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***BREATHING BATTLES AND SENSORY EMBODIMENT  
IN SPORTS AND PHYSICAL CULTURES***

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Within the sociology of sport, phenomenologically inspired perspectives on sensory embodiment have emerged in recent years. This corpus includes investigations into the senses in water-based sports such as scuba diving (Merchant, 2011), performance swimming (Allen-Collinson et al., 2021; McNarry et al., 2021) and in land-based sports such as distance running (Allen-Collinson et al., 2018, 2021; Allen-Collinson & Jackman, 2022), and cycling (Hammer, 2015; Spinney, 2006). In this article, I draw upon phenomenological sociology (Allen-Collinson, 2009) and ‘sensory work’, to investigate the experience of asthma in sports participants. Currently, despite the prevalence of asthma globally, there remains a lack of in-depth research on actual experiences of coping with asthma and ‘breathing battles’ in sporting contexts. Here, I draw on data from two linked research projects: a collaborative autoethnography and an interview-based study<sup>1</sup>, which generated findings that highlighted sensory aspects relating to the lived experience of asthma and sporting embodiment.

As Netuveli and colleagues (2007) note, the word asthma has a long history, deriving from a term used in Ancient Greece. By the first century CE it was used to describe a state of laboured, rapid breathing. Nowadays characterised as a breathing disorder, asthma’s myriad symptoms include coughing, wheezing, tightness of the chest and pathological breathlessness (McArdle & al., 2007). Inflammation of the airways deleteriously affects both inhalation and exhalation, reducing pulmonary ventilation. Exercise-induced bronchoconstriction (EIB) is found in around 80%-90% of asthmatics (McArdle & al., 2007). Despite asthma’s prevalence, there remains a relative lack of research on asthma experiences and sporting embodiment (Owton & Allen-Collinson, 2016). This perspective is crucial in complementing and/or challenging ‘objective’ biomedical models of asthma, which often fail to consider the lived experience of patients. The projects on which this article is based help address this research lacuna. Furthermore, and in response to calls (e.g. Sparkes, 2009) to undertake qualitative research into the complexities of lived sensory experience, the article considers the sensory dimension of asthma experiences in sport. To this end, I first provide a brief overview of the theoretical framework of phenomenological sociology as applicable to sports. The research projects are then delineated, from which two salient themes emerged: 1) breathing battles and asthmatic ‘dys-ease’; 2) developing sensory attunement.

## PHENOMENOLOGICAL SOCIOLOGY

Originating in the philosophical oeuvre of Husserl (1970), modern phenomenology spans a range of theoretical and methodological traditions. Derived from the Greek root *phōs* (light), *phainomenon* connotes that which is placed in the light. Phenomenology is the study of things as they present themselves to us and are perceived in consciousness (Husserl, 1970). It requires us temporarily to bracket, or stand aside from, our everyday, taken-for-granted understandings and experiences, termed in phenomenology the ‘natural attitude’. To adopt the ‘phenomenological attitude’ requires engagement in the *epochē*: the temporary suspension of the natural attitude, so as to question our ‘hitherto existing convictions, which forbids in advance any judgmental use of them, forbids taking any position as to their validity or invalidity’ (Husserl, 1970: 76).

Germane to sport sociology is the focus of existential phenomenologists, such as Merleau-Ponty (2001), on the ‘lived body’ (le corps-propre) of our everyday experience. This body links mind-body-world in an indissoluble relationship: ‘Our own body is in the world as the heart is in the organism’ (Merleau-Ponty, 2001: 203). So fundamental is this body-mind-world nexus that in his later work Merleau-Ponty (1969) employs the term *chair* (flesh) to

convey the continuity of body and world, forming part of the same fabric or tissue. Merleau-Pontian existential-phenomenological insights have proved fruitful in investigating sporting embodiment, in: distance running (Allen-Collinson et al., 2019a; Bluhm & Ravn, 2021), parkour (Aggerholm & Larsen, 2017), and mountaineering (Allen-Collinson et al., 2019b) to give some examples. Straying from its traditional phenomenological roots, ‘sociologised’ phenomenology (Allen-Collinson, 2009) acknowledges the considerable influence of social-structural factors upon human existence and experience. This form of phenomenology offers rich opportunities for investigating the socially situated nature of human embodiment, including specificities of gender, age, ethnicity, social class, and degree of dis/ability. It also provides a potent theoretical perspective through which to explore the sensorium in sports.

