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Conference Paper · June 2015

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## “It’s scary, scary, scary...”: the lived experience of asthma

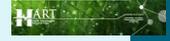
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Research programme – 3 projects on lived experience of asthma in non-élite sportspeople – sociological phenomenology

- 3-year research study including PhD project – Dr Helen Owton, at Exeter (now Open University)
- 3-year autoethnographic & autophenomenographic study of women’s distance running
- 1-year Research Infrastructure Funded project at Lincoln (HART colleagues, Helen Owton, Niro Siriwardena) – data analysis ongoing

Today specific focus on two dimensions:

- Asthma as ‘dys-ease’ (Leder, 1990) – lack of control
- Bodily attunement & learning control



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## Asthma



- Breathing *disorder*, inflammation of airways deleteriously affects pulmonary ventilation; myriad symptoms e.g. coughing, wheezing, breathlessness
- >5 million people with asthma in UK, attacks result in hospitalisation of sufferer every 7 minutes (Asthma UK website, 2013)
- c. 3 people per day die from an asthma attack (Asthma UK website, 2015)
- Exercise-induced bronchoconstriction (EIB) found in c. 80-90% of asthmatics – exercise & physical activity therefore as problematic
- Moderate/intense physical activity tends to provoke bronchoconstriction
- But regular physical activity - physical & psychosocial benefits
- Distinct dearth of qualitative research on lived experience of asthma amongst sports participants & committed exercisers

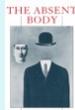
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Table 1: Participants in the interview-based study

