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

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Embodiment and ageing

• Coronary Heart Disease the biggest cause of mortality in the UK amongst those aged over 50 years (DOH 2010)

• Frequently rehabilitation /prevention focuses upon exercise ‘prescription’ (e.g. Kristofferzon et al 2008)

• Increasing attention on the active, ageing body; Narratives, phenomenology and power relationships (e.g. Tulle 2008, 2012, Phoenix and Grant 2009, Evans and Sleap 2012)

• Physical activity/exercise puts embodied identity at the centre of experience; especially when core assumptions are challenged
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, resistance and regulation (Wheatley 2005, Robertson et al 2010)

• Little focus on relational experiences
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

- **Phase 1**
  - Scales of Psych. Wellbeing questionnaires (32 respondents)

- **Phase 2**
  - 14 In-depth Interviews (10 men, 4 women), mean age 61 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?

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Natural signs of age?

• "Clara: At that time I was anaemic, quite drastically, and I’d just retired as well, and so what I’d got into my head at that time was, I’m retired, I’m getting older, I’m slowing down... I didn’t want to go to the doctors so I slowed down and just pretended I hadn’t got anything you see but I was really, really tired.

• Int: So did you think it was part of the natural process of getting older then?

• Clara: Yes, I put it down to that, whether I was in denial [shrugs shoulders]” Clara
Changing identities

• “I didn’t think that I had the right, to be sick. Yeah, so this happened to me twice in life, once when I was 17 and I got that Asian ‘Flu. And I was off work for 6 weeks, and I just didn’t think….why did I have the right to be sick and off work?” Fred
Losing Control

• “I didn’t know it happened. I was walking up a hill and I thought I felt a bit rough today and you think well I’ll just go home and go to bed and I’ll be alright in the morning. **Well I just felt, what can I say, everything felt like it wasn’t there.”**
Treatment

• “It’s as if I’m talking about someone else, you know, even the operation I’m thinking was it really me ... [I saw] strictly come dancing [on the television in hospital], and I thought, I know those people, they mean more to me now, I don’t know anybody in the hospital but I know them and I’m alright, that’s how I felt...”