“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?