



“Unbeknown to you, they really watch you!”: Experiencing the ageing, physically active body in Cardiac Rehabilitation.

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Presentation Aims

- **The sociology of embodiment: Ageing and Physical Activity**
- Outline the **emotive and embodied experiences** participants encountered during Cardiac Rehabilitation
- Describe participants' **changing, relational sense of self.**

'Embodiment'



- Western 'Cartesian Duality'
- Are you a mind in a body, or are you an embodied mind?
- Physical sensations, experiences etc. can affect identity and sense of self
- Older adults' embodied identity depends on perceptions of self in the **Present, Past, and Future**. These perceptions are **socially contoured** and **internalised** (appear logical).
- Physical activity/exercise puts the body at the centre of existence

Embodied experiences of cardiac rehabilitation

- Influence of experiences and perceptions on programme adherence / sense of self
- Studies describe patient's shock, disbelief, denial & disillusionment after MI (Kristofferzon et al 2008)
- Also tension created by the divergence of experience of recovery and medical advice based upon epidemiological trends (Allison & Campbell, 2009)
- Rehabilitation setting a site of contested control: Rules, shared identities, resistance and regulation (Wheatley 2005, Robertson et al 2010)

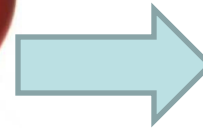
Study Aim

- Aim: To examine older adults re-negotiation of their sense of embodied self in a cardiac rehabilitation scheme in the East of England

- ***Relational*** embodiment: Not isolated!

Study Context

- BACPR Cardiac Rehabilitation Scheme
- Participants had attended 6 weeks free PA
- Further exercise sessions
- Volunteers (ex-patients) present
- Exercise instructor and nurse present



The study

- 14 In-depth Interviews (10 men, 4 women), mean age 63 years
- Recovering from MI, Stroke & one case of cancer
- Between 40 and 70 minutes duration (mean 51 minutes).
- Thematically analysed: Figurational theory as a guide

Key findings

- Rationalizing symptoms as ‘natural,’ ‘ageing’
 - “Just slowing down”
- Bodies broke down: Loss of control & division of body & minds
 - “It just felt like it wasn’t there any more...”
- Uncertainty in experiences of treatment
 - “It’s as if I’m talking about someone else...”
- Tensions in physically active, embodied (but ageing) identities & sensations:
 - ‘I,’ ‘We,’ ‘Them.’

The physically active, recovering 'I'

- Re-establishing of embodied control, limits, capabilities & expectations
- Empowering – but had limits. *Still Ageing?*
- “**Confidence** is a big thing to taking part in these sessions. During my first session, **my heart rate went up to 120, which was really scary and made me worried**. But then I was told, no, you can do it, keep going, it's alright. You know **so soon after a heart attack** you do get worried when your heart does that.” Alfred 📢

The physically active, feeling 'I'

- 'Feeling' the body's capabilities:
 - How much pain/discomfort is acceptable?
 - 'Pulling,' 'Grinding,' 'Aching'
 - Feeling the body working: 'Air,' 'Heat,' 'Fatigue'
- "When I got out and was walking I felt really stretched **I could stretch out and actually breathe** and feel really **free** from the constraints of having to be somewhere where people were telling you you've got to do this and you've got to do that." Clara 📣

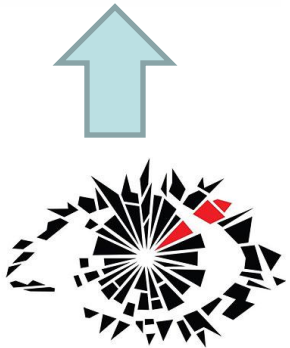
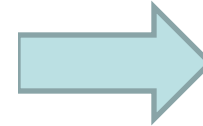
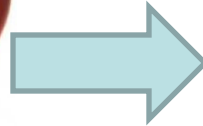
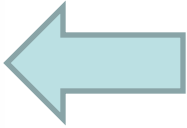
'We' can Exercise: 'They' find it difficult

- 'We' are a team: Support, camaraderie, shared experiences ***but*** both enabling and constraining
 - Supportive, but also homogenized experiences & created a group hierarchy
- 'I' am better off than 'Them'
- "You see people (*referring to people in the exercise class around him*), **they're not fit**. Some of these people, they're not as young as us, not as fit as us either (*referring to interviewer*). **So they find it hard.**" Martin 📣

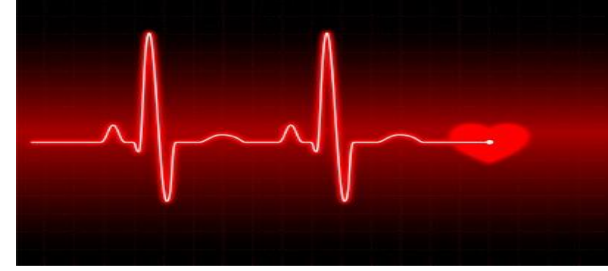
'They' monitor 'Us'



- “[The instructors] are brilliant, aren’t they. **Unbeknown to you, they watch you.** They really do watch you. The instructor said if you’re going to do too much he’ll tell you to slow down and **you just do as you’re told** and if anyone tries to do over the top, you’ve just got to cut them down if that watch [their heart rate monitor] is whizzing up!” Albert 📢
- ‘We’ monitor ‘them...’ Heart rate monitors and group hierarchy

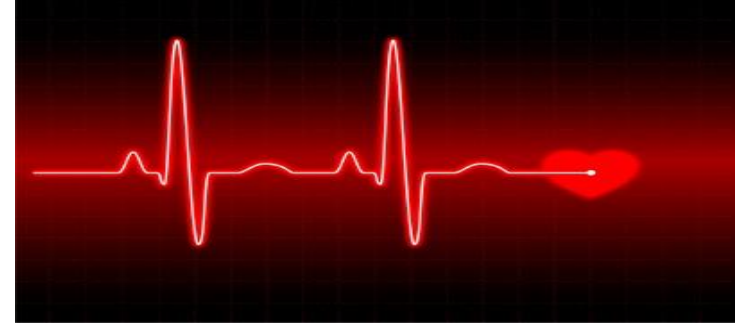


Conclusion



- Participants had to negotiate changing perceptions of self that were *relational & dynamic*
- **‘I’** am recovering
 - What was **I** capable of prior to my illness?
 - What am **I** capable of now?
 - What might **I** be capable of in the future?
- **‘They’** affect how I see myself
 - How well am **I** recovering compared to **them**?
 - How do **they** control me?
- What do **we** have in common, how can **we** work together to take control back from **them**?

Implications



- One size of rehabilitation does not fit all. ‘Treatment’ of physiological part-processes can reduce people with whole bodies, sentience, feelings and personalities embedded in class, gender and culture to passive recipients who become dependent on health professionals
- ‘Patients’ have lived lives and have relationships far beyond the bounds of CR schemes.
- Volunteers can be incredibly supportive, but only if up-skilled. Homogenization of experiences and group hierarchies can be counter-productive.



“We keep fit because we were getting as though we were cabbages. I don’t want [to be] a cabbage. Well not doing anything. You don’t want that.” Elsie 📢

Thank you for your time....

Any questions?