The Construction of Lay Rescuers in Bystander CPR Classes

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Abstract

There are many situations in society and life in which the body is expected to play an important role for the acquisition of particular skills. This article reports on a study of such a situation, namely when information about first aid and how to perform cardiopulmonary resuscitation (CRP) is mediated to nonmedical professionals. The aim of the article is to tease out how different modes of informing feature in first aid and CPR classes for the lay public in order to transform participants in such classes into CPR-trained lay rescuers ready to intervene in cases of what is suspected to be cardiac arrests. The understanding of the role of the body in information-related activities is based on a practice-theoretical approach. How information figures in the practice of first aid and CPR training is also discussed in light of Foucault's notions of biopolitics and self-technologies. The practice-theoretical approach illuminates how bodies are entwined in information activities, and the notions of biopolitics and self-technology illuminate how the practice of bystander CPR training instantiates control through the different kinds of informing activities that occur in classes. This study is based on material gathered through observations in bystander CPR classes.

Introduction

While library and information studies (LIS) research has traditionally focused on textual information, or information in recorded forms, there are many situations in society and life in which the body is expected to play an important role in the acquisition of practical skills. This article reports on a study of such a situation, where information about how to perform car-

diopulmonary resuscitation (CPR) and first aid is mediated to nonmedical professionals.

From an LIS point of view, the study of CPR instructing and bystander CPR may seem unexpected. Information and information-related activities do, however, play important parts in this practice as in so many other practices. The guidelines for how to carry out CPR and the alleviation of obstructed airways are based on medical scientific knowledge. These guidelines are standardized and updated on a regular basis by international expert organizations (see, e.g., European Resuscitation Council n.d.). The guidelines stipulate what is to be taught in bystander CPR classes. While the guidelines are standardized and uniform in terms of what measures are to be taken and how these are to be carried out, the ways in which these instructions are made available to the general public are many and diverse. What makes CPR instructing particularly interesting to study within LIS is that in this practice the standardized and formalized instructions for CPR and other first aid interventions are enacted in different ways. Information about how to carry out the measures of CPR figure in various recorded forms, such as manuals, mobile phone applications, films, and the like. Yet, in first aid and bystander CPR classes, information in recorded forms is not of primary importance; here the body is expected to play a central role for ultimately turning those participating in these classes into lifesavers. This makes the practice of first aid and bystander CPR training an interesting example to study in order to gain insights and knowledge about the interplay of particular content and the forms and ways in which particular content is mediated.

The aim of this article is twofold. First, it seeks to tease out how different modes of informing feature in first aid and CPR classes for the lay public. Second, it focuses on how such classes transform participants into CPR-trained lay rescuers ready to intervene in cases of what are suspected to be cardiac arrests. The article is structured accordingly. The following section introduces the theoretical framing by relating practice theory to relevant aspects of the notion of biopolitics. This is followed by a short account of the history and development of lay CPR training in Sweden. Study methods are then detailed, followed by a presentation of findings through the use of vignettes. Vignettes are short narratives, based on my field notes, accounting for observed events. The aim of this article—to tease out the ways in which information features in first aid and CPR classes and how classes transform participants into lay rescuers—will be addressed and discussed in the concluding section, "From Transmission to Transformation."

Practices, Embodied Information, and the Role of Biopolitics

This section introduces the theoretical framing by relating practice theory to the notion of biopolitics.

In this article the body is understood as an interface through which people experience the world and become informed (Cox, Griffin and Hartel 2017). Both sensory experiences and intellectual operations are parts of information-oriented activities. Sensory experiences may, however, inform about different things and in different ways compared to recorded forms of information and consequently also extend notions of becoming informed as something else or something more than filling a recognized knowledge gap. The understanding of the body and information that this article builds on is based on practice theory (Cox 2012; Shove, Pantzar, and Watson 2012). Theories of practice challenge perspectives that view information-oriented activities as determined by deliberate individual choices and decisions. Practices are routinized activities that emerge when links are made between tacit knowledge and practical skills, the material world around us, including our own bodies and those of others, and the meanings we attach to them (Shove, Pantzar, and Watson 2012). From this perspective, practices consequently constitute the basis for how social phenomena are shaped and configured (Shove, Pantzar, and Watson 2012; Reckwitz 2002).

