates classes, may contribute to some participants felt sense of safety, and thus elicit the attachment system and associated behaviours[120]. These participant's accounts do suggest that the teacher-client role may share with the mother-infant role the tacit understanding that it is malfunctioning for the mother/teacher to seek care, support and security from the child/client.

Interestingly, although a growing body of literature confirms that the therapist's professional and personal characteristics can influence the therapeutic relationship (cf. Daniel, 2006), research has found that gender is not a distinguishable characteristic of good therapists (Okiishi, et al., 2003; Skovholt & Jennings, 2004). Thus a parsimonious interpretation is that contemporaneously in London Pilates as a profession may share with psychotherapy a particular appeal for women.

4.3.5.2 Attachment figures provide both a safe haven and a secure base

There is one criterion of attachment that is not necessarily present in other affectional bonds. Namely, the individual's ability to experience "safety and comfort" in the relationship, and to use the secure base provided by the attachment figure with confidence to engage in other activities (Ainsworth, 1989, p. 711). The conception of security in this scheme is double-barrelled: it includes the safe haven provided by the caregiver(s) during times of fatigue, injury, fear and stress, and the secure base that allows

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[119] Relative power, knowledge, responsiveness, guidance, touch, support
[120] Proximity-seeking through regular attendance of classes.

the person to undertake challenging and frustrating activities such as exploration, learning new skills, and moving into new social situations (Mikulincer & Shaver, 2007b). This aspect of attachment seems to resonate with Bion's (1967) concept of maternal containment and Winnicott's (1958) concept of a holding or facilitating environment. In these schemes a well-balanced mother (and perhaps, by extension, practitioner) is attuned to the needs of the infant/client, and can respond therapeutically by providing a 'still point' that can enable both to change and grow from the interactions (Gravell, 2010).

In the present study all participants described feeling as though they could rely on some teachers to provide a consistent and facilitative environment and how the safe base provided by their preferred teachers enabled them to fully immerse themselves in the challenges of learning Pilates, and to accept the frustrations of the learning process. Six[121] participants also described their appreciation for the provision of a safe haven to return to when feeling depleted, fraught, stressed, fatigued or fragmented. The study also found that these participants mostly leave their TLP classes with a felt sense that transformation has occurred, through accounts which suggest that after some classes they feel alert, energised, satisfied, in control, connected or competent. Participants have described how lived interactional experiences with particular teachers contribute to a sense of being able to variously enjoy, meet and regulate relative demands of daily living. Thus, the accounts suggest that when care, protection and guidance are felt, and when felt security and competence are attained, these clients feel as though they can return optimistically to activities that may not be attachment-system related. Participant's descriptions of problematical interactional experiences with particular teachers also indicate that not all Pilates teachers are experienced as benevolent figures that can be relied upon to provide a secure base/safe haven. One participant even shared a realisation that interactions with particular clients could also evoke problematical reactions[122] in the teacher.

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[121] Bruno, Carillo, Delma, Francesca, Giulia & Helena
[122] *I think that this probably goes both ways as well, with, like, the teacher having reactions to the client by*

AT offers an interesting perspective to contextualise these experiences, because it conceptualises the therapeutic relationship as co-created (Parpottas, 2012). This perspective considers that both the teacher's and the client's attachment styles interact, and that the dynamic can impact the teacher's capacity to offer a secure base or safe haven, and to interact therapeutically with some clients. For example, research indicates that client attachment styles influence the therapeutic relationship because their representations of self and others in relationships influence how the therapist responds to the client, and how effective they may be in establishing a secure base (Hardy, et al., 1999; Mallinckrodt, 1991).

There is also some evidence that therapists with insecure attachment styles (whether anxious or avoidant) can fail to interact and respond empathically with some clients as a consequence of their attachment style and preoccupation with compensating for or managing perceived threats to their own security (Parpottas, 2012; Rubino, Barker, Roth, & Fearon, 2000; Trusty, Ng, & Watts, 2005). It can be hypothesised that in traditionally 'corrective' approaches such as TLP and CBT, the teacher's disordered attachment style may manifest as a tendency to apply techniques in insensitive and inflexible ways (cf. Parpottas, 2012). The 'doing' aspects can be foregrounded over the relational aspects of the encounter, relational aspects that arguably facilitate the encounter to be therapeutic (Boucher, 2010).

One participant described how the teacher's lack of experience could result in the insensitive application of TLP. This perspective is also described by Terry Boucher (2010) who recalls his early experiences of applying CBT as prescriptive and didactic because he initially felt anxious with clients. His anxiety about inexperience with using CBT to work with actual clients was initially managed with building his skills and gaining confidence in knowing what he 'should' do. He describes how as his training and experience grew he became less anxious and 'clumsy', and more skilled with adapting himself and CBT

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having some people who drain them [Carillo 1226-1228].

creatively during interactions with clients.

4.3.5.3 Attachment figures are insurers of survival

For Bowlby (1974), attachment serves the evolutionary function of ensuring the

survival of the infant. In therapeutic contexts it is argued that the relevance of this feature

of attachment may depend on how one defines survival in adults (Farber, et al., 1995). It is

suggested that although clients seeking help may not literally be dependent on their

practitioners for survival, the perceived "relief from severe distress and feelings of deep

dependence may be seen as the emotional corollary to the biological survival of an infant"

(Farber, et al., 1995, p. 208). Thus, it is contended that for some clients practitioners are

indeed perceived as necessary for psychological survival and, in this sense, function as an

attachment figure.

In the present study, seven participants[123] provided accounts of feeling deep

dependence on particular Pilates teachers and classes at particular times, and that they draw

on representations of them between classes. Their accounts suggest that at times they feel

as though they can base their security, needs for care, and development in the relationship

with particular perceptive, competent and available women. In turn, the analysis also

revealed how participants depend on their meetings because through the meetings they feel

better able to meet and regulate the social, psychological and physical demands of their

lives. Thus, it is as though the relationship with some teachers, the regular provision of a

safe haven, and a secure base may confer a survival advantage.

4.3.5.4 Attachment behaviour is focused at specific individuals

Bowlby (1977) considered that attachment behaviour is directed towards one or a

few specific individuals, usually in a clear order of preference. Farber, et al. (1995) suggest

that this phenomenon seems true of some psychotherapy relationships, once a relationship

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[123] Bruno, Carillo, Delma, Elsa, Francesca, Giulia & Helena.

has been established, observing that for some clients "the therapist does not merely occupy a generic slot" (1995, p. 208). Indeed, it is argued that attachment is distinguishable from dependency because it is focused on and directed towards one or a few specific figures, whereas dependency is generalised toward a class of persons (Gewirtz, 1969).

However, it is also argued that the focal difference between dependency and attachment does not simply lie in the direction of behaviour (Ainsworth, 1969). Attachment is differentiated from the social learning theory of dependency by the notion that the attachment figure is never wholly interchangeable with or replaceable by another (Ainsworth, 1989). Thus, attachment is concerned with the representation or working model of the particular person or persons in the client's "inner structure" (Ainsworth, 1969, p. 41). The attachment figure is thought to reside in the inner structure of the person, which has both cognitive and affective aspects, and which affects behaviour. Consonantly, Farber et al. (1995) contend that a particular "patient's interaction with a particular therapist is specific to the two individuals in a particular physical space, mediated by, though not fully dependent on, the working models of each" (p. 208). This claim is evidenced with the observation that even in the absence of the regular therapist, "patients" seem typically reluctant to utilise an alternative, albeit recommended, 'on call' therapist (Farber, et al., 1995, p. 208).

The findings of the present study suggest that all eight participants have experienced and prefer a more focalised relationship with some teachers, with whom they seek proximity at regular intervals. Two participants[124] described the relationship with their preferred Pilates teacher as personal; two others[125] described it as a caring friendship; two participants[126] compared their relationship with their regular teachers with other relationships, drawing on the notion of "respect" with one describing it as comparable to

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[124] Adriano & Bruno
[125] Giulia & Helena
[126] Carillo & Delma

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the TR, and the other describing her teacher as comparable to a "guru"; one participant[127] described how she feels as though she has got to know her teacher well, and that she understands where the teacher is coming from; finally, two participants[128] described how in the event of the teacher's relocation, they have decided to follow or move with their regular teachers, despite the personal inconvenience and costs incurred. Interestingly, there is divergence in these two participant's accounts, because one shared experiences that suggest attachment to a group of teachers with whom she has worked in a particular context, even though she has one-to-one classes with one particular teacher. Perhaps this participant has found a family of teachers with whom she feels safe. It is also possible that this participant has a particular interest in representing the people who have guided and supported her in this context in a particular way, perhaps because she wishes to convey a sense of gratitude.

Four participants[129] shared ambivalent experiences of working with teachers who are not their preferred or regular teachers. For these participants, a central concern that emerged was that of not feeling recognised. These participants[130] made downward comparisons by drawing on what could be described as internal representations or working models of preferred teachers. It can be argued that during the interviews all participants evoked representations of particular teachers when discussing interactional experiences of them, which suggests that the teacher's presence may endure even in their absence.

4.3.5.5 Attachment figures are of long duration

For Bowlby, attachment is of a long duration, often persisting throughout the life cycle (1977). Interestingly, in the present study seven participants reported weekly engagement with TLP that exceeds the usual 'dose' of psychotherapy reported in research papers. The median length of these participants reported engagement with weekly TLP

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[127] Elsa
[128] Francesca & Helena
[129] Adriano, Bruno, Carillo & Elsa
[130] Adriano, Bruno, Carillo & Elsa

classes was two years, with a median weekly 'dose' of two 60-minute TLP classes per week. The psychotherapy literature reveals a general agreement that the optimal 'dose' for a client to experience change is between 13-18 sessions with the therapist (Hansen, Lambert, & Forman, 2002). This corresponds with the 'dose' reported in the present study by the participant[131] with the least experience of TLP. Remarkably, even though some observe that therapies using a psychodynamic framework can continue for years (Farber, et al., 1995), psychotherapy research conducted in naturalistic settings has found that the median length of psychotherapy is less than six sessions (Garfield, 1994; Hansen, et al., 2002). It might be argued, therefore, that in the present study, participant's regular Pilates teachers represent attachment figures of comparatively long duration.

4.3.5.6 Attachment relationships are characterised by intense affect

From an attachment perspective, the formation, maintenance, disruption, renewal and loss of attachment relationships are characterised by intense affective components. For Bowlby, the formation of the attachment bond is characterised by a strongly positive component that is comparable to love (Bowlby, 1974), whereas Ainsworth (1969) suggests that attachment is a synonym of love.

In the present study five participants[132] described intensely positive experiences of feeling affected by their first Pilates class with particular teachers to whom it can be argued they direct attachment behaviour. One participant[133] described how the formation of attachment to his particular teacher developed gradually, through a process of relationship negotiation. The remaining two participants did not share intense experiences during the formation of attachment to particular teachers.

Interestingly, it is argued that in the context of psychotherapy, the therapeutic analogue to "falling in love" is characterised by the patient's idealisation of the therapist

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[131] Adriano; 4 months, once weekly
[132] Adriano, Elsa, Francesca, Giulia & Helena
[133] Bruno

(Farber, et al., 1995, p. 209). However, it is suggested that unlike the activation of primary attachment in infancy, the extent to which clients can idealise the therapist is mediated by the security or lack thereof in attachments to earlier caregivers. For individuals who take longer to develop an affectional bond with their therapist, regularly scheduled appointments may provide opportunities "for the development of trust in the secure base" provided by the working relationship (Farber, et al., 1995, p. 209). This description is striking because it resonates with the finding in the present study that the majority of participants seem to idealise their regular Pilates teachers. As well, the participant[134] who described how the formation of a trusting relationship with his teacher took a long time to develop reported an early history of insensitive caregiving in sport settings, as well as a damaging experience early on in his engagement with one particular Pilates teacher. For this participant, regularly scheduled appointments with the teacher to whom he arguably directs attachment behaviour are described as of particular importance.

For Bowlby (1974), the maintenance of attachments is also characterised by a strongly positive affective component. The present study found that participant's accounts of the maintenance of the working relationship with particular teachers were predominantly associated with positive experiences, although some participants also reported problematical experiences. It may be pertinent that TLP is characterised by disruptions and renewals, which occur regularly as part of the process. From an attachment perspective, disruptions and renewals can evoke powerful emotional responses: the former, anxiety, the latter, joy (Bowlby, 1974).

In the present study five participants[135] described experiencing anxiety between TLP classes, and these same participants also shared experiences of anticipatory excitement as well as a mixture of joy and relief in the reunion with their teachers. As

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[134] Bruno
[135] Bruno, Elsa, Francesca, Giulia, Helena

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described earlier, two participants[136] shared their decisions to make significant adjustments in their lives in response to threats to the maintenance of proximity with particular Pilates teachers with whom they had established a working relationship. One participant[137] shared how his regular teacher's recommendation that he use personally endorsed teachers in her absence initially elicited anxiety. His account details how his eventual decision to try working with different teachers was informed by the felt sense of safety, confidence and competence that he has developed in his working relationship with her. Even so, the account also reveals that he was concerned to re-establish the working relationship with his regular teacher and that he did not develop an attachment to any of the substitutes. Finally, one participant[138] described how feeling criticised by one particular teacher evoked a negative affective and emotional response, and he alluded to the importance of the predominance of positive, respectful and safe interactional experiences to his on-going commitment to TLP classes.

Consonantly, Farber, et al., (1995) claim that the maintenance of attachment in psychotherapy relationships is characterised by both positive and negative emotional components. The authors propose that during the maintenance of the attachment, clients may not always feel safe with or positive towards their therapists and that they can experience anxiety when feeling criticised by the attachment figure (p.210). Indeed, it is noted that in therapy disruptions and renewals are part of the process, and that anxiety can be evoked as a consequence of being "denied unlimited access" to the attachment figure (Farber, et al., 1995, p. 209). As for positive emotional responses, it is argued that although anxiety can characterise separations, "patients are typically gratified by the focused, singular attention of their therapist attachment figure during the course of each session" (Farber, et al., 1995, p. 209).

Finally, from an attachment perspective, sorrow and grieving are reactions to the

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[136] Francesca & Helena
[137] Bruno
[138] Carillo

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loss of attachment relationships (Bowlby, 1974). Given that none of the participants who took part in this study described experiencing the loss of a valued teacher, I draw on my own experiences of loss in this context. Previous to undertaking the present investigation, it seems as though I may have under-acknowledged my experiences of attachment and loss in this context. I find that even though I have worked with more than fifty Pilates teachers since 1997, my experiences of grief and gratitude are tied with two particular teachers, whose individual presence seems oddly palpable in their absence even as I write this sentence. My appreciation for the meaning and emotional corollary of the loss of a valued teacher in structured exercise settings has recently felt amplified by the death in 2011 of Nancy Lam, a fellow longstanding gym member[139] who was also my Tai Chi instructor. I do find that drawing on what may be conceptualised as my 'representations' of all three women affects me in positive, soothing and beneficent ways, even though I experience sorrow because I know that I will never see them again. The affective beneficence that I experience when I draw on what can be described as my internal representations of these three women further indicates that some teachers in structured exercise settings may function as attachment figures for some people in some contexts at particular times.

4.4   Contextualising master theme 3

Weekly TLP classes can provide an invaluable arena for transformation

The third master theme represents how participants described their weekly TLP classes as invaluable because they can provide a regular arena for transformation. The analysis revealed that transformation with TLP can include both short-term and long-term aspects. For example, all participants variously described memorable and yet transient experiences of enhanced awareness of particular aspects of the body and described how TLP classes have transformed their theoretical understanding of their bodies and body

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[139] Nancy was retired when we developed a friendship through a shared passion for teacher-led classes at a gym in London. This relationship dates back to September 1997. Nancy took over Tai Chi instruction in this setting in 2004 when our regular instructor took unwell.

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use[140].

The findings also revealed how transformation with TLP can include both beneficial and problematical somatic, psychological and behavioural aspects. For instance, seven participants[141] described how TLP classes contribute to noticeable musculoskeletal[142] changes and improvements in Pilates and motor skill[143]. All participants described how weekly TLP classes contribute towards positive changes in how they feel about their bodies, and how the experiences that they have lived in their classes contribute to changes in their behaviours (e.g., regular attendance of TLP; S-DIP). One participant[144] shared a negative somatic experience wherein he developed an injury during his third TLP class. One participant[145] shared how some classes can elicit catastrophic thoughts, and this same participant shared an experience of using a corrective awareness intervention suggested by a teacher that eventually resulted in injury. Finally, seven participants[146] shared experiences that problematise transformation in this context, because they have variously described how the transformed awareness of the body as well as the sense of bodily connection and control is fragile, incomplete and impermanent.

The investigation found that the meaning of transformation with TLP is complex, because it seems to manifest as a tension between enjoyment, empowerment and dependency for most participants[147]. The finding that one participant did not describe either needing or depending on TLP myths, metaphors, rituals and/or relationships is intriguing; one tentative interpretation considered that he was the only participant who did not describe body problems[148] in his account of initially joining TLP classes, and that therefore he may be relatively immune to the treatment myth of Pilates.

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[140] e.g., anatomical theory
[141] All participants apart from Adriano
[142] e.g., improved balance, co-ordination, flexibility, range of motion
[143] e.g., increased proficiency with Pilates exercises & improved physical ability to perform activities of daily living such as bending over, standing, walking & squatting
[144] Bruno
[145] Carillo
[146] All participants apart from Adriano
[147] All participants apart from Adriano shared experiences that suggest dependency on their Pilates classes, the interactions with preferred teachers and/or their S-DIP.
[148] e.g., ageing, afflicted and/or symptomatic body

Phenomenological, bodywork, psychological and interactional literature is used to contextualise the findings. First, I describe a phenomenological conceptualisation of the constructs 'body image' and 'body schema' that offers a theoretical context for participant's experiences of transformation. The work problematises how these terms and constructs tend to be conceptualised and conflated in psychology research. Second, I use this perspective along with interactional critiques of Pilates and psychology 'myths' to offer a perspective that contextualises the beneficial and problematical aspects in participant's accounts of transformation.

4.4.1 Body image & body schema: Terminological & conceptual clarification

Body image and body schema are terms frequently used in psychological, psychoanalytical and phenomenological studies of body experience and personality (S. Gallagher, 1986a). They are often used interchangeably to refer to a range of body concepts[149], and are linked with preventive behaviours (Cash & Smolak, 2011), psychological distress (Blashill, 2010; Brausch & Gutierrez, 2009; Cash & Pruzinsky, 2002; Desai & Patoliya, 2011; Hrabosky & Thomas, 2008), as well as psychological and psychosocial well-being (Cash, 2005; Cash & Smolak, 2011).

Theoretically, the image or schema of the body is conceptualised as a complex process that is informed by historical, cultural, social, individual and biological factors (cf. Cash & Brown, 1987; S. Gallagher, 1986a, 2005; Gleeson & Frith, 2006; Powers, Schulman, Gleghorn, & Prange, 1987; Teleporas & McCabe, 2002). However, critics observe that conclusions about the image or schema of the body in psychology tend to be based on studies of pathology, and that researchers tend to operationalize the constructs in questionable ways (cf. S. Gallagher, 1986a; S. Gallagher, 2005; S. Gallagher & Cole, 1995; Gleeson & Frith, 2006; Tiemersma, 1989). For example, Gleeson and Frith (2006)

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[149] e.g., a physiological functioning, a conscious model or mental representation, an existential experience, an unconscious image, a manner of organising bodily experiences, an artificially induced reflection, a collection of thoughts, feelings and memories, a set of objectively defined physical dispositions, a neurophysiological map of the brain, and an eidetic knowledge of the essence of the body (cf. S. Gallagher, 1986b, 2005)

found that health psychology researchers largely approach body image as though it is a pre-formed mental representation that is a property of the individual that remains static across situations. Such researchers believe that body image can be accurately measured, for instance by measuring distortions in the visual perception of body dimensions, or by measuring dissatisfaction with perceived body dimensions in experimental settings.

By way of providing an alternative account, the past two decades have witnessed philosophers, psychologists and biological/neurological scientists circulating ideas and creating "an odd but productive alliance" (Damasio, 1999, p. 13). Phenomenological philosophers draw distinctions between the 'body image', the 'body schema' and the 'in-depth body' (De Preester, 2005, 2007a; S. Gallagher, 1986a, 1986b, 2005; Leder, 1990a, 1990b). The cited philosophers draw on and develop the work of Merleau-Ponty (1945/1962, 1964, 1964/1968), who advanced a dimensional, interactional understanding of bodily experience. This phenomenological body of work proposes a conceptualisation of the body that is predominantly based on the extent to which and the manner in which the body appears in consciousness and in which it is amenable to personal control and/or mastery. For example, the body image and the body schema are described as "dimensions of a stratified body that are situated in the *surface* dimension of the body" (De Preester, 2007b, p. 372); they are described as available to awareness, able to "actualise intersubjectivity"[150] and amenable to "personal mastery" (Leder, 1990a, p. 46 & 48). By contrast, the in-depth body is described as the anonymous visceral[151] and fluid dimension that resists conscious awareness, focused attention and personal mastery (Leder, 1990b). Albeit an autonomous dimension that is experientially elusive, contemporary scientists have found that the processes of the in-depth body are central to understanding consciousness, emotion and memory (cf. Damasio, 1999; Pert, 1999).

The present study found that the in-depth body did not feature in these participant's

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[150] Intersubjectivity is described as the sharing of affective, perceptual and reflective experiences between two or more subjects; it includes experiences of joint understanding and attention (Zlatev, 2008).
[151] Viscera refer to the internal organs of the body including the heart, lungs, liver, pancreas and intestines.

accounts of transformation with TLP[152], but that surface dimensions of the body[153] feature across all participant's accounts of transformation. The clarification of surface dimensions of the body proposed by Shaun Gallagher (1986a, 2005) offers a theoretical context for these participant's descriptions of transformation. Gallagher's terminological and conceptual distinction of the body image and the body schema is used to make an eloquent case for his interactional theory of embodied cognition[154].

Gallagher (2005) conceptualises the body image and the body schema as two different but closely related systems that interact in the context of intentional[155] action: they are differentiated "in order to understand the complex dynamics of movement and experience" (p. 24). In this scheme, the body image consists of a self-referential system of inconsistent, abstract, partial and occasionally accessible perceptions, attitudes and beliefs pertaining to one's body, and involves a reflective intentionality wherein the body is thermalized (S. Gallagher, 2005; S. Gallagher & Cole, 1995; S. Gallagher & Zahavi, 2008). It can include short-term aspects, such as occurrent perceptions of the body as experienced in limit situations[156] (cf. Chappie, 1976; Fisher, 1976, 1978; Jaspers, 1972; Nieuwenhuyse, Offenberg, & Frijda, 1987) and long-term aspects, such as mental representations and conceptual understandings of the body (cf. O'Shaughnessy, 1998, 2000). Three modalities of this reflective intentionality are distinguishable in some clinical literature (e.g., Cash & Brown, 1987; S. Gallagher & Cole, 1995; Gardner & Moncrieff, 1988). Consequently, Gallagher (1986a, 2005) conceptualises the body image as a complex phenomenon with at least the following three aspects:

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[152] For example, no participants described gaining an awareness of or sensitivity to the activities of the spleen, pancreas or intestines in this context.
[153] i.e., body dimensions that are described as available to awareness and amenable to personal control
[154] Embodied accounts of cognition have been formulated in a variety of different ways in sub-fields comprising cognitive science (i.e., developmental psychology, artificial life/robotics, linguistics, and philosophy of mind) (cf. Clark, 1998; A. R. Damasio, 1994; Noë, 2005; Varela, Thompson, & Rosch, 1991). The different formulations of the embodied cognition thesis share a common goal of developing cognitive explanations that capture the manner in which mind, body, and world interact and mutually influence one another to promote an organism's adaptive success (Anderson, 2003).
[155] 'Intentional' means 'to be about' (De Preester, 2005, p.6)
[156] Studies indicate that outside of deliberate reflection, the body manifests itself in consciousness only in certain 'limit situations', i.e., fatigue, sexual excitement, pain or pleasure, discomfort, sickness, mental illness, injury, stress situations or physical challenges such as in sports activities and physical training

(i) Perceptual: The individual's immediate perceptual experience of his/her body.

(ii) Cognitive: The individual's conceptual understanding of the body (including 'mythical' and/or scientific knowledge).

(iii) Emotional: The individual's emotional attitude towards or feelings about his or her own body.

It is argued that conceptual and emotional aspects of the body image inform perception and are affected by cultural and interpersonal factors. Moreover, it is maintained that the perceptual content of the body image "originates in intersubjective perceptual experience" (S. Gallagher, 2005, p. 26). In line with the work of Merleau-Ponty (1964), Gallagher's thesis conceptualises the sense of self and the body image dimension as arising and shaped in the context of other people and attachment relationships (S. Gallagher, 2005; S. Gallagher & Melzoff, 1996).

Of note, a focus on interactional models of embodiment has of late flourished in British attachment theory and Anglo-American psychoanalysis (e.g. Balsam, 2012; Diamond, 2013; Fonagy & Target, 2007; Lemma, 2010; Muller & Tillman, 2007; Orbach & Carroll, 2006; Orbach, 2010; Pines, 1993; 2010). These psychoanalytic proponents similarly draw on developments in different fields (including the philosophical) to argue for interaction as the basis for embodiment. Within the context of the consulting room, encounters with the surface dimensions of the body are explored and theorised by some (e.g. the skin in Diamond, 2013; Lemma, 2010), and the meaning of the 'in-depth' body is explored and theorised by others (e.g. the biological, reproductive body in Balsam, 2012).

In Gallagher's scheme, the body schema is differentiated from the body image; it is conceptualised as a system of preconscious, subpersonal sensory-motor capacities that function in an integrated and holistic way, without awareness or the necessity of perceptual monitoring (S. Gallagher & Cole, 1995). It involves certain "motor capacities, abilities and habits" that both enable and constrain movement and the maintenance of posture (S. Gallagher, 2005, p. 24).The body schema's operational information sources are thought to

operate below the level of self-referential intentionality. For example, schematic information sources are thought to include the proprioceptive[157] and vestibular[158] systems.

So the difference between the body image and the body schema is analogous to the difference between a conscious monitoring of movement[159], wherein a representation of some aspect of bodily experience is the intentional object, and the actual accomplishment of movement[160], wherein the body is the intentional subject[161] that supports intentional activity (S. Gallagher, 2005). Phenomenologically, the two systems interact and are highly coordinated in the context of intentional action, such as in learning a new movement sequence, or incorporating artefacts such as fashion and performance accessories[162] or prosthetic limbs (De Preester, 2005, 2007b; Merleau-Ponty, 1945/1962).

Converse clinical cases (e.g., S. Gallagher & Cole, 1995; S. Gallagher & Melzoff, 1996; Paillard, 2005), qualitative research that explicates people's experience of self and body (e.g., Murray, 2001; Osborn & J. A. Smith, 2006), and experimental research that explores the incorporation of robotic or prosthetic limbs (e.g., Botvinick & Cohen, 1998; J. Cole, Sacks, & Waterman, 2000; Tsakiris & Haggard, 2005) lend empirical support for the phenomenological distinction between the body schema and the body image. This body of research has found that both systems are important for a sense of action authorship and bodily ownership or identification. For example, Meltzoff and Gallagher (1996) found that a patient with an intact visual perception and conceptual understanding of his body but impaired proprioceptive input from the neck down reported initially feeling alienated from

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[157] The proprioceptive system refers to components of muscles, joints, and tendons that usually provide subpersonal information about body position. Proprioceptive information typically refers to the sense of the position of the body and body parts relative to one another derived from kinetic, muscular, tendon, articular and cutaneous sources (cf. Bear, Connors & Paradiso, 2007).

[158] The vestibular system is used to refer to a number of reflex pathways that are responsible for making compensatory movements and adjustments in body position. The centrifugal flow of information begins at sensory hair cells located within the peripheral vestibular labyrinth (cf. Bear, Connors & Paradiso, 2007).

[159] 'Reflective intentionality' as pertains to the body described by these participants includes descriptions of discriminatory attunement/sensitivity to aspects of the conceptual, musculoskeletal and sensory dimensions of the body during and/or after TLP classes.

[160] e.g., accomplishing movement in the context of talking on a mobile phone whilst running to catch a bus

[161] i.e., that is experientially recessive or absent

[162] e.g., learning to walk in high heels or stilts, which initially require patience, effort, training and/or suffering to eventually achieve an effortless capacity to walk, run, dance and adjust to the environment.

his body because he could not control his movements. Osborn and Smith's (2006) IPA of six people's sense-making of the experience of the body in chronic benign low back pain (CLBP) found that participants changed in the way that they related to the parts of the body that were painful or difficult to control. The authors found that when not in pain the body had little salience, and that when in pain it was consciously excluded from the self. In a robotic arm experiment, Cole, et al. (2000) found that experimenters who learned to pass tools to each other using robotic arms experienced a misidentification - "the perception was that one's body was in the robot" (p. 167).

It is argued that these and other cases[163] illuminate that the body image and the body schema exhibit an openness and consequently a vulnerability to the environment; they are described as fragile because their operations are "explicitly temporary, contingent and unstable" (De Preester, 2005, p. 351). Even so, it is suggested that if we were not able to change our mapping of a sense of ownership and agency onto altered bodies[164] "we might be at risk of alienation from them" (J. Cole, et al., 2000, p. 167).

Nicola Diamond's (2013) psychoanalytic critique of Gallagher's scheme argues that although the work is respected, the interactional perspective of body image is under-developed; it appears eclipsed by a first- and third- person perspective. Furthermore, the cognitive framework places emphasis on articulating mainly conscious aspects, and therefore bypasses consideration of unconscious aspects. It is argued that a definition of body image that derives from and is endorsed by contemporary psychoanalysis embraces a complex conceptualisation of body image as consisting of both conscious and unconscious aspects, and as fundamentally derived from and influenced by others.

The following section develops a dialogue between the findings, Gallagher's scheme and interactional perspectives of embodiment that account for the emphasis placed by respondents in this investigation on interaction.

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[163] e.g., performance art that challenges our encounters with the body (cf. de Preester, 2007b)
[164] e.g., when our bodies grow, age, are pregnant and/or injured.

4.4.2   Weekly teacher-led Pilates shapes the body image?

The body of work described above appears to be useful for grounding participant's descriptions of transformation for two reasons. First, it can account for the finding that transformation with TLP originates in interpersonal experience. Second, it facilitates understanding how transformation in this context can include short and long-term aspects, body percept, concept and emotion aspects, as well as musculoskeletal and motor skill aspects.

Certainly, Gallagher's conceptualisation of the body image and the body schema facilitates understanding participant's descriptions of how some TLP classes transform the awareness and meaning of particular, formerly taken-for-granted aspects of the body. It can be argued that one mechanism consists in making particular body schematic activities explicit and visible, such that they become conscious and object-like; in losing their obviousness they become loaded with existential significance and exploratory power (cf. De Preester, 2007b).

Relatedly, a mechanism to explain participant's descriptions of vivid experiences of the body and of enhanced receptivity to bodily feedback after certain TLP classes may involve the focus of the classes. For example, Pilates-inspired exercises "typically focus the learner entirely on internal bodily sensations" (Lange, et al., 2000, p. 105). It can be supposed that as a consequence of the particular focus of TLP classes, the body temporarily ceases to be a "sensing" subject and becomes a "sensed" object (Frie, 2007, p. 62).

Gallagher's theory also accounts for participant's descriptions of how TLP classes transform the ways the body is conceptualised. For example, it enables considering that directed reflection may produce "phenomena that are not necessarily contained within pre-reflective experience" (S. Gallagher, 2005, p. 31). The research context renders it

inevitable that these participants will draw on conceptual frameworks[165] and associated language[166] that facilitates conveying experiences that are of interest to the research endeavour. The project "depends on the sophistication of the subject's conceptual understanding of the body and the language used to express that understanding" (S. Gallagher, 2005, p. 31).

This considered, the findings do suggest that TLP classes are experienced as transformative because they provide opportunities for these participants to learn and assimilate particular myth(s) and metaphors pertaining to the body. Understanding TLP myths offers one perspective with which to consider participant's descriptions of how TLP classes transform their behaviours (regular attendance of classes and S-DIP). For example, 'the myth of core stability' (CS) (Lederman, 2010) features in six[167] participant's descriptions of the ways in which TLP classes transform their behaviours. According to Lederman (2010), this particular myth arrived in the latter part of the 1990's, features regularly in Pilates-inspired exercise classes, and has rarely been questioned even though a decade of research indicates that it is based on the following unfounded assumptions:

(1) Certain 'core' or trunk muscles are more important for stabilisation of the spine than other muscles

(2) Is possible to isolate 'core' or trunk muscles from 'global' muscles, and this practice has functional and/or therapeutic value

(3) That there is a relationship between core stability and back pain[168]

(4) That faulty body use and idiosyncratic imbalances in the body 'cause' back pain

(5) That changing faulty body use and correcting idiosyncratic imbalances in the body can prevent or cure back pain

These assumptions contextualise participant's descriptions of S-DIP. For example,

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[165] e.g., myths
[166] e.g., metaphors
[167] e.g., Carillo, Delma, Elsa, Francesca, Giulia and Helena
[168] e.g., that weak abdominal or trunk muscles lead to back pain & that strengthening abdominal or trunk muscles can prevent or reduce back pain.

participant descriptions of using trunk awareness and holding behaviours during activities of daily living can be considered with Lederman's (2010) finding that CS approaches encourage subjects to "think about their core" during functional activities (p.90). Intriguingly, Lederman has found that CS interventions have no additional benefit than any other exercise for back pain (cf. Koumantakis, Watson, & Oldham, 2005; Liddle, Baxter, & Gracey, 2004; Nilsson-Wikmar, 2005). He proposes that the CS myth can be a source of damage because it can lead to somatosensory hypervigilance[169], overuse of CS behaviours, a mistrust of the body's capacity to stabilise itself, and that its focus on correcting imbalances in the body may shift the therapeutic focus away from psychosocial risk factors for the transition to chronic pain and disability (cf. Hasenbring, Hallner, & Klase, 2001; Hasenbring, Rusu, & Turk, 2012).

The present investigation found that this treatment myth appears in participant's descriptions of beneficial (enjoyment, connection, empowerment) and problematical (hypervigilance, damage, dependency) experiences of transformation. The data indicate that the CS myth is believable, perhaps in part because it is endorsed by practitioners with socially sanctioned credibility as the means of therapeutic change. One participant[170] did relay scepticism about the credibility of Pilates myths. His ambivalence was contextualised with the reflection that some practitioners place too much emphasis on controlling the body and his awareness of the potentially distorting effects of the overuse of CS strategies[171]. This participant also shared a belief that the value of the practice for him was concerned with nurturing awareness within the body, which arguably illuminates his understanding of an alternative healing myth.

For example, this participant described study of philosophy and training in Eastern martial and healing approaches including Qigong and yoga, and he has experienced working with a number of practitioners in different contexts. This appears relevant because

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[169] e.g., enhanced sensory sensitivity, accompanied by an exaggerated intensity of co-contraction behaviours, accompanied by a state of increased anxiety
[170] Carillo [558-587]
[171] Carillo [1020-1046]

for example Qigong and yoga evolved in particular Eastern contexts with particular myths, metaphors and rituals that interestingly also accord particular significance to interiority/inner body, and to the abdominal/central region of the body[172] (cf. Cohen, 1999; Frantzis, 1993; Kerr, 2002; Morley, 2001; Saraswati, 2003).

The historical and sociocultural context, Pilates myths, the particular assumptions, values, experience and person of the teacher and of the client emerge as important for understanding participant's experiential claims and the anomalies revealed. It is as though the particular teacher's interactions with the particular client in a particular context has a role in shaping the body image, behaviours, and the relationship with Pilates that the client develops. Certainly, this investigation found that participants contextualised experiences of transformation with TLP by drawing comparisons between different lived experiences, for example of the body, of physical exercise, of particular settings and of teachers or practitioners. For example, participants who have worked with different teachers identified specific ways in which individual teachers can differ in the emphases that they place on the practice.

This perspective can be contextualised with interactional critiques of mainstream psychology, psychoanalysis and the Western biomedical model in healthcare. For example, existentialists Larry and Lauri Fahlberg (1990) offer an interactional perspective of the relationship between the philosophy of exercise programs and practitioners, and the development of exercise program dependency. By way of providing a context for the critique, the authors note that the biomedical model, and the behavioural and Freudian schools in psychology have traditionally been concerned with classifying and treating disorders; and that humanistic psychology has taken up the task of advancing models of

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[172] For example, Qigong practitioners describe the importance of *nei gong*, which can translate as internal work and consists in part of rotations of the *dantien/dantian/tan t'ien*. The lower *dantian* is identified as an area inside the body located two inches below the navel is considered particularly important as the focal point of awareness and breathing technique as well as the center of balance and gravity. Hatha yoga practitioners describe the importance of the *asanas*, which can translate as internal work and consist in part of contracting the *bandhas*. The *uddiyana bandha* is identified as a lock that is located in the abdominal region; contraction of the abdomen into the rib cage is considered important as the focal point of awareness and breathing technique.

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human growth and optimal mental health. The authors identify that the sharpest criticisms of humanistic psychology concern the overemphasis placed on the individual to the exclusion of the context and relational field (cf. O'Hara, 1989).

Crucially, it is argued that the relegation of health to the biomedical model, the ethos of exercise programs and the myths of practitioners can contribute to the individual's relationship with exercise. For example, the authors identify exercise program treatment myths, practitioner's overemphasis on the physical dimension with exercise as a panacea, and mutual seduction or collusion as factors that can influence exercise program dependency. The authors stress the need for a philosophical shift of emphasis in health and exercise programs and amongst health and exercise practitioners. For example, from treatment and prescription to facilitation; from a unidirectional influence model to a collaborative model; from program adherence and dependency to the development of empowerment and self-responsibility; and from an overemphasis on the physical dimension to an emphasis on multiple, complex dimensions involved in wellness.

From a psychoanalytic perspective, Susie Orbach (2010) offers an interactional perspective of the relationship between culture, particular myths, lived relational experiences and embodiment. In particular, Orbach is concerned with developing an interactional account of the apparent epidemic increase, arguably perceptible in the consulting room and beyond, of body fragmentation and instability. Orbach argues that bodies are and always have been shaped according to the specific cultural moment, and that contemporaneously globalisation, postmodernism, consumerism and individualism infiltrate caregiving relationships and shape the ways that the body develops, is experienced and used.

For example, it is argued that the prevalence of body insecurity and anxiety, and the myriad ways in which individuals can attempt assuagement with body transformation are typically storied with postmodern and individualistic notions such as self-invention, self-responsibility and empowerment. However, postmodern notions of the body as infinitely

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modifiable combined with the emphasis on body modification as psychologically motivated obscures interactional factors that shape the experience of and solutions to body instability, thus myths and relational practices which have a role in shaping embodiment remain under acknowledged and unchallenged.

4.5 Assessing validity and quality

There is a longstanding and lively debate concerning the application of evaluation criteria for quantitative research to the evaluation of qualitative research (cf. Denzin & Lincoln, 2000; Golfashani, 2003; McLeod, 2003, 2011). There are also a confounding number of guidelines for assessing validity and quality in qualitative research (cf. Eakin & Mykhalovskiy, 2003; R. Elliott, Fischer, & Rennie, 1999; Guba & Lincoln, 1981; Seale, 1999; Spencer & Britain, 2003). The guidelines produced by Yardley (2000, 2008) are used here because they present a pluralistic stance, providing criteria that can be applied to qualitative research irrespective of the theoretical orientation of the study (Shinebourne, 2011). Yardley (2000, 2008) proposes four key dimensions by which qualitative investigations can be assessed: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. These dimensions as applied specifically with IPA by Smith, et al. (2009) and Shinebourne (2011) are here offered and used as guidelines to critically evaluate this investigation.

4.5.1 Sensitivity to context (STC)

STC can be demonstrated in a variety of ways (Yardley, 2000) and in IPA can be demonstrated through the following five aspects:

4.5.1.1 Close engagement with the idiographic and the particular

As discussed in Chapters 1 and 2, IPA was chosen because of its contextualist and idiographic sensibility as a means to provide a counterbalance to the tendency in psychology to develop decontextualised and impersonal accounts of psychotherapy,

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structured physical exercise and CAM use. This aspect of IPA is problematic because demonstrating STC raises ethical dilemmas that are not encountered in quantitative research (Punch, 1994). Specifically, the primary ethical principles of informed consent, confidentiality, avoidance of harm, and anonymity in the presentation of the findings present difficulties where the individual's particularities are central to the research endeavour (M. S. Elliott & Williams, 2001; Kidder & Fine, 1997). Informed consent was sought from participants prior to undertaking the interviews, which included assurances that could be viewed as misleading. For instance, even though I described the limits of anonymity in the research, participants were assured that all attempts will have been made to preserve anonymity, and that no personally identifying details would be included in the presentation of the findings, and yet these assurances are unsound given the aims of the research, which are to champion and represent sensitivity to the personal and the particular. They are also methodologically unsound because taking the particular out of the representation of the findings to preserve participant's anonymity loses the point altogether.

In hindsight, emphasising the limits of anonymity and presenting consent to my participants as an on-going dialogical process to be revisited after data collection would have been more ethically sound (cf. M. S. Elliott & Williams, 2001). In order to be sensitive to the co-researchers, careful consideration will be given to how the findings are disseminated after the thesis has been examined. In particular, the accounts of other IPA researchers who have experienced similar concerns but yet found ways to disseminate their findings appropriately, together with suggestions offered on the online IPA forum will be considered (appendix H).

Once the examination of the thesis has been completed, as agreed at the outset of the study, all participants will be provided with a summary of the findings, along with the poetic representation of their individual interview. To engage with the issues outlined, retrospective consent (e.g., A. J. Scott & Hanley, 2012) will be sought from each

participant. I will invite each participant to discuss their experiences of reading the summary, raise specific issues not previously considered with enough care, and provide them with an opportunity to contribute to how the findings are represented and disseminated. It is recognised that some contact details may be out of date (as they were collected five years previously), some participants may choose not to respond, and some may decide that they would prefer to withdraw their contribution altogether.

4.5.1.2 An appreciation of the interactional nature of data collection within the interview situation

IPA requires an appreciation of the interactional nature of data collection within the interview situation, because obtaining quality data requires skill and awareness during all stages of the interview process. Thus, STC involves empathy, putting the participant at ease, and embodying research expertise whilst relating to the participant as the experiential expert. The findings provide a strong indication that the interview process was experienced by all of the participants as reasonably facilitative, because each participant shared rich and detailed descriptions. The reader is directed to Chapter 3 and Appendices C and D for supporting evidence.

Conducting interviews, demonstrating empathy[173], facilitating a safe interactional experience, exploring, listening, observing, questioning and reflecting are all skills that are fundamental to many aspects of the practice of counselling psychology. Prior to undertaking this investigation, I had three years' experience of conducting, evaluating and developing my interactional interview skills in both clinical and research capacities. Nevertheless, interacting with individual participants and asking for feedback about their interview experience contributed to my competence with this aspect of STC in this context.

I found that as a consequence of my interactional experiences with the first two participants, I felt less preoccupied with the viability of project as a whole. Early

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[173] Empathy is the act of entering into the phenomenal world of the other; it has an 'as if' quality whereby the other is experienced 'as if' that was me.

interactions with participants were fundamental to developing a capacity to relax and embody sensitivity to each participant within the interview context. The reader is directed to appendix C, which contains verbatim transcriptions to evidence these claims. The first interview captures how preoccupied I was with testing the face-to-face meeting, the interview schedule and the viability of the topic. By comparison, the final interview captures my improved confidence in my capacity to respond with the participant 'in vivo', because I draw on the interview schedule occasionally and flexibly.

4.5.1.3 Sensitivity in all stages of the analytic process

Consonant with phenomenologically-inspired research, this analysis is not a systematic grounded theory (Glaser & Strauss, 1967) in which data is coded line-by-line to identify categories and build a theory that is grounded in the data. Neither is it a careful discourse analysis (Z. S. Harris, 1952, 1991) that is focused at the level of text and interested in the language in use related to the topic. With IPA the analysis involves five stages that are contingent on the researcher's analytic sensitivity, responsiveness, intuition and creativity.

The first stage of the analysis involved summarising the concerns and experiences of each interviewee. This stage of the analytic process is represented in Chapter 3, and in particular with the first master theme that includes my summary and poetic representation of the individual interviews. The second stage of the analysis involved making inferences about the nature, meaning and context of the experiences described, based on what was said in the transcript. The aim was to reflect on what it means for the participant to have the concerns and experiences that they have shared. Here, my intuition and creativity were more explicitly engaged as I asked questions of the interviewee's descriptions of experiences, whilst staying grounded in the data. I found this stage frustrating, challenging and fragmentary, because working with and interrogating 'parts' of an interview seemed to obscure the concerns of the participant as captured in the analysis of the 'whole' interview.

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I found the process to be elusive and have found it difficult to represent well. Independent audits were sought to ensure that the analysis did not merely serve as confirmation for my preconceptions. The inclusion of annotated transcribed interviews in appendix C enables the reader to consider and ask questions of the ways that I have interacted with the data. The third, fourth and fifth stages of the analysis presented further challenges. These stages involved making sense of relationships between parts of each of the interviews analysed, identifying patterns across interviews, tentatively finding ways to illuminate the patterns by developing themes, representing an overview of the structure and content of the analysis[174] and creating a narrative structure that communicates the findings and the contextualisation thereof in detail.

During these latter stages I found regularly re-reading my summaries of each interviewee's concerns and experiences as well as the poetic representations helpful in adjusting a tendency to lose my sense of each participant. I found that completing this process with due care and commitment to detail in the perceived timescale available, whilst simultaneously undertaking and evidencing the academic components of my course of studies, along with commitment to four clinical placements, to be unrealistic.

My experience contrasts starkly with that of analysing six semi-structured interviews using IPA with older informal spousal caregivers during my MSc. in Counselling Psychology. For example, the proposal for that investigation was submitted on 16th February 2006, and the completed dissertation was submitted on 8th September 2006. By contrast, the first proposal for this investigation was submitted on 12th February 2007 and the completed dissertation was submitted on June 5th 2013.

Nevertheless, the MSc project shares similarities with this investigation[175] although

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[174] The reader is directed to appendix D for the tabled individual and cross-case thematic analysis of all participant's accounts.
[175] e.g., both projects are grounded in my lived experiences; both are contextually timely; both are not concerned with talking therapy; bot use semi-structured interviews and IPA; both are concerned with giving voice to people who do not typically feature in psychology research; both have depended on my capacity to establish contact and interact with gatekeepers for the recruitment of participants; both have required commitment to regular interactions with gatekeepers during all stages of the research process; and the first

the differences contextualise the difficulties I experienced undertaking a careful and detailed cross-case analysis. Two fundamental differences lie in the volume and quality of data collected[176] and the scope, volume and complexity of existing literature[177] available to provide a rationale for undertaking the study and to contextualise the findings. As a consequence, the analysis required patience, commitment, care and persistence. Due to the dynamic and complex nature of the process, it is impossible to demystify and convey well. The paucity of research that focuses on the interpretation process makes it difficult to redress this weakness.

4.5.1.4 Sensitivity in the presentation of the findings

A good IPA study will have a considerable number of verbatim extracts from participant's accounts to support the argument being made, giving participants a voice and allowing the reader to check the interpretations being made. This aspect of STC is evidenced in the presentation of the findings in Chapter 3, wherein I have endeavoured to represent individual interviews using poetic condensations, and to ground all claims made in the cross-case analysis in a considerable number of extracts from participant's accounts.

4.5.1.5 Sensitivity in the writing-up of the study

In IPA, interpretations are offered as possible readings grounded in the findings and contextualised in relevant existing literature. The reader is charged with determining whether my interpretations of the extracts included in the cross-case analysis presented in Chapter 3 are experienced as tentative, thoughtful and impactful. Analysing and contextualising the findings has broadened my horizons in ways that I had not anticipated.

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two interviews for both projects were undertaken in one day.

[176] Total data set word count MSc 34,528, present study 65,672; median word count MSc 5,210 ('Barry'); present study 8,188 ('Elsa'). Range: thickest interview MSc 8,817 words ('Anna'), present study 11,146 ('Giulia'); sparsest interview MSc 3,231 ('Eliza'), present study 5,070 ('Delma').

[177] For example, developing the context and rationale for undertaking a bottom-up IPA of spousal caregiving for the MSc project, and relating the findings to existing literature was relatively straightforward because there is a paucity of literature about this experience; by contrast the phenomena of interest in this investigation is overpopulated with literature - conjecture, theory and research, most of which has been interesting to read, albeit contradictory, confusing and a poor fit for the findings.

Locating literature and research that dialogues well with the findings has persisted as a puzzling challenge for four perseverative years of investigative, dialogical work. During the write-up, I found it beneficial to withdraw from sustained interactions with members of CoP, Pilates and IPA communities, and to immerse myself in the process of circulating the findings with existing theories and research. Nevertheless, independent audits were also sought, to check the coherence of my work. The contextualisation of the findings above introduces literature which was not previously considered because the findings took me into unanticipated territory.

4.5.2   Commitment and rigour

Commitment and rigour can be communicated in different ways (Yardley, 2000). In IPA, demonstration of commitment can be synonymous with demonstration of STC because it is shown in the researcher's attentiveness to each participant during data collection and the care with which the analysis of each case is carried out. The carefully constructed poetic representations (Chapter 3), the tabled representation of the thematic analysis of the interviews (appendix D), and the care taken with the interpretative analysis of divergences and convergences found in individual participant's accounts (Chapter 3), are offered as evidence of commitment.

Rigour refers to the thoroughness of the study, for example in terms of the appropriateness of the sample to the question at hand, the quality of the interview(s), the completeness of the analysis undertaken and the even-handed representation of the findings. The second, third and fourth criteria are considered in the preceding sections. In respect of the appropriateness of the sample, the people who volunteered to contribute to this investigation meet this criterion because they volunteered their time to share in-depth, complex descriptions of lived experiences of transformation with TLP and the meaning thereof.

4.5.3 Transparency and coherence

Transparency refers to how clearly the stages of the research process are described in the write-up of the study. In IPA, the researcher may attempt to enhance transparency by describing how participants were selected, how the interview schedule was constructed, and what steps were used in the analysis. These processes are represented in Chapter 2 using tables and descriptions of the selection of participants, the interview schedule and the analytic process, with links to supporting documentation in the Appendices.

In qualitative research, coherence can be evaluated in different ways and is typically judged by the reader/assessor. It can be used to describe the 'fit' between the research question and the philosophical perspective adopted, and the method and analysis undertaken (Yardley, 2008). Chapters 1 & 2 develop my argument for the fit between the aims of the research, the philosophical position, methodology and method of analysis. Consonant with the principles of IPA, my analysis has endeavoured to attend to and represent each participant's experiential claims, whilst also manifesting the interpretative activity of IPA. In IPA, coherence can refer to the presentation of a clear argument, whilst finding ways to include ambiguities and contradictions in the findings in a coherent way. I have endeavoured to develop an argument for the undertaking of the investigation, grounded in my own perplexing experiences of TLP. I argued that in my experience TLP circulates well with CBT, and that learning from interactions with TLP clients has the potential to be instructive. This argument is developed with the balanced interpretative analysis and careful contextualisation of the findings using literature that recognizes the inevitability of interaction and mutual influence.

4.5.4 Impact and importance

Yardley (2000) argues that this principle constitutes the decisive criterion by with any research must be judged - however well it has been conducted in terms of other validity criteria. Ultimately, the validity of the present work lies in whether it tells the

reader something interesting, important or useful. I discuss issues related to generalisability before I offer a perspective on the implications of the investigation for CoP.

Generalisability becomes problematic in qualitative inquiry when it is conceptualised in terms of the positivist assumptions characteristic of quantitative research[178] (M. S. Elliott & Williams, 2001). Qualitative investigations tend to use relatively small, purposive samples so that convergences and divergences can be examined in detail. Immediate claims are bounded in the particular group studied but an extension can be considered through theoretical generalisability (J. A. Smith, et al., 2009). The reader can assess the evidence in relation to their existing professional and experiential knowledge to determine whether the ideas developed have some practical relevance beyond the particular participants in the study. In similar vein, Elliott and Williams (2001) propose that generalisation in qualitative inquiry involves demonstrating the existence of the same phenomena across different contexts.

I shall endeavour to be cautious about the claims I make about the implications of this study for CoP. These people endorse TLP's indispensability because they have invested considerable time, effort and money on it (cr. Rizq, 2010; the author discusses her CoP participant's bias regarding the indispensability of personal therapy). The sample is small and it should not be assumed that similar findings would come from all TLP clients, even those in a similar context. My interpretations and theoretical contextualisation of the findings offer one perspective: it cannot be assumed that a different researcher would interact with the participants or findings in the same way. Nevertheless, I have articulated my fore-understandings and particular philosophical stance, all eight participants shared similar experiences in great depth, my interpretations go beyond mere

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[178] e.g., Quantitative research typically employs large, random samples so as to permit statistical generalisability; results taken at a particular point in time are treated as context-free and thus replicable (Patton, 1997). The larger the sample the more probable it will be that any differences found will be statistically significant. It is argued that the more controlled the experiment the more limited the findings in terms of practical relevance (Cronbach, 1980).

description, my contextualisation interrogates existing literature and I have developed a theoretical perspective that dialogues well with the complexities found in the data. These aspects seem pertinent because qualitative researchers in psychology have been criticised for focussing on description at the expense of interpretation, for avoidance of theory, avoidance of the critical and of the stance of the researcher (Chamberlain, 2000; cr. Rizq, 2010; Rizq & Target, 2008, 2009). One advantage of using IPA is that it has enabled me to listen to, learn from, and represent the meaning-making of individual participants, whilst also providing an opportunity to use the findings to interrogate the existing literature and to develop a theoretical account that anchors the investigation within current developments and research in CoP and related fields. Thus, the perspective developed has the potential to dialogue well with and contribute to the knowledge-base on which CoP bases its practice.

4.6   Locating implications for counselling psychology

A defining characteristic of a professional doctorate is that it should generate specific insights, recommendations and applications for CoP (Kasket, 2012; Kasket & Gil-Rodriguez, 2011). The following three sections develop implications of this investigation for CoP theory, research and practice.

4.6.1   Locating theoretical implications

This thesis has revealed that there are similarities in the research stories of talking therapy, CAM and structured exercise, and that the 'mechanisms' of change therewith are not as yet understood (Biddle & Mutrie, 2008; Carey, et al., 2006; Grafanaki, 1996; Hyland, 2005). Within psychotherapy, there is a longstanding and polarising debate about the 'common factors' and 'specific ingredients' hypotheses of therapeutic change. The specific ingredients view lends itself well to the philosophy of evidence-based medicine, although it is argued that "the common factors view reflects the very philosophy and practice ethos of CoP" (O'Hara, 2012, p. 4). This investigation has found that client's

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sense-making of transformation with TLP variously included the influence of sociocultural context, client, teacher, specific Pilates (myth, ritual, setting), and relationship factors in descriptions and explanations of the experience of change.

The findings have been theorised with interactional perspectives that can be considered in the context of indications that a paradigm shift is underway in cognitive psychology (Jaegher, et al., 2010; Morganti, Carassa, & Riva, 2008), exercise psychology (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002), psychoanalysis (Diamond, 2013; E. B. Luborsky, O'Reilly-Landry, & Arlow, 2008) and common factors theorising and research (Hill, 2005; Hubble, Duncan, Miller, & Wampold, 2010). This paradigm shift is variously described as a move away from dualism, individualism and a 'one-person-body psychology' towards an interactional, intersubjective, intercorporeal, 'two/multi-person-body' psychology. Crucially, the focus of theory development to account for the experience of therapeutic change has shifted from separating mind and treatment (special ingredients) from body, others and the world to a consideration of how they interact and exert reciprocal influence.

This paradigm shift brings with it opportunities for CoP because it allies with our discipline's holistic, contextual, relational sensibility, and because it appears that a multidisciplinary approach may be essential for furthering knowledge about the experience of change. CoP has a distinctive contribution to make with bottom-up research that starts with client's sense-making of experiences that are important for them and that can subsequently dialogue with and/or interrogate existing theories. Indeed, this thesis reveals that learning from, contextualising and theorising client's sense-making of experiences of change without talking therapy can provide a novel perspective with which to consider what constitutes therapy, and what constitutes personal development.

In respect of the former, the investigation raises questions about whether and for whom teacher-led structured anaerobic or low intensity exercise can be offered as an adjunct or an alternative to talking therapy. At present, moderate intensity exercise is

recommended by NICE as an alternative to CBT for people suffering with depression or depression with a chronic illness (NICE, 2009). This recommendation is based on decontextualised 'dose-response' research that does not take into consideration client factors including preference, gender and social influence. Whilst 'dose response' research and decontextualised theories of human behaviour cannot contribute to clinically relevant theories of embodiment, relatively recent psychoanalytic literature does consider women's relationships with their bodies and body use, and the ways that these dimensions are of interest to mental health professionals (e.g. Balsam, 2012; Pines, 1993; 2010). This thesis has revealed that anaerobic or low intensity teacher-led exercise is very important for some people, particularly women, and that it is associated with developmental and therapeutic experiences; and it has exposed a dearth of CoP contributions to theory about physical exercise, the relationship with the body and body use.

In respect of what constitutes personal development, a question arises as to whether teacher-led mind-body practices can be considered as personal development for counselling psychologists. Whilst talking therapy that is geared towards insight represents a modality that is of particular appeal for some therapists (cf. Rizq & Target, 2009)[179], others may be drawn to modalities that are more concerned with learning and practising skills in particular contexts and relationships to enhance use of self in the therapeutic context. Donati and Watts's (2005; 2000) reviews of the literature found that despite the increasing importance placed on personal development in CoP, there is no agreed and clearly articulated definition of this concept. Tradition and indoctrination aside, it appears that for reasons that are presently unknown counselling psychologists are not allowed to make choices about and reflectively account for their own personal development trajectory during training.

The preclusion of choice seems peculiar because of the pluralistic philosophy of

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[179] It is interesting to note that whilst all of the therapists interviewed for Rosemary Rizq's PhD investigation of the meaning and significance of personal therapy in clinical practice and training, there were no CBT/non-insight practitioner's perspectives represented.

CoP, and because Eastern-inspired mind-body practices increasingly feature as packaged treatments for clients delivered by psychologists and allied mental health professionals. Some in the discipline do question the assumptions of personal development work with such "a distinctively Western slant, evident in many forms of therapy and workshops which emphasise overcoming problems (located within the individual) and achieving personal authenticity" (Lane & Corrie, 2006, p. 18). Lane and Corrie (2006) posit that the increasing visibility and popularity of 'mind, body and spirit' approaches to personal growth is indicative of a significant social trend in Western society. Consonantly, the question posed is whether personal development work "couched" within these approaches should be recognised as legitimate personal development (p. 19).

Intriguingly, 'yoga' features as a 'personal growth strategy' for trainee therapists in relatively recent CBT literature (Bennett-Levy & Thwaites, 2007, p. 273). This is interesting because CBT is an approach that is deeply embedded in the culture in which it has developed. Certainly, Western myths and metaphors such as those derived from individualism[180], empiricism[181], behaviourism[182], computer science[183] and the biomedical model in healthcare[184] are used to explain its practices and therapeutic effects (Dowd & McCleery, 2007; Meichenbaum, 1993, 1995). Until relatively recently CBT was conceptualised as a learning experience in which therapists teach clients how to change attitudes, beliefs and cognitions using specific techniques (Malikiosi-Loizos, 2013). In this role, the CBT therapist was conceptualised as a change agent, not a caring agent who needs to be self- and context-aware in the psychotherapy process (Dowd & McCleery, 2007; Laireiter & Willutzki, 2005). Consequently, personal development work has not traditionally been emphasised in the training of CBT therapists in the same way that it has in the training of counselling psychologists or therapists in other single-school

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[180] e.g. making the individual its focus
[181] e.g. observation & experiment
[182] e.g. conditioning
[183] e.g. information processing
[184] e.g. symptoms

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approaches[185] (Bennett-Levy, 2005; Malikiosi-Loizos, 2013).

The inclusion of 'yoga' as personal development work further reveals that CBT is increasingly drawing on alternative myths, metaphors and rituals, including constructivism[186], Buddhism[187] and Eastern practices, and that such developments are transforming the conceptualisation of the role of the therapist (Dowd & McCleery, 2007; Meichenbaum, 1993). However, there is a dearth of theorising and research about personal development in the training of CBT therapists, with the notable exception of the work of James Bennett-Levy (e.g. Bennett-Levy, 2005; Bennett-Levy & Thwaites, 2007; Bennett-Levy, et al., 2001; Thwaites & Bennett-Levy, 2007). Whilst this body of work comprehensively theorises the importance of personal development work with a particular focus on the cultivation of reflection and interpersonal skills for CBT practitioners, the inclusion of yoga as a personal growth strategy is not adequately theorised. This arguably represents an intriguing gap in the theoretical knowledge-base on which counselling psychologists who specialise in CBT base their personal development practice(s).

4.6.2 Locating research implications

The present investigation is unusual because it has used a bottom-up approach that begins with client's sense-making of transformation without talking therapy. This section describes five implications for CoP research. First, during the process of contextualising the findings, it has emerged that CoP research does not tend to foreground listening to clients, theorising their sense-making or contextualising research samples (Carey, et al., 2006; Gianakis & Carey, 2008; Jordan, 2012). This may reflect positivist or post-positivist assumptions in research whereby the client, the therapist, the historical, the social and the cultural context are considered less important than the special intervention being researched (O'Hara, 2012). Even so, this thesis indicates that investigating, contextualising

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[185] e.g. psychoanalytic, psychodynamic and existential-humanistic
[186] e.g. the epistemic role of the observer in interpreting reality
[187] e.g. mindfulness, compassion, acceptance

and theorising clients and their sense-making of experiences that are important to them can yield instructive insights and perhaps moderate claims made with research.

Second, I have found that qualitative psychology research is criticised for failing to venture beyond mere description, avoidance of theory, avoidance of the critical, and of the stance of the researcher (Chamberlain, 2000). Therefore, this investigation has attempted to develop my CoP perspective of client's experiences that ventures beyond mere description and problematises key assumptions that underpin TLP, empirical psychology and psychotherapy. In this regard, the thesis reveals that phenomenologically-inspired qualitative research can offer discipline-consonant opportunities to expand the knowledge-base on which we base our practice and research in unique and unexpected ways, provided that CoP researchers take the risk of listening to clients (Spinelli, 2001b), using themselves and venturing beyond description.

Third, one of my fore-understandings is that TLP and CBT, in particular third-wave CBT, share common ground. It would therefore be interesting to undertake a similar phenomenologically-inspired investigation with private clients in London who have experienced transformation with practitioner-led MBCT. There are presently a number of private courses in London aimed at both individuals and groups of up to twelve clients. Should an investigation reveal similarities in the samples and themes across the data set of both projects, it would then be interesting to undertake a grounded theory of the data from both studies. In the instance that there are more divergences than convergences across participants and the two data sets, a welcome opportunity arises for the researcher to bring themselves to the task of making sense thereof. The divergent findings could be used to interrogate existing common factors literature and in particular the argument that extratherapeutic factors are influential and yet underrepresented or obscured in empirical research and explanations of the experience of psychological change with single school approaches such as TLP and MBCT.

Fourth, client's concurrent psychotherapy and CAM use remains under-researched

at present. There is a growing body of Western counselling and psychotherapy literature that recognises client's pluralistic tendencies and that argues the case for research about psychotherapy client's concurrent use of CAM and sense-making of beneficial and problematical experiences of dual relationships (Seckols-Ruiz, 2009; Elkins, et al., 2005; Evenden, 2009; Feltham, 2008; McCabe, 2008; Mezey, 2007; So, 2008). CoP has a unique contribution to make in this regard because of our pluralistic outlook, our research literacy and expansive theoretical knowledge-base.

Finally, this investigation has raised questions about the feasibility of practitioner-led CAM or mind-body exercise as an alternative to talking therapy for the personal development of counselling psychologists. There is a need for studies that investigate, contextualise and theorise how counselling psychologists who favour alternatives to talking therapy for personal development construe their engagement, and how they perceive engagement to inform 'use of self' in the context of psychotherapy.

There is an indication that a 'mind-body' paradigm shift in CoP research is underway, because recent trainee projects listed by the BPS Division of CoP include investigations of how counselling psychologists understand the mind-body relationship and how they use physical exercise in the context of clinical work (BPS, 2012; Division of CoP Announcements, 2013). These areas of research seem timely in relation to an apparent paradigm shift in the NHS evidenced by advertisements for CPD workshops for mental health practitioners, such as *Keeping the body in mind: The mind-body relationship in mental health* (The Tavistock Centre, 2013) distributed with the April 2013 edition of the BPS Psychologist magazine.

4.6.3 Locating implications for practice

This section describes four implications of the insights from this investigation for the practice of counselling psychologists, in particular those whose primary orientation is CBT. First, SPCT emerges as relevant for counselling psychologists who teach or are

involved with mindfulness-based group programs. To reiterate, from a goal orientations theory perspective, both individual and climate factors can exert psychological influence in achievement settings (Ames, 1992a), and it is hypothesised that social comparison is central to an EGO, whether dispositional or climactic (Ntoumanis & Biddle, 1999). The theory is relevant because Hopkins's (2011) MBCT study found that some participants described difficulties with the group experience, and that some reported making unhelpful negative comparisons with other people in the group(s) within the context of hearing other patient's accounts of competence and success during group discussions (p. 24). The study also found that upward social comparisons "induced negative cognitive, affective and behavioural responses" and that participants who described experiencing difficulties with the practice reported feeling "isolated" and "undermined" by other's positive descriptions of their practice (Hopkins, 2011, pp. 25-26).

By contrast, the present TLP investigation found that participants did not perceive their classes as a context in which to discuss, demonstrate or measure competence relative to other clients and that development with TLP is predicated on effortful perseverance. This suggests that these clients perceive a TGO climate, and that the classes may differ from the MBCT programs that featured in Hopkins's (2011) study in this regard. Additionally, preference or choice emerged as important both in the present study and in the MBCT study, because participants varied in their capacity to engage with particular instructors and particular tasks.

From a social-cognitive perspective, when a learning environment is circumscribed, normative and inflexible, and when the focus includes a forum for interpersonal comparison, then it is likely that people will perceive the climate as performance-oriented (Ames & Archer, 1988). Implications for practice therefore include asking MBCT group members for feedback about perceived SPC and about the perceived idiosyncratic personal fit between individuals in the group and the practitioner. It may be useful to offer psycho-education about the SPCT, to share findings of research about the negative influence of

social comparison and competition on well-being (Gilbert, McEwan, Bellew, Mills, & Gale, 2009), and to show genuine concern for client's well-being by listening to and collaborating to find ways to accommodate client choice.

Second, a personal idiosyncratic fit between the clients and particular practitioners emerged in this thesis as of particular importance and has been contextualised with attachment theory because it dialogues well with the data. In line with a growing body of literature and research, the insights from this investigation suggest the relevance of considering both client and therapist attachment behaviours and relationship beliefs in the therapeutic context. For example, it can be argued that counselling psychologists operating in settings with circumscribed treatment protocols may inadvertently elicit negative responses from clients who would prefer a longer-term supportive or caring relationship than that which can be offered. By contrast, the counselling psychologist may find themselves dissatisfied with 'pseudorelationships'[188] and the lack of opportunities to work flexibly and therapeutically within longer-term relationships with some clients. The present investigation also reveals that disordered attachment may manifest in interactions in the therapy context. In sum, it can be argued that counselling psychologists may benefit from understanding how their own attachment behaviours and relationship beliefs interact with those of the client and the zeitgeist of particular clinical contexts.

Third, even though talking therapy is not typically considered a physical endeavour recent qualitative research that investigated practitioner's 'use of self' found that therapists reported perceptual awareness and therapeutic use of physical symptoms and client bodily communications in the therapeutic context (Omylinska-Thurston & James, 2011). Therapists in this sample were predominantly person-centred[189] and therefore the findings are theorised with person-centred theories of 'congruence' (e.g., Greenberg & Geller,

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[188] The term 'pseudorelationship' features in critiques of evidence-based psychotherapy/ manualised dose-response psychological treatments; customer-provider encounters and interactions are described as inauthentic because they are functionally equivalent, and consumers/service-users are considered interchangeable (Gutek, 1995; Morstyn, 2010).
[189] There were no CBT practitioners in this CoP research sample

2001). Recent psychoanalytic literature also draws out the notion of 'bodily countertransference' in the therapeutic context (c.f. Lemma, 2010; Orbach, 2010; Pines, 2010).

One of the insights from the present investigation of TLP is that counselling psychologists in CBT contexts could also benefit from routinely gaining awareness of, eliciting and/or using feedback about the physical impact of interactions, and to develop hypotheses with the client or supervisor (as appropriate) about implications of the physical symptoms for the therapy and for well-being (the client's and the therapist's, as appropriate). Certainly, the embodied interactional perspective used to contextualise the data theorises bodies as open to the other and vulnerable, thus all practitioner's and client's bodies can be conceptualised as mutually and reversibly influential in the therapeutic context.

Finally, this investigation highlights the importance of attending to client's 'extratherapeutic' material, including physical exercise and CAM use, in the therapeutic context. The argument for the inclusion of 'extratherapeutic' material will focus on the particularities of this investigation[190]. For example, the study reveals that mind-body exercise and experiences are marked as very important for some people and that participants mostly described beneficial aspects, but some also described aspects that I have interpreted as problematical. The latter are contextualised with literature that implicates relationships, medical discourses, associated treatment myths, metaphors and rituals (e.g., diagnosis, application of technique) in the development of symptoms, injury, chronicity and exercise program dependency (Diamond, 2001, 2013; Fahlberg & Fahlberg, 1990; Lederman, 2010).

As described in Chapter 1, the distinctive priorities of CoP include a concern with education and prevention (Strawbridge & Woolfe, 2003, 2010). We tend to identify with

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[190] This section draws inspiration from the work of CoP Adrian Coyle (2010) because of the striking similarities between the ways that psychotherapists have traditionally represented client's religious and spiritual beliefs and material, and the ways that they have represented physical execise use and beliefs as described in Chapter 1.

the 'scientist-practitioner' model (Woolfe, 1996) and thus appreciate the philosophy of empiricism[191] and the elegance[192] in science. We also recognise a human tendency toward rationalism[193]; the attractiveness, benefits, functions and comforts of 'foundational beliefs'[194] (Spinelli, 2001a); 'the specificity myth'[195], associated treatment 'myths', 'metaphors' and 'rituals' (Bozarth, 2000; Fairfax, 2008; Joseph, 2008; O'Hara, 2012; Wampold, Ahn, & Coleman, 2001); as well as 'scientism'[196] (Larsson, 2012; Laungani, 2004) and 'schoolism'[197] (Cooper & McLeod, 2011; A. Hall, 2010) in ourselves (e.g., A. J. Scott & Hanley, 2012), in other people, and in the structures that support and surround us.

Does this mean that counselling psychologists should offer themselves as experts and aim to assist clients in deconstructing their teacher-led anaerobic (mind-body) exercise beliefs and behaviours, with a view to uncovering empirically questionable discourses, myths, metaphors and rituals that they sustain? Perhaps we should guide clients who value teacher-led anaerobic (mind-body) exercise towards an understanding of common factors in secular healing (Frank, 1972; L. Luborsky, 1995; Rosenzweig, 1936; Sprenkle & Blow, 2004), and protect them by educating them about recent NICE guidelines and the best empirical research evidence[198] concerning physical exercise and mental/physical health?

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[191] The empiricists (e.g., Hume, 1739/2000; Locke, 1841/1977) doubted whether we could know anything , in the strict sense, at all; they proposed that our information about our experience may never be more than probable but may be evaluated as more important & useful for mankind than alleged certainties (cf. Lacey, 1986)

[192] e.g., simplicity; parsimony (cf. Glynn, 2010)

[193] The rationalists (e.g., Descartes1637/1941; Plato, c. 347bc./1981) proposed that by employing certain procedures, we can discover knowledge that can under no circumstances be false (cf. Lacey, 1986)

[194] e.g., ideas that are taken for granted as fundamental givens or truths that may be kept immune from explication, study, analysis, challenge and change; e.g., clients seek psychotherapy for psychological problems, and physical exercise for physical health enhancement

[195] e.g., the belief that a technique, for example the identification and challenge/reality testing of 'distorted' cognitions can treat 'depression'

[196] The term can apply in pejorative senses: To indicate the improper usage of science or scientific claims. This usage applies equally in contexts where science might not apply, such as when the topic is perceived to be beyond the scope of scientific inquiry, and in contexts where there is insufficient empirical evidence to justify a scientific conclusion. It includes an excessive deference to claims made by scientists or an uncritical eagerness to accept any result described as scientific. In this case, the term is a counterargument to appeals to scientific authority (cf. Goldacre, 2009; Peterson, 2004).

[197] e.g., identifying with one school of thought, model or practice; splitting, dividing and pitting one school of thought, model and practice against another/others

[198] As discussed in Chapter 1, NICE & empirical research tend to favour individualistic explanations of the 'effects' of exercise along with a dose (medium intensity, aerobic exercise for ten or more minutes daily)-response (cardiovascular health/aerobic fitness/positive affect) conceptualisation of the exercise-health/well-being relationship

One answer is that to do so "would contradict some of the defining characteristics of CoP" (Coyle, 2010, p. 260). CoP is explicit about its meta-theoretical humanistic position - its particular assumptions about human nature, psychological distress, well-being and what works in therapy (Joseph, 2008). It is this distinctive position that elevates the importance of engaging actively, respectfully and openly with client's meaning making and life worlds. However, both ignorance of and familiarity with teacher-led anaerobic physical exercise and associated experiences could predispose a counselling psychologist to misjudge, misinterpret, misunderstand, mismanage or neglect important segments of a client's life which may exert significant influence. Moving automatically to a challenging approach towards a client's perceived dubious mind-body exercise material would represent a failure to embody the sort of "being with" the client that defines CoP (cf. Coyle, 2010, p. 260). Conversely, therapists who are knowledgeable about or hold positive assumptions of anaerobic exercise could run the risk of foreclosing the possibility of providing a context wherein the client can undertake exploration of paradoxical aspects of their experiences and commitments.

It can be argued that working from our meta-theoretical position provides one of very few relational contexts wherein the client can feel respected and thus explore and perhaps even critically reflect on their mind-body, movement and touch experiences. Ultimately, developing a contextualised understanding, responding with accurate empathy (Rogers, 1957) and being with a client for whom such experiences are central, first requires a willingness by the counselling psychologist to attend to that dimension.

A second rationale for the inclusion of physical exercise/CAM material concerns the gaps, anomalies and methodological shortcomings found in the literature as described in Chapter 1. These may reflect numerous complexities involving interrelationships between structured physical exercise, psychological health/well-being, and the mind-body relationship that pose challenges for empirical research. Whatever the exact nature of the interrelationships, it can be argued that there is much that we do not understand and stand

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to learn from listening to clients. Counselling psychologists and clients alike could benefit from the routine consideration of the potential relevance of exercise/CAM for the client, and from the practice of developing of hypotheses with the client or clinical supervisor (as appropriate) about the possible implications for the therapy and for the client's well-being.

4.7   Conclusion

The aim of this investigation was to explore experiences of transformation without psychotherapy and to contribute to the scant psychological knowledge-base about teacher-led exercise, using an approach that enables me to attempt to actualise my discipline's allegiance to the 'scientist-' 'humanist-' and 'reflective-' practitioner models.

The 'scientist-practitioner' dimension is reflected in my engagement with, syntheses and critiques of psychology and psychotherapy research throughout the duration of the project. The 'humanist-practitioner' dimension is reflected in my concern both with using a phenomenologically-inspired approach to enquiry, and with centralising and representing the perspectives of individual co-researchers.

Finally, the 'reflective-practitioner' dimension is shown in my identification of my interest in and experience of the topic, and my discussion of my foreunderstandings. It is also reflected in the way that I have 'used myself' to receive insights and develop a perspective that has exposed my own blind spots, as well as alerting the reader to gaps and anomalies in the psychological knowledge-base on which we base our practice. The research has challenged my confidence in the myths advanced in Pilates, and has elevated the importance of developing more nuanced understandings of the experience and meaning of transformation.

The investigation problematises psychology's tendency to advance individualistic, disembodied, decontextualised accounts of human beings and behaviours, and the polarisation of common factors and specific ingredients explanations of the experience of transformation. The perspective developed argues that relational, embodied and

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contextualised accounts of human beings and behaviours, and more nuanced

understandings of common and specific factors associated with the experience of change

have phenomenological and clinical relevance, and thus seem more germane for the

knowledge-base on which we base our practice.

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Glossary of acronyms

AT	Attachment theory
BCP	Body Control Pilates
BT	Behavioural therapy
CAM	Complementary and alternative medicine
CBT	Cognitive behavioural therapy
cf.	Confer/consult
CLBP	Chronic benign low back pain
CoP	Counselling Psychology
CPR	Counselling psychology review
CPQ	Counselling psychology quarterly
cr.	Cross-reference
CS	Core stability
DV	Domiciliary visit
EBP	Evidence-based practice
Ed	Education (descriptive information)
EGO	Ego goal orientation
esp.	Especially
HCPC	Health and care professions council
I-LMBCT	Instructor-led mindfulness-based cognitive therapy
LMU	London Metropolitan University

MBCT	Mindfulness-based cognitive therapy
MBSR	Mindfulness-based stress reduction
MSc	Master of Science
RD1	Research development stage 1 (research proposal evaluation panel)
RD2	Research development stage 2 (progress evaluation panel)
S-DFP	Self-directed formal Pilates practice
S-DIP	Self-directed informal Pilates practice
SES	Socioeconomic status (descriptive information)
SPCT	Social psychological climate theory
TGO	Task goal orientation
TLP	Teacher-led Pilates
TR	Therapeutic relationship
UK	United Kingdom
WE	White ethnicity (descriptive information)

Original research paper

"Becoming multidimensional": an interpretative phenomenological analysis

of client's experiences of transformation with teacher-led Pilates

By

Desiree A. Scarpellini

A dissertation submitted to London Metropolitan University in partial fulfilment of the

requirements of the Professional Doctorate in Counselling Psychology

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Abstract

There is a paucity of research that explores how people change without the assistance of psychotherapy. This exploratory investigation aims to make a contribution to the counselling psychology knowledge-base about the experience of psychological change without psychotherapy, and to the scant psychological knowledge-base about teacher-led structured exercise.

The dissertation develops an in-depth account of eight people's meaning-making of experiences of transformation with teacher-led Pilates. Semi-structured interviews and the resultant transcripts are analysed using interpretative phenomenological analysis. The idiographic sensibility of this approach is represented using poetic condensations of individual participant's interviews. Two themes emerged from the cross-case analysis: *'weekly teacher-led Pilates classes can provide opportunities for valued interactional experiences'* and *'weekly teacher-led Pilates classes can provide an invaluable arena for transformation'*.

The discussion considers the characteristics of the contributors to this investigation in relation to available descriptive characteristics of people who use and participate in surveys or research about physical exercise, complementary and alternative medicine, and psychotherapy. The cross-case findings are contextualised with interactional theories, namely social psychological climate theory, attachment theory, and an embodied social cognition perspective that develops the work of phenomenological thinkers.

The findings offer unexpected insights that seem to problematise key assumptions that underpin empirical psychology, psychotherapy and Pilates. The thesis draws out specific implications for the knowledge-base on which counselling psychology bases its practice.

Key words: Counselling psychology; psychological change; teacher-led Pilates client; interpretative phenomenological analysis; context; interaction

Acknowledgements

Chapter 1: Introduction

1.1 Introduction

Counselling psychologists typically conduct research to develop the knowledge-base of talking therapy (McLeod, 2003; Rafalin, 2010). Research that is not concerned with advancing knowledge about talking therapy is therefore atypical. Nevertheless, it is argued that there is a paucity of research exploring how people change without the assistance of psychotherapy, and that more empirical work which investigates the experiences of people who change without psychotherapy is needed so that a generic model of change can be developed (Gianakis & Carey, 2008).

This thesis is motivated by the researcher's lived experiences and the distinctive priorities of the discipline of counselling psychology (CoP) as well as its historical and philosophical heritage. The researcher's experiences are described below. The distinctive priorities of CoP include a concern with an holistic conceptualisation of human being, well-being, education, prevention and relationship (Strawbridge & Woolfe, 2003, 2010). A relatively new discipline in the UK that has evolved from the disciplines of philosophy, psychology and sociology (Cowie, 1999), CoP gained divisional status within the British Psychological Society (BPS) in 1995 (Strawbridge & Woolfe, 2003, 2010). Philosophically, CoP advances a pluralistic stance, with a commitment to recognising and establishing the value of three major traditions in psychology: phenomenological/existential/humanistic, psychoanalytic/psychodynamic and cognitive/behavioural (Strawbridge & Woolfe, 2003, 2010; Orlans & Van Scoyoc, 2009).