### **THE SENSUOUS SPORTING BODY**

Since the early 2000s we have witnessed something of a ‘sensorial revolution’ (Howes, 2006) in the social sciences (e.g. Bull et al. 2006; Hockey & Allen-Collinson, 2007; Paterson, 2007; Vannini et al. 2011). This corpus explores how the senses work as both shapers and bearers of culture (Chau, 2008) in that social actors engage in ‘sensory work’ requiring sensory production as well as interpretation (Allen-Collinson et al., 2019b). The synaesthetic, or multi-sensorial, is also apposite, for singular sensory modality is rarely experienced (Merleau-Ponty, 2001). Such sensory synthesis emerged clearly from recent research projects on asthma experiences in sports, particularly with regard to hearing and interoception (inward-focused perception of the viscera and internal spaces of the body). This resonates with Leder’s (1990) phenomenological notion of the ‘disappearing body’; a body that is not usually brought to the conscious mind during everyday life, for example in the operation of internal organs and corporeal processes such as respiration. Leder (1990: 90) contends that when normal, everyday bodily routines are interrupted, as for example when we are injured, ill or in pain, then the body erupts into consciousness and ‘dys-appears’ (dys signifying bad, abnormal) to us.

Currently, the auditory dimension of sporting embodiment remains relatively under-explored and under-theorised (Hockey & Allen-Collinson, 2007; Powis, 2019) despite sound often being so integral to sporting experience. ‘Auditory work’ forms a key component in what Vannini et al. (2010) describe as ‘somatic work’, and the ways we go about making sense of sensory experience, situated within a social-cultural framework. From the research described below, auditory work, particularly in relation to respiratory challenges, emerged as central to experiences of asthma in sporting contexts.

### **THE RESEARCH**

The findings portrayed below derive from two qualitative research projects: Study 1 comprised a collaborative autoethnographic study, undertaken with Dr John Hockey (a co-runner), and an autophenomenographic project. Study 2 was an interview-based study undertaken with a co-researcher, Dr Helen Owton, focusing upon asthma experiences in sport. Regarding Study 1, autoethnography is now a well-recognised approach in sports studies, but for those unfamiliar with autophenomenography, this is an approach bearing similarities to autoethnography, but drawing on phenomenological perspectives. These latter are employed to investigate a researcher’s own lived experience of a phenomenon, in contrast to examining a researcher’s experiences *qua* member of a social group, as would be the case in autoethnography. Whilst Study 1 did not focus specifically upon asthma in distance running,

as I myself suffer from mild asthma, experiences of breathing difficulties nevertheless featured strongly in the data.

Study 2 focused upon the experiences of 14 non-élite sports participants, all of whom had been diagnosed with asthma, ranging in degree of severity. For some participants, asthma did not affect sports participation and performance to any great degree, whereas for others, the severity of their condition had at times required emergency hospital treatment. Key sampling criteria spanned: a) receipt of a medical diagnosis of asthma; b) receiving medical treatment for asthma; c) being an active sportsperson or recently retired sportsperson. Of the 14 participants, 10 were active sportspeople (six women/four men), and four were former sportspeople diagnosed with late onset asthma (two women/two men). From both projects, we identified that auditory work formed a key structure of participants' asthma experiences within sporting contexts.

#### **BREATHING BATTLES AND ASTHMATIC 'DYS-EASE'**

When performing well in sporting and physical-cultural contexts, we often experience rhythmic respiration, and a feeling of bodily ease, resonating with Leder's (1990) phenomenological conceptualisation of the 'absent body', a body at ease with itself and surroundings, which 'disappears' from the forefront of consciousness. Thus, when we are in such a state of bodily disappearance, our natural attitude toward the body is often marked by a lack of intentionality and direct reflection. Our body is unobtrusively 'backgrounded' in consciousness. When this bodily ease is disrupted, however, the body can erupt into consciousness; it 'dys-appears' (Leder, 1990: 90) and becomes thematised as an object of our intentionality. For those with asthma, such disruption is encountered during times of respiratory struggle, as Becker (1999: 12) notes: 'People usually breathe without thinking, but when breathing becomes difficult, they become self-consciously aware of their bodies, that is, of being a body'. Such breathing-body consciousness was apparent in the autophenomenographic data, as a fieldnote testifies:

