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Article

# A Turning Point as an Opportunity to (Re)Think and Give a Voice to One's Own Body

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**Abstract:** This article explores the intersectionalities of masculinity, fatherhood, and physical activity in relation to a Physical Education teacher who has been diagnosed with an illness. In so doing, we draw on autobiographical narratives to delve into how embodied subjectivities are constructed to advance knowledge on a new embodied way of being a man and a PE teacher that can be accepted and embraced. The results are organised into three main themes: (1) narratives of continuation: the “before” of chronic illness; (2) narratives of disruption: back pain and temporary physical disability; and (3) restitution narratives: damn it, now that I am a father. The results suggest that narratives such as those presented in this article contribute to the continuously changing process of life projects and that illness can assist in redefining and reconstituting the persona of a PE teacher.

**Keywords:** illness; embodied disruption; masculinity; fatherhood; Physical Education; narratives; Frank

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Stories are made of air but leave their mark [1] (p. 43).

## 1. Introduction

Illness (and masculinity) is not understood, experienced, or lived in the same way by all men. This is particularly significant in situations in which the body, which is often an “absent presence” [2], becomes a focus of daily life during physical activity. In this study, we present the intersectionalities of three contexts, which are of particular relevance to (re)thinking and reflecting on our embodiment. These contexts are masculinity, fatherhood, and the job of a Physical Education (PE) teacher. In this sense, I (Gustavo) (re)think my professional and embodied subjectivity, and my masculinity, in relation to my almost 41 years of age after being diagnosed with an illness that affects my back.

I am experiencing a disruption in my “body project” [3], which has made me change some of my embodied actions and made me feel further away from the desired sportive masculinity [4] and the expected paternity role. To illustrate this, we present some autobiographical moments selected from various stages of Gustavo’s life to explore different experiences related to the concepts of motor (in)ability, masculinity, and illness [5]. Therefore, we aim to delve into Gustavo’s subjectivity so readers can relate (or not) to Gustavo’s experiences. As Frank puts it, no one can abandon the hope of “saying something useful and interesting that leads people to imagine different possibilities for how their lives are formed and informed” [6] (p. 18). To tell this story is to understand that we tell stories not only *about* our bodies, but mainly *from* and *through* our bodies [7]. Thus, the body is from this perspective the cause, subject, and instrument of any story.

There have been some recent studies that have considered masculinity, sport identity, and health attitudes [8]. For example, Gough and Robertson concluded that hegemonic masculinity has a negative impact on behaviours related to health [9]. However, other authors have suggested that hegemonic masculinity is not related to unhealthy behaviours and, therefore, its negative impact on health

behaviours is not straightforward [10,11]. Significantly, there is a lack of research investigating the intersectionalities of these health-related behaviours, masculinity, fatherhood, embodiment, and PE professionals, particularly after the diagnosis of a chronic illness. The work of Andrew Sparkes, however, is of particular relevance in this regard [12,13]. Sparkes analysed his own spinal cord injury and he is one of the first to use autobiographical narratives in the field of sport and physical activity [12]. Lately, there has been further research in this area. For example, Pipkin investigated injured athletes and claimed that autobiographies do not emphasise the accuracy of facts, but rather the meanings and feelings when athletes tell their stories [14]. The experience of illness was also the focus of attention for Stewart, Smith, and Sparkes [15]. In their research, they investigated the illness experiences of 12 athletes, and how these experiences influenced the body–individual relationship through time.

The purpose of this article is to explore the narratives related to the embodiment, health, and masculinity of a PE teacher, a father, and a sports person, using an autobiographical approach. Narratives act on, in, and for people, and may disseminate research-based knowledge in accessible and meaningful ways [16,17]. In this sense, with this article, we want to contribute to the pedagogy of suffering [6], that is, what the ill person has to teach to the self and society.

### *A Sociological Approach to Health, Illness, and Embodied Narratives*

According to Frank, cultural narratives influence our meanings and knowledge of health, and they condition our behaviours [1]. Storying—that is, the construction of narratives [18]—represents the “primary way through which humans organize their experiences into temporally meaningful episodes” [19] (p. 200). In this process of telling stories about trauma, such as illness, people aim to tell the truth. However, as Coetzee questions, how can we write honestly about unique experiences without feeling uncomfortable and without segregating others [20]? “[S]tories often shape, rather than simply reflect, human conduct” [1] (p. 22).