The aim of this thesis is to develop a CoP perspective that can make a contribution to our knowledge-base about psychological change without psychotherapy, and that can contribute to the scant psychological knowledge-base about teacher-led structured exercise. CoP does not typically accord this complex social phenomenon priority, although we have a unique contribution to make because of our distinctive heritage and

research literacy. Indeed, completing this study has been motivated by the recognition that counselling psychologists have a distinctive contribution to make beyond therapy (Milton, 2010). Accordingly, this investigation is concerned to disinter, reveal and grapple with phenomena that may at first appear 'other' to some practitioners.

1.1.2 Locating the researcher

To address the reader directly, the introduction and sections of this study concerning methodology, procedures and discussion will use the first person. Albeit uncommon amongst quantitative researchers, use of the first person is recommended by some qualitative and phenomenological proponents, for three reasons. First, because qualitative designs cannot be fully detailed prospectively (McLeod, 1994) such research "unfolds as fieldwork unfolds" (Patton, 1997, p.61). Second, in qualitative inquiry the researcher is an integral part of the process (Grafanaki, 1996; Polkinghorne, 1991). Finally, use of the first person is preferred by some phenomenological proponents because the writer can thereby bring themselves to the task of "taking up a position" and developing an argument (J. A. Smith, Flowers, & Larkin, 2009, p. 41).

I am a forty year old unmarried mother of white ethnicity with middle socio-economic status, a philosophy[1] and theatre studies[2] graduate with a Master of Science (MSc) in counselling psychology[3], Pilates teacher training experience[4] and over 30 years' experience of competitive sport, recreational dance and structured exercise. The theorised and phenomenological interrelationships between structured physical exercise, psychological health/well-being, the mind and the body have long been perplexing to me. Through my clinical experience within the National Health Service (NHS) and in private practice I have come to realise that these phenomena are aspects of being human-in-the-

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[1] Bachelor of Arts with Second Class Honors (First Division) in Philosophy, Bristol University, Bristol 1994
[2] Bachelor of Arts with First Class Honours in Theatre Studies (Design: Set & Puppetry), Central School of Speech and Drama, London 1999
[3] Master of Science with Merit in Counselling Psychology, London Metropolitan University, London 2006
[4] Body Control Pilates (BCP) mat work teacher training, London 2006; recruited as a 'body' for BCP and Pilates Foundation teacher training mat work and equipment exams, London 2007-2009

world that are also salient for the structures that surround and support my work, and for some people that I work with and alongside.

As of mid-2011 the NHS National Institute for Clinical Excellence (NICE) recommends "offering structured physical exercise to adults presenting with depression and depression with a chronic physical health condition" (NHS NICE, 2011, p. 26 & 29). Similarly, the construct of 'well-being' is particularly salient for psychologists because, despite longstanding problems of definition and measurement, it has featured on the UK government agenda since 2011 (Allin, 2011; Evans, 2011; Jarrett, 2011). Regarding the mind-body relationship, the past decade has witnessed calls from counselling psychologists (e.g., Moodley, Sutherland, & Oulanova, 2008; Turp, 2001; Wahl, 2003), sport psychologists (e.g., Allen-Collinson, 2009; Hays, 1999), health psychologists (e.g., Bakal, 1999; Radley, 2000) and psychotherapists (e.g., Corrigall, Payne, & Wilkinson, 2006; Muller & Tillman, 2007; Rothschild, 2000; Soth, 2006) for practitioners to 'mind the body' in research and practice.

As a CoP trainee, my aim is to research teacher-led structured exercise within the context of "every day" human functioning (Barkham, 2003, p. 65). I will use an approach to research that harnesses CoP's emphasis on understanding the subjective world of individual people (Orlans & Van Scoyoc, 2009; Strawbridge & Woolfe, 2003, 2010). I aim to prioritise understanding how individual clients describe experiences of transformation with teacher-led exercise, and the meaning thereof.

1.1.3 Locating Pilates clients as a focus for this study

This thesis is inspired by my own experiences. For example, I clearly remember my experience of seeing the word 'Pilates' for the first time when it appeared on the timetable at my local gym in South London in 1997. I enquired about the class but the receptionists were uncertain what Pilates was. I was interested to learn about Pilates and attend the class because it replaced another class that I valued, it was scheduled at a time

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that was convenient, and I already enjoyed partaking in teacher-led classes including krav maga[5], muay Thai kick boxing[6], t'ai chi[7], yoga[8] and choreographed group fitness to music.

Learning Pilates with my first teacher represents a tipping point (Gladwell, 2000) that has contributed to a profound transformation of my understanding and experience of my body. Over 15 years, learning Pilates with different teachers has contributed to a perceived more complex, paradoxical, subtle and satisfying relationship with my body, the world and other people. Teacher led Pilates (TLP) classes have also contributed to my sense of a transformed relationship with exercise, the meaning of exercise for me[9], my motivations and the focus of my practice. For the past nine years, my learning of Pilates has run parallel with my learning and development at London Metropolitan University (LMU). The CoP program at LMU focussed disproportionately on the cognitive behavioural tradition, because of the established grounding in quantitative research of this approach, and the current context in which the ethos of evidence-based practice (EBP) in healthcare is paramount.

In my experience, TLP circulates well with cognitive behavioural therapy (CBT), a conceptualisation that follows in the wake of authors who have circulated psychotherapy with other practices[10] (e.g., Claessens, 2009; Faggianelli & Lukoff, 2006; Germer, Siegel, & Fulton, 2005; Hyland, 2005; Kutz, Borysenko, & Benson, 1985) or different traditions within psychotherapy[11] (e.g., Claessens, 2010; Corrie & Milton, 2000). Circulation refers to the creation of a "complex dialogue and reciprocal influence between two disparate communities that share a new common ground" (Varela, 1989, p. 15).

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[5] Krav maga is a non-competitive tactical self-defence system developed in Israel & is underpinned by a philosophy emphasizing threat neutralization with simultaneous defensive and offensive manoeuvres
[6] Muay thai is a combat sport from the muay martial arts of Thailand that uses stand-up striking along with various clinching techniques
[7] Tai chi is a Chinese martial art practiced as self-defence training and as health/well-being enhancement
[8] Yoga is a generic term for physical, mental, and spiritual disciplines which originated in ancient India; in this gym context, teachers placed most emphasis on the physical aspects (asanas/postures)
[9] e.g., I perceive that previous to my TLP learning experiences, I used exercise to relate to my body in particular ways. I perceive that I have since come to relate with my body to physical exercise in very different ways.
[10] Aikido and complementary and alternative medicine (CAM)
[11] Existentialism & CBT

TLP and CBT already seem to share common ground, not least that both approaches are described as popular but controversial (Hyland, 2005; Ives & Sosnoff, 2000). Developed in America in the 20th Century by charismatic men of white ethnicity[12], both approaches have evolved over the past 30 years, such that the novel ideas of both originators are referred to as traditional Pilates (Latey, 2001) and traditional CBT (e.g., Hickes & Mirea, 2012), respectively. Both traditional and modern Pilates seem to share with modern, third wave CBT[13] the principle that human beings need training that involves the development of specific skills to function at their best (Claessens, 2010; Friedman, Eisen, & Miller, 1980; Pilates, 1934). For example, traditional Pilates emphasises "special mind training", the cultivation of "mental concentration", and the formation of "good habits" through regular practice (Pilates, 1934, p. 43). CBT emphasises that "the mind is complex and that it needs training" with the cultivation of "mindfulness" and regular practice (Claessens, 2010, p. 299).

Some authors have argued that the clinical utility of mindfulness has proceeded in the absence of an operational definition (Bishop, 2002; Bishop, Lau, S. Shapiro, Carson, & Anderson, 2004; Sillifant, 2007). There appears to be some agreement that mindfulness involves the self-regulation of attention (Bishop, et al., 2004; Brown & Ryan, 2004), a definition that suggests similarities with the principle of concentration[14] in the modern Pilates literature, which is described as the requirement to "focus the mind" (L. Robinson, Fischer, Knox, & Thomson, 2000, p. 20). Refer to appendix G for a description of the principles of Pilates.

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[12] TLP originates in the work of J. H. Pilates (e.g., 1934) who drew on the philosophy of Schopenhauer (1883-1886/2008), and circulated yoga with body building and gymnastics (Latey, 2001); CBT originates with the work of A. Ellis (e.g., 1962) and A. T. Beck (e.g., Beck, 1963, 1964; Beck, Rush, Shaw, & Emery, 1979), and has its roots in stoic philosophy (cr. Rist, 1977), and behavioural therapy (BT) (e.g., Lindsley, Skinner, & Solomon, 1953). BT has its roots in a philosophical and psychological movement that opposed philosophy of mind and mentalist (inner structure) approaches to understanding & influencing behaviour (i.e., the 'blank slate' hypothesis (cf. Pinker, 2002)).

[13] i.e., approaches that emphasise the cultivation of 'mindfulness' and 'acceptance'

[14] Some argue that mindfulness and concentration refer to distinct states of consciousness; e.g., concentration refers to the focus of awareness on a single point or object; mindfulness refers to the division of attentional resources among all sources of stimulation without evaluation, analysis or clarification (evenly suspended attention) (cf. Dunn, Hartigan, & Mikulas, 1999; Mikulas, 2011)

I have personally experienced learning and practicing CBT to be transformative[15], perhaps for similar psychological reasons that I have also experienced TLP as transformative. For example, each approach has offered myths[16] (Frank & Frank, 1961/1991), metaphors[17] (Lakoff & Johnson, 1980), and rituals[18] (Frank, 1972, 1982) that I perceive to have enriched my life. It feels as though learning and practicing CBT and TLP have contributed to a sense of being awoken to strange, complex and subtle choices that I was previously unaware of. My learning experiences have informed my clinical practice in that I perceive one part of my role as that of facilitating a safe, respectful and structured dialogue that can provide people with an opportunity to explore and discover their own choices, as well as the limitations and consequences thereof.

From my perspective, the learning experiences from TLP and CBT that I have lived suggest that practitioners from both approaches are similarly charged with navigating tensions as regards 'being/relating/validating' and 'doing/applying/invalidating' dichotomies encountered in literature pertaining to psychotherapy (e.g., Claessens, 2009; Claessens, 2010; Hickes & Mirea, 2012; Nanda, 2009, 2010; Spinelli, 2003; Strawbridge & Woolfe, 2003, 2010). Indeed, some argue that both CBT and TLP can be regarded as sets of techniques applied by practitioners, or clients themselves, in fairly mechanistic ways to treat problems (Gruenke, 2007; Merrett & Easton, 2008). Physicians describe both Pilates and CBT as mind-body approaches (Astin, S. L. Shapiro, Eisenberg, & Forys, 2003; Ives & Sosnoff, 2000), and there are striking similarities in the emotive language used to describe problems they can treat. For

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[15] e.g., learning and practicing CBT has transformed my relationship with my inner dialogue & imagery; e.g., at times I find myself able to identify my dialogue with some ease & I find that at times it feels second-nature to treat my thoughts as hypotheses or events, rather than as *a priori* facts

[16] 'Myth' refers to the provision of theories, models, explanations or aetiologies; the word 'myth' underscores the contention that the accuracy of the explanation is less important than its plausibility in the eyes of the client; i.e., dysfunctional or faulty thinking and behaviour (Beck, 1995) and dysfunctional thinking and body use (Pilates, 1934) can contribute to human distress

[17] Metaphors serve to partially structure concepts, they provide an understanding of one kind of thing in terms of another; e.g. of structural & ontological metaphors from Pilates: 'core stability' and 'centring' (Latey, 2002); from CBT: 'core beliefs' and 'decentering' (Segal, Williams & Teasdale, 2002)

[18] Procedures that involve the participation of helper(s) and client(s) in activities that both believe will help the client(s) to experience change

example, Pilates is described as a treatment for 'crippling' back pain and movement 'disorders' (Curnow, Cobbin, Wyndham, & Boris Choy, 2009; Mottram, 2006; Tasker, 2012) whilst CBT is described as a treatment for 'crippling' depression and anxiety 'disorders' (Layard Report, 2006).

Critics suggest that Pilates and CBT have become established as dominant approaches because of proponent's adept use of the media, medical terminology, and, consequently, an almost universal acceptance by the medical profession (Hickes & Mirea, 2012; Merrett & Easton, 2008; Morrison, 2007). Finally, until relatively recently research pertaining to both TLP and CBT has been concerned with establishing their efficacy for particular outcomes using experimental designs that are concerned with measurement, quantification and establishing laws of ecumenical scope (e.g., Choon Wyn Lim, et al., 2011; Pereira, et al., 2011; Simpson, et al., 2009; Tolin, 2010).

Four notable areas of divergence between TLP and CBT include: differences in the significance accorded to cultivating body and mind-body skills for optimal human functioning; differences in the volume, scope and quality of research conducted; differences in how the approaches seem to be evolving; and differences in statutory regulation. If practiced in accordance with the philosophy of its originator, Pilates accords as much importance to training the body as it does to training the mind (Friedman, et al., 1980; Latey, 2001; Pilates, 1934). By comparison, although mind-body practices can feature within the CBT practitioner's repertoire[19], primacy is given to the cultivation of mind skills[20].

CBT research is considered to have developed consistently over the past three decades (e.g., Hickes & Mirea, 2012) whilst, by contrast, it is argued that despite the popularity of Pilates[21], there is a paucity of quality research that supports the claimed

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[19] e.g., progressive muscular relaxation, the body scan, mindful walking, hatha yoga-inspired techniques
[20] e.g., behaving like a scientist, identifying and challenging cognitive distortions, metacognition, mindfulness
[21] Refer to Appendix G for evidence of popularity of Pilates with examples of from popular media

benefits of the method (Lange, Unnithan, Larkam, & Latta, 2000; Lederman, 2010; Pereira, et al., 2011; Shedden & Kravitz, 2006). Pilates research has predominantly focussed on evaluating its efficacy for symptoms and physical outcomes including lower back pain, improvements in strength, body composition, body alignment, range of motion and flexibility (e.g., Alandro-Gonzalvo, Machado-Diaz, Moncada-Jimenez, et al., 2011; Bernardo, 2007; Choon Wyn Lim, et al., 2011; Pereira, et al., 2011; Posadzki, Lizis, & Hagner-Derengowska, 2011). By comparison, CBT's description as a mind-body approach appears legitimised through a combination of psychology and neuroscientific research. For instance, it is claimed that CBT is demonstrably associated with neurobiological effects or 'changes in the brain' for particular diagnoses, such as phobias, psychosis and anxiety disorders (Kumari, et al., 2011; Myers & Davis, 2007; Paquette, et al., 2003). Modern Pilates proponents claim that they draw on developments in psychology, and that TLP requires the practitioner to pay specific attention to the needs of individual clients (e.g., Latey, 2001, 2002; Stone, 2000). These claims indicate that psychological, phenomenological and perhaps also interactional factors are currently accorded particular significance within TLP. However, there is a dearth of theorising and research about these factors, although one source describes the Pilates teacher-client interaction as a therapeutic relationship (Conraths-Lange, 2004).

Thus, despite the originator's equal emphasis on mind and body, and modern proponent's recognition of the importance of attending to psychological, phenomenological and interactional processes, Pilates research is not typically concerned with developing these claims. By comparison, there seems to be some evidence of a philosophical shift within CBT in response to criticisms about the emphasis on technique, the mechanistic ways in which CBT can be conducted, and its focus on symptoms and disorders (cf. Hickes & Mirea, 2012; Merrett & Easton, 2008). For instance, a growing body of literature suggests that CBT is evolving towards prioritising an intensely mutual therapeutic relationship (e.g., Gilbert & Leahy, 2007; Karver & Caporino, 2010; Kelly &

Iwamasa, 2005; Norcross, 2010; Safran & Segal, 1990; Wright & Davis, 1994). It is also argued that CBT has evolved from an approach that emphasises content, 'doing' and the active pursuit of change, to one that advances process, 'being' and the realisation of change through the cultivation of acceptance, compassion and mindfulness (cf. Claessens, 2010; Gilbert, 2005).

Finally, with respect to statutory regulation[22], despite the apparent popularity of Pilates and its arguable endorsement by members of the medical community, unless practitioners are also physiotherapists, they are not currently regulated by statute[23]. By contrast, regulation for psychologists was introduced in 2009, along with the establishment of the Health and Care Professions Council (HCPC)[24] register of practitioner psychologists and statutory regulation of talking therapists is currently underway (Department of Health, 2011). Consequently, from 2014, all CBT practitioners working in the UK will be regulated by statute and required to register with the HCPC.

1.1.4 Locating my position in relation to teacher-led Pilates

As a CoP researcher, it is difficult to express my position as regards TLP. It seems fitting to claim an ambiguous space that is poetically described by Spinelli (2009) as that of existing at the periphery of 'insider-ness' and 'outsider-ness'. I am an insider because I have benefitted from and see the value of TLP. I have witnessed how some Pilates practitioners share with counselling psychologists a common concern for the clients that they meet, engage, interact, work with and/or lose. As a CoP trainee, I am an outsider because I am familiar with theories, research and practices that may appear 'other' to some Pilates practitioners, and also perhaps to some CBT practitioners.

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[22] Statutory regulation exists to protect the public against the risk of poor practice. It works by setting agreed standards of practice and competence by registering those who are competent to practise and restricting the use of specified protected titles to those who are registered
[23] Physiotherapists have been regulated by statute since 2005, and some also work as Pilates teachers in clinical settings.
[24] Formerly the Health Professions Council (HPC)

CoP is a discipline that embraces and grapples with the complexities of pluralism[25] (Cooper & McLeod, 2007). It straddles contradictions between scientist (M. B. Shapiro, 1985), humanist (Rogers, 1961) and reflective practitioner (Schön, 1987) models (Corrie, 2011). The discipline is demandingly synchronously committed to empiricism and critical reflection, to respecting the subjective experience of the client, to the centrality of the therapeutic relationship, and to the therapist's understanding and use of self (BPS, 2005, 2007; 2011; Orlans & Van Scoyoc, 2009). I feel closely affiliated with the discipline, not least because of the breadth and richness of the contributions it can make to research and debate (du Plock, 2006). For instance, CoP honours exploration and creative engagement with notions of psychological health and well-being, and what is effective across all therapies (McLeod, 2011). Indeed, CoP is described as distinctive in its ability "to grasp a philosophical overview which can draw its vitality from a wide range of disciplines which seek to address what it is to be human" (du Plock, 2006, p. 32). I value that CoP inspires courage and the tolerance of uncertainty because it resists theoretical dogma and it encourages me to repeatedly question my own and my discipline's assumptions (cf. Boucher, 2010; Golsworthy, 2004).

To summarize, this investigation is partly motivated by my fore-understandings, my lived experiences of TLP and CBT, and my belief that they share common ground. My fore-understandings raise the possibility that people may relate to these approaches in similar ways. For example, it is possible that people may relate to TLP in similar ways as people relate to CBT; for guidance, personal development, skill development, self-care, to enhance psychological health and well-being, for prevention, insight, treatment of psychological distress, and symptom management. The investigation is also partly motivated by the unknown and my ignorance, because I recognise that my fore-understandings might, in fact, be inaccurate and may actually reflect my distorted

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[25] Pluralism is defined as 'the doctrine that any substantial question admits a variety of plausible but mutually conflicting responses' (Rescher, 1993, p. 79).

perspective and cognitive biases. It seems timely because CBT research has recently

begun to focus on what practitioners can learn from researching the lived experiences of

individual clients (Kellett, Greenhalgh, Beail, & Ridgway, 2010; McManus, Peerbhoy,

Larkin, & Clark, 2010; Williams, McManus, Muse, & Williams, 2011). By contrast,

Pilates research continues to be disproportionately concerned with researching the efficacy

of specific techniques for discrete symptoms or physical outcomes (e.g., Aladro-Gonzalvo,

et al., 2011; Choon Wyn Lim, et al., 2011; Culligan, et al., 2010; Neumark-Sztainer,

Eisenberg, Wall, & Loth, 2011). As such, research about Pilates seems to neglect

exploration of lived experiences of individual clients. This is perplexing, given the

apparent emphasis on psychology and phenomenology.

I propose that designing a study that prioritises offering the TLP client an

opportunity to share their subjective experiences, and that can subsequently develop a

dialogue between the findings and existing theory and research may make unique

contributions to CoP. For example, one of my fore-understandings is that TLP is a

complex social phenomenon that has elements in common with CBT. It is possible that the

investigation may reveal further unanticipated similarities between TLP and CBT, and that

it may provide the CoP reader with a unique opportunity to disinter and critically reflect

on their own assumptions and unexamined beliefs about teacher-led structured exercise.

1.2   Literature review

The two main approaches to reviewing literature for psychological research are

narrative or systematic (Hart, 1998; Light & Pillemer, 1984; McLeod, 1994). Narrative

reviews can be effective in situations where there has been a substantial amount of

research, most of which has built on previous studies (McLeod, 2011). Such reviews do

not typically include a section describing the methods used in the review, being mainly

based on the experience and subjectivity of the author, who is typically an expert in the

area (Cipriani & Geddes, 2003). One criticism of this approach however, is that the

absence of a clear method section can lead to a number of methodological flaws, which can bias the author's conclusions (Kerlinger, 1973; Kerlinger & Lee, 2000). Other authors draw a distinction between narrative and subjective reviews, contending that whilst subjective reviews are often idiosyncratic, implicit and irreproducible, narrative reviews may be an appropriate methodology for describing the history or development of a problem and its solution (Fink, 1998).

Systematic reviews are described as objective syntheses of primary research that use and describe specific, explicit and reproducible methodological strategies to identify, assemble, critically appraise and synthesise all relevant issues on a particular topic (Cipriani & Geddes, 2003; Fink, 1998; Kerlinger & Lee, 2000). It has been argued that where systematic reviews are associated with natural science assumptions and practices, narrative reviews are conversely associated with phenomenology because they are underpinned by different assumptions (McLeod, 2011; B. Smith & Sparkes, 2006; J. K. Smith, 1989). Relevant here is that CoP researchers who have used a phenomenologically oriented approach tend to use the literature review to map a context and rationale for the investigation (Rizq & Target, 2008, 2009). This is the approach taken with the narrative review that follows.

1.2.1 Coverage

TLP is a complex social phenomenon that manifests multifaceted problems of definition. For example when defined as treatment for or prevention of musculoskeletal problems, TLP can be conceptualised as a complementary and alternative medicine (CAM) modality. By contrast, when defined as a health or well-being enhancement approach, TLP can be conceptualised as a structured physical exercise modality. This review aims to provide a selective synthesis of some of the reading that has been undertaken for this investigation, followed by a critique and rationale for the current study.

It maps a context and rationale for this inquiry with the coverage of three areas.

First, the findings and conclusions of a clinical paper that uses meta-analyses draw attention to similarities in the research stories of psychotherapy and CAM. Second, the review discusses how structured physical exercise and people's relationships therewith are characteristically conceptualised and researched in psychology. Finally, the review discusses some of the literature concerning physical exercise in psychotherapy and describes the work of a CoP who offers a distinctive and thoughtful account of physical exercise and 'psychosomatic health' from a psychoanalytic perspective.

1.2.2   Psychotherapy and complementary and alternative medicine

In 2005, a UK clinical and health psychologist, Michael Hyland, used meta-analyses to draw attention to similarities in the research stories of psychotherapy and CAM, which are described as "controversial therapies that involve quality therapist-patient contact" (Hyland, 2005, p. 361). The author notes that even though the research base of psychotherapy is significantly more developed, the increasing popularity of CAM is matched by a reduction in use of psychotherapy (cf. Duncan & Miller, 2000).

Hyland proposes two models with associated hypotheses and motivations for conducting research in CAM and psychotherapy. From the 'medical model specific factors hypothesis', research is carried out to verify the effect of specific therapies as a form of medical treatment for discrete problems. From the 'humanistic model contextual factors hypothesis', research is carried out to identify and investigate 'common features' (cf. Frank & Frank, 1961/1991) shared by therapies that involve therapist-patient interaction. Here, psychotherapy and CAM are conceptualised as parallel to conventional medicine but as different kinds of treatments with different research agendas. Hyland's paper identifies that research in both psychotherapy and CAM is dominated by the first motivation: using the medical model and research that is concerned with verifying how discrete conditions respond to a specific dose of treatment.

Meta-analyses of CAM research that have found that it is effective for contextual

reasons are used to argue that it is a form of psychotherapy. Hyland calls for a more concerted effort by CAM researchers to develop research using what is known in psychotherapy, specifically that when researcher or therapist therapeutic allegiance is accounted for, contextual factors are more significant than specific factors in healing (cf. Lambert, 1999; L. Luborsky, 1995; Messer & Wampold, 2002). To develop this argument, Hyland cites research in psychotherapy that has failed to find either client-therapist interactions that predict outcome (cf. Westen, Novotny, & Thompson-Brenner, 2004), or a placebo-responding personality that might predict good responders to contextual effects (cf. Brody, 2000). Research is used selectively to argue that the individual therapist may be the most significant contextual factor, and that we have not yet begun to study the therapist in meaningful ways (cf. Carroll, 2001; L. Luborsky, McLellan, Diguer, Woody, & Seligman, 1997; Okiishi, Lambert, Nielsen, & Ogles, 2003; Wampold, 2001). For example, Hyland cites empirical analyses which found that even though peers and patients can identify a good therapist, the findings are equivocal about what makes a therapist 'good' (cf. L. Luborsky, et al., 1997; Okiishi, et al., 2003).

Hyland surmises that the 'human effect' may be the most important aspect of psychotherapy and CAM, but that the mechanisms underlying the effect are poorly understood and that this illuminates the most significant gap in the knowledge-base of both disciplines. Hyland also notes that, whilst the philosophy that it is the person/therapist that matters is at variance with the medical model (cf. Lendreman, 1986), it is consistent with medical observation[26] (De Maeseneer, van Driel, Green, & van Weel,

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[26] e.g., Di Blasi, et al.'s (2001) systematic review of the influence of context effects on health outcomes focussed on randomised control trials investigating the effects of physician's non-treatment specific care; the aim was to determine whether there was any empirical evidence to support the theory that physician-patient interactions can have an important therapeutic effect, irrespective of the specific treatment. On the basis of the 25 studies that met the inclusion criteria, the review concludes that one relatively consistent finding is that physicians who are warm and empathic are more effective. However, the review found that available studies do little to highlight the mechanisms by which non-treatment specific interactions influence patient's health. Both of the Lancet articles cited above argue that further study of the interactions between specific and common factors are needed to bridge the gap between efficacy - what works in isolation in an ideal setting - and effectiveness (what works in 'every day' and routine practice).

2003; Di Blasi, Harkness, Ernst, Giorgiu, & Kleijnen, 2001).

1.2.3   Physical exercise in psychology

Stuart Biddle and Nanette Mutrie are sport and exercise psychologists who have conducted impressive comprehensive reviews of contemporary psychological knowledge in physical activity (2001, 2008). Addressing psychological determinants, psychological well-being, and behavioural interventions to increase physical activity, these reviews describe the relationship between physical activity and psychological well-being as one of the oldest areas of study in philosophy and psychology, and the research as voluminous but controversial.

Psychology research characteristically focuses on structured physical exercise, which is conceptualised as a behaviour that can be clearly defined and measured. Biddle and Mutrie recognise that structured exercise behaviour is a complex social phenomenon and that the field provides an individualistic, "decontextualised perspective" (Biddle & Mutrie, 2008, p. 138). These reviews show how psychological research about structured physical exercise has predominantly utilised quantitative designs and conceptual tools from social cognitive learning theory, such as self-efficacy theory (Bandura, 1997), self-determination theory (Deci & Ryan, 1985) and self-regulation theory (e.g., Bandura, 1991). The reviews provide a wealth of anecdotal evidence suggesting that physical exercise can have positive psychological effects, but demonstrate that research about the psychological effects of physical exercise is mostly concerned with investigating the relationship between exercise and affect[27], and consequently prioritising a 'dose-response'[28] conceptualisation.

Biddle and Mutrie highlight how, despite the considerable body of quantitative research activity that has been undertaken in physical activity over the past two decades,

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[27] This research is controversial because psychology researchers have characteristically not clearly defined the focus of dose-response research; the distinction between affect, emotion or mood "is often not made clear" (Biddle & Mutrie, 2008, pp.166-167).
[28] Effects of exercise intensity on affective response

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there are significant problems, gaps and anomalies in the knowledge-base. For example, mechanisms explaining psychological change with physical exercise have not been clearly identified. Physiological and psychological mechanisms proposed include the thermogenic hypothesis (deVries, 1981; Koltyn, 1997; Morgan, 1988), the endorphin hypothesis (Hoffman, 1997), the monoamine hypothesis (Chaouloff, 1997), the self-efficacy hypothesis (Bandura, 1997) and the distraction hypothesis (Craft & Perna, 2004)[29]. Interestingly, psychotherapy research similarly attests to the continuing mystery surrounding the nature and mechanisms of psychological change (Carey, Carey, Mullan, Murray, & Spratt, 2006; S. Higginson & Mansell, 2008; Tryon, 2005).

Biddle and Mutrie's reviews also reveal that little is known about teacher-led structured physical exercise, suggesting that, despite evidence of the growth in popularity of exercise leaders and personal trainers, "there is virtually no evidence for their effectiveness" (Biddle & Mutrie, 2008, p. 147). Moreover, little is known about whether or how people choose between the varieties of teacher-led classes that are available because data on exercise adoption are "sparse", and wider social trends have largely been "ignored in psychology research" (Biddle & Mutrie, 2008, p. 129 & 138). Certainly, scant reference is made in the reviews to teacher-led mind-body exercise regimens such as TLP, despite anecdotal evidence of their increasing popularity across the UK (refer to appendix G for supporting evidence).

The omission of mind-body exercise in the reviews can be explained in part by the finding that the research base is underdeveloped and tends to be of poor quality (Biddle & Mutrie, 2008). The following three points are also relevant. First, mind-body exercise is made up of diverse practices, although most are anaerobic and of low-to-medium intensity[30] (i.e.,

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[29] e.g. psychological accounts suggest that the "feel better" effect from physical activity may result from changes in self-worth and self-esteem from mastering new tasks, having a greater sense of control or from time away from negative or more stressful aspects of life (Biddle & Mutrie, 2008, p. 197).

[30] With 'physical exercise', the intensity of the physical work (i.e., 'high', 'medium' or 'low') has an effect on what energy/fuel (e.g., oxygen, carbon dioxide, carbohydrate, fat) the body uses, and what kind of adaptations the body makes after exercise (i.e., the training effect or outcome). 'Intensity' is the amount of physical power, expressed as a percentage of maximum heart rate (MHR), that the body uses in performing

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they are not associated with improving or maintaining cardiovascular health). Second, psychology research traditionally advances a hedonic conceptualisation of well-being, wherein "positive affect is considered an important health outcome in its own right" (Biddle & Mutrie, 2008, p. 165). Third, traditional conceptions of the exercise-affect relationship advance an 'inverted U' dose-response model such that moderate-intensity exercise is assumed to lead to positive affective changes in most individuals, the capacity to induce negative affective changes is limited to high intensity, strenuous exercise, and anaerobic exercise performed at low-to-moderate intensity is believed to constitute a stimulus of insufficient strength to elicit positive affective changes (cf. Berger & Owen, 1992; Ekkekakis, 2003; Ekkekakis & Petruzello, 1999). These kinds of assumptions seem to influence the research agendas of psychologists and thus teacher-led low-to-medium intensity exercise is underrepresented in psychology research. Certainly, the dose-response model and associated research has led some to the peculiar conclusion that it may be possible to defend "a single exercise prescription for all individuals" (Morgan, 1997, p. 11). This conclusion is peculiar because weak research designs and low statistical power in many studies cast doubt on any claims made about the true effects of exercise on psychological well-being (Biddle & Mutrie, 2008).

The concept of exercise prescription indicates that the stimulus-response model lends itself to the medicalization of physical exercise. The terminology has the effect of associating physical exercise with 'treatment', and perhaps by extension psychotherapy. There is little in the way of experimental psychology research that can question the medicalization of physical exercise, because it represents a convenient albeit questionable extension thereof. Similarly, psychological research typically conceptualises individual's relationships with physical exercise using conceptual tools and constructs that are

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an activity. Medium-to-high intensity exercise is strongly correlated with health because it is typically 'aerobic'. Aerobic exercise involves the continuous and intensive use of the heart and lungs; it includes activities such as rope-skipping, running and cycling. By contrast, 'anaerobic' exercise is typically construed low-to-medium intensity because it does not predominantly focus on strengthening the cardio-respiratory system.

characteristic of the biomedical model and social cognitive learning theory. For example, 'positive/negative addiction behaviours' and 'positive/negative dependence behaviours' are two of the most commonly used hypothetical constructs (e.g., J. Adams & Kirkby, 2002; J. M. Adams, Miller, & Kraus, 2003; Allegre, Souville, Therme, & Griffiths, 2006; Glasser, 1976; Hausenblas & Downs, 2002; Little, 1969). The terms 'healthy/unhealthy exercise behaviour' and 'exercise commitment/exercise over-commitment' are also used (e.g., Cockerill & Riddington, 1996; Little, 1969).

A relatively recent overview by Benjamin Allegre and colleagues (2006) has synthesised the knowledge about physical exercise addiction or exercise dependence generated from the few available studies. The review found that the majority of studies concentrate on solitary aerobic behaviours (e.g., jogging or running), and that the field lacks a conceptual framework to define and measure exercise addiction or exercise dependent behaviours[31]. Nevertheless, it found that there were three highly similar characteristics between the components and criteria of 'negative' or 'unhealthy' exercise addiction/dependence: neuroadaptation[32], salience[33], and adverse consequences[34]. The few studies available suggest that for a small proportion of people[35] excessive exercise may be problematic (cf. Downs, Hausenblas, & Nigg, 2004; Terry, Szabo, & Griffiths, 2004). The overview concludes that an individual's relationship with exercise can be conceptualised as "a continuum", ranging from a healthy/positive to an unhealthy/negative "habit" (Allegre, et al., 2006, p. 635).

Intriguingly, the few systematic studies of exercise deprivation that have been undertaken suggest that withdrawal[36] symptoms are characteristic of both healthy/positive

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[31] The field of addiction and dependence is characterised as conceptually chaotic (cf. Morse, 2004; Shaffer, 1997)
[32] Tolerance and withdrawal
[33] Time spent exercising, cognitive preoccupation with exercising
[34] Interpersonal conflict, reduction in other activities, practice despite medical contraindication
[35] The prevalence obtained with one or other classification and measures gives identical results. It seems that less than 5% of a population of exercisers would be classified as at-risk for exercise dependence.
[36] Withdrawal is described as the sensations experienced on cessation of an addictive behaviour and can take the forms of physiological and/or psychological disturbance.

and unhealthy/negative habitual exercise behaviours (Hausenblas, Gauvin, Downs, & Duley, 2008; Mondin, et al., 1996; Szabo, 1995; Szabo, Frenkl, & Caputo, 1996; Trine, et al., 1996). There is also some evidence that deprivation from different forms of exercise may have different effects that may not surface jointly (Szabo, 1995). However, there is a paucity of studies that can provide an understanding of whether people who are committed to teacher-led anaerobic mind-body exercise experience withdrawal symptoms between or when deprived of their classes. One study that has investigated the psychological impact of training deprivation in advanced level martial artists[37] found that all participants $(N=20)$[38] reported severe mood disturbance [39] during a one-week period of abstinence from training (Szabo & Parkin, 2001). Interestingly, the authors of this study suggest that insider status and the characteristics of the researcher were important for this kind of research[40].

1.2.4 Physical exercise in counselling psychology

Over the past three decades, a body of literature has examined how mental health professionals approach structured physical exercise in clinical contexts, and has considered how practitioners can respond constructively to exercise material in ways that advance therapeutic processes (e.g., Beesley & Mutrie, 1997; Biddle & Mutrie, 2008; Burks & Keeley, 1989; Chung & Baird, 1999; Faulkner & Biddle, 2001; Faulkner & Taylor, 2005; Hays, 1999; McEntree & Halgin, 1996; Pollock, 2001b; Turp, 2001). One key finding of this work is that psychotherapists have either focused on physical exercise as an irrational defence and have tended to regard client's exercise beliefs and behaviours as pathological, or they have tended to view exercise material as outside the remit of psychotherapy. It is argued that the latter instance can be taken to indicate that some

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[37] Martial artists training at brown and black belt levels in instructor-led Shotokan karate

[38] 10 male participants, 10 female participants with a mean age 28.4 years (SD=6.6) who trained an average 3.6 times a week (SD=1.1) for a total of 6.5 hours (SD=2.5) per week.

[39] Participants reported increased negative affect, anger, depression & tension, and reduced positive affect & vigour relative to baseline

[40] Parkin is a national champion in the martial art style of the participants, and his status is described as crucial to the successful undertaking of the investigation.

psychotherapists suffer from the tendency to treat the mind, the body and the social context of human existence as separate and separable domains. These assumptions have meant that client's exercise material has not been routinely engaged with in the sense of either being discouraged, actively ignored or not being considered important to a contextualised understanding of the client. It is perhaps therefore unsurprising that physical exercise is underrepresented in UK CoP literature, despite two decades of empirical psychology research that alludes to a consistent correlation between structured physical exercise and psychological health/well-being (Biddle & Mutrie, 2008).

Interestingly, some authors have argued that CoP has a major contribution to make to the fields of sport and exercise psychology through its philosophies, principles and models (Daley, 2002; J. Owen, 2010). These authors describe an overlap between the client populations seen by counselling psychologists and those with whom sport and exercise psychologists work, observing that recent trends in this field are concerned with adding exercise as a psychotherapeutic intervention, and as a lifestyle, health and well-being enhancement dimension. In view of these developments, it is suggested that there is much potential for interdisciplinary collaboration, which could be of benefit to both the sport and exercise psychologist and the counselling psychologist.

CoP contributions to theory relating to physical exercise and well-being are also sparse. One notable exception is CoP Maggie Turp (e.g., 1997; 1998, 1999, 2000a, 2000b, 2001) who has written extensively about ways in which self-initiated leisure exercise may fulfil an adaptive, restorative and reparative emotional role from a psychoanalytic perspective. In particular, Turp's (2001) book *Psychosomatic health: The body and the word,* incorporates phenomenology, postmodern and narrative theory, psychology, medicine, complementary medicine and neurophysiology. In this text, Turp argues that health is psychosomatic in that it involves both mind (psyche) and body (soma), and that therefore "health and recovery involve both physical and psychological aspects of the self" (Turp, 2001, p.x). The author describes her perspective as untraditional because

psychoanalytic thinkers have typically developed accounts of psychosomatic illness, thus by extension exercise behaviour has been conceptualised as a defence and/or manifestation of pathology (e.g., De la Torre, 1995).

Turp develops the work of paediatrician and psychoanalyst Donald Winnicott who wrote extensively about infant caregiving and mind-body health (cf. Winnicott, 1949; Winnicott, 1960b, 1962, 1967a, 1970). Winnicott proposed that in the early stages of human emotional development, "a vital part is played by the environment which is in fact not yet separated off from the infant by the infant" (Winnicott, 1967b, p. 111). Within his developmental theory, Winnicott uses several metaphors to refer to the developmental provisions of the environment: 'holding' (i.e., the care-giver's emotional responsiveness to the baby) 'handling' (i.e., the physical care of the infant) and 'object presenting' (i.e., the capacity of the caregiver to provide an environment that can facilitate experiences of power, spontaneity and creativity). Crucially, for Winnicott adequate handling experiences can enable the infant to experience a sense of the self as centred in the body, a process that is poetically described as "the psyche indwelling in the soma" (Winnicott, 1960b, p. 45). Building upon Winnicott's work, Turp uses clinical case studies to develop the argument that physical exercise may offer 'self- handling' opportunities that can contribute to a sense of enjoyment, the restoration of a sense of 'psychosomatic indwelling', or reparation for poor developmental handling experiences (Turp, 1997, 2001). Within the context of psychotherapy, Turp argues that therapists can support clients to make sense of their experiences of using the body and that they can meaningfully contribute to client's strivings to enjoy, inhabit or repair the relationship with the lived body (Turp, 1997, 1998, 1999, 2000a, 2001).

Turp conceptualises an individual's relationship with physical exercise as "manifestly complex", because it can fit into any or all of a number of perspectives, including: a ritual enacted in accordance with narcissistic tendencies; a broadly healthy tendency that reflects an appropriate response to limited opportunities for movement in

developed countries; and an idealised route to 'perfect' physical and mental health (2000a, p. 477). Turp (2000) observes that talking therapists presently lack a coherent theoretical context that can help with identifying and naming a shift on the client's part away from exercise avoidance or abuse, toward "beneficial engagement" (p. 478). Interestingly, even though the theme is not developed, Turp (1997) proposes that when a person engages with an exercise trainer[41] they may be taking up one of few opportunities available in this country to compensate for developmental experiences of insensitive handling.

1.2.5 Critique and rationale for the present study

The review of the selected literature reveals similarities in the research stories of psychotherapy, CAM and structured physical exercise. It has exposed how stimulus-response research lends itself well to the medicalization thereof, and that there are contradictions, gaps and anomalies in the psychology knowledge-base.

Two things particularly strike me about the ways that psychotherapy, CAM and structured exercise are conceptually researched. First, in order to develop the knowledge-base in a systematic, replicable way, and to develop laws of ecumenical scope, the evidence is based on dehumanised, decontextualised, mechanistic conceptualisations of very complex social phenomena. Second, it seems to me that researchers characteristically conceptualise the patient/client/participant as a passive recipient of the therapist/intervention/product. As a case in point, Hyland's (2005) critique concludes that in both CAM and psychotherapy "the personality of the therapist has a therapeutic effect on the patient" (p. 365). Although I agree in principle with Hyland's (2005) argument that CAM/psychotherapy research that attends singularly to one objective[42] is questionable, I find his conclusion that researchers should singularly attend to therapist effects peculiar. The paper makes no reference to the comprehensive body of research on the effectiveness

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[41] e.g., who sensitively guides, encourages and protects against over-exertion
[42] i.e., empirical validation of effectiveness of psychotherapy or CAM for discrete outcomes

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of specific psychotherapeutic and CAM interventions for particular presentations[43] (Bronfort, Haas, Evans, Leininiger, & Triano, 2010; McCullough, 2002; Roth & Fonagy, 1996, 2005).

In the current evidence-based practice (EBP) climate, it can be argued that all practitioners working in UK who make claims about a preferred approach in the treatment or prevention of particular problems, whether construed psychological or somatic, have a responsibility to evidence and develop the claims that they make. An undefended engagement with consuming, critiquing, conducting and disseminating research that is concerned with the following question: "what treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances?" (Paul, 1967, p. 111) invites curiosity, magnanimity and humility on behalf of the practitioner-researcher. It requires an acceptance that preferred practices are contingent on contextual factors[44] including formal and informal sanction; that research is a complex and imperfect human endeavour that is used to service human ends (cf. Corrie, 2011; Fairfax, 2008); that there are limitations in one's preferred approach that need to be considered; and that there are some things that one can and cannot claim to do with a preferred approach.

A program of research about the characteristics of good therapists undertaken in the USA over the past decade has found that 'master therapists' identified by peers are curious about the human condition, read widely around all therapy approaches, are motivated by their ignorance and are unusually open to receiving feedback in relationships (Skovholt & Jennings, 2004). This work was not included in Hyland's (2005) critique, although it is argued that the research provides an example of how quantitative and qualitative methods can complement each other in the inquiry process (cf. McLeod, 2011).

I propose that psychotherapy, CAM and structured teacher-led physical exercise lend themselves to being investigated from different perspectives because they are

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[43] e.g., effectiveness of CBT and exposure treatments for specific phobias & obsessive compulsive disorders; family intervention programs for schizophrenia; effectiveness of manual therapies for chronic low back pain
[44] e.g., dependent on or intertwined with economic, political and social factors

complex social phenomena that some people relate to and with, in embodied meaningful ways. Counselling psychologists conceptualise human beings as active agents in their lives, recognise that modern society is characterised by a literate citizenship and open access to information, and that some people actively seek out and use therapies to make judgements about what they need (Corrie, 2011; McLeod, 2011). This investigation is concerned with developing a humanised, contextualised and contingent account that, albeit uncommon in research about transformation with physical exercise, is in keeping with the ethos of CoP and existing CoP research - a perspective that is developed in Chapter 2.

Chapter 2: Methods & Procedures

2.1   Introduction

As described in Chapter 1, this investigation evolved from my own experiences and fore-understandings and my identification with the values espoused by CoP, as well as the gaps and anomalies identified in the literature review. In this chapter, I contextualise and account for the philosophical and methodological decisions taken with this research.

2.1.2   Locating a meta-theoretical framework

Of the traditions that inform CoP, the phenomenological tradition offers a distinctive overarching theoretical framework[45] that is consonant with the spirit of this investigation[46] because it is concerned with developing a philosophical[47], psychological and contextualised account of human experience. Within the context of human science research, some authors have cautioned that phenomenology tends to be erroneously conflated with qualitative research generally (e.g., Langdridge, 2007; Polkinghorne, 1983). Nevertheless, phenomenology is described as the most distinctive and significant philosophical movement of the twentieth century (e.g., Embree & Mohanty, 1997; Moran, 2000).

The pragmatic position taken for the purpose of the present investigation is that the thesis is "phenomenologically-inspired" qualitative research (Finlay, 2009b, p. 3). The thesis is not wholly phenomenological because it *a priori* respects the delimiting regulations of CoP research that is undertaken in an academic setting. A modest claim to phenomenology is essential because academic psychology research evidences credibility in advance by explicitly drawing on psychological models, theory, concepts and existing

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[45] e.g., a set of ideas and principles that provide a basis for the approach taken with this investigation

[46] e.g., within CoP, existential-phenomenological writers are critical of research and therapy based on mechanical metaphors and statistics, arguing instead for the development of a philosophical psychology for understanding human beings (Manafi, 2010a; I. R. Owen, 1994; Spinelli, 2003).

[47] Phenomenological philosophers reject Cartesian dualism (the epistemological & ontological separation of 'mind'/*res cogitans*, 'body' and 'world'/*res extensa* & are committed to advancing the pivotal role played by embodiment in perception, emotion, intersubjectivity & being-in-the-world (e.g., Merleau-Ponty, 1945/1962)

research. The use of theory, hypothetical constructs and quantitative research from psychology is described as antithetical to the rigorously phenomenological research endeavour (Allen-Collinson, 2009; Brocki & Wearden, 2006; Finlay, 2009b; Giorgi, 1989).

Phenomenological research has circumscribed meanings. It places trust in the research if the researcher demonstrates engagement with phenomenological philosophy and coherence of method with three interlocking phenomenological steps[48]: openness to the participant, openness to the un-known and rich description of the lifeworld (Allen-Collinson, 2009; Brocki & Wearden, 2006; Finlay, 2009b; Giorgi, 1989). By contrast, qualitative research is described as being concerned with the process of discovery and in treating research as exploratory (Willig, 2001). It offers a set of flexible and sensitive methods for opening up areas of social life that are not well understood (McLeod, 1994). Phenomenologically-inspired qualitative research is promising for this investigation because it does not have circumscribed meanings and can allow for *a priori* and *a posteriori* engagement with psychological theory, methods and practices[49] that are more characteristic of experimental psychology[50].

The approach that I propose is informed by CoP's pluralistic vision of research, because it draws upon and seeks to develop a phenomenological model of enquiry[51] (British Psychological Society, 2005, p. 1), and aims to respect and uphold the research context's circumscribed research practice and evaluation criteria.

2.1.3   Locating 'the phenomenological attitude'

Phenomenology evolved in the 1930's with the work of Husserl (e.g., 1935/1970),

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[48] e.g., phenomenological reduction, description and search for essences

[49] e.g., conducting a literature review that includes quantitative research and psychological constructs; drawing on conceptual tools and constructs from psychology and pre-determining open-ended interview schedules

[50] e.g., the practice of attempting to delimit mental life in physical terms such as 'mechanisms', 'processes' and 'models' (De Preester, 2007a; Radley, 1991, 2000)

[51] e.g., adopting a phenomenologically-inspired qualitative approach seems fitting for this CoP investigation because value is placed on philosophical, contextual and discipline-consistent inquiry, respect for first-person accounts of lived experience, and dialogue with psychological theory and research

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who proposed that that the natural scientific model was not appropriate for investigations of human experience[52]. According to Husserl, lived experience loses its essential qualities when it is conceived of as a discrete, measurable entity[53] (Husserl, 1935/1970). Husserl's work is relevant to the present investigation because of the centrality that he places on assuming a distinctively self-reflective approach referred to as the phenomenological attitude (Finlay, 2008a; Throop & Murphy, 2002).

As articulated by Husserl, the phenomenological attitude includes retaining a sense of wonder and openness to the world, with disciplined reflection culminating in radical self-transcendence, so as to see the world in new ways (Husserl, 1935/1970). As elaborated for the purpose of psychology research, the phenomenological attitude does not include a transcendental quest. Instead, the psychology researcher can attempt to identify their fore-understandings, assumptions and vested interests at the beginning of the research (Finlay, 2008a; J. A. Smith & Eatough, 2007; J. A. Smith, et al., 2009). Researchers can then strive to restrain or disengage from their pre-understandings so as to actively engage with participants, and to open themselves fully to being moved by the encounter and interaction with another human being.

For the purpose of this investigation, the identification of my fore-understandings of teacher-led Pilates (TLP) provides one rationale for undertaking this investigation. The phenomenological attitude is appealing because it is a practice that makes it more likely that I will be able to relate to Pilates clients as experts of their own experiences and allow for unknowns to emerge. Embodying the phenomenological attitude offers the possibility

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[52] e.g., Husserl cautioned that researchers who are not mindful that natural science is a human accomplishment inevitably miss the assumptions that they impose when attempting to understand human experience. He determined that a number of premature assumptions underpin the natural science approach as applied to understanding human experience. For example, that human experience can be reduced to discrete objects that can be mathematised (the practice of reducing phenomena to or 'as if' to mathematical formulas) quantified (e.g., the process of expressing the quantity of phenomena; of specifying the quantity of (a term) by using a quantifier, e.g., 'all', 'some', or 'no') and measured, and that it is possible to establish predictable and probabilistic patterns of human experience (Husserl, 1935/1970, p. 275).
[53] For Husserl, objectification, mathematisation, quantification, measurement and generalisation change contingent, finite and constantly shifting lived experience in such a way that the meaningfulness of human experience is obscured.

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of making the research endeavour a great deal more instructive and therefore satisfying.

2.1.4 Locating the relevance of qualitative research

As Chapter 1 demonstrates, research thus far concerning complementary and alternative medicine (CAM), psychotherapy, structured physical exercise and TLP is dominated by a treatment efficacy validation quantitative[54] approach. I have argued that these social phenomena are characterised by complexity, and that there is a paucity of research about the client's experience of TLP. This study therefore adopts a qualitative approach[55] for two reasons. First, because qualitative research is considered particularly appropriate where the field of interest is characterised by complexity, ambiguity and a lack of prior research[56] (Richardson, 1996). Second, because qualitative inquiry foregrounds the researcher's role in the investigative process and offers an opportunity to circulate what is known and what is unknown in seemingly disparate communities[57]. My experiences and fore-understandings may result in a loss of rigour and yet paradoxically it is argued that they may actually increase the value of the investigation by providing access to tacit knowledge (Elliott & Williams, 2001; Guba & Lincoln, 1981; Lincoln & Guba, 1985).

A substantial argument alludes to the value and function of tacit knowledge or tacit knowing within the qualitative research process (cf. Cutliffe, 2003). The contribution of tacit knowing to the generation of new understandings and social and scientific discovery was first illuminated by Polanyi (1967). Polanyi argued against the dominant position that science is somehow value-free, and he sought to bring into creative tension a concern with reasoned and critical interrogation with other, more tacit ways of knowing (D. Scott,

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[54] Quantitative approaches are typically concerned with measurement precision, quantification, and the identification of cause-effect relationships (Willig, 2001;Smith, 2003).
[55] By contrast, qualitative approaches are concerned with how the individual person experiences events and makes sense of the world through exploring, describing and interpreting personal and social experiences (Willig, 2001; J. A. Smith, 2003).
[56] A qualitative approach offers the possibility of addressing a significant gap in the literature because the client's experiences of teacher-led structured exercise can be foregrounded.
[57] Pilates, CBT & Counselling Psychology

1995). For Polanyi (1967), tacit knowledge comprises a range of conceptual and sensory

information and images that can be brought to bear in an attempt to make sense of

something. More recently, Altheide and Johnson (1994) attest to the role of tacit

knowledge in qualitative research, acknowledging that "tacit knowledge plays a

constitutive role in providing meaning" (p. 493).

Tacit knowledge therefore appears to be a significant component of qualitative

investigations, although it is not easily captured by reflexive activities because of the very

tacit nature of the phenomenon. It is more likely to be reflected in the quality of my

interactional, analytical and discursive work, which may allow for my tacit knowledge,

creativity and intuition to emerge in the context of encounters with individual participants

and interactions with the interviews/data (Ely, Anzul, Friedman, Garner, & Steinmetz,

1991).

2.1.5 Locating qualitative research in counselling psychology

CoP is described as of relatively recent vintage in the UK because it was only

granted divisional status within the BPS in 1995 (Strawbridge & Woolfe, 2003, 2010), in

contrast to clinical psychology which has been recognised as a distinctive division within

the BPS since the late-1940's (J. Hall & Llewelyn, 2006). This is relevant because

psychotherapy research in the UK evolved in tandem with clinical psychology and

behaviour therapy through the founding and controversial work of psychologists such as

Eysenck (1949, 1990, 1991). Eysenck's (1952) radical critique of psychotherapy reports

about clinical effectiveness highlighted the shortcomings of the methods used and the need

for properly planned and executed experimental studies. The debate over Eysenck's claims

has persisted over the years and has stimulated four generations of empirical

psychotherapy research[58] (Barkham, 1996, 2003, 2007; Rachman, 2003) that draws on

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[58] Generation 1 (1950s-1970s) addresses outcome and process questions: 'is psychotherapy effective?' and 'are there objective methods for evaluating process?'; generation II (1960s-1980s) utilizes scientific rigour to address the process question 'what components are related to outcome?'; generation III (1970s- present) addresses outcome question 'how does change occur' (Barkham, 1996) ; generation IV (mid-1980's-present)

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positivist/post-positivist[59] research assumptions for legitimacy. Consequently, psychotherapy researchers over the past six decades have used and developed experimental quantitative designs to address outcome and process questions about individual therapy[60]. Consequently, significantly less qualitative research in counselling and psychotherapy has been published.

A decade ago it was argued that many counsellors and psychotherapists are drawn to qualitative inquiry because they recognise its potential (McLeod, 2001), and that qualitative research in counselling psychology is still in its infancy (McLeod, 2003). Recently, McLeod (2011) found that in the UK the reporting of qualitative research is promoted by two journals – *Psychology and Psychotherapy: Theory, Research and Practice* and *Counselling and Psychotherapy Research*. In 2009 the proportion of research studies using qualitative or mixed methods was 81% (22/27) for the former, and 27% (8/30) for the latter. By way of comparison, the proportion of qualitative to quantitative research in the US *Journal of Counseling Psychology* was 17% (8/48) (McLeod, 2011). A PsycInfo database search conducted in 2012 [61] reveals that in the UK between 2009 and 2012 more qualitative studies relative to quantitative studies were published in *Counselling Psychology Review (CPR)* (65%; 11/17), *Counselling Psychology Quarterly (CPQ)* (64%; 9/14), *Counselling and Psychotherapy Research* (68%; 34/50) and *Psychology and Psychotherapy: Theory, Research and Practice* (55%; 29/53). Taken together, the findings offer anecdotal evidence that qualitative research may hold particular appeal for counselling psychologists who publish their work in psychotherapy journals in the UK.

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addresses clinical relevance question 'how can we make outcome and process research clinically meaningful/useful'.

[59] Belief that scientific methods of objectification, quantification and measurement can directly or approximately generate knowledge about real psychological phenomena or aspects thereof

[60] Psychological therapies premised on a one-person, one mind and one body psychology that paradoxically typically focuses on one-to-one settings (e.g., where at least two people and two bodies are present)

[61] August 2012; search terms Publication Name + United Kingdom + methodology [quantitative study]/ [qualitative study]

2.1.6 Locating philosophical assumptions

Within the context of psychology research, philosophical[62] assumptions shape all aspects of the endeavour including the kind of research that is undertaken, the way that research participants are treated, the way the data are treated, and the knowledge claims made about the findings. There is a perplexing assortment of typologies to be found in the qualitative research literature, and variations therein can be subtle[63]. A recent typology proposed by Willig (2012) classifies phenomenology as a distinctive philosophical framework[64] that can be tentatively positioned in the middle of a continuum between direct realism at one end and radical social constructionism at the other. Harper (2011) draws on this scheme in a recent publication about qualitative research in mental health and psychotherapy, which suggests its utility for counselling psychologists. In the schematic proposed, phenomenology is tentatively located between critical realism[65] (Bhaskar, 1978, 1989, 1993, 1997, 1998) and moderate social constructionism[66] (e.g., Burr, 1998).

There seem to be commonalities between these middle-ground perspectives because they do not conflate epistemological claims with ontological claims. For example, a critical realist perspective can consider scientific theories and methods as socially

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[62] e.g., ontological (theory of what exists) & epistemological (theory of knowledge) assumptions (Lacey, 1986)

[63] e.g., Guba and Lincoln (1994) propose *positivism, post-positivism, critical theory* and *constructivism*. Madill, Jordan and Shirley (2000) offer *realism, contextual constructionism* and *radical constructionism*, whilst Ponterotto (2005) and Morrow (2008) discern *positivism, postpositivism, interpretivism-constructivism,* and *ideological-critical theories.*

[64] Until relatively recently phenomenology was largely unknown outside of the academic spheres of continental philosophy (Kearney, 1984; I. R. Owen, 1994).

[65] Bhaskar conceptualises the social and natural world as three overlapping domains - the real, the actual and the empirical. The domain of the empirical reduces events to [observable/perceivable] experiences & excludes generative mechanisms altogether. The domain of the actual includes events that may be experienceable, as well as events that we are yet to experience and events that are beyond the possibility of any experience. The domain of the real is inclusive of mechanisms, events [actualities], and experiences without the requirement that these categories overlap or always occur together. There can be the presence of generative mechanisms without the presence of events [actualities] or experiences, & there can be the presence of events [actualities] without experience of them or sentient capacity for experience of them (Bhaskar, 1978, p.13). It is this stratification that disambiguates knowledge claims from claims about reality or what exists (cf. Bhaskar, 1993).

[66] For moderate social constructionists, talk involves the creation or construction of particular accounts of what the world is like, although language is not conceptualised as the only reality. Researchers draw on both critical realism and social constructionist ideas to develop interpretative accounts of qualitative data in relation to existing social, cultural & historical structures (Harper, 2011).

constructed, without maintaining that reality is socially constructed. This perspective accepts that human experience is not reducible to or constituted by language, and that language can be conceptualised as a tool that can be directed toward representing experience (cf. Pinker, 2002a).

I have found that a number of phenomenologically-oriented psychologists draw either explicitly or implicitly on critical realism (e.g., Finlay, 2006; Giorgi, 1994; O. C. Robinson & J. A. Smith, 2010). This position is described as appealing for psychology researchers, because it assumes that people's subjective accounts reflect attempts to represent actual events, actual people, actual lives and actual emotions (cf. O. C. Robinson & J. A. Smith, 2010). The participant can be treated as an actual person who is contributing to the construction of knowledge about an experience of importance to them. Although most approaches to phenomenological research seem to advance an epistemic middle-ground, I have found that individual variants thereof differ in respect of key theoretical assumptions and methodological emphases.

2.1.7   Locating a phenomenological approach

Phenomenological psychology is an approach that draws directly on the phenomenological tradition in philosophy (Langdridge, 2007). There are many variants of phenomenological philosophy, including transcendental (Husserl, 1935/1970); existential (Heidegger, 1962/1927; Kierkegaard, 1985; Merleau-Ponty, 1945/1962; Nietzsche, 1878/1986; Sartre, 1943/1957) and hermeneutic (Gadamer, 1960/1990; Ricoeur, 1970). Consequently, there are also a number of variants of phenomenological research, including descriptive (Giorgi, 1989), interpretative (J. A. Smith, 1996), relational (Finlay & Evans, 2009) and critical narrative (Langdridge, 2007). Different forms are demanded according to the phenomenon under investigation and the kind of knowledge that the researcher seeks (Finlay, 2008b).

Drawing primarily on Finlay (2008b) and Langdridge (2007), Table 1 provides the reader with an understanding of characteristic research questions, aims and theoretical underpinnings of four variants of phenomenological research.

IPA was chosen for this inquiry on the basis of a perceived goodness-of-fit that is particularised below with a discussion of nine key characteristics.

2.1.7.1 Sensitivity to research aims

This investigation has evolved in tandem with the researcher's fore-understanding that experiences of transformation with TLP seem to be marked for some people as very important. IPA is committed to the examination of how people make sense of experiences that are of particular significance to them (J. A. Smith, et al., 2009).

2.1.7.2 Sensitivity to counselling psychology values

As an approach to research that seeks to understand and give voice to individual's concerns and that is flexible enough to dialogue with mainstream psychology, IPA is compatible with the values of CoP as described in Chapter 1. IPA shares with counselling psychology, social cognition and CBT a concern with what people think (cognition), feel (emotion) and do (behaviour) (cf. Sanders, 2010; M. J. Scott & Dryden, 2003; J. A. Smith, 1996)[67]. The epistemological openness of IPA emphasises not testing set hypotheses so that the researcher can learn from the interaction with individual participants. Rather, the themes and concerns that emerge from the data are subsequently used to dialogue with literature and research deemed appropriate to the material (cf. Rizq & Target, 2008, 2009).

2.1.7.3 Sensitivity to context

IPA has a flexible critical realist/phenomenological/contextualist/lightly social constructionist epistemology that takes the person-in-context as a topic. IPA will venture to suggest how something has been understood by a particular person in a particular

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[67] In line with interactional social cognition perspectives (e.g., De Jaegher, et.al 2010), IPA conceptualises cognitions as an aspect of being-in-the-world (Eatough & Smith, 2006a, 2006b). By contrast, some psychologists conceptualise cognition as an isolated, separable function that can be mapped in an information-processing model (e.g., Tryon, 1993a, 1993b, 2005)

Table 1

Four Variants of Phenomenological Research

Variant	Characteristic Questions	Characteristic Aims	Theoretical Underpinnings
Descriptive (Giorgi, 1989)	What is the lived experience of transformation with TLP?	Identify the essential or general structures underlying the phenomenon of transformation with TLP	Draws on phenomenology (esp. Husserl, 1913/1982, 1935/1970). Not primarily concerned with idiographic details. Closest to realism
Interpretative Phenomenological Analysis (J. A. Smith, 1996)	What is the individual experience of transformation with TLP?	Capture individual experience and variations between co-researchers. Thematic analysis involves explicit interpretation	Draws on phenomenology (Husserl, 1913/1982), existential-phenomenology (Heidegger, 1962/1927; Merleau-Ponty, 1945/1962), hermeneutics (e.g., Gadamer, 1960/1990), social cognition (S. Gallagher & Zahavi, 2008), and symbolic interactionism (Mead, 1934). Idiographic (small group of co-researchers). Broad focus: socio-cultural & research context, language, cognition & affect. Dialogues with mainstream social cognitive psychology research & theory. Draws on critical realism, contextualism[68] and social constructionism
Relational (Finlay & Evans, 2009)	What is it like to experience transformation with TLP?	Focus on the co-researcher's sense of self, their being-in-the- world and the defensive way they've learned to cope. Reflexively explore the relational dynamics between researcher and co-researcher	Draws on existential-phenomenology (e.g., Heidegger, 1962/1927; Merleau-Ponty, 1964, 1964/1968). Idiographic (one co-researcher). Relational existential phenomenology underpinned by reflexive, dialogical, feminist-poststructuralist epistemology (taking either a critical realist or a relativist view) & inspired 'by a range of relational psychotherapy theories' (Finlay, 2009a, p. 26).
Critical Narrative Analysis (CNA) (Langdridge, 2008)	What story or stories does a person tell of their experience of transformation with TLP?	Focus on the narrative produced by one person and how it was co-created in the research context	Draws on hermeneutic phenomenology (esp. Ricoeur, 1970, 1992) & 'critical social theory' (Langdridge, 2007, p. 159). Idiographic (one co-researcher). Intensively analytic. Incorporates hermeneutics of empathy and suspicion (destabilising narrative). Closest to social constructionism

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[68] Contextualism is the position that all knowledge is local, provisional, and situation dependent (Jaeger & Rosnow, 1988)

interaction with a particular researcher (Larkin, Watts, & Clifton, 2006). The researcher comes to the person first, which provides a means of learning also about the context. For CoPs, the idea of developing context-free theories, research and interventions is described as misguided because we have to consider moral, social, cultural and environmental contexts and how they exert influence (Christopher, 1996, 1999; Coyle, 2010; Lane & Corrie, 2006; Thatcher & Manktelow, 2007).

2.1.7.4 Sensitivity to individual participants

With IPA, participants are recruited because of their expertise in the phenomenon being explored. IPA's commitment to idiographic psychology emphasises that individuals can offer a unique perspective (J. A. Smith, et al., 2009). Participants are treated as experts on their own experiences who can offer an understanding thereof through telling their own stories, in their own words (Reid, Flowers, & Larkin, 2005).

2.1.7.5 Sensitivity to commonalities and differences between participants

The idiographic commitment of IPA involves careful examination of similarities and differences across a small group of cases (Larkin, et al., 2006). The aim is to produce a detailed account of patterns of meaning and reflections on a shared experience (Shinebourne, 2011)

2.1.7.6 Sensitivity to the unknown

IPA is both an inductive (bottom-up) and interrogative approach (J. A. Smith & Eatough, 2007). During data collection, there is no attempt at the outset to verify or negate hypotheses or the researcher's fore-understandings (J. A. Smith, 2004). Rather, IPA is concerned with discovering, revealing, uncovering and disclosing meanings and experiences that in some sense lie hidden (Shinebourne, 2011). Thus, IPA favours a research attitude that is flexible and sensitive enough to follow unanticipated concerns or themes that may emerge during data collection and analysis. IPA is interrogative in its capacity to contribute to and question existing psychological research (J. A. Smith &

Eatough, 2007). These two positions are significant for the present study as there is no set hypothesis, and the data are used to guide the researcher's selection of literature considered appropriate to the material.

2.1.7.7 Sensitivity to the role of the researcher and researcher sensitivity

IPA advances a phenomenological emphasis on experience, which recognises that meaning is first constructed jointly by participant and researcher during data collection, and which recognises the subsequent interpretative role of the researcher during data analysis (J. A. Smith, et al., 2009). IPA recognises that researchers typically hold preconceptions about the phenomena under investigation, and that they may not necessarily be aware of all of them. Consequently, a 'hermeneutic circle' and 'double hermeneutic' conceptualisation of the research process are advanced (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003).

2.1.7.8 A circular conceptualisation of 'method': hermeneutic circle

The hermeneutic circle provides a way of thinking about 'method' for IPA researchers because a key tenet of this approach is that the process is iterative; it involves dynamically moving backwards and forwards rather than sequentially. For example, my experiences of TLP, the fore-understandings described in Chapter 1, and the preconceptions that I am unaware of are significant to the undertaking of this investigation. They are recognised as on-going dynamic parts of the overall investigation that are disengaged with during data collection whilst complete attention is given to the participant throughout the meeting. Analysing the interview, I return to the perspective that I started from and use it to make sense of the participant making sense of TLP. I make sense of how the interaction with the participant and the data analysis affect me and/or have facilitated disinterring preconceptions that I was unaware of. The process of going backwards and forwards, from part to whole, is conceptualised in Table 2.

Table 2

A circular conceptualisation of method

Part	Whole
Researcher's fore-understandings, expertise and ignorance	Research Proposal
Focus completely on individual participant, facilitate uncovering her/his experience in detail	Complete interview
Reflect, revisit, replay, transcribe, relate with, dwell with, dialogue with, make sense of the interaction and interview	Complete transcription and fine-grained analysis of the material
Individual interview	Complete data set
Fine grained analysis of individual interviews	The sentence in which the word is embedded
The single word	The complete text
The single extract	Complete fine-grained analysis of all interviews
Distinctive voices of participants	Complete cross-case analysis of common themes and variations of participant's reflections on a shared experience
Poetic condensation of participant interview	
Participant's meaning-making	Complete interpretative account of researcher's sense-making of participant's sense making
Researcher's connection with fore-understandings, expertise, disinterred tacit preconceptions and new understandings emergent from the research process	Connection of the research findings with extant psychology literature
Locating the coherence of all the parts	Complete study

2.1.5.9 A circular conceptualisation of the research process: double hermeneutic

Using IPA, this construct communicates two aspects of the research process. For example, it describes how the researcher attempts to make sense of the participant who is making sense of their experiences of transformation with TLP (J. A. Smith & Osborn, 2003). The researcher only has access to the participant through what he/she reports, and the researcher's own 'experientially-formed lens' (J. A. Smith, et al., 2009, p. 36). Second, it explains two levels of interpretative work that are used to draw out, reveal and disclose aspects of the meaning of the experience. IPA combines a 'hermeneutics of empathy' with a 'hermeneutics of questioning'. In the former, the researcher attempts to see things from the participant's point of view. In the latter, the researcher asks questions of the participant's account, moving beyond the text to a more interpretative psychological level, and eventually relating the findings to existing theory and research.

2.2   Methodology

Methodology flows from the theoretical assumptions of the investigation and refers to "the process and procedures of the research" (Ponterotto, 2005, p. 132). This investigation developed gradually through an interactional process of discussion, negotiation and compromise with members of the CoP, Pilates and IPA communities in London, as well as self-directed learning, reflection, independent work and creativity. The procedures and processes undertaken are dated, listed and connected with supporting evidence in Table 3.

Table 3

Processes and Procedures

Date	Processes and Procedures	Supporting Evidence
	Supervision & Research Module Group Meetings	
2007 – 2011	Development and negotiation of research ideas and procedures with academic supervisors in 60-minute meetings in 2006 (06/12), 2007 (19/01, 14/03, 30/03, 29/08, 01/11 & 06/12), 2008 (28/02, 05/06, 05/08), 2009 (11/02, 07/05, 02/11) & 2011 (02/11) & 2013 (06/03) Discussion of research regulations, ideas, proposals, procedures & progress with doctorate module leader & peers in 60-minute meetings in 2007 (17/01, 24/01, 21/02, 21/03, 25/04, 18/10, 25/10, 15/11, 29/11) & 2008 (17/04, 24/04 & 15/05)	Appendix A
	Research Proposals, Literature Reviews & Formal Progress Audits	
>11/11/06	Literature Reviews	Chapter 1, Appendix F
12/02/07	Draft Proposals & Feedback	Appendix A
25/04/07	RD1 application to register research thesis; research proposal, ethical clearance application, participant recruitment, research information sheet, confidentiality agreement, personal information form & semi-structured interview schedule	
25/04/2012	RD2 post-registration progress review	
	Participant Recruitment & Interactions with TLP Practitioners/Organisations & TLP Workshops	
23/03/07	Meeting with senior studio co-ordinators @ a the Body Control Pilates (BPC) centre in central London to discuss the viability of the study & the proposed approach to data analysis, to circulate ideas & request assistance with recruiting participants	Appendix B
20/04/07	Presentation of ideas about the investigation at the weekly BCP teacher meeting @ the BCP centre in central London; discussion of viability, troubleshooting & request for assistance with recruiting participants	
>07/12/07	Emails to Pilates teachers based in London requesting assistance with recruitment of four participants	
12/09/09	Presentation & discussion of research progress @ the BCP teacher training & development conference, London	
02/12/12	Mary Bowen workshop: 'Pilates plus psyche', Bloomsbury St. Hotel, London WC1	
	Interactions with Participants & Data Collection	
	Prospective participants contacted me directly by email to negotiate a suitable location & time to conduct the interview. Equipment: Semi-structured interview schedule, two Olympus VN-2100PC digital voice recorders	Appendix C
11/05/07	Interview 1 (am) Café south east London. Interview recording: 48 minutes	
11/05/07	Interview 2 (pm) Domiciliary visit (DV). Interview recording: 70 minutes	
11/09/07	Interview 3 (pm) DV. Interview recording: 71 minutes	
18/01/08	Interview 4 (am) DV. Interview recording: 31 minutes	

01/02/08	Interview 5 (am) Café central London. Interview recording: 45 minutes	
13/02/08	Interview 6 (pm) Café central London. Interview recording: 40. minutes	
18/02/08	Interview 7 (pm) DV. Interview recording: 64 minutes	
31/03/08	Interview 8 (pm) LMU basement (pre-booked room). Interview recording: 47 minutes	

<div align="center">Data Analysis</div>

15/05/2007 - 03/12/08	Digitally recorded files were transferred to a Toshiba L10 series portable personal computer and subsequently individually transferred to eight compact discs (CD). All files were deleted from the digital equipment. Analysis involved an iterative and inductive cycle (J. A. Smith, 2007) - Sustained engagement with interview 1 through listening and re-listening to the CD at three sittings - Interview 1 was transcribed (circa 15 hours of transcription) - Interview 1 transcript was read at six sustained sittings - Exploratory comments were noted in the left-hand margin of the transcript - Tentative identification of themes that emerged were noted in the right-hand margin of the transcript - Thematic analysis of interview 1 with supportive extracts was structured and tabled - The process was repeated anew with each interview, ending with the analysis, table & supporting extracts of interview 8 - Cross-case thematic analysis emerged with identification of patterns of convergence as well as instances of divergence in the accounts. These were structured, tabled and connected with supportive extracts.	Appendix D

<div align="center">Research Methods Workshops and Credibility Audits</div>

18/07/07 - 23/07/07	LMU summer school quantitative research methods	Appendix E
05/07/07 - 06/07/07	Annual IPA conference, University of Sussex	
04/09/07	LMU summer school quantitative research methods	
06/02/08 – 07/02/08	Advanced IPA workshop - data analysis troubleshooting, London City University	
30/04/08 – 01/05/08	Advanced IPA workshop – data analysis troubleshooting, London City University	
29/07/08	IPA regional group meeting, power point presentation of study, Birkbeck University	
08/08/08	IPA regional group meeting, data analysis troubleshooting session, Birkbeck University	
04/11/08	IPA regional group meeting, data analysis troubleshooting session, Birkbeck University	
03/12/08	IPA regional group meeting, data analysis troubleshooting session, London South Bank University	
09/12/08	Writing centre LMU independent audit to test the credibility of cross-case themes & illustrative excerpts	
28/05/09	IPA seminar, Birkbeck University	
23/09/11	Independent audit to test the coherence & plausibility of the interpretative analysis (CoP IPA expert)	
31/10/11	Independent audit to test the coherence & plausibility of the interpretative analysis (CoP clinical practitioner)	

April 2010 - July 2011 --*Maternity Break*--		

July 2011- June 2013	Write-up	Appendix A

2.2.1 Research design

This investigation favours a middle-ground contextualist epistemology and employs a phenomenologically-inspired qualitative design. With qualitative inquiry, it is advisable to determine the approach to data analysis early on because the approach taken shapes the scope of the research and the strategies used right from the initial stages of the research process (cf. Creswell, 1998; Ely, et al., 1991; J. A. Smith, et al., 2009). IPA was therefore chosen as the approach to data analysis before fully formulating research questions, devising data collection methods, negotiating access to participants or collecting data.

2.2.2 Research questions

Two questions flowed from the observation that IPA researchers tend to focus on people's experiences and the meanings thereof (e.g., Eatough & J. A. Smith, 2006 a, 2006b; M. T. D. Knight, Wykes, & Hayward, 2003; McManus, et al., 2010; Rizq & Target, 2008, 2009; Williams, et al., 2011):

- How do individual TLP clients describe lived experiences of transformation with TLP?

- What is the meaning of TLP for individual TLP clients who have experienced transformation therewith?

Three additional questions emerged from discussions with LMU doctoral research supervisors that include reference to particular hypothetical constructs, namely 'the mind-body relationship', 'health/well-being' and 'body awareness':

- How does the TLP client describe the mind-body relationship?

- How does the TLP client describe health/well-being?

- How does the TLP client describe experiences of body awareness?

The constructs identified feature in counselling and psychotherapy literature (Christopher, 1999; Haworth & Lewis, 2005; Lent, 2004; Robbins & Kliewer, 2000; Turp,

1997; Wahl, 2003), Pilates literature (e.g., Conraths-Lange, 2004; L. Robinson, et al., 2000), exercise, health, personality and social psychology literature (Bakal, 1999; Biddle & Mutrie, 2001, 2008; Bloodworth & McNamee, 2007; Brown & Ryan, 2003; M. W. Gallagher, Lopez, & Preacher, 2009; Mehling, et al., 2009; Ryff, 1989; Ryff & Singer, 2002; Sheldon & Elliot, 1999), and CAM literature (Astin, et al., 2003; Ives & Sosnoff, 2000; Newcombe, 2007); (refer to appendix F for reviews of the literature).

The *a priori* identification and inclusion of hypothetical constructs in interview schedules is discouraged in phenomenological research because it is considered antithetical to the open and participant-focussed ethos of the approach (cf. Allen-Collinson, 2009; Brocki & Wearden, 2006; Giorgi, 1994; Langdridge, 2008). It is also considered antithetical to IPA because existing research and associated hypothetical constructs are characteristically evoked after the analysis, in the discussion section (J. A. Smith, 2004). It was agreed that even though there was no pre-existing hypothesis prior to carrying out the investigation, the *a priori* identification of hypothetical constructs might be useful for two reasons. First, the process forces me to think explicitly about what the interview might cover and enables me to anticipate and prepare for possible difficulties in advance. Second, engaging with the literature might determine the viability of the project by demonstrating the psychological basis of the investigation for assessors.

Finally, two questions arose from discussions with senior Pilates studio co-ordinators who are affiliated with a reputable organisation, and who agreed to assist with the recruitment of participants.

- What is the meaning and significance of the teacher and the relationship with the teacher?

- How do these Pilates clients describe experiences of other therapies and/or personal development?

It was agreed that all questions identified would be included during the pilot stages of data collection, and that participants would be invited to provide feedback about how the

questions were experienced[69].

2.2.3 Data collection

IPA is suited to data collection methods that invite participants to offer rich, detailed accounts of their experiences (Larkin, et al., 2006; J. A. Smith & Eatough, 2007; J. A. Smith & Osborn, 2003). The majority of IPA studies use in-depth semi-structured interviews with open-ended questions because this method is consonant with IPA's intimate focus on particular topics and the participant's experiences of them (Jackson & Coyle, 2009; D. C. Miller & Draghi-Lorenz, 2005; Rhodes & J. A. Smith, 2010; Thrift & Coyle, 2005).

There is a lively debate about the possibilities and problems of using interviews in psychology research (e.g., Holloway, 2004; King, 1994; Packer, 2005; Potter & Hepburn, 2005). An overarching theme is that interviews are complex interactional phenomena that are difficult to do, transcribe, analyse and represent well. There is no *a priori* requirement for IPA studies to use interviews, and some proponents of the approach have encouraged the use of other data collection methods such as diaries and personal accounts (J. A. Smith, 2004; J. A. Smith & Eatough, 2007; J. A. Smith, Hollway, Mishler, Potter, & Hepburn, 2005). The inclusion of personal accounts seems relevant here because this research is a co-created endeavour, and it is legitimate to claim that I draw on and use personal accounts of my own experiences.

However, semi-structured interviews were chosen as the main method of data collection for this investigation for four reasons. First, the interview schedule provides the LMU academic research development panel charged with evaluating the feasibility of the project with an indication of the psychological basis of this study, and how the researcher is intending to interact with participants. Second, the investigation is concerned with facilitating TLP clients to share their experiences of a complex topic. The schedule and

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[69] i.e., Are the questions experienced as facilitative, exploratory and/or resonant, or too explicit, leading and/or constraining?

questions are designed to inspire participants to contribute their particular experiences towards the development of a cross-case account of an experience that is shared with co-researchers. Third, semi-structured interviews provide opportunities for real-time interaction with TLP clients and they can be used flexibly, enabling me to follow the concerns of individual participants as they arise during the interaction with me. Finally, a significant appeal of using semi-structured interviews is that the schedule can be adjusted organically. It can draw on feedback from individual participant's experiences of the interview, because in IPA research they are accorded expert status. I reflect on and critically evaluate the process of data collection in Chapter 4.