Previous research has addressed how information sources and the ways in which information is constructed and mediated are embedded in activities in which artifacts other than text-bearing ones are used (e.g., Cox 2013; Haider 2011; Veinot 2007). The ways in which information is transmitted may in itself constitute information—implying that information can be thought of as something more or something else than merely words (Rivano Eckerdal 2012, 296). Rivano Eckerdal's (2012) study of how young women choose contraceptives showed how the young women's bodies occupied a central position in the construction of knowledge based on which choice of contraceptives is made. During the counseling meeting with midwives, both the midwife and the young woman took part in constructing information through talk and the activities entailed in carrying out different measures and assessments. The information upon which the choice of contraceptive was made was situated in the interaction and in activities that happen in the interaction (Rivano Eckerdal 2012). In LIS research, practice theory has been used to show how information and information activities such as composing, using, and evaluating information is entangled in the enactment of practices (Cox 2012, 2013; Haider 2011; Lloyd 2007, 2009; Veinot 2007). Cox (2012, 2013) has described these kinds of studies of information-related activities as the study of information in social practice rather than the study of information practices since the focus is not on explicit information-oriented activities but on how information is entangled in practices with primary goals and aims other than those explicitly concerned with handling information. Such an understanding of information is therefore fruitful for teasing out the serendipitous ways in which the body operates as an interface by which

information is mediated and experienced in first aid and CPR classes for the lay public. This article takes such an understanding of information and the body as its starting point for inquiring into how information features in first aid and CPR classes and how these classes also seek to turn participants into lifesavers.

One way of distinguishing between different ways in which information figures in practices is to conceptualize these as different modalities of information (Lloyd 2007, 2009). In her studies of fire fighters and ambulance officers, Lloyd (2007, 2009) describes three modalities of information as important for these professionals in different stages of their career: The *epistemic modality* of information is information that aspires to be general and universal. This may be handbooks or procedural standards and instructions like the CPR standard. The *social modality* of information is manifest in stories and experiences shared between people; it may also concern tacit knowledge that may not be accessible through instructive manuals and texts. The *corporeal modality* of information refers to information that is accessible only through the bodily and sensory experience of being and acting in particular situations. The current study borrows these conceptualizations of different modalities of information in order to zoom in on the ways in which participants and instructors encounter and use information in first aid and bystander CPR classes.

Of relevance to how embodied information figures in this particular study is the fact that the study focuses on information pertaining to a life-saving procedure. Foucault's (1978) notion of *biopolitics* is useful for contextualizing and understanding how resuscitation skills have become so widely distributed in Swedish society since the early twentieth century and onwards. *Biopolitics* refers to the ways in which life came to be administered in modern society in order to control the population, and how this modern form of population control differed from that of feudal societies (Foucault 1978). Whereas the sovereign in feudal societies achieved control by determining who was to die and who was to live, the governing of the population in modern society strived toward making life prosper (Foucault 1978, 135–39). Foucault (1978) accounts for two forms of biopolitics by which control over the population through the management of life was achieved: The first one encompasses the ways in which disciplinary institutions such as the army or the schools operate on bodies to maximize their performance and make bodies act in particular ways (139–40). The second form of biopolitics refers to the ways in which knowledge about the population is compiled through the monitoring of the population's health. Demographic data and how the compilation of such data facilitated knowledge about longevity and nativity are examples of this form of control (139–40). Another concept related to that of biopolitics is the Foucauldian notion of *technologies of the self*. This notion addresses how control operates through the population's acquisition of certain skills and attitudes (Foucault 1988),

and will here be used to discuss how understandings of what a helper is are attached to the doings in classes. *Technologies of the self* refers to a form of regulation by which individuals themselves adapt their own conduct in order to achieve a state of being they consider to be desirable. This may be states such as happiness or wisdom (Foucault 1988, 18) or, as will be shown here, becoming a good fellow human being by acquiring certain characteristics that are associated with being exactly such .