It's bright after the early rain, but a humid June day, and the heavy, pollen-thick air sticks to my throat; it feels as though only a third of my lungs can fill with air, even taking the air down my throat is difficult. Rib cage expands heavily with the effort of sucking in the humid air. Brief respite with the light, clean-cut pungency of pine tree and evergreen hedge, before I am accosted by the drowsy richness of dark, rain-sodden roses as I run past neatly trimmed gardens on the edge of the park. Chest heavy and labouring with the effort to breathe in, and even more with the effort to breathe out... even my sports bra feels heavy, digging into my heaving ribs as I ascend the slight slope (Study 1)

Since my 40s, and after many years of carefully strengthening running-lungs and deliberately seeking to wean myself off medication, my asthma is generally experienced as mild, only rarely becoming severe enough for me to require a broncho-dilating inhaler, for example when high levels of air pollution are encountered. Such an instance is described in the following field notes from the autoethnographic study; the first field note is my own, and the second provides a corresponding field note from my partner and co-researcher:

We're down in Newport (industrial town in South Wales) for the weekend and have opted to run around the edges of the parkland to maximise the Tredegar 'loop'. As we approach the far side, however, I start to feel under attack from the

heat, noise and sickening fumes of the motorway, even though it's still some way off. It starts as usual with the 'clavicle clutch' as I feel my chest begin to heave and constrict and labour at sucking in the foul, heavy, grey air. I've got my Ventolin (inhaler) stuffed in a pocket, but contemplate using it only as a last resort – it's a kind of body-failure where I've lost the breathing battle...  
(Study 1: Jacquelyn)

I could see (and hear!) that J was having a difficult time this evening in Newport. Her asthma has been pretty good of late and she no longer routinely takes her Becotide or Ventolin (inhaler) unless the air is really polluted. But this evening was hot and humid and Tredegar Park is surrounded by heavy motorway and main road traffic – you can almost see the dust from it drift across the playing fields. I know the park much better than she does, so can find a route that takes us a bit away from the worst pollution. Could hear her struggling to breathe, that kind of wheezy, rattly sound always makes me anxious; she's a bit of a head-banger at times too, stubbornly refuses to take an inhaler unless it's so bad she really can't run properly. Seems daft to me. (Study 1: John)

For those participants interviewed in Study 2, who suffered from more severe forms of asthma, intense feelings of suffocation and being unable to breathe, or to ensure sufficient flow of air into the lungs, generated a state of panic and lack of control. Lucy, for example, a swimmer in her 20s, described the panic and 'dys-ease' (Leder, 1990) she felt when suffering an asthma attack: "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 » (Study 2, Lucy)

Carel (2018) similarly describes how such pathological breathlessness 'paralyses' people with respiratory disease, and how the world closes in, nothing else being present except the terrible need to breathe, to get air in and out, and to regain control over the panic. For participants in our study whose asthma was to some degree controlled by medication, the use of a 'reliever' bronchodilator inhaler provided a key means of controlling such breathlessness and panic:

But there's two things really: there's the tight chest where you're kind of short of breath or a bit wheezy and then there's the other extreme where you literally can't get any air into your lungs. That's happened twice now at night - as you're waking up, you realise you can't breathe and it's horrible as you wake up, 'Oh God, I can't breathe' and I panic. It's a bit scary, but I get my inhaler and take that and I kind of go back to normal. (Study 2, Esta)

The above sections demonstrate how breathing battles thrust the body from a backgrounded position to the forefront of consciousness as an object of our intentionality. The following section turns toward the role of sensory learning, particularly the development of auditory and interoceptive attunement in those with asthma, as they learn to listen to their breathing body.

#### **DEVELOPING SENSORY ATTUNEMENT**

Becker (1999: 12-13) vividly captures the importance of sensory attunement to the body in those with asthma, noting how we/they: 'perennially "listen" to their bodies, anticipating as well as monitoring the symptoms of the illness, wheezing or shortness of breath'. This 'deep listening' has also been explored more generally by Bull and Back (2003), who portray how

such listening requires detailed, analytic, auditory attention, and an attunement to the nuanced and multiple layers of meaning enfolded in sound. Data from both of the research projects described above demonstrate how sometimes highly refined distinctions were made by participants in portraying auditory attunement and ‘deep listening’ to their asthmatic sporting bodies.