Illness is not just a physical condition; it is also a spiritual issue, which requires people to find a path to follow in the perpetual shadow of illness, to live with the companionship of illness [1,21]. Illness “just appears” and significantly transforms a life project which has been previously organised according to personal, professional, and body competences, which are then diminished because of the illness. Sparkes and Smith suggest that the masculine body is often the way than men self-identify and how they are defined by others [22]. Thus, illness is a threat to their subjectivities, body image, social and personal relationships, and daily practices. The body and embodied experiences become centre-stage when there is pain or illness. These illnesses, associated with unpleasant experiences and disruptions to lifestyles, paralyse us and change our perspectives and priorities in life.

One of the pioneers in the sociology of illness is Arthur Frank [6,21]. He claims that reflection on one’s own narrative preferences and discomfort is a moral problem because, in both listening to others and telling our own stories, we become who we are. In this way, to think through stories is to experience how they affect our own life and to attempt to find some degree of truth in our lives. As Frank suggests, the main point of thinking with stories “is not to move on once the story has been heard, but to continue to live in the story, *becoming* in it, reflecting on who one is becoming, and gradually modifying the story” [6] (p. 159, emphasis in the original).

Scholars in the sociology of health and illness have explained the work it takes to come to terms with one’s chronic illness, describing it as “biographical disruption”, “loss of self”, and “trajectory work” [23,24]. The disruption of traumatic injury and disability affects one’s sense of being-in-the-world, that is, one’s social, personal, existential, and relational ways of being [23]. As Frank asserts, “[i]llness is about learning to live with lost control” [6] (p. 30). People do not choose their bodies, but they are responsible for them and they choose how to manage that responsibility.

Frank identified three types of narratives related to illness: restitution narratives, chaos narratives, and quest narratives [6]. Each type of narrative has its own general argument, with some specific characteristics and tensions. Restitution narratives are the most common ones in Western(ised) societies and support the argument that the body is “fixable”—that is, the current state of the body is temporary

and, like a machine, it can be repaired. Some well-known metaphors, such as “as good as new”, are the core of restitution narratives [6]. Chaos narratives are the opposite of restitution narratives, as they argue that life—and, as a consequence, health—never gets better. These narratives are chaotic in the sense that there is no narrative order and no script. They are often dominated by the contingencies of life; a life which is usually characterised by a lack of order, threats and anguish. Quest narratives face the suffering, accept illnesses, and try to take advantage of them. Illness, from this perspective, is the departure point of a search, a challenge, and an invitation to embrace other ways of being. Illness is, therefore, something that you can make the most of.

Illness narratives are usually told under conditions of exhaustion, uncertainty, pain, and fear, all of which contributes to a “narrative wreck” [25]. Narrative wreckage involves a sense of loss of temporality, as the conventional expectation of narratives is that they are focused on a past that leads to a present, which will turn into a desirable future. However, illness stories break that logic, as the present does not match what was anticipated in the past, and the future is uncertain and frightening. Disease interrupts a life; thus, illness means living with perpetual interruption, as anyone who is sick desires to be healthy again [6]. In this sense, contemporary culture considers health “the normal condition”, which people have to return to. Even though the body breaks down, it needs to be repaired, and restitution stories imply this. Restitution stories say, “I’m fine but my body is sick, and it will be fixed soon” [6] (p. 86).

One type of medical restitution narrative is drawn from dominant cultural norms of masculinity, whereby disability constitutes a form of adversity to be dramatically and heroically overcome [22]. These stories celebrate the heroically masculine individual who has fought and won the battle with disability. Sparkes and Smith argue that the masculine hero narrative creates a compelling but mostly unattainable image for people to live up to [16,22]. Furthermore, failure to live up to masculine ideals may lead newly disabled men to feel uncomfortable, embarrassed, or ashamed of their new embodiments [23].

The social control that Western medicine exercises on people’s bodies has been widely investigated [21,26]. In this sense, Conrad claims that the most powerful social control is the one that originates from medicine to define particular behaviours, people, and facts [27]. The medicalisation of everyday life has transformed what was considered “normal” into the “pathological”, and medicalised ideologies and therapies have shifted the limits of behaviours and bodies considered “acceptable” [28]. Conrad explains in this regard that medicine, dominant discourses, and surveillance are essential elements in this process [27].

## 2. Materials and Methods

I, Gustavo, used to be a proud father, a son, a teacher, a student, a friend, a partner, a colleague—until this January 17th, when a doctor told me that I had also become an “ill person”. In a few months, I will be 41 years old. My professional career has been developed mainly in the field of teaching, both in primary and secondary education, and also at the university level.

Once I completed my undergraduate degree in PE in 2009, I started preparing for the selection system of public teaching positions in primary schools. I was successful in obtaining a temporary position for the school year 2009/2010, and I simultaneously started my doctoral studies at that time, finishing in 2013. In 2011, I was granted a permanent position as a teacher in a primary school, a job I have been carrying out since then. Since 2011, I have combined my job as a primary school teacher with a part-time lecturer position at a university. Valeria’s role for this article was as a critical friend [29] during the analysis of narratives and the writing process, enabling dialogues about the integration of data with theoretical perspectives and relevant literature.