CPR CLASSES IN SWEDEN

Taking a CPR class has become a rather common thing to do in Sweden. Between the early 1980s and 2010, CPR classes were attended by two million participants (Strömsöe et al. 2010, 212). Although this figure may not refer to two million unique individuals since the same person may have attended more than once, it is still quite a large number considering that Sweden today has 10 million inhabitants. The lay public's involvement in resuscitation training, however, dates further back than the early 1980s. Already at the beginning of the twentieth century, resuscitative measures, the techniques that predated CPR, were something swimming and lifesaving societies in Sweden and other European countries advocated and disseminated to a larger public through public campaigns, classes, and the distribution of instructive material of various kinds (Lindh 2015). In the early twentieth century, the number one reason for the need for resuscitative skills was that many people could not swim and drowned. In the work of the *Swedish Lifesaving Society*, lifesaving skills were connected to swimming and bathing and as such were argued to be a necessity for people to stay both clean and healthy. This in turn was to facilitate the maintenance of a strong nation-state (Lindh 2015). In the early twentieth century, the advocating and distribution of swimming, life saving, and resuscitation skills were associated with a narrative about modern society and the modern nation-state (Lindh 2015). *The Swedish Lifesaving Society's* work to make lifesaving and resuscitation techniques widely known can be seen as one manifestation of this disciplinary form of biopolitics in how they sought to train the general public how to save lives and resuscitate and by doing so literally give them back life (Lindh 2015).

Since the early twentieth century, society, the medical sciences, and advocated resuscitation techniques have changed, which in different ways has had an impact on resuscitation training for the lay public. Around the mid-twentieth century, CPR became the one and only advocated resuscitation technique, and it replaced all previously advocated techniques (see, e.g., Chamberlain (2004) and DeBard (1980) for an overview of these). CPR was described as easier to perform than any previous techniques since it did not require any particular aid, "all that is needed is two hands" (Kouwnehoven, Jude, and Knickerbocker 1960, 1064). The execution of resuscitation required nothing but the helper's own body, his or her

hands. This also indicates how the acquisition of CPR skills is not merely an intellectual activity of acquiring knowledge about how to resuscitate but to a very large extent is an embodied skill.

The involvement of the lay public in lifesaving interventions thus dates further back than the particular resuscitative technique of CPR. Although swimming and lifesaving training organized by swimming and lifesaving societies or swimming clubs continue to be a context in which resuscitation techniques are taught, there are today plenty of other contexts in which resuscitation training may occur. First aid and CPR classes in Sweden are today offered by employers and at occupational health services and constitute one way in which employers comply with the part of Swedish work environmental legislation that concern first aid and crisis support. Classes are also given by NGOs and humanitarian organizations, by patient organizations, and public health institutions—these classes are open to the general public, whereas the ones offered by occupational health services are only open to the organization's employees.

Method and Material: Observations

The material this article is based on was gathered through observations at first aid and CPR classes for the lay public given by two different organizations in southern Sweden. One was an NGO, and the other one an occupational health service.[1] Observation is a useful method for gaining insight into what people do (Pripp and Öhlander 2011), which was why this method for gathering data was chosen in this study. A total number of twenty-three first aid and CPR classes were observed, some of which were partially filmed. These classes were led by four different instructors and attended by approximately a total of 150 participants. The classes varied somewhat in content and length. Whereas some of the classes lasted for a whole day and included various first aid procedures such as putting on pressure bandages, handling people in a state of chock, CPR and defibrillation, other classes were shorter and focused exclusively on CPR training. Field notes were taken during classes. These were reviewed and expanded directly after the observations. The process of coding and analysis, which will be described further, below, therefore started early on in the process of gathering data. During classes many things often happened at once, people talked and did exercises in groups, which made it difficult to follow specific events. For that reason, some classes were filmed by the author. This made it possible to review the classes in order to see and listen to the things that occurred, something the field notes did not allow. As the number of observations approached twenty, the classes offered few new insights and became rather repetitive. After twenty-three observations, the need for empirical data was saturated.