Commensurate with Merleau-Ponty’s (2001) portrayal of the synaesthetic, or multi-sensorial, and his argument that singular sensory modality is rare, such sensory synthesis was also evident. Auditory perception was employed in conjunction with interoception so that participants often, gradually over time and experience, became attuned to feelings in the viscera and the internal spaces of the body, particularly their lungs, bronchi and trachea. As Shilling (2017) highlights, there is a need for sociologists to explore the ways in which embodied consciousness is learnt and re-learnt within occupational, sporting and other contexts. Data analysis revealed how participants (and I) learnt how to engage in corporeal attunement in order to detect and ‘feel’ sometimes small, nuanced changes in the body, which signaled an impending breathing battle:

After all the years [of having asthma] I can by now detect the exact moment that signals when my breathing will tip into wheezing and asthma – or rather to be more precise, the exact exhalation. There is something about the quality of that outward breath that alerts me to an imminent bout, a tightening of throat and upper thorax, a tight squeak on exhalation, and I know at that point I have to act, before I’m plunged into dark struggles... I’ve learnt how to steady my breath, to drop the pace, just fractionally, to think calm, breathe blue-sky, try and reduce the friction in my intake of breath and relax the small, depressed area between my clavicles. (Study 1)

Such bodily awareness and somatic learning (Allen-Collinson & Jackman, 2022) resonate with Morley’s (2001) phenomenological study of yoga practice and breathing. This analyses how, *via* yoga postures and breathing, practitioners develop a sense of their own heart valves and lung cavities, enabling them to assert a degree of control over what are usually deemed involuntary body processes. Analogously, developing attentiveness to respiration states was noted in sports participants with asthma, who also reported making conscious efforts to relax and keep calm in order to regain some feeling of bodily control. Lucy, for example, described using self-talk and imagery to normalise her breathing:

I imagine myself breathing freely... I say to myself, you'll be fine if you just relax. Yeah, just talking to myself... calm down and then I sort of imagine myself, from an external point of view, taking in a deep breath and slowing releasing it... helps me get back into the normal pattern of breathing. (Study 2, Lucy)

Via such somatic learning, participants developed bodily knowledge, allowing them to anticipate their reactions to certain situations and to be able to control their breathing, at least to some extent. There were, however, limits to the control of asthma symptoms; the highly contingent nature of asthma and its unpredictability also became apparent, as a field note testifies:

It was one of those frustrating runs tonight, never quite got into stride or into breathing. Sometimes whole training sessions are like that, I’m perennially on the edge of falling into wheezing and pitching into asthma. Normally after 10 or may

be 15 minutes, I can feel my windpipe begin to clear, I can identify the few breaths where there's a clear, clean inhalation and exhalation, it's a 'pure' moment, lovely... relief. Sometimes though, you manage to clear the airways once, breathe easy, and then later on in the same training session the tight breathing starts up again, sometimes when you put in a bit of speed or hill work, but other times for no apparent reason, you just never know. (Study 1)

It should be emphasized, therefore, that the unpredictability of asthma means there are limits to the degree of bodily control achievable, even for those with long experience of its symptoms and challenges, for asthma always harbours the potential to plunge us into 'thrownness' (Heidegger, 2005), out of our bodily control.

## CONCLUSION

Using insights derived from phenomenological sociology, this article has explored asthma experiences and sporting embodiment, from the perspective of those actually engaged in coping with asthma and 'breathing battles' in sport. As Carel (2018) so evocatively portrays, there is a considerable gap between physiological disease and how it is lived by people. Findings from the two research projects illustrated how participants actually experience and 'live' asthma as 'dys-ease' (Leder, 1990), and how some manage to develop sensory attunement via somatic learning, in order to control, to some extent, their breathlessness and breathing. The data provide testimony to participants' sometimes dangerous and frightening corporeal engagement with being-in-the-asthma-world.

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<sup>1</sup> Co-researchers, particularly [Dr Helen Owton](#), have kindly given permission for shared data to be used.

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