2.2.4 Sampling rationale

With IPA, samples are selected purposively because they can offer a research project insight into a particular experience (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). Participants are selected on the basis that they may grant the researcher access to a particular perspective of the phenomenon under study; they represent a perspective rather than a population (J. A. Smith, et al., 2009). IPA researchers usually try to find a fairly homogeneous sample of participants for whom the research question will be meaningful (Ibid.). For the purpose of the present investigation, the sample was purposively limited to people who live in London, whose first language is English, and who share a similar experience in that they perceive that they have experienced transformation with TLP.

2.2.5 Sample size

IPA is an idiographic approach, concerned with understanding particular phenomena in particular contexts, therefore IPA studies are conducted on small sample sizes (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). LMU guidelines for qualitative professional doctorate research stipulated a minimum of eight participants, whilst J.A. Smith, et al. (2009) recommend between three and six participants for an academic project using IPA. A sample size of eight participants should provide sufficient

cases for the development of an account of meaningful points of similarity and difference between participants. However, it is argued that with so many participants there is a danger of being overwhelmed by the amount of data generated (J. A. Smith, et al., 2009).

The other variants of phenomenological research detailed above characteristically use sample sizes of between one and five participants (cf. Finlay, 2008b). IPA seems flexible in its capacity to be used with larger samples because existing IPA studies carried out by teams of psychologists use samples of more than six participants (e.g., Hayward & Fuller, 2010; Mansell, Powell, Pedley, Thomas, & Jones, 2010; Rouf, White, & Evans, 2012). However, larger sample sizes (>6) present the researcher with a challenge as regards IPA's key concern with providing a detailed account of individual's perceptions and understandings of experience (J. A. Smith & Eatough, 2007; J. A. Smith, et al., 2009).

2.2.6 Locating participants

It is suggested that most frequently, potential IPA study participants are contacted via referral from gatekeepers, via opportunities as a result of the researcher's own contacts, or via snowballing (i.e., referred by other participants) (J. A. Smith, et al., 2009). For the purpose of this investigation, I discussed my research ideas with Pilates teachers that I have worked with or know socially, and this process eventually provided an opportunity to collaborate with the Body Control Pilates Centre (BCPC) based in central London. The reader is directed to Table 3 and appendix B for supporting information.

2.2.7 Locating ethical procedures

Once the proposal for this study was vetted and approved by academic research supervisors and the LMU Psychology Department Ethics Committee, Senior Studio BCP teachers also vetted the study proposal before agreeing that the researcher could approach BCP teachers to request assistance with the recruitment of participants.

The author was invited to present the study proposal to BCP teachers at a weekly meeting at the BCP centre in Central London. The author also sent emails to individual

BCP teachers listed on the BCP (London) website. The email sent to individual teachers introduced the researcher, described the aims of the study and requested assistance with recruitment of participants.

Teachers who expressed an interest in assisting with recruitment were invited to identify clients who meet the inclusion criteria described above, and to give clients who expressed an interest in taking part the Study Information Sheet. The purpose of the Study Information Sheet was to introduce the researcher and the study to the would-be respondent, to give the client an idea of what contributing to the research would involve, and to assure participants that all attempts would be made to ensure confidentiality and anonymity in the presentation of the findings.

The Study Information Sheet detailed the researcher's contact details, as well as those of her supervisor. Interested clients were invited to contact the researcher directly either by telephone or by email to discuss the research and issues related to their contribution. The supervisors' contact details were included as a precautionary measure; the client was invited to use the information should they wish to make a complaint about how they were approached, or any other aspect of their experience of the researcher and research process.

Informed consent was obtained only once the participant had read the Study Information Sheet, contacted the author, met the author in person, discussed the study and their contribution *in vivo* with the author. Two copies of the Study Consent Form were then dated and signed by the participant. One copy was given to the participant, and the author kept the other copy for her own records.

Even though there were no anticipated physical risks related to participating in the study, the exploratory ethos of the study raised the possibility that the interviews could touch on sensitive issues. The Study Consent Form therefore emphasised that participation was entirely voluntary; that participants could refuse to answer questions; that they could end the interview at any time; that they could withdraw from the study at any point, for any

reason, without sharing their reasons with the interviewer; and that participation or withdrawal would have no impact on the delivery of service by their BCP teacher or the BCP organisation.

Finally, all respondents were asked if they would like to receive a summary of the findings and conclusions; participants were individually verbally de-briefed at the end of the interview with the researcher; and participants were asked for, and offered, feedback about their individual interview experience.

2.2.8 Participants

Table 4 provides descriptive information about the eight participants who volunteered to take part in the study, and describes each participant's experience of TLP. Participants have been given pseudonyms to protect their identities. Pseudonyms are alphabetically organised (i.e., 'A' – Adriano, is the first participant to be interviewed). Male participant pseudonyms end in 'o', female participant pseudonyms end in 'a'.

Table 4

Participants

Name	Gender	Age	Ethnicity	Occupation	Pilates experience
Adriano	M	37	White UK	Consultant	4 months, 2 x weekly
Bruno	M	39	White UK	Producer	2 years, 2 x weekly
Carillo	M	31	White UK	CAM	8 years, 1-3 x weekly
Delma	F	69	White US	Housewife	2 years, 2 x weekly
Elsa	F	44	White UK	Housewife	5 years, 4 x weekly
Francesca	F	33	White Au	Health care	7 months, 2-4 x weekly
Giulia	F	58	White UK	Manager	4 years, 2-3 x weekly
Helena	F	35	White UK	Manager	2 years, 1 x weekly

2.2.9 Data analysis

Analysis of transcripts followed the IPA procedure outlined by Jonathan Smith, et

al. (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). I undertook the following process beginning with the first interview and only moving on to the second interview once all of the steps were completed. The first step involved immersion in the original data by listening and re-listening to the recorded interview, transcribing, reading and re-reading the transcribed transcript. The second step involved noting down exploratory descriptive, linguistic and conceptual comments in the left-hand margin of the transcript. The third step involved identifying themes that bring together a range of understandings relating directly to both participant and analyst, and these were noted in the right-hand margin of the transcript. Upon completion of the three steps with all eight interviews, the next step involved mapping how the themes from all participants' accounts fit together, and pointing to the most interesting and important consonant and divergent aspects of their accounts. This process was extremely labour intensive and involved going back and forth, tentatively identifying patterns between emergent themes and then re-checking that the themes, although abstracted, were grounded in the data. This iterative, frustratingly elusive and challenging process eventually illuminated how participants were sharing the unexpected, the unknown to me.

2.3   Findings

The three master themes and associated nester themes that emerged from the individual and cross-case analysis of the data are presented in Table 5. In Chapter 3, these themes are introduced and presented separately. The first master theme is concerned with meeting the first aim of IPA, namely that of enabling the reader to learn about the particular people who have shared their experiences. To this end, the introduction provides a rationale for the use of poetic representations of participant's interviews in this context. A two-column table is used to present my summary of the concerns and experiences described by the interviewee, along with my poetic representation of the transcribed interview.

The second and third master themes are concerned with meeting the second aim of IPA, namely the development of a coherent cross-case interpretative analysis of all eight participant's accounts. The two master and subordinate themes are presented separately and sequentially, making ample use of extracts from participant transcripts. Extracts are clearly distinguished from the author's interpretations by the use of single line spacing and indentation, and three dots [...] are used to indicate any omitted text. Each extract is accompanied by the participant's pseudonym and the location within the word processed transcribed interview that the extract was taken from. For example, an extract accompanied by [Adriano 123-134] means that the extract was taken from the 123 – 134th line of the word processed transcribed interview of the participant whose pseudonym is Adriano[70].

Table 5

List of Master and Subordinate Themes

Master Themes	Nested themes
1. Pilates in the lifeworld: Summary of the interviewee's concerns and experiences	Poetic representation of individual interviews ▪ Adriano: Becoming multi-dimensional ▪ Bruno: Bullet-proof, old, hope ▪ Carillo: The control of myself ▪ Delma: A disciplined body ▪ Elsa: Catch up time ▪ Francesca: I was thrown a bone ▪ Giulia: My badminton substitute ▪ Helena: My guilty pleasure
2. Weekly TLP classes can provide opportunities for valued interactional experiences	▪ Absorbing & fulfilling 'mind-body' experiences ▪ Intense teacher & relationship experiences
3. Weekly TLP classes can provide an invaluable arena for transformation	▪ Transformed awareness ▪ Sense of connection & control

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[70] To reiterate, participant pseudonyms are alphabetically organised, with 'A' – Adriano, used to refer to the first participant who was interviewed, through to 'H' – Helena, to refer to the eighth participant who was interviewed. Male participant pseudonyms end in 'o', female participant pseudonyms end in 'a.

Chapter 3: Interpretative analysis

3.1 Representation of individual participant concerns: TLP in the Lifeworld

3.1.2 Introduction

IPA studies typically deal with existential issues of considerable importance to the participants because they are about significant and life-transforming experiences (J. A. Smith, 2004). The skills involved in writing IPA include allowing the reader to learn about "the particular participants who have told their stories" as well as the abstracted themes that emerged from the cross-case analysis (J. A. Smith, 2004, p. 42). The concern IPA has for representing individual human being's accounts of lived experiences as composite, diverse, ambiguous, vague, obvious, and concealed is recognised as tremendously challenging (Ohlen, 2003).

In order to express a sense of the whole interview given by individual participants, a brief description of the researcher's impression of each participant's experience of TLP and the interview, and a poetic representation of the individual interview are tabled and presented concurrently. Use of poetic representation is consonant with IPA's circular, part/whole conceptualisation of method. Here, the aim is to provide the reader with an opportunity to get a sense of each participant's 'whole' interview, using 'parts' in the form of their own words. It is hoped that this representation of the findings might facilitate understanding in complex ways because the reader can make open-ended connections with the parts of participant's interviews[71] that are later included in the cross-case interpretative analyses of the second and third master themes.

By way of contextualising the use of poetic representations in this context, Sparkes (2002) argues that against the dual crises of legitimation and representation in human sciences, scholars in a range of disciplines have come to realise that for the purpose of communication, form and content may be inseparable. It is argued that how we write about

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[71] i.e., extracts

a phenomenon may shape how we come to know or understand it (Carless & Douglas, 2009; Isaac, 2011; Kendall & Murray, 2005; B. Smith & Sparkes, 2006; Sparkes & Douglas, 2007; Sparkes, Nilges, Swan, & Dowling, 2003; Ward, 2011). With this knowledge, there has been some experimentation with alternative forms of representation (Ohlen, 2003; Ward, 2011).

For the purpose of this investigation, poetic representation is used as a vehicle to evocatively illuminate each participant's personal sense-making of transformation with TLP. A poetic representation is where the researcher transforms the data into what Glesne (1997) describes as a poem-like composition. The exact words of the participant are arranged to create a "meaningful representation" of the participant's whole interview (Sparkes & Douglas, 2007, p. 171). It is argued that transforming data into poetry can display the "prose trope" in constituting knowledge, and that it is a continual reminder to the reader that the text has been "artfully interpreted" (Sparkes & Douglas, 2007, p. 701). The acknowledgement of artistry disinters the role of the researcher in the representation of the findings.

By tabling participant information with a poetic representation of the interview, an economy of words is used to communicate the researcher's impressions of the essence of each participant's narrative, whilst also evoking something of the emotional and metaphorical dimensions of these individual's accounts. Poetic condensation of individual participant's accounts has been used by other IPA researchers, for example psychotherapist Shinebourne (2011) recently published a poetic representation of an individual participant's experience of addiction and recovery. In the section that follows, participant information and the poetic representation of the interview are presented in chronological order, starting with the first participant who was interviewed.

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3.1.3 Summary of participant concerns and poetic representation of the interviews

Table 6.a
Adriano

Summary of Concerns and Experiences	Poetic Representation
Adriano has been learning Pilates for four months. He goes to a BCP Studio in central London twice a week, where he has 'one-to-one' and 'studio' sessions wherein the teacher will work with up to three clients concurrently. Adriano has worked with two teachers. He has described a preference for working with one particular teacher with whom he has experienced a personal connection described as a 'fit'. Satisfied with his work, Adriano described taking up TLP as wanting to spend less time at work, to address a tendency to prioritise developing his 'mind'/intellect, to find and engage in novel, enjoyable and fulfilling leisure and social opportunities, and to make the most of being a newly single man. In his feedback about his interview experience, Adriano reported that he experienced the interview as quite structured because he felt as though I was asking a number of questions that were clustered around similar areas in a structured way without probing for more information. He recommended reducing the questions to particular areas of interest and memorising them because relying on a schedule with numbered questions was as likely to be experienced as constraining by other participants. During this conversation it emerged that he has research experience.	**Becoming multi-dimensional** A smart guy Preaching the goodness of Pilates at me I had been ignoring him Father had a brain tumour She has breast cancer You could scream and rail against fate Or not Health is the number one I have a math degree So I kind of know Up until January 1st So introspective Intellectually driven A mindful form of exercise Made me much more aware Of the body that I had The mind so exhumes my body Everything has changed Everything has been affected Putting trust in my body I don't normally have Listening to my body This attuned guidance of my teacher Touching me not in a sexual way But in a personal way To touch people more To be more comfortable being touched My personal growth Trust is very, very important Being catapulted beyond Anyway, it all fits

Table 6.b
Bruno

Summary of Concerns and Experiences	Poetic Representation
Bruno has been learning Pilates for two years. He goes to a BCP Studio in central London twice weekly for one-to-one, studio or group classes (typically up to 12 clients with BCP). Bruno described himself as a dance and exercise professional until relatively recently when his career emphasis changed. The adjustment and the demands of his new career were experienced as stressful. Bruno sought help from a GP because he experienced frightening symptoms associated with stress, alcohol and caffeine use. The consultation was described as impersonal, punitive, infantilising and upsetting. Bruno decided to take up Pilates following a chance encounter with a dance friend who re-trained as a Pilates teacher. Learning Pilates with his teacher-friend manifested in injury during the third class. He consulted with a medical professional overseas with whom he has a personal relationship. He has since been learning Pilates with a different teacher for the past two years. Bruno described the interview experience (using the same schedule as that used for the previous interview) as pretty much what he had expected. He also described previous academic research experience.	**Bullet-proof, old, hope** An ex athlete An issue of obesity Within inverted commas It really started to catch up with me My body had literally fallen apart I couldn't move without pain It was: 'go on a diet, do some exercise' Well I can't do exercise I was hurt, I couldn't move As the doctor said A doctor who knew me Knew my history I had had fun getting to this point You know I had thoroughly abused my body I have gone through these stages This love hate relationship with testosterone It's sort of a roller coaster I have come through that In the hands of Bella Well, I have worked damn hard I am now in a position Where I am not in pain Being that way That's very valuable to me Very valuable to me Again, it's that roller coaster

Table 6.c
Carillo

Summary of Concerns and Experiences	Poetic Representation
Carillo described experiencing recurrent injuries in the context of martial arts training. TLP was recommended to him eight years ago by physiotherapists with whom he worked alongside. As well as injury rehabilitation, Carillo was initially motivated to take up Pilates because he felt daunted by the prospect of having his body scrutinised during a forthcoming bodywork course. TLP became less of a priority when his course was underway. Upon completion of his course, he undertook further training whilst practicing CAM. Over the past four years, Carillo has been learning Pilates between one and three times weekly. He reported working with his usual teacher for individual classes, although he has also worked with other teachers in one-to-one and studio sessions. Carillo described his experience of the interview as quite intense, difficult and enjoyable because he felt that it made him examine his own beliefs.	**The control of myself** Looking back Thought it might help Kick boxing and Jiu Jitsu Hypermobility syndrome So many injuries Body image agenda Stronger in my body Wanted to look better Got more busy Practice fell by the way side T'ai Chi and Yoga instead Coming back to it With new teachers Cued on a one to one A new experience of the body Changed the way I use my body Changed my posture A very different experience To be fully aware In the moment completely Quite a minute observation How integrated the body is Everything is connected More at one with my body Responsive, stronger, flexible Makes me feel in control Obtaining a good balance Enriched my practise of Qi Gong Life is easier to live Practising regularly It has made a big difference Something sort of vivid about it The external figure Doesn't really motivate me It's more about helping Keeping myself together

Table 6.d
Delma

Summary of Concerns and Experiences	Poetic Representation
Delma described many years of commitment to teacher-led group yoga classes. Delma described awareness of Pilates as an alternative exercise regimen, ageing and problems with her yoga practice in her account of taking up TLP. Delma has been learning Pilates for two years, twice weekly. She has one-to-one and group classes with one teacher. Delma described her experience of the interview as very interesting, although she felt that if she were offered the opportunity to be interviewed again she might know more about what she thought.	**A disciplined body** Always had a craving To be A very disciplined body Comes from starting Yoga Many, many years ago Keeps going back to that To train myself To be aware Aware in life of everything Led me to meditation Hindu philosophy For many, many years I focused on those things All about awareness Body awareness and everything I noticed Since I have taken Yoga Differences Pilates is better for me At my stage of life You use your body To stretch yourself In yoga you stretch yourself In spite of your body That support in my body Building strength all the time A dichotomy, a paradox Body quite open and free Oh it's extremely Extremely important to me To be what I believe

Table 6.e
Elsa

Summary of Concerns and Experiences	Poetic Representation
Elsa has been learning Pilates for five years. She goes to teacher-led group classes four times a week. Elsa began learning Pilates with one teacher, and as she has become more proficient she has since engaged with other teachers. Elsa described capitalising on an encounter with a local advertisement for Pilates classes five years ago when her life circumstances changed. Her husband was offered a new job and she was in a position to give up work and her children were at school. Previous to learning Pilates, Elsa described a sense of having neglected herself and her body. She described using alcohol and food as a way to cope with the demands of her life. When asked about the interview, Elsa described feeling that the interviewer was doing a good job.	**Catch up time** School to university University to work Got married Got pregnant Didn't have time To think A tricky time A stressful time Ticking along Just about No space To think My body Over weight Trundling along Hanging on in there Didn't have Any time His job changed Finished work Do something To switch Switch Out of the cycle Just came along The right time Very first lesson Two inches taller Grew from there Completely changed Completely think About my body Understand my body How it works Completely changed My lifestyle Happier with myself Look better Feel better More confident Something to follow One constant that helps Almost becomes

An addiction
To keep it all going
To keep fit
Relaxed

Relate to other people
Do stuff for my family
See lots of stress
Turned round
Know my own limitations

Been very lucky
Having the space
Catch up time
All those other years
Time to reflect

A breath of fresh air
Something to sort of
Hold onto
Sort of philosophy
Sorts of theories

Sort of grown up
Broadening out
Never have gone to a Yoga class
Thought no
That's not me

Strange and now
Now I'm open to it
So
A bit sledge at times

More confident
Opening my mind
Connecting
The mind and the body
I don't know

I could become a teacher
We'll see

Table 6.f
Francesca

Summary of Concerns and Experiences	Poetic Representation
Francesca has been learning Pilates for 16 months, and she attends for classes between two and four times weekly, depending on her work rota. Francesca has individual classes with one teacher. She also attends 'Studio' sessions with different teachers. Francesca decided to take up with Pilates on personal recommendation from a massage therapist/Pilates teacher who was in turn recommended by a family member. Satisfied with her work as a health professional, Francesca described wanting to manage the physical impact of her commitment to her work. Francesca described really looking forward to taking part in the interview, and that she felt as though she really needed to do it. She reflected that she felt as though her positive experiences may not be shared in the same way by other people, and she suggested that gender and motivation would likely feature as thematic differences in people's descriptions of transformation with TLP.	**I was thrown a bone** The first time I did it Know it sounds a bit strange Just come off a night shift Probably a bit disorientated As soon as I did it I knew straight away This is what I had to do This would really help One of those sort of moments Shift work and long hours I worked a lot My choice, but Taking it in the back I was really quite squashed Back just like an accordion You know, with the bellows Got this image When I think back Felt disconnected My mind was ahead But just my body It was like a struggle I was just so like squashed Catch me by surprise How I'm developing I can just actually bend I can just sort of move Not so much of an effort Things like that I notice It's like gosh, yeah Such a positive impact Positive in everyday life My head's clear I'm walking taller Feel so much better Physically and mentally That sort of balance That's really helped me

Connect to my body
If I had've kept going

I would've just squashed

Can't put a price on it
I struck gold
Walking taller
I just feel really alive

More connected
I'm one, now
I feel
This is what I have to do

To move forward

Table 6.g
Giulia

Summary of Concerns and Experiences	Poetic Representation
Giulia has been learning Pilates for four years with the same teacher in individual and small group classes. Giulia described herself as quite sporty until the onset of rheumatoid arthritis[72] at 35 years of age. She took up Pilates when a local class advertisement was posted through her front door. Taking up Pilates is described as a serendipitous opportunity to capitalise on a positive phase following a successful complete shoulder replacement operation. When asked about her experience of the interview, Giulia described expecting that I would not ask too many questions, and that the interview met her expectation because she felt that she did most of the talking.	**My badminton substitute** Rheumatoid Arthritis I was 35 I remember A really big shock A good two years I fought it So cross, so angry. What have I done? How can I gain Re-gain control? Actually have control Like a placebo effect Doing something To help myself, then I used to despair Don't think there are Places out there For people to go Who aren't completely You know We're not total cripples A shoulder replacement A really positive phase This sort of chat to myself Trigger to do something Make things happen Feel that with Pilates I believe in fate She did say to me A big advantage Aware of my body I'm quite in-tune Quite astonishing What I can do

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[72] Rheumatoid arthritis is characterised by a symmetric pattern of joint inflammation involving the wrists, bones of the hand, fingers, feet, toes, elbows, shoulders, hips, knees, and ankles. The inflammation is accompanied by pain and stiffness; in particular by a phenomenon known as 'gelling' in which the joints are stiff after a period of rest (Adams, Miller, & Kraus, 2003; Lorig & Fries, 2006)

She's very attuned
I'm so enthusiastic

She says I try
I'll have a go
Always, always have a go

Mentally, bodily,
It makes me feel good
I've learnt to take my time

Arthritis
So unpredictable
It doesn't make sense

It doesn't
I've done nothing
Just the way of the illness

Arthritis
So misunderstood
Oh, old people get Arthritis

Talk to me as though I'm 80
Oh, never mind dear
Trouble is, I'm not even 60

I found
Found it really difficult
Couldn't play badminton

Couldn't do the things
I wanted to do
Including sewing

Finding Pilates,
I thought I'd died
And gone to heaven

I really did
My badminton substitute
The first time

In many, many years
I can do something
I've got some control

A big turning point
To be in control
And not fighting

Mind and the body
So connected
I say it's difficult

To kind of explain

It is difficult
I've thought

Is it the Pilates
Or is it the person?
That's the tricky one

Isn't it?
I tell everybody
To do Pilates

I think the mind
Is so important
Don't think it matters

How much it hurts
It's how I cope
That's the important thing

A strong person
Mentally
I don't give up

I do keep trying
Cram in everything
Grab every opportunity

I like it because it tests me
The Pilates
Like the crowning glory

I can do absolutely anything

I won't be left out

Table 6.h
Helena

Summary of Concerns and Experiences	Poetic Representation
Helena has been learning Pilates for two years. She has individual classes with one teacher, who she sees once weekly. Helena decided to take up learning Pilates with this particular teacher on familial recommendation. Helena described how a busy, active and demanding lifestyle impacted her physical being, manifesting as distressing physical symptoms. Helena sought help from bodywork practitioners, whose interventions resulted in her feeling more vulnerable. Helena described taking up Pilates as a meaningful attempt to reduce her reliance on bodywork practitioners to 'fix' her. When asked about her experience of the interview, Helena described an expectation that the interview would be about developing a psychological account of bodily experiences. She used an example of going to the doctor with physical complaints and the offence of being given a 'mental' explanation to ground her expectation.	**My guilty pleasure** Problems with my back Osteopath Did a bad job She hurt me She damaged me Chiropractor Fixing me Sort of Been doing All sorts Rock climbing Swimming Yoga You name it Abusing My poor body All twisted up Mum and my sister Recommending Pilates Busy with life My job changed Physiotherapy Cost a fortune Signed up Not looked back So pro Pilates I can't explain it Demanding Of my body Wasn't really Giving enough More aware There's a lot Psychological To sort out My attitude Care too much About what I do Too much To stop Stop caring To release that

Nothing
Like
That one to one
That can help me
She can recognise

I talk at her
She recognises
Where I am
She can see
That has affected me
How I move

She recognises
How I am
With myself
She gets me
As much
As little

As I want
But she will push me
I don't know
With my class
With my teacher
It's re-learning

It's important
The feedback
More than
Look how fit I am
It doesn't
It's not that

It's more
It's deeper
Allows me time
Time to reflect
Re-evaluate
My strengths

My weaknesses
Not so hard
On myself
A life work
To take it with me
To give strength

To myself
My moral support
A way of being

3.2 Cross-case interpretative analysis

3.2.1 Master theme 2: Weekly TLP classes can provide opportunities for valued interactional experiences

This master theme focuses on participant's descriptions of their experiences of TLP classes, their sense-making of lived interactional experiences, and their evaluations of them. Interestingly, all of the participants who took part in this study provided vivid, detailed accounts. The data are instructive because it appears that lived experiences of teachers and classes have a central role to play in participant's experiences of transformation and their on-going commitment to attending for classes with particular teachers.

This theme is constituted by two subordinate themes: (i) Weekly TLP classes can provide valued opportunities for absorbing and fulfilling mind-body experiences; and (ii) Weekly TLP classes can provide valued opportunities for intense relationship experiences. Within the participant's accounts, these aspects of their experiences are interconnected. For instance, the analysis of the descriptions suggests that the mind-body experiences that participants value may be contingent on the affordances of the Pilates classes (i.e., class structure, Pilates approach and equipment), the teacher (i.e., interpersonal skills, approach to teaching, expertise) and the 'felt' relationship with the teacher (i.e., safe, unsafe).

3.2.2 Subordinate theme 2.1: Weekly TLP classes can provide valued opportunities for absorbing and fulfilling 'mind-body' experiences

Six participants described their experiences of TLP classes as mentally absorbing. The accounts suggest that the classes can demand effortful concentration on particular present moment experiences, for sustained periods of time. The extract below from Adriano's interview supports this interpretation:

> I would say it's a mindful form of exercise so rather than exerting myself physically ((pause)) it's more exerting myself consciously and really understanding how I move my body … It's quite an intellectual thing rather than an emotive or

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affective state so I don't, I guess my mind or my ((pause)) the mind so exhumes my body that if I feel anything it's not quite ((pause)) it's the awareness of the muscles moving rather than a feeling of joy or satisfaction. At the end I feel relaxed and I feel satisfied that I have done good work and I've changed myself, but throughout, it's er ((pause)) I'm not going to say a Zen state ((pause)) I just said a Zen state, but that is the best way I can put it, that because I am forced to think about my body so that is what I concentrate on [Adriano 21-78].

Adriano has described his experiences of Pilates classes as a process in which both his mental and his bodily experiences are brought together simultaneously. He describes his experiences of TLP classes as "mindful", and he explains the ways in which this word conveys the nature of his experiences. He draws a distinction between physical and conscious exertion, and he suggests that the latter is distinguishable in this context. This seems to be because for Adriano, TLP classes entail exacting mental attunement to, and absorption in, particular aspects of his bodily experience. It seems as though the classes are mentally consuming because intellectual resources are not engaged with other thoughts or possibilities, such as appraisals of the experience. This is because he has described how appraisals occur once the class is finished.

It is interesting that Adriano uses the expressions "mindful" and "Zen" to translate and linguistically convey this aspect of his experience of his classes. One other participant described his experiences as "Zen-like" [Carillo 789], and two described their experiences akin to "meditation" [Giulia 281 & Helena 396]. It seems as though these words have seeped into popular usage and that they provide a useful linguistic heuristic to communicate particular aspects of these people's lived experiences of TLP classes.

It is also interesting that these six participant's accounts suggest both that the sustained concentration required by Pilates classes demands effort, and that this aspect of their classes is enjoyable, therapeutic and/or valuable. For instance, as Carillo says "...those moments of being in the moment completely are incredibly enjoyable for me and I think a lot of people don't do that enough" [Carillo 793-797]. Delma, Elsa and Giulia also convey this in their accounts:

> ... your, your mind is so focused that you lose all connection with any

worries, any thoughts, any other thoughts. It's like a certain type of meditation. So you've been that whole hour or whatever it is without any other thoughts except for the one pointed, eh. Yeah it's one pointed, eh, focus. So I think that does your mind a lot of good. [Delma 278-286]

... I was concentrating so much you just switch off from everything else. So yes, it definitely serves as a relaxation exercise as well, it's a very good way to sort of switch off and eh, and just completely think about what you're doing with your body, yeah [Elsa 84-90]

... it gets, I mean when I say gets the blood pumping it's obviously not like cardiovascular ((pause)) jumping around type exercise but um, you have to concentrate and the, the effort of concentrating and trying to be aware of the bits of your body that she wants you to tap into and making sure you're stretching the right part [Giulia 214-223]

... for that time I'm tuning into my body and concentrating on trying to make that bit do something or my legs or my arms and I think that's really good. You turn off from everything. Which I think is very important for everybody to have um, something, anything ((pause)) and I thought I'd died and gone to heaven. I really did [Giulia 1144 -1161].

These extracts suggest that TLP classes may offer a way of being that is significantly different from these people's everyday ways of being. This appears to be because the classes provide opportunities to become completely immersed in the experience of their bodies in movement.

The extracts also illuminate how these participants feel about this aspect of their classes. Attending for Pilates classes seems to be valued by these people because they provide opportunities to become fully absorbed in moment to moment experiences and to disengage from unrelated mental processing. Indeed, three participants[73] propose that opportunities for these kinds of experiences are something good, valuable and worthwhile for human beings or human minds generally.

Consequently, it is interesting that two participants[74] did not focus on and discuss this aspect of their classes. Within the interview context, these two participants appeared more concerned with conveying particular mind-body learning experiences from their classes. In fact, all eight participants provided similarly detailed accounts of mind-body learning experiences. Use of the expression 'mind-body' in this interpretation seems

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[73] i.e., Carillo, Delma and Giulia.
[74] i.e., Bruno and Francesca.

appropriate because these participant's accounts suggest that the learning experiences that they value within their TLP classes are of both mind and body. Interestingly, close inspection of the data reveals that even though two participants did not describe their experiences of classes using words such as concentration, mindful, meditation or Zen, the learning experiences that they describe in depth intimate total absorption. This extract from Bruno's account lends support to this interpretation:

> There is, you know, light bulb moments, things like that where suddenly you'll, suddenly ((participant clicks his fingers)) it will just click ... I mean, there are different types of light bulb moments, and they happen initially when I am negotiating language with Bella. 'Oh, you mean that! Oh, ok, what you are saying with your Pilates language integrates with what I have done with sport and dance and what I know of my body, cool I understand what you are saying now', and there are other light bulb moments where she, finding an exercise, she wants me to move in a certain way, using muscles in a particular way that I have not done it that way before, and the latest example has been from moving my arm from down by my side up to over my head.
>
> Standard ballet sort of move, standard move for all sorts of things, and I spent a good five or ten minutes chatting to Bella about this because what she was saying to me made absolutely no sense and I couldn't move the arm in the way she wanted me to do it, and we spent quite a while taking in fairly technical terms about what she wanted. She was talking about how the movement from the arm, it's going to be difficult on tape because [participant gesticulates[75]], it came from down here, and I went: 'that is physiologically impossible, it's not going to happen, that does not happen that way, it can't, so, you know, you really need to explain this better, or you need to re-evaluate what you are talking about with Pilates, sorry but'
>
> And we kept talking about it and she eventually found a way of explaining it to me and I was like, oh ok, the fog is still there but it is clearing a little bit, I will go away and think about that and I went away and thought about it a little bit, didn't play. In the back of my mind it was processing, and I came back a week later and I was doing a different exercise, and I thought, well, let's start this side bend trying to work out what Bella was saying about raising the arm business and it happened, it just sort of happened! I was like, cool. Ok, that happened, so that was a kind of light bulb moment and then bugger me this other side bend that I had been doing for nearly a year and never able to do properly, that happened as well!
>
> It was just a consequence of it so that was a light bulb moment as well. The side bend related to how I move my arm. Who would have thought that? So I told Bella, she just sat there rolling her eyes at me ((participant laughs)), thinking: 'you idiot'. So there are different types of light bulb moments. For me there has been this language light bulb moment, there has been this moment we have been discussing things at the time and suddenly I will get it or I will feel it or 'oh you want that, oh ok' and then there has been these rather bigger light bulb moments where it has taken a week to process and it has got a knock on effect for something else. So there are different types of these light-bulb moments [Bruno 834-898].

This extract vividly captures aspects of Bruno's valued experiences of mind-body

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[75] Palpates back of ribcage, under left shoulder blade with right hand.

learning. Bruno has described how learning Pilates with his teacher provides opportunities for memorable and distinguishable "light bulb moments". First, he describes how he has experienced sudden gains within the context of discussions with his teacher, wherein he has negotiated with her and suddenly arrived at a mutually satisfactory conceptual understanding of her Pilates instruction. Next, he describes how he has suddenly experienced a felt sense of a particular aspect of muscle/movement emphasis within his body that his conceptual understanding of the instruction and negotiations with his teacher may have been relating to. Finally, he describes how his conceptual understanding of the instruction and his felt sense thereof have culminated in a revelation about how these parts relate to the satisfactory accomplishment of an exercise that he has found problematic for over a year.

It appears as though perhaps one of the reasons Bruno values attending for TLP classes is that they provide opportunities for him to become completely immersed in mind-body learning experiences. His account also suggests that he takes a very active role in his classes, because he has described how he and his teacher engage in discussion and negotiation. It is as though Bruno and his teacher are collaboratively engaged in developing his sense of competence with Pilates. It also appears that his teacher's approach is motivating for Bruno, because he has described how he cued himself in an attempt to use the information discussed with his teacher in a previous class. It also seems that it was important for Bruno to share his experiences with his Pilates teacher.

The extract is particularly interesting because it suggests that in this setting Bruno is comfortable with obtaining feedback from his teacher even though the feedback reflects unfavourably on him. His extract suggests that he can acknowledge and accept his incompetence. This is because Bruno offers and seems to accept his interpretation of what his teacher may have been thinking (i.e., "you idiot") when he shared his experiences with her. Perhaps in this setting he can accept that he was wrong, safe in the knowledge that his teacher will not be unkind to him and that she will not shame or punish him. It is as though

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the teacher-led classes can provide safe opportunities for Bruno to learn and challenge

himself that include acceptance of both failures and successes as part of the process.

Bruno goes on to describe how "light bulb moments" and the acceptance of

"failing" are experiences that are unusual to him, because they have not featured within his

past experiences of learning:

> This has been the thing that, yeah to be able to go away, to try it, you know
> enjoy the challenge, if you are in that mind-set, enjoy the challenge of trying
> something and failing, but then go away from it, don't let it bother you, don't keep
> repeating your errors or you know, you keep reinforcing them, it's almost like
> reinforcing, I can't do it, this is difficult. No, go away from it, get away do something
> else, do stuff you can do, come back and be able to do it ... and I don't know
> whether 'Bella' gets this with other people or whether other teachers have said this,
> but I'm getting it with 'Bella' for the first time in my life consistently and it's just the
> best thing ever ...
> It is a way, the relationship I have and I am calling it a relationship because it
> is. It is a personal relationship where we have negotiated stuff and it works and it's
> just, it's the relationship I have always wanted and dreamed of without being able to
> verbalise it. With a coach, with a dance teacher, whatever, and I have never had it. I
> don't know why, I don't know why that is, but this way of training ... It really is just
> the best thing ever on so many levels. Not just for my health, my body. This is a
> cool thing that is happening in terms of learning. And it's happening in the way I am
> learning. It happens to be happening with my body, and the brain is working, but I
> don't know what is going on there really [Bruno 737-770]

Bruno's extract suggests that the relationship that he has with his teacher and her

approach to teaching are in fact key to his complex and satisfying learning experiences,

and consequently to the value that he places on attending for weekly TLP classes.

The next section of the analysis illuminates how all of the participants in this study

similarly describe the teacher as significant to their valued mind-body experiences and the

developmental and therapeutic effects they describe. Interestingly, these participant's

accounts suggest that classes wherein they perceive that there is a "fit", between their

needs, values and preferences and the teacher's characteristics, interpersonal approach

and/or style, are the most satisfying.

3.2.3 Subordinate theme 2.2: Weekly TLP classes can provide valued opportunities for intense teacher and relationship experiences.

The participant's accounts suggest that TLP can provide opportunities for teacher

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and relationship experiences that are very important to them. Accordingly, these participant's experiences of preferred teachers and their relationships with them may be pertinent to understanding the commitment to attending for TLP classes. Some participants also shared ambivalent or problematic experiences of Pilates teachers. The interpretative analysis attempts to provide a balanced account of these experiences.

This extract from Adriano's interview reveals his sense-making of how he has experienced a felt sense of personal connection with one of his Pilates teachers:

> My first teacher was great, she was very encouraging, very upbeat, a really nice person, I would like to go out and have a beer with her. But for teaching Pilates there wasn't quite the synchronicity or the gelling. I think that it is quite a personal relationship. More so than an aerobics teacher who just shouts commands at you. You have, someone is observing your body very, very closely ...
> Most of the time I'm I guess inwardly observing my body so I am more conscious of that than I am of her. I also, I signed a chitty which says you can touch me, it's ok. I signed a whole waiver, it's ok to touch me I won't sue you, and er that feedback is very helpful, to have somebody put their hands on your back on the vertebrae that you need to move from is an integral part of Pilates for me so it has to be somebody that personally I feel comfortable, touching me not in a sexual way but in a personal way and so trust is very, very important. I have to be able to trust my teacher absolutely and I am lucky that my teacher, after the first lesson, I knew that she was 'the one' in a slightly, in a slightly less melodramatic way than that ...
> ... I don't know what I am trying to say except that it is more perhaps a fit, perhaps I needed somebody who was a little less bubbly, a little more, not serious but had a recognised, she recognises my mindfulness and I guess I appreciate that [Adriano 576-626].

Adriano has described his experiences of being taught by two different Pilates teachers. He has described experiencing a sense of personal connection, construed as "a fit", with one particular teacher. He tentatively suggests that the felt sense of connection may relate to a sense of feeling recognised by the teacher. It is as though Adriano has experienced a personal sense of connection with one teacher because he has experienced her as attuned to his preference for a contemplative Pilates experience. Adriano uses the word "synchronicity" to make sense of his preferred teacher experience, which is a word that appears to be useful in the interpretative analysis of other participant's accounts of experiences of connection with some teachers. For example, "synchronicity" corresponds with the interpretation that these people seem to value experiences of Pilates teachers that

involve a profound meeting of minds, bodies and concepts simultaneously.

The analysis suggests that the intense interactional experiences that are significant to these participants may be one of 'minds' because they have selected to describe experiences of feeling acknowledged, held in mind and understood by some teachers. The sense of connection also appears to be one of 'bodies' for two interrelated reasons. Participants have detailed how some teacher's intimate and detailed observations of their bodies, their insightful verbal feedback and helpful guidance can facilitate a profound sense of experiencing the teacher's instruction within their own bodies. Relatedly, participants have also described experiences wherein they have connected with the teacher's instruction within their own bodies through the teacher's instructive use of touch. Finally, the connection appears to be one of 'concepts' because these participants have described valuing opportunities to discuss the focus of particular exercises, as well as anatomical, biomechanical and Pilates theory with some teachers.

That TLP classes can provide opportunities for experiencing a connection of minds, bodies and concepts is evidenced in Adriano's extracts above. For example, Adriano has described how he has experienced feeling closely observed by the Pilates teacher. Accepting this kind of scrutiny seems to have necessitated experiencing a felt sense of a personal connection, safety and trust. It is as though experiencing such intimacy with and scrutiny by an unfamiliar person in a position of relative power could elicit a sense of feeling exposed, self-conscious, vulnerable or threatened. It is interesting that Adriano has described how informed consent was sought for the use of touch in Pilates classes. The account suggests that this aspect of the practice may necessitate careful consideration because it has been recognised as litigiously complex.

Touch definitively involves a meeting of bodies, and it seems that in some Pilates contexts the client is invited to grant or withhold the teacher authority for its use. Above, Adriano describes how he has consented and that he has found one teacher's use of touch "very helpful". He construes it "an integral part of Pilates" because in his experience it can

provide valuable information or "feedback" that deepens his experiential Pilates learning. It appears that Adriano has experienced touch as helpful because in this context with this teacher he has not been concerned with assessing and responding to a perceived threat. Actually, touch from his preferred teacher in this context seems to have facilitated experiencing both a subjective felt sense of ease, and meaningful connections with his teacher's guidance within his own body.

As well as providing experiences for a profound sense of connection with the teacher, Adriano's extract also suggests that he can rely on his teacher to provide a satisfying Pilates experience. For example, he describes how "most of the time I'm I guess inwardly observing my body so I am more conscious of that than I am of her'" This description of his experiences of working with this teacher resonates with other participant's accounts. It also illuminates how this group of people describe TLP as valuable because it can provide opportunities to experience a consistent and respectful working relationship. This interpretation is developed with the analysis of three extracts from Helena's interview, in which she describes both her experiences of connection with her teacher, and of their working relationship:

> ... I find definitely after my class I feel a lot, I feel I don't know, an 'energy' as they call it that seems to flow a lot more after a class than I, I can do it myself. I can try, if I have a particularly intense day I can try my exercises but there's nothing like that one to one that I have with my teacher that can help me and also she can recognise when I go into my class I talk at her so she can, she recognises where I am mentally I think as well and she can see physically how that has affected me with how I move [Helena 242-248]

> I don't know how much I'd really enjoy Pilates if I hadn't got such a good instructor and I recognise that she's good because not only does she remember things but she gets me, um but in a really, good professional way as well. So she can have her strict moments with like me, like: 'What are you doing there? You know that's wrong' but she also laughs because she recognises how I am with myself. I don't really give myself um a lot of leeway…She makes it interesting. Yeah, she gets me I think, I like that very much. I think we've got a good friendship as well but at the same time there's always that level of professionalism so I know that when I go to her class there'll be as much or as little as I want but at the same time she will push me [Helena 252-266]

> ... see with my class with my teacher she'll say: 'it's this muscle'. I mean it's, I don't know, when you're a kid and you have to do this game where you can

move your fingers. And it's only until someone touches the muscles and you go: 'oh, okay', and then I feel that...I find touch invaluable actually ((pause)) and even for her, she's like: 'look, touch here' she takes my hand and puts it on her shoulder and says: 'look, feel that muscle' or whatever, 'that's what you should be feeling, now go for it yourself' and then I can recognise that. I think, I think that's important and it also strikes up more of a, it gives some balance in the relationship because she and I do a lot of talking about the theory as well. I find that really useful because I understand then why this muscle is doing it or um why it's not for example. I take that away with me [Helena 279-296]

In the first extract, Helena describes how working with her teacher in a one to one setting is uniquely satisfying because she experiences a felt sense of vitality after her class that is not achievable with self-directed practice. Helena describes how she experiences her teacher as reliably perceptive and attuned to her mental and physical state. It therefore seems that Helena values attending for Pilates classes with this teacher because she experiences her as empathic and skilled, and the classes as therapeutic and/or restorative. It is as though Helena experiences a sense of mental connection with her teacher, because she feels acknowledged and understood by her.

This thread runs through her second extract, in which she describes a felt sense of certainty that she is important to her teacher because her teacher can be relied upon to hold her in mind: "not only does she remember things but she gets me". Helena's second extract intimates that she perceives her teacher-led classes as valuable because they provide opportunities to experience a caring, consistent and respectful working relationship. For example, Helena has described the relationship as "a good friendship", indicating that she experiences the bond as a caring partnership. Helena also describes how her teacher "gets" her in "a professional way", such that she has experienced "strict moments" in her classes. These "strict" moments seem to be accepted as an aspect of the working relationship because they do not appear to elicit a defensive response. This may be because Helena experiences the teacher as reliably aware and mindful of her perfectionistic or self-critical tendencies. It is as though Helena experiences the teacher as someone she can rely on to regulate each class according to her presentation, find an appropriate level of challenge, and thereby provide a satisfactory Pilates experience.

Helena's third extract provides a richly detailed example of how participants in this study have described valuing opportunities to experience a connection of bodies and concepts. Helena has described experiences with her teacher wherein touch and discussion feature as important aspects of the working relationship. First, she describes how her experience of her teacher's use of touch reminds her of a game she played when she was a child. Touch is used in the "fingers game" when a person is struggling to move the finger that they are being instructed to. Perhaps Helena's experiences of her teacher's use of touch in her Pilates classes are that it is as wondrously playful, innocent and profoundly instructive as her childhood experiences of the game. Her account does suggest that she is responsive to and values her teacher's use of touch. In this context palpation can facilitate experiencing a meaningful sense of connection with the teacher's instruction. For example, Helena also describes an experience where the teacher takes Helena's hand and guides palpation of a particular location on the teacher's own body. This experiential meeting of bodies seems useful because it can enable the teacher to connect the conceptual focus of the instruction with Helena's experiential understanding of it. That Helena also experiences her classes as providing opportunities for a meeting of concepts is evidenced by the experiential claim: "she and I do a lot of talking about the theory as well".

For Helena, these opportunities for a meeting of minds, bodies and theory seem to provide a sense of "balance" in the relationship because she can then "take away" and use what she has learned in her classes for herself. It appears important for Helena that these opportunities to experience a sense of connection with her teacher's mind, body and concepts through the ritual of the Pilates classes are mutually satisfactory and personally empowering. For example, it seems important to Helena that she experiences the teacher as genuinely invested in and concerned with her experiential learning and development: "and even for her, she's like: 'look, touch here...that's what you should be feeling, now go for it yourself'". It also appears important to Helena that the classes and experiences of connection with the teacher are useful to her, as she says "I find that really useful because I

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understand then why this muscle is doing it or um why it's not." Perhaps Helena feels uncertain about construing her attachment to the teacher, their working relationship, and the weekly rituals as intrinsically valuable.

Interestingly, all participants have similarly described the perceived outcomes[76] of their classes as very important. It is as though they value both the safety and comfort of the relationship, and the sense that they are genuinely learning skills that they can draw on outside of the classes. These extracts from Giulia's interview reveal a tension between the importance of the teacher and the working relationship, and the importance of the outcomes of TLP classes:

> I think she listens, to me. I think she, um, she makes me feel good about myself. She chats. It's, it's not, um, a terribly serious hour where you just go from one thing to the next and ((pause)) and she'll laugh if I do something stupid. And, and some, some days I might go there and I ha--, I've, I've lost the plot ((laughingly)) I can't do anything. I'm not in-tune with anything. And she'll just laugh and eh go along with it and eventually find something ((laughingly)) that I can do um, I would, I would say we're quite friends now. I care about her. So I think that's when you know that the relationship is closer when you start to ((pause)) so I ask her how she is and how her week has been [Giulia 623-640].

> Um, I think it must make a big difference, the teach-- the teacher you have but even if I did go to a class that was more formal ((pause)) I think I would still enjoy it ((pause)) because of what it does for my body [Giulia 647-652]

Consonant with Helena's sense-making, Giulia's first extract suggests that she experiences the teacher as empathic and skilled, the classes as therapeutic and the bond as a caring partnership. Consequently, the second extract is fascinating because it clearly illustrates ambivalence about the significance of the bond with the teacher. Certainly, Giulia hypothesises that "more formal" Pilates classes with a different teacher would be just as enjoyable and equally as useful to her because she values the effects of the exercise classes. Interestingly, Giulia is one of three participants[77] who described working with only one teacher. Those participants[78] who have experienced more than one teacher help to construct a complex picture of the meaning of the teacher. For example, Francesca shared

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[76] i.e., the changes that they have experienced.
[77] e.g., Delma, Giulia and Helena have worked with one teacher.
[78] e.g., Adriano, Bruno, Carillo, Elsa and Francesca have worked with more than one teacher.

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positive experiences of working with different teachers within one particular Pilates setting: "...they're all very professional, they're genuinely interested in you and how you develop" [Francesca 612-614].

Francesca is the only participant who has worked with a number of teachers and who has described them as equally skilled, safe and reliable to provide a developmentally satisfying experience. By contrast, extracts from the other four participants who have experienced working with different teachers suggest that experiencing a felt sense of safety with the teacher may not be assured and is therefore very important. Extracts from Elsa and Carillo's interviews are included because they illuminate self-incongruent teacher experiences:

> ... she's much more bang, crash, wallop, let's go through a fast routine, um, which I've got my slight doubts about but I'm just sort of trying that one out at the moment ... It's a very different approach ... the other teachers that I've had are, they're a bit slower classes and you're thinking more about what you're doing which is what I've sort grown up to, to be used to, to be honest [Elsa 501-534]

Elsa has described experiences of one Pilates teacher's approach that seems to have elicited a worry response. This appears to be because Elsa perceives the teacher as having prioritised a "fast routine" over other possibilities. The concerns that she experiences about this teacher appear to be salient because the approach is unfamiliar or incongruent with other experiences. The teacher's approach seems dissonant because Elsa has experienced teachers whose approach has been experienced as safe, contemplative and developmental. It is as though Elsa favours a more careful and contemplative approach, because she has found it personally beneficial.

This section of the analysis ends with three extracts from Carillo's interview, wherein he reflects on his experiences of different teachers:

> I've had different teachers. I think when they're good, what they do is that they pick up on what you do instinctively that is wrong for the method ... they will pick up on it and give you the, a good cue to try to do it slightly differently, which strengthens you in a different way. It usually makes the exercise more difficult as well, um, and as an aside, a bad teacher will say something like: 'you're cheating, "cause you're doing this'. I mean, I often think: it's not cheating, 'cause it's instinctive. You're here to tell me that, how to do it properly, not to punish me

because I am not doing it properly. How am I supposed to do it properly if you're not teaching me? Um, anyway ((pause)) so that's a little gripe about one teacher in particular, an individual [Carillo 877-902]

... I think a good teacher yeah will cue you in to the sensations of your body a lot rather than just look at you as, say, an object, and make you look nice. A good teacher will get you to try and experience it, because then you can take it away with you, but if it's their sort of, just aesthetic appr -- ((pause)) objective, an aesthetic idea of what you ought to look like, then you haven't got anything to take away, you only take away that you have done a session and they say you look right, you know, it's harder to incorporate into your everyday life and to embody it, it's harder to, to I am looking for a word, to assimilate, to assimilate the changes that you have made in the way that you use your body [Carillo 1179-1193]

I guess the relationship with the teacher is important as well, 'cause if you've er, if you've known them for a while there is this sort of, I don't know, it's comparable to the therapeutic relationship where you kind of feed off each other a bit, and if you end up projecting that they're like, their opinion is really important and you really respect that and they start telling you that you are wrong or that you are bad then there is a kind of emotional backlash. I hadn't thought about it like that before. I think that this probably goes both ways as well, with, like, the teacher having reactions to the client by having some people who drain them [Carillo 1216-1228]

Carillo's extracts capture his sense-making of experiences of working with different teachers. He has described how the teacher's interpersonal style and personal values are important because in his experience these factors can influence his satisfaction with the Pilates class. In the first extract, Carillo describes how a "good" teacher uses skilful observation with appropriate cues to provide a useful and appropriately challenging learning experience. Carillo describes an experience of a "bad" teacher, wherein the teacher's observation has been followed by an unhelpful correction. The teacher's use of infantilising, punitive language seems to have elicited a defensive response and a less satisfactory learning experience. It is as though the learning experience was compromised because Carillo felt incongruously chastised. It seems that he experienced himself as in a position of relative vulnerability, and that he felt unsafe. This experience with this "individual" may be memorable because he has experienced teachers whose approach has felt consistently facilitative, therapeutic and safe.

Carillo describes another incongruent teacher experience in the second extract. Here, the teacher's values appear to be important, because Carillo suggests that these can

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limit the Pilates learning experience, for example by rendering it superficial. Carillo describes how it is important to him that the Pilates learning experience is meaningfully transformative, because he values the opportunity to "assimilate" and "embody" the teacher's instruction. It is as though a teacher whose values are incommensurate with those of the client can inadvertently influence the client's sense of satisfaction with the Pilates class. Certainly, Carillo shares with all of the people who took part in this study a concern that Pilates classes feel safe and personally empowering. Carillo's extract therefore seems to crystallise the significance of the experience of safe, congruent Pilates teachers for the commitment to and sense of satisfaction with Pilates classes.

The final extract portrays how Carillo has made sense of his experiences of "emotional backlash" within the context of TLP. In his experience, the Pilates teacher-client relationship is "comparable to the therapeutic relationship where you kind of feed off each other". The cannibalistic metaphor is fascinating because it illuminates a dimensional, reversible quality in his understanding of the interpersonal interaction. It is as though opening himself completely to being nourished by the teacher presents the reversible possibility of being devoured by the teacher. Interestingly, Carillo describes experiencing a realisation of how this relationship may also be reversible for teachers. It seems as though Carillo has realised that nurturing clients in this context can present the reversible possibility of being consumed by the client.

In describing the interaction as comparable to a therapeutic relationship, Carillo seems to be drawing on a particular frame of reference that is consonant with his chosen profession[79]. His extract suggests that he is alluding to a familiar working relationship that is characterised by help-seeking and care-giving, and that can impact both practitioner and client.

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[79] e.g., CAM practitioner

3.3   Master Theme 3: Weekly TLP classes can provide an invaluable arena for transformation

The third master theme captures participant's descriptions of what it is like to experience transformation with TLP. The descriptions are complex and are not easily reduced to clearly defined categories. For example, participants have described how transformation in this context includes short and longer-term aspects, psychological, somatic and behavioural aspects, as well as positive and problematical aspects. This master theme has been parsed into two subordinate themes. The first, 'weekly TLP transforms my awareness of my body', captures participant's descriptions of transformed perceptual or sensory experiences of their bodies, and accounts of learning and assimilating a particular conceptual or theoretical understanding of the body. The second subordinate theme 'weekly TLP classes contribute to a sense of connection and control' portrays participant's descriptions of how TLP classes transform their emotional attitudes and/or feelings about the body, as well as attention to and use of the body. This separation of the findings into distinctive subordinate themes has proved challenging because there is significant overlap between the descriptions of these experiences within participants' accounts. The findings have been explained in this way in an attempt to engage the reader's attention with particular aspects of participant's sense-making of the interesting phenomena discovered.

3.3.1   Subordinate theme 3.1: Weekly TLP transforms my awareness of my body

Six participants described how weekly TLP classes transform their awareness of particular aspects of their bodies and movement. Interpretation of their accounts is followed by elucidation of extracts from the two participants for whom transformed awareness of the body did not at first appear salient. The section ends with extracts from two participant's accounts that seem to problematise transformed awareness in this context.

This first extract from Adriano's interview captures experiences that feature across six participant's accounts:

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Well just since I spend all my life moving or not moving, but I, it has made me much more aware of the body that I had. Rather than kind of lolloping through things and not standing up straight, not ((pause)) so everything has changed, everything has been affected [Adriano 60-64]

Adriano describes how TLP has brought the body that he "had" into his conscious awareness. It is as though his familiar body has been rendered strange or new. The extract reveals that certain aspects of the body that are usually experienced as close to automatic have been disinterred and imbued with exploratory potential. The extract tacitly discloses that the aspects of Adriano's body that have been brought into his awareness in this context seem to have not previously vied for his attention.

It is as though learning Pilates has brought anonymous performances of the body such as maintaining upright posture and executing motility into Adriano's perceptual, experiential and evaluative field. Here, the distinction between consciously attending to the body and being marginally aware of the body appears to be important. Adriano's concern with the quality of his body's movement and upright posture intimates substantial changes in the significance of these aspects of his bodily experience. It is as though some previously taken for granted aspects of his body, posture and motility have lost both their obviousness and their harmlessness.

Two extracts from Elsa's interview reveal her descriptions of perceptual, evaluative and conceptual aspects of her experiences of transformed awareness of the body:

I remember the first time I walked out of that very first class, I just sort of felt about two inches taller when I walked back down the street and thought: 'oh, this is fantastic!' Because I'd never done any, um, sort of body, um, anything like dance or gym--, well I'd done a little bit of gymnastics at school ((pause)) but nothing that, um, made me very body aware I suppose before ... just understanding how your body works and realising ((laughingly)) that your leg, your left leg is different from your right leg and, you know, and eh, and also the whole thing about posture ((laughingly))[Elsa 44-70]

... I mean I had really very little clue about anything biological or you know ana-- anatomically or whatever before [Elsa 217-219]

Elsa's first extract captures how she experienced feeling transformed after her first Pilates class. It is as though the class facilitated experiencing a memorable sense of length

in her body that she has never known before. Elsa attributes the transformation to awareness, understanding and realisation. In the second extract, Elsa describes how learning Pilates has offered a new conceptual understanding of the body. Each extract illuminates something of the complexity inherent to these participants' sense-making, because links are made between memorable perceptual experiences of the body and a particular conceptual understanding thereof.

The findings suggest that very specific aspects of the body are brought into awareness in TLP classes. For example, participants have described transformed awareness and understanding of individual trunk muscles and other muscle groups, of imbalances in muscle groups, of idiosyncratic variations in the musculoskeletal body, and of faulty, dysfunctional or incorrect postural holding and/or movement patterns. These people have not described gaining awareness of the digestive, visceral or circulatory aspects of the body.

As well as transformed awareness and understanding of particular aspects of the body and body use, the investigation found that six participants described experiences that suggest transformed sensitivity to bodily "feedback". The study found that these people seem to appreciate TLP classes because they can provide opportunities to refine transforming responsiveness to and management of bodily qualia. For instance, as Helena says:

> I'm a bit more aware of myself now so, which I find ironic because in dance they'll say: 'okay, do this', and I'm doing it, if I'm looking in the mirror I'm doing it exactly like everyone else but if you ask me to do a movement say on the floor and I place myself in a room, I'm not straight, and I find it's taken maybe a year or more to actually know that now my legs are straight. If I look up I can see that, but in myself, to actually place where my feet are [Helena 145-150]

This extract is difficult to interpret because it pertains to the body as experienced from within in relation to both an external environment and a particular goal. Helena suggests that the body can be perceived externally, whereby visual feedback provides information about the particular placement of the body in space. She also suggests that she

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has developed the ability, construed as a form of knowing, to sense and organise her body in space without the use of visual feedback. Gaining sensitivity to and a sense of mastery with experiencing her body from within is meaningful for Helena, because she believes that it evidences how she is more aware of herself. It is as though not relying on external, visual feedback to provide information about the body is a meaningful indication of transformed awareness.

These extracts from Carillo's interview similarly capture the complexity of how sensitivity to bodily qualia and a conceptual understanding of the body are meaningfully implicated in a felt sense of transformed awareness with TLP:

> I mean, you sort of end up identifying and being able to control muscles you never knew you had ... um, it kind of gives me a new experience of the body. I remember after one session ... I was walking across the footbridge by the station and I just kind of realised that my whole ((pause)) I just felt really stable and strong. In, across my abdomen, there was no back ache, I felt tall and long and free in my movement, basically [Carillo 213-230]

> ...I often will feel more alert after a session ...that my senses feel acute, that I am aware of what is going on around me or that my hearing and sight and probably most of all, the internal proprioceptal awareness to do with, you know, the feeling of walking and the way my feet plant on the floor...there is something sort of vivid about it, I am not focused on just getting to the train...some of my memories of it are quite vivid, it has made a big difference [Carillo 958-970]

> ...doing Pilates has greatly enriched my practise of qigong because I am bringing to it a much more detailed, anatomical bodily awareness, and it makes it feel better, you know, and now on finishing the qigong exercises I feel kind of charged up, and full of energy and strong. Before, I basically, well, I was told what I was supposed to be doing. I hadn't ((pause)) embodied it, I guess, so I wasn't doing it as well as I am now [Carillo 854-865]

Carillo describes how some TLP classes have facilitated a noticeable sense of gaining a discriminatory awareness and intentional control of aspects of his lived body with which he was previously unacquainted. He describes memorable experiences after certain Pilates classes, wherein he has savoured appreciably vivid altered sensory-motor present moment awareness. As well as the awareness of intensely heightened multi-sensory corporeality savoured immediately after particular classes, Carillo describes how he has gained an "anatomical" understanding that enriches his experience of other valued leisure

activities. This experience, wherein the learning from Pilates is transferred to other contexts, accords with other participant's accounts, although significantly complex meanings have emerged. These are explored in the interpretative analysis of the second subordinate theme.

Given the significance accorded to transformed awareness of the body by the other participants, it is interesting that neither Bruno nor Giulia unequivocally described becoming more aware of their bodies in this context. It may be significant that both participants reported experiencing severe body problems prior to starting Pilates. These problems, combined with reported previous high levels of physical activity, seem to have contributed to making them acutely aware of their bodies prior to the engagement with TLP:

> I don't know who it was I was talking to but I have spent my whole life since the age of twelve, thirteen, in some form of pain, whether it has been back, arms, legs, tendonitis, spine. I first had a prolapsed disc at age thirteen through cricket [Bruno 484-487]

> I am intensely aware and sensitive to ((pause)) not only my body but the activity that I do, so whether I am doing Pilates, cricket, rugby, soccer, running, whatever, dance ((pause)) [Bruno 542-544]

> … she did say to me that she thought I was quite in-tune with my body which was a big advantage … because, I think the arthritis has made me aware of my body and when something hurts I can tap into some other muscle [Giulia 173-177]

These extracts suggest that previous high levels of physical activity combined with an acute awareness of the body through pain experiences may attenuate the significance accorded to enhanced awareness of the body. Even so, these two participants did describe appreciating experiences of aspects of their bodies being brought into awareness after certain Pilates classes. Their descriptions of the perceptual experience of particular bodily sensations are interesting because of the meanings that both participants attach to them:

> … this is the first time I have woken up with pain, with muscle stiffness on the second day. I have had it up to a day after and then the second day none but this is the first time that I have woken up with pain on the second day. Kinda like it in a way. Its' like: oooh, yeah, muscles can still do it, they are being worked, that is a good thing [Bruno 1029-1035]

... the other thing is, before when I was fit and I had a good game of badminton I might ache. I mean with badminton your bum always aches ... and um after my Pilates class, the next day I, I can sometimes ache and it's different to the arthritis pain and I think: ooh this feels good because it's eh, I'm doing my body good kind of feeling [Giulia 659-670]

Here it seems that muscular pain or aching after particular Pilates classes can shift the balance of these participant's gestalt. The bodily sensations are differentiated from other pain experiences and are welcomed because they symbolise a sense of corporeal vitality and continuity. The sensations are used to relate these participant's present bodily selves to their past physically active selves. The acutely enhanced sense of muscularity made tangible by awareness of muscular pain and aching sensations provides feedback to these participants about having engaged effectively with physical activity. The bodily sensations are framed as signs of achievement and well-being. It is as though the awareness of the body and bodily sensations gained after Pilates classes can facilitate, and in some cases help to intrinsically restore, a robust corporeal sense of agency or existential continuity.

Two participants have shared experiences that problematise transformed awareness with TLP. In the first extract, Delma describes how the awareness of the body gained in TLP classes can fade. In the second extract, Carillo describes an experience wherein an awareness intervention is implicated in the development of an injury.

I think eh, doing Pilates makes you extremely aware of how your body is, in space, and how it, how it moves. It makes you very, very aware of that and I find that when I don't do it for a while I start losing that ((pause)) if I, if it's a long enough time, because it's just eh, an awareness which, being human, I guess you forget it if you don't do it for a while. Or it becomes less er ((silence)) [Delma 334-348]

Delma's extract is interesting because it suggests that the awareness of the body gained in Pilates classes can fade or become less salient without regular opportunities for instruction and formal practice. Delma draws on the notion of "being human" to make sense of how this complex awareness fades. Perhaps the awareness gained in Pilates classes is unusual, because it appears that when in reasonable health the aspects of the body that are rendered salient in TLP classes recede from awareness. Maybe the aspects of

the body, posture and motility that are brought into conscious awareness in TLP classes do not typically command attention unless there are particular opportunities for thematizing them.

> I was with someone, a teacher who wasn't my usual teacher, just sort of keyed in with 'that's the problem, with your shear, that's what you need to do', um and I started keying in to it more and being more aware of it when I was walking around and whatever I did, and after about a month of that, a muscle on the right hand side of my back went into spasm and my hypothesis is that it had been in a shortened position because of the shear which I'd had for years so because I'd pulled myself back together, if you like, it had been a bit too quick and my muscle hadn't adapted [Carillo 505-523]

> But um, yeah, it [TLP] makes the whole body which kind of again makes you appreciate how integrated the body is like you know everything is connected ... you know, it gives you, what I was saying is that it gives you a greater integration of how when you move like a small thing it can change like the whole structure, and that again helps you to bring it in to your everyday life and um in a rehabilitation sense, it helps you to incorporate it, change, and stop the um problems [Carillo 917-940]

These extracts are fascinating because they seem to provide an understanding of paradoxical experiences that Carillo has lived. In the first extract it appears that a Pilates teacher offered Carillo a diagnostic and corrective intervention. It seems that directing this awareness to "the problem" elicited a protest from the body. Intriguing here is Carillo's description of this Pilates teacher as "not my usual teacher". Perhaps Carillo feels retrospectively discombobulated about placing his trust in and using the corrective intervention suggested by this irregular teacher. The extract illuminates the possibility that experiences of awareness of the body described by these participants may be a representation of how these people experience being related to by particular Pilates teachers. In the first extract, the way that the teacher encouraged Carillo to relate to his body is experienced as damaging. The isolationist, diagnostic and corrective awareness intervention has resulted in hypervigilance of one part of the body and has manifested in injury.

The extract is all the more interesting in light of the second extract, in which Carillo has described how TLP classes provide an inspiring understanding of how the body is interconnected. Carillo has described a qualitatively different experience of gaining a

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greater appreciation of how changing one thing in the body has an effect on the rest of the body that he can use therapeutically. Here, Carillo seems to have understood that bodily systems function holistically. The extract seems to tacitly reveal that this awareness of his body may reflect or be a representation of his preferred teacher's theoretical/conceptual and interactional style. Certainly, the body percept and concept experiences that Carillo describes in the second extract differ in significant ways to those of the first extract, wherein diagnosis, isolation and correction of a discrete problem was emphasised by an irregular teacher. It is as though both extracts subtly convey paradoxical lived interactional experiences of transformed awareness within the context of TLP classes.

3.3.2 Subordinate theme 3.2: Transformed sense of connection and control

This section of the analysis brings to light how participants have described TLP classes as transformative because they have a role in shaping their emotional attitude towards the body and their behaviour - how they feel about, attend to and use their bodies. The first extracts from Delma, Carillo and Francesca's interviews reveal how TLP classes contribute to a felt sense of bodily connection, indwelling or control. These are followed by extracts from Bruno and Giulia's accounts wherein they describe experiences of feeling more positive about their lived bodies. The analysis then uses extracts from Adriano and Helena's accounts to portray how participants have described TLP classes as transformative because they shape body use. Finally, the analysis focuses on problematical aspects of transformed emotional attitude and body use with extracts from Helena, Elsa and Carillo's interviews.

> Um ((slight pause)), when you come out you feel that you've got yourself together again ((laughs)) in one piece. You're, you're connected. You're connected ... it just makes you feel ((pause)) pretty good. Yeah. You're connected because Pilates emphasises, eh the connection of your, in, in your, the centre of your body. You, you connect together and it builds strength. It gives you a great deal of strength. Like your, your shoulder blades move down into your back and your ((pause)) it, it's, it's just a total connection from, from hip joint up to the shoulders and then you're leaving, at the same time leaving your body quite open and free. It's, it's a, it's a sort of a dichotomy, a paradox [Delma 112-135]

I think that the what the exercises have done for me, the awareness that you bring to your body when you are doing them um includes giving me a feeling of being um kind of more at one with my body, like, it's responsive, stronger, flexible, I kind of feel ((pause)) I don't know if the word 'control' is right, it doesn't, there is something about the word control that I don't like about it but essentially I guess it makes me feel in control, or of my body [Carillo 295-305]

I mean, I could say like that it makes me feel more in my body or something like that um, but then that's quite a vague thing to say, um yeah, control kind of gets more to the point [Carillo 332-337]

[Before TLP]...I actually felt disconnected and I felt like my mind and body were separate like I've almost got this image like when I think back ... I just felt like my mind was ahead of my body in the sense that yeah I was going out to meet my friends, cool, but just my body, I was just sore and tight and you know, but now I just feel more ((pause)) I still have those moments of feeling a bit sore and tight but overall just much more better, and I'm more connected to my body. More aware of how it moves and what I should be doing [Francesca 192-202]

... what I think about me because I've always had a distorted sort of self-image when it comes to sort of weight and appearance and I think now since having done Pilates I've ((pause)) ... I'm more comfortable and I mean in my body, even though I think oh yeah I'd love to be more toned, I'd love to be you know a smaller size and all the rest of it but I'm more sort of at ease with it now, I think that somehow maybe through this all just by you know the exercises and what you learn and how it's so affected my life that um I still worry about it but I don't know, I just feel more connected and more whole [Francesca 662- 873]

The extracts above are fascinating because they suggest that for some people at some times, the mind and body can be experienced as a dualism. It appears that TLP classes can provide a meaningful antidote to a felt sense of disconnection or fragmentation. The experiences are manifestly complex, for example Delma construes her experiences as paradoxical, and similarly Carillo illuminates a tension between feeling "at one with" and "in control" of his body. Certainly, feeling more "at one with" or "in" the body is suggestive of a sense of connection or indwelling, whereas "control" has connotations of dominance, power and the submission of the body.

Francesca's extracts are similarly perplexing because both extracts also intimate that a felt sense of connection may be related to a sense of control. For example, Francesca describes how learning Pilates has influenced an experience of connection with her body that is rendered meaningful in relation to her evaluation of past experiences. It is as though Francesca experienced her mind and body as a dualism because her mind was actively

pursuing and her body was experienced as obstructive. In addition, it seems that she could

not make sense of or influence bodily symptoms of discomfort. Indeed, Francesca relates

the felt sense of connection with her body to "awareness" and an understanding of what she

"should" do. It is as though TLP classes provide Francesca with guidance, a sense of

meaning, purpose or competence with understanding, accepting and being able to influence

bodily experiences that previously felt dissonant, incomprehensible, unmanageable and

frightening.

In the second extract, Francesca describes how learning Pilates has provided her

with experiences that have influenced concerns about her body's appearance and weight. It

is as though TLP classes provide learning and mastery experiences that enable her to feel

more accepting of and satisfied with her lived body. Essentially, it does appear that

learning Pilates has influenced worry about the lived body, which accords with accounts

from other participants. For example, it seems that TLP classes transform how these people

feel about the lived body because their accounts evidence a sense of enjoyment,

hopefulness, positivity or existential power:

> I have kinda gone from this feeling bullet proof to feeling old and horrible
> and this is the end, to back up there thinking, well it's not so bad, there is life after 40
> and it might be a pretty good life, physical life, you know not just, I know people say
> life begins at 40, I'm not just talking about life style stuff, I'm talking about my body
> [Bruno 514-520]

> I am more confident in my physical body now compared to two years ago
> because I can do stuff, because I am not in pain [Bruno 612-614]

> ... they said I'd probably just about be able to comb my hair and they said
> you'll never be able to change a light bulb, and I had great delight ((laughingly)) in
> going back to them and saying: 'Guess what? I changed a light bulb', and it's the
> Pilates ... there's no question that it's the Pilates, it's the Pilates, it's the stretching,
> its' doing the exercises that suit you, and it's also the mental thing of being-- feeling
> that you have some control over what your body's doing [Giulia 139-156]

These extracts again illustrate how learning Pilates is experienced as transformative

because it has provided these participants with a satisfying or enjoyable sense of bodily

competence and control. As with Francesca's extracts, these two participant's accounts of

transformation are fascinating because they reported experiencing distress about the lived

body prior to learning Pilates. In total, five participants[80] shared experiences of worry about pain sensations and associated movement restrictions. Bruno and Giulia's extracts have been included here because they have reported experiencing the most severe body problems, and the changes that they report are therefore remarkable. It is as though TLP classes influence their perceptions of their physical capacity, their power to move the body and to perform actions therewith. In terms of their psychology, it seems that they feel empowered and hopeful because they have achieved such astonishing changes.

Enjoyment and empowerment also feature in participant's accounts of how TLP classes transform the ways that they attend to and use their bodies-in-the-world. This claim is evidenced by these extracts from Adriano and Helena's accounts:

> ...all my walking around, my sitting, my sitting driving position has changed [Adriano 106-107].

> ... I have lowered my ironing board so when I iron my shirts my arms are straighter and I guess I don't just sit down and slouch. I am aware of the, it's not that I feel I must sit up straight, but I feel that I enjoy sitting up straight [Adriano 112-116]

> When I stand on buses I try and make sure that my spine is long and when, when I'm sitting on a chair without a back I try and make sure my spine is stacked more so that actually things don't ache. I'm not holding everything in an uncomfortable way, so even learning to stand while waiting for a train or whatever, I'm not having to hop from one leg to another because I'm centered [Helena 178-182].

> When I have a lot of things on work wise I choose to ignore my body, um I choose to just say right whatever it takes to get that job I'll do it ... so I ignore the way I stand or the way I sit, something gives and that's usually that's the first thing to give is like my physical being because I just want to get whatever it is that needs to be done. Um, as I said before, now that I go to my classes and I really wouldn't want to stop them for the world, I find it allows me to reflect on that, so it makes me more aware of now that I am doing that to myself whereas before I wouldn't really think of it because say like you have your finals, fine that's what people do or, you know, you have a deadline at work, that's fine, that's what people do, whereas now I'm like no that's not what I'm going to do. Sometimes yes it happens but let me just step back and er look after myself a bit more [Helena 372-388]

These extracts reveal how Adriano and Helena experience TLP classes as transformative because the interactions influence how they attend to and use their bodies. Their accounts suggest that they monitor and adjust their bodies in accordance with what

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[80] e.g., Bruno, Carillo, Francesca, Giulia & Helena

they have experienced in their classes. It is as though the classes provide guidance as regards the significance of keeping the body in mind, and careful body use. Here, the meanings of participant's engagement with what they have learned as transferred to the context of their everyday lives are fascinating. Adriano suggests that his engagement is about enjoyment, whilst Helena suggests that hers is variously about compensation for bodily self-effacement, prevention, bodily self-care and empowerment. It appears that keeping the TLP-body-in-mind and using TLP-informed-body-use in everyday life can hold fundamentally different meanings.

Indeed, the following extracts from Helena, Elsa and Carillo seem to problematise transformed sense of control and body use in this context. First, Helena's extract reveals that although the focus of TLP classes on body use is helpful, it is limited as regards addressing psychosocial stressors that are implicated in her cyclical experiences of distress and injury.

> I'm a bit more aware of how I have to hold myself um and that's really helped a lot ... I know generally it's like I get wound up so I can't turn my neck or ((pause)) so I find all this has helped greatly because this is where my tension sits mostly now ... I haven't yet reached the stage where I can fight tension ((laughter)), it just seems to increase as the better I adjust to the next stage it goes up again but it's helped considerably in that respect as well ... I mean there's a lot, obviously psychological I've just got to sort out there and also my attitude to things I think I care too much about what I do too much you know as a job ... I think women care a little bit more and are able perhaps to shut off, not shut off, aren't able to shut off should I say whereas a guy cares but yeah I feel a lot of tension here [Helena 188-215]

> ... if my mind needs a lot of focus and there's a lot of stress going on my body still, it's the first thing to give ... Pilates, I haven't got it there yet, but it's a, how do I say it, I haven't got it as part of my life enough yet but even when I'm in those stress situations it's still working for me ... Yeah so, so that when I do have the stress times because there always is, I take it with me, because that's at the point when my back will go or when I have to see a Chiropractor or whatever [Helena 441-446]

Here Helena describes how she experiences an on-going, apparently cyclical battle with "stress" and "tension", incapacitation and help-seeking. The extract tacitly reveals a tendency to experience and communicate somatic distress in response to psychosocial stress, and to seek help for the somatic aspects of her experience. It is as though TLP offers

Helena a preferred or safe explanation of her difficulties, perhaps because it emphasises body aspects over other possibilities. For example, it is as though Helena feels comfortable with accepting that she contributes to the development of physical symptoms with faulty body use at times of stress.

The extracts also reveal that Helena is aware of alternative biopsychosocial explanations, but that these may be less palatable or manageable, are accorded a lower priority, and are therefore obscured. Disinterred from Helena's descriptions is the belief that if she can perfectly assimilate and embody TLP myths and rituals, then she will be able to better manage "stress situations". However, the extracts indicate that she feels as though she has to work harder to assimilate Pilates because her stress levels increase and so hard work is required so that TLP can work "for" her. One question that arises here is what or whom the work is for, because it can be argued that Helena's relationship with TLP helps to obscure perpetuating factors of the cycle that she has intuitively described as complex. Nevertheless, it seems that TLP may preserve a sense of familiarity, stability and continuity in Helena's ways-of-being, relating and interacting.

Elsa's extract exposes that she may overuse TLP-informed body use strategies to maintain a sense of control because the behaviour is likened to an addiction:

> ... I suppose before I hadn't even, I didn't even really think about exercising any more than just sort of, um, a quick, quick burst of exercise to try and keep the heart going ((laughs)) ... Um, but um, since, I suppose since I've done the Pilates I suppose I've just become a lot more aware of how every muscle in my body works and, um, and ((pause)) that affects your everyday life as well, you know, if you're bending over to, to fill the dishwasher you're, you're um, holding in the tummy when you ((laughingly)) bend over and everything so eh, so I suppose I'm thinking sort of Pilates nearly all day, it's, in a, in a funny sort of way because of, you know, you're, and when you're walking along a street you sort of think 'Oh', you know, 'I should be walking straighter'. Um, and eh, I suppose that gives you some, um ((pause)), I don't know, it's a sort of, eh, something to follow I suppose. Is that? It's a sort, it almost becomes, not an addiction but it's not far off in a way because you, you sort of um want to keep it all going because you see the posi--, positive benefits it's done for you [Elsa 131-153]
>
> Yeah I mean I think, yeah I mean perhaps, perhaps addiction is the right sort of word. I mean perhaps, perhaps I'm someone who um, who needs to be addicted to something, I don't know. Maybe Pilates has, has sort of taken over from drinking too much or something ... I mean, I still drink too much sometimes but ((laughingly)) but

you know, don't we all? ((laughs)) but um not quite as often as I used to ((laughs)). So um, I don't know, maybe it is. Maybe I'm an addictive type of person who, you know, and it's something that, it's that one constant that, that helps me. I don't know [Elsa 709-721]

These extracts capture how Elsa was self-interpreting during the interview, and how she was reflective and tentative in her sense-making. She oscillates between the first and the second person. It is as though she is moving between a personal and perhaps a shared understanding of how learning Pilates can transform body use. This has the effect of distancing herself from her experiential claims to making more general claims. Perhaps this represents an attempt to moderate a sense of uncertainty or vulnerability, because the use of the word "addiction" in this context is intriguing. It seems that learning Pilates has significantly impacted Elsa's understanding of physical exercise and that it has transformed how she attends to and uses her body. For instance, she has suggested that prior to learning Pilates, physical exercise was briefly engaged with to maintain cardiovascular regularity. TLP classes seem to have provided a completely different perspective, because the learning is incorporated into Elsa's daily routine. For example, she describes experiences of self-monitoring, self-talk and physical adjustments within the context of performing activities of daily living. It is as though Elsa has absorbed an understanding that taking opportunities to use the body carefully by monitoring and adjusting her body use in daily life is adaptive behaviour. The meaning of these experiences is interesting because Elsa offers a tentative interpretation of herself as "an addictive type of person", and suggests that Pilates has provided "something to follow" that has replaced alcohol as "a constant that helps".

Interestingly, Elsa describes her engagement with Pilates in her daily life as motivated by "the benefits it's done". She has described these as the provision of an antidote to years of self-neglect with guidance as to how to care for, develop and learn about her-self [Elsa 378-379]. Elsa has described how learning Pilates has contributed to a complete change of life style [Elsa 98-100], significant weight loss [Elsa 113-115] and the

possibility of a new career as a Pilates teacher [Elsa 560]. "Thinking" and doing Pilates therefore seem to enable Elsa to maintain the changes that she has achieved. However, because she has described her experience akin to an addiction, engaging with Pilates may reflect a tendency to use external objects to manage emotions, where one external object (e.g., alcohol) has been replaced by another (e.g., Pilates). Perhaps Elsa has perceived a tendency to use external objects in a way that is deviant from "normal". Perhaps too, she is using Pilates maladaptively, as a short-term coping strategy to cope with negative emotions. For example, Elsa may be using Pilates to cope with existential anxiety as pertains to navigating tensions between personal freedom and responsibility. Indeed, although Elsa suggests that addiction may be an intrinsic property of herself because she may be an "addictive type", she also invites us to consider that she is embedded in a particular social context when she asks "don't we all?" drink too much sometimes. It appears relevant that UK is renowned for binge drinking, which is described a social and cultural phenomenon (vanWersch & Walker, 2009). Perhaps Elsa's social world manifests an anxiety-provoking double-binding injunction wherein she is invited to be a free and self-indulgent, disinhibited pleasure seeking consumer, and at the same time to be responsible, self-controlled, fit and able to perform.