The empirical material upon which this article is based thus includes field notes, recordings from observations from classes, and transcriptions

of discussions that were recorded. The material was initially coded based on empirical categories. Categories were descriptive (Wolcott 1994, 9-51), which lead to the identification of reoccurring activities and topics discussed in classes such as "exercises" and "talk." In a later analytical phase, information-related activities in the material were coded based on concepts derived from practice theory and previous insights from LIS studies within this school of thought. Categories used referred to artifacts used in these activities such as "dummy," "body," "book," or "poster." Other categories addressed the ways in which participants and instructors talked about what they were engaging in: these were "stories," "anecdotes," and "experiences." Categories that zoomed in on the meanings associated with the occurrences in classes such as "hope" and "make a difference" were also reoccurring.

General descriptions of the occurrences in classes in this article are based on this larger bulk of material. Samples from this material will appear in the subsequent section in the form of three vignettes to illustrate the different ways in which information is entangled in these classes and how the body is mobilized in the informing activities these classes entail. The chosen samples derive from two different observations of classes led by Instructor Z and X.

FINDINGS

In the activities that take place during first aid and CPR classes, participants and instructors use, encounter, and construct information in different shapes. As classes begin, the instructors usually show some kind of visualization of the measures that comprise CPR and how these are performed. These visualizations are commonly displayed on posters or in textbooks, which, in an instrumental manner, illustrate how the following procedures are performed: assessing the state of the casualty, chest compressions, mouth-to-mouth ventilations, and, occasionally, defibrillation. The visualizations demonstrate what to do, in which order, and how, without saying anything about possible circumstances or situations in which the intervention may occur. The first vignette illustrates how the telling of stories and anecdotes work to inform. The second vignette exemplifies how the bodies and senses of those participating in classes are expected to operate as an interface through which they become informed and the class is experienced. In the third vignette a simulated intervention is discussed and evaluated by instructors and participants.

The Telling of Stories and Anecdotes

Instructor X emphasizes the importance of not pausing between chest compressions and mouth-to-mouth ventilations and that you should never give up when you perform CPR. "We do this even though we never know if we'll be able to save someone's life or not," she says, and goes on to explain that the reason a heart stops may be a disease

of some kind, but since we cannot know that, we should not give up. Instructor X asks the participants if they have any questions about all of this, and there are questions. "What if the person that receives CPR responds," "what is one to do?" one of the participants asks. Instructor X says that rarely happens, but yet she begins telling a story of a rescue during which exactly this occurred. This incident took place during a running competition. One of the participants in the competition suffered a sudden cardiac arrest, but a rescue team from Instructor X's NGO acted promptly and initiated CPR. The causality regained consciousness and, according to Instructor X, said that he felt fine and wanted to continue the race. One of the other participants turns toward Instructor X and says, "but that almost never happens, if I understood what you said, that you can rarely make the heart beat again." Instructor X now begins to tell yet another story about a rescue, which she learned about through a television program. As a group of colleagues played basketball, one of them suddenly collapsed. One of the colleagues initiated CPR, and an ambulance was called immediately. What then happened, according to Instructor X, goes as follows: The paramedics arrived and continued with CPR and began to defibrillate. The casualty was given several electrical shocks, but did not respond. According to Instructor X, one of the paramedics said that it was therefore no use to continue the resuscitative effort. One of the casualty's colleagues did not want to give up, however, and continued with CPR, and after two to three minutes more, or so, the man returned to life. "So you can always save lives, you never know, you shouldn't give up hope," Instructor X concludes.