Participant	Age	Gender	Occupation	Years since diagnosis	Current severity
P01	32	Female	Software developer	10	Mild
P02	35	Male	Marketing manager	15	Moderate
P03	28	Female	Teacher	5	Mild
P04	40	Male	Business owner	20	Severe
P05	30	Female	Marketing manager	10	Moderate
P06	38	Male	Software developer	12	Mild
P07	25	Female	Marketing manager	5	Moderate
P08	33	Male	Marketing manager	8	Moderate
P09	31	Female	Marketing manager	7	Moderate
P10	36	Male	Marketing manager	9	Moderate
P11	29	Female	Marketing manager	6	Moderate
P12	34	Male	Marketing manager	11	Moderate
P13	37	Male	Marketing manager	13	Moderate
P14	39	Male	Marketing manager	14	Moderate
P15	30	Female	Marketing manager	7	Moderate
P16	32	Female	Marketing manager	8	Moderate
P17	34	Female	Marketing manager	9	Moderate
P18	36	Female	Marketing manager	11	Moderate
P19	38	Female	Marketing manager	13	Moderate
P20	40	Female	Marketing manager	15	Moderate
P21	27	Female	Marketing manager	4	Moderate
P22	29	Female	Marketing manager	6	Moderate
P23	31	Female	Marketing manager	7	Moderate
P24	33	Female	Marketing manager	8	Moderate
P25	35	Female	Marketing manager	9	Moderate
P26	37	Female	Marketing manager	11	Moderate
P27	39	Female	Marketing manager	13	Moderate
P28	41	Female	Marketing manager	15	Moderate
P29	28	Female	Marketing manager	5	Moderate
P30	30	Female	Marketing manager	6	Moderate
P31	32	Female	Marketing manager	7	Moderate
P32	34	Female	Marketing manager	8	Moderate
P33	36	Female	Marketing manager	9	Moderate
P34	38	Female	Marketing manager	11	Moderate
P35	40	Female	Marketing manager	13	Moderate
P36	26	Female	Marketing manager	4	Moderate
P37	28	Female	Marketing manager	5	Moderate
P38	30	Female	Marketing manager	6	Moderate
P39	32	Female	Marketing manager	7	Moderate
P40	34	Female	Marketing manager	8	Moderate
P41	36	Female	Marketing manager	9	Moderate
P42	38	Female	Marketing manager	11	Moderate
P43	40	Female	Marketing manager	13	Moderate
P44	27	Female	Marketing manager	4	Moderate
P45	29	Female	Marketing manager	5	Moderate
P46	31	Female	Marketing manager	6	Moderate
P47	33	Female	Marketing manager	7	Moderate
P48	35	Female	Marketing manager	8	Moderate
P49	37	Female	Marketing manager	9	Moderate
P50	39	Female	Marketing manager	11	Moderate
P51	41	Female	Marketing manager	13	Moderate
P52	26	Female	Marketing manager	4	Moderate
P53	28	Female	Marketing manager	5	Moderate
P54	30	Female	Marketing manager	6	Moderate
P55	32	Female	Marketing manager	7	Moderate
P56	34	Female	Marketing manager	8	Moderate
P57	36	Female	Marketing manager	9	Moderate
P58	38	Female	Marketing manager	11	Moderate
P59	40	Female	Marketing manager	13	Moderate
P60	27	Female	Marketing manager	4	Moderate
P61	29	Female	Marketing manager	5	Moderate
P62	31	Female	Marketing manager	6	Moderate
P63	33	Female	Marketing manager	7	Moderate
P64	35	Female	Marketing manager	8	Moderate
P65	37	Female	Marketing manager	9	Moderate
P66	39	Female	Marketing manager	11	Moderate
P67	41	Female	Marketing manager	13	Moderate
P68	26	Female	Marketing manager	4	Moderate
P69	28	Female	Marketing manager	5	Moderate
P70	30	Female	Marketing manager	6	Moderate
P71	32	Female	Marketing manager	7	Moderate
P72	34	Female	Marketing manager	8	Moderate
P73	36	Female	Marketing manager	9	Moderate
P74	38	Female	Marketing manager	11	Moderate
P75	40	Female	Marketing manager	13	Moderate
P76	27	Female	Marketing manager	4	Moderate
P77	29	Female	Marketing manager	5	Moderate
P78	31	Female	Marketing manager	6	Moderate
P79	33	Female	Marketing manager	7	Moderate
P80	35	Female	Marketing manager	8	Moderate
P81	37	Female	Marketing manager	9	Moderate
P82	39	Female	Marketing manager	11	Moderate
P83	41	Female	Marketing manager	13	Moderate
P84	26	Female	Marketing manager	4	Moderate
P85	28	Female	Marketing manager	5	Moderate
P86	30	Female	Marketing manager	6	Moderate
P87	32	Female	Marketing manager	7	Moderate
P88	34	Female	Marketing manager	8	Moderate
P89	36	Female	Marketing manager	9	Moderate
P90	38	Female	Marketing manager	11	Moderate
P91	40	Female	Marketing manager	13	Moderate
P92	27	Female	Marketing manager	4	Moderate
P93	29	Female	Marketing manager	5	Moderate
P94	31	Female	Marketing manager	6	Moderate
P95	33	Female	Marketing manager	7	Moderate
P96	35	Female	Marketing manager	8	Moderate
P97	37	Female	Marketing manager	9	Moderate
P98	39	Female	Marketing manager	11	Moderate
P99	41	Female	Marketing manager	13	Moderate
P100	26	Female	Marketing manager	4	Moderate

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## 1) Asthma as generative of ‘dys-ease’



- Leder (1990): in ‘normal’, healthy state, mundane, taken-for-granted experience of the body marked by ‘ease’- lack of self-reflection & self-awareness
- Body as ‘backgrounded’, ‘absent’; not focus of intentionality; thus ‘disappears’
- When everyday bodily routines interrupted - e.g. illness, pain, injury, intense sensation
- Body breaks into consciousness; thus ‘dys-appears’
- So, asthma body dys-appears when breathing becomes difficult - self-conscious awareness of being a body in the world

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- For those suffering more severe asthma attacks, unpredictability & onslaught of asthma upon the body generated feelings of panic, Heideggerian (2005) ‘thrownness’, of being ‘caught out’ by one’s own body, reliant upon inhaler:

• *It just feels like I can't, I can't get the air in... and that's the main uncomfortableness of it. But then it's like the panic side of things as well, is that I'm not getting the air in at the moment. I can't sort of get enough air [laughs] to make me feel good. You know when you feel satisfied and you have a deep breath, I can't sort of get that... and that's what makes me feel uncomfortable and then it's obviously like, oh god, I'm not breathing. This isn't working, that yeah that, mainly physiological but it's also shit, panic, the panic side. (Lucy, 20s, swimmer)*