The meaning of these experiences is clearly complex, since Elsa suggests that Pilates provides her with "something to hold on to" [Elsa 1004], and her account does resonate with that of six other participants[81]. For example, Bruno describes Pilates as "the two times a week where I feel in control of my life" [Bruno 323-324], and as a "tool" that helps "to define my health...to match the culture" [Bruno 185-186]; For Carillo, Pilates is "about helping to, keeping myself together" [Carillo 1056]; Delma "craves" body discipline and "couldn't do without" the "framework" offered [Delma 524]; Francesca feels "anxious" when she does not go to Pilates classes, "like I need the exercises" [Francesca 646-647], and describes Pilates as "my haven" [Francesca 626]; Giulia describes Pilates as

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[81] i.e., all participants apart from Adriano

"the only thing" that helps her to "feel that I'm in control" [Giulia 997-998]; and Helena describes "needing" Pilates because it is her "moral support" [Helena 479].

Perhaps seven of the eight participants who took part in this investigation are deviant from "normal" because the descriptions suggest that at times they may rely on Pilates to contain their anxieties and to provide a sense of meaning, purpose, control or psychosocial well-being. Adriano was the only participant who did not make sense of Pilates using language that is associated with need or dependence. Perhaps he is a different kind of individual - he may not be an "addictive type". It is also possible that because Adriano has been learning Pilates for four months, he has not developed such a strong attachment to his teacher-led classes. It may be that he has not yet come to depend on the teacher or the classes to meet certain needs. It is also possible that Adriano has not assimilated the treatment 'myth' that surrounds TLP, or is relatively immune to this myth because he was the only participant who did not report experiencing body problems[82] in his account of starting Pilates. Perhaps the Pilates-as-treatment myth inadvertently contributes to the development of a sense of dependency in people who have experienced body problems that was not salient prior to sustained engagement therewith.

Finally, Carillo's extract problematises the sense of control, enhanced corporeality and affective beneficence that he and other participants have described experiencing after TLP classes.

> Sometimes, it makes me feel bad. Like, sometimes I come out and I feel that I am not strong enough and I am weak and that things are, you know, that I am not progressing, um, because things seem really hard and you kind of work at it and then when the teacher kind of corrects you again then it feels like you haven't made much progress and that makes me feel bad because it makes me feel less in control, and all the opposite of the things that I have said before. That doesn't happen as often. It tends to be something that is probably more tied up with how I was feeling before the session than the session itself, but when I am feeling low and the session goes like that it can, yeah, make me feel worse, make me feel like, yeah, like I am weak, I am falling apart and that I am not good enough [Carillo 1114-1129]

Carillo has shared experiences of feeling negative about his body and his progress

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[82] i.e., ageing body, overweight body, symptomatic body

with Pilates. He is the only participant who has shared a description and interpretation of negative emotional responses experienced immediately after some TLP classes. In the excerpt above, he suggests that feeling low before a class, being corrected "again" by his teacher and catastrophic interpretations of the experience can elicit "feeling bad".

His account resonates with the CBT understanding of psychological distress. For example, Carillo has explained how experiencing a low mood prior to a TLP class can negatively bias or distort the meaning of the teacher's corrections. Distortions and catastrophic interpretations of experience are central to the CBT approach. In this scheme, disastrous appraisals of experience (i.e., faulty thinking) are implicated in human distress and approach-avoid behaviours. It therefore seems relevant that Carillo withstands or tolerates these negative experiences and that he describes how these kinds of negative responses to interactional experiences do not happen as often as positive experiences in this context. Perhaps the commitment to TLP necessitates resilience on the part of the client as well as a positively biased balance. It may be important that the demands of the teacher-led class(es) do not regularly exceed or undermine the client's personal evaluations of what they can cope with; it may also be important that the individual person can hold an explanation and understanding of these experiences that does not contribute toward complete avoidance.

Of all the participants, Carillo has perhaps provided the most balance in his reflective descriptions of both positive and problematic experiences of TLP. Two interpretations are offered for this finding. First, relative to other participants he has more experiences to draw on because he has been learning Pilates with a number of different teachers in different settings for the longest period of time[83]. Second, Carillo described himself as a student of philosophy [Carillo 274] as well as a CAM practitioner with experience of a number of different approaches [Carillo 40, 495, 545]. Perhaps his experiences of different perspectives and approaches facilitates simultaneously adopting an

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[83] e.g., eight years

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appreciative and a critically reflective stance in relation to a mind-body practice that he

values, and to which he wishes to contribute by sharing his experiences.

Chapter 4: Discussion

4.1   Introduction

The aims of the present paper were twofold. First, to develop a CoP perspective that can make a contribution to our knowledge-base about the experience of transformation without psychotherapy, and to the scant psychological knowledge-base about teacher-led structured exercise; and second, to provide individuals who have experienced transformation with teacher-led Pilates (TLP) an opportunity to share their sense-making of experiences that are important to them. The qualitative findings were analysed using interpretative phenomenological analysis (IPA). The decision to adopt this approach foregrounds two specific aims regarding the presentation of the findings:

(i) To enable the reader to learn about the individual people who took part is this study.

(ii) To enable the reader to learn about the convergent and divergent themes that emerged from the cross-case analysis.

In this chapter, the findings and the research process are discussed with three aims in mind. First, consonant with writing up an IPA study the discussion is where I place the findings within a "wider context" of relevant existing literature (J. A. Smith, Flowers, & Larkin, 2009, p. 112). I discuss how some existing work sheds light on what I have found, and how the findings seem to problematise other work. Consonant with the process of constructing a qualitative write-up, some of the literature that I dialogue with can be found in Chapters 1 and 2, and new literature is introduced. As recommended, this engagement with the literature is "selective and not exhaustive" (J. A. Smith, et al., 2009, p. 113).

Second, I reflect upon and evaluate the work that I have done. I evaluate the strong and weak points of my work in light evolving criteria for quality and validity in qualitative research. Finally, I suggest ways that my study has implications for CoP theory, research and practice.

4.2   Contextualising the findings

4.2.1   Placing the contributors within a wider context

Using purposive sampling and the assistance of BCP teachers, three males and five females aged 31-69 volunteered to take part in the study. The ratio of female to male participants is notable because consistent trends for leisure-time physical activity in adults indicate that is positively associated with male gender, and negatively associated with age (Trost, Owen, Bauman, Sallis, & Brown, 2002); gender[84] and age[85] differences are highly reproducible and one of the most consistent findings in the literature (Biddle & Mutrie, 2008).

There is one study to date that provides a descriptive account of Pilates clients characteristics (von Sperling de Souza & Brum Vieira, 2006). This Brazilian study found gender differences in the sample of three hundred and twenty-seven participants[86]. The authors extrapolate that the majority of TLP clients are middle-aged women who do not participate in other exercise activities and who experience musculoskeletal complaints.

A recent health psychology doctoral dissertation that used a phenomenological approach to investigate contemporary Yoga practice in Britain also found clear gender differences in the sample (Hunt, 2010)[87]. Others have also observed that women tend to outnumber men in the majority of yoga practicing groups in the West (Burley, 2009; Newcombe, 2007). The positive association between female gender and teacher-led anaerobic exercise participation may be an important consideration because epidemiological studies and clinical reviews have found that there are noticeable gender differences in the prevalence of anxiety, depression, chronic fatigue syndrome (CFS), 'borderline personality disorder' and musculoskeletal conditions such as arthritis, which

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[84] i.e., > male
[85] i.e., < 30
[86] There were 266 (81.3%) female versus 61 (18.7%) male participants reported in this sample, with a mean and median age of 42
[87] Using 'snowballing' as a sampling approach, fifteen participants volunteered; there were three males versus twelve females, ranging in age from 30 to 80

are positively associated with female gender (Appignanesi, 2005; Bakal, 1999; Biddle & Mutrie, 2008; Ernst & White, 2000; Hannan, 1996; Piccinelli & Wilkinson, 2000; Ranjith, 2005; World Health Organisation, 2002, 2012).

The determinants of observed gender differences in the presentations associated with these diagnoses are far from being established (cf. Bakal, 1999; Culbertson, 1997; Murphy, 2003; Piccinelli & Wilkinson, 2000; Steffen, 2013; Symmons, 2002). Clinically important risk factors proposed include adverse childhood experiences, early maladaptive schemas[88], sexual abuse, role limitations with associated lack of choice, self-effacement, overexertion, role overload and competing social roles (e.g., Alexander, 1950; Bakal, 1999; Lorig & Fries, 2006; Piccinelli & Wilkinson, 2000; Renner, Lobbestael, Peeters, Arntz, & Huibers, 2012; Shaw & Proctor, 2005; Stalmeisters, 2012; Ware & Kleinman, 1992).

This investigation found that four of the five female participants described a number of the risk factors identified above in their accounts of taking up TLP, and that all but one reported previous use of teacher-led structured exercise and CAM. It seems pertinent then that a US investigation of two hundred and sixty two psychotherapy patients'[89] use of CAM found that the majority were female (70%) and over 30 years of age[90] (Elkins, Marcus, Rajab, & Durgam, 2005). Consonant with the findings of previous US studies (e.g., Druss & Rosenheck, 1999; Knaudt, Connor, & Davidson, 1999), Elkins and colleagues' (2005) study found that less than one third of respondents reported discussing their CAM use with their psychotherapist[91].

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[88] Early maladaptive schemas are hypothesised to be stable, trait-like, enduring beliefs underlying chronic and recurrent disorders.
[89] Respondents were recruited "from an HMO mental health clinic" (p.232); HMO is an acronym for Health Maintenance Organisation; described as an organisation that provides health coverage with providers under contract; HMO's are believed to have been started in the early 1900s when companies began to offer employees plans of prepaid medical service; HMO differs from traditional health insurance by the contracts it has with providers; contracts allow for premiums to be lower, because the health provider has the advantage of having patients directed to them; but these contracts also add additional restrictions to the HMO's members. Information retrieved on 16/03/13 from http://www.investopedia.com/terms/h/hmo.asp.
[90] The investigation found that that the most frequently used CAM was mind-body therapy (44%), followed by herbal therapy (34%), physical modalities (21%), spiritual modalities (17%) and special diet (14%)
[91] The study found that in those cases in which client's CAM use was discussed, the topic was raised by the

The remaining four participants in this investigation also shared experiences of vulnerability and previous or concurrent use of CAM and/or teacher-led structured exercise in their accounts. As well, the eight participants who took part in this study share certain social characteristics, namely white ethnicity (WE), high to middle socioeconomic status (SES) and education (E). Descriptive literature suggests that CAM use in UK adults is positively associated with these characteristics (Ernst & White, 2000). A recent UK market synopsis found that middle-class women are the most frequent users of CAM, and that there is evidence to suggest that increasing numbers of British men are seeking CAM for pain, obesity, sports injuries, chronic illness and stress (Market Synopsis - Complementary Therapy, 2008).

As described in Chapter 1, some argue that increased use of CAM is matched by a reduction in use of psychotherapy (Hyland, 2005). It would therefore be interesting to consider the characteristics of this sample alongside those of people who use, value and have experienced transformation with private psychotherapy in London. It has not been possible to locate recent descriptive characteristics of private psychotherapy clients in London. One dated US study that investigated the characteristics of clients seen in private psychological practice found that they were white, well-educated, middle-class, and 'mildly to moderately disturbed' (Koss, 1980).

Consideration of participant factors is arguably relevant in CoP research about psychological change for two reasons. First, because of the emphasis placed on developing contextualised understandings of help-seeking and strivings for change; and second, because of the historical criticism of psychology, psychotherapy and more recently CBT research concerning the practice of making general claims based on cohorts or subpopulations that demonstrate remarkably similar characteristics[92] (Boyle, 2002; Guthrie, 1970; Henrich, Heine, & Norenzayan, 2010; James, 2008; Katz, 1985; Schofield,

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client 'almost half of the time (47%)' (Elkins, et.al., 2005, p.234)

[92] e.g., Westernised people from industrialised democracies; student populations and young, active, verbal, intelligent, social cohorts

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1964; Westen, et.al., 2004).

There appears to be increasing recognition of the influence of participant, client or 'extratherapeutic' factors in literature about the experience and explanation of change with psychotherapy, particularly amongst proponents of the 'common factors' hypothesis (cf. Bohart, 2000; Bohart, 2006; Bohart & Tallman, 1999; Clarkin & Levy, 2004; Coleman, Kelledy, & Kopp, 2004; Constantino, Arnow, Blasey, & Agras, 2005; Constantino & Smith-Hansen, 2008; Duncan & Miller, 2000; Eagle & Wolitzky, 2009; Garfield, 1994; Hill, 2005; Leibert, J. Smith & Agaskar, 2011; Tallman & Bohart, 1999; Westmacott, Hunsley, Best, Rumstein-McKean, & Schindler, 2010).

For example, ethnicity; SES; level of E; social support; role and treatment expectations; attachment style; perceptions of the therapist, relationship and treatment; and commitment to the therapy are now recognised as influential in explanations of unilateral termination[93] and successful therapy. Surprisingly, despite empirical support for the influence of 'extratherapeutic factors' in psychotherapy, and calls for "greater acknowledgement" of the client by counselling psychologists (Gianakis & Carey, 2008, p. 28), recent literature argues that they "have remained neglected" in CoP theory and research pertaining to psychological change (Jordan, 2012, p. 15).

4.3 Contextualising the cross-case thematic analysis

4.3.1 Contextualising master theme 2

Weekly TLP classes can provide opportunities for valued interactional experiences

This master theme illuminates how the people interviewed described TLP as invaluable, because it can provide opportunities for interpersonal experiences that were various described as mentally absorbing, interesting, enjoyable, intense, personal, developmental and therapeutic. The findings are remarkable, given the dearth of exercise

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[93] e.g., a unilateral rather than mutual decision on the part of the client in psychotherapy to terminate the work (cf. Westmacott, Best, Rumstein-McKean, & Schilder, 2010)

psychology literature that associates structured exercise with these kinds of interpersonal experiences. Biddle and Mutrie (2008) have conceded that, whilst structured exercise tends to take place in social contexts, very little empirical attention has been given to examine the role of environmental, social and relational factors in understanding exercise determinants, continuing motivation, and effects. The discussion of the findings of the present research therefore draws on both psychology and psychotherapy literature. The latter having a long-established concern with developmental and therapeutic interpersonal processes.

The first subordinate theme *'weekly TLP classes can provide opportunities for absorbing & fulfilling 'mind-body' experiences'* reveals how participants provided similarly detailed descriptions of lived experiences of their classes, and the value that they ascribed to them. Six participants[94] shared experiences of complete mental absorption, and all of them shared memorable experiences of learning that are described as of both mind and body, and that intimate complete absorption.

That these participants gave such in-depth and detailed descriptions of their experiences of the ritual[95] of TLP is intriguing. The accounts suggest that lived experiences of TLP classes are as valued by these people as are the changes attributed to TLP. The valued experiences of Pilates classes that they describe suggest similarities with individualistic psychological constructs, such as enjoyment (Kimiecik & Harris, 1996; G. W. Schmidt & Stein, 1991), flow (Csikszentmihalyi, 1990; Csikszentmihalyi, Abuhamdeh, & Nakamura, 2005; Nakamura & Csikszentmihalyi, 2002), intrinsic motivation (Deci & Ryan, 1985), and optimal psychological states (Biddle & Mutrie, 2008). For instance, participants shared how they value processes that are the experience of TLP (i.e., concentration, experiential learning, guided discovery, guided movement), as distinct from the products of the experience (i.e., sense of satisfaction, transformed awareness, sense of

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[94] Adriano, Carillo, Delma, Elsa, Giulia, Helena
[95] The procedures and processes that involve the participation of the teacher and the client in activities that both believe will help the client(s) to experience change.

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connection and control).

Participants also described noticing differences between the experience of TLP classes, and attempts at self-directed practice: within their accounts, teacher-led classes are associated with significantly more enjoyable, intense, motivating, developmental and therapeutic experiences. The accounts suggest that a useful distinction might be drawn between TLP, self-directed formal Pilates practice (S-DFP) (i.e., the regular allocation of time and effort to practice Pilates exercises independently), and self-directed informal Pilates practice (S-DIP) (i.e., the deliberate incorporation and use of aspects of the learning from Pilates classes within the context of every-day life). Whilst all participants described commitment to regular TLP and an appreciation for the processes that are the practice, and six[96] described regular S-DIP, no participants described regular S-DFP[97]. The findings appear relevant because as described in Chapter 1, Pilates shares with CBT a philosophy that emphasises the importance of cultivating skills with practice (Stone, 2000) and there is no research, to date, that has investigated the perceived benefits and barriers of TLP, S-DFP or S-DIP. Intriguingly, these participant's accounts intimate that it is the regularly scheduled interactions with particular teachers that are experienced as salutary, enjoyable, therapeutic and/or developmental.

A social-cognitive perspective is used to contextualise the finding that participants valued particular experiences of TLP classes. Social-cognitive frameworks have informed theorising and research about the psychological impact of social psychological climates (SPCs) in academic settings. The contextualisation appears useful because TLP is a practice that shares similarities with the framework of educational settings; for example, Pilates practitioners are described as teachers, the structured, time-limited teacher-led practice is typically referred to as a class, and the approach is premised on learning (Stone, 2000). Moreover, there is a lack of research which examines the psychological impact of

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[96] All participants excluding Bruno and Delma

[97] Two participants (Francesca & Helena) shared that they 'should' do S-DFP, but that they preferred TLP. One participant (Carillo) described occasional attempts at S-DFP, and reported that these were not as satisfying as TLP.

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SPCs in structured exercise settings (Biddle & Mutrie, 2008).

The finding that all participants in the present study reported valuing TLP and that no participants reported regular S-DFP, will be related to the findings from recent qualitative research that has investigated participant's experiences of mindfulness-based cognitive-behavioural therapy (MBCT) programs. The contextualisation seems fitting because Pilates and MBCT share a similar philosophy as regards the importance placed on cultivating and practising particular skills for optimal human functioning (Claessens, 2010; R. Crane, 2009; Pilates, 1934; Stone, 2000). As with S-DIP and S-DFP there is a paucity of empirical research which examines the effects of self-directed MBCT practice in clinical and non-clinical populations (Fjorback, Arendt, Ørnbøl, Fink, & Walach, 2011).

The second subordinate theme, '*weekly TLP classes can provide opportunities for intense teacher & relationship experiences*' reflected participant's in-depth accounts of their experiences of Pilates teachers and their relationships with them. Discussion of the data that informs this theme draws upon attachment theory (AT) and relevant psychology and psychotherapy literature to develop the perspective that some Pilates teachers seem to function as attachment figures.

4.3.2 Social psychological climate theory (SPCT)

The present study found that participants value TLP classes because they can provide opportunities to feel fully immersed in the learning process, to re-gain or reinforce perceptions of change and control or to increase the level of challenge so that they continue to develop with Pilates. Within their accounts, evaluations of TLP experiences are either self-, Pilates skill-, past exercise-, or teacher-referenced. Also present within all participants' accounts is the belief that learning Pilates involves effort, practice, perseverance and patience, and that eventually these may lead to mastery. As well, although two participants[98] described initial concerns about attending Pilates classes with

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[98] Bruno, Giulia.

able-bodied people, no participants actually described making comparisons between themselves and other people during the classes. These findings suggest that TLP classes may offer a social psychological climate (SPC) that is not predicated on competition or social comparison.

Social-cognitive goal orientations theory and research is concerned with understanding interactions between individual and contextual factors on behavioural, cognitive and affective outcomes in achievement settings (Balaguer, Duda, Moreno, & Crespo, 2009; Ntoumanis & Biddle, 1999). For example, it is suggested that individuals can be disposed to either an ego goal orientation (EGO) or a task goal orientation (TGO) (Nicholls, 1989). In this scheme, individuals disposed to an EGO tend to evaluate performance on normative standards[99], and hold a differentiated conception of effort and ability such that ability is not necessarily predicated on effort. Here, success without effort can be considered evidence of superior ability. By contrast, it is suggested that individuals disposed to a TGO tend to make self-referenced evaluations of performance[100], and hold an undifferentiated conception of effort and ability, such that improvement through effort implies ability. Different psychological outcomes have been noted for individuals with EGO and TGO, with a TGO being more associated with relatively adaptive psychological outcomes, such as positive affect and confidence to initiate and maintain an activity (Duda, 1993, 1996, 1997).

Social-cognitive goal theorists also propose that an individual's dispositional goal orientation is shaped by their developmental social context (Ames, 1984, 1992b), and that the psychological climate of particular social contexts may influence individual goal orientation throughout the life cycle (Ames, 1992a; Weiss, 2004). Thus, it is argued that whether individuals hold an EGO or a TGO in a particular situation may be influenced by both individual and social climate factors (Biddle, Treasure, & Wang, 2008; Dweck &

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[99] Evaluation is defined in comparison to the performance of others.
[100] Evaluation is based on personal improvement and learning criteria.

Leggett, 1988; Nicholls, 1989; Ntoumanis & Biddle, 1999; Treasure & Roberts, 1995). From a social-cognitive perspective, social psychological environments influence whether people are more or less concerned about improving or developing[101] versus proving or protecting[102] their level of competence (Ames, 1992a, 1992b; Nicholls, 1989; Ntoumanis & Biddle, 1999).

Despite a paucity of empirical psychological research, the work of the sociologist Joyce Epstein (1989) and education psychologist Carole Ames (e.g., 1992b) has elevated the significance of perceived situational goals, referred to as the 'psychological climate' or 'motivational climate', in exercise settings (Biddle & Mutrie, 2008; Biddle, et al., 2008; Ntoumanis & Biddle, 1999). According to Ames (1992a), how individuals perceive the psychological climate of a particular achievement setting is important because a distinction can be drawn between perceptions of mastery (task) and performance (ego) motivational climates, with particular psychological consequences for the individual. It is hypothesised that the environment can influence whether the individual values developing their competence, or displaying and proving their ability. In turn, perceptions of the psychological climate are associated with more or less adaptive cognitive, affective and behavioural patterns (Ntoumanis & Biddle, 1999).

The findings from the present study suggest that participants mostly perceive their own TLP classes to provide a mastery motivational climate, wherein preferred teachers provide task rather than ego-involving instructions, feedback and praise. Within this setting, participants describe feeling competent and, therefore, successful with respect to goal accomplishment when realising learning, personal improvement and task mastery. Absent within their accounts are ego-involved experiences, or accounts of a sense of competence exhibited by superior ability compared to others: their accounts are devoid of experiences of either outperforming others or performing equivalently but with less effort.

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[101] As reflected by an emphasis on task goals or self-referenced evaluation.
[102] As reflected in an emphasis on ego goals or evaluation using social comparison.

As predicted by goal orientations theory, it appears that the SPC provided by these participant's TLP classes has influenced their values as regards the nature and purpose of the practice (i.e., learning/task vs. performance/ego), and subsequently their investment in TLP. For example, four[103] participants described perceiving that teachers can differ in their ability to create or provide a preferred Pilates learning experience. These participants' understanding of a preferred learning experience seems to have developed through lived experiences of working with particular teachers who they experience as facilitative in the creation of a personally satisfying and appropriately challenging learning experience. The accounts also suggest that working with teachers who do not provide a preferred learning experience can evoke negative psychological reactions, and subsequent disinvestment in Pilates classes with those teachers.

The findings from the present study appear to underscore the significance of the SPC created by the teacher for both the perceived value of the processes that are TLP, and the motivation to attend for TLP classes. It seems that the SPC facilitated by the teacher may influence what people value and seek from their Pilates classes, as well as the individual's cognitive, affective and behavioural responses to their classes.

4.3.3 Preference for teacher-led practice

Although all participants valued the processes that are TLP, none reported regular S-DFP. The findings correlate with those of qualitative investigations of instructor-led MBCT programmes (I-LMBCT) in which participants who reported valuing the processes that are I-LMBCT also reported difficulties with establishing and maintaining formal independent practice (Allen, Bromley, Kuyken, & Sonnenberg, 2009; K. Griffiths, Camic, & Hutton, 2009; Williams, et al., 2011). A recent clinical psychology doctoral thesis used IPA to explore participant's experiences of the skills learned during eight weeks of I-LMBCT, on-going independent practice of the skills, and the perceived barriers and

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[103] Adriano, Bruno, Carillo, Elsa.

benefits of attending for 'reunion' meetings[104] (Hopkins, 2011). For selection into the study, participants had to have been exposed to an "adequate dose"[105] of the MBCT programme (p.14). The study found that of the eight participants who attended reunions, three reported regular formal and informal independent practice, one reported predominantly informal practice, two reported regular informal practice, and two reported occasional informal practice. Of the five participants who did not attend reunions, one reported regular formal and informal practice, one reported predominantly informal practice and three reported no practice.

That several participants in Hopkins's study (2011) reported regular independent formal practice raises the question of how to make sense of the finding in the present study that no participants reported regular S-DFP? It could be argued that a time-limited MBCT program offered in a clinical setting differs in significant ways from TLP in non-clinical settings. Specifically, in the former, individuals are offered a specified 'dose' of structured, instructor-led MBCT. In the latter, individuals are relatively free[106] to make choices about the 'dose' that is preferable for them. Within a clinical context, MBCT programs can place a greater emphasis on the individual to prioritise regular independent formal and informal practice as a self-administered treatment, because the instructor-led programs are offered as a time-limited resource and people cannot rely on the availability of the instructor and/or the setting for formal practice. By contrast, Pilates teachers and classes are readily available in numerous settings[107] for regular formal practice. Indeed, in the present study, all participants' accounts suggest that they can and do rely on the availability of Pilates teachers and the provision of regular structured, time-limited weekly classes for their

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[104] Reunions are described as follow-up sessions that aim to reinforce participant's mindfulness practice, help people to overcome blocks to continuing practice, identify positive reasons for continuing practice and reinforce changes that sustain recovery (Hopkins, 2011, pp. 49-50).
[105] An 'adequate dose' of MBCT is considered to be participation in four of the eight two-hour-long instructor-led group sessions (Hopkins, 2011, p.14).
[106] Money, time and teacher availability can be considered examples of relative factors that can impact freedom to attend for TLP classes.
[107] Settings include gyms, community centres, church halls, pubs, café's, shopping centres, health and well-being centres, rehabilitation centres, Pilates studios and residential/domiciliary visits.

formal practice.

Hopkins's (2011) study also found that the eight participants who attended reunion meetings described valuing the meetings for similar reasons that the participants in the present study reported valuing TLP classes. In the MBCT study, participants valued the instructor-led reunions because they provided structure, opportunities to remember and reinforce the practices, and occasions to develop and evaluate progress in a "safe", supportive and "containing environment" (Hopkins, 2011, pp. 21-22). Of particular interest is Hopkins's finding that participants emphasised how a connection with the teacher, the personal qualities of the teacher, and being able to "reconnect" with their original teachers was important to them (pp. 22-25). Hopkins proposed that the importance that participants placed on connecting with their original teacher appeared to be more than a preference for familiarity, and that there may be "an attachment component" to the relationship in which a "connection with the teacher" can result in engagement and motivation to persevere, whilst a "lack of connection" can result in disengagement and low motivation to persevere (Hopkins, 2011, p. 33).

Although Hopkins (2011) does not contextualise or develop this attachment interpretation, both the findings and the interpretation thereof can help illuminate the findings of the present study in which all participants described valuing experiences of connecting with some teachers. Their accounts also suggest that there could be an attachment component to the relationship, and that this has psychological and behavioural implications. The findings about the significance of the teacher and the relationship between teacher and client are of particular interest, due to the tendency to neglect interpersonal processes in exercise psychology theorising and research. For example, attachment does not feature in either of Biddle and Mutrie's (2001, 2008) comprehensive accounts of psychological knowledge about physical activity.

There is some controversy surrounding the foundational assumptions of attachment

theory (AT) and its applicability both to adult relationships[108] and to the practice of psychotherapy[109] (Berghaus, 2011; Farber, Lippert, & Nevas, 1995; Gullestad, 2001) thus using an attachment perspective in this context is likely to be equally controversial. Nevertheless, this contextualisation appears timely because there is a growing body of CoP[110] and psychotherapy literature that integrates AT in psychotherapy (Dutton & Sonken, 2003; Fonagy, 2001; Fonagy, Target, Gergely, & Jurist, 2002; Holmes, 2001; Larsson, 2012; Parpottas, 2012; Schore, 2003; Skourteli & Lennie, 2011b; Slade, 2008). There are some signs that AT is gaining interest amongst sport and exercise psychologists, as evidenced by a recent publication about attachment in sport, exercise and wellness (S. Carr, 2012). The book is principally concerned with attachment in competitive sport settings, and only the final of the seven chapters is concerned with attachment in structured exercise settings. This imbalance seems to trivialise the significance of attachment in structured exercise settings, and perhaps reflects how the discipline of sport and exercise psychology is predominantly interested in competitive sport-related performance.

In the following section, AT is described to contextualise the argument that these participant's accounts indicate that some of their teachers fit the role of an attachment figure.

4.3.4   Attachment theory (AT)

AT evolved with the collaboration between John Bowlby and Mary Ainsworth (1991), both of whom were influenced by psychoanalytic thinkers (Bretherton, 1992). Bowlby took issue with psychoanalytic perspectives that do not recognise the contribution

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[108] e.g., Behaviourist Barry Berghaus (2011) argues that AT's foundational belief (e.g., that internal working models are created early in life and affect behaviour later in life) is not supported by scientific evidence because the processes responsible for the transformation of early life experiences into internal working models that are stored and are later transformed into behaviour cannot be objectively defined, measured, or quantified, and because the structures in which such transformed entities reside are purely hypothetical. For a critique of attachment & similar abstract concepts favoured in psychology see Kagan (1996, 1998)
[109] e.g., Psychoanalyst Siri Gullestad (2001) argues that AT does not contribute specifically to analytic technique because AT's main concern is the interpersonal origins of psychological disturbances, rather than the patient's fantasies & constructions of narratives. This perspective does not consider Mary Main's AT research (e.g., Main, 1995; Main, Kaplan, & Cassidy, 1985) that tracks the manifestations of attachment processes in language/narrative(s) (cf. Slade, 2008)
[110] e.g., CoP Panagiotis Parpottas (2012) describes working with the TR in CBT from an AT perspective

of lived experiences to the development of child emotional disturbance. Bowlby's (1951) early work emphasises both the centrality of a well-functioning mother-child[111] relationship for mental health, and the role of social networks, economic and health factors in the development of well-functioning mother-child relationships. Bowlby (1958) drew a clear distinction between his concept of attachment and the social learning theory concept of 'dependency' (e.g., Levy, 1943; Walters & Parke, 1954), arguing that attachment performs an adaptive function even in adult life.

Bowlby's (1969, 1973, 1980) theory of attachment is described as a complex synthesis of ethological and control systems perspectives (Holmes, 1993). The ethological perspective is used to explain the origins of attachment in terms of "evolutionary adaptation"; how attachment behaviour "confers infants a survival advantage" through increasing the chances of an infant being protected by those to whom he or she keeps proximity (Ainsworth, 1989, p. 709). Control systems theory provides a language with which to describe the mechanism of attachment. The attachment system is a "homeostatic system" regulating proximity with the caregiver and operating through feedback in the form of responsiveness and "felt security" (Stevens & Zhang, 2009, p. 196). In this scheme, humans are motivated to maintain a dynamic balance between familiarity-preserving, stress-reducing behaviours (e.g., attachment to protective individuals and familiar places) and antithetical exploratory, novelty-seeking and information-seeking behaviours (Bretherton, 1992).

Meticulous observational studies of the development of infant-mother attachment and individual differences in attachment behaviour undertaken by Mary Ainsworth (Ainsworth, 1963, 1967; Ainsworth & Bell, 1970; Ainsworth, Bell, & Stayton, 1971; Ainsworth & Wittig, 1969) provided empirical support for Bowlby's then controversial theory. Ainsworth is credited with two other contributions, namely the concept of the attachment figure as a "secure base" from which the infant can explore and take risks, and

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[111] Or permanent mother substitute (Bowlby, 1951, p. 13).

the concept that "maternal sensitivity" to infant signals plays a role in the development of attachment patterns (Bretherton, 1992, p. 759). In line with Bowlby (1958), Ainsworth (1969) draws a clear distinction between attachment and the social learning theory concept of dependency, arguing that the former is characterised by affectional bonds[112], whereas the latter is not, and that that attachments have a role to play in adaptive human functioning throughout the life cycle (Ainsworth, 1989).

According to attachment theory and research, infants develop attachment patterns in response to the perceived availability of attachment figures when the child feels threatened (Daly & Mallinckrodt, 2009). If caregivers are reasonably responsive and consistent, the infant can develop relatively positive or secure internal working models of self, others and the physical environment (Ainsworth, 1989; Bowlby, 1982). For example, it is argued that "an infant whose mother's responsiveness helps him to achieve his ends develops confidence in his own ability to control what happens to him" (Bell & Ainsworth, 1972, p. 1188). By contrast, in the events of either traumatic loss of the attachment figure(s), or the attachment figure's inconsistent responsiveness to the infant's critical needs, negative or insecure working models of the self, others and the physical environment may develop (Daly & Mallinckrodt, 2009).

Mikulincer and Shaver's (2008; 2007a, 2007b, 2007c) relatively recent reviews of the literature found that most studies evidence attachment security by low scores on two dimensions of insecurity: attachment anxiety[113] and avoidant attachment[114]. According to Bowlby (1988), secure or insecure working models of attachment tend to persist once they are formed due to their influence on expectations of new relationships. For example, as persons with negative models of self or others meet potential attachment figures[115] they

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[112] An affectional bond is defined as a relatively long enduring tie in which the attachment figure is important as a unique individual, and is interchangeable with no-one (Ainsworth 1989).
[113] Negative models of self: fears of unlovability and rejection, anger at the threat of separation, and a strong, insistent need for love and approval (Daly & Mallinckrodt, 2009).
[114] Negative models of others: discomfort with closeness and interdependence, distrust of relationship partners, a preference for emotional distance and extreme self-reliance (Daly & Mallinckrodt, 2009).
[115] i.e., friends, partners, therapists, Pilates teachers

may be vigilant for cues consistent with their negative expectations, and tend to defensively reject evidence that might disconfirm their models (Daly & Mallinckrodt, 2009). However, insecure attachment patterns are not considered to be problematic in themselves; they are only conceptualised as maladaptive when the strategies inherent to them are rigidly and inappropriately applied to new contexts (Daniel, 2006; Larsson, 2012). The attachment system is described as complex because it can include different episodic, context-related, and relationship-specific representations (Mikulincer & Shaver, 2007b); although people may approach new relationships with a set of assumptions about relationships in general (global attachment style), they also develop specific thoughts and behaviours toward individual people in the moment (context-specific attachment styles) (Shaver & Mikulincer, 2009).

Reviews of psychology and psychotherapy research that has extended AT into the realm of adulthood have found that theory-guided interventions designed to elicit a felt sense of security have predictable and beneficial effects on emotion regulation, on representations of the self and relationship partners, and on caregiving (McCluskey, 2005; Mikulincer & Shaver, 2007a, 2007b). The findings suggest that any interpersonal intervention that increases a person's sense of safety, lovability, personal efficacy, structure, self-regulation and meaning is likely to strengthen core aspects of the self that are important for mental health and adaptive functioning (Mikulincer & Shaver, 2007b). Within the context of psychotherapy, Bowlby's (1988) descriptions of the use of AT proposes that a major goal is the reappraisal of inadequate, out-dated working models of self in relation to attachment figures. The joint task of the therapeutic work is to understand the origins of the client's dysfunctional working models of self and attachment figures. To this end, the therapist can be most helpful by serving as a secure base from which a client can explore and rework their internal models (Bretherton, 1992; Farber & Metzger, 2009).

As argued earlier, TLP is concerned with technique and the cultivation of skills through practice, therefore it does not share the same aims as AT-informed psychotherapy

as described by Bowlby (1988). Nevertheless, the participant's accounts in the present study suggest that particular Pilates teachers may function as attachment figures. This argument is developed in the follow section that creates a dialogue between the findings, six key AT principles of the originator's work, as well as psychology and psychotherapy literature.

4.3.5 Pilates teacher(s) as attachment figure(s)?

4.3.5.1 Attachment figures are stronger and wiser

Bowlby (1988) held that in psychotherapy, unless the practitioner is perceived as a trustworthy figure, "therapy cannot even begin" (p.140). In similar vein, the founders of cognitive therapy emphasised the importance of establishing an atmosphere in which a client's trust might develop (Beck, et al., 1979). More recently, it has been argued that trust may be important at the beginning of therapy but that it is also important as therapy progresses, because "the client needs to be able to trust the therapist without becoming overly dependent if breaks and endings are to be tolerated" (Laughton-Brown, 2010, p. 7).

It is also suggested that therapists may be in a natural position to activate the client's attachment system and to become an attachment figure, because the client is actively seeking help from practitioners with socially sanctioned credibility (Farber, et al., 1995; Farber & Metzger, 2009; R. Kobak & Shaver, 1987). The implicit socially sanctioned power imbalance between client and practitioner is consistent with Bowlby's (1973) conceptualisation of attachment as a system that, when activated, can influence behaviour directed to an individual who is perceived as stronger and wiser. The possibility of the development of attachment behaviour is augmented by the practitioner's genuine interest in the client, their predictable availability, and wish to help (Farber, et al., 1995; Farber & Metzger, 2009; Skourteli & Lennie, 2011b; West & Sheldon-Keller, 1990). From an attachment perspective, the practitioner's caregiving behaviour may stimulate the

client's attachment system and associated behaviours[116] - a behavioural dynamic that possibly shares similarities with the caregiver-infant dyad (Ainsworth, 1989). Despite this, it is claimed that client-practitioner relationships are functionally distinguishable from childhood attachment relationships because they are defined by particular temporal, financial, logistic and ethical boundaries (Farber, et al., 1995; Farber & Metzger, 2009). For example, practitioners are in a position to be considerably more objective and less emotionally involved in this relationship than is a mother with her child (Farber, et al., 1995). It is suggested that awareness of the practitioner's relative objectivity and the lack of emotional reciprocity may lessen the possibility that some clients will regard the practitioner as an attachment figure (Farber, et al., 1995). Conversely, it is argued that for some clients these very factors may contribute to a felt sense of safety, thus facilitating the development of an attachment relationship (Farber, et al., 1995; Farber & Metzger, 2009). It is also suggested that the practitioner's protective role may be perceived differently by the practitioner and the client (Farber, et al., 1995). From the practitioner's perspective, protection and safety may be considered inherent to their practice, whilst from the client's perspective, a felt sense of protection and safety may be contingent on their lived experiences of the practitioner and their interactions.

Relating this literature to the findings of the present study, I found that Pilates teachers featured within all of these participants' awareness as socially sanctioned, credible helpers. I also found that these people described initially joining TLP classes when they felt in need of help, support or guidance. It is as though they anticipated that they might benefit from seeking and receiving other people's wisdom, guidance and care.

Even so, four participants[117] shared initial experiences of wariness about engaging with TLP. From an attachment perspective, people are motivated to maintain a dynamic balance between familiarity-preserving behaviours and novelty-seeking behaviours. The

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[116] Proximity-seeking, particularly when tired, ill or distressed (Ainsworth, 1969).
[117] Adriano, Bruno, Giulia & Helena.

wariness described by these participants seems to accord with this theory, because they attended for the first TLP class despite initial concerns about exposing themselves to the interaction with a stranger, scepticism about an unfamiliar exercise regimen, and relative concerns about incompetence. The accounts suggest that for these initially wary participants, a felt sense of trust in this context developed as a consequence of lived experiences of working with particular teachers.

Interestingly, all eight participants related their enthusiasm for TLP to lived experiences of working with teachers with whom they perceive a personal connection. For all participants, this connection with preferred teachers is described as a felt sense trust and safety. Participants provided descriptions that suggest they perceive an affectional bond with teachers whose professionalism, genuine interest, well-meaning action, responsiveness, availability and consistency they can rely upon, and whom they perceive as knowledgeable and skilful. The finding that four participants[118] shared experiences of feeling unsafe with teachers who were not their preferred or regular teachers seems to attest to the importance placed by these people on a felt sense of trust in this context.

Finally, even though attachment does not specify that caregiving must be done by mothers or be specifically restricted to females (Bretherton, 1992), this study found that all of the Pilates teachers described by these participants were female. The gender of the teacher may be relevant because psychoanalytic thinkers including Bion (1962) and Winnicott (1971) draw parallels between the ideal maternal and productive therapeutic environment. However, others have suggested that, because Western society largely regards power and authority as male generated, men may by extension be more compelling representatives of security than women for adults seeking help (Farber & Geller, 1994). It is proposed that preference for male practitioners may be founded on the belief that women are incapable of providing sufficient wisdom, strength and protection for felt security in adults (Farber, et al., 1995).

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[118] Adriano, Bruno, Carillo & Elsa

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It may be relevant that participants in this study described experiences wherein their teachers closely observe and guide their bodies using language and touch. Perhaps these kinds of intimate body experiences can feel less threatening with the representation of a nurturing wise and strong mother figure. Perhaps in this context for these people their preferred Pilates teacher's femininity and caregiving behaviours[119] closely match fantasies about safe primary dyadic relationships. An idealised mother-infant relationship fantasy, combined with lived experiences of perceived powerful, wise, available, responsive females in Pilates classes, may contribute to some participants felt sense of safety, and thus elicit the attachment system and associated behaviours[120]. These participant's accounts do suggest that the teacher-client role may share with the mother-infant role the tacit understanding that it is malfunctioning for the mother/teacher to seek care, support and security from the child/client.

Interestingly, although a growing body of literature confirms that the therapist's professional and personal characteristics can influence the therapeutic relationship (cf. Daniel, 2006), research has found that gender is not a distinguishable characteristic of good therapists (Okiishi, et al., 2003; Skovholt & Jennings, 2004). Thus a parsimonious interpretation is that contemporaneously in London Pilates as a profession may share with psychotherapy a particular appeal for women.

4.3.5.2 Attachment figures provide both a safe haven and a secure base

There is one criterion of attachment that is not necessarily present in other affectional bonds. Namely, the individual's ability to experience "safety and comfort" in the relationship, and to use the secure base provided by the attachment figure with confidence to engage in other activities (Ainsworth, 1989, p. 711). The conception of security in this scheme is double-barrelled: it includes the safe haven provided by the caregiver(s) during times of fatigue, injury, fear and stress, and the secure base that allows

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[119] Relative power, knowledge, responsiveness, guidance, touch, support
[120] Proximity-seeking through regular attendance of classes.

the person to undertake challenging and frustrating activities such as exploration, learning new skills, and moving into new social situations (Mikulincer & Shaver, 2007b). This aspect of attachment seems to resonate with Bion's (1967) concept of maternal containment and Winnicott's (1958) concept of a holding or facilitating environment. In these schemes a well-balanced mother (and perhaps, by extension, practitioner) is attuned to the needs of the infant/client, and can respond therapeutically by providing a 'still point' that can enable both to change and grow from the interactions (Gravell, 2010).

In the present study all participants described feeling as though they could rely on some teachers to provide a consistent and facilitative environment and how the safe base provided by their preferred teachers enabled them to fully immerse themselves in the challenges of learning Pilates, and to accept the frustrations of the learning process. Six[121] participants also described their appreciation for the provision of a safe haven to return to when feeling depleted, fraught, stressed, fatigued or fragmented. The study also found that these participants mostly leave their TLP classes with a felt sense that transformation has occurred, through accounts which suggest that after some classes they feel alert, energised, satisfied, in control, connected or competent. Participants have described how lived interactional experiences with particular teachers contribute to a sense of being able to variously enjoy, meet and regulate relative demands of daily living. Thus, the accounts suggest that when care, protection and guidance are felt, and when felt security and competence are attained, these clients feel as though they can return optimistically to activities that may not be attachment-system related. Participant's descriptions of problematical interactional experiences with particular teachers also indicate that not all Pilates teachers are experienced as benevolent figures that can be relied upon to provide a secure base/safe haven. One participant even shared a realisation that interactions with particular clients could also evoke problematical reactions[122] in the teacher.

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[121] Bruno, Carillo, Delma, Francesca, Giulia & Helena
[122] *I think that this probably goes both ways as well, with, like, the teacher having reactions to the client by*

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AT offers an interesting perspective to contextualise these experiences, because it conceptualises the therapeutic relationship as co-created (Parpottas, 2012). This perspective considers that both the teacher's and the client's attachment styles interact, and that the dynamic can impact the teacher's capacity to offer a secure base or safe haven, and to interact therapeutically with some clients. For example, research indicates that client attachment styles influence the therapeutic relationship because their representations of self and others in relationships influence how the therapist responds to the client, and how effective they may be in establishing a secure base (Hardy, et al., 1999; Mallinckrodt, 1991).

There is also some evidence that therapists with insecure attachment styles (whether anxious or avoidant) can fail to interact and respond empathically with some clients as a consequence of their attachment style and preoccupation with compensating for or managing perceived threats to their own security (Parpottas, 2012; Rubino, Barker, Roth, & Fearon, 2000; Trusty, Ng, & Watts, 2005). It can be hypothesised that in traditionally 'corrective' approaches such as TLP and CBT, the teacher's disordered attachment style may manifest as a tendency to apply techniques in insensitive and inflexible ways (cf. Parpottas, 2012). The 'doing' aspects can be foregrounded over the relational aspects of the encounter, relational aspects that arguably facilitate the encounter to be therapeutic (Boucher, 2010).

One participant described how the teacher's lack of experience could result in the insensitive application of TLP. This perspective is also described by Terry Boucher (2010) who recalls his early experiences of applying CBT as prescriptive and didactic because he initially felt anxious with clients. His anxiety about inexperience with using CBT to work with actual clients was initially managed with building his skills and gaining confidence in knowing what he 'should' do. He describes how as his training and experience grew he became less anxious and 'clumsy', and more skilled with adapting himself and CBT

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having some people who drain them [Carillo 1226-1228].

creatively during interactions with clients.

4.3.5.3 Attachment figures are insurers of survival

For Bowlby (1974), attachment serves the evolutionary function of ensuring the survival of the infant. In therapeutic contexts it is argued that the relevance of this feature of attachment may depend on how one defines survival in adults (Farber, et al., 1995). It is suggested that although clients seeking help may not literally be dependent on their practitioners for survival, the perceived "relief from severe distress and feelings of deep dependence may be seen as the emotional corollary to the biological survival of an infant" (Farber, et al., 1995, p. 208). Thus, it is contended that for some clients practitioners are indeed perceived as necessary for psychological survival and, in this sense, function as an attachment figure.

In the present study, seven participants[123] provided accounts of feeling deep dependence on particular Pilates teachers and classes at particular times, and that they draw on representations of them between classes. Their accounts suggest that at times they feel as though they can base their security, needs for care, and development in the relationship with particular perceptive, competent and available women. In turn, the analysis also revealed how participants depend on their meetings because through the meetings they feel better able to meet and regulate the social, psychological and physical demands of their lives. Thus, it is as though the relationship with some teachers, the regular provision of a safe haven, and a secure base may confer a survival advantage.

4.3.5.4 Attachment behaviour is focused at specific individuals

Bowlby (1977) considered that attachment behaviour is directed towards one or a few specific individuals, usually in a clear order of preference. Farber, et al. (1995) suggest that this phenomenon seems true of some psychotherapy relationships, once a relationship

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[123] Bruno, Carillo, Delma, Elsa, Francesca, Giulia & Helena.

has been established, observing that for some clients "the therapist does not merely occupy a generic slot" (1995, p. 208). Indeed, it is argued that attachment is distinguishable from dependency because it is focused on and directed towards one or a few specific figures, whereas dependency is generalised toward a class of persons (Gewirtz, 1969).

However, it is also argued that the focal difference between dependency and attachment does not simply lie in the direction of behaviour (Ainsworth, 1969). Attachment is differentiated from the social learning theory of dependency by the notion that the attachment figure is never wholly interchangeable with or replaceable by another (Ainsworth, 1989). Thus, attachment is concerned with the representation or working model of the particular person or persons in the client's "inner structure" (Ainsworth, 1969, p. 41). The attachment figure is thought to reside in the inner structure of the person, which has both cognitive and affective aspects, and which affects behaviour. Consonantly, Farber et al. (1995) contend that a particular "patient's interaction with a particular therapist is specific to the two individuals in a particular physical space, mediated by, though not fully dependent on, the working models of each" (p. 208). This claim is evidenced with the observation that even in the absence of the regular therapist, "patients" seem typically reluctant to utilise an alternative, albeit recommended, 'on call' therapist (Farber, et al., 1995, p. 208).

The findings of the present study suggest that all eight participants have experienced and prefer a more focalised relationship with some teachers, with whom they seek proximity at regular intervals. Two participants[124] described the relationship with their preferred Pilates teacher as personal; two others[125] described it as a caring friendship; two participants[126] compared their relationship with their regular teachers with other relationships, drawing on the notion of "respect" with one describing it as comparable to

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[124] Adriano & Bruno
[125] Giulia & Helena
[126] Carillo & Delma

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the TR, and the other describing her teacher as comparable to a "guru"; one participant[127] described how she feels as though she has got to know her teacher well, and that she understands where the teacher is coming from; finally, two participants[128] described how in the event of the teacher's relocation, they have decided to follow or move with their regular teachers, despite the personal inconvenience and costs incurred. Interestingly, there is divergence in these two participant's accounts, because one shared experiences that suggest attachment to a group of teachers with whom she has worked in a particular context, even though she has one-to-one classes with one particular teacher. Perhaps this participant has found a family of teachers with whom she feels safe. It is also possible that this participant has a particular interest in representing the people who have guided and supported her in this context in a particular way, perhaps because she wishes to convey a sense of gratitude.

Four participants[129] shared ambivalent experiences of working with teachers who are not their preferred or regular teachers. For these participants, a central concern that emerged was that of not feeling recognised. These participants[130] made downward comparisons by drawing on what could be described as internal representations or working models of preferred teachers. It can be argued that during the interviews all participants evoked representations of particular teachers when discussing interactional experiences of them, which suggests that the teacher's presence may endure even in their absence.

4.3.5.5 Attachment figures are of long duration

For Bowlby, attachment is of a long duration, often persisting throughout the life cycle (1977). Interestingly, in the present study seven participants reported weekly engagement with TLP that exceeds the usual 'dose' of psychotherapy reported in research papers. The median length of these participants reported engagement with weekly TLP

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[127] Elsa
[128] Francesca & Helena
[129] Adriano, Bruno, Carillo & Elsa
[130] Adriano, Bruno, Carillo & Elsa

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classes was two years, with a median weekly 'dose' of two 60-minute TLP classes per week. The psychotherapy literature reveals a general agreement that the optimal 'dose' for a client to experience change is between 13-18 sessions with the therapist (Hansen, Lambert, & Forman, 2002). This corresponds with the 'dose' reported in the present study by the participant[131] with the least experience of TLP. Remarkably, even though some observe that therapies using a psychodynamic framework can continue for years (Farber, et al., 1995), psychotherapy research conducted in naturalistic settings has found that the median length of psychotherapy is less than six sessions (Garfield, 1994; Hansen, et al., 2002). It might be argued, therefore, that in the present study, participant's regular Pilates teachers represent attachment figures of comparatively long duration.

4.3.5.6 Attachment relationships are characterised by intense affect

From an attachment perspective, the formation, maintenance, disruption, renewal and loss of attachment relationships are characterised by intense affective components. For Bowlby, the formation of the attachment bond is characterised by a strongly positive component that is comparable to love (Bowlby, 1974), whereas Ainsworth (1969) suggests that attachment is a synonym of love.

In the present study five participants[132] described intensely positive experiences of feeling affected by their first Pilates class with particular teachers to whom it can be argued they direct attachment behaviour. One participant[133] described how the formation of attachment to his particular teacher developed gradually, through a process of relationship negotiation. The remaining two participants did not share intense experiences during the formation of attachment to particular teachers.

Interestingly, it is argued that in the context of psychotherapy, the therapeutic analogue to "falling in love" is characterised by the patient's idealisation of the therapist

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[131] Adriano; 4 months, once weekly
[132] Adriano, Elsa, Francesca, Giulia & Helena
[133] Bruno

(Farber, et al., 1995, p. 209). However, it is suggested that unlike the activation of primary attachment in infancy, the extent to which clients can idealise the therapist is mediated by the security or lack thereof in attachments to earlier caregivers. For individuals who take longer to develop an affectional bond with their therapist, regularly scheduled appointments may provide opportunities "for the development of trust in the secure base" provided by the working relationship (Farber, et al., 1995, p. 209). This description is striking because it resonates with the finding in the present study that the majority of participants seem to idealise their regular Pilates teachers. As well, the participant[134] who described how the formation of a trusting relationship with his teacher took a long time to develop reported an early history of insensitive caregiving in sport settings, as well as a damaging experience early on in his engagement with one particular Pilates teacher. For this participant, regularly scheduled appointments with the teacher to whom he arguably directs attachment behaviour are described as of particular importance.

For Bowlby (1974), the maintenance of attachments is also characterised by a strongly positive affective component. The present study found that participant's accounts of the maintenance of the working relationship with particular teachers were predominantly associated with positive experiences, although some participants also reported problematical experiences. It may be pertinent that TLP is characterised by disruptions and renewals, which occur regularly as part of the process. From an attachment perspective, disruptions and renewals can evoke powerful emotional responses: the former, anxiety, the latter, joy (Bowlby, 1974).

In the present study five participants[135] described experiencing anxiety between TLP classes, and these same participants also shared experiences of anticipatory excitement as well as a mixture of joy and relief in the reunion with their teachers. As

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[134] Bruno
[135] Bruno, Elsa, Francesca, Giulia, Helena

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described earlier, two participants[136] shared their decisions to make significant adjustments in their lives in response to threats to the maintenance of proximity with particular Pilates teachers with whom they had established a working relationship. One participant[137] shared how his regular teacher's recommendation that he use personally endorsed teachers in her absence initially elicited anxiety. His account details how his eventual decision to try working with different teachers was informed by the felt sense of safety, confidence and competence that he has developed in his working relationship with her. Even so, the account also reveals that he was concerned to re-establish the working relationship with his regular teacher and that he did not develop an attachment to any of the substitutes. Finally, one participant[138] described how feeling criticised by one particular teacher evoked a negative affective and emotional response, and he alluded to the importance of the predominance of positive, respectful and safe interactional experiences to his on-going commitment to TLP classes.

Consonantly, Farber, et al., (1995) claim that the maintenance of attachment in psychotherapy relationships is characterised by both positive and negative emotional components. The authors propose that during the maintenance of the attachment, clients may not always feel safe with or positive towards their therapists and that they can experience anxiety when feeling criticised by the attachment figure (p.210). Indeed, it is noted that in therapy disruptions and renewals are part of the process, and that anxiety can be evoked as a consequence of being "denied unlimited access" to the attachment figure (Farber, et al., 1995, p. 209). As for positive emotional responses, it is argued that although anxiety can characterise separations, "patients are typically gratified by the focused, singular attention of their therapist attachment figure during the course of each session" (Farber, et al., 1995, p. 209).

Finally, from an attachment perspective, sorrow and grieving are reactions to the

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[136] Francesca & Helena
[137] Bruno
[138] Carillo

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loss of attachment relationships (Bowlby, 1974). Given that none of the participants who took part in this study described experiencing the loss of a valued teacher, I draw on my own experiences of loss in this context. Previous to undertaking the present investigation, it seems as though I may have under-acknowledged my experiences of attachment and loss in this context. I find that even though I have worked with more than fifty Pilates teachers since 1997, my experiences of grief and gratitude are tied with two particular teachers, whose individual presence seems oddly palpable in their absence even as I write this sentence. My appreciation for the meaning and emotional corollary of the loss of a valued teacher in structured exercise settings has recently felt amplified by the death in 2011 of Nancy Lam, a fellow longstanding gym member[139] who was also my Tai Chi instructor. I do find that drawing on what may be conceptualised as my 'representations' of all three women affects me in positive, soothing and beneficent ways, even though I experience sorrow because I know that I will never see them again. The affective beneficence that I experience when I draw on what can be described as my internal representations of these three women further indicates that some teachers in structured exercise settings may function as attachment figures for some people in some contexts at particular times.

4.4   Contextualising master theme 3

Weekly TLP classes can provide an invaluable arena for transformation

The third master theme represents how participants described their weekly TLP classes as invaluable because they can provide a regular arena for transformation. The analysis revealed that transformation with TLP can include both short-term and long-term aspects. For example, all participants variously described memorable and yet transient experiences of enhanced awareness of particular aspects of the body and described how TLP classes have transformed their theoretical understanding of their bodies and body

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[139] Nancy was retired when we developed a friendship through a shared passion for teacher-led classes at a gym in London. This relationship dates back to September 1997. Nancy took over Tai Chi instruction in this setting in 2004 when our regular instructor took unwell.

use[140].

The findings also revealed how transformation with TLP can include both beneficial and problematical somatic, psychological and behavioural aspects. For instance, seven participants[141] described how TLP classes contribute to noticeable musculoskeletal[142] changes and improvements in Pilates and motor skill[143]. All participants described how weekly TLP classes contribute towards positive changes in how they feel about their bodies, and how the experiences that they have lived in their classes contribute to changes in their behaviours (e.g., regular attendance of TLP; S-DIP). One participant[144] shared a negative somatic experience wherein he developed an injury during his third TLP class. One participant[145] shared how some classes can elicit catastrophic thoughts, and this same participant shared an experience of using a corrective awareness intervention suggested by a teacher that eventually resulted in injury. Finally, seven participants[146] shared experiences that problematise transformation in this context, because they have variously described how the transformed awareness of the body as well as the sense of bodily connection and control is fragile, incomplete and impermanent.

The investigation found that the meaning of transformation with TLP is complex, because it seems to manifest as a tension between enjoyment, empowerment and dependency for most participants[147]. The finding that one participant did not describe either needing or depending on TLP myths, metaphors, rituals and/or relationships is intriguing; one tentative interpretation considered that he was the only participant who did not describe body problems[148] in his account of initially joining TLP classes, and that therefore he may be relatively immune to the treatment myth of Pilates.

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[140] e.g., anatomical theory
[141] All participants apart from Adriano
[142] e.g., improved balance, co-ordination, flexibility, range of motion
[143] e.g., increased proficiency with Pilates exercises & improved physical ability to perform activities of daily living such as bending over, standing, walking & squatting
[144] Bruno
[145] Carillo
[146] All participants apart from Adriano
[147] All participants apart from Adriano shared experiences that suggest dependency on their Pilates classes, the interactions with preferred teachers and/or their S-DIP.
[148] e.g., ageing, afflicted and/or symptomatic body

Phenomenological, bodywork, psychological and interactional literature is used to contextualise the findings. First, I describe a phenomenological conceptualisation of the constructs 'body image' and 'body schema' that offers a theoretical context for participant's experiences of transformation. The work problematises how these terms and constructs tend to be conceptualised and conflated in psychology research. Second, I use this perspective along with interactional critiques of Pilates and psychology 'myths' to offer a perspective that contextualises the beneficial and problematical aspects in participant's accounts of transformation.

4.4.1 Body image & body schema: Terminological & conceptual clarification

Body image and body schema are terms frequently used in psychological, psychoanalytical and phenomenological studies of body experience and personality (S. Gallagher, 1986a). They are often used interchangeably to refer to a range of body concepts[149], and are linked with preventive behaviours (Cash & Smolak, 2011), psychological distress (Blashill, 2010; Brausch & Gutierrez, 2009; Cash & Pruzinsky, 2002; Desai & Patoliya, 2011; Hrabosky & Thomas, 2008), as well as psychological and psychosocial well-being (Cash, 2005; Cash & Smolak, 2011).

Theoretically, the image or schema of the body is conceptualised as a complex process that is informed by historical, cultural, social, individual and biological factors (cf. Cash & Brown, 1987; S. Gallagher, 1986a, 2005; Gleeson & Frith, 2006; Powers, Schulman, Gleghorn, & Prange, 1987; Teleporas & McCabe, 2002). However, critics observe that conclusions about the image or schema of the body in psychology tend to be based on studies of pathology, and that researchers tend to operationalize the constructs in questionable ways (cf. S. Gallagher, 1986a; S. Gallagher, 2005; S. Gallagher & Cole, 1995; Gleeson & Frith, 2006; Tiemersma, 1989). For example, Gleeson and Frith (2006)

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[149] e.g., a physiological functioning, a conscious model or mental representation, an existential experience, an unconscious image, a manner of organising bodily experiences, an artificially induced reflection, a collection of thoughts, feelings and memories, a set of objectively defined physical dispositions, a neurophysiological map of the brain, and an eidetic knowledge of the essence of the body (cf. S. Gallagher, 1986b, 2005)

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found that health psychology researchers largely approach body image as though it is a pre-formed mental representation that is a property of the individual that remains static across situations. Such researchers believe that body image can be accurately measured, for instance by measuring distortions in the visual perception of body dimensions, or by measuring dissatisfaction with perceived body dimensions in experimental settings.

By way of providing an alternative account, the past two decades have witnessed philosophers, psychologists and biological/neurological scientists circulating ideas and creating "an odd but productive alliance" (Damasio, 1999, p. 13). Phenomenological philosophers draw distinctions between the 'body image', the 'body schema' and the 'in-depth body' (De Preester, 2005, 2007a; S. Gallagher, 1986a, 1986b, 2005; Leder, 1990a, 1990b). The cited philosophers draw on and develop the work of Merleau-Ponty (1945/1962, 1964, 1964/1968), who advanced a dimensional, interactional understanding of bodily experience. This phenomenological body of work proposes a conceptualisation of the body that is predominantly based on the extent to which and the manner in which the body appears in consciousness and in which it is amenable to personal control and/or mastery. For example, the body image and the body schema are described as "dimensions of a stratified body that are situated in the *surface* dimension of the body" (De Preester, 2007b, p. 372); they are described as available to awareness, able to "actualise intersubjectivity"[150] and amenable to "personal mastery" (Leder, 1990a, p. 46 & 48). By contrast, the in-depth body is described as the anonymous visceral[151] and fluid dimension that resists conscious awareness, focused attention and personal mastery (Leder, 1990b). Albeit an autonomous dimension that is experientially elusive, contemporary scientists have found that the processes of the in-depth body are central to understanding consciousness, emotion and memory (cf. Damasio, 1999; Pert, 1999).

The present study found that the in-depth body did not feature in these participant's

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[150] Intersubjectivity is described as the sharing of affective, perceptual and reflective experiences between two or more subjects; it includes experiences of joint understanding and attention (Zlatev, 2008).
[151] Viscera refer to the internal organs of the body including the heart, lungs, liver, pancreas and intestines.

accounts of transformation with TLP[152], but that surface dimensions of the body[153] feature across all participant's accounts of transformation. The clarification of surface dimensions of the body proposed by Shaun Gallagher (1986a, 2005) offers a theoretical context for these participant's descriptions of transformation. Gallagher's terminological and conceptual distinction of the body image and the body schema is used to make an eloquent case for his interactional theory of embodied cognition[154].

Gallagher (2005) conceptualises the body image and the body schema as two different but closely related systems that interact in the context of intentional[155] action: they are differentiated "in order to understand the complex dynamics of movement and experience" (p. 24). In this scheme, the body image consists of a self-referential system of inconsistent, abstract, partial and occasionally accessible perceptions, attitudes and beliefs pertaining to one's body, and involves a reflective intentionality wherein the body is thermalized (S. Gallagher, 2005; S. Gallagher & Cole, 1995; S. Gallagher & Zahavi, 2008). It can include short-term aspects, such as occurrent perceptions of the body as experienced in limit situations[156] (cf. Chappie, 1976; Fisher, 1976, 1978; Jaspers, 1972; Nieuwenhuyse, Offenberg, & Frijda, 1987) and long-term aspects, such as mental representations and conceptual understandings of the body (cf. O'Shaughnessy, 1998, 2000). Three modalities of this reflective intentionality are distinguishable in some clinical literature (e.g., Cash & Brown, 1987; S. Gallagher & Cole, 1995; Gardner & Moncrieff, 1988). Consequently, Gallagher (1986a, 2005) conceptualises the body image as a complex phenomenon with at least the following three aspects:

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[152] For example, no participants described gaining an awareness of or sensitivity to the activities of the spleen, pancreas or intestines in this context.
[153] i.e., body dimensions that are described as available to awareness and amenable to personal control
[154] Embodied accounts of cognition have been formulated in a variety of different ways in sub-fields comprising cognitive science (i.e., developmental psychology, artificial life/robotics, linguistics, and philosophy of mind) (cf. Clark, 1998; A. R. Damasio, 1994; Noë, 2005; Varela, Thompson, & Rosch, 1991). The different formulations of the embodied cognition thesis share a common goal of developing cognitive explanations that capture the manner in which mind, body, and world interact and mutually influence one another to promote an organism's adaptive success (Anderson, 2003).
[155] 'Intentional' means 'to be about' (De Preester, 2005, p.6)
[156] Studies indicate that outside of deliberate reflection, the body manifests itself in consciousness only in certain 'limit situations', i.e., fatigue, sexual excitement, pain or pleasure, discomfort, sickness, mental illness, injury, stress situations or physical challenges such as in sports activities and physical training

(i) Perceptual: The individual's immediate perceptual experience of his/her body.

(ii) Cognitive: The individual's conceptual understanding of the body (including 'mythical' and/or scientific knowledge).

(iii) Emotional: The individual's emotional attitude towards or feelings about his or her own body.

It is argued that conceptual and emotional aspects of the body image inform perception and are affected by cultural and interpersonal factors. Moreover, it is maintained that the perceptual content of the body image "originates in intersubjective perceptual experience" (S. Gallagher, 2005, p. 26). In line with the work of Merleau-Ponty (1964), Gallagher's thesis conceptualises the sense of self and the body image dimension as arising and shaped in the context of other people and attachment relationships (S. Gallagher, 2005; S. Gallagher & Melzoff, 1996).

Of note, a focus on interactional models of embodiment has of late flourished in British attachment theory and Anglo-American psychoanalysis (e.g. Balsam, 2012; Diamond, 2013; Fonagy & Target, 2007; Lemma, 2010; Muller & Tillman, 2007; Orbach & Carroll, 2006; Orbach, 2010; Pines, 1993; 2010). These psychoanalytic proponents similarly draw on developments in different fields (including the philosophical) to argue for interaction as the basis for embodiment. Within the context of the consulting room, encounters with the surface dimensions of the body are explored and theorised by some (e.g. the skin in Diamond, 2013; Lemma, 2010), and the meaning of the 'in-depth' body is explored and theorised by others (e.g. the biological, reproductive body in Balsam, 2012).

In Gallagher's scheme, the body schema is differentiated from the body image; it is conceptualised as a system of preconscious, subpersonal sensory-motor capacities that function in an integrated and holistic way, without awareness or the necessity of perceptual monitoring (S. Gallagher & Cole, 1995). It involves certain "motor capacities, abilities and habits" that both enable and constrain movement and the maintenance of posture (S. Gallagher, 2005, p. 24).The body schema's operational information sources are thought to

operate below the level of self-referential intentionality. For example, schematic

information sources are thought to include the proprioceptive[157] and vestibular[158] systems.

So the difference between the body image and the body schema is analogous to the

difference between a conscious monitoring of movement[159], wherein a representation of

some aspect of bodily experience is the intentional object, and the actual accomplishment

of movement[160], wherein the body is the intentional subject[161] that supports intentional

activity (S. Gallagher, 2005). Phenomenologically, the two systems interact and are highly

coordinated in the context of intentional action, such as in learning a new movement

sequence, or incorporating artefacts such as fashion and performance accessories[162] or

prosthetic limbs (De Preester, 2005, 2007b; Merleau-Ponty, 1945/1962).

Converse clinical cases (e.g., S. Gallagher & Cole, 1995; S. Gallagher & Melzoff,

1996; Paillard, 2005), qualitative research that explicates people's experience of self and

body (e.g., Murray, 2001; Osborn & J. A. Smith, 2006), and experimental research that

explores the incorporation of robotic or prosthetic limbs (e.g., Botvinick & Cohen, 1998; J.

Cole, Sacks, & Waterman, 2000; Tsakiris & Haggard, 2005) lend empirical support for the

phenomenological distinction between the body schema and the body image. This body of

research has found that both systems are important for a sense of action authorship and

bodily ownership or identification. For example, Meltzoff and Gallagher (1996) found that

a patient with an intact visual perception and conceptual understanding of his body but

impaired proprioceptive input from the neck down reported initially feeling alienated from

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[157] The proprioceptive system refers to components of muscles, joints, and tendons that usually provide subpersonal information about body position. Proprioceptive information typically refers to the sense of the position of the body and body parts relative to one another derived from kinetic, muscular, tendon, articular and cutaneous sources (cf. Bear, Connors & Paradiso, 2007).
[158] The vestibular system is used to refer to a number of reflex pathways that are responsible for making compensatory movements and adjustments in body position. The centrifugal flow of information begins at sensory hair cells located within the peripheral vestibular labyrinth (cf. Bear, Connors & Paradiso, 2007).
[159] 'Reflective intentionality' as pertains to the body described by these participants includes descriptions of discriminatory attunement/sensitivity to aspects of the conceptual, musculoskeletal and sensory dimensions of the body during and/or after TLP classes.
[160] e.g., accomplishing movement in the context of talking on a mobile phone whilst running to catch a bus
[161] i.e., that is experientially recessive or absent
[162] e.g., learning to walk in high heels or stilts, which initially require patience, effort, training and/or suffering to eventually achieve an effortless capacity to walk, run, dance and adjust to the environment.

his body because he could not control his movements. Osborn and Smith's (2006) IPA of six people's sense-making of the experience of the body in chronic benign low back pain (CLBP) found that participants changed in the way that they related to the parts of the body that were painful or difficult to control. The authors found that when not in pain the body had little salience, and that when in pain it was consciously excluded from the self. In a robotic arm experiment, Cole, et al. (2000) found that experimenters who learned to pass tools to each other using robotic arms experienced a misidentification - "the perception was that one's body was in the robot" (p. 167).

It is argued that these and other cases[163] illuminate that the body image and the body schema exhibit an openness and consequently a vulnerability to the environment; they are described as fragile because their operations are "explicitly temporary, contingent and unstable" (De Preester, 2005, p. 351). Even so, it is suggested that if we were not able to change our mapping of a sense of ownership and agency onto altered bodies[164] "we might be at risk of alienation from them" (J. Cole, et al., 2000, p. 167).

Nicola Diamond's (2013) psychoanalytic critique of Gallagher's scheme argues that although the work is respected, the interactional perspective of body image is under-developed; it appears eclipsed by a first- and third- person perspective. Furthermore, the cognitive framework places emphasis on articulating mainly conscious aspects, and therefore bypasses consideration of unconscious aspects. It is argued that a definition of body image that derives from and is endorsed by contemporary psychoanalysis embraces a complex conceptualisation of body image as consisting of both conscious and unconscious aspects, and as fundamentally derived from and influenced by others.

The following section develops a dialogue between the findings, Gallagher's scheme and interactional perspectives of embodiment that account for the emphasis placed by respondents in this investigation on interaction.

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[163] e.g., performance art that challenges our encounters with the body (cf. de Preester, 2007b)
[164] e.g., when our bodies grow, age, are pregnant and/or injured.

4.4.2 Weekly teacher-led Pilates shapes the body image?

The body of work described above appears to be useful for grounding participant's descriptions of transformation for two reasons. First, it can account for the finding that transformation with TLP originates in interpersonal experience. Second, it facilitates understanding how transformation in this context can include short and long-term aspects, body percept, concept and emotion aspects, as well as musculoskeletal and motor skill aspects.

Certainly, Gallagher's conceptualisation of the body image and the body schema facilitates understanding participant's descriptions of how some TLP classes transform the awareness and meaning of particular, formerly taken-for-granted aspects of the body. It can be argued that one mechanism consists in making particular body schematic activities explicit and visible, such that they become conscious and object-like; in losing their obviousness they become loaded with existential significance and exploratory power (cf. De Preester, 2007b).

Relatedly, a mechanism to explain participant's descriptions of vivid experiences of the body and of enhanced receptivity to bodily feedback after certain TLP classes may involve the focus of the classes. For example, Pilates-inspired exercises "typically focus the learner entirely on internal bodily sensations" (Lange, et al., 2000, p. 105). It can be supposed that as a consequence of the particular focus of TLP classes, the body temporarily ceases to be a "sensing" subject and becomes a "sensed" object (Frie, 2007, p. 62).

Gallagher's theory also accounts for participant's descriptions of how TLP classes transform the ways the body is conceptualised. For example, it enables considering that directed reflection may produce "phenomena that are not necessarily contained within pre-reflective experience" (S. Gallagher, 2005, p. 31). The research context renders it

inevitable that these participants will draw on conceptual frameworks[165] and associated language[166] that facilitates conveying experiences that are of interest to the research endeavour. The project "depends on the sophistication of the subject's conceptual understanding of the body and the language used to express that understanding" (S. Gallagher, 2005, p. 31).

This considered, the findings do suggest that TLP classes are experienced as transformative because they provide opportunities for these participants to learn and assimilate particular myth(s) and metaphors pertaining to the body. Understanding TLP myths offers one perspective with which to consider participant's descriptions of how TLP classes transform their behaviours (regular attendance of classes and S-DIP). For example, 'the myth of core stability' (CS) (Lederman, 2010) features in six[167] participant's descriptions of the ways in which TLP classes transform their behaviours. According to Lederman (2010), this particular myth arrived in the latter part of the 1990's, features regularly in Pilates-inspired exercise classes, and has rarely been questioned even though a decade of research indicates that it is based on the following unfounded assumptions:

(1) Certain 'core' or trunk muscles are more important for stabilisation of the spine than other muscles

(2) Is possible to isolate 'core' or trunk muscles from 'global' muscles, and this practice has functional and/or therapeutic value

(3) That there is a relationship between core stability and back pain[168]

(4) That faulty body use and idiosyncratic imbalances in the body 'cause' back pain

(5) That changing faulty body use and correcting idiosyncratic imbalances in the body can prevent or cure back pain

These assumptions contextualise participant's descriptions of S-DIP. For example,

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[165] e.g., myths
[166] e.g., metaphors
[167] e.g., Carillo, Delma, Elsa, Francesca, Giulia and Helena
[168] e.g., that weak abdominal or trunk muscles lead to back pain & that strengthening abdominal or trunk muscles can prevent or reduce back pain.

participant descriptions of using trunk awareness and holding behaviours during activities of daily living can be considered with Lederman's (2010) finding that CS approaches encourage subjects to "think about their core" during functional activities (p.90). Intriguingly, Lederman has found that CS interventions have no additional benefit than any other exercise for back pain (cf. Koumantakis, Watson, & Oldham, 2005; Liddle, Baxter, & Gracey, 2004; Nilsson-Wikmar, 2005). He proposes that the CS myth can be a source of damage because it can lead to somatosensory hypervigilance[169], overuse of CS behaviours, a mistrust of the body's capacity to stabilise itself, and that its focus on correcting imbalances in the body may shift the therapeutic focus away from psychosocial risk factors for the transition to chronic pain and disability (cf. Hasenbring, Hallner, & Klase, 2001; Hasenbring, Rusu, & Turk, 2012).

The present investigation found that this treatment myth appears in participant's descriptions of beneficial (enjoyment, connection, empowerment) and problematical (hypervigilance, damage, dependency) experiences of transformation. The data indicate that the CS myth is believable, perhaps in part because it is endorsed by practitioners with socially sanctioned credibility as the means of therapeutic change. One participant[170] did relay scepticism about the credibility of Pilates myths. His ambivalence was contextualised with the reflection that some practitioners place too much emphasis on controlling the body and his awareness of the potentially distorting effects of the overuse of CS strategies[171]. This participant also shared a belief that the value of the practice for him was concerned with nurturing awareness within the body, which arguably illuminates his understanding of an alternative healing myth.

For example, this participant described study of philosophy and training in Eastern martial and healing approaches including Qigong and yoga, and he has experienced working with a number of practitioners in different contexts. This appears relevant because

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[169] e.g., enhanced sensory sensitivity, accompanied by an exaggerated intensity of co-contraction behaviours, accompanied by a state of increased anxiety
[170] Carillo [558-587]
[171] Carillo [1020-1046]

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for example Qigong and yoga evolved in particular Eastern contexts with particular myths, metaphors and rituals that interestingly also accord particular significance to interiority/inner body, and to the abdominal/central region of the body[172] (cf. Cohen, 1999; Frantzis, 1993; Kerr, 2002; Morley, 2001; Saraswati, 2003).

The historical and sociocultural context, Pilates myths, the particular assumptions, values, experience and person of the teacher and of the client emerge as important for understanding participant's experiential claims and the anomalies revealed. It is as though the particular teacher's interactions with the particular client in a particular context has a role in shaping the body image, behaviours, and the relationship with Pilates that the client develops. Certainly, this investigation found that participants contextualised experiences of transformation with TLP by drawing comparisons between different lived experiences, for example of the body, of physical exercise, of particular settings and of teachers or practitioners. For example, participants who have worked with different teachers identified specific ways in which individual teachers can differ in the emphases that they place on the practice.

This perspective can be contextualised with interactional critiques of mainstream psychology, psychoanalysis and the Western biomedical model in healthcare. For example, existentialists Larry and Lauri Fahlberg (1990) offer an interactional perspective of the relationship between the philosophy of exercise programs and practitioners, and the development of exercise program dependency. By way of providing a context for the critique, the authors note that the biomedical model, and the behavioural and Freudian schools in psychology have traditionally been concerned with classifying and treating disorders; and that humanistic psychology has taken up the task of advancing models of

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[172] For example, Qigong practitioners describe the importance of *nei gong*, which can translate as internal work and consists in part of rotations of the *dantien/dantian/tan t'ien*. The lower *dantian* is identified as an area inside the body located two inches below the navel is considered particularly important as the focal point of awareness and breathing technique as well as the center of balance and gravity. Hatha yoga practitioners describe the importance of the *asanas*, which can translate as internal work and consist in part of contracting the *bandhas*. The *uddiyana bandha* is identified as a lock that is located in the abdominal region; contraction of the abdomen into the rib cage is considered important as the focal point of awareness and breathing technique.

human growth and optimal mental health. The authors identify that the sharpest criticisms of humanistic psychology concern the overemphasis placed on the individual to the exclusion of the context and relational field (cf. O'Hara, 1989).

Crucially, it is argued that the relegation of health to the biomedical model, the ethos of exercise programs and the myths of practitioners can contribute to the individual's relationship with exercise. For example, the authors identify exercise program treatment myths, practitioner's overemphasis on the physical dimension with exercise as a panacea, and mutual seduction or collusion as factors that can influence exercise program dependency. The authors stress the need for a philosophical shift of emphasis in health and exercise programs and amongst health and exercise practitioners. For example, from treatment and prescription to facilitation; from a unidirectional influence model to a collaborative model; from program adherence and dependency to the development of empowerment and self-responsibility; and from an overemphasis on the physical dimension to an emphasis on multiple, complex dimensions involved in wellness.

From a psychoanalytic perspective, Susie Orbach (2010) offers an interactional perspective of the relationship between culture, particular myths, lived relational experiences and embodiment. In particular, Orbach is concerned with developing an interactional account of the apparent epidemic increase, arguably perceptible in the consulting room and beyond, of body fragmentation and instability. Orbach argues that bodies are and always have been shaped according to the specific cultural moment, and that contemporaneously globalisation, postmodernism, consumerism and individualism infiltrate caregiving relationships and shape the ways that the body develops, is experienced and used.

For example, it is argued that the prevalence of body insecurity and anxiety, and the myriad ways in which individuals can attempt assuagement with body transformation are typically storied with postmodern and individualistic notions such as self-invention, self-responsibility and empowerment. However, postmodern notions of the body as infinitely

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modifiable combined with the emphasis on body modification as psychologically motivated obscures interactional factors that shape the experience of and solutions to body instability, thus myths and relational practices which have a role in shaping embodiment remain under acknowledged and unchallenged.