Stories and anecdotes like the ones told in the situation described above situate the decontextualized interventions described on posters in situations and contexts participants can relate to. Both instructors and participants commonly share these kind of stories with each other, stories of how lives have been saved through successful interventions. These are rarely about events they have experienced themselves. More commonly they concern lifesaving interventions they have heard about through other people or on the news or have read about them in newspapers and magazines. Differing from the instructive posters, which in an instrumental manner describe the measures without suggesting who the casualty may be or where and when cardiac arrests may occur, stories told in classes connect resuscitative efforts to situations the participants are familiar with and can relate to. These stories carry an informative value by situating the act of engaging in CPR in everyday life situations like a running competition or a basketball game. The telling and listening to stories constitute activities by which the social modality of information is mobilized. These stories, which on the occasion described above were accounted for by Instructor X, also impart the notion that there is hope and that lives may be saved. While the vignette above illustrates the imparting of hope, the stories and anecdotes told by participants and instructors during classes also manifest a shared understanding of what is appropriate attitude and desirable conduct of lay rescuers. The lay rescuer does not give up. Stories and anecdotes do not,

as such, primarily pertain to the CPR measures; rather, they account for why we should engage in resuscitative interventions—they give meaning to what is going on in classes. In the practice of first aid and CPR training, the telling of stories is, however, closely connected to the actual bodily experience of the exercises—for example, to experiencing the measures as being tiresome and difficult to perform, or to experiencing frustration when the measures do not become the embodied skills commonly expected by both participants and instructors.

Informed by the Senses

> Instructor Z has placed a large dummy on the floor; she gathers the participants around her and demonstrates how the assessments, the chest compressions, and mouth-to-mouth ventilations are performed. She also describes what she does as she leans over the dummy placed on the floor. "Now I need to use my senses and listen, you use your chin to sense [breathing] and when you do that you see if he has abdominal breathing, but this one does not have any breathing this [dummy]…." After Instructor Z's demonstration, it is the participants turn to carry out the measures. They take it in turns and watch each other do the exercises. Instructor Z gives the participants advice on how to position themselves in order to execute the measures in the best possible way. She tells one of the participants to position himself closer to the dummy; in that way it will be easier for him to execute the compressions with the force that is required and make the compression have an effect on the casualty's heart and circulation. The man tries anew, and Instructor Z confirms he has a good grip and that the depth of the compressions looks good. As the man moves on to do mouth-to-mouth ventilations, Instructor Z explains that the rising of the chest proves the ventilations are performed accurately. She continues saying that the dummies they use for exercises used to have lights attached to them that indicated whether the compressions were accurately performed or not but that that kind of dummy is no longer in use because "in real life [situations] we do not have any lights."

This vignette illustrates the central role of bodies for how information is shaped in the interaction that the exercises entail (e.g., Rivano Eckerdal 2012). The skills that make up CPR are expected to become situated in the participants' bodies through practical exercise, and the practical exercises are to facilitate the participants' use of their own senses and bodies in several ways. This entails participants' use of their senses in order to evaluate the state of the casualty and whether CPR is required or not, and, while carrying out the procedure, to evaluate the accuracy of their own intervention by relying on their senses.

The sensation of actually doing chest compressions and ventilations is very different from seeing the measures presented on the posters that are commonly on display in the rooms where the classes are held. Whereas the posters introduce participants to what they are to experience with their bodies later on in classes (see Lloyd 2007, 2009), the informing proper-

ties associated with the practical exercises are very different. During the exercises, that which is displayed on posters is expected to literally become situated in participants' bodies. One way of conceptualizing the properties of this kind of information in a way that highlights the differences between exercises and stories or images is to describe those properties in terms of a *corporal modality of information* (Lloyd 2007, 2009). Both instructors and participants express expectations that the exercises will inscribe the skills in the participants' bodies and in such a way that they can later be activated if they happen to find themselves in a situation of witnessing a cardiac arrest. The information provided through exercises cannot be accessed in any other way or through any other means than performing the actual exercises. The exercises require the participants to be attentive to both their own bodies, what it feels like to do the measures, and to the body upon which the measures are being performed, how that body responds, whether it is a dummy or a real person. Yet, despite the expectations that the exercises facilitate the acquisition of the practical skills of performing CPR or other lifesaving interventions, the participants' bodies do not always act in accordance with instructions in classes, and the embodiment is not always achieved.