• *... panicky [...] not very nice... your chest just doesn't get, bring in the air in... so... um... it's a bit scary... but then you take your blue inhaler and it's alright. (Jane, 80s, former ballet dancer)*

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## Somatic learning & control



- With benefit of lived experience & developed attunement to body's reactions to EIB, some participants learned to expect & predict (to some extent) somatic reactions, engendering feelings of being more in control:
- *I'd start the run and within 5 minutes, I'd notice that my breathing's a bit restricted, but after about half an hour and 25 minutes, it goes away...* (Betty, 30s, marathon runner)
- *I can think of [when] asthma was a real nightmare. Loads of times, when I've been running with X, and going whoa, I'm really wheezing here at the end... I'd be going [heavy wheezing noises] and waiting for it to calm down, but knowing that that's what you do... we're both struggling hard, trying to beat each other ... lungs burst, legs burstin', everything's burstin'...* (Nick, 30s, runner, martial artist)

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## Patient & practitioner co-working

- They are really motivated the ones I have come across, they manage themselves so well because they are dedicated to training they know their bodies, they listen to their bodies so they are the best managed ones. (Nurse practitioner)
- I think that's where your treatment plan comes in, because if you can devise your treatment plan with your patient you have got them on board, they are fully aware then what to do and when to do it. You are giving them the control with the right information and education to go and be independent which is what we are trying to promote. And a normal lifestyle. (Nurse practitioner)

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## Why sociological phenomenology?

- ✓ Extends/challenges conceptualisation of 'object body' (*Körper*) of much biomedical science – acknowledges 'subject body', the lived body (*Leib*)
- ✓ Important for healthcare professionals, coaches, *et al.* involved in support of athletes/sportspeople to listen to, respect, seek to understand the 'insider' perspective
- ✓ Sportspeople have often developed high degree of attunement to somatic signals
- ✓ Treatment plan as co-production between patient and healthcare professional
- ✓ Implications for better, tailored treatment modalities & programmes – potential for enhanced adherence over longer time-frame

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## Bibliography

- Allen-Collinson, J. (2009) Sporting embodiment: sports studies and the (continuing) promise of phenomenology, *Qualitative Research in Sport and Exercise*, 1 (3): 279-296.
- Allen-Collinson, J. (2011a) Intention and epoché in tension: autophenomenography, bracketing and a novel approach to researching sporting embodiment, *Qualitative Research in Sport, Exercise & Health*, 3 (1): 48-62.
- Allen-Collinson, J. (2011b) Feminist phenomenology and the woman in the running body, *Sport, Ethics & Philosophy*, 5 (3): 287-302.
- Allen-Collinson, J. and Leledaki, A. (2014) Sensing the outdoors: a visual and haptic phenomenology of outdoor exercise embodiment, *Leisure Studies*. Online early. At: <http://www.tandfonline.com/doi/abs/10.1080/02614367.2014.922499>
- Allen-Collinson, J. and Owton, H. (2014) Take a deep breath: asthma, sporting embodiment, the senses, and 'auditory work', *International Review for the Sociology of Sport*, 49 (5): 592-608. <http://irs.sagepub.com/content/early/2012/11/04/1012690212463918>
- Hockey, J. and Allen-Collinson, J. (2007) Grasping the Phenomenology of Sporting Bodies. *International Review for the Sociology of Sport* 42(2): 115-131.
- Leder, D. (1990) *The Absent Body*. Chicago: University of Chicago.
- Owton, H. and Allen-Collinson, J. (2014) Conformers, contesters, and creators: vignettes of asthma identities and sporting embodiment, *International Review for the Sociology of Sport*. Online early.
- Owton, H., Allen-Collinson, J. and Siriwardena, A. N. (2015) Using a narrative approach in clinical practice to facilitate change in asthma patients, *Chest*. Online early: <http://journal.publications.chestnet.org/article.aspx?articleid=2210009>
- Synnott, A. (1993) *The Body Social: Symbolism, Self and Society*. London: Routledge.

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