4.5   Assessing validity and quality

There is a longstanding and lively debate concerning the application of evaluation criteria for quantitative research to the evaluation of qualitative research (cf. Denzin & Lincoln, 2000; Golfashani, 2003; McLeod, 2003, 2011). There are also a confounding number of guidelines for assessing validity and quality in qualitative research (cf. Eakin & Mykhalovskiy, 2003; R. Elliott, Fischer, & Rennie, 1999; Guba & Lincoln, 1981; Seale, 1999; Spencer & Britain, 2003). The guidelines produced by Yardley (2000, 2008) are used here because they present a pluralistic stance, providing criteria that can be applied to qualitative research irrespective of the theoretical orientation of the study (Shinebourne, 2011). Yardley (2000, 2008) proposes four key dimensions by which qualitative investigations can be assessed: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. These dimensions as applied specifically with IPA by Smith, et al. (2009) and Shinebourne (2011) are here offered and used as guidelines to critically evaluate this investigation.

4.5.1   Sensitivity to context (STC)

STC can be demonstrated in a variety of ways (Yardley, 2000) and in IPA can be demonstrated through the following five aspects:

4.5.1.1 Close engagement with the idiographic and the particular

As discussed in Chapters 1 and 2, IPA was chosen because of its contextualist and idiographic sensibility as a means to provide a counterbalance to the tendency in psychology to develop decontextualised and impersonal accounts of psychotherapy,

structured physical exercise and CAM use. This aspect of IPA is problematic because demonstrating STC raises ethical dilemmas that are not encountered in quantitative research (Punch, 1994). Specifically, the primary ethical principles of informed consent, confidentiality, avoidance of harm, and anonymity in the presentation of the findings present difficulties where the individual's particularities are central to the research endeavour (M. S. Elliott & Williams, 2001; Kidder & Fine, 1997). Informed consent was sought from participants prior to undertaking the interviews, which included assurances that could be viewed as misleading. For instance, even though I described the limits of anonymity in the research, participants were assured that all attempts will have been made to preserve anonymity, and that no personally identifying details would be included in the presentation of the findings, and yet these assurances are unsound given the aims of the research, which are to champion and represent sensitivity to the personal and the particular. They are also methodologically unsound because taking the particular out of the representation of the findings to preserve participant's anonymity loses the point altogether.

In hindsight, emphasising the limits of anonymity and presenting consent to my participants as an on-going dialogical process to be revisited after data collection would have been more ethically sound (cf. M. S. Elliott & Williams, 2001). In order to be sensitive to the co-researchers, careful consideration will be given to how the findings are disseminated after the thesis has been examined. In particular, the accounts of other IPA researchers who have experienced similar concerns but yet found ways to disseminate their findings appropriately, together with suggestions offered on the online IPA forum will be considered (appendix H).

Once the examination of the thesis has been completed, as agreed at the outset of the study, all participants will be provided with a summary of the findings, along with the poetic representation of their individual interview. To engage with the issues outlined, retrospective consent (e.g., A. J. Scott & Hanley, 2012) will be sought from each

participant. I will invite each participant to discuss their experiences of reading the summary, raise specific issues not previously considered with enough care, and provide them with an opportunity to contribute to how the findings are represented and disseminated. It is recognised that some contact details may be out of date (as they were collected five years previously), some participants may choose not to respond, and some may decide that they would prefer to withdraw their contribution altogether.

4.5.1.2 An appreciation of the interactional nature of data collection within the interview situation

IPA requires an appreciation of the interactional nature of data collection within the interview situation, because obtaining quality data requires skill and awareness during all stages of the interview process. Thus, STC involves empathy, putting the participant at ease, and embodying research expertise whilst relating to the participant as the experiential expert. The findings provide a strong indication that the interview process was experienced by all of the participants as reasonably facilitative, because each participant shared rich and detailed descriptions. The reader is directed to Chapter 3 and Appendices C and D for supporting evidence.

Conducting interviews, demonstrating empathy[173], facilitating a safe interactional experience, exploring, listening, observing, questioning and reflecting are all skills that are fundamental to many aspects of the practice of counselling psychology. Prior to undertaking this investigation, I had three years' experience of conducting, evaluating and developing my interactional interview skills in both clinical and research capacities. Nevertheless, interacting with individual participants and asking for feedback about their interview experience contributed to my competence with this aspect of STC in this context.

I found that as a consequence of my interactional experiences with the first two participants, I felt less preoccupied with the viability of project as a whole. Early

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[173] Empathy is the act of entering into the phenomenal world of the other; it has an 'as if' quality whereby the other is experienced 'as if' that was me.

interactions with participants were fundamental to developing a capacity to relax and embody sensitivity to each participant within the interview context. The reader is directed to appendix C, which contains verbatim transcriptions to evidence these claims. The first interview captures how preoccupied I was with testing the face-to-face meeting, the interview schedule and the viability of the topic. By comparison, the final interview captures my improved confidence in my capacity to respond with the participant 'in vivo', because I draw on the interview schedule occasionally and flexibly.

4.5.1.3 Sensitivity in all stages of the analytic process

Consonant with phenomenologically-inspired research, this analysis is not a systematic grounded theory (Glaser & Strauss, 1967) in which data is coded line-by-line to identify categories and build a theory that is grounded in the data. Neither is it a careful discourse analysis (Z. S. Harris, 1952, 1991) that is focused at the level of text and interested in the language in use related to the topic. With IPA the analysis involves five stages that are contingent on the researcher's analytic sensitivity, responsiveness, intuition and creativity.

The first stage of the analysis involved summarising the concerns and experiences of each interviewee. This stage of the analytic process is represented in Chapter 3, and in particular with the first master theme that includes my summary and poetic representation of the individual interviews. The second stage of the analysis involved making inferences about the nature, meaning and context of the experiences described, based on what was said in the transcript. The aim was to reflect on what it means for the participant to have the concerns and experiences that they have shared. Here, my intuition and creativity were more explicitly engaged as I asked questions of the interviewee's descriptions of experiences, whilst staying grounded in the data. I found this stage frustrating, challenging and fragmentary, because working with and interrogating 'parts' of an interview seemed to obscure the concerns of the participant as captured in the analysis of the 'whole' interview.

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I found the process to be elusive and have found it difficult to represent well. Independent audits were sought to ensure that the analysis did not merely serve as confirmation for my preconceptions. The inclusion of annotated transcribed interviews in appendix C enables the reader to consider and ask questions of the ways that I have interacted with the data. The third, fourth and fifth stages of the analysis presented further challenges. These stages involved making sense of relationships between parts of each of the interviews analysed, identifying patterns across interviews, tentatively finding ways to illuminate the patterns by developing themes, representing an overview of the structure and content of the analysis[174] and creating a narrative structure that communicates the findings and the contextualisation thereof in detail.

During these latter stages I found regularly re-reading my summaries of each interviewee's concerns and experiences as well as the poetic representations helpful in adjusting a tendency to lose my sense of each participant. I found that completing this process with due care and commitment to detail in the perceived timescale available, whilst simultaneously undertaking and evidencing the academic components of my course of studies, along with commitment to four clinical placements, to be unrealistic.

My experience contrasts starkly with that of analysing six semi-structured interviews using IPA with older informal spousal caregivers during my MSc. in Counselling Psychology. For example, the proposal for that investigation was submitted on 16th February 2006, and the completed dissertation was submitted on 8th September 2006. By contrast, the first proposal for this investigation was submitted on 12th February 2007 and the completed dissertation was submitted on June 5th 2013.

Nevertheless, the MSc project shares similarities with this investigation[175] although

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[174] The reader is directed to appendix D for the tabled individual and cross-case thematic analysis of all participant's accounts.

[175] e.g., both projects are grounded in my lived experiences; both are contextually timely; both are not concerned with talking therapy; bot use semi-structured interviews and IPA; both are concerned with giving voice to people who do not typically feature in psychology research; both have depended on my capacity to establish contact and interact with gatekeepers for the recruitment of participants; both have required commitment to regular interactions with gatekeepers during all stages of the research process; and the first

the differences contextualise the difficulties I experienced undertaking a careful and detailed cross-case analysis. Two fundamental differences lie in the volume and quality of data collected[176] and the scope, volume and complexity of existing literature[177] available to provide a rationale for undertaking the study and to contextualise the findings. As a consequence, the analysis required patience, commitment, care and persistence. Due to the dynamic and complex nature of the process, it is impossible to demystify and convey well. The paucity of research that focuses on the interpretation process makes it difficult to redress this weakness.

4.5.1.4 Sensitivity in the presentation of the findings

A good IPA study will have a considerable number of verbatim extracts from participant's accounts to support the argument being made, giving participants a voice and allowing the reader to check the interpretations being made. This aspect of STC is evidenced in the presentation of the findings in Chapter 3, wherein I have endeavoured to represent individual interviews using poetic condensations, and to ground all claims made in the cross-case analysis in a considerable number of extracts from participant's accounts.

4.5.1.5 Sensitivity in the writing-up of the study

In IPA, interpretations are offered as possible readings grounded in the findings and contextualised in relevant existing literature. The reader is charged with determining whether my interpretations of the extracts included in the cross-case analysis presented in Chapter 3 are experienced as tentative, thoughtful and impactful. Analysing and contextualising the findings has broadened my horizons in ways that I had not anticipated.

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two interviews for both projects were undertaken in one day.

[176] Total data set word count MSc 34,528, present study 65,672; median word count MSc 5,210 ('Barry'); present study 8,188 ('Elsa'). Range: thickest interview MSc 8,817 words ('Anna'), present study 11,146 ('Giulia'); sparsest interview MSc 3,231 ('Eliza'), present study 5,070 ('Delma').

[177] For example, developing the context and rationale for undertaking a bottom-up IPA of spousal caregiving for the MSc project, and relating the findings to existing literature was relatively straightforward because there is a paucity of literature about this experience; by contrast the phenomena of interest in this investigation is overpopulated with literature - conjecture, theory and research, most of which has been interesting to read, albeit contradictory, confusing and a poor fit for the findings.

Locating literature and research that dialogues well with the findings has persisted as a puzzling challenge for four perseverative years of investigative, dialogical work. During the write-up, I found it beneficial to withdraw from sustained interactions with members of CoP, Pilates and IPA communities, and to immerse myself in the process of circulating the findings with existing theories and research. Nevertheless, independent audits were also sought, to check the coherence of my work. The contextualisation of the findings above introduces literature which was not previously considered because the findings took me into unanticipated territory.

4.5.2 Commitment and rigour

Commitment and rigour can be communicated in different ways (Yardley, 2000). In IPA, demonstration of commitment can be synonymous with demonstration of STC because it is shown in the researcher's attentiveness to each participant during data collection and the care with which the analysis of each case is carried out. The carefully constructed poetic representations (Chapter 3), the tabled representation of the thematic analysis of the interviews (appendix D), and the care taken with the interpretative analysis of divergences and convergences found in individual participant's accounts (Chapter 3), are offered as evidence of commitment.

Rigour refers to the thoroughness of the study, for example in terms of the appropriateness of the sample to the question at hand, the quality of the interview(s), the completeness of the analysis undertaken and the even-handed representation of the findings. The second, third and fourth criteria are considered in the preceding sections. In respect of the appropriateness of the sample, the people who volunteered to contribute to this investigation meet this criterion because they volunteered their time to share in-depth, complex descriptions of lived experiences of transformation with TLP and the meaning thereof.

4.5.3 Transparency and coherence

Transparency refers to how clearly the stages of the research process are described in the write-up of the study. In IPA, the researcher may attempt to enhance transparency by describing how participants were selected, how the interview schedule was constructed, and what steps were used in the analysis. These processes are represented in Chapter 2 using tables and descriptions of the selection of participants, the interview schedule and the analytic process, with links to supporting documentation in the Appendices.

In qualitative research, coherence can be evaluated in different ways and is typically judged by the reader/assessor. It can be used to describe the 'fit' between the research question and the philosophical perspective adopted, and the method and analysis undertaken (Yardley, 2008). Chapters 1 & 2 develop my argument for the fit between the aims of the research, the philosophical position, methodology and method of analysis. Consonant with the principles of IPA, my analysis has endeavoured to attend to and represent each participant's experiential claims, whilst also manifesting the interpretative activity of IPA. In IPA, coherence can refer to the presentation of a clear argument, whilst finding ways to include ambiguities and contradictions in the findings in a coherent way. I have endeavoured to develop an argument for the undertaking of the investigation, grounded in my own perplexing experiences of TLP. I argued that in my experience TLP circulates well with CBT, and that learning from interactions with TLP clients has the potential to be instructive. This argument is developed with the balanced interpretative analysis and careful contextualisation of the findings using literature that recognizes the inevitability of interaction and mutual influence.

4.5.4 Impact and importance

Yardley (2000) argues that this principle constitutes the decisive criterion by with any research must be judged - however well it has been conducted in terms of other validity criteria. Ultimately, the validity of the present work lies in whether it tells the

reader something interesting, important or useful. I discuss issues related to generalisability before I offer a perspective on the implications of the investigation for CoP.

Generalisability becomes problematic in qualitative inquiry when it is conceptualised in terms of the positivist assumptions characteristic of quantitative research[178] (M. S. Elliott & Williams, 2001). Qualitative investigations tend to use relatively small, purposive samples so that convergences and divergences can be examined in detail. Immediate claims are bounded in the particular group studied but an extension can be considered through theoretical generalisability (J. A. Smith, et al., 2009). The reader can assess the evidence in relation to their existing professional and experiential knowledge to determine whether the ideas developed have some practical relevance beyond the particular participants in the study. In similar vein, Elliott and Williams (2001) propose that generalisation in qualitative inquiry involves demonstrating the existence of the same phenomena across different contexts.

I shall endeavour to be cautious about the claims I make about the implications of this study for CoP. These people endorse TLP's indispensability because they have invested considerable time, effort and money on it (cr. Rizq, 2010; the author discusses her CoP participant's bias regarding the indispensability of personal therapy). The sample is small and it should not be assumed that similar findings would come from all TLP clients, even those in a similar context. My interpretations and theoretical contextualisation of the findings offer one perspective: it cannot be assumed that a different researcher would interact with the participants or findings in the same way. Nevertheless, I have articulated my fore-understandings and particular philosophical stance, all eight participants shared similar experiences in great depth, my interpretations go beyond mere

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[178] e.g., Quantitative research typically employs large, random samples so as to permit statistical generalisability; results taken at a particular point in time are treated as context-free and thus replicable (Patton, 1997). The larger the sample the more probable it will be that any differences found will be statistically significant. It is argued that the more controlled the experiment the more limited the findings in terms of practical relevance (Cronbach, 1980).

description, my contextualisation interrogates existing literature and I have developed a theoretical perspective that dialogues well with the complexities found in the data. These aspects seem pertinent because qualitative researchers in psychology have been criticised for focussing on description at the expense of interpretation, for avoidance of theory, avoidance of the critical and of the stance of the researcher (Chamberlain, 2000; cr. Rizq, 2010; Rizq & Target, 2008, 2009). One advantage of using IPA is that it has enabled me to listen to, learn from, and represent the meaning-making of individual participants, whilst also providing an opportunity to use the findings to interrogate the existing literature and to develop a theoretical account that anchors the investigation within current developments and research in CoP and related fields. Thus, the perspective developed has the potential to dialogue well with and contribute to the knowledge-base on which CoP bases its practice.

4.6 Locating implications for counselling psychology

A defining characteristic of a professional doctorate is that it should generate specific insights, recommendations and applications for CoP (Kasket, 2012; Kasket & Gil-Rodriguez, 2011). The following three sections develop implications of this investigation for CoP theory, research and practice.

4.6.1 Locating theoretical implications

This thesis has revealed that there are similarities in the research stories of talking therapy, CAM and structured exercise, and that the 'mechanisms' of change therewith are not as yet understood (Biddle & Mutrie, 2008; Carey, et al., 2006; Grafanaki, 1996; Hyland, 2005). Within psychotherapy, there is a longstanding and polarising debate about the 'common factors' and 'specific ingredients' hypotheses of therapeutic change. The specific ingredients view lends itself well to the philosophy of evidence-based medicine, although it is argued that "the common factors view reflects the very philosophy and practice ethos of CoP" (O'Hara, 2012, p. 4). This investigation has found that client's

sense-making of transformation with TLP variously included the influence of sociocultural context, client, teacher, specific Pilates (myth, ritual, setting), and relationship factors in descriptions and explanations of the experience of change.

The findings have been theorised with interactional perspectives that can be considered in the context of indications that a paradigm shift is underway in cognitive psychology (Jaegher, et al., 2010; Morganti, Carassa, & Riva, 2008), exercise psychology (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002), psychoanalysis (Diamond, 2013; E. B. Luborsky, O'Reilly-Landry, & Arlow, 2008) and common factors theorising and research (Hill, 2005; Hubble, Duncan, Miller, & Wampold, 2010). This paradigm shift is variously described as a move away from dualism, individualism and a 'one-person-body psychology' towards an interactional, intersubjective, intercorporeal, 'two/multi-person-body' psychology. Crucially, the focus of theory development to account for the experience of therapeutic change has shifted from separating mind and treatment (special ingredients) from body, others and the world to a consideration of how they interact and exert reciprocal influence.

This paradigm shift brings with it opportunities for CoP because it allies with our discipline's holistic, contextual, relational sensibility, and because it appears that a multidisciplinary approach may be essential for furthering knowledge about the experience of change. CoP has a distinctive contribution to make with bottom-up research that starts with client's sense-making of experiences that are important for them and that can subsequently dialogue with and/or interrogate existing theories. Indeed, this thesis reveals that learning from, contextualising and theorising client's sense-making of experiences of change without talking therapy can provide a novel perspective with which to consider what constitutes therapy, and what constitutes personal development.

In respect of the former, the investigation raises questions about whether and for whom teacher-led structured anaerobic or low intensity exercise can be offered as an adjunct or an alternative to talking therapy. At present, moderate intensity exercise is

recommended by NICE as an alternative to CBT for people suffering with depression or depression with a chronic illness (NICE, 2009). This recommendation is based on decontextualised 'dose-response' research that does not take into consideration client factors including preference, gender and social influence. Whilst 'dose response' research and decontextualised theories of human behaviour cannot contribute to clinically relevant theories of embodiment, relatively recent psychoanalytic literature does consider women's relationships with their bodies and body use, and the ways that these dimensions are of interest to mental health professionals (e.g. Balsam, 2012; Pines, 1993; 2010). This thesis has revealed that anaerobic or low intensity teacher-led exercise is very important for some people, particularly women, and that it is associated with developmental and therapeutic experiences; and it has exposed a dearth of CoP contributions to theory about physical exercise, the relationship with the body and body use.

In respect of what constitutes personal development, a question arises as to whether teacher-led mind-body practices can be considered as personal development for counselling psychologists. Whilst talking therapy that is geared towards insight represents a modality that is of particular appeal for some therapists (cf. Rizq & Target, 2009)[179], others may be drawn to modalities that are more concerned with learning and practising skills in particular contexts and relationships to enhance use of self in the therapeutic context. Donati and Watts's (2005; 2000) reviews of the literature found that despite the increasing importance placed on personal development in CoP, there is no agreed and clearly articulated definition of this concept. Tradition and indoctrination aside, it appears that for reasons that are presently unknown counselling psychologists are not allowed to make choices about and reflectively account for their own personal development trajectory during training.

The preclusion of choice seems peculiar because of the pluralistic philosophy of

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[179] It is interesting to note that whilst all of the therapists interviewed for Rosemary Rizq's PhD investigation of the meaning and significance of personal therapy in clinical practice and training, there were no CBT/non-insight practitioner's perspectives represented.

CoP, and because Eastern-inspired mind-body practices increasingly feature as packaged treatments for clients delivered by psychologists and allied mental health professionals. Some in the discipline do question the assumptions of personal development work with such "a distinctively Western slant, evident in many forms of therapy and workshops which emphasise overcoming problems (located within the individual) and achieving personal authenticity" (Lane & Corrie, 2006, p. 18). Lane and Corrie (2006) posit that the increasing visibility and popularity of 'mind, body and spirit' approaches to personal growth is indicative of a significant social trend in Western society. Consonantly, the question posed is whether personal development work "couched" within these approaches should be recognised as legitimate personal development (p. 19).

Intriguingly, 'yoga' features as a 'personal growth strategy' for trainee therapists in relatively recent CBT literature (Bennett-Levy & Thwaites, 2007, p. 273). This is interesting because CBT is an approach that is deeply embedded in the culture in which it has developed. Certainly, Western myths and metaphors such as those derived from individualism[180], empiricism[181], behaviourism[182], computer science[183] and the biomedical model in healthcare[184] are used to explain its practices and therapeutic effects (Dowd & McCleery, 2007; Meichenbaum, 1993, 1995). Until relatively recently CBT was conceptualised as a learning experience in which therapists teach clients how to change attitudes, beliefs and cognitions using specific techniques (Malikiosi-Loizos, 2013). In this role, the CBT therapist was conceptualised as a change agent, not a caring agent who needs to be self- and context-aware in the psychotherapy process (Dowd & McCleery, 2007; Laireiter & Willutzki, 2005). Consequently, personal development work has not traditionally been emphasised in the training of CBT therapists in the same way that it has in the training of counselling psychologists or therapists in other single-school

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[180] e.g. making the individual its focus
[181] e.g. observation & experiment
[182] e.g. conditioning
[183] e.g. information processing
[184] e.g. symptoms

approaches[185] (Bennett-Levy, 2005; Malikiosi-Loizos, 2013).

The inclusion of 'yoga' as personal development work further reveals that CBT is increasingly drawing on alternative myths, metaphors and rituals, including constructivism[186], Buddhism[187] and Eastern practices, and that such developments are transforming the conceptualisation of the role of the therapist (Dowd & McCleery, 2007; Meichenbaum, 1993). However, there is a dearth of theorising and research about personal development in the training of CBT therapists, with the notable exception of the work of James Bennett-Levy (e.g. Bennett-Levy, 2005; Bennett-Levy & Thwaites, 2007; Bennett-Levy, et al., 2001; Thwaites & Bennett-Levy, 2007). Whilst this body of work comprehensively theorises the importance of personal development work with a particular focus on the cultivation of reflection and interpersonal skills for CBT practitioners, the inclusion of yoga as a personal growth strategy is not adequately theorised. This arguably represents an intriguing gap in the theoretical knowledge-base on which counselling psychologists who specialise in CBT base their personal development practice(s).

4.6.2   Locating research implications

The present investigation is unusual because it has used a bottom-up approach that begins with client's sense-making of transformation without talking therapy. This section describes five implications for CoP research. First, during the process of contextualising the findings, it has emerged that CoP research does not tend to foreground listening to clients, theorising their sense-making or contextualising research samples (Carey, et al., 2006; Gianakis & Carey, 2008; Jordan, 2012). This may reflect positivist or post-positivist assumptions in research whereby the client, the therapist, the historical, the social and the cultural context are considered less important than the special intervention being researched (O'Hara, 2012). Even so, this thesis indicates that investigating, contextualising

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[185] e.g. psychoanalytic, psychodynamic and existential-humanistic
[186] e.g. the epistemic role of the observer in interpreting reality
[187] e.g. mindfulness, compassion, acceptance

and theorising clients and their sense-making of experiences that are important to them can yield instructive insights and perhaps moderate claims made with research.

Second, I have found that qualitative psychology research is criticised for failing to venture beyond mere description, avoidance of theory, avoidance of the critical, and of the stance of the researcher (Chamberlain, 2000). Therefore, this investigation has attempted to develop my CoP perspective of client's experiences that ventures beyond mere description and problematises key assumptions that underpin TLP, empirical psychology and psychotherapy. In this regard, the thesis reveals that phenomenologically-inspired qualitative research can offer discipline-consonant opportunities to expand the knowledge-base on which we base our practice and research in unique and unexpected ways, provided that CoP researchers take the risk of listening to clients (Spinelli, 2001b), using themselves and venturing beyond description.

Third, one of my fore-understandings is that TLP and CBT, in particular third-wave CBT, share common ground. It would therefore be interesting to undertake a similar phenomenologically-inspired investigation with private clients in London who have experienced transformation with practitioner-led MBCT. There are presently a number of private courses in London aimed at both individuals and groups of up to twelve clients. Should an investigation reveal similarities in the samples and themes across the data set of both projects, it would then be interesting to undertake a grounded theory of the data from both studies. In the instance that there are more divergences than convergences across participants and the two data sets, a welcome opportunity arises for the researcher to bring themselves to the task of making sense thereof. The divergent findings could be used to interrogate existing common factors literature and in particular the argument that extratherapeutic factors are influential and yet underrepresented or obscured in empirical research and explanations of the experience of psychological change with single school approaches such as TLP and MBCT.

Fourth, client's concurrent psychotherapy and CAM use remains under-researched

at present. There is a growing body of Western counselling and psychotherapy literature that recognises client's pluralistic tendencies and that argues the case for research about psychotherapy client's concurrent use of CAM and sense-making of beneficial and problematical experiences of dual relationships (Seckols-Ruiz, 2009; Elkins, et al., 2005; Evenden, 2009; Feltham, 2008; McCabe, 2008; Mezey, 2007; So, 2008). CoP has a unique contribution to make in this regard because of our pluralistic outlook, our research literacy and expansive theoretical knowledge-base.

Finally, this investigation has raised questions about the feasibility of practitioner-led CAM or mind-body exercise as an alternative to talking therapy for the personal development of counselling psychologists. There is a need for studies that investigate, contextualise and theorise how counselling psychologists who favour alternatives to talking therapy for personal development construe their engagement, and how they perceive engagement to inform 'use of self' in the context of psychotherapy.

There is an indication that a 'mind-body' paradigm shift in CoP research is underway, because recent trainee projects listed by the BPS Division of CoP include investigations of how counselling psychologists understand the mind-body relationship and how they use physical exercise in the context of clinical work (BPS, 2012; Division of CoP Announcements, 2013). These areas of research seem timely in relation to an apparent paradigm shift in the NHS evidenced by advertisements for CPD workshops for mental health practitioners, such as *Keeping the body in mind: The mind-body relationship in mental health* (The Tavistock Centre, 2013) distributed with the April 2013 edition of the BPS Psychologist magazine.

4.6.3   Locating implications for practice

This section describes four implications of the insights from this investigation for the practice of counselling psychologists, in particular those whose primary orientation is CBT. First, SPCT emerges as relevant for counselling psychologists who teach or are

involved with mindfulness-based group programs. To reiterate, from a goal orientations theory perspective, both individual and climate factors can exert psychological influence in achievement settings (Ames, 1992a), and it is hypothesised that social comparison is central to an EGO, whether dispositional or climactic (Ntoumanis & Biddle, 1999). The theory is relevant because Hopkins's (2011) MBCT study found that some participants described difficulties with the group experience, and that some reported making unhelpful negative comparisons with other people in the group(s) within the context of hearing other patient's accounts of competence and success during group discussions (p. 24). The study also found that upward social comparisons "induced negative cognitive, affective and behavioural responses" and that participants who described experiencing difficulties with the practice reported feeling "isolated" and "undermined" by other's positive descriptions of their practice (Hopkins, 2011, pp. 25-26).

By contrast, the present TLP investigation found that participants did not perceive their classes as a context in which to discuss, demonstrate or measure competence relative to other clients and that development with TLP is predicated on effortful perseverance. This suggests that these clients perceive a TGO climate, and that the classes may differ from the MBCT programs that featured in Hopkins's (2011) study in this regard. Additionally, preference or choice emerged as important both in the present study and in the MBCT study, because participants varied in their capacity to engage with particular instructors and particular tasks.

From a social-cognitive perspective, when a learning environment is circumscribed, normative and inflexible, and when the focus includes a forum for interpersonal comparison, then it is likely that people will perceive the climate as performance-oriented (Ames & Archer, 1988). Implications for practice therefore include asking MBCT group members for feedback about perceived SPC and about the perceived idiosyncratic personal fit between individuals in the group and the practitioner. It may be useful to offer psycho-education about the SPCT, to share findings of research about the negative influence of

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social comparison and competition on well-being (Gilbert, McEwan, Bellew, Mills, & Gale, 2009), and to show genuine concern for client's well-being by listening to and collaborating to find ways to accommodate client choice.

Second, a personal idiosyncratic fit between the clients and particular practitioners emerged in this thesis as of particular importance and has been contextualised with attachment theory because it dialogues well with the data. In line with a growing body of literature and research, the insights from this investigation suggest the relevance of considering both client and therapist attachment behaviours and relationship beliefs in the therapeutic context. For example, it can be argued that counselling psychologists operating in settings with circumscribed treatment protocols may inadvertently elicit negative responses from clients who would prefer a longer-term supportive or caring relationship than that which can be offered. By contrast, the counselling psychologist may find themselves dissatisfied with 'pseudorelationships'[188] and the lack of opportunities to work flexibly and therapeutically within longer-term relationships with some clients. The present investigation also reveals that disordered attachment may manifest in interactions in the therapy context. In sum, it can be argued that counselling psychologists may benefit from understanding how their own attachment behaviours and relationship beliefs interact with those of the client and the zeitgeist of particular clinical contexts.

Third, even though talking therapy is not typically considered a physical endeavour recent qualitative research that investigated practitioner's 'use of self' found that therapists reported perceptual awareness and therapeutic use of physical symptoms and client bodily communications in the therapeutic context (Omylinska-Thurston & James, 2011). Therapists in this sample were predominantly person-centred[189] and therefore the findings are theorised with person-centred theories of 'congruence' (e.g., Greenberg & Geller,

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[188] The term 'pseudorelationship' features in critiques of evidence-based psychotherapy/ manualised dose-response psychological treatments; customer-provider encounters and interactions are described as inauthentic because they are functionally equivalent, and consumers/service-users are considered interchangeable (Gutek, 1995; Morstyn, 2010).
[189] There were no CBT practitioners in this CoP research sample

2001). Recent psychoanalytic literature also draws out the notion of 'bodily countertransference' in the therapeutic context (c.f. Lemma, 2010; Orbach, 2010; Pines, 2010).

One of the insights from the present investigation of TLP is that counselling psychologists in CBT contexts could also benefit from routinely gaining awareness of, eliciting and/or using feedback about the physical impact of interactions, and to develop hypotheses with the client or supervisor (as appropriate) about implications of the physical symptoms for the therapy and for well-being (the client's and the therapist's, as appropriate). Certainly, the embodied interactional perspective used to contextualise the data theorises bodies as open to the other and vulnerable, thus all practitioner's and client's bodies can be conceptualised as mutually and reversibly influential in the therapeutic context.

Finally, this investigation highlights the importance of attending to client's 'extratherapeutic' material, including physical exercise and CAM use, in the therapeutic context. The argument for the inclusion of 'extratherapeutic' material will focus on the particularities of this investigation[190]. For example, the study reveals that mind-body exercise and experiences are marked as very important for some people and that participants mostly described beneficial aspects, but some also described aspects that I have interpreted as problematical. The latter are contextualised with literature that implicates relationships, medical discourses, associated treatment myths, metaphors and rituals (e.g., diagnosis, application of technique) in the development of symptoms, injury, chronicity and exercise program dependency (Diamond, 2001, 2013; Fahlberg & Fahlberg, 1990; Lederman, 2010).

As described in Chapter 1, the distinctive priorities of CoP include a concern with education and prevention (Strawbridge & Woolfe, 2003, 2010). We tend to identify with

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[190] This section draws inspiration from the work of CoP Adrian Coyle (2010) because of the striking similarities between the ways that psychotherapists have traditionally represented client's religious and spiritual beliefs and material, and the ways that they have represented physical execise use and beliefs as described in Chapter 1.

the 'scientist-practitioner' model (Woolfe, 1996) and thus appreciate the philosophy of empiricism[191] and the elegance[192] in science. We also recognise a human tendency toward rationalism[193]; the attractiveness, benefits, functions and comforts of 'foundational beliefs'[194] (Spinelli, 2001a); 'the specificity myth'[195], associated treatment 'myths', 'metaphors' and 'rituals' (Bozarth, 2000; Fairfax, 2008; Joseph, 2008; O'Hara, 2012; Wampold, Ahn, & Coleman, 2001); as well as 'scientism'[196] (Larsson, 2012; Laungani, 2004) and 'schoolism'[197] (Cooper & McLeod, 2011; A. Hall, 2010) in ourselves (e.g., A. J. Scott & Hanley, 2012), in other people, and in the structures that support and surround us.

Does this mean that counselling psychologists should offer themselves as experts and aim to assist clients in deconstructing their teacher-led anaerobic (mind-body) exercise beliefs and behaviours, with a view to uncovering empirically questionable discourses, myths, metaphors and rituals that they sustain? Perhaps we should guide clients who value teacher-led anaerobic (mind-body) exercise towards an understanding of common factors in secular healing (Frank, 1972; L. Luborsky, 1995; Rosenzweig, 1936; Sprenkle & Blow, 2004), and protect them by educating them about recent NICE guidelines and the best empirical research evidence[198] concerning physical exercise and mental/physical health?

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[191] The empiricists (e.g., Hume, 1739/2000; Locke, 1841/1977) doubted whether we could know anything , in the strict sense, at all; they proposed that our information about our experience may never be more than probable but may be evaluated as more important & useful for mankind than alleged certainties (cf. Lacey, 1986)

[192] e.g., simplicity; parsimony (cf. Glynn, 2010)

[193] The rationalists (e.g., Descartes1637/1941; Plato, c. 347bc./1981) proposed that by employing certain procedures, we can discover knowledge that can under no circumstances be false (cf. Lacey, 1986)

[194] e.g., ideas that are taken for granted as fundamental givens or truths that may be kept immune from explication, study, analysis, challenge and change; e.g., clients seek psychotherapy for psychological problems, and physical exercise for physical health enhancement

[195] e.g., the belief that a technique, for example the identification and challenge/reality testing of 'distorted' cognitions can treat 'depression'

[196] The term can apply in pejorative senses: To indicate the improper usage of science or scientific claims. This usage applies equally in contexts where science might not apply, such as when the topic is perceived to be beyond the scope of scientific inquiry, and in contexts where there is insufficient empirical evidence to justify a scientific conclusion. It includes an excessive deference to claims made by scientists or an uncritical eagerness to accept any result described as scientific. In this case, the term is a counterargument to appeals to scientific authority (cf. Goldacre, 2009; Peterson, 2004).

[197] e.g., identifying with one school of thought, model or practice; splitting, dividing and pitting one school of thought, model and practice against another/others

[198] As discussed in Chapter 1, NICE & empirical research tend to favour individualistic explanations of the 'effects' of exercise along with a dose (medium intensity, aerobic exercise for ten or more minutes daily)-response (cardiovascular health/aerobic fitness/positive affect) conceptualisation of the exercise-health/well-being relationship

One answer is that to do so "would contradict some of the defining characteristics of CoP" (Coyle, 2010, p. 260). CoP is explicit about its meta-theoretical humanistic position - its particular assumptions about human nature, psychological distress, well-being and what works in therapy (Joseph, 2008). It is this distinctive position that elevates the importance of engaging actively, respectfully and openly with client's meaning making and life worlds. However, both ignorance of and familiarity with teacher-led anaerobic physical exercise and associated experiences could predispose a counselling psychologist to misjudge, misinterpret, misunderstand, mismanage or neglect important segments of a client's life which may exert significant influence. Moving automatically to a challenging approach towards a client's perceived dubious mind-body exercise material would represent a failure to embody the sort of "being with" the client that defines CoP (cf. Coyle, 2010, p. 260). Conversely, therapists who are knowledgeable about or hold positive assumptions of anaerobic exercise could run the risk of foreclosing the possibility of providing a context wherein the client can undertake exploration of paradoxical aspects of their experiences and commitments.

It can be argued that working from our meta-theoretical position provides one of very few relational contexts wherein the client can feel respected and thus explore and perhaps even critically reflect on their mind-body, movement and touch experiences. Ultimately, developing a contextualised understanding, responding with accurate empathy (Rogers, 1957) and being with a client for whom such experiences are central, first requires a willingness by the counselling psychologist to attend to that dimension.

A second rationale for the inclusion of physical exercise/CAM material concerns the gaps, anomalies and methodological shortcomings found in the literature as described in Chapter 1. These may reflect numerous complexities involving interrelationships between structured physical exercise, psychological health/well-being, and the mind-body relationship that pose challenges for empirical research. Whatever the exact nature of the interrelationships, it can be argued that there is much that we do not understand and stand

to learn from listening to clients. Counselling psychologists and clients alike could benefit from the routine consideration of the potential relevance of exercise/CAM for the client, and from the practice of developing of hypotheses with the client or clinical supervisor (as appropriate) about the possible implications for the therapy and for the client's well-being.

4.7   Conclusion

The aim of this investigation was to explore experiences of transformation without psychotherapy and to contribute to the scant psychological knowledge-base about teacher-led exercise, using an approach that enables me to attempt to actualise my discipline's allegiance to the 'scientist-' 'humanist-' and 'reflective-' practitioner models.

The 'scientist-practitioner' dimension is reflected in my engagement with, syntheses and critiques of psychology and psychotherapy research throughout the duration of the project. The 'humanist-practitioner' dimension is reflected in my concern both with using a phenomenologically-inspired approach to enquiry, and with centralising and representing the perspectives of individual co-researchers.

Finally, the 'reflective-practitioner' dimension is shown in my identification of my interest in and experience of the topic, and my discussion of my foreunderstandings. It is also reflected in the way that I have 'used myself' to receive insights and develop a perspective that has exposed my own blind spots, as well as alerting the reader to gaps and anomalies in the psychological knowledge-base on which we base our practice. The research has challenged my confidence in the myths advanced in Pilates, and has elevated the importance of developing more nuanced understandings of the experience and meaning of transformation.

The investigation problematises psychology's tendency to advance individualistic, disembodied, decontextualised accounts of human beings and behaviours, and the polarisation of common factors and specific ingredients explanations of the experience of transformation. The perspective developed argues that relational, embodied and

contextualised accounts of human beings and behaviours, and more nuanced

understandings of common and specific factors associated with the experience of change

have phenomenological and clinical relevance, and thus seem more germane for the

knowledge-base on which we base our practice.

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Glossary of acronyms

AT	Attachment theory
BCP	Body Control Pilates
BT	Behavioural therapy
CAM	Complementary and alternative medicine
CBT	Cognitive behavioural therapy
cf.	Confer/consult
CLBP	Chronic benign low back pain
CoP	Counselling Psychology
CPR	Counselling psychology review
CPQ	Counselling psychology quarterly
cr.	Cross-reference
CS	Core stability
DV	Domiciliary visit
EBP	Evidence-based practice
Ed	Education (descriptive information)
EGO	Ego goal orientation
esp.	Especially
HCPC	Health and care professions council
I-LMBCT	Instructor-led mindfulness-based cognitive therapy
LMU	London Metropolitan University

MBCT	Mindfulness-based cognitive therapy
MBSR	Mindfulness-based stress reduction
MSc	Master of Science
RD1	Research development stage 1 (research proposal evaluation panel)
RD2	Research development stage 2 (progress evaluation panel)
S-DFP	Self-directed formal Pilates practice
S-DIP	Self-directed informal Pilates practice
SES	Socioeconomic status (descriptive information)
SPCT	Social psychological climate theory
TGO	Task goal orientation
TLP	Teacher-led Pilates
TR	Therapeutic relationship
UK	United Kingdom
WE	White ethnicity (descriptive information)

Original research paper

"Becoming multidimensional": an interpretative phenomenological analysis

of client's experiences of transformation with teacher-led Pilates

By

Desiree A. Scarpellini

A dissertation submitted to London Metropolitan University in partial fulfilment of the

requirements of the Professional Doctorate in Counselling Psychology

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Table of Contents

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Abstract

There is a paucity of research that explores how people change without the assistance of psychotherapy. This exploratory investigation aims to make a contribution to the counselling psychology knowledge-base about the experience of psychological change without psychotherapy, and to the scant psychological knowledge-base about teacher-led structured exercise.

The dissertation develops an in-depth account of eight people's meaning-making of experiences of transformation with teacher-led Pilates. Semi-structured interviews and the resultant transcripts are analysed using interpretative phenomenological analysis. The idiographic sensibility of this approach is represented using poetic condensations of individual participant's interviews. Two themes emerged from the cross-case analysis: *'weekly teacher-led Pilates classes can provide opportunities for valued interactional experiences'* and *'weekly teacher-led Pilates classes can provide an invaluable arena for transformation'*.

The discussion considers the characteristics of the contributors to this investigation in relation to available descriptive characteristics of people who use and participate in surveys or research about physical exercise, complementary and alternative medicine, and psychotherapy. The cross-case findings are contextualised with interactional theories, namely social psychological climate theory, attachment theory, and an embodied social cognition perspective that develops the work of phenomenological thinkers.

The findings offer unexpected insights that seem to problematise key assumptions that underpin empirical psychology, psychotherapy and Pilates. The thesis draws out specific implications for the knowledge-base on which counselling psychology bases its practice.

Key words: Counselling psychology; psychological change; teacher-led Pilates client; interpretative phenomenological analysis; context; interaction

Acknowledgements

Chapter 1: Introduction

1.1 Introduction

Counselling psychologists typically conduct research to develop the knowledge-base of talking therapy (McLeod, 2003; Rafalin, 2010). Research that is not concerned with advancing knowledge about talking therapy is therefore atypical. Nevertheless, it is argued that there is a paucity of research exploring how people change without the assistance of psychotherapy, and that more empirical work which investigates the experiences of people who change without psychotherapy is needed so that a generic model of change can be developed (Gianakis & Carey, 2008).

This thesis is motivated by the researcher's lived experiences and the distinctive priorities of the discipline of counselling psychology (CoP) as well as its historical and philosophical heritage. The researcher's experiences are described below. The distinctive priorities of CoP include a concern with an holistic conceptualisation of human being, well-being, education, prevention and relationship (Strawbridge & Woolfe, 2003, 2010). A relatively new discipline in the UK that has evolved from the disciplines of philosophy, psychology and sociology (Cowie, 1999), CoP gained divisional status within the British Psychological Society (BPS) in 1995 (Strawbridge & Woolfe, 2003, 2010). Philosophically, CoP advances a pluralistic stance, with a commitment to recognising and establishing the value of three major traditions in psychology: phenomenological/existential/humanistic, psychoanalytic/psychodynamic and cognitive/behavioural (Strawbridge & Woolfe, 2003, 2010; Orlans & Van Scoyoc, 2009).

The aim of this thesis is to develop a CoP perspective that can make a contribution to our knowledge-base about psychological change without psychotherapy, and that can contribute to the scant psychological knowledge-base about teacher-led structured exercise. CoP does not typically accord this complex social phenomenon priority, although we have a unique contribution to make because of our distinctive heritage and

research literacy. Indeed, completing this study has been motivated by the recognition that counselling psychologists have a distinctive contribution to make beyond therapy (Milton, 2010). Accordingly, this investigation is concerned to disinter, reveal and grapple with phenomena that may at first appear 'other' to some practitioners.

1.1.2 Locating the researcher

To address the reader directly, the introduction and sections of this study concerning methodology, procedures and discussion will use the first person. Albeit uncommon amongst quantitative researchers, use of the first person is recommended by some qualitative and phenomenological proponents, for three reasons. First, because qualitative designs cannot be fully detailed prospectively (McLeod, 1994) such research "unfolds as fieldwork unfolds" (Patton, 1997, p.61). Second, in qualitative inquiry the researcher is an integral part of the process (Grafanaki, 1996; Polkinghorne, 1991). Finally, use of the first person is preferred by some phenomenological proponents because the writer can thereby bring themselves to the task of "taking up a position" and developing an argument (J. A. Smith, Flowers, & Larkin, 2009, p. 41).

I am a forty year old unmarried mother of white ethnicity with middle socio-economic status, a philosophy[1] and theatre studies[2] graduate with a Master of Science (MSc) in counselling psychology[3], Pilates teacher training experience[4] and over 30 years' experience of competitive sport, recreational dance and structured exercise. The theorised and phenomenological interrelationships between structured physical exercise, psychological health/well-being, the mind and the body have long been perplexing to me. Through my clinical experience within the National Health Service (NHS) and in private practice I have come to realise that these phenomena are aspects of being human-in-the-

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[1] Bachelor of Arts with Second Class Honors (First Division) in Philosophy, Bristol University, Bristol 1994
[2] Bachelor of Arts with First Class Honours in Theatre Studies (Design: Set & Puppetry), Central School of Speech and Drama, London 1999
[3] Master of Science with Merit in Counselling Psychology, London Metropolitan University, London 2006
[4] Body Control Pilates (BCP) mat work teacher training, London 2006; recruited as a 'body' for BCP and Pilates Foundation teacher training mat work and equipment exams, London 2007-2009

world that are also salient for the structures that surround and support my work, and for some people that I work with and alongside.

As of mid-2011 the NHS National Institute for Clinical Excellence (NICE) recommends "offering structured physical exercise to adults presenting with depression and depression with a chronic physical health condition" (NHS NICE, 2011, p. 26 & 29). Similarly, the construct of 'well-being' is particularly salient for psychologists because, despite longstanding problems of definition and measurement, it has featured on the UK government agenda since 2011 (Allin, 2011; Evans, 2011; Jarrett, 2011). Regarding the mind-body relationship, the past decade has witnessed calls from counselling psychologists (e.g., Moodley, Sutherland, & Oulanova, 2008; Turp, 2001; Wahl, 2003), sport psychologists (e.g., Allen-Collinson, 2009; Hays, 1999), health psychologists (e.g., Bakal, 1999; Radley, 2000) and psychotherapists (e.g., Corrigall, Payne, & Wilkinson, 2006; Muller & Tillman, 2007; Rothschild, 2000; Soth, 2006) for practitioners to 'mind the body' in research and practice.

As a CoP trainee, my aim is to research teacher-led structured exercise within the context of "every day" human functioning (Barkham, 2003, p. 65). I will use an approach to research that harnesses CoP's emphasis on understanding the subjective world of individual people (Orlans & Van Scoyoc, 2009; Strawbridge & Woolfe, 2003, 2010). I aim to prioritise understanding how individual clients describe experiences of transformation with teacher-led exercise, and the meaning thereof.

1.1.3 Locating Pilates clients as a focus for this study

This thesis is inspired by my own experiences. For example, I clearly remember my experience of seeing the word 'Pilates' for the first time when it appeared on the timetable at my local gym in South London in 1997. I enquired about the class but the receptionists were uncertain what Pilates was. I was interested to learn about Pilates and attend the class because it replaced another class that I valued, it was scheduled at a time

that was convenient, and I already enjoyed partaking in teacher-led classes including krav maga[5], muay Thai kick boxing[6], t'ai chi[7], yoga[8] and choreographed group fitness to music.

Learning Pilates with my first teacher represents a tipping point (Gladwell, 2000) that has contributed to a profound transformation of my understanding and experience of my body. Over 15 years, learning Pilates with different teachers has contributed to a perceived more complex, paradoxical, subtle and satisfying relationship with my body, the world and other people. Teacher led Pilates (TLP) classes have also contributed to my sense of a transformed relationship with exercise, the meaning of exercise for me[9], my motivations and the focus of my practice. For the past nine years, my learning of Pilates has run parallel with my learning and development at London Metropolitan University (LMU). The CoP program at LMU focussed disproportionately on the cognitive behavioural tradition, because of the established grounding in quantitative research of this approach, and the current context in which the ethos of evidence-based practice (EBP) in healthcare is paramount.

In my experience, TLP circulates well with cognitive behavioural therapy (CBT), a conceptualisation that follows in the wake of authors who have circulated psychotherapy with other practices[10] (e.g., Claessens, 2009; Faggianelli & Lukoff, 2006; Germer, Siegel, & Fulton, 2005; Hyland, 2005; Kutz, Borysenko, & Benson, 1985) or different traditions within psychotherapy[11] (e.g., Claessens, 2010; Corrie & Milton, 2000). Circulation refers to the creation of a "complex dialogue and reciprocal influence between two disparate communities that share a new common ground" (Varela, 1989, p. 15).

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[5] Krav maga is a non-competitive tactical self-defence system developed in Israel & is underpinned by a philosophy emphasizing threat neutralization with simultaneous defensive and offensive manoeuvres
[6] Muay thai is a combat sport from the muay martial arts of Thailand that uses stand-up striking along with various clinching techniques
[7] Tai chi is a Chinese martial art practiced as self-defence training and as health/well-being enhancement
[8] Yoga is a generic term for physical, mental, and spiritual disciplines which originated in ancient India; in this gym context, teachers placed most emphasis on the physical aspects (asanas/postures)
[9] e.g., I perceive that previous to my TLP learning experiences, I used exercise to relate to my body in particular ways. I perceive that I have since come to relate with my body to physical exercise in very different ways.
[10] Aikido and complementary and alternative medicine (CAM)
[11] Existentialism & CBT

TLP and CBT already seem to share common ground, not least that both approaches are described as popular but controversial (Hyland, 2005; Ives & Sosnoff, 2000). Developed in America in the 20th Century by charismatic men of white ethnicity[12], both approaches have evolved over the past 30 years, such that the novel ideas of both originators are referred to as traditional Pilates (Latey, 2001) and traditional CBT (e.g., Hickes & Mirea, 2012), respectively. Both traditional and modern Pilates seem to share with modern, third wave CBT[13] the principle that human beings need training that involves the development of specific skills to function at their best (Claessens, 2010; Friedman, Eisen, & Miller, 1980; Pilates, 1934). For example, traditional Pilates emphasises "special mind training", the cultivation of "mental concentration", and the formation of "good habits" through regular practice (Pilates, 1934, p. 43). CBT emphasises that "the mind is complex and that it needs training" with the cultivation of "mindfulness" and regular practice (Claessens, 2010, p. 299).

Some authors have argued that the clinical utility of mindfulness has proceeded in the absence of an operational definition (Bishop, 2002; Bishop, Lau, S. Shapiro, Carson, & Anderson, 2004; Sillifant, 2007). There appears to be some agreement that mindfulness involves the self-regulation of attention (Bishop, et al., 2004; Brown & Ryan, 2004), a definition that suggests similarities with the principle of concentration[14] in the modern Pilates literature, which is described as the requirement to "focus the mind" (L. Robinson, Fischer, Knox, & Thomson, 2000, p. 20). Refer to appendix G for a description of the principles of Pilates.

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[12] TLP originates in the work of J. H. Pilates (e.g., 1934) who drew on the philosophy of Schopenhauer (1883-1886/2008), and circulated yoga with body building and gymnastics (Latey, 2001); CBT originates with the work of A. Ellis (e.g., 1962) and A. T. Beck (e.g., Beck, 1963, 1964; Beck, Rush, Shaw, & Emery, 1979), and has its roots in stoic philosophy (cr. Rist, 1977), and behavioural therapy (BT) (e.g., Lindsley, Skinner, & Solomon, 1953). BT has its roots in a philosophical and psychological movement that opposed philosophy of mind and mentalist (inner structure) approaches to understanding & influencing behaviour (i.e., the 'blank slate' hypothesis (cf. Pinker, 2002)).
[13] i.e., approaches that emphasise the cultivation of 'mindfulness' and 'acceptance'
[14] Some argue that mindfulness and concentration refer to distinct states of consciousness; e.g., concentration refers to the focus of awareness on a single point or object; mindfulness refers to the division of attentional resources among all sources of stimulation without evaluation, analysis or clarification (evenly suspended attention) (cf. Dunn, Hartigan, & Mikulas, 1999; Mikulas, 2011)

I have personally experienced learning and practicing CBT to be transformative[15], perhaps for similar psychological reasons that I have also experienced TLP as transformative. For example, each approach has offered myths[16] (Frank & Frank, 1961/1991), metaphors[17] (Lakoff & Johnson, 1980), and rituals[18] (Frank, 1972, 1982) that I perceive to have enriched my life. It feels as though learning and practicing CBT and TLP have contributed to a sense of being awoken to strange, complex and subtle choices that I was previously unaware of. My learning experiences have informed my clinical practice in that I perceive one part of my role as that of facilitating a safe, respectful and structured dialogue that can provide people with an opportunity to explore and discover their own choices, as well as the limitations and consequences thereof.

From my perspective, the learning experiences from TLP and CBT that I have lived suggest that practitioners from both approaches are similarly charged with navigating tensions as regards 'being/relating/validating' and 'doing/applying/invalidating' dichotomies encountered in literature pertaining to psychotherapy (e.g., Claessens, 2009; Claessens, 2010; Hickes & Mirea, 2012; Nanda, 2009, 2010; Spinelli, 2003; Strawbridge & Woolfe, 2003, 2010). Indeed, some argue that both CBT and TLP can be regarded as sets of techniques applied by practitioners, or clients themselves, in fairly mechanistic ways to treat problems (Gruenke, 2007; Merrett & Easton, 2008). Physicians describe both Pilates and CBT as mind-body approaches (Astin, S. L. Shapiro, Eisenberg, & Forys, 2003; Ives & Sosnoff, 2000), and there are striking similarities in the emotive language used to describe problems they can treat. For

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[15] e.g., learning and practicing CBT has transformed my relationship with my inner dialogue & imagery; e.g., at times I find myself able to identify my dialogue with some ease & I find that at times it feels second-nature to treat my thoughts as hypotheses or events, rather than as *a priori* facts

[16] 'Myth' refers to the provision of theories, models, explanations or aetiologies; the word 'myth' underscores the contention that the accuracy of the explanation is less important than its plausibility in the eyes of the client; i.e., dysfunctional or faulty thinking and behaviour (Beck, 1995) and dysfunctional thinking and body use (Pilates, 1934) can contribute to human distress

[17] Metaphors serve to partially structure concepts, they provide an understanding of one kind of thing in terms of another; e.g. of structural & ontological metaphors from Pilates: 'core stability' and 'centring' (Latey, 2002); from CBT: 'core beliefs' and 'decentering' (Segal, Williams & Teasdale, 2002)

[18] Procedures that involve the participation of helper(s) and client(s) in activities that both believe will help the client(s) to experience change

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example, Pilates is described as a treatment for 'crippling' back pain and movement

'disorders' (Curnow, Cobbin, Wyndham, & Boris Choy, 2009; Mottram, 2006; Tasker,

2012) whilst CBT is described as a treatment for 'crippling' depression and anxiety

'disorders' (Layard Report, 2006).

Critics suggest that Pilates and CBT have become established as dominant

approaches because of proponent's adept use of the media, medical terminology, and,

consequently, an almost universal acceptance by the medical profession (Hickes & Mirea,

2012; Merrett & Easton, 2008; Morrison, 2007). Finally, until relatively recently research

pertaining to both TLP and CBT has been concerned with establishing their efficacy for

particular outcomes using experimental designs that are concerned with measurement,

quantification and establishing laws of ecumenical scope (e.g., Choon Wyn Lim, et al.,

2011; Pereira, et al., 2011; Simpson, et al., 2009; Tolin, 2010).

Four notable areas of divergence between TLP and CBT include: differences in the

significance accorded to cultivating body and mind-body skills for optimal human

functioning; differences in the volume, scope and quality of research conducted;

differences in how the approaches seem to be evolving; and differences in statutory

regulation. If practiced in accordance with the philosophy of its originator, Pilates accords

as much importance to training the body as it does to training the mind (Friedman, et al.,

1980; Latey, 2001; Pilates, 1934). By comparison, although mind-body practices can

feature within the CBT practitioner's repertoire[19], primacy is given to the cultivation of

mind skills[20].

CBT research is considered to have developed consistently over the past three

decades (e.g., Hickes & Mirea, 2012) whilst, by contrast, it is argued that despite the

popularity of Pilates[21], there is a paucity of quality research that supports the claimed

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[19] e.g., progressive muscular relaxation, the body scan, mindful walking, hatha yoga-inspired techniques
[20] e.g., behaving like a scientist, identifying and challenging cognitive distortions, metacognition,
mindfulness
[21] Refer to Appendix G for evidence of popularity of Pilates with examples of from popular media

benefits of the method (Lange, Unnithan, Larkam, & Latta, 2000; Lederman, 2010; Pereira, et al., 2011; Shedden & Kravitz, 2006). Pilates research has predominantly focussed on evaluating its efficacy for symptoms and physical outcomes including lower back pain, improvements in strength, body composition, body alignment, range of motion and flexibility (e.g., Alandro-Gonzalvo, Machado-Diaz, Moncada-Jimenez, et al., 2011; Bernardo, 2007; Choon Wyn Lim, et al., 2011; Pereira, et al., 2011; Posadzki, Lizis, & Hagner-Derengowska, 2011). By comparison, CBT's description as a mind-body approach appears legitimised through a combination of psychology and neuroscientific research. For instance, it is claimed that CBT is demonstrably associated with neurobiological effects or 'changes in the brain' for particular diagnoses, such as phobias, psychosis and anxiety disorders (Kumari, et al., 2011; Myers & Davis, 2007; Paquette, et al., 2003). Modern Pilates proponents claim that they draw on developments in psychology, and that TLP requires the practitioner to pay specific attention to the needs of individual clients (e.g., Latey, 2001, 2002; Stone, 2000). These claims indicate that psychological, phenomenological and perhaps also interactional factors are currently accorded particular significance within TLP. However, there is a dearth of theorising and research about these factors, although one source describes the Pilates teacher-client interaction as a therapeutic relationship (Conraths-Lange, 2004).

Thus, despite the originator's equal emphasis on mind and body, and modern proponent's recognition of the importance of attending to psychological, phenomenological and interactional processes, Pilates research is not typically concerned with developing these claims. By comparison, there seems to be some evidence of a philosophical shift within CBT in response to criticisms about the emphasis on technique, the mechanistic ways in which CBT can be conducted, and its focus on symptoms and disorders (cf. Hickes & Mirea, 2012; Merrett & Easton, 2008). For instance, a growing body of literature suggests that CBT is evolving towards prioritising an intensely mutual therapeutic relationship (e.g., Gilbert & Leahy, 2007; Karver & Caporino, 2010; Kelly &

Iwamasa, 2005; Norcross, 2010; Safran & Segal, 1990; Wright & Davis, 1994). It is also argued that CBT has evolved from an approach that emphasises content, 'doing' and the active pursuit of change, to one that advances process, 'being' and the realisation of change through the cultivation of acceptance, compassion and mindfulness (cf. Claessens, 2010; Gilbert, 2005).

Finally, with respect to statutory regulation[22], despite the apparent popularity of Pilates and its arguable endorsement by members of the medical community, unless practitioners are also physiotherapists, they are not currently regulated by statute[23]. By contrast, regulation for psychologists was introduced in 2009, along with the establishment of the Health and Care Professions Council (HCPC)[24] register of practitioner psychologists and statutory regulation of talking therapists is currently underway (Department of Health, 2011). Consequently, from 2014, all CBT practitioners working in the UK will be regulated by statute and required to register with the HCPC.

1.1.4   Locating my position in relation to teacher-led Pilates

As a CoP researcher, it is difficult to express my position as regards TLP. It seems fitting to claim an ambiguous space that is poetically described by Spinelli (2009) as that of existing at the periphery of 'insider-ness' and 'outsider-ness'. I am an insider because I have benefitted from and see the value of TLP. I have witnessed how some Pilates practitioners share with counselling psychologists a common concern for the clients that they meet, engage, interact, work with and/or lose. As a CoP trainee, I am an outsider because I am familiar with theories, research and practices that may appear 'other' to some Pilates practitioners, and also perhaps to some CBT practitioners.

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[22] Statutory regulation exists to protect the public against the risk of poor practice. It works by setting agreed standards of practice and competence by registering those who are competent to practise and restricting the use of specified protected titles to those who are registered
[23] Physiotherapists have been regulated by statute since 2005, and some also work as Pilates teachers in clinical settings.
[24] Formerly the Health Professions Council (HPC)

CoP is a discipline that embraces and grapples with the complexities of pluralism[25] (Cooper & McLeod, 2007). It straddles contradictions between scientist (M. B. Shapiro, 1985), humanist (Rogers, 1961) and reflective practitioner (Schön, 1987) models (Corrie, 2011). The discipline is demandingly synchronously committed to empiricism and critical reflection, to respecting the subjective experience of the client, to the centrality of the therapeutic relationship, and to the therapist's understanding and use of self (BPS, 2005, 2007; 2011; Orlans & Van Scoyoc, 2009). I feel closely affiliated with the discipline, not least because of the breadth and richness of the contributions it can make to research and debate (du Plock, 2006). For instance, CoP honours exploration and creative engagement with notions of psychological health and well-being, and what is effective across all therapies (McLeod, 2011). Indeed, CoP is described as distinctive in its ability "to grasp a philosophical overview which can draw its vitality from a wide range of disciplines which seek to address what it is to be human" (du Plock, 2006, p. 32). I value that CoP inspires courage and the tolerance of uncertainty because it resists theoretical dogma and it encourages me to repeatedly question my own and my discipline's assumptions (cf. Boucher, 2010; Golsworthy, 2004).

To summarize, this investigation is partly motivated by my fore-understandings, my lived experiences of TLP and CBT, and my belief that they share common ground. My fore-understandings raise the possibility that people may relate to these approaches in similar ways. For example, it is possible that people may relate to TLP in similar ways as people relate to CBT; for guidance, personal development, skill development, self-care, to enhance psychological health and well-being, for prevention, insight, treatment of psychological distress, and symptom management. The investigation is also partly motivated by the unknown and my ignorance, because I recognise that my fore-understandings might, in fact, be inaccurate and may actually reflect my distorted

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[25] Pluralism is defined as 'the doctrine that any substantial question admits a variety of plausible but mutually conflicting responses' (Rescher, 1993, p. 79).

perspective and cognitive biases. It seems timely because CBT research has recently begun to focus on what practitioners can learn from researching the lived experiences of individual clients (Kellett, Greenhalgh, Beail, & Ridgway, 2010; McManus, Peerbhoy, Larkin, & Clark, 2010; Williams, McManus, Muse, & Williams, 2011). By contrast, Pilates research continues to be disproportionately concerned with researching the efficacy of specific techniques for discrete symptoms or physical outcomes (e.g., Aladro-Gonzalvo, et al., 2011; Choon Wyn Lim, et al., 2011; Culligan, et al., 2010; Neumark-Sztainer, Eisenberg, Wall, & Loth, 2011). As such, research about Pilates seems to neglect exploration of lived experiences of individual clients. This is perplexing, given the apparent emphasis on psychology and phenomenology.

I propose that designing a study that prioritises offering the TLP client an opportunity to share their subjective experiences, and that can subsequently develop a dialogue between the findings and existing theory and research may make unique contributions to CoP. For example, one of my fore-understandings is that TLP is a complex social phenomenon that has elements in common with CBT. It is possible that the investigation may reveal further unanticipated similarities between TLP and CBT, and that it may provide the CoP reader with a unique opportunity to disinter and critically reflect on their own assumptions and unexamined beliefs about teacher-led structured exercise.

1.2   Literature review

The two main approaches to reviewing literature for psychological research are narrative or systematic (Hart, 1998; Light & Pillemer, 1984; McLeod, 1994). Narrative reviews can be effective in situations where there has been a substantial amount of research, most of which has built on previous studies (McLeod, 2011). Such reviews do not typically include a section describing the methods used in the review, being mainly based on the experience and subjectivity of the author, who is typically an expert in the area (Cipriani & Geddes, 2003). One criticism of this approach however, is that the

absence of a clear method section can lead to a number of methodological flaws, which can bias the author's conclusions (Kerlinger, 1973; Kerlinger & Lee, 2000). Other authors draw a distinction between narrative and subjective reviews, contending that whilst subjective reviews are often idiosyncratic, implicit and irreproducible, narrative reviews may be an appropriate methodology for describing the history or development of a problem and its solution (Fink, 1998).

Systematic reviews are described as objective syntheses of primary research that use and describe specific, explicit and reproducible methodological strategies to identify, assemble, critically appraise and synthesise all relevant issues on a particular topic (Cipriani & Geddes, 2003; Fink, 1998; Kerlinger & Lee, 2000). It has been argued that where systematic reviews are associated with natural science assumptions and practices, narrative reviews are conversely associated with phenomenology because they are underpinned by different assumptions (McLeod, 2011; B. Smith & Sparkes, 2006; J. K. Smith, 1989). Relevant here is that CoP researchers who have used a phenomenologically oriented approach tend to use the literature review to map a context and rationale for the investigation (Rizq & Target, 2008, 2009). This is the approach taken with the narrative review that follows.

1.2.1   Coverage

TLP is a complex social phenomenon that manifests multifaceted problems of definition. For example when defined as treatment for or prevention of musculoskeletal problems, TLP can be conceptualised as a complementary and alternative medicine (CAM) modality. By contrast, when defined as a health or well-being enhancement approach, TLP can be conceptualised as a structured physical exercise modality. This review aims to provide a selective synthesis of some of the reading that has been undertaken for this investigation, followed by a critique and rationale for the current study.

It maps a context and rationale for this inquiry with the coverage of three areas.

First, the findings and conclusions of a clinical paper that uses meta-analyses draw attention to similarities in the research stories of psychotherapy and CAM. Second, the review discusses how structured physical exercise and people's relationships therewith are characteristically conceptualised and researched in psychology. Finally, the review discusses some of the literature concerning physical exercise in psychotherapy and describes the work of a CoP who offers a distinctive and thoughtful account of physical exercise and 'psychosomatic health' from a psychoanalytic perspective.

1.2.2   Psychotherapy and complementary and alternative medicine

In 2005, a UK clinical and health psychologist, Michael Hyland, used meta-analyses to draw attention to similarities in the research stories of psychotherapy and CAM, which are described as "controversial therapies that involve quality therapist-patient contact" (Hyland, 2005, p. 361). The author notes that even though the research base of psychotherapy is significantly more developed, the increasing popularity of CAM is matched by a reduction in use of psychotherapy (cf. Duncan & Miller, 2000).

Hyland proposes two models with associated hypotheses and motivations for conducting research in CAM and psychotherapy. From the 'medical model specific factors hypothesis', research is carried out to verify the effect of specific therapies as a form of medical treatment for discrete problems. From the 'humanistic model contextual factors hypothesis', research is carried out to identify and investigate 'common features' (cf. Frank & Frank, 1961/1991) shared by therapies that involve therapist-patient interaction. Here, psychotherapy and CAM are conceptualised as parallel to conventional medicine but as different kinds of treatments with different research agendas. Hyland's paper identifies that research in both psychotherapy and CAM is dominated by the first motivation: using the medical model and research that is concerned with verifying how discrete conditions respond to a specific dose of treatment.

Meta-analyses of CAM research that have found that it is effective for contextual

reasons are used to argue that it is a form of psychotherapy. Hyland calls for a more concerted effort by CAM researchers to develop research using what is known in psychotherapy, specifically that when researcher or therapist therapeutic allegiance is accounted for, contextual factors are more significant than specific factors in healing (cf. Lambert, 1999; L. Luborsky, 1995; Messer & Wampold, 2002). To develop this argument, Hyland cites research in psychotherapy that has failed to find either client-therapist interactions that predict outcome (cf. Westen, Novotny, & Thompson-Brenner, 2004), or a placebo-responding personality that might predict good responders to contextual effects (cf. Brody, 2000). Research is used selectively to argue that the individual therapist may be the most significant contextual factor, and that we have not yet begun to study the therapist in meaningful ways (cf. Carroll, 2001; L. Luborsky, McLellan, Diguer, Woody, & Seligman, 1997; Okiishi, Lambert, Nielsen, & Ogles, 2003; Wampold, 2001). For example, Hyland cites empirical analyses which found that even though peers and patients can identify a good therapist, the findings are equivocal about what makes a therapist 'good' (cf. L. Luborsky, et al., 1997; Okiishi, et al., 2003).

Hyland surmises that the 'human effect' may be the most important aspect of psychotherapy and CAM, but that the mechanisms underlying the effect are poorly understood and that this illuminates the most significant gap in the knowledge-base of both disciplines. Hyland also notes that, whilst the philosophy that it is the person/therapist that matters is at variance with the medical model (cf. Lendreman, 1986), it is consistent with medical observation[26] (De Maeseneer, van Driel, Green, & van Weel,

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[26] e.g., Di Blasi, et al.'s (2001) systematic review of the influence of context effects on health outcomes focussed on randomised control trials investigating the effects of physician's non-treatment specific care; the aim was to determine whether there was any empirical evidence to support the theory that physician-patient interactions can have an important therapeutic effect, irrespective of the specific treatment. On the basis of the 25 studies that met the inclusion criteria, the review concludes that one relatively consistent finding is that physicians who are warm and empathic are more effective. However, the review found that available studies do little to highlight the mechanisms by which non-treatment specific interactions influence patient's health. Both of the Lancet articles cited above argue that further study of the interactions between specific and common factors are needed to bridge the gap between efficacy - what works in isolation in an ideal setting - and effectiveness (what works in 'every day' and routine practice).

2003; Di Blasi, Harkness, Ernst, Giorgiu, & Kleijnen, 2001).

1.2.3 Physical exercise in psychology

Stuart Biddle and Nanette Mutrie are sport and exercise psychologists who have conducted impressive comprehensive reviews of contemporary psychological knowledge in physical activity (2001, 2008). Addressing psychological determinants, psychological well-being, and behavioural interventions to increase physical activity, these reviews describe the relationship between physical activity and psychological well-being as one of the oldest areas of study in philosophy and psychology, and the research as voluminous but controversial.

Psychology research characteristically focuses on structured physical exercise, which is conceptualised as a behaviour that can be clearly defined and measured. Biddle and Mutrie recognise that structured exercise behaviour is a complex social phenomenon and that the field provides an individualistic, "decontextualised perspective" (Biddle & Mutrie, 2008, p. 138). These reviews show how psychological research about structured physical exercise has predominantly utilised quantitative designs and conceptual tools from social cognitive learning theory, such as self-efficacy theory (Bandura, 1997), self-determination theory (Deci & Ryan, 1985) and self-regulation theory (e.g., Bandura, 1991). The reviews provide a wealth of anecdotal evidence suggesting that physical exercise can have positive psychological effects, but demonstrate that research about the psychological effects of physical exercise is mostly concerned with investigating the relationship between exercise and affect[27], and consequently prioritising a 'dose-response'[28] conceptualisation.

Biddle and Mutrie highlight how, despite the considerable body of quantitative research activity that has been undertaken in physical activity over the past two decades,

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[27] This research is controversial because psychology researchers have characteristically not clearly defined the focus of dose-response research; the distinction between affect, emotion or mood "is often not made clear" (Biddle & Mutrie, 2008, pp.166-167).

[28] Effects of exercise intensity on affective response

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there are significant problems, gaps and anomalies in the knowledge-base. For example, mechanisms explaining psychological change with physical exercise have not been clearly identified. Physiological and psychological mechanisms proposed include the thermogenic hypothesis (deVries, 1981; Koltyn, 1997; Morgan, 1988), the endorphin hypothesis (Hoffman, 1997), the monoamine hypothesis (Chaouloff, 1997), the self-efficacy hypothesis (Bandura, 1997) and the distraction hypothesis (Craft & Perna, 2004)[29]. Interestingly, psychotherapy research similarly attests to the continuing mystery surrounding the nature and mechanisms of psychological change (Carey, Carey, Mullan, Murray, & Spratt, 2006; S. Higginson & Mansell, 2008; Tryon, 2005).

Biddle and Mutrie's reviews also reveal that little is known about teacher-led structured physical exercise, suggesting that, despite evidence of the growth in popularity of exercise leaders and personal trainers, "there is virtually no evidence for their effectiveness" (Biddle & Mutrie, 2008, p. 147). Moreover, little is known about whether or how people choose between the varieties of teacher-led classes that are available because data on exercise adoption are "sparse", and wider social trends have largely been "ignored in psychology research" (Biddle & Mutrie, 2008, p. 129 & 138). Certainly, scant reference is made in the reviews to teacher-led mind-body exercise regimens such as TLP, despite anecdotal evidence of their increasing popularity across the UK (refer to appendix G for supporting evidence).

The omission of mind-body exercise in the reviews can be explained in part by the finding that the research base is underdeveloped and tends to be of poor quality (Biddle & Mutrie, 2008). The following three points are also relevant. First, mind-body exercise is made up of diverse practices, although most are anaerobic and of low-to-medium intensity[30] (i.e.,

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[29] e.g. psychological accounts suggest that the "feel better" effect from physical activity may result from changes in self-worth and self-esteem from mastering new tasks, having a greater sense of control or from time away from negative or more stressful aspects of life (Biddle & Mutrie, 2008, p. 197).
[30] With 'physical exercise', the intensity of the physical work (i.e., 'high', 'medium' or 'low') has an effect on what energy/fuel (e.g., oxygen, carbon dioxide, carbohydrate, fat) the body uses, and what kind of adaptations the body makes after exercise (i.e., the training effect or outcome). 'Intensity' is the amount of physical power, expressed as a percentage of maximum heart rate (MHR), that the body uses in performing

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they are not associated with improving or maintaining cardiovascular health). Second, psychology research traditionally advances a hedonic conceptualisation of well-being, wherein "positive affect is considered an important health outcome in its own right" (Biddle & Mutrie, 2008, p. 165). Third, traditional conceptions of the exercise-affect relationship advance an 'inverted U' dose-response model such that moderate-intensity exercise is assumed to lead to positive affective changes in most individuals, the capacity to induce negative affective changes is limited to high intensity, strenuous exercise, and anaerobic exercise performed at low-to-moderate intensity is believed to constitute a stimulus of insufficient strength to elicit positive affective changes (cf. Berger & Owen, 1992; Ekkekakis, 2003; Ekkekakis & Petruzello, 1999). These kinds of assumptions seem to influence the research agendas of psychologists and thus teacher-led low-to-medium intensity exercise is underrepresented in psychology research. Certainly, the dose-response model and associated research has led some to the peculiar conclusion that it may be possible to defend "a single exercise prescription for all individuals" (Morgan, 1997, p. 11). This conclusion is peculiar because weak research designs and low statistical power in many studies cast doubt on any claims made about the true effects of exercise on psychological well-being (Biddle & Mutrie, 2008).

The concept of exercise prescription indicates that the stimulus-response model lends itself to the medicalization of physical exercise. The terminology has the effect of associating physical exercise with 'treatment', and perhaps by extension psychotherapy. There is little in the way of experimental psychology research that can question the medicalization of physical exercise, because it represents a convenient albeit questionable extension thereof. Similarly, psychological research typically conceptualises individual's relationships with physical exercise using conceptual tools and constructs that are

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an activity. Medium-to-high intensity exercise is strongly correlated with health because it is typically 'aerobic'. Aerobic exercise involves the continuous and intensive use of the heart and lungs; it includes activities such as rope-skipping, running and cycling. By contrast, 'anaerobic' exercise is typically construed low-to-medium intensity because it does not predominantly focus on strengthening the cardio-respiratory system.

characteristic of the biomedical model and social cognitive learning theory. For example, 'positive/negative addiction behaviours' and 'positive/negative dependence behaviours' are two of the most commonly used hypothetical constructs (e.g., J. Adams & Kirkby, 2002; J. M. Adams, Miller, & Kraus, 2003; Allegre, Souville, Therme, & Griffiths, 2006; Glasser, 1976; Hausenblas & Downs, 2002; Little, 1969). The terms 'healthy/unhealthy exercise behaviour' and 'exercise commitment/exercise over-commitment' are also used (e.g., Cockerill & Riddington, 1996; Little, 1969).

A relatively recent overview by Benjamin Allegre and colleagues (2006) has synthesised the knowledge about physical exercise addiction or exercise dependence generated from the few available studies. The review found that the majority of studies concentrate on solitary aerobic behaviours (e.g., jogging or running), and that the field lacks a conceptual framework to define and measure exercise addiction or exercise dependent behaviours[31]. Nevertheless, it found that there were three highly similar characteristics between the components and criteria of 'negative' or 'unhealthy' exercise addiction/dependence: neuroadaptation[32], salience[33], and adverse consequences[34]. The few studies available suggest that for a small proportion of people[35] excessive exercise may be problematic (cf. Downs, Hausenblas, & Nigg, 2004; Terry, Szabo, & Griffiths, 2004). The overview concludes that an individual's relationship with exercise can be conceptualised as "a continuum", ranging from a healthy/positive to an unhealthy/negative "habit" (Allegre, et al., 2006, p. 635).

Intriguingly, the few systematic studies of exercise deprivation that have been undertaken suggest that withdrawal[36] symptoms are characteristic of both healthy/positive

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[31] The field of addiction and dependence is characterised as conceptually chaotic (cf. Morse, 2004; Shaffer, 1997)

[32] Tolerance and withdrawal

[33] Time spent exercising, cognitive preoccupation with exercising

[34] Interpersonal conflict, reduction in other activities, practice despite medical contraindication

[35] The prevalence obtained with one or other classification and measures gives identical results. It seems that less than 5% of a population of exercisers would be classified as at-risk for exercise dependence.

[36] Withdrawal is described as the sensations experienced on cessation of an addictive behaviour and can take the forms of physiological and/or psychological disturbance.

and unhealthy/negative habitual exercise behaviours (Hausenblas, Gauvin, Downs, & Duley, 2008; Mondin, et al., 1996; Szabo, 1995; Szabo, Frenkl, & Caputo, 1996; Trine, et al., 1996). There is also some evidence that deprivation from different forms of exercise may have different effects that may not surface jointly (Szabo, 1995). However, there is a paucity of studies that can provide an understanding of whether people who are committed to teacher-led anaerobic mind-body exercise experience withdrawal symptoms between or when deprived of their classes. One study that has investigated the psychological impact of training deprivation in advanced level martial artists[37] found that all participants $(N=20)$[38] reported severe mood disturbance [39] during a one-week period of abstinence from training (Szabo & Parkin, 2001). Interestingly, the authors of this study suggest that insider status and the characteristics of the researcher were important for this kind of research[40].

1.2.4   Physical exercise in counselling psychology

Over the past three decades, a body of literature has examined how mental health professionals approach structured physical exercise in clinical contexts, and has considered how practitioners can respond constructively to exercise material in ways that advance therapeutic processes (e.g., Beesley & Mutrie, 1997; Biddle & Mutrie, 2008; Burks & Keeley, 1989; Chung & Baird, 1999; Faulkner & Biddle, 2001; Faulkner & Taylor, 2005; Hays, 1999; McEntree & Halgin, 1996; Pollock, 2001b; Turp, 2001). One key finding of this work is that psychotherapists have either focused on physical exercise as an irrational defence and have tended to regard client's exercise beliefs and behaviours as pathological, or they have tended to view exercise material as outside the remit of psychotherapy. It is argued that the latter instance can be taken to indicate that some

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[37] Martial artists training at brown and black belt levels in instructor-led Shotokan karate
[38] 10 male participants, 10 female participants with a mean age 28.4 years (SD=6.6) who trained an average 3.6 times a week (SD=1.1) for a total of 6.5 hours (SD=2.5) per week.
[39] Participants reported increased negative affect, anger, depression & tension, and reduced positive affect & vigour relative to baseline
[40] Parkin is a national champion in the martial art style of the participants, and his status is described as crucial to the successful undertaking of the investigation.

psychotherapists suffer from the tendency to treat the mind, the body and the social context of human existence as separate and separable domains. These assumptions have meant that client's exercise material has not been routinely engaged with in the sense of either being discouraged, actively ignored or not being considered important to a contextualised understanding of the client. It is perhaps therefore unsurprising that physical exercise is underrepresented in UK CoP literature, despite two decades of empirical psychology research that alludes to a consistent correlation between structured physical exercise and psychological health/well-being (Biddle & Mutrie, 2008).

Interestingly, some authors have argued that CoP has a major contribution to make to the fields of sport and exercise psychology through its philosophies, principles and models (Daley, 2002; J. Owen, 2010). These authors describe an overlap between the client populations seen by counselling psychologists and those with whom sport and exercise psychologists work, observing that recent trends in this field are concerned with adding exercise as a psychotherapeutic intervention, and as a lifestyle, health and well-being enhancement dimension. In view of these developments, it is suggested that there is much potential for interdisciplinary collaboration, which could be of benefit to both the sport and exercise psychologist and the counselling psychologist.

CoP contributions to theory relating to physical exercise and well-being are also sparse. One notable exception is CoP Maggie Turp (e.g., 1997; 1998, 1999, 2000a, 2000b, 2001) who has written extensively about ways in which self-initiated leisure exercise may fulfil an adaptive, restorative and reparative emotional role from a psychoanalytic perspective. In particular, Turp's (2001) book *Psychosomatic health: The body and the word,* incorporates phenomenology, postmodern and narrative theory, psychology, medicine, complementary medicine and neurophysiology. In this text, Turp argues that health is psychosomatic in that it involves both mind (psyche) and body (soma), and that therefore "health and recovery involve both physical and psychological aspects of the self" (Turp, 2001, p.x). The author describes her perspective as untraditional because

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psychoanalytic thinkers have typically developed accounts of psychosomatic illness, thus by extension exercise behaviour has been conceptualised as a defence and/or manifestation of pathology (e.g., De la Torre, 1995).