The Failure of Embodiment

Instructor X has the participants stage scenarios in the end of classes. During these, one part of the group plays the role of casualties and the other that of helpers. In this particular scenario, a building has collapsed, and the group assigned to act as helpers are expected to use all the different skills they have acquired during the class. Instructor X instructs the participants that play the role of casualties to respond only to appropriately executed intervention. One of the participants in the casualty groups, N, is given an apple and assigned to simulate that he has chocked on a bite as the building collapsed. As the helpers arrive to the scene, N sits on the floor with the apple in his hand and makes a hissing sound. P, from the group of helpers, attends to N and initiates a Heimlich maneuver. N was not instructed to respond to this but only to five blows given to the upper part of his back, which is the measure to be done prior to Heimlich, which in turn is only to be carried out if the five blows do not have an effect. N goes out of character and says he does not know what to do. P leads N to a chair, and suddenly the piece of apple comes out. The scenario is followed by a discussion during which the airway obstruction incident simulated by N and attended to by P is discussed. Instructor X asks P whether he first tried with five blows to the back before initiating the Heimlich maneuver. P reproaches himself for not having done this. Instructor X repeats, "Always five blows first." P confirms he had read about this right before they staged the scenario, but in the situation he forgot. Instructor X continues, "You didn't just stand there; you did something . . . that's good." One of the other participants agrees and exclaims, "You got the piece of apple out!" P remarks with some disappointment in his voice

that "the important thing is that you accomplish something, the worst is if you stand there paralyzed without doing anything."

The skills that are exercised and discussed during classes do not always "enter into" the participants' bodies as expected or desired. The vignette above illustrates exactly this, the failure of the embodiment of instructions. Yet despite this, something interesting does happen. In the talk that takes place after the exercises, the failures to comply with instructions somehow do not necessarily appear as actual failures. The bodily experiences of performing the measures of CPR during exercises often give rise to worries among participants. Worries of not being able to save the casualty are commonly met with assurances by the instructors and confirmations that it is always better to do something than nothing at all. The discussions that follow upon exercises appear as instances of establishing a shared understanding of what a lifesaver is, and what constitutes proper conduct in lifesaving interventions regardless of the quality of the performance or the outcome of the intervention. It turns out to be not so much about acquiring certain skills; the emphasis is instead on attaining a certain attitude. Even though P, in the vignette above, did not act in compliance with the instructions, he did comply with the shared understanding of what constitutes a proper attitude; he tried, he did something.

Discussions and what is said and agreed upon in first aid and CPR classes can thus be said to operate as a self-regulatory technology (Foucault 1988) in how the talk and the stories shared between participants and instructors appeal to their sense of responsibility. Following practical exercises and during discussions, the lay rescuer is defined by his or her willingness to help, independent of the outcome or quality of lifesaving interventions or to what extent the intervention complies with instructions in textbooks or on posters.

From Transmission to Transformation

The vignettes have illustrated different ways in which information features in first aid and CPR classes and how the body and the embodiment of instructions is expected to occur through practical exercises. From these examples I want to highlight two ways in which this study may contribute with insights into the role of the body in relation to informing activities.

The first part of the aim of this study was to address the ways in which different modes of informing feature in first aid and CPR classes. The practice of CPR training illustrated how the bodies of participants, instructors, and dummies facilitated the dissemination and use of different modalities of information (Lloyd 2007, 2009). Lloyd's notions of different information modalities proved useful to illuminate the different ways in which information is entangled in CPR classes and how informing features in different activities and forms. The posters and textbooks provided general instructions that introduced the measures and skills that were expected to