Turp develops the work of paediatrician and psychoanalyst Donald Winnicott who wrote extensively about infant caregiving and mind-body health (cf. Winnicott, 1949; Winnicott, 1960b, 1962, 1967a, 1970). Winnicott proposed that in the early stages of human emotional development, "a vital part is played by the environment which is in fact not yet separated off from the infant by the infant" (Winnicott, 1967b, p. 111). Within his developmental theory, Winnicott uses several metaphors to refer to the developmental provisions of the environment: 'holding' (i.e., the care-giver's emotional responsiveness to the baby) 'handling' (i.e., the physical care of the infant) and 'object presenting' (i.e., the capacity of the caregiver to provide an environment that can facilitate experiences of power, spontaneity and creativity). Crucially, for Winnicott adequate handling experiences can enable the infant to experience a sense of the self as centred in the body, a process that is poetically described as "the psyche indwelling in the soma" (Winnicott, 1960b, p. 45). Building upon Winnicott's work, Turp uses clinical case studies to develop the argument that physical exercise may offer 'self- handling' opportunities that can contribute to a sense of enjoyment, the restoration of a sense of 'psychosomatic indwelling', or reparation for poor developmental handling experiences (Turp, 1997, 2001). Within the context of psychotherapy, Turp argues that therapists can support clients to make sense of their experiences of using the body and that they can meaningfully contribute to client's strivings to enjoy, inhabit or repair the relationship with the lived body (Turp, 1997, 1998, 1999, 2000a, 2001).

Turp conceptualises an individual's relationship with physical exercise as "manifestly complex", because it can fit into any or all of a number of perspectives, including: a ritual enacted in accordance with narcissistic tendencies; a broadly healthy tendency that reflects an appropriate response to limited opportunities for movement in

developed countries; and an idealised route to 'perfect' physical and mental health (2000a, p. 477). Turp (2000) observes that talking therapists presently lack a coherent theoretical context that can help with identifying and naming a shift on the client's part away from exercise avoidance or abuse, toward "beneficial engagement" (p. 478). Interestingly, even though the theme is not developed, Turp (1997) proposes that when a person engages with an exercise trainer[41] they may be taking up one of few opportunities available in this country to compensate for developmental experiences of insensitive handling.

1.2.5 Critique and rationale for the present study

The review of the selected literature reveals similarities in the research stories of psychotherapy, CAM and structured physical exercise. It has exposed how stimulus-response research lends itself well to the medicalization thereof, and that there are contradictions, gaps and anomalies in the psychology knowledge-base.

Two things particularly strike me about the ways that psychotherapy, CAM and structured exercise are conceptually researched. First, in order to develop the knowledge-base in a systematic, replicable way, and to develop laws of ecumenical scope, the evidence is based on dehumanised, decontextualised, mechanistic conceptualisations of very complex social phenomena. Second, it seems to me that researchers characteristically conceptualise the patient/client/participant as a passive recipient of the therapist/intervention/product. As a case in point, Hyland's (2005) critique concludes that in both CAM and psychotherapy "the personality of the therapist has a therapeutic effect on the patient" (p. 365). Although I agree in principle with Hyland's (2005) argument that CAM/psychotherapy research that attends singularly to one objective[42] is questionable, I find his conclusion that researchers should singularly attend to therapist effects peculiar. The paper makes no reference to the comprehensive body of research on the effectiveness

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[41] e.g., who sensitively guides, encourages and protects against over-exertion
[42] i.e., empirical validation of effectiveness of psychotherapy or CAM for discrete outcomes

of specific psychotherapeutic and CAM interventions for particular presentations[43] (Bronfort, Haas, Evans, Leininiger, & Triano, 2010; McCullough, 2002; Roth & Fonagy, 1996, 2005).

In the current evidence-based practice (EBP) climate, it can be argued that all practitioners working in UK who make claims about a preferred approach in the treatment or prevention of particular problems, whether construed psychological or somatic, have a responsibility to evidence and develop the claims that they make. An undefended engagement with consuming, critiquing, conducting and disseminating research that is concerned with the following question: "what treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances?" (Paul, 1967, p. 111) invites curiosity, magnanimity and humility on behalf of the practitioner-researcher. It requires an acceptance that preferred practices are contingent on contextual factors[44] including formal and informal sanction; that research is a complex and imperfect human endeavour that is used to service human ends (cf. Corrie, 2011; Fairfax, 2008); that there are limitations in one's preferred approach that need to be considered; and that there are some things that one can and cannot claim to do with a preferred approach.

A program of research about the characteristics of good therapists undertaken in the USA over the past decade has found that 'master therapists' identified by peers are curious about the human condition, read widely around all therapy approaches, are motivated by their ignorance and are unusually open to receiving feedback in relationships (Skovholt & Jennings, 2004). This work was not included in Hyland's (2005) critique, although it is argued that the research provides an example of how quantitative and qualitative methods can complement each other in the inquiry process (cf. McLeod, 2011).

I propose that psychotherapy, CAM and structured teacher-led physical exercise lend themselves to being investigated from different perspectives because they are

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[43] e.g., effectiveness of CBT and exposure treatments for specific phobias & obsessive compulsive disorders; family intervention programs for schizophrenia; effectiveness of manual therapies for chronic low back pain
[44] e.g., dependent on or intertwined with economic, political and social factors

complex social phenomena that some people relate to and with, in embodied meaningful ways. Counselling psychologists conceptualise human beings as active agents in their lives, recognise that modern society is characterised by a literate citizenship and open access to information, and that some people actively seek out and use therapies to make judgements about what they need (Corrie, 2011; McLeod, 2011). This investigation is concerned with developing a humanised, contextualised and contingent account that, albeit uncommon in research about transformation with physical exercise, is in keeping with the ethos of CoP and existing CoP research - a perspective that is developed in Chapter 2.

Chapter 2: Methods & Procedures

2.1 Introduction

As described in Chapter 1, this investigation evolved from my own experiences and fore-understandings and my identification with the values espoused by CoP, as well as the gaps and anomalies identified in the literature review. In this chapter, I contextualise and account for the philosophical and methodological decisions taken with this research.

2.1.2 Locating a meta-theoretical framework

Of the traditions that inform CoP, the phenomenological tradition offers a distinctive overarching theoretical framework[45] that is consonant with the spirit of this investigation[46] because it is concerned with developing a philosophical[47], psychological and contextualised account of human experience. Within the context of human science research, some authors have cautioned that phenomenology tends to be erroneously conflated with qualitative research generally (e.g., Langdridge, 2007; Polkinghorne, 1983). Nevertheless, phenomenology is described as the most distinctive and significant philosophical movement of the twentieth century (e.g., Embree & Mohanty, 1997; Moran, 2000).

The pragmatic position taken for the purpose of the present investigation is that the thesis is "phenomenologically-inspired" qualitative research (Finlay, 2009b, p. 3). The thesis is not wholly phenomenological because it *a priori* respects the delimiting regulations of CoP research that is undertaken in an academic setting. A modest claim to phenomenology is essential because academic psychology research evidences credibility in advance by explicitly drawing on psychological models, theory, concepts and existing

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[45] e.g., a set of ideas and principles that provide a basis for the approach taken with this investigation
[46] e.g., within CoP, existential-phenomenological writers are critical of research and therapy based on mechanical metaphors and statistics, arguing instead for the development of a philosophical psychology for understanding human beings (Manafi, 2010a; I. R. Owen, 1994; Spinelli, 2003).
[47] Phenomenological philosophers reject Cartesian dualism (the epistemological & ontological separation of 'mind'/*res cogitans*, 'body' and 'world'/*res extensa* & are committed to advancing the pivotal role played by embodiment in perception, emotion, intersubjectivity & being-in-the-world (e.g., Merleau-Ponty, 1945/1962)

research. The use of theory, hypothetical constructs and quantitative research from psychology is described as antithetical to the rigorously phenomenological research endeavour (Allen-Collinson, 2009; Brocki & Wearden, 2006; Finlay, 2009b; Giorgi, 1989).

Phenomenological research has circumscribed meanings. It places trust in the research if the researcher demonstrates engagement with phenomenological philosophy and coherence of method with three interlocking phenomenological steps[48]: openness to the participant, openness to the un-known and rich description of the lifeworld (Allen-Collinson, 2009; Brocki & Wearden, 2006; Finlay, 2009b; Giorgi, 1989). By contrast, qualitative research is described as being concerned with the process of discovery and in treating research as exploratory (Willig, 2001). It offers a set of flexible and sensitive methods for opening up areas of social life that are not well understood (McLeod, 1994). Phenomenologically-inspired qualitative research is promising for this investigation because it does not have circumscribed meanings and can allow for *a priori* and *a posteriori* engagement with psychological theory, methods and practices[49] that are more characteristic of experimental psychology[50].

The approach that I propose is informed by CoP's pluralistic vision of research, because it draws upon and seeks to develop a phenomenological model of enquiry[51] (British Psychological Society, 2005, p. 1), and aims to respect and uphold the research context's circumscribed research practice and evaluation criteria.

2.1.3 Locating 'the phenomenological attitude'

Phenomenology evolved in the 1930's with the work of Husserl (e.g., 1935/1970),

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[48] e.g., phenomenological reduction, description and search for essences
[49] e.g., conducting a literature review that includes quantitative research and psychological constructs; drawing on conceptual tools and constructs from psychology and pre-determining open-ended interview schedules
[50] e.g., the practice of attempting to delimit mental life in physical terms such as 'mechanisms', 'processes' and 'models' (De Preester, 2007a; Radley, 1991, 2000)
[51] e.g., adopting a phenomenologically-inspired qualitative approach seems fitting for this CoP investigation because value is placed on philosophical, contextual and discipline-consistent inquiry, respect for first-person accounts of lived experience, and dialogue with psychological theory and research

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who proposed that that the natural scientific model was not appropriate for investigations of human experience[52]. According to Husserl, lived experience loses its essential qualities when it is conceived of as a discrete, measurable entity[53] (Husserl, 1935/1970). Husserl's work is relevant to the present investigation because of the centrality that he places on assuming a distinctively self-reflective approach referred to as the phenomenological attitude (Finlay, 2008a; Throop & Murphy, 2002).

As articulated by Husserl, the phenomenological attitude includes retaining a sense of wonder and openness to the world, with disciplined reflection culminating in radical self-transcendence, so as to see the world in new ways (Husserl, 1935/1970). As elaborated for the purpose of psychology research, the phenomenological attitude does not include a transcendental quest. Instead, the psychology researcher can attempt to identify their fore-understandings, assumptions and vested interests at the beginning of the research (Finlay, 2008a; J. A. Smith & Eatough, 2007; J. A. Smith, et al., 2009). Researchers can then strive to restrain or disengage from their pre-understandings so as to actively engage with participants, and to open themselves fully to being moved by the encounter and interaction with another human being.

For the purpose of this investigation, the identification of my fore-understandings of teacher-led Pilates (TLP) provides one rationale for undertaking this investigation. The phenomenological attitude is appealing because it is a practice that makes it more likely that I will be able to relate to Pilates clients as experts of their own experiences and allow for unknowns to emerge. Embodying the phenomenological attitude offers the possibility

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[52] e.g., Husserl cautioned that researchers who are not mindful that natural science is a human accomplishment inevitably miss the assumptions that they impose when attempting to understand human experience. He determined that a number of premature assumptions underpin the natural science approach as applied to understanding human experience. For example, that human experience can be reduced to discrete objects that can be mathematised (the practice of reducing phenomena to or 'as if' to mathematical formulas) quantified (e.g., the process of expressing the quantity of phenomena; of specifying the quantity of (a term) by using a quantifier, e.g., 'all', 'some', or 'no') and measured, and that it is possible to establish predictable and probabilistic patterns of human experience (Husserl, 1935/1970, p. 275).

[53] For Husserl, objectification, mathematisation, quantification, measurement and generalisation change contingent, finite and constantly shifting lived experience in such a way that the meaningfulness of human experience is obscured.

of making the research endeavour a great deal more instructive and therefore satisfying.

2.1.4 Locating the relevance of qualitative research

As Chapter 1 demonstrates, research thus far concerning complementary and alternative medicine (CAM), psychotherapy, structured physical exercise and TLP is dominated by a treatment efficacy validation quantitative[54] approach. I have argued that these social phenomena are characterised by complexity, and that there is a paucity of research about the client's experience of TLP. This study therefore adopts a qualitative approach[55] for two reasons. First, because qualitative research is considered particularly appropriate where the field of interest is characterised by complexity, ambiguity and a lack of prior research[56] (Richardson, 1996). Second, because qualitative inquiry foregrounds the researcher's role in the investigative process and offers an opportunity to circulate what is known and what is unknown in seemingly disparate communities[57]. My experiences and fore-understandings may result in a loss of rigour and yet paradoxically it is argued that they may actually increase the value of the investigation by providing access to tacit knowledge (Elliott & Williams, 2001; Guba & Lincoln, 1981; Lincoln & Guba, 1985).

A substantial argument alludes to the value and function of tacit knowledge or tacit knowing within the qualitative research process (cf. Cutliffe, 2003). The contribution of tacit knowing to the generation of new understandings and social and scientific discovery was first illuminated by Polanyi (1967). Polanyi argued against the dominant position that science is somehow value-free, and he sought to bring into creative tension a concern with reasoned and critical interrogation with other, more tacit ways of knowing (D. Scott,

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[54] Quantitative approaches are typically concerned with measurement precision, quantification, and the identification of cause-effect relationships (Willig, 2001;Smith, 2003).
[55] By contrast, qualitative approaches are concerned with how the individual person experiences events and makes sense of the world through exploring, describing and interpreting personal and social experiences (Willig, 2001; J. A. Smith, 2003).
[56] A qualitative approach offers the possibility of addressing a significant gap in the literature because the client's experiences of teacher-led structured exercise can be foregrounded.
[57] Pilates, CBT & Counselling Psychology

1995). For Polanyi (1967), tacit knowledge comprises a range of conceptual and sensory information and images that can be brought to bear in an attempt to make sense of something. More recently, Altheide and Johnson (1994) attest to the role of tacit knowledge in qualitative research, acknowledging that "tacit knowledge plays a constitutive role in providing meaning" (p. 493).

Tacit knowledge therefore appears to be a significant component of qualitative investigations, although it is not easily captured by reflexive activities because of the very tacit nature of the phenomenon. It is more likely to be reflected in the quality of my interactional, analytical and discursive work, which may allow for my tacit knowledge, creativity and intuition to emerge in the context of encounters with individual participants and interactions with the interviews/data (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991).

2.1.5 Locating qualitative research in counselling psychology

CoP is described as of relatively recent vintage in the UK because it was only granted divisional status within the BPS in 1995 (Strawbridge & Woolfe, 2003, 2010), in contrast to clinical psychology which has been recognised as a distinctive division within the BPS since the late-1940's (J. Hall & Llewelyn, 2006). This is relevant because psychotherapy research in the UK evolved in tandem with clinical psychology and behaviour therapy through the founding and controversial work of psychologists such as Eysenck (1949, 1990, 1991). Eysenck's (1952) radical critique of psychotherapy reports about clinical effectiveness highlighted the shortcomings of the methods used and the need for properly planned and executed experimental studies. The debate over Eysenck's claims has persisted over the years and has stimulated four generations of empirical psychotherapy research[58] (Barkham, 1996, 2003, 2007; Rachman, 2003) that draws on

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[58] Generation 1 (1950s-1970s) addresses outcome and process questions: 'is psychotherapy effective?' and 'are there objective methods for evaluating process?'; generation II (1960s-1980s) utilizes scientific rigour to address the process question 'what components are related to outcome?'; generation III (1970s- present) addresses outcome question 'how does change occur' (Barkham, 1996) ; generation IV (mid-1980's-present)

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positivist/post-positivist[59] research assumptions for legitimacy. Consequently, psychotherapy researchers over the past six decades have used and developed experimental quantitative designs to address outcome and process questions about individual therapy[60]. Consequently, significantly less qualitative research in counselling and psychotherapy has been published.

A decade ago it was argued that many counsellors and psychotherapists are drawn to qualitative inquiry because they recognise its potential (McLeod, 2001), and that qualitative research in counselling psychology is still in its infancy (McLeod, 2003). Recently, McLeod (2011) found that in the UK the reporting of qualitative research is promoted by two journals – *Psychology and Psychotherapy: Theory, Research and Practice* and *Counselling and Psychotherapy Research*. In 2009 the proportion of research studies using qualitative or mixed methods was 81% (22/27) for the former, and 27% (8/30) for the latter. By way of comparison, the proportion of qualitative to quantitative research in the US *Journal of Counseling Psychology* was 17% (8/48) (McLeod, 2011). A PsycInfo database search conducted in 2012 [61] reveals that in the UK between 2009 and 2012 more qualitative studies relative to quantitative studies were published in *Counselling Psychology Review (CPR)* (65%; 11/17), *Counselling Psychology Quarterly (CPQ)* (64%; 9/14), *Counselling and Psychotherapy Research* (68%; 34/50) and *Psychology and Psychotherapy: Theory, Research and Practice* (55%; 29/53). Taken together, the findings offer anecdotal evidence that qualitative research may hold particular appeal for counselling psychologists who publish their work in psychotherapy journals in the UK.

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addresses clinical relevance question 'how can we make outcome and process research clinically meaningful/useful'.

[59] Belief that scientific methods of objectification, quantification and measurement can directly or approximately generate knowledge about real psychological phenomena or aspects thereof

[60] Psychological therapies premised on a one-person, one mind and one body psychology that paradoxically typically focuses on one-to-one settings (e.g., where at least two people and two bodies are present)

[61] August 2012; search terms Publication Name + United Kingdom + methodology [quantitative study]/ [qualitative study]

2.1.6 Locating philosophical assumptions

Within the context of psychology research, philosophical[62] assumptions shape all aspects of the endeavour including the kind of research that is undertaken, the way that research participants are treated, the way the data are treated, and the knowledge claims made about the findings. There is a perplexing assortment of typologies to be found in the qualitative research literature, and variations therein can be subtle[63]. A recent typology proposed by Willig (2012) classifies phenomenology as a distinctive philosophical framework[64] that can be tentatively positioned in the middle of a continuum between direct realism at one end and radical social constructionism at the other. Harper (2011) draws on this scheme in a recent publication about qualitative research in mental health and psychotherapy, which suggests its utility for counselling psychologists. In the schematic proposed, phenomenology is tentatively located between critical realism[65] (Bhaskar, 1978, 1989, 1993, 1997, 1998) and moderate social constructionism[66] (e.g., Burr, 1998).

There seem to be commonalities between these middle-ground perspectives because they do not conflate epistemological claims with ontological claims. For example, a critical realist perspective can consider scientific theories and methods as socially

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[62] e.g., ontological (theory of what exists) & epistemological (theory of knowledge) assumptions (Lacey, 1986)

[63] e.g., Guba and Lincoln (1994) propose *positivism, post-positivism, critical theory* and *constructivism*. Madill, Jordan and Shirley (2000) offer *realism, contextual constructionism* and *radical constructionism*, whilst Ponterotto (2005) and Morrow (2008) discern *positivism, postpositivism, interpretivism-constructivism*, and *ideological-critical theories*.

[64] Until relatively recently phenomenology was largely unknown outside of the academic spheres of continental philosophy (Kearney, 1984; I. R. Owen, 1994).

[65] Bhaskar conceptualises the social and natural world as three overlapping domains - the real, the actual and the empirical. The domain of the empirical reduces events to [observable/perceivable] experiences & excludes generative mechanisms altogether. The domain of the actual includes events that may be experienceable, as well as events that we are yet to experience and events that are beyond the possibility of any experience. The domain of the real is inclusive of mechanisms, events [actualities], and experiences without the requirement that these categories overlap or always occur together. There can be the presence of generative mechanisms without the presence of events [actualities] or experiences, & there can be the presence of events [actualities] without experience of them or sentient capacity for experience of them (Bhaskar, 1978, p.13). It is this stratification that disambiguates knowledge claims from claims about reality or what exists (cf. Bhaskar, 1993).

[66] For moderate social constructionists, talk involves the creation or construction of particular accounts of what the world is like, although language is not conceptualised as the only reality. Researchers draw on both critical realism and social constructionist ideas to develop interpretative accounts of qualitative data in relation to existing social, cultural & historical structures (Harper, 2011).

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constructed, without maintaining that reality is socially constructed. This perspective accepts that human experience is not reducible to or constituted by language, and that language can be conceptualised as a tool that can be directed toward representing experience (cf. Pinker, 2002a).

I have found that a number of phenomenologically-oriented psychologists draw either explicitly or implicitly on critical realism (e.g., Finlay, 2006; Giorgi, 1994; O. C. Robinson & J. A. Smith, 2010). This position is described as appealing for psychology researchers, because it assumes that people's subjective accounts reflect attempts to represent actual events, actual people, actual lives and actual emotions (cf. O. C. Robinson & J. A. Smith, 2010). The participant can be treated as an actual person who is contributing to the construction of knowledge about an experience of importance to them. Although most approaches to phenomenological research seem to advance an epistemic middle-ground, I have found that individual variants thereof differ in respect of key theoretical assumptions and methodological emphases.

2.1.7   Locating a phenomenological approach

Phenomenological psychology is an approach that draws directly on the phenomenological tradition in philosophy (Langdridge, 2007). There are many variants of phenomenological philosophy, including transcendental (Husserl, 1935/1970); existential (Heidegger, 1962/1927; Kierkegaard, 1985; Merleau-Ponty, 1945/1962; Nietzsche, 1878/1986; Sartre, 1943/1957) and hermeneutic (Gadamer, 1960/1990; Ricoeur, 1970). Consequently, there are also a number of variants of phenomenological research, including descriptive (Giorgi, 1989), interpretative (J. A. Smith, 1996), relational (Finlay & Evans, 2009) and critical narrative (Langdridge, 2007). Different forms are demanded according to the phenomenon under investigation and the kind of knowledge that the researcher seeks (Finlay, 2008b).

Drawing primarily on Finlay (2008b) and Langdridge (2007), Table 1 provides the reader with an understanding of characteristic research questions, aims and theoretical underpinnings of four variants of phenomenological research.

IPA was chosen for this inquiry on the basis of a perceived goodness-of-fit that is particularised below with a discussion of nine key characteristics.

2.1.7.1 Sensitivity to research aims

This investigation has evolved in tandem with the researcher's fore-understanding that experiences of transformation with TLP seem to be marked for some people as very important. IPA is committed to the examination of how people make sense of experiences that are of particular significance to them (J. A. Smith, et al., 2009).

2.1.7.2 Sensitivity to counselling psychology values

As an approach to research that seeks to understand and give voice to individual's concerns and that is flexible enough to dialogue with mainstream psychology, IPA is compatible with the values of CoP as described in Chapter 1. IPA shares with counselling psychology, social cognition and CBT a concern with what people think (cognition), feel (emotion) and do (behaviour) (cf. Sanders, 2010; M. J. Scott & Dryden, 2003; J. A. Smith, 1996)[67]. The epistemological openness of IPA emphasises not testing set hypotheses so that the researcher can learn from the interaction with individual participants. Rather, the themes and concerns that emerge from the data are subsequently used to dialogue with literature and research deemed appropriate to the material (cf. Rizq & Target, 2008, 2009).

2.1.7.3 Sensitivity to context

IPA has a flexible critical realist/phenomenological/contextualist/lightly social constructionist epistemology that takes the person-in-context as a topic. IPA will venture to suggest how something has been understood by a particular person in a particular

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[67] In line with interactional social cognition perspectives (e.g., De Jaegher, et.al 2010), IPA conceptualises cognitions as an aspect of being-in-the-world (Eatough & Smith, 2006a, 2006b). By contrast, some psychologists conceptualise cognition as an isolated, separable function that can be mapped in an information-processing model (e.g., Tryon, 1993a, 1993b, 2005)

Table 1

Four Variants of Phenomenological Research

Variant	Characteristic Questions	Characteristic Aims	Theoretical Underpinnings
Descriptive (Giorgi, 1989)	What is the lived experience of transformation with TLP?	Identify the essential or general structures underlying the phenomenon of transformation with TLP	Draws on phenomenology (esp. Husserl, 1913/1982, 1935/1970). Not primarily concerned with idiographic details. Closest to realism
Interpretative Phenomenological Analysis (J. A. Smith, 1996)	What is the individual experience of transformation with TLP?	Capture individual experience and variations between co-researchers. Thematic analysis involves explicit interpretation	Draws on phenomenology (Husserl, 1913/1982), existential-phenomenology (Heidegger, 1962/1927; Merleau-Ponty, 1945/1962), hermeneutics (e.g., Gadamer, 1960/1990), social cognition (S. Gallagher & Zahavi, 2008), and symbolic interactionism (Mead, 1934). Idiographic (small group of co-researchers). Broad focus: socio-cultural & research context, language, cognition & affect. Dialogues with mainstream social cognitive psychology research & theory. Draws on critical realism, contextualism[68] and social constructionism
Relational (Finlay & Evans, 2009)	What is it like to experience transformation with TLP?	Focus on the co-researcher's sense of self, their being-in-the- world and the defensive way they've learned to cope. Reflexively explore the relational dynamics between researcher and co-researcher	Draws on existential-phenomenology (e.g., Heidegger, 1962/1927; Merleau-Ponty, 1964, 1964/1968). Idiographic (one co-researcher). Relational existential phenomenology underpinned by reflexive, dialogical, feminist-poststructuralist epistemology (taking either a critical realist or a relativist view) & inspired 'by a range of relational psychotherapy theories' (Finlay, 2009a, p. 26).
Critical Narrative Analysis (CNA) (Langdridge, 2008)	What story or stories does a person tell of their experience of transformation with TLP?	Focus on the narrative produced by one person and how it was co-created in the research context	Draws on hermeneutic phenomenology (esp. Ricoeur, 1970, 1992) & 'critical social theory' (Langdridge, 2007, p. 159). Idiographic (one co-researcher). Intensively analytic. Incorporates hermeneutics of empathy and suspicion (destabilising narrative). Closest to social constructionism

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[68] Contextualism is the position that all knowledge is local, provisional, and situation dependent (Jaeger & Rosnow, 1988)

interaction with a particular researcher (Larkin, Watts, & Clifton, 2006). The researcher comes to the person first, which provides a means of learning also about the context. For CoPs, the idea of developing context-free theories, research and interventions is described as misguided because we have to consider moral, social, cultural and environmental contexts and how they exert influence (Christopher, 1996, 1999; Coyle, 2010; Lane & Corrie, 2006; Thatcher & Manktelow, 2007).

2.1.7.4 Sensitivity to individual participants

With IPA, participants are recruited because of their expertise in the phenomenon being explored. IPA's commitment to idiographic psychology emphasises that individuals can offer a unique perspective (J. A. Smith, et al., 2009). Participants are treated as experts on their own experiences who can offer an understanding thereof through telling their own stories, in their own words (Reid, Flowers, & Larkin, 2005).

2.1.7.5 Sensitivity to commonalities and differences between participants

The idiographic commitment of IPA involves careful examination of similarities and differences across a small group of cases (Larkin, et al., 2006). The aim is to produce a detailed account of patterns of meaning and reflections on a shared experience (Shinebourne, 2011)

2.1.7.6 Sensitivity to the unknown

IPA is both an inductive (bottom-up) and interrogative approach (J. A. Smith & Eatough, 2007). During data collection, there is no attempt at the outset to verify or negate hypotheses or the researcher's fore-understandings (J. A. Smith, 2004). Rather, IPA is concerned with discovering, revealing, uncovering and disclosing meanings and experiences that in some sense lie hidden (Shinebourne, 2011). Thus, IPA favours a research attitude that is flexible and sensitive enough to follow unanticipated concerns or themes that may emerge during data collection and analysis. IPA is interrogative in its capacity to contribute to and question existing psychological research (J. A. Smith &

Eatough, 2007). These two positions are significant for the present study as there is no set hypothesis, and the data are used to guide the researcher's selection of literature considered appropriate to the material.

2.1.7.7 Sensitivity to the role of the researcher and researcher sensitivity

IPA advances a phenomenological emphasis on experience, which recognises that meaning is first constructed jointly by participant and researcher during data collection, and which recognises the subsequent interpretative role of the researcher during data analysis (J. A. Smith, et al., 2009). IPA recognises that researchers typically hold preconceptions about the phenomena under investigation, and that they may not necessarily be aware of all of them. Consequently, a 'hermeneutic circle' and 'double hermeneutic' conceptualisation of the research process are advanced (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003).

2.1.7.8 A circular conceptualisation of 'method': hermeneutic circle

The hermeneutic circle provides a way of thinking about 'method' for IPA researchers because a key tenet of this approach is that the process is iterative; it involves dynamically moving backwards and forwards rather than sequentially. For example, my experiences of TLP, the fore-understandings described in Chapter 1, and the preconceptions that I am unaware of are significant to the undertaking of this investigation. They are recognised as on-going dynamic parts of the overall investigation that are disengaged with during data collection whilst complete attention is given to the participant throughout the meeting. Analysing the interview, I return to the perspective that I started from and use it to make sense of the participant making sense of TLP. I make sense of how the interaction with the participant and the data analysis affect me and/or have facilitated disinterring preconceptions that I was unaware of. The process of going backwards and forwards, from part to whole, is conceptualised in Table 2.

Table 2

A circular conceptualisation of method

Part	Whole
Researcher's fore-understandings, expertise and ignorance	Research Proposal
Focus completely on individual participant, facilitate uncovering her/his experience in detail	Complete interview
Reflect, revisit, replay, transcribe, relate with, dwell with, dialogue with, make sense of the interaction and interview	Complete transcription and fine-grained analysis of the material
Individual interview	Complete data set
Fine grained analysis of individual interviews	The sentence in which the word is embedded
The single word	The complete text
The single extract	Complete fine-grained analysis of all interviews
Distinctive voices of participants	Complete cross-case analysis of common themes and variations of participant's reflections on a shared experience
Poetic condensation of participant interview	
Participant's meaning-making	Complete interpretative account of researcher's sense-making of participant's sense making
Researcher's connection with fore-understandings, expertise, disinterred tacit preconceptions and new understandings emergent from the research process	Connection of the research findings with extant psychology literature
Locating the coherence of all the parts	Complete study

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2.1.5.9 A circular conceptualisation of the research process: double hermeneutic

Using IPA, this construct communicates two aspects of the research process. For example, it describes how the researcher attempts to make sense of the participant who is making sense of their experiences of transformation with TLP (J. A. Smith & Osborn, 2003). The researcher only has access to the participant through what he/she reports, and the researcher's own 'experientially-formed lens' (J. A. Smith, et al., 2009, p. 36). Second, it explains two levels of interpretative work that are used to draw out, reveal and disclose aspects of the meaning of the experience. IPA combines a 'hermeneutics of empathy' with a 'hermeneutics of questioning'. In the former, the researcher attempts to see things from the participant's point of view. In the latter, the researcher asks questions of the participant's account, moving beyond the text to a more interpretative psychological level, and eventually relating the findings to existing theory and research.

2.2   Methodology

Methodology flows from the theoretical assumptions of the investigation and refers to "the process and procedures of the research" (Ponterotto, 2005, p. 132). This investigation developed gradually through an interactional process of discussion, negotiation and compromise with members of the CoP, Pilates and IPA communities in London, as well as self-directed learning, reflection, independent work and creativity. The procedures and processes undertaken are dated, listed and connected with supporting evidence in Table 3.

Table 3

Processes and Procedures

Date	Processes and Procedures	Supporting Evidence
	Supervision & Research Module Group Meetings	
2007 – 2011	Development and negotiation of research ideas and procedures with academic supervisors in 60-minute meetings in 2006 (06/12), 2007 (19/01, 14/03, 30/03, 29/08, 01/11 & 06/12), 2008 (28/02, 05/06, 05/08), 2009 (11/02, 07/05, 02/11) & 2011 (02/11) & 2013 (06/03)	Appendix A
	Discussion of research regulations, ideas, proposals, procedures & progress with doctorate module leader & peers in 60-minute meetings in 2007 (17/01, 24/01, 21/02, 21/03, 25/04, 18/10, 25/10, 15/11, 29/11) & 2008 (17/04, 24/04 & 15/05)	
	Research Proposals, Literature Reviews & Formal Progress Audits	
>11/11/06	Literature Reviews	Chapter 1, Appendix F
12/02/07	Draft Proposals & Feedback	Appendix A
25/04/07	RD1 application to register research thesis; research proposal, ethical clearance application, participant recruitment, research information sheet, confidentiality agreement, personal information form & semi-structured interview schedule	
25/04/2012	RD2 post-registration progress review	
	Participant Recruitment & Interactions with TLP Practitioners/Organisations & TLP Workshops	
23/03/07	Meeting with senior studio co-ordinators @ a the Body Control Pilates (BPC) centre in central London to discuss the viability of the study & the proposed approach to data analysis, to circulate ideas & request assistance with recruiting participants	Appendix B
20/04/07	Presentation of ideas about the investigation at the weekly BCP teacher meeting @ the BCP centre in central London; discussion of viability, troubleshooting & request for assistance with recruiting participants	
>07/12/07	Emails to Pilates teachers based in London requesting assistance with recruitment of four participants	
12/09/09	Presentation & discussion of research progress @ the BCP teacher training & development conference, London	
02/12/12	Mary Bowen workshop: 'Pilates plus psyche', Bloomsbury St. Hotel, London WC1	
	Interactions with Participants & Data Collection	
	Prospective participants contacted me directly by email to negotiate a suitable location & time to conduct the interview. Equipment: Semi-structured interview schedule, two Olympus VN-2100PC digital voice recorders	Appendix C
11/05/07	Interview 1 (am) Café south east London. Interview recording: 48 minutes	
11/05/07	Interview 2 (pm) Domiciliary visit (DV). Interview recording: 70 minutes	
11/09/07	Interview 3 (pm) DV. Interview recording: 71 minutes	
18/01/08	Interview 4 (am) DV. Interview recording: 31 minutes	

01/02/08	Interview 5 (am) Café central London. Interview recording: 45 minutes	
13/02/08	Interview 6 (pm) Café central London. Interview recording: 40. minutes	
18/02/08	Interview 7 (pm) DV. Interview recording: 64 minutes	
31/03/08	Interview 8 (pm) LMU basement (pre-booked room). Interview recording: 47 minutes	

<div align="center">Data Analysis</div>

15/05/2007 - 03/12/08	Digitally recorded files were transferred to a Toshiba L10 series portable personal computer and subsequently individually transferred to eight compact discs (CD). All files were deleted from the digital equipment. Analysis involved an iterative and inductive cycle (J. A. Smith, 2007) - Sustained engagement with interview 1 through listening and re-listening to the CD at three sittings - Interview 1 was transcribed (circa 15 hours of transcription) - Interview 1 transcript was read at six sustained sittings - Exploratory comments were noted in the left-hand margin of the transcript - Tentative identification of themes that emerged were noted in the right-hand margin of the transcript - Thematic analysis of interview 1 with supportive extracts was structured and tabled - The process was repeated anew with each interview, ending with the analysis, table & supporting extracts of interview 8 - Cross-case thematic analysis emerged with identification of patterns of convergence as well as instances of divergence in the accounts. These were structured, tabled and connected with supportive extracts.	Appendix D

<div align="center">Research Methods Workshops and Credibility Audits</div>

18/07/07 - 23/07/07	LMU summer school quantitative research methods	Appendix E
05/07/07 - 06/07/07	Annual IPA conference, University of Sussex	
04/09/07	LMU summer school quantitative research methods	
06/02/08 – 07/02/08	Advanced IPA workshop - data analysis troubleshooting, London City University	
30/04/08 – 01/05/08	Advanced IPA workshop – data analysis troubleshooting, London City University	
29/07/08	IPA regional group meeting, power point presentation of study, Birkbeck University	
08/08/08	IPA regional group meeting, data analysis troubleshooting session, Birkbeck University	
04/11/08	IPA regional group meeting, data analysis troubleshooting session, Birkbeck University	
03/12/08	IPA regional group meeting, data analysis troubleshooting session, London South Bank University	
09/12/08	Writing centre LMU independent audit to test the credibility of cross-case themes & illustrative excerpts	
28/05/09	IPA seminar, Birkbeck University	
23/09/11	Independent audit to test the coherence & plausibility of the interpretative analysis (CoP IPA expert)	
31/10/11	Independent audit to test the coherence & plausibility of the interpretative analysis (CoP clinical practitioner)	

April 2010 - July 2011	--*Maternity Break*---	

July 2011- June 2013	Write-up	Appendix A

2.2.1 Research design

This investigation favours a middle-ground contextualist epistemology and employs a phenomenologically-inspired qualitative design. With qualitative inquiry, it is advisable to determine the approach to data analysis early on because the approach taken shapes the scope of the research and the strategies used right from the initial stages of the research process (cf. Creswell, 1998; Ely, et al., 1991; J. A. Smith, et al., 2009). IPA was therefore chosen as the approach to data analysis before fully formulating research questions, devising data collection methods, negotiating access to participants or collecting data.

2.2.2 Research questions

Two questions flowed from the observation that IPA researchers tend to focus on people's experiences and the meanings thereof (e.g., Eatough & J. A. Smith, 2006 a, 2006b; M. T. D. Knight, Wykes, & Hayward, 2003; McManus, et al., 2010; Rizq & Target, 2008, 2009; Williams, et al., 2011):

- How do individual TLP clients describe lived experiences of transformation with TLP?

- What is the meaning of TLP for individual TLP clients who have experienced transformation therewith?

Three additional questions emerged from discussions with LMU doctoral research supervisors that include reference to particular hypothetical constructs, namely 'the mind-body relationship', 'health/well-being' and 'body awareness':

- How does the TLP client describe the mind-body relationship?

- How does the TLP client describe health/well-being?

- How does the TLP client describe experiences of body awareness?

The constructs identified feature in counselling and psychotherapy literature (Christopher, 1999; Haworth & Lewis, 2005; Lent, 2004; Robbins & Kliewer, 2000; Turp,

1997; Wahl, 2003), Pilates literature (e.g., Conraths-Lange, 2004; L. Robinson, et al., 2000), exercise, health, personality and social psychology literature (Bakal, 1999; Biddle & Mutrie, 2001, 2008; Bloodworth & McNamee, 2007; Brown & Ryan, 2003; M. W. Gallagher, Lopez, & Preacher, 2009; Mehling, et al., 2009; Ryff, 1989; Ryff & Singer, 2002; Sheldon & Elliot, 1999), and CAM literature (Astin, et al., 2003; Ives & Sosnoff, 2000; Newcombe, 2007); (refer to appendix F for reviews of the literature).

The *a priori* identification and inclusion of hypothetical constructs in interview schedules is discouraged in phenomenological research because it is considered antithetical to the open and participant-focussed ethos of the approach (cf. Allen-Collinson, 2009; Brocki & Wearden, 2006; Giorgi, 1994; Langdridge, 2008). It is also considered antithetical to IPA because existing research and associated hypothetical constructs are characteristically evoked after the analysis, in the discussion section (J. A. Smith, 2004). It was agreed that even though there was no pre-existing hypothesis prior to carrying out the investigation, the *a priori* identification of hypothetical constructs might be useful for two reasons. First, the process forces me to think explicitly about what the interview might cover and enables me to anticipate and prepare for possible difficulties in advance. Second, engaging with the literature might determine the viability of the project by demonstrating the psychological basis of the investigation for assessors.

Finally, two questions arose from discussions with senior Pilates studio co-ordinators who are affiliated with a reputable organisation, and who agreed to assist with the recruitment of participants.

- What is the meaning and significance of the teacher and the relationship with the teacher?

- How do these Pilates clients describe experiences of other therapies and/or personal development?

It was agreed that all questions identified would be included during the pilot stages of data collection, and that participants would be invited to provide feedback about how the

questions were experienced[69].

2.2.3 Data collection

IPA is suited to data collection methods that invite participants to offer rich, detailed accounts of their experiences (Larkin, et al., 2006; J. A. Smith & Eatough, 2007; J. A. Smith & Osborn, 2003). The majority of IPA studies use in-depth semi-structured interviews with open-ended questions because this method is consonant with IPA's intimate focus on particular topics and the participant's experiences of them (Jackson & Coyle, 2009; D. C. Miller & Draghi-Lorenz, 2005; Rhodes & J. A. Smith, 2010; Thrift & Coyle, 2005).

There is a lively debate about the possibilities and problems of using interviews in psychology research (e.g., Holloway, 2004; King, 1994; Packer, 2005; Potter & Hepburn, 2005). An overarching theme is that interviews are complex interactional phenomena that are difficult to do, transcribe, analyse and represent well. There is no *a priori* requirement for IPA studies to use interviews, and some proponents of the approach have encouraged the use of other data collection methods such as diaries and personal accounts (J. A. Smith, 2004; J. A. Smith & Eatough, 2007; J. A. Smith, Hollway, Mishler, Potter, & Hepburn, 2005). The inclusion of personal accounts seems relevant here because this research is a co-created endeavour, and it is legitimate to claim that I draw on and use personal accounts of my own experiences.

However, semi-structured interviews were chosen as the main method of data collection for this investigation for four reasons. First, the interview schedule provides the LMU academic research development panel charged with evaluating the feasibility of the project with an indication of the psychological basis of this study, and how the researcher is intending to interact with participants. Second, the investigation is concerned with facilitating TLP clients to share their experiences of a complex topic. The schedule and

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[69] i.e., Are the questions experienced as facilitative, exploratory and/or resonant, or too explicit, leading and/or constraining?

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questions are designed to inspire participants to contribute their particular experiences towards the development of a cross-case account of an experience that is shared with co-researchers. Third, semi-structured interviews provide opportunities for real-time interaction with TLP clients and they can be used flexibly, enabling me to follow the concerns of individual participants as they arise during the interaction with me. Finally, a significant appeal of using semi-structured interviews is that the schedule can be adjusted organically. It can draw on feedback from individual participant's experiences of the interview, because in IPA research they are accorded expert status. I reflect on and critically evaluate the process of data collection in Chapter 4.

2.2.4 Sampling rationale

With IPA, samples are selected purposively because they can offer a research project insight into a particular experience (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). Participants are selected on the basis that they may grant the researcher access to a particular perspective of the phenomenon under study; they represent a perspective rather than a population (J. A. Smith, et al., 2009). IPA researchers usually try to find a fairly homogeneous sample of participants for whom the research question will be meaningful (Ibid.). For the purpose of the present investigation, the sample was purposively limited to people who live in London, whose first language is English, and who share a similar experience in that they perceive that they have experienced transformation with TLP.

2.2.5 Sample size

IPA is an idiographic approach, concerned with understanding particular phenomena in particular contexts, therefore IPA studies are conducted on small sample sizes (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). LMU guidelines for qualitative professional doctorate research stipulated a minimum of eight participants, whilst J.A. Smith, et al. (2009) recommend between three and six participants for an academic project using IPA. A sample size of eight participants should provide sufficient

cases for the development of an account of meaningful points of similarity and difference between participants. However, it is argued that with so many participants there is a danger of being overwhelmed by the amount of data generated (J. A. Smith, et al., 2009).

The other variants of phenomenological research detailed above characteristically use sample sizes of between one and five participants (cf. Finlay, 2008b). IPA seems flexible in its capacity to be used with larger samples because existing IPA studies carried out by teams of psychologists use samples of more than six participants (e.g., Hayward & Fuller, 2010; Mansell, Powell, Pedley, Thomas, & Jones, 2010; Rouf, White, & Evans, 2012). However, larger sample sizes (>6) present the researcher with a challenge as regards IPA's key concern with providing a detailed account of individual's perceptions and understandings of experience (J. A. Smith & Eatough, 2007; J. A. Smith, et al., 2009).

2.2.6   Locating participants

It is suggested that most frequently, potential IPA study participants are contacted via referral from gatekeepers, via opportunities as a result of the researcher's own contacts, or via snowballing (i.e., referred by other participants) (J. A. Smith, et al., 2009). For the purpose of this investigation, I discussed my research ideas with Pilates teachers that I have worked with or know socially, and this process eventually provided an opportunity to collaborate with the Body Control Pilates Centre (BCPC) based in central London. The reader is directed to Table 3 and appendix B for supporting information.

2.2.7   Locating ethical procedures

Once the proposal for this study was vetted and approved by academic research supervisors and the LMU Psychology Department Ethics Committee, Senior Studio BCP teachers also vetted the study proposal before agreeing that the researcher could approach BCP teachers to request assistance with the recruitment of participants.

The author was invited to present the study proposal to BCP teachers at a weekly meeting at the BCP centre in Central London. The author also sent emails to individual

BCP teachers listed on the BCP (London) website. The email sent to individual teachers introduced the researcher, described the aims of the study and requested assistance with recruitment of participants.

Teachers who expressed an interest in assisting with recruitment were invited to identify clients who meet the inclusion criteria described above, and to give clients who expressed an interest in taking part the Study Information Sheet. The purpose of the Study Information Sheet was to introduce the researcher and the study to the would-be respondent, to give the client an idea of what contributing to the research would involve, and to assure participants that all attempts would be made to ensure confidentiality and anonymity in the presentation of the findings.

The Study Information Sheet detailed the researcher's contact details, as well as those of her supervisor. Interested clients were invited to contact the researcher directly either by telephone or by email to discuss the research and issues related to their contribution. The supervisors' contact details were included as a precautionary measure; the client was invited to use the information should they wish to make a complaint about how they were approached, or any other aspect of their experience of the researcher and research process.

Informed consent was obtained only once the participant had read the Study Information Sheet, contacted the author, met the author in person, discussed the study and their contribution *in vivo* with the author. Two copies of the Study Consent Form were then dated and signed by the participant. One copy was given to the participant, and the author kept the other copy for her own records.

Even though there were no anticipated physical risks related to participating in the study, the exploratory ethos of the study raised the possibility that the interviews could touch on sensitive issues. The Study Consent Form therefore emphasised that participation was entirely voluntary; that participants could refuse to answer questions; that they could end the interview at any time; that they could withdraw from the study at any point, for any

reason, without sharing their reasons with the interviewer; and that participation or withdrawal would have no impact on the delivery of service by their BCP teacher or the BCP organisation.

Finally, all respondents were asked if they would like to receive a summary of the findings and conclusions; participants were individually verbally de-briefed at the end of the interview with the researcher; and participants were asked for, and offered, feedback about their individual interview experience.

2.2.8 Participants

Table 4 provides descriptive information about the eight participants who volunteered to take part in the study, and describes each participant's experience of TLP. Participants have been given pseudonyms to protect their identities. Pseudonyms are alphabetically organised (i.e., 'A' − Adriano, is the first participant to be interviewed). Male participant pseudonyms end in 'o', female participant pseudonyms end in 'a'.

Table 4

Participants

Name	Gender	Age	Ethnicity	Occupation	Pilates experience
Adriano	M	37	White UK	Consultant	4 months, 2 x weekly
Bruno	M	39	White UK	Producer	2 years, 2 x weekly
Carillo	M	31	White UK	CAM	8 years, 1-3 x weekly
Delma	F	69	White US	Housewife	2 years, 2 x weekly
Elsa	F	44	White UK	Housewife	5 years, 4 x weekly
Francesca	F	33	White Au	Health care	7 months, 2-4 x weekly
Giulia	F	58	White UK	Manager	4 years, 2-3 x weekly
Helena	F	35	White UK	Manager	2 years, 1 x weekly

2.2.9 Data analysis

Analysis of transcripts followed the IPA procedure outlined by Jonathan Smith, et

al. (J. A. Smith, et al., 2009; J. A. Smith & Osborn, 2003). I undertook the following process beginning with the first interview and only moving on to the second interview once all of the steps were completed. The first step involved immersion in the original data by listening and re-listening to the recorded interview, transcribing, reading and re-reading the transcribed transcript. The second step involved noting down exploratory descriptive, linguistic and conceptual comments in the left-hand margin of the transcript. The third step involved identifying themes that bring together a range of understandings relating directly to both participant and analyst, and these were noted in the right-hand margin of the transcript. Upon completion of the three steps with all eight interviews, the next step involved mapping how the themes from all participants' accounts fit together, and pointing to the most interesting and important consonant and divergent aspects of their accounts. This process was extremely labour intensive and involved going back and forth, tentatively identifying patterns between emergent themes and then re-checking that the themes, although abstracted, were grounded in the data. This iterative, frustratingly elusive and challenging process eventually illuminated how participants were sharing the unexpected, the unknown to me.

2.3   Findings

The three master themes and associated nester themes that emerged from the individual and cross-case analysis of the data are presented in Table 5. In Chapter 3, these themes are introduced and presented separately. The first master theme is concerned with meeting the first aim of IPA, namely that of enabling the reader to learn about the particular people who have shared their experiences. To this end, the introduction provides a rationale for the use of poetic representations of participant's interviews in this context. A two-column table is used to present my summary of the concerns and experiences described by the interviewee, along with my poetic representation of the transcribed interview.

The second and third master themes are concerned with meeting the second aim of IPA, namely the development of a coherent cross-case interpretative analysis of all eight participant's accounts. The two master and subordinate themes are presented separately and sequentially, making ample use of extracts from participant transcripts. Extracts are clearly distinguished from the author's interpretations by the use of single line spacing and indentation, and three dots [...] are used to indicate any omitted text. Each extract is accompanied by the participant's pseudonym and the location within the word processed transcribed interview that the extract was taken from. For example, an extract accompanied by [Adriano 123-134] means that the extract was taken from the 123 – 134th line of the word processed transcribed interview of the participant whose pseudonym is Adriano[70].

Table 5

List of Master and Subordinate Themes

Master Themes	Nested themes
1. Pilates in the lifeworld: Summary of the interviewee's concerns and experiences	Poetic representation of individual interviews • Adriano: Becoming multi-dimensional • Bruno: Bullet-proof, old, hope • Carillo: The control of myself • Delma: A disciplined body • Elsa: Catch up time • Francesca: I was thrown a bone • Giulia: My badminton substitute • Helena: My guilty pleasure
2. Weekly TLP classes can provide opportunities for valued interactional experiences	• Absorbing & fulfilling 'mind-body' experiences • Intense teacher & relationship experiences
3. Weekly TLP classes can provide an invaluable arena for transformation	• Transformed awareness • Sense of connection & control

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[70] To reiterate, participant pseudonyms are alphabetically organised, with 'A' – Adriano, used to refer to the first participant who was interviewed, through to 'H' – Helena, to refer to the eighth participant who was interviewed. Male participant pseudonyms end in 'o', female participant pseudonyms end in 'a.

Chapter 3: Interpretative analysis

3.1   Representation of individual participant concerns: TLP in the Lifeworld

3.1.2   Introduction

IPA studies typically deal with existential issues of considerable importance to the

participants because they are about significant and life-transforming experiences (J. A.

Smith, 2004). The skills involved in writing IPA include allowing the reader to learn about

"the particular participants who have told their stories" as well as the abstracted themes

that emerged from the cross-case analysis (J. A. Smith, 2004, p. 42). The concern IPA has

for representing individual human being's accounts of lived experiences as composite,

diverse, ambiguous, vague, obvious, and concealed is recognised as tremendously

challenging (Ohlen, 2003).

In order to express a sense of the whole interview given by individual participants,

a brief description of the researcher's impression of each participant's experience of TLP

and the interview, and a poetic representation of the individual interview are tabled and

presented concurrently. Use of poetic representation is consonant with IPA's circular,

part/whole conceptualisation of method. Here, the aim is to provide the reader with an

opportunity to get a sense of each participant's 'whole' interview, using 'parts' in the form

of their own words. It is hoped that this representation of the findings might facilitate

understanding in complex ways because the reader can make open-ended connections with

the parts of participant's interviews[71] that are later included in the cross-case interpretative

analyses of the second and third master themes.

By way of contextualising the use of poetic representations in this context, Sparkes

(2002) argues that against the dual crises of legitimation and representation in human

sciences, scholars in a range of disciplines have come to realise that for the purpose of

communication, form and content may be inseparable. It is argued that how we write about

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[71] i.e., extracts

a phenomenon may shape how we come to know or understand it (Carless & Douglas, 2009; Isaac, 2011; Kendall & Murray, 2005; B. Smith & Sparkes, 2006; Sparkes & Douglas, 2007; Sparkes, Nilges, Swan, & Dowling, 2003; Ward, 2011). With this knowledge, there has been some experimentation with alternative forms of representation (Ohlen, 2003; Ward, 2011).

For the purpose of this investigation, poetic representation is used as a vehicle to evocatively illuminate each participant's personal sense-making of transformation with TLP. A poetic representation is where the researcher transforms the data into what Glesne (1997) describes as a poem-like composition. The exact words of the participant are arranged to create a "meaningful representation" of the participant's whole interview (Sparkes & Douglas, 2007, p. 171). It is argued that transforming data into poetry can display the "prose trope" in constituting knowledge, and that it is a continual reminder to the reader that the text has been "artfully interpreted" (Sparkes & Douglas, 2007, p. 701). The acknowledgement of artistry disinters the role of the researcher in the representation of the findings.

By tabling participant information with a poetic representation of the interview, an economy of words is used to communicate the researcher's impressions of the essence of each participant's narrative, whilst also evoking something of the emotional and metaphorical dimensions of these individual's accounts. Poetic condensation of individual participant's accounts has been used by other IPA researchers, for example psychotherapist Shinebourne (2011) recently published a poetic representation of an individual participant's experience of addiction and recovery. In the section that follows, participant information and the poetic representation of the interview are presented in chronological order, starting with the first participant who was interviewed.

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3.1.3 Summary of participant concerns and poetic representation of the interviews

Table 6.a
Adriano

Summary of Concerns and Experiences	Poetic Representation
Adriano has been learning Pilates for four months. He goes to a BCP Studio in central London twice a week, where he has 'one-to-one' and 'studio' sessions wherein the teacher will work with up to three clients concurrently. Adriano has worked with two teachers. He has described a preference for working with one particular teacher with whom he has experienced a personal connection described as a 'fit'. Satisfied with his work, Adriano described taking up TLP as wanting to spend less time at work, to address a tendency to prioritise developing his 'mind'/intellect, to find and engage in novel, enjoyable and fulfilling leisure and social opportunities, and to make the most of being a newly single man. In his feedback about his interview experience, Adriano reported that he experienced the interview as quite structured because he felt as though I was asking a number of questions that were clustered around similar areas in a structured way without probing for more information. He recommended reducing the questions to particular areas of interest and memorising them because relying on a schedule with numbered questions was as likely to be experienced as constraining by other participants. During this conversation it emerged that he has research experience.	**Becoming multi-dimensional** A smart guy Preaching the goodness of Pilates at me I had been ignoring him Father had a brain tumour She has breast cancer You could scream and rail against fate Or not Health is the number one I have a math degree So I kind of know Up until January 1st So introspective Intellectually driven A mindful form of exercise Made me much more aware Of the body that I had The mind so exhumes my body Everything has changed Everything has been affected Putting trust in my body I don't normally have Listening to my body This attuned guidance of my teacher Touching me not in a sexual way But in a personal way To touch people more To be more comfortable being touched My personal growth Trust is very, very important Being catapulted beyond Anyway, it all fits

Table 6.b
Bruno

Summary of Concerns and Experiences	Poetic Representation
Bruno has been learning Pilates for two years. He goes to a BCP Studio in central London twice weekly for one-to-one, studio or group classes (typically up to 12 clients with BCP). Bruno described himself as a dance and exercise professional until relatively recently when his career emphasis changed. The adjustment and the demands of his new career were experienced as stressful. Bruno sought help from a GP because he experienced frightening symptoms associated with stress, alcohol and caffeine use. The consultation was described as impersonal, punitive, infantilising and upsetting. Bruno decided to take up Pilates following a chance encounter with a dance friend who re-trained as a Pilates teacher. Learning Pilates with his teacher-friend manifested in injury during the third class. He consulted with a medical professional overseas with whom he has a personal relationship. He has since been learning Pilates with a different teacher for the past two years. Bruno described the interview experience (using the same schedule as that used for the previous interview) as pretty much what he had expected. He also described previous academic research experience.	**Bullet-proof, old, hope** An ex athlete An issue of obesity Within inverted commas It really started to catch up with me My body had literally fallen apart I couldn't move without pain It was: 'go on a diet, do some exercise' Well I can't do exercise I was hurt, I couldn't move As the doctor said A doctor who knew me Knew my history I had had fun getting to this point You know I had thoroughly abused my body I have gone through these stages This love hate relationship with testosterone It's sort of a roller coaster I have come through that In the hands of Bella Well, I have worked damn hard I am now in a position Where I am not in pain Being that way That's very valuable to me Very valuable to me Again, it's that roller coaster

Table 6.c
Carillo

Summary of Concerns and Experiences	Poetic Representation
Carillo described experiencing recurrent injuries in the context of martial arts training. TLP was recommended to him eight years ago by physiotherapists with whom he worked alongside. As well as injury rehabilitation, Carillo was initially motivated to take up Pilates because he felt daunted by the prospect of having his body scrutinised during a forthcoming bodywork course. TLP became less of a priority when his course was underway. Upon completion of his course, he undertook further training whilst practicing CAM. Over the past four years, Carillo has been learning Pilates between one and three times weekly. He reported working with his usual teacher for individual classes, although he has also worked with other teachers in one-to-one and studio sessions. Carillo described his experience of the interview as quite intense, difficult and enjoyable because he felt that it made him examine his own beliefs.	**The control of myself** Looking back Thought it might help Kick boxing and Jiu Jitsu Hypermobility syndrome So many injuries Body image agenda Stronger in my body Wanted to look better Got more busy Practice fell by the way side T'ai Chi and Yoga instead Coming back to it With new teachers Cued on a one to one A new experience of the body Changed the way I use my body Changed my posture A very different experience To be fully aware In the moment completely Quite a minute observation How integrated the body is Everything is connected More at one with my body Responsive, stronger, flexible Makes me feel in control Obtaining a good balance Enriched my practise of Qi Gong Life is easier to live Practising regularly It has made a big difference Something sort of vivid about it The external figure Doesn't really motivate me It's more about helping Keeping myself together

Table 6.d
Delma

Summary of Concerns and Experiences	Poetic Representation
Delma described many years of commitment to teacher-led group yoga classes. Delma described awareness of Pilates as an alternative exercise regimen, ageing and problems with her yoga practice in her account of taking up TLP. Delma has been learning Pilates for two years, twice weekly. She has one-to-one and group classes with one teacher. Delma described her experience of the interview as very interesting, although she felt that if she were offered the opportunity to be interviewed again she might know more about what she thought.	**A disciplined body**

<div align="center">

Always had a craving
To be
A very disciplined body

Comes from starting Yoga
Many, many years ago
Keeps going back to that

To train myself
To be aware
Aware in life of everything

Led me to meditation
Hindu philosophy
For many, many years

I focused on those things
All about awareness
Body awareness and everything

I noticed
Since I have taken Yoga
Differences

Pilates is better for me
At my stage of life
You use your body

To stretch yourself
In yoga you stretch yourself
In spite of your body

That support in my body
Building strength all the time
A dichotomy, a paradox

Body quite open and free
Oh it's extremely
Extremely important to me

To be what I believe

</div>

Table 6.e
Elsa

Summary of Concerns and Experiences	Poetic Representation
Elsa has been learning Pilates for five years. She goes to teacher-led group classes four times a week. Elsa began learning Pilates with one teacher, and as she has become more proficient she has since engaged with other teachers. Elsa described capitalising on an encounter with a local advertisement for Pilates classes five years ago when her life circumstances changed. Her husband was offered a new job and she was in a position to give up work and her children were at school. Previous to learning Pilates, Elsa described a sense of having neglected herself and her body. She described using alcohol and food as a way to cope with the demands of her life. When asked about the interview, Elsa described feeling that the interviewer was doing a good job.	**Catch up time** School to university University to work Got married Got pregnant Didn't have time To think A tricky time A stressful time Ticking along Just about No space To think My body Over weight Trundling along Hanging on in there Didn't have Any time His job changed Finished work Do something To switch Switch Out of the cycle Just came along The right time Very first lesson Two inches taller Grew from there Completely changed Completely think About my body Understand my body How it works Completely changed My lifestyle Happier with myself Look better Feel better More confident Something to follow One constant that helps Almost becomes

An addiction
To keep it all going
To keep fit
Relaxed

Relate to other people
Do stuff for my family
See lots of stress
Turned round
Know my own limitations

Been very lucky
Having the space
Catch up time
All those other years
Time to reflect

A breath of fresh air
Something to sort of
Hold onto
Sort of philosophy
Sorts of theories

Sort of grown up
Broadening out
Never have gone to a Yoga class
Thought no
That's not me

Strange and now
Now I'm open to it
So
A bit sledge at times

More confident
Opening my mind
Connecting
The mind and the body
I don't know

I could become a teacher
We'll see

Table 6.f
Francesca

Summary of Concerns and Experiences	Poetic Representation
Francesca has been learning Pilates for 16 months, and she attends for classes between two and four times weekly, depending on her work rota. Francesca has individual classes with one teacher. She also attends 'Studio' sessions with different teachers. Francesca decided to take up with Pilates on personal recommendation from a massage therapist/Pilates teacher who was in turn recommended by a family member. Satisfied with her work as a health professional, Francesca described wanting to manage the physical impact of her commitment to her work. Francesca described really looking forward to taking part in the interview, and that she felt as though she really needed to do it. She reflected that she felt as though her positive experiences may not be shared in the same way by other people, and she suggested that gender and motivation would likely feature as thematic differences in people's descriptions of transformation with TLP.	**I was thrown a bone** The first time I did it Know it sounds a bit strange Just come off a night shift Probably a bit disorientated As soon as I did it I knew straight away This is what I had to do This would really help One of those sort of moments Shift work and long hours I worked a lot My choice, but Taking it in the back I was really quite squashed Back just like an accordion You know, with the bellows Got this image When I think back Felt disconnected My mind was ahead But just my body It was like a struggle I was just so like squashed Catch me by surprise How I'm developing I can just actually bend I can just sort of move Not so much of an effort Things like that I notice It's like gosh, yeah Such a positive impact Positive in everyday life My head's clear I'm walking taller Feel so much better Physically and mentally That sort of balance That's really helped me

Connect to my body
If I had've kept going

I would've just squashed

Can't put a price on it
I struck gold
Walking taller
I just feel really alive

More connected
I'm one, now
I feel
This is what I have to do

To move forward

Table 6.g
Giulia

Summary of Concerns and Experiences	Poetic Representation
Giulia has been learning Pilates for four years with the same teacher in individual and small group classes. Giulia described herself as quite sporty until the onset of rheumatoid arthritis[72] at 35 years of age. She took up Pilates when a local class advertisement was posted through her front door. Taking up Pilates is described as a serendipitous opportunity to capitalise on a positive phase following a successful complete shoulder replacement operation. When asked about her experience of the interview, Giulia described expecting that I would not ask too many questions, and that the interview met her expectation because she felt that she did most of the talking.	**My badminton substitute** Rheumatoid Arthritis I was 35 I remember A really big shock A good two years I fought it So cross, so angry. What have I done? How can I gain Re-gain control? Actually have control Like a placebo effect Doing something To help myself, then I used to despair Don't think there are Places out there For people to go Who aren't completely You know We're not total cripples A shoulder replacement A really positive phase This sort of chat to myself Trigger to do something Make things happen Feel that with Pilates I believe in fate She did say to me A big advantage Aware of my body I'm quite in-tune Quite astonishing What I can do

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[72] Rheumatoid arthritis is characterised by a symmetric pattern of joint inflammation involving the wrists, bones of the hand, fingers, feet, toes, elbows, shoulders, hips, knees, and ankles. The inflammation is accompanied by pain and stiffness; in particular by a phenomenon known as 'gelling' in which the joints are stiff after a period of rest (Adams, Miller, & Kraus, 2003; Lorig & Fries, 2006)

She's very attuned
I'm so enthusiastic

She says I try
I'll have a go
Always, always have a go

Mentally, bodily,
It makes me feel good
I've learnt to take my time

Arthritis
So unpredictable
It doesn't make sense

It doesn't
I've done nothing
Just the way of the illness

Arthritis
So misunderstood
Oh, old people get Arthritis

Talk to me as though I'm 80
Oh, never mind dear
Trouble is, I'm not even 60

I found
Found it really difficult
Couldn't play badminton

Couldn't do the things
I wanted to do
Including sewing

Finding Pilates,
I thought I'd died
And gone to heaven

I really did
My badminton substitute
The first time

In many, many years
I can do something
I've got some control

A big turning point
To be in control
And not fighting

Mind and the body
So connected
I say it's difficult

To kind of explain

It is difficult
I've thought

Is it the Pilates
Or is it the person?
That's the tricky one

Isn't it?
I tell everybody
To do Pilates

I think the mind
Is so important
Don't think it matters

How much it hurts
It's how I cope
That's the important thing

A strong person
Mentally
I don't give up

I do keep trying
Cram in everything
Grab every opportunity

I like it because it tests me
The Pilates
Like the crowning glory

I can do absolutely anything

I won't be left out

Table 6.h
Helena

Summary of Concerns and Experiences	Poetic Representation
Helena has been learning Pilates for two years. She has individual classes with one teacher, who she sees once weekly. Helena decided to take up learning Pilates with this particular teacher on familial recommendation. Helena described how a busy, active and demanding lifestyle impacted her physical being, manifesting as distressing physical symptoms. Helena sought help from bodywork practitioners, whose interventions resulted in her feeling more vulnerable. Helena described taking up Pilates as a meaningful attempt to reduce her reliance on bodywork practitioners to 'fix' her. When asked about her experience of the interview, Helena described an expectation that the interview would be about developing a psychological account of bodily experiences. She used an example of going to the doctor with physical complaints and the offence of being given a 'mental' explanation to ground her expectation.	**My guilty pleasure** Problems with my back Osteopath Did a bad job She hurt me She damaged me Chiropractor Fixing me Sort of Been doing All sorts Rock climbing Swimming Yoga You name it Abusing My poor body All twisted up Mum and my sister Recommending Pilates Busy with life My job changed Physiotherapy Cost a fortune Signed up Not looked back So pro Pilates I can't explain it Demanding Of my body Wasn't really Giving enough More aware There's a lot Psychological To sort out My attitude Care too much About what I do Too much To stop Stop caring To release that

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Nothing
Like
That one to one
That can help me
She can recognise

I talk at her
She recognises
Where I am
She can see
That has affected me
How I move

She recognises
How I am
With myself
She gets me
As much
As little

As I want
But she will push me
I don't know
With my class
With my teacher
It's re-learning

It's important
The feedback
More than
Look how fit I am
It doesn't
It's not that

It's more
It's deeper
Allows me time
Time to reflect
Re-evaluate
My strengths

My weaknesses
Not so hard
On myself
A life work
To take it with me
To give strength

To myself
My moral support
A way of being

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3.2 Cross-case interpretative analysis

3.2.1 Master theme 2: Weekly TLP classes can provide opportunities for valued interactional experiences

This master theme focuses on participant's descriptions of their experiences of TLP classes, their sense-making of lived interactional experiences, and their evaluations of them. Interestingly, all of the participants who took part in this study provided vivid, detailed accounts. The data are instructive because it appears that lived experiences of teachers and classes have a central role to play in participant's experiences of transformation and their on-going commitment to attending for classes with particular teachers.

This theme is constituted by two subordinate themes: (i) Weekly TLP classes can provide valued opportunities for absorbing and fulfilling mind-body experiences; and (ii) Weekly TLP classes can provide valued opportunities for intense relationship experiences. Within the participant's accounts, these aspects of their experiences are interconnected. For instance, the analysis of the descriptions suggests that the mind-body experiences that participants value may be contingent on the affordances of the Pilates classes (i.e., class structure, Pilates approach and equipment), the teacher (i.e., interpersonal skills, approach to teaching, expertise) and the 'felt' relationship with the teacher (i.e., safe, unsafe).

3.2.2 Subordinate theme 2.1: Weekly TLP classes can provide valued opportunities for absorbing and fulfilling 'mind-body' experiences

Six participants described their experiences of TLP classes as mentally absorbing. The accounts suggest that the classes can demand effortful concentration on particular present moment experiences, for sustained periods of time. The extract below from Adriano's interview supports this interpretation:

> I would say it's a mindful form of exercise so rather than exerting myself physically ((pause)) it's more exerting myself consciously and really understanding how I move my body ... It's quite an intellectual thing rather than an emotive or

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affective state so I don't, I guess my mind or my ((pause)) the mind so exhumes my body that if I feel anything it's not quite ((pause)) it's the awareness of the muscles moving rather than a feeling of joy or satisfaction. At the end I feel relaxed and I feel satisfied that I have done good work and I've changed myself, but throughout, it's er ((pause)) I'm not going to say a Zen state ((pause)) I just said a Zen state, but that is the best way I can put it, that because I am forced to think about my body so that is what I concentrate on [Adriano 21-78].

Adriano has described his experiences of Pilates classes as a process in which both his mental and his bodily experiences are brought together simultaneously. He describes his experiences of TLP classes as "mindful", and he explains the ways in which this word conveys the nature of his experiences. He draws a distinction between physical and conscious exertion, and he suggests that the latter is distinguishable in this context. This seems to be because for Adriano, TLP classes entail exacting mental attunement to, and absorption in, particular aspects of his bodily experience. It seems as though the classes are mentally consuming because intellectual resources are not engaged with other thoughts or possibilities, such as appraisals of the experience. This is because he has described how appraisals occur once the class is finished.

It is interesting that Adriano uses the expressions "mindful" and "Zen" to translate and linguistically convey this aspect of his experience of his classes. One other participant described his experiences as "Zen-like" [Carillo 789], and two described their experiences akin to "meditation" [Giulia 281 & Helena 396]. It seems as though these words have seeped into popular usage and that they provide a useful linguistic heuristic to communicate particular aspects of these people's lived experiences of TLP classes.

It is also interesting that these six participant's accounts suggest both that the sustained concentration required by Pilates classes demands effort, and that this aspect of their classes is enjoyable, therapeutic and/or valuable. For instance, as Carillo says "...those moments of being in the moment completely are incredibly enjoyable for me and I think a lot of people don't do that enough" [Carillo 793-797]. Delma, Elsa and Giulia also convey this in their accounts:

> ... your, your mind is so focused that you lose all connection with any

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worries, any thoughts, any other thoughts. It's like a certain type of meditation. So you've been that whole hour or whatever it is without any other thoughts except for the one pointed, eh. Yeah it's one pointed, eh, focus. So I think that does your mind a lot of good. [Delma 278-286]

... I was concentrating so much you just switch off from everything else. So yes, it definitely serves as a relaxation exercise as well, it's a very good way to sort of switch off and eh, and just completely think about what you're doing with your body, yeah [Elsa 84-90]

... it gets, I mean when I say gets the blood pumping it's obviously not like cardiovascular ((pause)) jumping around type exercise but um, you have to concentrate and the, the effort of concentrating and trying to be aware of the bits of your body that she wants you to tap into and making sure you're stretching the right part [Giulia 214-223]

... for that time I'm tuning into my body and concentrating on trying to make that bit do something or my legs or my arms and I think that's really good. You turn off from everything. Which I think is very important for everybody to have um, something, anything ((pause)) and I thought I'd died and gone to heaven. I really did [Giulia 1144 -1161].

These extracts suggest that TLP classes may offer a way of being that is significantly different from these people's everyday ways of being. This appears to be because the classes provide opportunities to become completely immersed in the experience of their bodies in movement.

The extracts also illuminate how these participants feel about this aspect of their classes. Attending for Pilates classes seems to be valued by these people because they provide opportunities to become fully absorbed in moment to moment experiences and to disengage from unrelated mental processing. Indeed, three participants[73] propose that opportunities for these kinds of experiences are something good, valuable and worthwhile for human beings or human minds generally.

Consequently, it is interesting that two participants[74] did not focus on and discuss this aspect of their classes. Within the interview context, these two participants appeared more concerned with conveying particular mind-body learning experiences from their classes. In fact, all eight participants provided similarly detailed accounts of mind-body learning experiences. Use of the expression 'mind-body' in this interpretation seems

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[73] i.e., Carillo, Delma and Giulia.
[74] i.e., Bruno and Francesca.

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appropriate because these participant's accounts suggest that the learning experiences that they value within their TLP classes are of both mind and body. Interestingly, close inspection of the data reveals that even though two participants did not describe their experiences of classes using words such as concentration, mindful, meditation or Zen, the learning experiences that they describe in depth intimate total absorption. This extract from Bruno's account lends support to this interpretation:

> There is, you know, light bulb moments, things like that where suddenly you'll, suddenly ((participant clicks his fingers)) it will just click … I mean, there are different types of light bulb moments, and they happen initially when I am negotiating language with Bella. 'Oh, you mean that! Oh, ok, what you are saying with your Pilates language integrates with what I have done with sport and dance and what I know of my body, cool I understand what you are saying now', and there are other light bulb moments where she, finding an exercise, she wants me to move in a certain way, using muscles in a particular way that I have not done it that way before, and the latest example has been from moving my arm from down by my side up to over my head.
>
> Standard ballet sort of move, standard move for all sorts of things, and I spent a good five or ten minutes chatting to Bella about this because what she was saying to me made absolutely no sense and I couldn't move the arm in the way she wanted me to do it, and we spent quite a while taking in fairly technical terms about what she wanted. She was talking about how the movement from the arm, it's going to be difficult on tape because [participant gesticulates[75]], it came from down here, and I went: 'that is physiologically impossible, it's not going to happen, that does not happen that way, it can't, so, you know, you really need to explain this better, or you need to re-evaluate what you are talking about with Pilates, sorry but'
>
> And we kept talking about it and she eventually found a way of explaining it to me and I was like, oh ok, the fog is still there but it is clearing a little bit, I will go away and think about that and I went away and thought about it a little bit, didn't play. In the back of my mind it was processing, and I came back a week later and I was doing a different exercise, and I thought, well, let's start this side bend trying to work out what Bella was saying about raising the arm business and it happened, it just sort of happened! I was like, cool. Ok, that happened, so that was a kind of light bulb moment and then bugger me this other side bend that I had been doing for nearly a year and never been able to do properly, that happened as well!
>
> It was just a consequence of it so that was a light bulb moment as well. The side bend related to how I move my arm. Who would have thought that? So I told Bella, she just sat there rolling her eyes at me ((participant laughs)), thinking: 'you idiot'. So there are different types of light bulb moments. For me there has been this language light bulb moment, there has been this moment we have been discussing things at the time and suddenly I will get it or I will feel it or 'oh you want that, oh ok' and then there has been these rather bigger light bulb moments where it has taken a week to process and it has got a knock on effect for something else. So there are different types of these light-bulb moments [Bruno 834-898].

This extract vividly captures aspects of Bruno's valued experiences of mind-body

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[75] Palpates back of ribcage, under left shoulder blade with right hand.

learning. Bruno has described how learning Pilates with his teacher provides opportunities for memorable and distinguishable "light bulb moments". First, he describes how he has experienced sudden gains within the context of discussions with his teacher, wherein he has negotiated with her and suddenly arrived at a mutually satisfactory conceptual understanding of her Pilates instruction. Next, he describes how he has suddenly experienced a felt sense of a particular aspect of muscle/movement emphasis within his body that his conceptual understanding of the instruction and negotiations with his teacher may have been relating to. Finally, he describes how his conceptual understanding of the instruction and his felt sense thereof have culminated in a revelation about how these parts relate to the satisfactory accomplishment of an exercise that he has found problematic for over a year.

It appears as though perhaps one of the reasons Bruno values attending for TLP classes is that they provide opportunities for him to become completely immersed in mind-body learning experiences. His account also suggests that he takes a very active role in his classes, because he has described how he and his teacher engage in discussion and negotiation. It is as though Bruno and his teacher are collaboratively engaged in developing his sense of competence with Pilates. It also appears that his teacher's approach is motivating for Bruno, because he has described how he cued himself in an attempt to use the information discussed with his teacher in a previous class. It also seems that it was important for Bruno to share his experiences with his Pilates teacher.

The extract is particularly interesting because it suggests that in this setting Bruno is comfortable with obtaining feedback from his teacher even though the feedback reflects unfavourably on him. His extract suggests that he can acknowledge and accept his incompetence. This is because Bruno offers and seems to accept his interpretation of what his teacher may have been thinking (i.e., "you idiot") when he shared his experiences with her. Perhaps in this setting he can accept that he was wrong, safe in the knowledge that his teacher will not be unkind to him and that she will not shame or punish him. It is as though

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the teacher-led classes can provide safe opportunities for Bruno to learn and challenge

himself that include acceptance of both failures and successes as part of the process.

Bruno goes on to describe how "light bulb moments" and the acceptance of

"failing" are experiences that are unusual to him, because they have not featured within his

past experiences of learning:

> This has been the thing that, yeah to be able to go away, to try it, you know enjoy the challenge, if you are in that mind-set, enjoy the challenge of trying something and failing, but then go away from it, don't let it bother you, don't keep repeating your errors or you know, you keep reinforcing them, it's almost like reinforcing, I can't do it, this is difficult. No, go away from it, get away do something else, do stuff you can do, come back and be able to do it … and I don't know whether 'Bella' gets this with other people or whether other teachers have said this, but I'm getting it with 'Bella' for the first time in my life consistently and it's just the best thing ever …
> It is a way, the relationship I have and I am calling it a relationship because it is. It is a personal relationship where we have negotiated stuff and it works and it's just, it's the relationship I have always wanted and dreamed of without being able to verbalise it. With a coach, with a dance teacher, whatever, and I have never had it. I don't know why, I don't know why that is, but this way of training … It really is just the best thing ever on so many levels. Not just for my health, my body. This is a cool thing that is happening in terms of learning. And it's happening in the way I am learning. It happens to be happening with my body, and the brain is working, but I don't know what is going on there really [Bruno 737-770]

Bruno's extract suggests that the relationship that he has with his teacher and her

approach to teaching are in fact key to his complex and satisfying learning experiences,

and consequently to the value that he places on attending for weekly TLP classes.

The next section of the analysis illuminates how all of the participants in this study

similarly describe the teacher as significant to their valued mind-body experiences and the

developmental and therapeutic effects they describe. Interestingly, these participant's

accounts suggest that classes wherein they perceive that there is a "fit", between their

needs, values and preferences and the teacher's characteristics, interpersonal approach

and/or style, are the most satisfying.

3.2.3   Subordinate theme 2.2: Weekly TLP classes can provide valued opportunities for intense teacher and relationship experiences.

The participant's accounts suggest that TLP can provide opportunities for teacher

and relationship experiences that are very important to them. Accordingly, these participant's experiences of preferred teachers and their relationships with them may be pertinent to understanding the commitment to attending for TLP classes. Some participants also shared ambivalent or problematic experiences of Pilates teachers. The interpretative analysis attempts to provide a balanced account of these experiences.

This extract from Adriano's interview reveals his sense-making of how he has experienced a felt sense of personal connection with one of his Pilates teachers:

> My first teacher was great, she was very encouraging, very upbeat, a really nice person, I would like to go out and have a beer with her. But for teaching Pilates there wasn't quite the synchronicity or the gelling. I think that it is quite a personal relationship. More so than an aerobics teacher who just shouts commands at you. You have, someone is observing your body very, very closely ...
> Most of the time I'm I guess inwardly observing my body so I am more conscious of that than I am of her. I also, I signed a chitty which says you can touch me, it's ok. I signed a whole waiver, it's ok to touch me I won't sue you, and er that feedback is very helpful, to have somebody put their hands on your back on the vertebrae that you need to move from is an integral part of Pilates for me so it has to be somebody that personally I feel comfortable, touching me not in a sexual way but in a personal way and so trust is very, very important. I have to be able to trust my teacher absolutely and I am lucky that my teacher, after the first lesson, I knew that she was 'the one' in a slightly, in a slightly less melodramatic way than that ...
> ... I don't know what I am trying to say except that it is more perhaps a fit, perhaps I needed somebody who was a little less bubbly, a little more, not serious but had a recognised, she recognises my mindfulness and I guess I appreciate that [Adriano 576-626].

Adriano has described his experiences of being taught by two different Pilates teachers. He has described experiencing a sense of personal connection, construed as "a fit", with one particular teacher. He tentatively suggests that the felt sense of connection may relate to a sense of feeling recognised by the teacher. It is as though Adriano has experienced a personal sense of connection with one teacher because he has experienced her as attuned to his preference for a contemplative Pilates experience. Adriano uses the word "synchronicity" to make sense of his preferred teacher experience, which is a word that appears to be useful in the interpretative analysis of other participant's accounts of experiences of connection with some teachers. For example, "synchronicity" corresponds with the interpretation that these people seem to value experiences of Pilates teachers that

involve a profound meeting of minds, bodies and concepts simultaneously.

The analysis suggests that the intense interactional experiences that are significant to these participants may be one of 'minds' because they have selected to describe experiences of feeling acknowledged, held in mind and understood by some teachers. The sense of connection also appears to be one of 'bodies' for two interrelated reasons. Participants have detailed how some teacher's intimate and detailed observations of their bodies, their insightful verbal feedback and helpful guidance can facilitate a profound sense of experiencing the teacher's instruction within their own bodies. Relatedly, participants have also described experiences wherein they have connected with the teacher's instruction within their own bodies through the teacher's instructive use of touch. Finally, the connection appears to be one of 'concepts' because these participants have described valuing opportunities to discuss the focus of particular exercises, as well as anatomical, biomechanical and Pilates theory with some teachers.

That TLP classes can provide opportunities for experiencing a connection of minds, bodies and concepts is evidenced in Adriano's extracts above. For example, Adriano has described how he has experienced feeling closely observed by the Pilates teacher. Accepting this kind of scrutiny seems to have necessitated experiencing a felt sense of a personal connection, safety and trust. It is as though experiencing such intimacy with and scrutiny by an unfamiliar person in a position of relative power could elicit a sense of feeling exposed, self-conscious, vulnerable or threatened. It is interesting that Adriano has described how informed consent was sought for the use of touch in Pilates classes. The account suggests that this aspect of the practice may necessitate careful consideration because it has been recognised as litigiously complex.

Touch definitively involves a meeting of bodies, and it seems that in some Pilates contexts the client is invited to grant or withhold the teacher authority for its use. Above, Adriano describes how he has consented and that he has found one teacher's use of touch "very helpful". He construes it "an integral part of Pilates" because in his experience it can

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provide valuable information or "feedback" that deepens his experiential Pilates learning. It appears that Adriano has experienced touch as helpful because in this context with this teacher he has not been concerned with assessing and responding to a perceived threat. Actually, touch from his preferred teacher in this context seems to have facilitated experiencing both a subjective felt sense of ease, and meaningful connections with his teacher's guidance within his own body.

As well as providing experiences for a profound sense of connection with the teacher, Adriano's extract also suggests that he can rely on his teacher to provide a satisfying Pilates experience. For example, he describes how "most of the time I'm I guess inwardly observing my body so I am more conscious of that than I am of her'" This description of his experiences of working with this teacher resonates with other participant's accounts. It also illuminates how this group of people describe TLP as valuable because it can provide opportunities to experience a consistent and respectful working relationship. This interpretation is developed with the analysis of three extracts from Helena's interview, in which she describes both her experiences of connection with her teacher, and of their working relationship:

> ... I find definitely after my class I feel a lot, I feel I don't know, an 'energy' as they call it that seems to flow a lot more after a class than I, I can do it myself. I can try, if I have a particularly intense day I can try my exercises but there's nothing like that one to one that I have with my teacher that can help me and also she can recognise when I go into my class I talk at her so she can, she recognises where I am mentally I think as well and she can see physically how that has affected me with how I move [Helena 242-248]

> I don't know how much I'd really enjoy Pilates if I hadn't got such a good instructor and I recognise that she's good because not only does she remember things but she gets me, um but in a really, good professional way as well. So she can have her strict moments with like me, like: 'What are you doing there? You know that's wrong' but she also laughs because she recognises how I am with myself. I don't really give myself um a lot of leeway...She makes it interesting. Yeah, she gets me I think, I like that very much. I think we've got a good friendship as well but at the same time there's always that level of professionalism so I know that when I go to her class there'll be as much or as little as I want but at the same time she will push me [Helena 252-266]

> ... see with my class with my teacher she'll say: 'it's this muscle'. I mean it's, I don't know, when you're a kid and you have to do this game where you can

move your fingers. And it's only until someone touches the muscles and you go: 'oh, okay', and then I feel that…I find touch invaluable actually ((pause)) and even for her, she's like: 'look, touch here' she takes my hand and puts it on her shoulder and says: 'look, feel that muscle' or whatever, 'that's what you should be feeling, now go for it yourself' and then I can recognise that. I think, I think that's important and it also strikes up more of a, it gives some balance in the relationship because she and I do a lot of talking about the theory as well. I find that really useful because I understand then why this muscle is doing it or um why it's not for example. I take that away with me [Helena 279-296]

In the first extract, Helena describes how working with her teacher in a one to one setting is uniquely satisfying because she experiences a felt sense of vitality after her class that is not achievable with self-directed practice. Helena describes how she experiences her teacher as reliably perceptive and attuned to her mental and physical state. It therefore seems that Helena values attending for Pilates classes with this teacher because she experiences her as empathic and skilled, and the classes as therapeutic and/or restorative. It is as though Helena experiences a sense of mental connection with her teacher, because she feels acknowledged and understood by her.

This thread runs through her second extract, in which she describes a felt sense of certainty that she is important to her teacher because her teacher can be relied upon to hold her in mind: "not only does she remember things but she gets me". Helena's second extract intimates that she perceives her teacher-led classes as valuable because they provide opportunities to experience a caring, consistent and respectful working relationship. For example, Helena has described the relationship as "a good friendship", indicating that she experiences the bond as a caring partnership. Helena also describes how her teacher "gets" her in "a professional way", such that she has experienced "strict moments" in her classes. These "strict" moments seem to be accepted as an aspect of the working relationship because they do not appear to elicit a defensive response. This may be because Helena experiences the teacher as reliably aware and mindful of her perfectionistic or self-critical tendencies. It is as though Helena experiences the teacher as someone she can rely on to regulate each class according to her presentation, find an appropriate level of challenge, and thereby provide a satisfactory Pilates experience.

Helena's third extract provides a richly detailed example of how participants in this study have described valuing opportunities to experience a connection of bodies and concepts. Helena has described experiences with her teacher wherein touch and discussion feature as important aspects of the working relationship. First, she describes how her experience of her teacher's use of touch reminds her of a game she played when she was a child. Touch is used in the "fingers game" when a person is struggling to move the finger that they are being instructed to. Perhaps Helena's experiences of her teacher's use of touch in her Pilates classes are that it is as wondrously playful, innocent and profoundly instructive as her childhood experiences of the game. Her account does suggest that she is responsive to and values her teacher's use of touch. In this context palpation can facilitate experiencing a meaningful sense of connection with the teacher's instruction. For example, Helena also describes an experience where the teacher takes Helena's hand and guides palpation of a particular location on the teacher's own body. This experiential meeting of bodies seems useful because it can enable the teacher to connect the conceptual focus of the instruction with Helena's experiential understanding of it. That Helena also experiences her classes as providing opportunities for a meeting of concepts is evidenced by the experiential claim: "she and I do a lot of talking about the theory as well".

For Helena, these opportunities for a meeting of minds, bodies and theory seem to provide a sense of "balance" in the relationship because she can then "take away" and use what she has learned in her classes for herself. It appears important for Helena that these opportunities to experience a sense of connection with her teacher's mind, body and concepts through the ritual of the Pilates classes are mutually satisfactory and personally empowering. For example, it seems important to Helena that she experiences the teacher as genuinely invested in and concerned with her experiential learning and development: "and even for her, she's like: 'look, touch here...that's what you should be feeling, now go for it yourself'". It also appears important to Helena that the classes and experiences of connection with the teacher are useful to her, as she says "I find that really useful because I

understand then why this muscle is doing it or um why it's not." Perhaps Helena feels uncertain about construing her attachment to the teacher, their working relationship, and the weekly rituals as intrinsically valuable.

Interestingly, all participants have similarly described the perceived outcomes[76] of their classes as very important. It is as though they value both the safety and comfort of the relationship, and the sense that they are genuinely learning skills that they can draw on outside of the classes. These extracts from Giulia's interview reveal a tension between the importance of the teacher and the working relationship, and the importance of the outcomes of TLP classes:

> I think she listens, to me. I think she, um, she makes me feel good about myself. She chats. It's, it's not, um, a terribly serious hour where you just go from one thing to the next and ((pause)) and she'll laugh if I do something stupid. And, and some, some days I might go there and I ha--, I've, I've lost the plot ((laughingly)) I can't do anything. I'm not in-tune with anything. And she'll just laugh and eh go along with it and eventually find something ((laughingly)) that I can do um, I would, I would say we're quite friends now. I care about her. So I think that's when you know that the relationship is closer when you start to ((pause)) so I ask her how she is and how her week has been [Giulia 623-640].

> Um, I think it must make a big difference, the teach-- the teacher you have but even if I did go to a class that was more formal ((pause)) I think I would still enjoy it ((pause)) because of what it does for my body [Giulia 647-652]

Consonant with Helena's sense-making, Giulia's first extract suggests that she experiences the teacher as empathic and skilled, the classes as therapeutic and the bond as a caring partnership. Consequently, the second extract is fascinating because it clearly illustrates ambivalence about the significance of the bond with the teacher. Certainly, Giulia hypothesises that "more formal" Pilates classes with a different teacher would be just as enjoyable and equally as useful to her because she values the effects of the exercise classes. Interestingly, Giulia is one of three participants[77] who described working with only one teacher. Those participants[78] who have experienced more than one teacher help to construct a complex picture of the meaning of the teacher. For example, Francesca shared

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[76] i.e., the changes that they have experienced.
[77] e.g., Delma, Giulia and Helena have worked with one teacher.
[78] e.g., Adriano, Bruno, Carillo, Elsa and Francesca have worked with more than one teacher.

positive experiences of working with different teachers within one particular Pilates setting: "...they're all very professional, they're genuinely interested in you and how you develop" [Francesca 612-614].

Francesca is the only participant who has worked with a number of teachers and who has described them as equally skilled, safe and reliable to provide a developmentally satisfying experience. By contrast, extracts from the other four participants who have experienced working with different teachers suggest that experiencing a felt sense of safety with the teacher may not be assured and is therefore very important. Extracts from Elsa and Carillo's interviews are included because they illuminate self-incongruent teacher experiences:

> ... she's much more bang, crash, wallop, let's go through a fast routine, um, which I've got my slight doubts about but I'm just sort of trying that one out at the moment ... It's a very different approach ... the other teachers that I've had are, they're a bit slower classes and you're thinking more about what you're doing which is what I've sort grown up to, to be used to, to be honest [Elsa 501-534]

Elsa has described experiences of one Pilates teacher's approach that seems to have elicited a worry response. This appears to be because Elsa perceives the teacher as having prioritised a "fast routine" over other possibilities. The concerns that she experiences about this teacher appear to be salient because the approach is unfamiliar or incongruent with other experiences. The teacher's approach seems dissonant because Elsa has experienced teachers whose approach has been experienced as safe, contemplative and developmental. It is as though Elsa favours a more careful and contemplative approach, because she has found it personally beneficial.

This section of the analysis ends with three extracts from Carillo's interview, wherein he reflects on his experiences of different teachers:

> I've had different teachers. I think when they're good, what they do is that they pick up on what you do instinctively that is wrong for the method ... they will pick up on it and give you the, a good cue to try to do it slightly differently, which strengthens you in a different way. It usually makes the exercise more difficult as well, um, and as an aside, a bad teacher will say something like: 'you're cheating, ''cause you're doing this'. I mean, I often think: it's not cheating, 'cause it's instinctive. You're here to tell me that, how to do it properly, not to punish me

because I am not doing it properly. How am I supposed to do it properly if you're not teaching me? Um, anyway ((pause)) so that's a little gripe about one teacher in particular, an individual [Carillo 877-902]

... I think a good teacher yeah will cue you in to the sensations of your body a lot rather than just look at you as, say, an object, and make you look nice. A good teacher will get you to try and experience it, because then you can take it away with you, but if it's their sort of, just aesthetic appr -- ((pause)) objective, an aesthetic idea of what you ought to look like, then you haven't got anything to take away, you only take away that you have done a session and they say you look right, you know, it's harder to incorporate into your everyday life and to embody it, it's harder to, to I am looking for a word, to assimilate, to assimilate the changes that you have made in the way that you use your body [Carillo 1179-1193]

I guess the relationship with the teacher is important as well, 'cause if you've er, if you've known them for a while there is this sort of, I don't know, it's comparable to the therapeutic relationship where you kind of feed off each other a bit, and if you end up projecting that they're like, their opinion is really important and you really respect that and they start telling you that you are wrong or that you are bad then there is a kind of emotional backlash. I hadn't thought about it like that before. I think that this probably goes both ways as well, with, like, the teacher having reactions to the client by having some people who drain them [Carillo 1216-1228]

Carillo's extracts capture his sense-making of experiences of working with different teachers. He has described how the teacher's interpersonal style and personal values are important because in his experience these factors can influence his satisfaction with the Pilates class. In the first extract, Carillo describes how a "good" teacher uses skilful observation with appropriate cues to provide a useful and appropriately challenging learning experience. Carillo describes an experience of a "bad" teacher, wherein the teacher's observation has been followed by an unhelpful correction. The teacher's use of infantilising, punitive language seems to have elicited a defensive response and a less satisfactory learning experience. It is as though the learning experience was compromised because Carillo felt incongruously chastised. It seems that he experienced himself as in a position of relative vulnerability, and that he felt unsafe. This experience with this "individual" may be memorable because he has experienced teachers whose approach has felt consistently facilitative, therapeutic and safe.

Carillo describes another incongruent teacher experience in the second extract. Here, the teacher's values appear to be important, because Carillo suggests that these can

limit the Pilates learning experience, for example by rendering it superficial. Carillo describes how it is important to him that the Pilates learning experience is meaningfully transformative, because he values the opportunity to "assimilate" and "embody" the teacher's instruction. It is as though a teacher whose values are incommensurate with those of the client can inadvertently influence the client's sense of satisfaction with the Pilates class. Certainly, Carillo shares with all of the people who took part in this study a concern that Pilates classes feel safe and personally empowering. Carillo's extract therefore seems to crystallise the significance of the experience of safe, congruent Pilates teachers for the commitment to and sense of satisfaction with Pilates classes.

The final extract portrays how Carillo has made sense of his experiences of "emotional backlash" within the context of TLP. In his experience, the Pilates teacher-client relationship is "comparable to the therapeutic relationship where you kind of feed off each other". The cannibalistic metaphor is fascinating because it illuminates a dimensional, reversible quality in his understanding of the interpersonal interaction. It is as though opening himself completely to being nourished by the teacher presents the reversible possibility of being devoured by the teacher. Interestingly, Carillo describes experiencing a realisation of how this relationship may also be reversible for teachers. It seems as though Carillo has realised that nurturing clients in this context can present the reversible possibility of being consumed by the client.

In describing the interaction as comparable to a therapeutic relationship, Carillo seems to be drawing on a particular frame of reference that is consonant with his chosen profession[79]. His extract suggests that he is alluding to a familiar working relationship that is characterised by help-seeking and care-giving, and that can impact both practitioner and client.

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[79] e.g., CAM practitioner

3.3 Master Theme 3: Weekly TLP classes can provide an invaluable arena for transformation

The third master theme captures participant's descriptions of what it is like to experience transformation with TLP. The descriptions are complex and are not easily reduced to clearly defined categories. For example, participants have described how transformation in this context includes short and longer-term aspects, psychological, somatic and behavioural aspects, as well as positive and problematical aspects. This master theme has been parsed into two subordinate themes. The first, 'weekly TLP transforms my awareness of my body', captures participant's descriptions of transformed perceptual or sensory experiences of their bodies, and accounts of learning and assimilating a particular conceptual or theoretical understanding of the body. The second subordinate theme 'weekly TLP classes contribute to a sense of connection and control' portrays participant's descriptions of how TLP classes transform their emotional attitudes and/or feelings about the body, as well as attention to and use of the body. This separation of the findings into distinctive subordinate themes has proved challenging because there is significant overlap between the descriptions of these experiences within participants' accounts. The findings have been explained in this way in an attempt to engage the reader's attention with particular aspects of participant's sense-making of the interesting phenomena discovered.

3.3.1 Subordinate theme 3.1: Weekly TLP transforms my awareness of my body

Six participants described how weekly TLP classes transform their awareness of particular aspects of their bodies and movement. Interpretation of their accounts is followed by elucidation of extracts from the two participants for whom transformed awareness of the body did not at first appear salient. The section ends with extracts from two participant's accounts that seem to problematise transformed awareness in this context.

This first extract from Adriano's interview captures experiences that feature across six participant's accounts:

Well just since I spend all my life moving or not moving, but I, it has made me much more aware of the body that I had. Rather than kind of lolloping through things and not standing up straight, not ((pause)) so everything has changed, everything has been affected [Adriano 60-64]

Adriano describes how TLP has brought the body that he "had" into his conscious awareness. It is as though his familiar body has been rendered strange or new. The extract reveals that certain aspects of the body that are usually experienced as close to automatic have been disinterred and imbued with exploratory potential. The extract tacitly discloses that the aspects of Adriano's body that have been brought into his awareness in this context seem to have not previously vied for his attention.

It is as though learning Pilates has brought anonymous performances of the body such as maintaining upright posture and executing motility into Adriano's perceptual, experiential and evaluative field. Here, the distinction between consciously attending to the body and being marginally aware of the body appears to be important. Adriano's concern with the quality of his body's movement and upright posture intimates substantial changes in the significance of these aspects of his bodily experience. It is as though some previously taken for granted aspects of his body, posture and motility have lost both their obviousness and their harmlessness.

Two extracts from Elsa's interview reveal her descriptions of perceptual, evaluative and conceptual aspects of her experiences of transformed awareness of the body:

I remember the first time I walked out of that very first class, I just sort of felt about two inches taller when I walked back down the street and thought: 'oh, this is fantastic!' Because I'd never done any, um, sort of body, um, anything like dance or gym--, well I'd done a little bit of gymnastics at school ((pause)) but nothing that, um, made me very body aware I suppose before ... just understanding how your body works and realising ((laughingly)) that your leg, your left leg is different from your right leg and, you know, and eh, and also the whole thing about posture ((laughingly))[Elsa 44-70]

... I mean I had really very little clue about anything biological or you know ana-- anatomically or whatever before [Elsa 217-219]

Elsa's first extract captures how she experienced feeling transformed after her first Pilates class. It is as though the class facilitated experiencing a memorable sense of length

in her body that she has never known before. Elsa attributes the transformation to awareness, understanding and realisation. In the second extract, Elsa describes how learning Pilates has offered a new conceptual understanding of the body. Each extract illuminates something of the complexity inherent to these participants' sense-making, because links are made between memorable perceptual experiences of the body and a particular conceptual understanding thereof.

The findings suggest that very specific aspects of the body are brought into awareness in TLP classes. For example, participants have described transformed awareness and understanding of individual trunk muscles and other muscle groups, of imbalances in muscle groups, of idiosyncratic variations in the musculoskeletal body, and of faulty, dysfunctional or incorrect postural holding and/or movement patterns. These people have not described gaining awareness of the digestive, visceral or circulatory aspects of the body.

As well as transformed awareness and understanding of particular aspects of the body and body use, the investigation found that six participants described experiences that suggest transformed sensitivity to bodily "feedback". The study found that these people seem to appreciate TLP classes because they can provide opportunities to refine transforming responsiveness to and management of bodily qualia. For instance, as Helena says:

> I'm a bit more aware of myself now so, which I find ironic because in dance they'll say: 'okay, do this', and I'm doing it, if I'm looking in the mirror I'm doing it exactly like everyone else but if you ask me to do a movement say on the floor and I place myself in a room, I'm not straight, and I find it's taken maybe a year or more to actually know that now my legs are straight. If I look up I can see that, but in myself, to actually place where my feet are [Helena 145-150]

This extract is difficult to interpret because it pertains to the body as experienced from within in relation to both an external environment and a particular goal. Helena suggests that the body can be perceived externally, whereby visual feedback provides information about the particular placement of the body in space. She also suggests that she

has developed the ability, construed as a form of knowing, to sense and organise her body in space without the use of visual feedback. Gaining sensitivity to and a sense of mastery with experiencing her body from within is meaningful for Helena, because she believes that it evidences how she is more aware of herself. It is as though not relying on external, visual feedback to provide information about the body is a meaningful indication of transformed awareness.

These extracts from Carillo's interview similarly capture the complexity of how sensitivity to bodily qualia and a conceptual understanding of the body are meaningfully implicated in a felt sense of transformed awareness with TLP:

> I mean, you sort of end up identifying and being able to control muscles you never knew you had ... um, it kind of gives me a new experience of the body. I remember after one session ... I was walking across the footbridge by the station and I just kind of realised that my whole ((pause)) I just felt really stable and strong. In, across my abdomen, there was no back ache, I felt tall and long and free in my movement, basically [Carillo 213-230]

> ...I often will feel more alert after a session ...that my senses feel acute, that I am aware of what is going on around me or that my hearing and sight and probably most of all, the internal proprioceptal awareness to do with, you know, the feeling of walking and the way my feet plant on the floor...there is something sort of vivid about it, I am not focused on just getting to the train...some of my memories of it are quite vivid, it has made a big difference [Carillo 958-970]

> ...doing Pilates has greatly enriched my practise of qigong because I am bringing to it a much more detailed, anatomical bodily awareness, and it makes it feel better, you know, and now on finishing the qigong exercises I feel kind of charged up, and full of energy and strong. Before, I basically, well, I was told what I was supposed to be doing. I hadn't ((pause)) embodied it, I guess, so I wasn't doing it as well as I am now [Carillo 854-865]

Carillo describes how some TLP classes have facilitated a noticeable sense of gaining a discriminatory awareness and intentional control of aspects of his lived body with which he was previously unacquainted. He describes memorable experiences after certain Pilates classes, wherein he has savoured appreciably vivid altered sensory-motor present moment awareness. As well as the awareness of intensely heightened multi-sensory corporeality savoured immediately after particular classes, Carillo describes how he has gained an "anatomical" understanding that enriches his experience of other valued leisure

activities. This experience, wherein the learning from Pilates is transferred to other contexts, accords with other participant's accounts, although significantly complex meanings have emerged. These are explored in the interpretative analysis of the second subordinate theme.

Given the significance accorded to transformed awareness of the body by the other participants, it is interesting that neither Bruno nor Giulia unequivocally described becoming more aware of their bodies in this context. It may be significant that both participants reported experiencing severe body problems prior to starting Pilates. These problems, combined with reported previous high levels of physical activity, seem to have contributed to making them acutely aware of their bodies prior to the engagement with TLP:

> I don't know who it was I was talking to but I have spent my whole life since the age of twelve, thirteen, in some form of pain, whether it has been back, arms, legs, tendonitis, spine. I first had a prolapsed disc at age thirteen through cricket [Bruno 484-487]

> I am intensely aware and sensitive to ((pause)) not only my body but the activity that I do, so whether I am doing Pilates, cricket, rugby, soccer, running, whatever, dance ((pause)) [Bruno 542-544]

> ... she did say to me that she thought I was quite in-tune with my body which was a big advantage ... because, I think the arthritis has made me aware of my body and when something hurts I can tap into some other muscle [Giulia 173-177]

These extracts suggest that previous high levels of physical activity combined with an acute awareness of the body through pain experiences may attenuate the significance accorded to enhanced awareness of the body. Even so, these two participants did describe appreciating experiences of aspects of their bodies being brought into awareness after certain Pilates classes. Their descriptions of the perceptual experience of particular bodily sensations are interesting because of the meanings that both participants attach to them:

> ... this is the first time I have woken up with pain, with muscle stiffness on the second day. I have had it up to a day after and then the second day none but this is the first time that I have woken up with pain on the second day. Kinda like it in a way. Its' like: oooh, yeah, muscles can still do it, they are being worked, that is a good thing [Bruno 1029-1035]

... the other thing is, before when I was fit and I had a good game of badminton I might ache. I mean with badminton your bum always aches ... and um after my Pilates class, the next day I, I can sometimes ache and it's different to the arthritis pain and I think: ooh this feels good because it's eh, I'm doing my body good kind of feeling [Giulia 659-670]

Here it seems that muscular pain or aching after particular Pilates classes can shift the balance of these participant's gestalt. The bodily sensations are differentiated from other pain experiences and are welcomed because they symbolise a sense of corporeal vitality and continuity. The sensations are used to relate these participant's present bodily selves to their past physically active selves. The acutely enhanced sense of muscularity made tangible by awareness of muscular pain and aching sensations provides feedback to these participants about having engaged effectively with physical activity. The bodily sensations are framed as signs of achievement and well-being. It is as though the awareness of the body and bodily sensations gained after Pilates classes can facilitate, and in some cases help to intrinsically restore, a robust corporeal sense of agency or existential continuity.

Two participants have shared experiences that problematise transformed awareness with TLP. In the first extract, Delma describes how the awareness of the body gained in TLP classes can fade. In the second extract, Carillo describes an experience wherein an awareness intervention is implicated in the development of an injury.

I think eh, doing Pilates makes you extremely aware of how your body is, in space, and how it, how it moves. It makes you very, very aware of that and I find that when I don't do it for a while I start losing that ((pause)) if I, if it's a long enough time, because it's just eh, an awareness which, being human, I guess you forget it if you don't do it for a while. Or it becomes less er ((silence)) [Delma 334-348]

Delma's extract is interesting because it suggests that the awareness of the body gained in Pilates classes can fade or become less salient without regular opportunities for instruction and formal practice. Delma draws on the notion of "being human" to make sense of how this complex awareness fades. Perhaps the awareness gained in Pilates classes is unusual, because it appears that when in reasonable health the aspects of the body that are rendered salient in TLP classes recede from awareness. Maybe the aspects of

the body, posture and motility that are brought into conscious awareness in TLP classes do not typically command attention unless there are particular opportunities for thematizing them.

> I was with someone, a teacher who wasn't my usual teacher, just sort of keyed in with 'that's the problem, with your shear, that's what you need to do', um and I started keying in to it more and being more aware of it when I was walking around and whatever I did, and after about a month of that, a muscle on the right hand side of my back went into spasm and my hypothesis is that it had been in a shortened position because of the shear which I'd had for years so because I'd pulled myself back together, if you like, it had been a bit too quick and my muscle hadn't adapted [Carillo 505-523]

> But um, yeah, it [TLP] makes the whole body which kind of again makes you appreciate how integrated the body is like you know everything is connected ... you know, it gives you, what I was saying is that it gives you a greater integration of how when you move like a small thing it can change like the whole structure, and that again helps you to bring it in to your everyday life and um in a rehabilitation sense, it helps you to incorporate it, change, and stop the um problems [Carillo 917-940]

These extracts are fascinating because they seem to provide an understanding of paradoxical experiences that Carillo has lived. In the first extract it appears that a Pilates teacher offered Carillo a diagnostic and corrective intervention. It seems that directing this awareness to "the problem" elicited a protest from the body. Intriguing here is Carillo's description of this Pilates teacher as "not my usual teacher". Perhaps Carillo feels retrospectively discombobulated about placing his trust in and using the corrective intervention suggested by this irregular teacher. The extract illuminates the possibility that experiences of awareness of the body described by these participants may be a representation of how these people experience being related to by particular Pilates teachers. In the first extract, the way that the teacher encouraged Carillo to relate to his body is experienced as damaging. The isolationist, diagnostic and corrective awareness intervention has resulted in hypervigilance of one part of the body and has manifested in injury.

The extract is all the more interesting in light of the second extract, in which Carillo has described how TLP classes provide an inspiring understanding of how the body is interconnected. Carillo has described a qualitatively different experience of gaining a

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greater appreciation of how changing one thing in the body has an effect on the rest of the body that he can use therapeutically. Here, Carillo seems to have understood that bodily systems function holistically. The extract seems to tacitly reveal that this awareness of his body may reflect or be a representation of his preferred teacher's theoretical/conceptual and interactional style. Certainly, the body percept and concept experiences that Carillo describes in the second extract differ in significant ways to those of the first extract, wherein diagnosis, isolation and correction of a discrete problem was emphasised by an irregular teacher. It is as though both extracts subtly convey paradoxical lived interactional experiences of transformed awareness within the context of TLP classes.

3.3.2   Subordinate theme 3.2: Transformed sense of connection and control

This section of the analysis brings to light how participants have described TLP classes as transformative because they have a role in shaping their emotional attitude towards the body and their behaviour - how they feel about, attend to and use their bodies. The first extracts from Delma, Carillo and Francesca's interviews reveal how TLP classes contribute to a felt sense of bodily connection, indwelling or control. These are followed by extracts from Bruno and Giulia's accounts wherein they describe experiences of feeling more positive about their lived bodies. The analysis then uses extracts from Adriano and Helena's accounts to portray how participants have described TLP classes as transformative because they shape body use. Finally, the analysis focuses on problematical aspects of transformed emotional attitude and body use with extracts from Helena, Elsa and Carillo's interviews.

> Um ((slight pause)), when you come out you feel that you've got yourself together again ((laughs)) in one piece. You're, you're connected. You're connected … it just makes you feel ((pause)) pretty good. Yeah. You're connected because Pilates emphasises, eh the connection of your, in, in your, the centre of your body. You, you connect together and it builds strength. It gives you a great deal of strength. Like your, your shoulder blades move down into your back and your ((pause)) it, it's, it's just a total connection from, from hip joint up to the shoulders and then you're leaving, at the same time leaving your body quite open and free. It's, it's a, it's a sort of a dichotomy, a paradox [Delma 112-135]

I think that the what the exercises have done for me, the awareness that you bring to your body when you are doing them um includes giving me a feeling of being um kind of more at one with my body, like, it's responsive, stronger, flexible, I kind of feel ((pause)) I don't know if the word 'control' is right, it doesn't, there is something about the word control that I don't like about it but essentially I guess it makes me feel in control, or of my body [Carillo 295-305]

I mean, I could say like that it makes me feel more in my body or something like that um, but then that's quite a vague thing to say, um yeah, control kind of gets more to the point [Carillo 332-337]

[Before TLP]...I actually felt disconnected and I felt like my mind and body were separate like I've almost got this image like when I think back ... I just felt like my mind was ahead of my body in the sense that yeah I was going out to meet my friends, cool, but just my body, I was just sore and tight and you know, but now I just feel more ((pause)) I still have those moments of feeling a bit sore and tight but overall just much more better, and I'm more connected to my body. More aware of how it moves and what I should be doing [Francesca 192-202]

... what I think about me because I've always had a distorted sort of self-image when it comes to sort of weight and appearance and I think now since having done Pilates I've ((pause)) ... I'm more comfortable and I mean in my body, even though I think oh yeah I'd love to be more toned, I'd love to be you know a smaller size and all the rest of it but I'm more sort of at ease with it now, I think that somehow maybe through this all just by you know the exercises and what you learn and how it's so affected my life that um I still worry about it but I don't know, I just feel more connected and more whole [Francesca 662- 873]

The extracts above are fascinating because they suggest that for some people at some times, the mind and body can be experienced as a dualism. It appears that TLP classes can provide a meaningful antidote to a felt sense of disconnection or fragmentation. The experiences are manifestly complex, for example Delma construes her experiences as paradoxical, and similarly Carillo illuminates a tension between feeling "at one with" and "in control" of his body. Certainly, feeling more "at one with" or "in" the body is suggestive of a sense of connection or indwelling, whereas "control" has connotations of dominance, power and the submission of the body.

Francesca's extracts are similarly perplexing because both extracts also intimate that a felt sense of connection may be related to a sense of control. For example, Francesca describes how learning Pilates has influenced an experience of connection with her body that is rendered meaningful in relation to her evaluation of past experiences. It is as though Francesca experienced her mind and body as a dualism because her mind was actively

pursuing and her body was experienced as obstructive. In addition, it seems that she could not make sense of or influence bodily symptoms of discomfort. Indeed, Francesca relates the felt sense of connection with her body to "awareness" and an understanding of what she "should" do. It is as though TLP classes provide Francesca with guidance, a sense of meaning, purpose or competence with understanding, accepting and being able to influence bodily experiences that previously felt dissonant, incomprehensible, unmanageable and frightening.

In the second extract, Francesca describes how learning Pilates has provided her with experiences that have influenced concerns about her body's appearance and weight. It is as though TLP classes provide learning and mastery experiences that enable her to feel more accepting of and satisfied with her lived body. Essentially, it does appear that learning Pilates has influenced worry about the lived body, which accords with accounts from other participants. For example, it seems that TLP classes transform how these people feel about the lived body because their accounts evidence a sense of enjoyment, hopefulness, positivity or existential power:

> I have kinda gone from this feeling bullet proof to feeling old and horrible and this is the end, to back up there thinking, well it's not so bad, there is life after 40 and it might be a pretty good life, physical life, you know not just, I know people say life begins at 40, I'm not just talking about life style stuff, I'm talking about my body [Bruno 514-520]

> I am more confident in my physical body now compared to two years ago because I can do stuff, because I am not in pain [Bruno 612-614]

> … they said I'd probably just about be able to comb my hair and they said you'll never be able to change a light bulb, and I had great delight ((laughingly)) in going back to them and saying: 'Guess what? I changed a light bulb', and it's the Pilates … there's no question that it's the Pilates, it's the Pilates, it's the stretching, its' doing the exercises that suit you, and it's also the mental thing of being-- feeling that you have some control over what your body's doing [Giulia 139-156]

These extracts again illustrate how learning Pilates is experienced as transformative because it has provided these participants with a satisfying or enjoyable sense of bodily competence and control. As with Francesca's extracts, these two participant's accounts of transformation are fascinating because they reported experiencing distress about the lived

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body prior to learning Pilates. In total, five participants[80] shared experiences of worry about pain sensations and associated movement restrictions. Bruno and Giulia's extracts have been included here because they have reported experiencing the most severe body problems, and the changes that they report are therefore remarkable. It is as though TLP classes influence their perceptions of their physical capacity, their power to move the body and to perform actions therewith. In terms of their psychology, it seems that they feel empowered and hopeful because they have achieved such astonishing changes.

Enjoyment and empowerment also feature in participant's accounts of how TLP classes transform the ways that they attend to and use their bodies-in-the-world. This claim is evidenced by these extracts from Adriano and Helena's accounts:

> ...all my walking around, my sitting, my sitting driving position has changed [Adriano 106-107].

> ... I have lowered my ironing board so when I iron my shirts my arms are straighter and I guess I don't just sit down and slouch. I am aware of the, it's not that I feel I must sit up straight, but I feel that I enjoy sitting up straight [Adriano 112-116]

> When I stand on buses I try and make sure that my spine is long and when, when I'm sitting on a chair without a back I try and make sure my spine is stacked more so that actually things don't ache. I'm not holding everything in an uncomfortable way, so even learning to stand while waiting for a train or whatever, I'm not having to hop from one leg to another because I'm centered [Helena 178-182].

> When I have a lot of things on work wise I choose to ignore my body, um I choose to just say right whatever it takes to get that job I'll do it ... so I ignore the way I stand or the way I sit, something gives and that's usually that's the first thing to give is like my physical being because I just want to get whatever it is that needs to be done. Um, as I said before, now that I go to my classes and I really wouldn't want to stop them for the world, I find it allows me to reflect on that, so it makes me more aware of now that I am doing that to myself whereas before I wouldn't really think of it because say like you have your finals, fine that's what people do or, you know, you have a deadline at work, that's fine, that's what people do, whereas now I'm like no that's not what I'm going to do. Sometimes yes it happens but let me just step back and er look after myself a bit more [Helena 372-388]

These extracts reveal how Adriano and Helena experience TLP classes as transformative because the interactions influence how they attend to and use their bodies. Their accounts suggest that they monitor and adjust their bodies in accordance with what

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[80] e.g., Bruno, Carillo, Francesca, Giulia & Helena

they have experienced in their classes. It is as though the classes provide guidance as regards the significance of keeping the body in mind, and careful body use. Here, the meanings of participant's engagement with what they have learned as transferred to the context of their everyday lives are fascinating. Adriano suggests that his engagement is about enjoyment, whilst Helena suggests that hers is variously about compensation for bodily self-effacement, prevention, bodily self-care and empowerment. It appears that keeping the TLP-body-in-mind and using TLP-informed-body-use in everyday life can hold fundamentally different meanings.

Indeed, the following extracts from Helena, Elsa and Carillo seem to problematise transformed sense of control and body use in this context. First, Helena's extract reveals that although the focus of TLP classes on body use is helpful, it is limited as regards addressing psychosocial stressors that are implicated in her cyclical experiences of distress and injury.

> I'm a bit more aware of how I have to hold myself um and that's really helped a lot ... I know generally it's like I get wound up so I can't turn my neck or ((pause)) so I find all this has helped greatly because this is where my tension sits mostly now ... I haven't yet reached the stage where I can fight tension ((laughter)), it just seems to increase as the better I adjust to the next stage it goes up again but it's helped considerably in that respect as well ... I mean there's a lot, obviously psychological I've just got to sort out there and also my attitude to things I think I care too much about what I do too much you know as a job ... I think women care a little bit more and are able perhaps to shut off, not shut off, aren't able to shut off should I say whereas a guy cares but yeah I feel a lot of tension here [Helena 188-215]

> ... if my mind needs a lot of focus and there's a lot of stress going on my body still, it's the first thing to give ... Pilates, I haven't got it there yet, but it's a, how do I say it, I haven't got it as part of my life enough yet but even when I'm in those stress situations it's still working for me ... Yeah so, so that when I do have the stress times because there always is, I take it with me, because that's at the point when my back will go or when I have to see a Chiropractor or whatever [Helena 441-446]

Here Helena describes how she experiences an on-going, apparently cyclical battle with "stress" and "tension", incapacitation and help-seeking. The extract tacitly reveals a tendency to experience and communicate somatic distress in response to psychosocial stress, and to seek help for the somatic aspects of her experience. It is as though TLP offers

Helena a preferred or safe explanation of her difficulties, perhaps because it emphasises body aspects over other possibilities. For example, it is as though Helena feels comfortable with accepting that she contributes to the development of physical symptoms with faulty body use at times of stress.

The extracts also reveal that Helena is aware of alternative biopsychosocial explanations, but that these may be less palatable or manageable, are accorded a lower priority, and are therefore obscured. Disinterred from Helena's descriptions is the belief that if she can perfectly assimilate and embody TLP myths and rituals, then she will be able to better manage "stress situations". However, the extracts indicate that she feels as though she has to work harder to assimilate Pilates because her stress levels increase and so hard work is required so that TLP can work "for" her. One question that arises here is what or whom the work is for, because it can be argued that Helena's relationship with TLP helps to obscure perpetuating factors of the cycle that she has intuitively described as complex. Nevertheless, it seems that TLP may preserve a sense of familiarity, stability and continuity in Helena's ways-of-being, relating and interacting.

Elsa's extract exposes that she may overuse TLP-informed body use strategies to maintain a sense of control because the behaviour is likened to an addiction:

> ... I suppose before I hadn't even, I didn't even really think about exercising any more than just sort of, um, a quick, quick burst of exercise to try and keep the heart going ((laughs)) ... Um, but um, since, I suppose since I've done the Pilates I suppose I've just become a lot more aware of how every muscle in my body works and, um, and ((pause)) that affects your everyday life as well, you know, if you're bending over to, to fill the dishwasher you're, you're um, holding in the tummy when you ((laughingly)) bend over and everything so eh, so I suppose I'm thinking sort of Pilates nearly all day, it's, in a, in a funny sort of way because of, you know, you're, and when you're walking along a street you sort of think 'Oh', you know, 'I should be walking straighter'. Um, and eh, I suppose that gives you some, um ((pause)), I don't know, it's a sort of, eh, something to follow I suppose. Is that? It's a sort, it almost becomes, not an addiction but it's not far off in a way because you, you sort of um want to keep it all going because you see the posi--, positive benefits it's done for you [Elsa 131-153]

> Yeah I mean I think, yeah I mean perhaps, perhaps addiction is the right sort of word. I mean perhaps, perhaps I'm someone who um, who needs to be addicted to something, I don't know. Maybe Pilates has, has sort of taken over from drinking too much or something ... I mean, I still drink too much sometimes but ((laughingly)) but

you know, don't we all? ((laughs)) but um not quite as often as I used to ((laughs)). So um, I don't know, maybe it is. Maybe I'm an addictive type of person who, you know, and it's something that, it's that one constant that, that helps me. I don't know [Elsa 709-721]

These extracts capture how Elsa was self-interpreting during the interview, and how she was reflective and tentative in her sense-making. She oscillates between the first and the second person. It is as though she is moving between a personal and perhaps a shared understanding of how learning Pilates can transform body use. This has the effect of distancing herself from her experiential claims to making more general claims. Perhaps this represents an attempt to moderate a sense of uncertainty or vulnerability, because the use of the word "addiction" in this context is intriguing. It seems that learning Pilates has significantly impacted Elsa's understanding of physical exercise and that it has transformed how she attends to and uses her body. For instance, she has suggested that prior to learning Pilates, physical exercise was briefly engaged with to maintain cardiovascular regularity. TLP classes seem to have provided a completely different perspective, because the learning is incorporated into Elsa's daily routine. For example, she describes experiences of self-monitoring, self-talk and physical adjustments within the context of performing activities of daily living. It is as though Elsa has absorbed an understanding that taking opportunities to use the body carefully by monitoring and adjusting her body use in daily life is adaptive behaviour. The meaning of these experiences is interesting because Elsa offers a tentative interpretation of herself as "an addictive type of person", and suggests that Pilates has provided "something to follow" that has replaced alcohol as "a constant that helps".

Interestingly, Elsa describes her engagement with Pilates in her daily life as motivated by "the benefits it's done". She has described these as the provision of an antidote to years of self-neglect with guidance as to how to care for, develop and learn about her-self [Elsa 378-379]. Elsa has described how learning Pilates has contributed to a complete change of life style [Elsa 98-100], significant weight loss [Elsa 113-115] and the

possibility of a new career as a Pilates teacher [Elsa 560]. "Thinking" and doing Pilates therefore seem to enable Elsa to maintain the changes that she has achieved. However, because she has described her experience akin to an addiction, engaging with Pilates may reflect a tendency to use external objects to manage emotions, where one external object (e.g., alcohol) has been replaced by another (e.g., Pilates). Perhaps Elsa has perceived a tendency to use external objects in a way that is deviant from "normal". Perhaps too, she is using Pilates maladaptively, as a short-term coping strategy to cope with negative emotions. For example, Elsa may be using Pilates to cope with existential anxiety as pertains to navigating tensions between personal freedom and responsibility. Indeed, although Elsa suggests that addiction may be an intrinsic property of herself because she may be an "addictive type", she also invites us to consider that she is embedded in a particular social context when she asks "don't we all?" drink too much sometimes. It appears relevant that UK is renowned for binge drinking, which is described a social and cultural phenomenon (vanWersch & Walker, 2009). Perhaps Elsa's social world manifests an anxiety-provoking double-binding injunction wherein she is invited to be a free and self-indulgent, disinhibited pleasure seeking consumer, and at the same time to be responsible, self-controlled, fit and able to perform.

The meaning of these experiences is clearly complex, since Elsa suggests that Pilates provides her with "something to hold on to" [Elsa 1004], and her account does resonate with that of six other participants[81]. For example, Bruno describes Pilates as "the two times a week where I feel in control of my life" [Bruno 323-324], and as a "tool" that helps "to define my health...to match the culture" [Bruno 185-186]; For Carillo, Pilates is "about helping to, keeping myself together" [Carillo 1056]; Delma "craves" body discipline and "couldn't do without" the "framework" offered [Delma 524]; Francesca feels "anxious" when she does not go to Pilates classes, "like I need the exercises" [Francesca 646-647], and describes Pilates as "my haven" [Francesca 626]; Giulia describes Pilates as

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[81] i.e., all participants apart from Adriano

"the only thing" that helps her to "feel that I'm in control" [Giulia 997-998]; and Helena describes "needing" Pilates because it is her "moral support" [Helena 479].

Perhaps seven of the eight participants who took part in this investigation are deviant from "normal" because the descriptions suggest that at times they may rely on Pilates to contain their anxieties and to provide a sense of meaning, purpose, control or psychosocial well-being. Adriano was the only participant who did not make sense of Pilates using language that is associated with need or dependence. Perhaps he is a different kind of individual - he may not be an "addictive type". It is also possible that because Adriano has been learning Pilates for four months, he has not developed such a strong attachment to his teacher-led classes. It may be that he has not yet come to depend on the teacher or the classes to meet certain needs. It is also possible that Adriano has not assimilated the treatment 'myth' that surrounds TLP, or is relatively immune to this myth because he was the only participant who did not report experiencing body problems[82] in his account of starting Pilates. Perhaps the Pilates-as-treatment myth inadvertently contributes to the development of a sense of dependency in people who have experienced body problems that was not salient prior to sustained engagement therewith.

Finally, Carillo's extract problematises the sense of control, enhanced corporeality and affective beneficence that he and other participants have described experiencing after TLP classes.

> Sometimes, it makes me feel bad. Like, sometimes I come out and I feel that I am not strong enough and I am weak and that things are, you know, that I am not progressing, um, because things seem really hard and you kind of work at it and then when the teacher kind of corrects you again then it feels like you haven't made much progress and that makes me feel bad because it makes me feel less in control, and all the opposite of the things that I have said before. That doesn't happen as often. It tends to be something that is probably more tied up with how I was feeling before the session than the session itself, but when I am feeling low and the session goes like that it can, yeah, make me feel worse, make me feel like, yeah, like I am weak, I am falling apart and that I am not good enough [Carillo 1114-1129]

Carillo has shared experiences of feeling negative about his body and his progress

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[82] i.e., ageing body, overweight body, symptomatic body

with Pilates. He is the only participant who has shared a description and interpretation of negative emotional responses experienced immediately after some TLP classes. In the excerpt above, he suggests that feeling low before a class, being corrected "again" by his teacher and catastrophic interpretations of the experience can elicit "feeling bad".

His account resonates with the CBT understanding of psychological distress. For example, Carillo has explained how experiencing a low mood prior to a TLP class can negatively bias or distort the meaning of the teacher's corrections. Distortions and catastrophic interpretations of experience are central to the CBT approach. In this scheme, disastrous appraisals of experience (i.e., faulty thinking) are implicated in human distress and approach-avoid behaviours. It therefore seems relevant that Carillo withstands or tolerates these negative experiences and that he describes how these kinds of negative responses to interactional experiences do not happen as often as positive experiences in this context. Perhaps the commitment to TLP necessitates resilience on the part of the client as well as a positively biased balance. It may be important that the demands of the teacher-led class(es) do not regularly exceed or undermine the client's personal evaluations of what they can cope with; it may also be important that the individual person can hold an explanation and understanding of these experiences that does not contribute toward complete avoidance.

Of all the participants, Carillo has perhaps provided the most balance in his reflective descriptions of both positive and problematic experiences of TLP. Two interpretations are offered for this finding. First, relative to other participants he has more experiences to draw on because he has been learning Pilates with a number of different teachers in different settings for the longest period of time[83]. Second, Carillo described himself as a student of philosophy [Carillo 274] as well as a CAM practitioner with experience of a number of different approaches [Carillo 40, 495, 545]. Perhaps his experiences of different perspectives and approaches facilitates simultaneously adopting an

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[83] e.g., eight years

appreciative and a critically reflective stance in relation to a mind-body practice that he values, and to which he wishes to contribute by sharing his experiences.

Chapter 4: Discussion

4.1   Introduction

The aims of the present paper were twofold. First, to develop a CoP perspective that can make a contribution to our knowledge-base about the experience of transformation without psychotherapy, and to the scant psychological knowledge-base about teacher-led structured exercise; and second, to provide individuals who have experienced transformation with teacher-led Pilates (TLP) an opportunity to share their sense-making of experiences that are important to them. The qualitative findings were analysed using interpretative phenomenological analysis (IPA). The decision to adopt this approach foregrounds two specific aims regarding the presentation of the findings:

(i) To enable the reader to learn about the individual people who took part is this study.

 (ii) To enable the reader to learn about the convergent and divergent themes that emerged from the cross-case analysis.

In this chapter, the findings and the research process are discussed with three aims in mind. First, consonant with writing up an IPA study the discussion is where I place the findings within a "wider context" of relevant existing literature (J. A. Smith, Flowers, & Larkin, 2009, p. 112). I discuss how some existing work sheds light on what I have found, and how the findings seem to problematise other work. Consonant with the process of constructing a qualitative write-up, some of the literature that I dialogue with can be found in Chapters 1 and 2, and new literature is introduced. As recommended, this engagement with the literature is "selective and not exhaustive" (J. A. Smith, et al., 2009, p. 113).

Second, I reflect upon and evaluate the work that I have done. I evaluate the strong and weak points of my work in light evolving criteria for quality and validity in qualitative research. Finally, I suggest ways that my study has implications for CoP theory, research and practice.

4.2 Contextualising the findings

4.2.1 Placing the contributors within a wider context

Using purposive sampling and the assistance of BCP teachers, three males and five females aged 31-69 volunteered to take part in the study. The ratio of female to male participants is notable because consistent trends for leisure-time physical activity in adults indicate that is positively associated with male gender, and negatively associated with age (Trost, Owen, Bauman, Sallis, & Brown, 2002); gender[84] and age[85] differences are highly reproducible and one of the most consistent findings in the literature (Biddle & Mutrie, 2008).

There is one study to date that provides a descriptive account of Pilates clients characteristics (von Sperling de Souza & Brum Vieira, 2006). This Brazilian study found gender differences in the sample of three hundred and twenty-seven participants[86]. The authors extrapolate that the majority of TLP clients are middle-aged women who do not participate in other exercise activities and who experience musculoskeletal complaints.

A recent health psychology doctoral dissertation that used a phenomenological approach to investigate contemporary Yoga practice in Britain also found clear gender differences in the sample (Hunt, 2010)[87]. Others have also observed that women tend to outnumber men in the majority of yoga practicing groups in the West (Burley, 2009; Newcombe, 2007). The positive association between female gender and teacher-led anaerobic exercise participation may be an important consideration because epidemiological studies and clinical reviews have found that there are noticeable gender differences in the prevalence of anxiety, depression, chronic fatigue syndrome (CFS), 'borderline personality disorder' and musculoskeletal conditions such as arthritis, which

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[84] i.e., > male
[85] i.e., < 30
[86] There were 266 (81.3%) female versus 61 (18.7%) male participants reported in this sample, with a mean and median age of 42
[87] Using 'snowballing' as a sampling approach, fifteen participants volunteered; there were three males versus twelve females, ranging in age from 30 to 80

are positively associated with female gender (Appignanesi, 2005; Bakal, 1999; Biddle & Mutrie, 2008; Ernst & White, 2000; Hannan, 1996; Piccinelli & Wilkinson, 2000; Ranjith, 2005; World Health Organisation, 2002, 2012).

The determinants of observed gender differences in the presentations associated with these diagnoses are far from being established (cf. Bakal, 1999; Culbertson, 1997; Murphy, 2003; Piccinelli & Wilkinson, 2000; Steffen, 2013; Symmons, 2002). Clinically important risk factors proposed include adverse childhood experiences, early maladaptive schemas[88], sexual abuse, role limitations with associated lack of choice, self-effacement, overexertion, role overload and competing social roles (e.g., Alexander, 1950; Bakal, 1999; Lorig & Fries, 2006; Piccinelli & Wilkinson, 2000; Renner, Lobbestael, Peeters, Arntz, & Huibers, 2012; Shaw & Proctor, 2005; Stalmeisters, 2012; Ware & Kleinman, 1992).

This investigation found that four of the five female participants described a number of the risk factors identified above in their accounts of taking up TLP, and that all but one reported previous use of teacher-led structured exercise and CAM. It seems pertinent then that a US investigation of two hundred and sixty two psychotherapy patients'[89] use of CAM found that the majority were female (70%) and over 30 years of age[90] (Elkins, Marcus, Rajab, & Durgam, 2005). Consonant with the findings of previous US studies (e.g., Druss & Rosenheck, 1999; Knaudt, Connor, & Davidson, 1999), Elkins and colleagues' (2005) study found that less than one third of respondents reported discussing their CAM use with their psychotherapist[91].

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[88] Early maladaptive schemas are hypothesised to be stable, trait-like, enduring beliefs underlying chronic and recurrent disorders.

[89] Respondents were recruited "from an HMO mental health clinic" (p.232); HMO is an acronym for Health Maintenance Organisation; described as an organisation that provides health coverage with providers under contract; HMO's are believed to have been started in the early 1900s when companies began to offer employees plans of prepaid medical service; HMO differs from traditional health insurance by the contracts it has with providers; contracts allow for premiums to be lower, because the health provider has the advantage of having patients directed to them; but these contracts also add additional restrictions to the HMO's members. Information retrieved on 16/03/13 from http://www.investopedia.com/terms/h/hmo .asp.

[90] The investigation found that that the most frequently used CAM was mind-body therapy (44%), followed by herbal therapy (34%), physical modalities (21%), spiritual modalities (17%) and special diet (14%)

[91] The study found that in those cases in which client's CAM use was discussed, the topic was raised by the

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The remaining four participants in this investigation also shared experiences of vulnerability and previous or concurrent use of CAM and/or teacher-led structured exercise in their accounts. As well, the eight participants who took part in this study share certain social characteristics, namely white ethnicity (WE), high to middle socioeconomic status (SES) and education (E). Descriptive literature suggests that CAM use in UK adults is positively associated with these characteristics (Ernst & White, 2000). A recent UK market synopsis found that middle-class women are the most frequent users of CAM, and that there is evidence to suggest that increasing numbers of British men are seeking CAM for pain, obesity, sports injuries, chronic illness and stress (Market Synopsis - Complementary Therapy, 2008).

As described in Chapter 1, some argue that increased use of CAM is matched by a reduction in use of psychotherapy (Hyland, 2005). It would therefore be interesting to consider the characteristics of this sample alongside those of people who use, value and have experienced transformation with private psychotherapy in London. It has not been possible to locate recent descriptive characteristics of private psychotherapy clients in London. One dated US study that investigated the characteristics of clients seen in private psychological practice found that they were white, well-educated, middle-class, and 'mildly to moderately disturbed' (Koss, 1980).

Consideration of participant factors is arguably relevant in CoP research about psychological change for two reasons. First, because of the emphasis placed on developing contextualised understandings of help-seeking and strivings for change; and second, because of the historical criticism of psychology, psychotherapy and more recently CBT research concerning the practice of making general claims based on cohorts or subpopulations that demonstrate remarkably similar characteristics[92] (Boyle, 2002; Guthrie, 1970; Henrich, Heine, & Norenzayan, 2010; James, 2008; Katz, 1985; Schofield,

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client 'almost half of the time (47%)' (Elkins, et.al., 2005, p.234)

[92] e.g., Westernised people from industrialised democracies; student populations and young, active, verbal, intelligent, social cohorts

1964; Westen, et.al., 2004).

There appears to be increasing recognition of the influence of participant, client or 'extratherapeutic' factors in literature about the experience and explanation of change with psychotherapy, particularly amongst proponents of the 'common factors' hypothesis (cf. Bohart, 2000; Bohart, 2006; Bohart & Tallman, 1999; Clarkin & Levy, 2004; Coleman, Kelledy, & Kopp, 2004; Constantino, Arnow, Blasey, & Agras, 2005; Constantino & Smith-Hansen, 2008; Duncan & Miller, 2000; Eagle & Wolitzky, 2009; Garfield, 1994; Hill, 2005; Leibert, J. Smith & Agaskar, 2011; Tallman & Bohart, 1999; Westmacott, Hunsley, Best, Rumstein-McKean, & Schindler, 2010).

For example, ethnicity; SES; level of E; social support; role and treatment expectations; attachment style; perceptions of the therapist, relationship and treatment; and commitment to the therapy are now recognised as influential in explanations of unilateral termination[93] and successful therapy. Surprisingly, despite empirical support for the influence of 'extratherapeutic factors' in psychotherapy, and calls for "greater acknowledgement" of the client by counselling psychologists (Gianakis & Carey, 2008, p. 28), recent literature argues that they "have remained neglected" in CoP theory and research pertaining to psychological change (Jordan, 2012, p. 15).

4.3   Contextualising the cross-case thematic analysis

4.3.1   Contextualising master theme 2

Weekly TLP classes can provide opportunities for valued interactional experiences

This master theme illuminates how the people interviewed described TLP as invaluable, because it can provide opportunities for interpersonal experiences that were variously described as mentally absorbing, interesting, enjoyable, intense, personal, developmental and therapeutic. The findings are remarkable, given the dearth of exercise

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[93] e.g., a unilateral rather than mutual decision on the part of the client in psychotherapy to terminate the work (cf. Westmacott, Best, Rumstein-McKean, & Schilder, 2010)

psychology literature that associates structured exercise with these kinds of interpersonal experiences. Biddle and Mutrie (2008) have conceded that, whilst structured exercise tends to take place in social contexts, very little empirical attention has been given to examine the role of environmental, social and relational factors in understanding exercise determinants, continuing motivation, and effects. The discussion of the findings of the present research therefore draws on both psychology and psychotherapy literature. The latter having a long-established concern with developmental and therapeutic interpersonal processes.

The first subordinate theme '*weekly TLP classes can provide opportunities for absorbing & fulfilling 'mind-body' experiences*' reveals how participants provided similarly detailed descriptions of lived experiences of their classes, and the value that they ascribed to them. Six participants[94] shared experiences of complete mental absorption, and all of them shared memorable experiences of learning that are described as of both mind and body, and that intimate complete absorption.

That these participants gave such in-depth and detailed descriptions of their experiences of the ritual[95] of TLP is intriguing. The accounts suggest that lived experiences of TLP classes are as valued by these people as are the changes attributed to TLP. The valued experiences of Pilates classes that they describe suggest similarities with individualistic psychological constructs, such as enjoyment (Kimiecik & Harris, 1996; G. W. Schmidt & Stein, 1991), flow (Csikszentmihalyi, 1990; Csikszentmihalyi, Abuhamdeh, & Nakamura, 2005; Nakamura & Csikszentmihalyi, 2002), intrinsic motivation (Deci & Ryan, 1985), and optimal psychological states (Biddle & Mutrie, 2008). For instance, participants shared how they value processes that are the experience of TLP (i.e., concentration, experiential learning, guided discovery, guided movement), as distinct from the products of the experience (i.e., sense of satisfaction, transformed awareness, sense of

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[94] Adriano, Carillo, Delma, Elsa, Giulia, Helena
[95] The procedures and processes that involve the participation of the teacher and the client in activities that both believe will help the client(s) to experience change.

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connection and control).

Participants also described noticing differences between the experience of TLP classes, and attempts at self-directed practice: within their accounts, teacher-led classes are associated with significantly more enjoyable, intense, motivating, developmental and therapeutic experiences. The accounts suggest that a useful distinction might be drawn between TLP, self-directed formal Pilates practice (S-DFP) (i.e., the regular allocation of time and effort to practice Pilates exercises independently), and self-directed informal Pilates practice (S-DIP) (i.e., the deliberate incorporation and use of aspects of the learning from Pilates classes within the context of every-day life). Whilst all participants described commitment to regular TLP and an appreciation for the processes that are the practice, and six[96] described regular S-DIP, no participants described regular S-DFP[97]. The findings appear relevant because as described in Chapter 1, Pilates shares with CBT a philosophy that emphasises the importance of cultivating skills with practice (Stone, 2000) and there is no research, to date, that has investigated the perceived benefits and barriers of TLP, S-DFP or S-DIP. Intriguingly, these participant's accounts intimate that it is the regularly scheduled interactions with particular teachers that are experienced as salutary, enjoyable, therapeutic and/or developmental.

A social-cognitive perspective is used to contextualise the finding that participants valued particular experiences of TLP classes. Social-cognitive frameworks have informed theorising and research about the psychological impact of social psychological climates (SPCs) in academic settings. The contextualisation appears useful because TLP is a practice that shares similarities with the framework of educational settings; for example, Pilates practitioners are described as teachers, the structured, time-limited teacher-led practice is typically referred to as a class, and the approach is premised on learning (Stone, 2000). Moreover, there is a lack of research which examines the psychological impact of

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[96] All participants excluding Bruno and Delma
[97] Two participants (Francesca & Helena) shared that they 'should' do S-DFP, but that they preferred TLP. One participant (Carillo) described occasional attempts at S-DFP, and reported that these were not as satisfying as TLP.

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SPCs in structured exercise settings (Biddle & Mutrie, 2008).

The finding that all participants in the present study reported valuing TLP and that no participants reported regular S-DFP, will be related to the findings from recent qualitative research that has investigated participant's experiences of mindfulness-based cognitive-behavioural therapy (MBCT) programs. The contextualisation seems fitting because Pilates and MBCT share a similar philosophy as regards the importance placed on cultivating and practising particular skills for optimal human functioning (Claessens, 2010; R. Crane, 2009; Pilates, 1934; Stone, 2000). As with S-DIP and S-DFP there is a paucity of empirical research which examines the effects of self-directed MBCT practice in clinical and non-clinical populations (Fjorback, Arendt, Ørnbøl, Fink, & Walach, 2011).

The second subordinate theme, '*weekly TLP classes can provide opportunities for intense teacher & relationship experiences*' reflected participant's in-depth accounts of their experiences of Pilates teachers and their relationships with them. Discussion of the data that informs this theme draws upon attachment theory (AT) and relevant psychology and psychotherapy literature to develop the perspective that some Pilates teachers seem to function as attachment figures.

4.3.2 Social psychological climate theory (SPCT)

The present study found that participants value TLP classes because they can provide opportunities to feel fully immersed in the learning process, to re-gain or reinforce perceptions of change and control or to increase the level of challenge so that they continue to develop with Pilates. Within their accounts, evaluations of TLP experiences are either self-, Pilates skill-, past exercise-, or teacher-referenced. Also present within all participants' accounts is the belief that learning Pilates involves effort, practice, perseverance and patience, and that eventually these may lead to mastery. As well, although two participants[98] described initial concerns about attending Pilates classes with

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[98] Bruno, Giulia.

able-bodied people, no participants actually described making comparisons between themselves and other people during the classes. These findings suggest that TLP classes may offer a social psychological climate (SPC) that is not predicated on competition or social comparison.

Social-cognitive goal orientations theory and research is concerned with understanding interactions between individual and contextual factors on behavioural, cognitive and affective outcomes in achievement settings (Balaguer, Duda, Moreno, & Crespo, 2009; Ntoumanis & Biddle, 1999). For example, it is suggested that individuals can be disposed to either an ego goal orientation (EGO) or a task goal orientation (TGO) (Nicholls, 1989). In this scheme, individuals disposed to an EGO tend to evaluate performance on normative standards[99], and hold a differentiated conception of effort and ability such that ability is not necessarily predicated on effort. Here, success without effort can be considered evidence of superior ability. By contrast, it is suggested that individuals disposed to a TGO tend to make self-referenced evaluations of performance[100], and hold an undifferentiated conception of effort and ability, such that improvement through effort implies ability. Different psychological outcomes have been noted for individuals with EGO and TGO, with a TGO being more associated with relatively adaptive psychological outcomes, such as positive affect and confidence to initiate and maintain an activity (Duda, 1993, 1996, 1997).

Social-cognitive goal theorists also propose that an individual's dispositional goal orientation is shaped by their developmental social context (Ames, 1984, 1992b), and that the psychological climate of particular social contexts may influence individual goal orientation throughout the life cycle (Ames, 1992a; Weiss, 2004). Thus, it is argued that whether individuals hold an EGO or a TGO in a particular situation may be influenced by both individual and social climate factors (Biddle, Treasure, & Wang, 2008; Dweck &

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[99] Evaluation is defined in comparison to the performance of others.
[100] Evaluation is based on personal improvement and learning criteria.

Leggett, 1988; Nicholls, 1989; Ntoumanis & Biddle, 1999; Treasure & Roberts, 1995). From a social-cognitive perspective, social psychological environments influence whether people are more or less concerned about improving or developing[101] versus proving or protecting[102] their level of competence (Ames, 1992a, 1992b; Nicholls, 1989; Ntoumanis & Biddle, 1999).

Despite a paucity of empirical psychological research, the work of the sociologist Joyce Epstein (1989) and education psychologist Carole Ames (e.g., 1992b) has elevated the significance of perceived situational goals, referred to as the 'psychological climate' or 'motivational climate', in exercise settings (Biddle & Mutrie, 2008; Biddle, et al., 2008; Ntoumanis & Biddle, 1999). According to Ames (1992a), how individuals perceive the psychological climate of a particular achievement setting is important because a distinction can be drawn between perceptions of mastery (task) and performance (ego) motivational climates, with particular psychological consequences for the individual. It is hypothesised that the environment can influence whether the individual values developing their competence, or displaying and proving their ability. In turn, perceptions of the psychological climate are associated with more or less adaptive cognitive, affective and behavioural patterns (Ntoumanis & Biddle, 1999).

The findings from the present study suggest that participants mostly perceive their own TLP classes to provide a mastery motivational climate, wherein preferred teachers provide task rather than ego-involving instructions, feedback and praise. Within this setting, participants describe feeling competent and, therefore, successful with respect to goal accomplishment when realising learning, personal improvement and task mastery. Absent within their accounts are ego-involved experiences, or accounts of a sense of competence exhibited by superior ability compared to others: their accounts are devoid of experiences of either outperforming others or performing equivalently but with less effort.

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[101] As reflected by an emphasis on task goals or self-referenced evaluation.
[102] As reflected in an emphasis on ego goals or evaluation using social comparison.

As predicted by goal orientations theory, it appears that the SPC provided by these participant's TLP classes has influenced their values as regards the nature and purpose of the practice (i.e., learning/task vs. performance/ego), and subsequently their investment in TLP. For example, four[103] participants described perceiving that teachers can differ in their ability to create or provide a preferred Pilates learning experience. These participants' understanding of a preferred learning experience seems to have developed through lived experiences of working with particular teachers who they experience as facilitative in the creation of a personally satisfying and appropriately challenging learning experience. The accounts also suggest that working with teachers who do not provide a preferred learning experience can evoke negative psychological reactions, and subsequent disinvestment in Pilates classes with those teachers.

The findings from the present study appear to underscore the significance of the SPC created by the teacher for both the perceived value of the processes that are TLP, and the motivation to attend for TLP classes. It seems that the SPC facilitated by the teacher may influence what people value and seek from their Pilates classes, as well as the individual's cognitive, affective and behavioural responses to their classes.

4.3.3 Preference for teacher-led practice

Although all participants valued the processes that are TLP, none reported regular S-DFP. The findings correlate with those of qualitative investigations of instructor-led MBCT programmes (I-LMBCT) in which participants who reported valuing the processes that are I-LMBCT also reported difficulties with establishing and maintaining formal independent practice (Allen, Bromley, Kuyken, & Sonnenberg, 2009; K. Griffiths, Camic, & Hutton, 2009; Williams, et al., 2011). A recent clinical psychology doctoral thesis used IPA to explore participant's experiences of the skills learned during eight weeks of I-LMBCT, on-going independent practice of the skills, and the perceived barriers and

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[103] Adriano, Bruno, Carillo, Elsa.

benefits of attending for 'reunion' meetings[104] (Hopkins, 2011). For selection into the study, participants had to have been exposed to an "adequate dose"[105] of the MBCT programme (p.14). The study found that of the eight participants who attended reunions, three reported regular formal and informal independent practice, one reported predominantly informal practice, two reported regular informal practice, and two reported occasional informal practice. Of the five participants who did not attend reunions, one reported regular formal and informal practice, one reported predominantly informal practice and three reported no practice.

That several participants in Hopkins's study (2011) reported regular independent formal practice raises the question of how to make sense of the finding in the present study that no participants reported regular S-DFP? It could be argued that a time-limited MBCT program offered in a clinical setting differs in significant ways from TLP in non-clinical settings. Specifically, in the former, individuals are offered a specified 'dose' of structured, instructor-led MBCT. In the latter, individuals are relatively free[106] to make choices about the 'dose' that is preferable for them. Within a clinical context, MBCT programs can place a greater emphasis on the individual to prioritise regular independent formal and informal practice as a self-administered treatment, because the instructor-led programs are offered as a time-limited resource and people cannot rely on the availability of the instructor and/or the setting for formal practice. By contrast, Pilates teachers and classes are readily available in numerous settings[107] for regular formal practice. Indeed, in the present study, all participants' accounts suggest that they can and do rely on the availability of Pilates teachers and the provision of regular structured, time-limited weekly classes for their

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[104] Reunions are described as follow-up sessions that aim to reinforce participant's mindfulness practice, help people to overcome blocks to continuing practice, identify positive reasons for continuing practice and reinforce changes that sustain recovery (Hopkins, 2011, pp. 49-50).

[105] An 'adequate dose' of MBCT is considered to be participation in four of the eight two-hour-long instructor-led group sessions (Hopkins, 2011, p.14).

[106] Money, time and teacher availability can be considered examples of relative factors that can impact freedom to attend for TLP classes.

[107] Settings include gyms, community centres, church halls, pubs, café's, shopping centres, health and well-being centres, rehabilitation centres, Pilates studios and residential/domiciliary visits.

formal practice.

Hopkins's (2011) study also found that the eight participants who attended reunion meetings described valuing the meetings for similar reasons that the participants in the present study reported valuing TLP classes. In the MBCT study, participants valued the instructor-led reunions because they provided structure, opportunities to remember and reinforce the practices, and occasions to develop and evaluate progress in a "safe", supportive and "containing environment" (Hopkins, 2011, pp. 21-22). Of particular interest is Hopkins's finding that participants emphasised how a connection with the teacher, the personal qualities of the teacher, and being able to "reconnect" with their original teachers was important to them (pp. 22-25). Hopkins proposed that the importance that participants placed on connecting with their original teacher appeared to be more than a preference for familiarity, and that there may be "an attachment component" to the relationship in which a "connection with the teacher" can result in engagement and motivation to persevere, whilst a "lack of connection" can result in disengagement and low motivation to persevere (Hopkins, 2011, p. 33).

Although Hopkins (2011) does not contextualise or develop this attachment interpretation, both the findings and the interpretation thereof can help illuminate the findings of the present study in which all participants described valuing experiences of connecting with some teachers. Their accounts also suggest that there could be an attachment component to the relationship, and that this has psychological and behavioural implications. The findings about the significance of the teacher and the relationship between teacher and client are of particular interest, due to the tendency to neglect interpersonal processes in exercise psychology theorising and research. For example, attachment does not feature in either of Biddle and Mutrie's (2001, 2008) comprehensive accounts of psychological knowledge about physical activity.

There is some controversy surrounding the foundational assumptions of attachment

theory (AT) and its applicability both to adult relationships[108] and to the practice of psychotherapy[109] (Berghaus, 2011; Farber, Lippert, & Nevas, 1995; Gullestad, 2001) thus using an attachment perspective in this context is likely to be equally controversial. Nevertheless, this contextualisation appears timely because there is a growing body of CoP[110] and psychotherapy literature that integrates AT in psychotherapy (Dutton & Sonken, 2003; Fonagy, 2001; Fonagy, Target, Gergely, & Jurist, 2002; Holmes, 2001; Larsson, 2012; Parpottas, 2012; Schore, 2003; Skourteli & Lennie, 2011b; Slade, 2008). There are some signs that AT is gaining interest amongst sport and exercise psychologists, as evidenced by a recent publication about attachment in sport, exercise and wellness (S. Carr, 2012). The book is principally concerned with attachment in competitive sport settings, and only the final of the seven chapters is concerned with attachment in structured exercise settings. This imbalance seems to trivialise the significance of attachment in structured exercise settings, and perhaps reflects how the discipline of sport and exercise psychology is predominantly interested in competitive sport-related performance.

In the following section, AT is described to contextualise the argument that these participant's accounts indicate that some of their teachers fit the role of an attachment figure.

4.3.4 Attachment theory (AT)

AT evolved with the collaboration between John Bowlby and Mary Ainsworth (1991), both of whom were influenced by psychoanalytic thinkers (Bretherton, 1992). Bowlby took issue with psychoanalytic perspectives that do not recognise the contribution

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[108] e.g., Behaviourist Barry Berghaus (2011) argues that AT's foundational belief (e.g., that internal working models are created early in life and affect behaviour later in life) is not supported by scientific evidence because the processes responsible for the transformation of early life experiences into internal working models that are stored and are later transformed into behaviour cannot be objectively defined, measured, or quantified, and because the structures in which such transformed entities reside are purely hypothetical. For a critique of attachment & similar abstract concepts favoured in psychology see Kagan (1996, 1998)

[109] e.g., Psychoanalyst Siri Gullestad (2001) argues that AT does not contribute specifically to analytic technique because AT's main concern is the interpersonal origins of psychological disturbances, rather than the patient's fantasies & constructions of narratives. This perspective does not consider Mary Main's AT research (e.g., Main, 1995; Main, Kaplan, & Cassidy, 1985) that tracks the manifestations of attachment processes in language/narrative(s) (cf. Slade, 2008)

[110] e.g., CoP Panagiotis Parpottas (2012) describes working with the TR in CBT from an AT perspective

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of lived experiences to the development of child emotional disturbance. Bowlby's (1951) early work emphasises both the centrality of a well-functioning mother-child[111] relationship for mental health, and the role of social networks, economic and health factors in the development of well-functioning mother-child relationships. Bowlby (1958) drew a clear distinction between his concept of attachment and the social learning theory concept of 'dependency' (e.g., Levy, 1943; Walters & Parke, 1954), arguing that attachment performs an adaptive function even in adult life.

Bowlby's (1969, 1973, 1980) theory of attachment is described as a complex synthesis of ethological and control systems perspectives (Holmes, 1993). The ethological perspective is used to explain the origins of attachment in terms of "evolutionary adaptation"; how attachment behaviour "confers infants a survival advantage" through increasing the chances of an infant being protected by those to whom he or she keeps proximity (Ainsworth, 1989, p. 709). Control systems theory provides a language with which to describe the mechanism of attachment. The attachment system is a "homeostatic system" regulating proximity with the caregiver and operating through feedback in the form of responsiveness and "felt security" (Stevens & Zhang, 2009, p. 196). In this scheme, humans are motivated to maintain a dynamic balance between familiarity-preserving, stress-reducing behaviours (e.g., attachment to protective individuals and familiar places) and antithetical exploratory, novelty-seeking and information-seeking behaviours (Bretherton, 1992).

Meticulous observational studies of the development of infant-mother attachment and individual differences in attachment behaviour undertaken by Mary Ainsworth (Ainsworth, 1963, 1967; Ainsworth & Bell, 1970; Ainsworth, Bell, & Stayton, 1971; Ainsworth & Wittig, 1969) provided empirical support for Bowlby's then controversial theory. Ainsworth is credited with two other contributions, namely the concept of the attachment figure as a "secure base" from which the infant can explore and take risks, and

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[111] Or permanent mother substitute (Bowlby, 1951, p. 13).

the concept that "maternal sensitivity" to infant signals plays a role in the development of attachment patterns (Bretherton, 1992, p. 759). In line with Bowlby (1958), Ainsworth (1969) draws a clear distinction between attachment and the social learning theory concept of dependency, arguing that the former is characterised by affectional bonds[112], whereas the latter is not, and that that attachments have a role to play in adaptive human functioning throughout the life cycle (Ainsworth, 1989).

According to attachment theory and research, infants develop attachment patterns in response to the perceived availability of attachment figures when the child feels threatened (Daly & Mallinckrodt, 2009). If caregivers are reasonably responsive and consistent, the infant can develop relatively positive or secure internal working models of self, others and the physical environment (Ainsworth, 1989; Bowlby, 1982). For example, it is argued that "an infant whose mother's responsiveness helps him to achieve his ends develops confidence in his own ability to control what happens to him" (Bell & Ainsworth, 1972, p. 1188). By contrast, in the events of either traumatic loss of the attachment figure(s), or the attachment figure's inconsistent responsiveness to the infant's critical needs, negative or insecure working models of the self, others and the physical environment may develop (Daly & Mallinckrodt, 2009).

Mikulincer and Shaver's (2008; 2007a, 2007b, 2007c) relatively recent reviews of the literature found that most studies evidence attachment security by low scores on two dimensions of insecurity: attachment anxiety[113] and avoidant attachment[114]. According to Bowlby (1988), secure or insecure working models of attachment tend to persist once they are formed due to their influence on expectations of new relationships. For example, as persons with negative models of self or others meet potential attachment figures[115] they

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[112] An affectional bond is defined as a relatively long enduring tie in which the attachment figure is important as a unique individual, and is interchangeable with no-one (Ainsworth 1989).
[113] Negative models of self: fears of unlovability and rejection, anger at the threat of separation, and a strong, insistent need for love and approval (Daly & Mallinckrodt, 2009).
[114] Negative models of others: discomfort with closeness and interdependence, distrust of relationship partners, a preference for emotional distance and extreme self-reliance (Daly & Mallinckrodt, 2009).
[115] i.e., friends, partners, therapists, Pilates teachers

may be vigilant for cues consistent with their negative expectations, and tend to defensively reject evidence that might disconfirm their models (Daly & Mallinckrodt, 2009). However, insecure attachment patterns are not considered to be problematic in themselves; they are only conceptualised as maladaptive when the strategies inherent to them are rigidly and inappropriately applied to new contexts (Daniel, 2006; Larsson, 2012). The attachment system is described as complex because it can include different episodic, context-related, and relationship-specific representations (Mikulincer & Shaver, 2007b); although people may approach new relationships with a set of assumptions about relationships in general (global attachment style), they also develop specific thoughts and behaviours toward individual people in the moment (context-specific attachment styles) (Shaver & Mikulincer, 2009).

Reviews of psychology and psychotherapy research that has extended AT into the realm of adulthood have found that theory-guided interventions designed to elicit a felt sense of security have predictable and beneficial effects on emotion regulation, on representations of the self and relationship partners, and on caregiving (McCluskey, 2005; Mikulincer & Shaver, 2007a, 2007b). The findings suggest that any interpersonal intervention that increases a person's sense of safety, lovability, personal efficacy, structure, self-regulation and meaning is likely to strengthen core aspects of the self that are important for mental health and adaptive functioning (Mikulincer & Shaver, 2007b). Within the context of psychotherapy, Bowlby's (1988) descriptions of the use of AT proposes that a major goal is the reappraisal of inadequate, out-dated working models of self in relation to attachment figures. The joint task of the therapeutic work is to understand the origins of the client's dysfunctional working models of self and attachment figures. To this end, the therapist can be most helpful by serving as a secure base from which a client can explore and rework their internal models (Bretherton, 1992; Farber & Metzger, 2009).

As argued earlier, TLP is concerned with technique and the cultivation of skills through practice, therefore it does not share the same aims as AT-informed psychotherapy

as described by Bowlby (1988). Nevertheless, the participant's accounts in the present study suggest that particular Pilates teachers may function as attachment figures. This argument is developed in the follow section that creates a dialogue between the findings, six key AT principles of the originator's work, as well as psychology and psychotherapy literature.

4.3.5 Pilates teacher(s) as attachment figure(s)?

4.3.5.1 Attachment figures are stronger and wiser

Bowlby (1988) held that in psychotherapy, unless the practitioner is perceived as a trustworthy figure, "therapy cannot even begin" (p.140). In similar vein, the founders of cognitive therapy emphasised the importance of establishing an atmosphere in which a client's trust might develop (Beck, et al., 1979). More recently, it has been argued that trust may be important at the beginning of therapy but that it is also important as therapy progresses, because "the client needs to be able to trust the therapist without becoming overly dependent if breaks and endings are to be tolerated" (Laughton-Brown, 2010, p. 7).

It is also suggested that therapists may be in a natural position to activate the client's attachment system and to become an attachment figure, because the client is actively seeking help from practitioners with socially sanctioned credibility (Farber, et al., 1995; Farber & Metzger, 2009; R. Kobak & Shaver, 1987). The implicit socially sanctioned power imbalance between client and practitioner is consistent with Bowlby's (1973) conceptualisation of attachment as a system that, when activated, can influence behaviour directed to an individual who is perceived as stronger and wiser. The possibility of the development of attachment behaviour is augmented by the practitioner's genuine interest in the client, their predictable availability, and wish to help (Farber, et al., 1995; Farber & Metzger, 2009; Skourteli & Lennie, 2011b; West & Sheldon-Keller, 1990). From an attachment perspective, the practitioner's caregiving behaviour may stimulate the

client's attachment system and associated behaviours[116] - a behavioural dynamic that possibly shares similarities with the caregiver-infant dyad (Ainsworth, 1989). Despite this, it is claimed that client-practitioner relationships are functionally distinguishable from childhood attachment relationships because they are defined by particular temporal, financial, logistic and ethical boundaries (Farber, et al., 1995; Farber & Metzger, 2009). For example, practitioners are in a position to be considerably more objective and less emotionally involved in this relationship than is a mother with her child (Farber, et al., 1995). It is suggested that awareness of the practitioner's relative objectivity and the lack of emotional reciprocity may lessen the possibility that some clients will regard the practitioner as an attachment figure (Farber, et al., 1995). Conversely, it is argued that for some clients these very factors may contribute to a felt sense of safety, thus facilitating the development of an attachment relationship (Farber, et al., 1995; Farber & Metzger, 2009). It is also suggested that the practitioner's protective role may be perceived differently by the practitioner and the client (Farber, et al., 1995). From the practitioner's perspective, protection and safety may be considered inherent to their practice, whilst from the client's perspective, a felt sense of protection and safety may be contingent on their lived experiences of the practitioner and their interactions.