become situated in participants' bodies. However, the participants' bodies did not always succeed in automatizing the measures as expected of them. When embodiment failed, support was gained through the stories that lead to the shared agreement among participants and instructors that the important thing is to do something, even if that may not be completely in accordance with what the instructions stipulate. In LIS research several studies have accounted for how narratives, stories, or the retelling of other peoples' experiences embed information or are used implicitly or explicitly to inform (e.g., Lloyd 2007, 2009; McKenzie 2004; Rivano Eckerdal 2012). This can be conceptualized as a social modality of information that differs from other forms of information such as textual or embodied and sensory forms: stories and anecdotes convey tacit and situational information and thereby connect that which may appear to be abstract to particular localities and situations (Lloyd 2007, 2009). The stories told in the CPR and first aid classes do exactly this. They situate the performance of the skills depicted on posters in situations the participants were familiar with. In addition, they also imparted hope that a life may be saved even if the prospects may not appear to be all that good, and that even if measures are not executed in accordance with the instructions, it is always better to do something than nothing at all. Differing from Lloyd's (2007, 2009) studies in which these modalities are used to explain how the engagement with information differs over the career of individuals with the same professions, engagement with information in the practice of first aid and CPR training does not gather people with a shared professional identity.

CPR training is primarily about saving cardiac arrest casualties and empowering the lay public to intervene in cases of suspected cardiac arrests. Thus information is here understood as situated in the activities that are part of CPR training; in social and bodily performances in addition to textual documents of various kinds, in the meanings linked to these performances and the situations in which they occur, as well as the physical and material circumstances. First aid and CPR training is thus not merely a matter of transmission of information but of transformation of information and of participants' attitudes. Rather than being out there waiting to be found or needed, information occurs in practices in diverse forms. Separated from practice, these different encounters with information are of little relevance, but paired together, they lead to the persistence of hope, of being able to make a difference, and to a shared understanding of what defines a lay rescuer.

This leads to the second part of the aim of this article—how the participants in classes are transformed into lay rescuers. In the beginning of the article, I briefly touched upon how the *Swedish Lifesaving Society's* work of spreading resuscitation and lifesaving skills to the general public was connected to the construction and consolidation of modern Swedish society. This organization can also be thought of as having executed the

disciplinary form of biopower by advocating and imparting resuscitation and lifesaving skills and by furthering a particular way of promoting life in order to maintain a strong population and nation. The different shapes of information that feature in contemporary first aid and CPR classes, which were illustrated in the vignettes and discussed, suggest that different ways of mediating and accessing information are connected to different forms of governance. Whereas information with an instrumental character such as the kind of information that is displayed on posters and in textbooks can be thought of as a means by which participants are to be disciplined to act in certain ways, other forms of information that are mobilized through practical exercises, stories, and discussions affect the participants in a different way. Participants' active engagement in exercises leads to discussions of what constitutes a good intervention. In these discussions, this was not primarily a matter of performing the measures in the way they were displayed—the most important thing to do was often described as just doing something. The exercises and discussions fostered a certain attitude, a willingness to help, that one should never give up and that doing something is good enough. This suggests that different notions of information, different ways in which information is entangled across the practices of bystander CPR training are linked to self-regulatory technologies and disciplinary forms of biopolitics.

The role of embodied information and the failure of embodying instructions on how to perform CPR can thus be seen as something more than an individual experience of information or an individual's encounter with instructions. The failure does not imply that no informing is occurring. The embodied experience of information in first aid and CPR classes shows how the informing activities that occur in the practices played out in these settings can be thought of as manifestations of biopolitical forms of governing and self-regulatory techniques. The seemingly simple procedures, the role of information, and the shapes in which information appear in and during CPR training are embedded in contemporary life and society and work to make people act on themselves, not through force or through demands, but through pleading to morals and ethics.

Thinking of information in different shapes that are mobilized in different kinds of information-related activities and practices with other aims than those related to information can be useful for identifying the ways in which control and regulation operate. Thus, the bodily experiences of information can be implicated in different forms of control of the population and of life.

Note

1. This material has also been used in a larger study that was based on interviews and studies of documents in addition to observations. Since only the part of the material that was gathered during classes is used in this study, the method and material section will focus on this. For a more detailed account of the gathering of the material, see Lindh (2015).

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