Relating this literature to the findings of the present study, I found that Pilates teachers featured within all of these participants' awareness as socially sanctioned, credible helpers. I also found that these people described initially joining TLP classes when they felt in need of help, support or guidance. It is as though they anticipated that they might benefit from seeking and receiving other people's wisdom, guidance and care.

Even so, four participants[117] shared initial experiences of wariness about engaging with TLP. From an attachment perspective, people are motivated to maintain a dynamic balance between familiarity-preserving behaviours and novelty-seeking behaviours. The

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[116] Proximity-seeking, particularly when tired, ill or distressed (Ainsworth, 1969).
[117] Adriano, Bruno, Giulia & Helena.

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wariness described by these participants seems to accord with this theory, because they attended for the first TLP class despite initial concerns about exposing themselves to the interaction with a stranger, scepticism about an unfamiliar exercise regimen, and relative concerns about incompetence. The accounts suggest that for these initially wary participants, a felt sense of trust in this context developed as a consequence of lived experiences of working with particular teachers.

Interestingly, all eight participants related their enthusiasm for TLP to lived experiences of working with teachers with whom they perceive a personal connection. For all participants, this connection with preferred teachers is described as a felt sense trust and safety. Participants provided descriptions that suggest they perceive an affectional bond with teachers whose professionalism, genuine interest, well-meaning action, responsiveness, availability and consistency they can rely upon, and whom they perceive as knowledgeable and skilful. The finding that four participants[118] shared experiences of feeling unsafe with teachers who were not their preferred or regular teachers seems to attest to the importance placed by these people on a felt sense of trust in this context.

Finally, even though attachment does not specify that caregiving must be done by mothers or be specifically restricted to females (Bretherton, 1992), this study found that all of the Pilates teachers described by these participants were female. The gender of the teacher may be relevant because psychoanalytic thinkers including Bion (1962) and Winnicott (1971) draw parallels between the ideal maternal and productive therapeutic environment. However, others have suggested that, because Western society largely regards power and authority as male generated, men may by extension be more compelling representatives of security than women for adults seeking help (Farber & Geller, 1994). It is proposed that preference for male practitioners may be founded on the belief that women are incapable of providing sufficient wisdom, strength and protection for felt security in adults (Farber, et al., 1995).

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[118] Adriano, Bruno, Carillo & Elsa

It may be relevant that participants in this study described experiences wherein their teachers closely observe and guide their bodies using language and touch. Perhaps these kinds of intimate body experiences can feel less threatening with the representation of a nurturing wise and strong mother figure. Perhaps in this context for these people their preferred Pilates teacher's femininity and caregiving behaviours[119] closely match fantasies about safe primary dyadic relationships. An idealised mother-infant relationship fantasy, combined with lived experiences of perceived powerful, wise, available, responsive females in Pilates classes, may contribute to some participants felt sense of safety, and thus elicit the attachment system and associated behaviours[120]. These participant's accounts do suggest that the teacher-client role may share with the mother-infant role the tacit understanding that it is malfunctioning for the mother/teacher to seek care, support and security from the child/client.

Interestingly, although a growing body of literature confirms that the therapist's professional and personal characteristics can influence the therapeutic relationship (cf. Daniel, 2006), research has found that gender is not a distinguishable characteristic of good therapists (Okiishi, et al., 2003; Skovholt & Jennings, 2004). Thus a parsimonious interpretation is that contemporaneously in London Pilates as a profession may share with psychotherapy a particular appeal for women.

4.3.5.2 Attachment figures provide both a safe haven and a secure base

There is one criterion of attachment that is not necessarily present in other affectional bonds. Namely, the individual's ability to experience "safety and comfort" in the relationship, and to use the secure base provided by the attachment figure with confidence to engage in other activities (Ainsworth, 1989, p. 711). The conception of security in this scheme is double-barrelled: it includes the safe haven provided by the caregiver(s) during times of fatigue, injury, fear and stress, and the secure base that allows

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[119] Relative power, knowledge, responsiveness, guidance, touch, support
[120] Proximity-seeking through regular attendance of classes.

the person to undertake challenging and frustrating activities such as exploration, learning new skills, and moving into new social situations (Mikulincer & Shaver, 2007b). This aspect of attachment seems to resonate with Bion's (1967) concept of maternal containment and Winnicott's (1958) concept of a holding or facilitating environment. In these schemes a well-balanced mother (and perhaps, by extension, practitioner) is attuned to the needs of the infant/client, and can respond therapeutically by providing a 'still point' that can enable both to change and grow from the interactions (Gravell, 2010).

In the present study all participants described feeling as though they could rely on some teachers to provide a consistent and facilitative environment and how the safe base provided by their preferred teachers enabled them to fully immerse themselves in the challenges of learning Pilates, and to accept the frustrations of the learning process. Six[121] participants also described their appreciation for the provision of a safe haven to return to when feeling depleted, fraught, stressed, fatigued or fragmented. The study also found that these participants mostly leave their TLP classes with a felt sense that transformation has occurred, through accounts which suggest that after some classes they feel alert, energised, satisfied, in control, connected or competent. Participants have described how lived interactional experiences with particular teachers contribute to a sense of being able to variously enjoy, meet and regulate relative demands of daily living. Thus, the accounts suggest that when care, protection and guidance are felt, and when felt security and competence are attained, these clients feel as though they can return optimistically to activities that may not be attachment-system related. Participant's descriptions of problematical interactional experiences with particular teachers also indicate that not all Pilates teachers are experienced as benevolent figures that can be relied upon to provide a secure base/safe haven. One participant even shared a realisation that interactions with particular clients could also evoke problematical reactions[122] in the teacher.

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[121] Bruno, Carillo, Delma, Francesca, Giulia & Helena
[122] *I think that this probably goes both ways as well, with, like, the teacher having reactions to the client by*

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AT offers an interesting perspective to contextualise these experiences, because it conceptualises the therapeutic relationship as co-created (Parpottas, 2012). This perspective considers that both the teacher's and the client's attachment styles interact, and that the dynamic can impact the teacher's capacity to offer a secure base or safe haven, and to interact therapeutically with some clients. For example, research indicates that client attachment styles influence the therapeutic relationship because their representations of self and others in relationships influence how the therapist responds to the client, and how effective they may be in establishing a secure base (Hardy, et al., 1999; Mallinckrodt, 1991).

There is also some evidence that therapists with insecure attachment styles (whether anxious or avoidant) can fail to interact and respond empathically with some clients as a consequence of their attachment style and preoccupation with compensating for or managing perceived threats to their own security (Parpottas, 2012; Rubino, Barker, Roth, & Fearon, 2000; Trusty, Ng, & Watts, 2005). It can be hypothesised that in traditionally 'corrective' approaches such as TLP and CBT, the teacher's disordered attachment style may manifest as a tendency to apply techniques in insensitive and inflexible ways (cf. Parpottas, 2012). The 'doing' aspects can be foregrounded over the relational aspects of the encounter, relational aspects that arguably facilitate the encounter to be therapeutic (Boucher, 2010).

One participant described how the teacher's lack of experience could result in the insensitive application of TLP. This perspective is also described by Terry Boucher (2010) who recalls his early experiences of applying CBT as prescriptive and didactic because he initially felt anxious with clients. His anxiety about inexperience with using CBT to work with actual clients was initially managed with building his skills and gaining confidence in knowing what he 'should' do. He describes how as his training and experience grew he became less anxious and 'clumsy', and more skilled with adapting himself and CBT

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having some people who drain them [Carillo 1226-1228].

creatively during interactions with clients.

4.3.5.3 Attachment figures are insurers of survival

For Bowlby (1974), attachment serves the evolutionary function of ensuring the survival of the infant. In therapeutic contexts it is argued that the relevance of this feature of attachment may depend on how one defines survival in adults (Farber, et al., 1995). It is suggested that although clients seeking help may not literally be dependent on their practitioners for survival, the perceived "relief from severe distress and feelings of deep dependence may be seen as the emotional corollary to the biological survival of an infant" (Farber, et al., 1995, p. 208). Thus, it is contended that for some clients practitioners are indeed perceived as necessary for psychological survival and, in this sense, function as an attachment figure.

In the present study, seven participants[123] provided accounts of feeling deep dependence on particular Pilates teachers and classes at particular times, and that they draw on representations of them between classes. Their accounts suggest that at times they feel as though they can base their security, needs for care, and development in the relationship with particular perceptive, competent and available women. In turn, the analysis also revealed how participants depend on their meetings because through the meetings they feel better able to meet and regulate the social, psychological and physical demands of their lives. Thus, it is as though the relationship with some teachers, the regular provision of a safe haven, and a secure base may confer a survival advantage.

4.3.5.4 Attachment behaviour is focused at specific individuals

Bowlby (1977) considered that attachment behaviour is directed towards one or a few specific individuals, usually in a clear order of preference. Farber, et al. (1995) suggest that this phenomenon seems true of some psychotherapy relationships, once a relationship

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[123] Bruno, Carillo, Delma, Elsa, Francesca, Giulia & Helena.

has been established, observing that for some clients "the therapist does not merely occupy a generic slot" (1995, p. 208). Indeed, it is argued that attachment is distinguishable from dependency because it is focused on and directed towards one or a few specific figures, whereas dependency is generalised toward a class of persons (Gewirtz, 1969).

However, it is also argued that the focal difference between dependency and attachment does not simply lie in the direction of behaviour (Ainsworth, 1969). Attachment is differentiated from the social learning theory of dependency by the notion that the attachment figure is never wholly interchangeable with or replaceable by another (Ainsworth, 1989). Thus, attachment is concerned with the representation or working model of the particular person or persons in the client's "inner structure" (Ainsworth, 1969, p. 41). The attachment figure is thought to reside in the inner structure of the person, which has both cognitive and affective aspects, and which affects behaviour. Consonantly, Farber et al. (1995) contend that a particular "patient's interaction with a particular therapist is specific to the two individuals in a particular physical space, mediated by, though not fully dependent on, the working models of each" (p. 208). This claim is evidenced with the observation that even in the absence of the regular therapist, "patients" seem typically reluctant to utilise an alternative, albeit recommended, 'on call' therapist (Farber, et al., 1995, p. 208).

The findings of the present study suggest that all eight participants have experienced and prefer a more focalised relationship with some teachers, with whom they seek proximity at regular intervals. Two participants[124] described the relationship with their preferred Pilates teacher as personal; two others[125] described it as a caring friendship; two participants[126] compared their relationship with their regular teachers with other relationships, drawing on the notion of "respect" with one describing it as comparable to

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[124] Adriano & Bruno
[125] Giulia & Helena
[126] Carillo & Delma

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the TR, and the other describing her teacher as comparable to a "guru"; one participant[127] described how she feels as though she has got to know her teacher well, and that she understands where the teacher is coming from; finally, two participants[128] described how in the event of the teacher's relocation, they have decided to follow or move with their regular teachers, despite the personal inconvenience and costs incurred. Interestingly, there is divergence in these two participant's accounts, because one shared experiences that suggest attachment to a group of teachers with whom she has worked in a particular context, even though she has one-to-one classes with one particular teacher. Perhaps this participant has found a family of teachers with whom she feels safe. It is also possible that this participant has a particular interest in representing the people who have guided and supported her in this context in a particular way, perhaps because she wishes to convey a sense of gratitude.

Four participants[129] shared ambivalent experiences of working with teachers who are not their preferred or regular teachers. For these participants, a central concern that emerged was that of not feeling recognised. These participants[130] made downward comparisons by drawing on what could be described as internal representations or working models of preferred teachers. It can be argued that during the interviews all participants evoked representations of particular teachers when discussing interactional experiences of them, which suggests that the teacher's presence may endure even in their absence.

4.3.5.5 Attachment figures are of long duration

For Bowlby, attachment is of a long duration, often persisting throughout the life cycle (1977). Interestingly, in the present study seven participants reported weekly engagement with TLP that exceeds the usual 'dose' of psychotherapy reported in research papers. The median length of these participants reported engagement with weekly TLP

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[127] Elsa
[128] Francesca & Helena
[129] Adriano, Bruno, Carillo & Elsa
[130] Adriano, Bruno, Carillo & Elsa

classes was two years, with a median weekly 'dose' of two 60-minute TLP classes per week. The psychotherapy literature reveals a general agreement that the optimal 'dose' for a client to experience change is between 13-18 sessions with the therapist (Hansen, Lambert, & Forman, 2002). This corresponds with the 'dose' reported in the present study by the participant[131] with the least experience of TLP. Remarkably, even though some observe that therapies using a psychodynamic framework can continue for years (Farber, et al., 1995), psychotherapy research conducted in naturalistic settings has found that the median length of psychotherapy is less than six sessions (Garfield, 1994; Hansen, et al., 2002). It might be argued, therefore, that in the present study, participant's regular Pilates teachers represent attachment figures of comparatively long duration.

4.3.5.6 Attachment relationships are characterised by intense affect

From an attachment perspective, the formation, maintenance, disruption, renewal and loss of attachment relationships are characterised by intense affective components. For Bowlby, the formation of the attachment bond is characterised by a strongly positive component that is comparable to love (Bowlby, 1974), whereas Ainsworth (1969) suggests that attachment is a synonym of love.

In the present study five participants[132] described intensely positive experiences of feeling affected by their first Pilates class with particular teachers to whom it can be argued they direct attachment behaviour. One participant[133] described how the formation of attachment to his particular teacher developed gradually, through a process of relationship negotiation. The remaining two participants did not share intense experiences during the formation of attachment to particular teachers.

Interestingly, it is argued that in the context of psychotherapy, the therapeutic analogue to "falling in love" is characterised by the patient's idealisation of the therapist

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[131] Adriano; 4 months, once weekly
[132] Adriano, Elsa, Francesca, Giulia & Helena
[133] Bruno

(Farber, et al., 1995, p. 209). However, it is suggested that unlike the activation of primary attachment in infancy, the extent to which clients can idealise the therapist is mediated by the security or lack thereof in attachments to earlier caregivers. For individuals who take longer to develop an affectional bond with their therapist, regularly scheduled appointments may provide opportunities "for the development of trust in the secure base" provided by the working relationship (Farber, et al., 1995, p. 209). This description is striking because it resonates with the finding in the present study that the majority of participants seem to idealise their regular Pilates teachers. As well, the participant[134] who described how the formation of a trusting relationship with his teacher took a long time to develop reported an early history of insensitive caregiving in sport settings, as well as a damaging experience early on in his engagement with one particular Pilates teacher. For this participant, regularly scheduled appointments with the teacher to whom he arguably directs attachment behaviour are described as of particular importance.

For Bowlby (1974), the maintenance of attachments is also characterised by a strongly positive affective component. The present study found that participant's accounts of the maintenance of the working relationship with particular teachers were predominantly associated with positive experiences, although some participants also reported problematical experiences. It may be pertinent that TLP is characterised by disruptions and renewals, which occur regularly as part of the process. From an attachment perspective, disruptions and renewals can evoke powerful emotional responses: the former, anxiety, the latter, joy (Bowlby, 1974).

In the present study five participants[135] described experiencing anxiety between TLP classes, and these same participants also shared experiences of anticipatory excitement as well as a mixture of joy and relief in the reunion with their teachers. As

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[134] Bruno
[135] Bruno, Elsa, Francesca, Giulia, Helena

described earlier, two participants[136] shared their decisions to make significant adjustments in their lives in response to threats to the maintenance of proximity with particular Pilates teachers with whom they had established a working relationship. One participant[137] shared how his regular teacher's recommendation that he use personally endorsed teachers in her absence initially elicited anxiety. His account details how his eventual decision to try working with different teachers was informed by the felt sense of safety, confidence and competence that he has developed in his working relationship with her. Even so, the account also reveals that he was concerned to re-establish the working relationship with his regular teacher and that he did not develop an attachment to any of the substitutes. Finally, one participant[138] described how feeling criticised by one particular teacher evoked a negative affective and emotional response, and he alluded to the importance of the predominance of positive, respectful and safe interactional experiences to his on-going commitment to TLP classes.

Consonantly, Farber, et al., (1995) claim that the maintenance of attachment in psychotherapy relationships is characterised by both positive and negative emotional components. The authors propose that during the maintenance of the attachment, clients may not always feel safe with or positive towards their therapists and that they can experience anxiety when feeling criticised by the attachment figure (p.210). Indeed, it is noted that in therapy disruptions and renewals are part of the process, and that anxiety can be evoked as a consequence of being "denied unlimited access" to the attachment figure (Farber, et al., 1995, p. 209). As for positive emotional responses, it is argued that although anxiety can characterise separations, "patients are typically gratified by the focused, singular attention of their therapist attachment figure during the course of each session" (Farber, et al., 1995, p. 209).

Finally, from an attachment perspective, sorrow and grieving are reactions to the

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[136] Francesca & Helena
[137] Bruno
[138] Carillo

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loss of attachment relationships (Bowlby, 1974). Given that none of the participants who took part in this study described experiencing the loss of a valued teacher, I draw on my own experiences of loss in this context. Previous to undertaking the present investigation, it seems as though I may have under-acknowledged my experiences of attachment and loss in this context. I find that even though I have worked with more than fifty Pilates teachers since 1997, my experiences of grief and gratitude are tied with two particular teachers, whose individual presence seems oddly palpable in their absence even as I write this sentence. My appreciation for the meaning and emotional corollary of the loss of a valued teacher in structured exercise settings has recently felt amplified by the death in 2011 of Nancy Lam, a fellow longstanding gym member[139] who was also my Tai Chi instructor. I do find that drawing on what may be conceptualised as my 'representations' of all three women affects me in positive, soothing and beneficent ways, even though I experience sorrow because I know that I will never see them again. The affective beneficence that I experience when I draw on what can be described as my internal representations of these three women further indicates that some teachers in structured exercise settings may function as attachment figures for some people in some contexts at particular times.

4.4 Contextualising master theme 3

Weekly TLP classes can provide an invaluable arena for transformation

The third master theme represents how participants described their weekly TLP classes as invaluable because they can provide a regular arena for transformation. The analysis revealed that transformation with TLP can include both short-term and long-term aspects. For example, all participants variously described memorable and yet transient experiences of enhanced awareness of particular aspects of the body and described how TLP classes have transformed their theoretical understanding of their bodies and body

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[139] Nancy was retired when we developed a friendship through a shared passion for teacher-led classes at a gym in London. This relationship dates back to September 1997. Nancy took over Tai Chi instruction in this setting in 2004 when our regular instructor took unwell.

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use[140].

The findings also revealed how transformation with TLP can include both beneficial and problematical somatic, psychological and behavioural aspects. For instance, seven participants[141] described how TLP classes contribute to noticeable musculoskeletal[142] changes and improvements in Pilates and motor skill[143]. All participants described how weekly TLP classes contribute towards positive changes in how they feel about their bodies, and how the experiences that they have lived in their classes contribute to changes in their behaviours (e.g., regular attendance of TLP; S-DIP). One participant[144] shared a negative somatic experience wherein he developed an injury during his third TLP class. One participant[145] shared how some classes can elicit catastrophic thoughts, and this same participant shared an experience of using a corrective awareness intervention suggested by a teacher that eventually resulted in injury. Finally, seven participants[146] shared experiences that problematise transformation in this context, because they have variously described how the transformed awareness of the body as well as the sense of bodily connection and control is fragile, incomplete and impermanent.

The investigation found that the meaning of transformation with TLP is complex, because it seems to manifest as a tension between enjoyment, empowerment and dependency for most participants[147]. The finding that one participant did not describe either needing or depending on TLP myths, metaphors, rituals and/or relationships is intriguing; one tentative interpretation considered that he was the only participant who did not describe body problems[148] in his account of initially joining TLP classes, and that therefore he may be relatively immune to the treatment myth of Pilates.

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[140] e.g., anatomical theory
[141] All participants apart from Adriano
[142] e.g., improved balance, co-ordination, flexibility, range of motion
[143] e.g., increased proficiency with Pilates exercises & improved physical ability to perform activities of daily living such as bending over, standing, walking & squatting
[144] Bruno
[145] Carillo
[146] All participants apart from Adriano
[147] All participants apart from Adriano shared experiences that suggest dependency on their Pilates classes, the interactions with preferred teachers and/or their S-DIP.
[148] e.g., ageing, afflicted and/or symptomatic body

Phenomenological, bodywork, psychological and interactional literature is used to contextualise the findings. First, I describe a phenomenological conceptualisation of the constructs 'body image' and 'body schema' that offers a theoretical context for participant's experiences of transformation. The work problematises how these terms and constructs tend to be conceptualised and conflated in psychology research. Second, I use this perspective along with interactional critiques of Pilates and psychology 'myths' to offer a perspective that contextualises the beneficial and problematical aspects in participant's accounts of transformation.

4.4.1 Body image & body schema: Terminological & conceptual clarification

Body image and body schema are terms frequently used in psychological, psychoanalytical and phenomenological studies of body experience and personality (S. Gallagher, 1986a). They are often used interchangeably to refer to a range of body concepts[149], and are linked with preventive behaviours (Cash & Smolak, 2011), psychological distress (Blashill, 2010; Brausch & Gutierrez, 2009; Cash & Pruzinsky, 2002; Desai & Patoliya, 2011; Hrabosky & Thomas, 2008), as well as psychological and psychosocial well-being (Cash, 2005; Cash & Smolak, 2011).

Theoretically, the image or schema of the body is conceptualised as a complex process that is informed by historical, cultural, social, individual and biological factors (cf. Cash & Brown, 1987; S. Gallagher, 1986a, 2005; Gleeson & Frith, 2006; Powers, Schulman, Gleghorn, & Prange, 1987; Teleporas & McCabe, 2002). However, critics observe that conclusions about the image or schema of the body in psychology tend to be based on studies of pathology, and that researchers tend to operationalize the constructs in questionable ways (cf. S. Gallagher, 1986a; S. Gallagher, 2005; S. Gallagher & Cole, 1995; Gleeson & Frith, 2006; Tiemersma, 1989). For example, Gleeson and Frith (2006)

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[149] e.g., a physiological functioning, a conscious model or mental representation, an existential experience, an unconscious image, a manner of organising bodily experiences, an artificially induced reflection, a collection of thoughts, feelings and memories, a set of objectively defined physical dispositions, a neurophysiological map of the brain, and an eidetic knowledge of the essence of the body (cf. S. Gallagher, 1986b, 2005)

found that health psychology researchers largely approach body image as though it is a pre-formed mental representation that is a property of the individual that remains static across situations. Such researchers believe that body image can be accurately measured, for instance by measuring distortions in the visual perception of body dimensions, or by measuring dissatisfaction with perceived body dimensions in experimental settings.

By way of providing an alternative account, the past two decades have witnessed philosophers, psychologists and biological/neurological scientists circulating ideas and creating "an odd but productive alliance" (Damasio, 1999, p. 13). Phenomenological philosophers draw distinctions between the 'body image', the 'body schema' and the 'in-depth body' (De Preester, 2005, 2007a; S. Gallagher, 1986a, 1986b, 2005; Leder, 1990a, 1990b). The cited philosophers draw on and develop the work of Merleau-Ponty (1945/1962, 1964, 1964/1968), who advanced a dimensional, interactional understanding of bodily experience. This phenomenological body of work proposes a conceptualisation of the body that is predominantly based on the extent to which and the manner in which the body appears in consciousness and in which it is amenable to personal control and/or mastery. For example, the body image and the body schema are described as "dimensions of a stratified body that are situated in the *surface* dimension of the body" (De Preester, 2007b, p. 372); they are described as available to awareness, able to "actualise intersubjectivity"[150] and amenable to "personal mastery" (Leder, 1990a, p. 46 & 48). By contrast, the in-depth body is described as the anonymous visceral[151] and fluid dimension that resists conscious awareness, focused attention and personal mastery (Leder, 1990b). Albeit an autonomous dimension that is experientially elusive, contemporary scientists have found that the processes of the in-depth body are central to understanding consciousness, emotion and memory (cf. Damasio, 1999; Pert, 1999).

The present study found that the in-depth body did not feature in these participant's

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[150] Intersubjectivity is described as the sharing of affective, perceptual and reflective experiences between two or more subjects; it includes experiences of joint understanding and attention (Zlatev, 2008).
[151] Viscera refer to the internal organs of the body including the heart, lungs, liver, pancreas and intestines.

accounts of transformation with TLP[152], but that surface dimensions of the body[153] feature across all participant's accounts of transformation. The clarification of surface dimensions of the body proposed by Shaun Gallagher (1986a, 2005) offers a theoretical context for these participant's descriptions of transformation. Gallagher's terminological and conceptual distinction of the body image and the body schema is used to make an eloquent case for his interactional theory of embodied cognition[154].

Gallagher (2005) conceptualises the body image and the body schema as two different but closely related systems that interact in the context of intentional[155] action: they are differentiated "in order to understand the complex dynamics of movement and experience" (p. 24). In this scheme, the body image consists of a self-referential system of inconsistent, abstract, partial and occasionally accessible perceptions, attitudes and beliefs pertaining to one's body, and involves a reflective intentionality wherein the body is thermalized (S. Gallagher, 2005; S. Gallagher & Cole, 1995; S. Gallagher & Zahavi, 2008). It can include short-term aspects, such as occurrent perceptions of the body as experienced in limit situations[156] (cf. Chappie, 1976; Fisher, 1976, 1978; Jaspers, 1972; Nieuwenhuyse, Offenberg, & Frijda, 1987) and long-term aspects, such as mental representations and conceptual understandings of the body (cf. O'Shaughnessy, 1998, 2000). Three modalities of this reflective intentionality are distinguishable in some clinical literature (e.g., Cash & Brown, 1987; S. Gallagher & Cole, 1995; Gardner & Moncrieff, 1988). Consequently, Gallagher (1986a, 2005) conceptualises the body image as a complex phenomenon with at least the following three aspects:

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[152] For example, no participants described gaining an awareness of or sensitivity to the activities of the spleen, pancreas or intestines in this context.
[153] i.e., body dimensions that are described as available to awareness and amenable to personal control
[154] Embodied accounts of cognition have been formulated in a variety of different ways in sub-fields comprising cognitive science (i.e., developmental psychology, artificial life/robotics, linguistics, and philosophy of mind) (cf. Clark, 1998; A. R. Damasio, 1994; Noë, 2005; Varela, Thompson, & Rosch, 1991). The different formulations of the embodied cognition thesis share a common goal of developing cognitive explanations that capture the manner in which mind, body, and world interact and mutually influence one another to promote an organism's adaptive success (Anderson, 2003).
[155] 'Intentional' means 'to be about' (De Preester, 2005, p.6)
[156] Studies indicate that outside of deliberate reflection, the body manifests itself in consciousness only in certain 'limit situations', i.e., fatigue, sexual excitement, pain or pleasure, discomfort, sickness, mental illness, injury, stress situations or physical challenges such as in sports activities and physical training

(i) Perceptual: The individual's immediate perceptual experience of his/her body.

(ii) Cognitive: The individual's conceptual understanding of the body (including 'mythical' and/or scientific knowledge).

(iii) Emotional: The individual's emotional attitude towards or feelings about his or her own body.

It is argued that conceptual and emotional aspects of the body image inform perception and are affected by cultural and interpersonal factors. Moreover, it is maintained that the perceptual content of the body image "originates in intersubjective perceptual experience" (S. Gallagher, 2005, p. 26). In line with the work of Merleau-Ponty (1964), Gallagher's thesis conceptualises the sense of self and the body image dimension as arising and shaped in the context of other people and attachment relationships (S. Gallagher, 2005; S. Gallagher & Melzoff, 1996).

Of note, a focus on interactional models of embodiment has of late flourished in British attachment theory and Anglo-American psychoanalysis (e.g. Balsam, 2012; Diamond, 2013; Fonagy & Target, 2007; Lemma, 2010; Muller & Tillman, 2007; Orbach & Carroll, 2006; Orbach, 2010; Pines, 1993; 2010). These psychoanalytic proponents similarly draw on developments in different fields (including the philosophical) to argue for interaction as the basis for embodiment. Within the context of the consulting room, encounters with the surface dimensions of the body are explored and theorised by some (e.g. the skin in Diamond, 2013; Lemma, 2010), and the meaning of the 'in-depth' body is explored and theorised by others (e.g. the biological, reproductive body in Balsam, 2012).

In Gallagher's scheme, the body schema is differentiated from the body image; it is conceptualised as a system of preconscious, subpersonal sensory-motor capacities that function in an integrated and holistic way, without awareness or the necessity of perceptual monitoring (S. Gallagher & Cole, 1995). It involves certain "motor capacities, abilities and habits" that both enable and constrain movement and the maintenance of posture (S. Gallagher, 2005, p. 24).The body schema's operational information sources are thought to

operate below the level of self-referential intentionality. For example, schematic information sources are thought to include the proprioceptive[157] and vestibular[158] systems.

So the difference between the body image and the body schema is analogous to the difference between a conscious monitoring of movement[159], wherein a representation of some aspect of bodily experience is the intentional object, and the actual accomplishment of movement[160], wherein the body is the intentional subject[161] that supports intentional activity (S. Gallagher, 2005). Phenomenologically, the two systems interact and are highly coordinated in the context of intentional action, such as in learning a new movement sequence, or incorporating artefacts such as fashion and performance accessories[162] or prosthetic limbs (De Preester, 2005, 2007b; Merleau-Ponty, 1945/1962).

Converse clinical cases (e.g., S. Gallagher & Cole, 1995; S. Gallagher & Melzoff, 1996; Paillard, 2005), qualitative research that explicates people's experience of self and body (e.g., Murray, 2001; Osborn & J. A. Smith, 2006), and experimental research that explores the incorporation of robotic or prosthetic limbs (e.g., Botvinick & Cohen, 1998; J. Cole, Sacks, & Waterman, 2000; Tsakiris & Haggard, 2005) lend empirical support for the phenomenological distinction between the body schema and the body image. This body of research has found that both systems are important for a sense of action authorship and bodily ownership or identification. For example, Meltzoff and Gallagher (1996) found that a patient with an intact visual perception and conceptual understanding of his body but impaired proprioceptive input from the neck down reported initially feeling alienated from

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[157] The proprioceptive system refers to components of muscles, joints, and tendons that usually provide subpersonal information about body position. Proprioceptive information typically refers to the sense of the position of the body and body parts relative to one another derived from kinetic, muscular, tendon, articular and cutaneous sources (cf. Bear, Connors & Paradiso, 2007).

[158] The vestibular system is used to refer to a number of reflex pathways that are responsible for making compensatory movements and adjustments in body position. The centrifugal flow of information begins at sensory hair cells located within the peripheral vestibular labyrinth (cf. Bear, Connors & Paradiso, 2007).

[159] 'Reflective intentionality' as pertains to the body described by these participants includes descriptions of discriminatory attunement/sensitivity to aspects of the conceptual, musculoskeletal and sensory dimensions of the body during and/or after TLP classes.

[160] e.g., accomplishing movement in the context of talking on a mobile phone whilst running to catch a bus

[161] i.e., that is experientially recessive or absent

[162] e.g., learning to walk in high heels or stilts, which initially require patience, effort, training and/or suffering to eventually achieve an effortless capacity to walk, run, dance and adjust to the environment.

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his body because he could not control his movements. Osborn and Smith's (2006) IPA of six people's sense-making of the experience of the body in chronic benign low back pain (CLBP) found that participants changed in the way that they related to the parts of the body that were painful or difficult to control. The authors found that when not in pain the body had little salience, and that when in pain it was consciously excluded from the self. In a robotic arm experiment, Cole, et al. (2000) found that experimenters who learned to pass tools to each other using robotic arms experienced a misidentification - "the perception was that one's body was in the robot" (p. 167).

It is argued that these and other cases[163] illuminate that the body image and the body schema exhibit an openness and consequently a vulnerability to the environment; they are described as fragile because their operations are "explicitly temporary, contingent and unstable" (De Preester, 2005, p. 351). Even so, it is suggested that if we were not able to change our mapping of a sense of ownership and agency onto altered bodies[164] "we might be at risk of alienation from them" (J. Cole, et al., 2000, p. 167).

Nicola Diamond's (2013) psychoanalytic critique of Gallagher's scheme argues that although the work is respected, the interactional perspective of body image is under-developed; it appears eclipsed by a first- and third- person perspective. Furthermore, the cognitive framework places emphasis on articulating mainly conscious aspects, and therefore bypasses consideration of unconscious aspects. It is argued that a definition of body image that derives from and is endorsed by contemporary psychoanalysis embraces a complex conceptualisation of body image as consisting of both conscious and unconscious aspects, and as fundamentally derived from and influenced by others.

The following section develops a dialogue between the findings, Gallagher's scheme and interactional perspectives of embodiment that account for the emphasis placed by respondents in this investigation on interaction.

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[163] e.g., performance art that challenges our encounters with the body (cf. de Preester, 2007b)
[164] e.g., when our bodies grow, age, are pregnant and/or injured.

4.4.2 Weekly teacher-led Pilates shapes the body image?

The body of work described above appears to be useful for grounding participant's descriptions of transformation for two reasons. First, it can account for the finding that transformation with TLP originates in interpersonal experience. Second, it facilitates understanding how transformation in this context can include short and long-term aspects, body percept, concept and emotion aspects, as well as musculoskeletal and motor skill aspects.

Certainly, Gallagher's conceptualisation of the body image and the body schema facilitates understanding participant's descriptions of how some TLP classes transform the awareness and meaning of particular, formerly taken-for-granted aspects of the body. It can be argued that one mechanism consists in making particular body schematic activities explicit and visible, such that they become conscious and object-like; in losing their obviousness they become loaded with existential significance and exploratory power (cf. De Preester, 2007b).

Relatedly, a mechanism to explain participant's descriptions of vivid experiences of the body and of enhanced receptivity to bodily feedback after certain TLP classes may involve the focus of the classes. For example, Pilates-inspired exercises "typically focus the learner entirely on internal bodily sensations" (Lange, et al., 2000, p. 105). It can be supposed that as a consequence of the particular focus of TLP classes, the body temporarily ceases to be a "sensing" subject and becomes a "sensed" object (Frie, 2007, p. 62).

Gallagher's theory also accounts for participant's descriptions of how TLP classes transform the ways the body is conceptualised. For example, it enables considering that directed reflection may produce "phenomena that are not necessarily contained within pre-reflective experience" (S. Gallagher, 2005, p. 31). The research context renders it

inevitable that these participants will draw on conceptual frameworks[165] and associated language[166] that facilitates conveying experiences that are of interest to the research endeavour. The project "depends on the sophistication of the subject's conceptual understanding of the body and the language used to express that understanding" (S. Gallagher, 2005, p. 31).

This considered, the findings do suggest that TLP classes are experienced as transformative because they provide opportunities for these participants to learn and assimilate particular myth(s) and metaphors pertaining to the body. Understanding TLP myths offers one perspective with which to consider participant's descriptions of how TLP classes transform their behaviours (regular attendance of classes and S-DIP). For example, 'the myth of core stability' (CS) (Lederman, 2010) features in six[167] participant's descriptions of the ways in which TLP classes transform their behaviours. According to Lederman (2010), this particular myth arrived in the latter part of the 1990's, features regularly in Pilates-inspired exercise classes, and has rarely been questioned even though a decade of research indicates that it is based on the following unfounded assumptions:

(1) Certain 'core' or trunk muscles are more important for stabilisation of the spine than other muscles

(2) Is possible to isolate 'core' or trunk muscles from 'global' muscles, and this practice has functional and/or therapeutic value

(3) That there is a relationship between core stability and back pain[168]

(4) That faulty body use and idiosyncratic imbalances in the body 'cause' back pain

(5) That changing faulty body use and correcting idiosyncratic imbalances in the body can prevent or cure back pain

These assumptions contextualise participant's descriptions of S-DIP. For example,

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[165] e.g., myths
[166] e.g., metaphors
[167] e.g., Carillo, Delma, Elsa, Francesca, Giulia and Helena
[168] e.g., that weak abdominal or trunk muscles lead to back pain & that strengthening abdominal or trunk muscles can prevent or reduce back pain.

participant descriptions of using trunk awareness and holding behaviours during activities of daily living can be considered with Lederman's (2010) finding that CS approaches encourage subjects to "think about their core" during functional activities (p.90). Intriguingly, Lederman has found that CS interventions have no additional benefit than any other exercise for back pain (cf. Koumantakis, Watson, & Oldham, 2005; Liddle, Baxter, & Gracey, 2004; Nilsson-Wikmar, 2005). He proposes that the CS myth can be a source of damage because it can lead to somatosensory hypervigilance[169], overuse of CS behaviours, a mistrust of the body's capacity to stabilise itself, and that its focus on correcting imbalances in the body may shift the therapeutic focus away from psychosocial risk factors for the transition to chronic pain and disability (cf. Hasenbring, Hallner, & Klase, 2001; Hasenbring, Rusu, & Turk, 2012).

The present investigation found that this treatment myth appears in participant's descriptions of beneficial (enjoyment, connection, empowerment) and problematical (hypervigilance, damage, dependency) experiences of transformation. The data indicate that the CS myth is believable, perhaps in part because it is endorsed by practitioners with socially sanctioned credibility as the means of therapeutic change. One participant[170] did relay scepticism about the credibility of Pilates myths. His ambivalence was contextualised with the reflection that some practitioners place too much emphasis on controlling the body and his awareness of the potentially distorting effects of the overuse of CS strategies[171]. This participant also shared a belief that the value of the practice for him was concerned with nurturing awareness within the body, which arguably illuminates his understanding of an alternative healing myth.

For example, this participant described study of philosophy and training in Eastern martial and healing approaches including Qigong and yoga, and he has experienced working with a number of practitioners in different contexts. This appears relevant because

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[169] e.g., enhanced sensory sensitivity, accompanied by an exaggerated intensity of co-contraction behaviours, accompanied by a state of increased anxiety
[170] Carillo [558-587]
[171] Carillo [1020-1046]

for example Qigong and yoga evolved in particular Eastern contexts with particular myths, metaphors and rituals that interestingly also accord particular significance to interiority/inner body, and to the abdominal/central region of the body[172] (cf. Cohen, 1999; Frantzis, 1993; Kerr, 2002; Morley, 2001; Saraswati, 2003).

The historical and sociocultural context, Pilates myths, the particular assumptions, values, experience and person of the teacher and of the client emerge as important for understanding participant's experiential claims and the anomalies revealed. It is as though the particular teacher's interactions with the particular client in a particular context has a role in shaping the body image, behaviours, and the relationship with Pilates that the client develops. Certainly, this investigation found that participants contextualised experiences of transformation with TLP by drawing comparisons between different lived experiences, for example of the body, of physical exercise, of particular settings and of teachers or practitioners. For example, participants who have worked with different teachers identified specific ways in which individual teachers can differ in the emphases that they place on the practice.

This perspective can be contextualised with interactional critiques of mainstream psychology, psychoanalysis and the Western biomedical model in healthcare. For example, existentialists Larry and Lauri Fahlberg (1990) offer an interactional perspective of the relationship between the philosophy of exercise programs and practitioners, and the development of exercise program dependency. By way of providing a context for the critique, the authors note that the biomedical model, and the behavioural and Freudian schools in psychology have traditionally been concerned with classifying and treating disorders; and that humanistic psychology has taken up the task of advancing models of

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[172] For example, Qigong practitioners describe the importance of *nei gong*, which can translate as internal work and consists in part of rotations of the *dantien/dantian/tan t'ien*. The lower *dantian* is identified as an area inside the body located two inches below the navel is considered particularly important as the focal point of awareness and breathing technique as well as the center of balance and gravity. Hatha yoga practitioners describe the importance of the *asanas*, which can translate as internal work and consist in part of contracting the *bandhas*. The *uddiyana bandha* is identified as a lock that is located in the abdominal region; contraction of the abdomen into the rib cage is considered important as the focal point of awareness and breathing technique.

human growth and optimal mental health. The authors identify that the sharpest criticisms of humanistic psychology concern the overemphasis placed on the individual to the exclusion of the context and relational field (cf. O'Hara, 1989).

Crucially, it is argued that the relegation of health to the biomedical model, the ethos of exercise programs and the myths of practitioners can contribute to the individual's relationship with exercise. For example, the authors identify exercise program treatment myths, practitioner's overemphasis on the physical dimension with exercise as a panacea, and mutual seduction or collusion as factors that can influence exercise program dependency. The authors stress the need for a philosophical shift of emphasis in health and exercise programs and amongst health and exercise practitioners. For example, from treatment and prescription to facilitation; from a unidirectional influence model to a collaborative model; from program adherence and dependency to the development of empowerment and self-responsibility; and from an overemphasis on the physical dimension to an emphasis on multiple, complex dimensions involved in wellness.

From a psychoanalytic perspective, Susie Orbach (2010) offers an interactional perspective of the relationship between culture, particular myths, lived relational experiences and embodiment. In particular, Orbach is concerned with developing an interactional account of the apparent epidemic increase, arguably perceptible in the consulting room and beyond, of body fragmentation and instability. Orbach argues that bodies are and always have been shaped according to the specific cultural moment, and that contemporaneously globalisation, postmodernism, consumerism and individualism infiltrate caregiving relationships and shape the ways that the body develops, is experienced and used.

For example, it is argued that the prevalence of body insecurity and anxiety, and the myriad ways in which individuals can attempt assuagement with body transformation are typically storied with postmodern and individualistic notions such as self-invention, self-responsibility and empowerment. However, postmodern notions of the body as infinitely

modifiable combined with the emphasis on body modification as psychologically motivated obscures interactional factors that shape the experience of and solutions to body instability, thus myths and relational practices which have a role in shaping embodiment remain under acknowledged and unchallenged.

4.5 Assessing validity and quality

There is a longstanding and lively debate concerning the application of evaluation criteria for quantitative research to the evaluation of qualitative research (cf. Denzin & Lincoln, 2000; Golfashani, 2003; McLeod, 2003, 2011). There are also a confounding number of guidelines for assessing validity and quality in qualitative research (cf. Eakin & Mykhalovskiy, 2003; R. Elliott, Fischer, & Rennie, 1999; Guba & Lincoln, 1981; Seale, 1999; Spencer & Britain, 2003). The guidelines produced by Yardley (2000, 2008) are used here because they present a pluralistic stance, providing criteria that can be applied to qualitative research irrespective of the theoretical orientation of the study (Shinebourne, 2011). Yardley (2000, 2008) proposes four key dimensions by which qualitative investigations can be assessed: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. These dimensions as applied specifically with IPA by Smith, et al. (2009) and Shinebourne (2011) are here offered and used as guidelines to critically evaluate this investigation.

4.5.1 Sensitivity to context (STC)

STC can be demonstrated in a variety of ways (Yardley, 2000) and in IPA can be demonstrated through the following five aspects:

4.5.1.1 Close engagement with the idiographic and the particular

As discussed in Chapters 1 and 2, IPA was chosen because of its contextualist and idiographic sensibility as a means to provide a counterbalance to the tendency in psychology to develop decontextualised and impersonal accounts of psychotherapy,

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structured physical exercise and CAM use. This aspect of IPA is problematic because demonstrating STC raises ethical dilemmas that are not encountered in quantitative research (Punch, 1994). Specifically, the primary ethical principles of informed consent, confidentiality, avoidance of harm, and anonymity in the presentation of the findings present difficulties where the individual's particularities are central to the research endeavour (M. S. Elliott & Williams, 2001; Kidder & Fine, 1997). Informed consent was sought from participants prior to undertaking the interviews, which included assurances that could be viewed as misleading. For instance, even though I described the limits of anonymity in the research, participants were assured that all attempts will have been made to preserve anonymity, and that no personally identifying details would be included in the presentation of the findings, and yet these assurances are unsound given the aims of the research, which are to champion and represent sensitivity to the personal and the particular. They are also methodologically unsound because taking the particular out of the representation of the findings to preserve participant's anonymity loses the point altogether.

In hindsight, emphasising the limits of anonymity and presenting consent to my participants as an on-going dialogical process to be revisited after data collection would have been more ethically sound (cf. M. S. Elliott & Williams, 2001). In order to be sensitive to the co-researchers, careful consideration will be given to how the findings are disseminated after the thesis has been examined. In particular, the accounts of other IPA researchers who have experienced similar concerns but yet found ways to disseminate their findings appropriately, together with suggestions offered on the online IPA forum will be considered (appendix H).

Once the examination of the thesis has been completed, as agreed at the outset of the study, all participants will be provided with a summary of the findings, along with the poetic representation of their individual interview. To engage with the issues outlined, retrospective consent (e.g., A. J. Scott & Hanley, 2012) will be sought from each

participant. I will invite each participant to discuss their experiences of reading the summary, raise specific issues not previously considered with enough care, and provide them with an opportunity to contribute to how the findings are represented and disseminated. It is recognised that some contact details may be out of date (as they were collected five years previously), some participants may choose not to respond, and some may decide that they would prefer to withdraw their contribution altogether.

4.5.1.2 An appreciation of the interactional nature of data collection within the interview situation

IPA requires an appreciation of the interactional nature of data collection within the interview situation, because obtaining quality data requires skill and awareness during all stages of the interview process. Thus, STC involves empathy, putting the participant at ease, and embodying research expertise whilst relating to the participant as the experiential expert. The findings provide a strong indication that the interview process was experienced by all of the participants as reasonably facilitative, because each participant shared rich and detailed descriptions. The reader is directed to Chapter 3 and Appendices C and D for supporting evidence.

Conducting interviews, demonstrating empathy[173], facilitating a safe interactional experience, exploring, listening, observing, questioning and reflecting are all skills that are fundamental to many aspects of the practice of counselling psychology. Prior to undertaking this investigation, I had three years' experience of conducting, evaluating and developing my interactional interview skills in both clinical and research capacities. Nevertheless, interacting with individual participants and asking for feedback about their interview experience contributed to my competence with this aspect of STC in this context.

I found that as a consequence of my interactional experiences with the first two participants, I felt less preoccupied with the viability of project as a whole. Early

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[173] Empathy is the act of entering into the phenomenal world of the other; it has an 'as if' quality whereby the other is experienced 'as if' that was me.

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interactions with participants were fundamental to developing a capacity to relax and embody sensitivity to each participant within the interview context. The reader is directed to appendix C, which contains verbatim transcriptions to evidence these claims. The first interview captures how preoccupied I was with testing the face-to-face meeting, the interview schedule and the viability of the topic. By comparison, the final interview captures my improved confidence in my capacity to respond with the participant 'in vivo', because I draw on the interview schedule occasionally and flexibly.

4.5.1.3 Sensitivity in all stages of the analytic process

Consonant with phenomenologically-inspired research, this analysis is not a systematic grounded theory (Glaser & Strauss, 1967) in which data is coded line-by-line to identify categories and build a theory that is grounded in the data. Neither is it a careful discourse analysis (Z. S. Harris, 1952, 1991) that is focused at the level of text and interested in the language in use related to the topic. With IPA the analysis involves five stages that are contingent on the researcher's analytic sensitivity, responsiveness, intuition and creativity.

The first stage of the analysis involved summarising the concerns and experiences of each interviewee. This stage of the analytic process is represented in Chapter 3, and in particular with the first master theme that includes my summary and poetic representation of the individual interviews. The second stage of the analysis involved making inferences about the nature, meaning and context of the experiences described, based on what was said in the transcript. The aim was to reflect on what it means for the participant to have the concerns and experiences that they have shared. Here, my intuition and creativity were more explicitly engaged as I asked questions of the interviewee's descriptions of experiences, whilst staying grounded in the data. I found this stage frustrating, challenging and fragmentary, because working with and interrogating 'parts' of an interview seemed to obscure the concerns of the participant as captured in the analysis of the 'whole' interview.

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I found the process to be elusive and have found it difficult to represent well. Independent audits were sought to ensure that the analysis did not merely serve as confirmation for my preconceptions. The inclusion of annotated transcribed interviews in appendix C enables the reader to consider and ask questions of the ways that I have interacted with the data. The third, fourth and fifth stages of the analysis presented further challenges. These stages involved making sense of relationships between parts of each of the interviews analysed, identifying patterns across interviews, tentatively finding ways to illuminate the patterns by developing themes, representing an overview of the structure and content of the analysis[174] and creating a narrative structure that communicates the findings and the contextualisation thereof in detail.

During these latter stages I found regularly re-reading my summaries of each interviewee's concerns and experiences as well as the poetic representations helpful in adjusting a tendency to lose my sense of each participant. I found that completing this process with due care and commitment to detail in the perceived timescale available, whilst simultaneously undertaking and evidencing the academic components of my course of studies, along with commitment to four clinical placements, to be unrealistic.

My experience contrasts starkly with that of analysing six semi-structured interviews using IPA with older informal spousal caregivers during my MSc. in Counselling Psychology. For example, the proposal for that investigation was submitted on 16th February 2006, and the completed dissertation was submitted on 8th September 2006. By contrast, the first proposal for this investigation was submitted on 12th February 2007 and the completed dissertation was submitted on June 5th 2013.

Nevertheless, the MSc project shares similarities with this investigation[175] although

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[174] The reader is directed to appendix D for the tabled individual and cross-case thematic analysis of all participant's accounts.
[175] e.g., both projects are grounded in my lived experiences; both are contextually timely; both are not concerned with talking therapy; bot use semi-structured interviews and IPA; both are concerned with giving voice to people who do not typically feature in psychology research; both have depended on my capacity to establish contact and interact with gatekeepers for the recruitment of participants; both have required commitment to regular interactions with gatekeepers during all stages of the research process; and the first

the differences contextualise the difficulties I experienced undertaking a careful and detailed cross-case analysis. Two fundamental differences lie in the volume and quality of data collected[176] and the scope, volume and complexity of existing literature[177] available to provide a rationale for undertaking the study and to contextualise the findings. As a consequence, the analysis required patience, commitment, care and persistence. Due to the dynamic and complex nature of the process, it is impossible to demystify and convey well. The paucity of research that focuses on the interpretation process makes it difficult to redress this weakness.

4.5.1.4 Sensitivity in the presentation of the findings

A good IPA study will have a considerable number of verbatim extracts from participant's accounts to support the argument being made, giving participants a voice and allowing the reader to check the interpretations being made. This aspect of STC is evidenced in the presentation of the findings in Chapter 3, wherein I have endeavoured to represent individual interviews using poetic condensations, and to ground all claims made in the cross-case analysis in a considerable number of extracts from participant's accounts.

4.5.1.5 Sensitivity in the writing-up of the study

In IPA, interpretations are offered as possible readings grounded in the findings and contextualised in relevant existing literature. The reader is charged with determining whether my interpretations of the extracts included in the cross-case analysis presented in Chapter 3 are experienced as tentative, thoughtful and impactful. Analysing and contextualising the findings has broadened my horizons in ways that I had not anticipated.

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two interviews for both projects were undertaken in one day.

[176] Total data set word count MSc 34,528, present study 65,672; median word count MSc 5,210 ('Barry'); present study 8,188 ('Elsa'). Range: thickest interview MSc 8,817 words ('Anna'), present study 11,146 ('Giulia'); sparsest interview MSc 3,231 ('Eliza'), present study 5,070 ('Delma').

[177] For example, developing the context and rationale for undertaking a bottom-up IPA of spousal caregiving for the MSc project, and relating the findings to existing literature was relatively straightforward because there is a paucity of literature about this experience; by contrast the phenomena of interest in this investigation is overpopulated with literature - conjecture, theory and research, most of which has been interesting to read, albeit contradictory, confusing and a poor fit for the findings.

Locating literature and research that dialogues well with the findings has persisted as a puzzling challenge for four perseverative years of investigative, dialogical work. During the write-up, I found it beneficial to withdraw from sustained interactions with members of CoP, Pilates and IPA communities, and to immerse myself in the process of circulating the findings with existing theories and research. Nevertheless, independent audits were also sought, to check the coherence of my work. The contextualisation of the findings above introduces literature which was not previously considered because the findings took me into unanticipated territory.

4.5.2 Commitment and rigour

Commitment and rigour can be communicated in different ways (Yardley, 2000). In IPA, demonstration of commitment can be synonymous with demonstration of STC because it is shown in the researcher's attentiveness to each participant during data collection and the care with which the analysis of each case is carried out. The carefully constructed poetic representations (Chapter 3), the tabled representation of the thematic analysis of the interviews (appendix D), and the care taken with the interpretative analysis of divergences and convergences found in individual participant's accounts (Chapter 3), are offered as evidence of commitment.

Rigour refers to the thoroughness of the study, for example in terms of the appropriateness of the sample to the question at hand, the quality of the interview(s), the completeness of the analysis undertaken and the even-handed representation of the findings. The second, third and fourth criteria are considered in the preceding sections. In respect of the appropriateness of the sample, the people who volunteered to contribute to this investigation meet this criterion because they volunteered their time to share in-depth, complex descriptions of lived experiences of transformation with TLP and the meaning thereof.

4.5.3 Transparency and coherence

Transparency refers to how clearly the stages of the research process are described in the write-up of the study. In IPA, the researcher may attempt to enhance transparency by describing how participants were selected, how the interview schedule was constructed, and what steps were used in the analysis. These processes are represented in Chapter 2 using tables and descriptions of the selection of participants, the interview schedule and the analytic process, with links to supporting documentation in the Appendices.

In qualitative research, coherence can be evaluated in different ways and is typically judged by the reader/assessor. It can be used to describe the 'fit' between the research question and the philosophical perspective adopted, and the method and analysis undertaken (Yardley, 2008). Chapters 1 & 2 develop my argument for the fit between the aims of the research, the philosophical position, methodology and method of analysis. Consonant with the principles of IPA, my analysis has endeavoured to attend to and represent each participant's experiential claims, whilst also manifesting the interpretative activity of IPA. In IPA, coherence can refer to the presentation of a clear argument, whilst finding ways to include ambiguities and contradictions in the findings in a coherent way. I have endeavoured to develop an argument for the undertaking of the investigation, grounded in my own perplexing experiences of TLP. I argued that in my experience TLP circulates well with CBT, and that learning from interactions with TLP clients has the potential to be instructive. This argument is developed with the balanced interpretative analysis and careful contextualisation of the findings using literature that recognizes the inevitability of interaction and mutual influence.

4.5.4 Impact and importance

Yardley (2000) argues that this principle constitutes the decisive criterion by with any research must be judged - however well it has been conducted in terms of other validity criteria. Ultimately, the validity of the present work lies in whether it tells the

reader something interesting, important or useful. I discuss issues related to generalisability before I offer a perspective on the implications of the investigation for CoP.

Generalisability becomes problematic in qualitative inquiry when it is conceptualised in terms of the positivist assumptions characteristic of quantitative research[178] (M. S. Elliott & Williams, 2001). Qualitative investigations tend to use relatively small, purposive samples so that convergences and divergences can be examined in detail. Immediate claims are bounded in the particular group studied but an extension can be considered through theoretical generalisability (J. A. Smith, et al., 2009). The reader can assess the evidence in relation to their existing professional and experiential knowledge to determine whether the ideas developed have some practical relevance beyond the particular participants in the study. In similar vein, Elliott and Williams (2001) propose that generalisation in qualitative inquiry involves demonstrating the existence of the same phenomena across different contexts.

I shall endeavour to be cautious about the claims I make about the implications of this study for CoP. These people endorse TLP's indispensability because they have invested considerable time, effort and money on it (cr. Rizq, 2010; the author discusses her CoP participant's bias regarding the indispensability of personal therapy). The sample is small and it should not be assumed that similar findings would come from all TLP clients, even those in a similar context. My interpretations and theoretical contextualisation of the findings offer one perspective: it cannot be assumed that a different researcher would interact with the participants or findings in the same way. Nevertheless, I have articulated my fore-understandings and particular philosophical stance, all eight participants shared similar experiences in great depth, my interpretations go beyond mere

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[178] e.g., Quantitative research typically employs large, random samples so as to permit statistical generalisability; results taken at a particular point in time are treated as context-free and thus replicable (Patton, 1997). The larger the sample the more probable it will be that any differences found will be statistically significant. It is argued that the more controlled the experiment the more limited the findings in terms of practical relevance (Cronbach, 1980).

description, my contextualisation interrogates existing literature and I have developed a theoretical perspective that dialogues well with the complexities found in the data. These aspects seem pertinent because qualitative researchers in psychology have been criticised for focussing on description at the expense of interpretation, for avoidance of theory, avoidance of the critical and of the stance of the researcher (Chamberlain, 2000; cr. Rizq, 2010; Rizq & Target, 2008, 2009). One advantage of using IPA is that it has enabled me to listen to, learn from, and represent the meaning-making of individual participants, whilst also providing an opportunity to use the findings to interrogate the existing literature and to develop a theoretical account that anchors the investigation within current developments and research in CoP and related fields. Thus, the perspective developed has the potential to dialogue well with and contribute to the knowledge-base on which CoP bases its practice.

4.6   Locating implications for counselling psychology

A defining characteristic of a professional doctorate is that it should generate specific insights, recommendations and applications for CoP (Kasket, 2012; Kasket & Gil-Rodriguez, 2011). The following three sections develop implications of this investigation for CoP theory, research and practice.

4.6.1   Locating theoretical implications

This thesis has revealed that there are similarities in the research stories of talking therapy, CAM and structured exercise, and that the 'mechanisms' of change therewith are not as yet understood (Biddle & Mutrie, 2008; Carey, et al., 2006; Grafanaki, 1996; Hyland, 2005). Within psychotherapy, there is a longstanding and polarising debate about the 'common factors' and 'specific ingredients' hypotheses of therapeutic change. The specific ingredients view lends itself well to the philosophy of evidence-based medicine, although it is argued that "the common factors view reflects the very philosophy and practice ethos of CoP" (O'Hara, 2012, p. 4). This investigation has found that client's

sense-making of transformation with TLP variously included the influence of sociocultural context, client, teacher, specific Pilates (myth, ritual, setting), and relationship factors in descriptions and explanations of the experience of change.

The findings have been theorised with interactional perspectives that can be considered in the context of indications that a paradigm shift is underway in cognitive psychology (Jaegher, et al., 2010; Morganti, Carassa, & Riva, 2008), exercise psychology (Biddle & Mutrie, 2008; Buckworth & Dishman, 2002), psychoanalysis (Diamond, 2013; E. B. Luborsky, O'Reilly-Landry, & Arlow, 2008) and common factors theorising and research (Hill, 2005; Hubble, Duncan, Miller, & Wampold, 2010). This paradigm shift is variously described as a move away from dualism, individualism and a 'one-person-body psychology' towards an interactional, intersubjective, intercorporeal, 'two/multi-person-body' psychology. Crucially, the focus of theory development to account for the experience of therapeutic change has shifted from separating mind and treatment (special ingredients) from body, others and the world to a consideration of how they interact and exert reciprocal influence.

This paradigm shift brings with it opportunities for CoP because it allies with our discipline's holistic, contextual, relational sensibility, and because it appears that a multidisciplinary approach may be essential for furthering knowledge about the experience of change. CoP has a distinctive contribution to make with bottom-up research that starts with client's sense-making of experiences that are important for them and that can subsequently dialogue with and/or interrogate existing theories. Indeed, this thesis reveals that learning from, contextualising and theorising client's sense-making of experiences of change without talking therapy can provide a novel perspective with which to consider what constitutes therapy, and what constitutes personal development.

In respect of the former, the investigation raises questions about whether and for whom teacher-led structured anaerobic or low intensity exercise can be offered as an adjunct or an alternative to talking therapy. At present, moderate intensity exercise is

recommended by NICE as an alternative to CBT for people suffering with depression or depression with a chronic illness (NICE, 2009). This recommendation is based on decontextualised 'dose-response' research that does not take into consideration client factors including preference, gender and social influence. Whilst 'dose response' research and decontextualised theories of human behaviour cannot contribute to clinically relevant theories of embodiment, relatively recent psychoanalytic literature does consider women's relationships with their bodies and body use, and the ways that these dimensions are of interest to mental health professionals (e.g. Balsam, 2012; Pines, 1993; 2010). This thesis has revealed that anaerobic or low intensity teacher-led exercise is very important for some people, particularly women, and that it is associated with developmental and therapeutic experiences; and it has exposed a dearth of CoP contributions to theory about physical exercise, the relationship with the body and body use.

In respect of what constitutes personal development, a question arises as to whether teacher-led mind-body practices can be considered as personal development for counselling psychologists. Whilst talking therapy that is geared towards insight represents a modality that is of particular appeal for some therapists (cf. Rizq & Target, 2009)[179], others may be drawn to modalities that are more concerned with learning and practising skills in particular contexts and relationships to enhance use of self in the therapeutic context. Donati and Watts's (2005; 2000) reviews of the literature found that despite the increasing importance placed on personal development in CoP, there is no agreed and clearly articulated definition of this concept. Tradition and indoctrination aside, it appears that for reasons that are presently unknown counselling psychologists are not allowed to make choices about and reflectively account for their own personal development trajectory during training.

The preclusion of choice seems peculiar because of the pluralistic philosophy of

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[179] It is interesting to note that whilst all of the therapists interviewed for Rosemary Rizq's PhD investigation of the meaning and significance of personal therapy in clinical practice and training, there were no CBT/non-insight practitioner's perspectives represented.

CoP, and because Eastern-inspired mind-body practices increasingly feature as packaged treatments for clients delivered by psychologists and allied mental health professionals. Some in the discipline do question the assumptions of personal development work with such "a distinctively Western slant, evident in many forms of therapy and workshops which emphasise overcoming problems (located within the individual) and achieving personal authenticity" (Lane & Corrie, 2006, p. 18). Lane and Corrie (2006) posit that the increasing visibility and popularity of 'mind, body and spirit' approaches to personal growth is indicative of a significant social trend in Western society. Consonantly, the question posed is whether personal development work "couched" within these approaches should be recognised as legitimate personal development (p. 19).

Intriguingly, 'yoga' features as a 'personal growth strategy' for trainee therapists in relatively recent CBT literature (Bennett-Levy & Thwaites, 2007, p. 273). This is interesting because CBT is an approach that is deeply embedded in the culture in which it has developed. Certainly, Western myths and metaphors such as those derived from individualism[180], empiricism[181], behaviourism[182], computer science[183] and the biomedical model in healthcare[184] are used to explain its practices and therapeutic effects (Dowd & McCleery, 2007; Meichenbaum, 1993, 1995). Until relatively recently CBT was conceptualised as a learning experience in which therapists teach clients how to change attitudes, beliefs and cognitions using specific techniques (Malikiosi-Loizos, 2013). In this role, the CBT therapist was conceptualised as a change agent, not a caring agent who needs to be self- and context-aware in the psychotherapy process (Dowd & McCleery, 2007; Laireiter & Willutzki, 2005). Consequently, personal development work has not traditionally been emphasised in the training of CBT therapists in the same way that it has in the training of counselling psychologists or therapists in other single-school

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[180] e.g. making the individual its focus
[181] e.g. observation & experiment
[182] e.g. conditioning
[183] e.g. information processing
[184] e.g. symptoms

approaches[185] (Bennett-Levy, 2005; Malikiosi-Loizos, 2013).

The inclusion of 'yoga' as personal development work further reveals that CBT is increasingly drawing on alternative myths, metaphors and rituals, including constructivism[186], Buddhism[187] and Eastern practices, and that such developments are transforming the conceptualisation of the role of the therapist (Dowd & McCleery, 2007; Meichenbaum, 1993). However, there is a dearth of theorising and research about personal development in the training of CBT therapists, with the notable exception of the work of James Bennett-Levy (e.g. Bennett-Levy, 2005; Bennett-Levy & Thwaites, 2007; Bennett-Levy, et al., 2001; Thwaites & Bennett-Levy, 2007). Whilst this body of work comprehensively theorises the importance of personal development work with a particular focus on the cultivation of reflection and interpersonal skills for CBT practitioners, the inclusion of yoga as a personal growth strategy is not adequately theorised. This arguably represents an intriguing gap in the theoretical knowledge-base on which counselling psychologists who specialise in CBT base their personal development practice(s).

4.6.2 Locating research implications

The present investigation is unusual because it has used a bottom-up approach that begins with client's sense-making of transformation without talking therapy. This section describes five implications for CoP research. First, during the process of contextualising the findings, it has emerged that CoP research does not tend to foreground listening to clients, theorising their sense-making or contextualising research samples (Carey, et al., 2006; Gianakis & Carey, 2008; Jordan, 2012). This may reflect positivist or post-positivist assumptions in research whereby the client, the therapist, the historical, the social and the cultural context are considered less important than the special intervention being researched (O'Hara, 2012). Even so, this thesis indicates that investigating, contextualising

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[185] e.g. psychoanalytic, psychodynamic and existential-humanistic
[186] e.g. the epistemic role of the observer in interpreting reality
[187] e.g. mindfulness, compassion, acceptance

and theorising clients and their sense-making of experiences that are important to them can yield instructive insights and perhaps moderate claims made with research.

Second, I have found that qualitative psychology research is criticised for failing to venture beyond mere description, avoidance of theory, avoidance of the critical, and of the stance of the researcher (Chamberlain, 2000). Therefore, this investigation has attempted to develop my CoP perspective of client's experiences that ventures beyond mere description and problematises key assumptions that underpin TLP, empirical psychology and psychotherapy. In this regard, the thesis reveals that phenomenologically-inspired qualitative research can offer discipline-consonant opportunities to expand the knowledge-base on which we base our practice and research in unique and unexpected ways, provided that CoP researchers take the risk of listening to clients (Spinelli, 2001b), using themselves and venturing beyond description.

Third, one of my fore-understandings is that TLP and CBT, in particular third-wave CBT, share common ground. It would therefore be interesting to undertake a similar phenomenologically-inspired investigation with private clients in London who have experienced transformation with practitioner-led MBCT. There are presently a number of private courses in London aimed at both individuals and groups of up to twelve clients. Should an investigation reveal similarities in the samples and themes across the data set of both projects, it would then be interesting to undertake a grounded theory of the data from both studies. In the instance that there are more divergences than convergences across participants and the two data sets, a welcome opportunity arises for the researcher to bring themselves to the task of making sense thereof. The divergent findings could be used to interrogate existing common factors literature and in particular the argument that extratherapeutic factors are influential and yet underrepresented or obscured in empirical research and explanations of the experience of psychological change with single school approaches such as TLP and MBCT.

Fourth, client's concurrent psychotherapy and CAM use remains under-researched

at present. There is a growing body of Western counselling and psychotherapy literature that recognises client's pluralistic tendencies and that argues the case for research about psychotherapy client's concurrent use of CAM and sense-making of beneficial and problematical experiences of dual relationships (Seckols-Ruiz, 2009; Elkins, et al., 2005; Evenden, 2009; Feltham, 2008; McCabe, 2008; Mezey, 2007; So, 2008). CoP has a unique contribution to make in this regard because of our pluralistic outlook, our research literacy and expansive theoretical knowledge-base.

Finally, this investigation has raised questions about the feasibility of practitioner-led CAM or mind-body exercise as an alternative to talking therapy for the personal development of counselling psychologists. There is a need for studies that investigate, contextualise and theorise how counselling psychologists who favour alternatives to talking therapy for personal development construe their engagement, and how they perceive engagement to inform 'use of self' in the context of psychotherapy.

There is an indication that a 'mind-body' paradigm shift in CoP research is underway, because recent trainee projects listed by the BPS Division of CoP include investigations of how counselling psychologists understand the mind-body relationship and how they use physical exercise in the context of clinical work (BPS, 2012; Division of CoP Announcements, 2013). These areas of research seem timely in relation to an apparent paradigm shift in the NHS evidenced by advertisements for CPD workshops for mental health practitioners, such as *Keeping the body in mind: The mind-body relationship in mental health* (The Tavistock Centre, 2013) distributed with the April 2013 edition of the BPS Psychologist magazine.

4.6.3   Locating implications for practice

This section describes four implications of the insights from this investigation for the practice of counselling psychologists, in particular those whose primary orientation is CBT. First, SPCT emerges as relevant for counselling psychologists who teach or are

involved with mindfulness-based group programs. To reiterate, from a goal orientations theory perspective, both individual and climate factors can exert psychological influence in achievement settings (Ames, 1992a), and it is hypothesised that social comparison is central to an EGO, whether dispositional or climactic (Ntoumanis & Biddle, 1999). The theory is relevant because Hopkins's (2011) MBCT study found that some participants described difficulties with the group experience, and that some reported making unhelpful negative comparisons with other people in the group(s) within the context of hearing other patient's accounts of competence and success during group discussions (p. 24). The study also found that upward social comparisons "induced negative cognitive, affective and behavioural responses" and that participants who described experiencing difficulties with the practice reported feeling "isolated" and "undermined" by other's positive descriptions of their practice (Hopkins, 2011, pp. 25-26).

By contrast, the present TLP investigation found that participants did not perceive their classes as a context in which to discuss, demonstrate or measure competence relative to other clients and that development with TLP is predicated on effortful perseverance. This suggests that these clients perceive a TGO climate, and that the classes may differ from the MBCT programs that featured in Hopkins's (2011) study in this regard. Additionally, preference or choice emerged as important both in the present study and in the MBCT study, because participants varied in their capacity to engage with particular instructors and particular tasks.

From a social-cognitive perspective, when a learning environment is circumscribed, normative and inflexible, and when the focus includes a forum for interpersonal comparison, then it is likely that people will perceive the climate as performance-oriented (Ames & Archer, 1988). Implications for practice therefore include asking MBCT group members for feedback about perceived SPC and about the perceived idiosyncratic personal fit between individuals in the group and the practitioner. It may be useful to offer psycho-education about the SPCT, to share findings of research about the negative influence of

social comparison and competition on well-being (Gilbert, McEwan, Bellew, Mills, & Gale, 2009), and to show genuine concern for client's well-being by listening to and collaborating to find ways to accommodate client choice.

Second, a personal idiosyncratic fit between the clients and particular practitioners emerged in this thesis as of particular importance and has been contextualised with attachment theory because it dialogues well with the data. In line with a growing body of literature and research, the insights from this investigation suggest the relevance of considering both client and therapist attachment behaviours and relationship beliefs in the therapeutic context. For example, it can be argued that counselling psychologists operating in settings with circumscribed treatment protocols may inadvertently elicit negative responses from clients who would prefer a longer-term supportive or caring relationship than that which can be offered. By contrast, the counselling psychologist may find themselves dissatisfied with 'pseudorelationships'[188] and the lack of opportunities to work flexibly and therapeutically within longer-term relationships with some clients. The present investigation also reveals that disordered attachment may manifest in interactions in the therapy context. In sum, it can be argued that counselling psychologists may benefit from understanding how their own attachment behaviours and relationship beliefs interact with those of the client and the zeitgeist of particular clinical contexts.

Third, even though talking therapy is not typically considered a physical endeavour recent qualitative research that investigated practitioner's 'use of self' found that therapists reported perceptual awareness and therapeutic use of physical symptoms and client bodily communications in the therapeutic context (Omylinska-Thurston & James, 2011). Therapists in this sample were predominantly person-centred[189] and therefore the findings are theorised with person-centred theories of 'congruence' (e.g., Greenberg & Geller,

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[188] The term 'pseudorelationship' features in critiques of evidence-based psychotherapy/ manualised dose-response psychological treatments; customer-provider encounters and interactions are described as inauthentic because they are functionally equivalent, and consumers/service-users are considered interchangeable (Gutek, 1995; Morstyn, 2010).
[189] There were no CBT practitioners in this CoP research sample

2001). Recent psychoanalytic literature also draws out the notion of 'bodily countertransference' in the therapeutic context (c.f. Lemma, 2010; Orbach, 2010; Pines, 2010).

One of the insights from the present investigation of TLP is that counselling psychologists in CBT contexts could also benefit from routinely gaining awareness of, eliciting and/or using feedback about the physical impact of interactions, and to develop hypotheses with the client or supervisor (as appropriate) about implications of the physical symptoms for the therapy and for well-being (the client's and the therapist's, as appropriate). Certainly, the embodied interactional perspective used to contextualise the data theorises bodies as open to the other and vulnerable, thus all practitioner's and client's bodies can be conceptualised as mutually and reversibly influential in the therapeutic context.

Finally, this investigation highlights the importance of attending to client's 'extratherapeutic' material, including physical exercise and CAM use, in the therapeutic context. The argument for the inclusion of 'extratherapeutic' material will focus on the particularities of this investigation[190]. For example, the study reveals that mind-body exercise and experiences are marked as very important for some people and that participants mostly described beneficial aspects, but some also described aspects that I have interpreted as problematical. The latter are contextualised with literature that implicates relationships, medical discourses, associated treatment myths, metaphors and rituals (e.g., diagnosis, application of technique) in the development of symptoms, injury, chronicity and exercise program dependency (Diamond, 2001, 2013; Fahlberg & Fahlberg, 1990; Lederman, 2010).

As described in Chapter 1, the distinctive priorities of CoP include a concern with education and prevention (Strawbridge & Woolfe, 2003, 2010). We tend to identify with

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[190] This section draws inspiration from the work of CoP Adrian Coyle (2010) because of the striking similarities between the ways that psychotherapists have traditionally represented client's religious and spiritual beliefs and material, and the ways that they have represented physical execise use and beliefs as described in Chapter 1.

the 'scientist-practitioner' model (Woolfe, 1996) and thus appreciate the philosophy of empiricism[191] and the elegance[192] in science. We also recognise a human tendency toward rationalism[193]; the attractiveness, benefits, functions and comforts of 'foundational beliefs'[194] (Spinelli, 2001a); 'the specificity myth'[195], associated treatment 'myths', 'metaphors' and 'rituals' (Bozarth, 2000; Fairfax, 2008; Joseph, 2008; O'Hara, 2012; Wampold, Ahn, & Coleman, 2001); as well as 'scientism'[196] (Larsson, 2012; Laungani, 2004) and 'schoolism'[197] (Cooper & McLeod, 2011; A. Hall, 2010) in ourselves (e.g., A. J. Scott & Hanley, 2012), in other people, and in the structures that support and surround us.

Does this mean that counselling psychologists should offer themselves as experts and aim to assist clients in deconstructing their teacher-led anaerobic (mind-body) exercise beliefs and behaviours, with a view to uncovering empirically questionable discourses, myths, metaphors and rituals that they sustain? Perhaps we should guide clients who value teacher-led anaerobic (mind-body) exercise towards an understanding of common factors in secular healing (Frank, 1972; L. Luborsky, 1995; Rosenzweig, 1936; Sprenkle & Blow, 2004), and protect them by educating them about recent NICE guidelines and the best empirical research evidence[198] concerning physical exercise and mental/physical health?

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[191] The empiricists (e.g., Hume, 1739/2000; Locke, 1841/1977) doubted whether we could know anything , in the strict sense, at all; they proposed that our information about our experience may never be more than probable but may be evaluated as more important & useful for mankind than alleged certainties (cf. Lacey, 1986)

[192] e.g., simplicity; parsimony (cf. Glynn, 2010)

[193] The rationalists (e.g., Descartes1637/1941; Plato, c. 347bc./1981) proposed that by employing certain procedures, we can discover knowledge that can under no circumstances be false (cf. Lacey, 1986)

[194] e.g., ideas that are taken for granted as fundamental givens or truths that may be kept immune from explication, study, analysis, challenge and change; e.g., clients seek psychotherapy for psychological problems, and physical exercise for physical health enhancement

[195] e.g., the belief that a technique, for example the identification and challenge/reality testing of 'distorted' cognitions can treat 'depression'

[196] The term can apply in pejorative senses: To indicate the improper usage of science or scientific claims. This usage applies equally in contexts where science might not apply, such as when the topic is perceived to be beyond the scope of scientific inquiry, and in contexts where there is insufficient empirical evidence to justify a scientific conclusion. It includes an excessive deference to claims made by scientists or an uncritical eagerness to accept any result described as scientific. In this case, the term is a counterargument to appeals to scientific authority (cf. Goldacre, 2009; Peterson, 2004).

[197] e.g., identifying with one school of thought, model or practice; splitting, dividing and pitting one school of thought, model and practice against another/others

[198] As discussed in Chapter 1, NICE & empirical research tend to favour individualistic explanations of the 'effects' of exercise along with a dose (medium intensity, aerobic exercise for ten or more minutes daily)-response (cardiovascular health/aerobic fitness/positive affect) conceptualisation of the exercise-health/well-being relationship

One answer is that to do so "would contradict some of the defining characteristics of CoP" (Coyle, 2010, p. 260). CoP is explicit about its meta-theoretical humanistic position - its particular assumptions about human nature, psychological distress, well-being and what works in therapy (Joseph, 2008). It is this distinctive position that elevates the importance of engaging actively, respectfully and openly with client's meaning making and life worlds. However, both ignorance of and familiarity with teacher-led anaerobic physical exercise and associated experiences could predispose a counselling psychologist to misjudge, misinterpret, misunderstand, mismanage or neglect important segments of a client's life which may exert significant influence. Moving automatically to a challenging approach towards a client's perceived dubious mind-body exercise material would represent a failure to embody the sort of "being with" the client that defines CoP (cf. Coyle, 2010, p. 260). Conversely, therapists who are knowledgeable about or hold positive assumptions of anaerobic exercise could run the risk of foreclosing the possibility of providing a context wherein the client can undertake exploration of paradoxical aspects of their experiences and commitments.

It can be argued that working from our meta-theoretical position provides one of very few relational contexts wherein the client can feel respected and thus explore and perhaps even critically reflect on their mind-body, movement and touch experiences. Ultimately, developing a contextualised understanding, responding with accurate empathy (Rogers, 1957) and being with a client for whom such experiences are central, first requires a willingness by the counselling psychologist to attend to that dimension.

A second rationale for the inclusion of physical exercise/CAM material concerns the gaps, anomalies and methodological shortcomings found in the literature as described in Chapter 1. These may reflect numerous complexities involving interrelationships between structured physical exercise, psychological health/well-being, and the mind-body relationship that pose challenges for empirical research. Whatever the exact nature of the interrelationships, it can be argued that there is much that we do not understand and stand

to learn from listening to clients. Counselling psychologists and clients alike could benefit from the routine consideration of the potential relevance of exercise/CAM for the client, and from the practice of developing of hypotheses with the client or clinical supervisor (as appropriate) about the possible implications for the therapy and for the client's well-being.

4.7   Conclusion

The aim of this investigation was to explore experiences of transformation without psychotherapy and to contribute to the scant psychological knowledge-base about teacher-led exercise, using an approach that enables me to attempt to actualise my discipline's allegiance to the 'scientist-' 'humanist-' and 'reflective-' practitioner models.

The 'scientist-practitioner' dimension is reflected in my engagement with, syntheses and critiques of psychology and psychotherapy research throughout the duration of the project. The 'humanist-practitioner' dimension is reflected in my concern both with using a phenomenologically-inspired approach to enquiry, and with centralising and representing the perspectives of individual co-researchers.

Finally, the 'reflective-practitioner' dimension is shown in my identification of my interest in and experience of the topic, and my discussion of my foreunderstandings. It is also reflected in the way that I have 'used myself' to receive insights and develop a perspective that has exposed my own blind spots, as well as alerting the reader to gaps and anomalies in the psychological knowledge-base on which we base our practice. The research has challenged my confidence in the myths advanced in Pilates, and has elevated the importance of developing more nuanced understandings of the experience and meaning of transformation.

The investigation problematises psychology's tendency to advance individualistic, disembodied, decontextualised accounts of human beings and behaviours, and the polarisation of common factors and specific ingredients explanations of the experience of transformation. The perspective developed argues that relational, embodied and

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contextualised accounts of human beings and behaviours, and more nuanced

understandings of common and specific factors associated with the experience of change

have phenomenological and clinical relevance, and thus seem more germane for the

knowledge-base on which we base our practice.

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Glossary of acronyms

AT   Attachment theory

BCP   Body Control Pilates

BT   Behavioural therapy

CAM   Complementary and alternative medicine

CBT   Cognitive behavioural therapy

cf.   Confer/consult

CLBP   Chronic benign low back pain

CoP   Counselling Psychology

CPR   Counselling psychology review

CPQ   Counselling psychology quarterly

cr.   Cross-reference

CS   Core stability

DV   Domiciliary visit

EBP   Evidence-based practice

Ed   Education (descriptive information)

EGO   Ego goal orientation

esp.   Especially

HCPC   Health and care professions council

I-LMBCT   Instructor-led mindfulness-based cognitive therapy

LMU   London Metropolitan University

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MBCT	Mindfulness-based cognitive therapy
MBSR	Mindfulness-based stress reduction
MSc	Master of Science
RD1	Research development stage 1 (research proposal evaluation panel)
RD2	Research development stage 2 (progress evaluation panel)
S-DFP	Self-directed formal Pilates practice
S-DIP	Self-directed informal Pilates practice
SES	Socioeconomic status (descriptive information)
SPCT	Social psychological climate theory
TGO	Task goal orientation
TLP	Teacher-led Pilates
TR	Therapeutic relationship
UK	United Kingdom
WE	White ethnicity (descriptive information)