### 2.1. A Storying Approach

The body is not solely understood from a biological perspective. The body has a primary role in the construction of people’s subjectivities, and in our understandings of the world and projections for the future [7,30]. As Sparkes and Smith claim, “the body is a storyteller, and narratives are

embodied" [29] (p. 47). While there is no single definition of narrative research, a common premise is that our lives are full of stories, and that people constitute themselves in a narrative way. According to Medved and Brockmeier, "people give meaning to their experiences within the flow and continuously changing contexts of a life" [31] (p. 747). In this sense, stories often shape, rather than simply reflect, human conduct [1].

Accordingly, Frank suggests that the narrative habitus consists in embodying stories in such a way that some of them can be listened to immediately and intuitively as belonging to a specific body and way of being [1]. This habitus "is a disposition to hear some stories as those that one ought to listen to, ought to repeat on appropriate occasions, and ought to be guided by" [1] (p. 53). The habitus, therefore, gives meaning to the attraction, indifference, or repulsion of people towards different stories. In so doing, the narrative habitus "is the unchosen force in any choice to be interpellated by a story, and the complementary rejection of the interpellation that other stories would effect if a person were caught up in them" [1] (p. 53). The tendency to feel that specific narratives align with one's own life experiences is influenced by one's culture and sub-cultures. It is therefore important to take all this into account, to be able to understand the diverse and multiple ways in which people live their embodiment, and how they interact and conform with different subjectivities in specific contexts over time [32]. Illness and injuries can have an important effect on understandings of health and other aspects of embodiment, such as the interpretation of feelings, experiences, and perceptions of body changes, which may imply a discontinuity with everyday life [6] and threaten some specific aspects of masculinity [13]. This article employs autobiographical narratives to explore and give meaning to an illness that took place as a consequence of playing sport and doing physical activity. In this way, we use the illness as a tool to reflect on and re-orientate particular conceptions related to embodiment, masculinity, and fatherhood.

Autobiographical narratives also serve as a way to test and understand the experiences of teachers and how they attempt to make sense of them [33,34]. In this sense, autobiographical narratives give meaning to different experiences—in this case, experiences related to embodiment—and they allow us to discover a group of actions and thoughts that can help us to analyse our own lives and the conditions of work production that are an integral part of our subjectivities and our cultures [34].

## 2.2. *Body Journal as a Data Source*

All of the above characterises autobiography as a method that combines the rigour of research with the creativity of a less rigid and more expressionistic style than those usually found in academia; it is also defined by its balance between reflection on the self and reflection on the social and cultural environment where it develops. In this article, we present different moments and experiences in an attempt to lead the reader to empathise with Gustavo's world and history. We hope to be in a position to stimulate people to reflect on their own lives in relation to Gustavo's. To make this possible, we have followed the standards of autobiographical truth [35]. In this sense, the autobiographical accounts intertwine facts (events that are believed to have occurred to Gustavo), facticities (how Gustavo lived and experienced these facts), and fiction (a story which deals with imaginary facts and facticities) [35], while still being faithful to facticities and facts. To that end, all the daily perceptions, experiences and dilemmas experienced by Gustavo throughout the past eight years were registered in handwriting in a logbook that reflects Gustavo's life before and after becoming a father.

In 2014, when Gustavo started teaching a university subject related to the body and the teaching of PE, he commenced writing a "body journal". During the university course, students are asked to reflect on their bodily experiences during their practicum [36,37]. As Gustavo realised that the task would also be beneficial for him, he started his own reflective body journal. In the diary, he registers personal and professional occasions which allow him to reflect upon his life and his body. He discovered that writing the journal assists him to uncover his emotions and (re)think events that happen in his everyday life. Gustavo attempts to keep the writing as honest as possible, even though this often means that it is uncomfortable and difficult. The diary reveals his fears, weaknesses, and life expectations, and helps

him to understand his body at any given time. For this study, we have chosen the excerpts that are most closely related to masculinity, Gustavo's profession as a PE teacher, fatherhood, and the recent diagnosis of a chronic illness. All these aspects of Gustavo's life represent his multiple, changing, and even contradictory subjectivities. The criteria followed to judge the quality and relevance of the narrative excerpts were as follows: Does this work make a significant contribution to our understanding of masculinity, fatherhood, and embodied subjectivity? Is there something to be learned from these accounts? Does it invite dialogue as a space of debate and negotiation? Does it provide an embodied sense of the lived experience with regard to masculinity, fatherhood, and embodied subjectivity?

### 3. Results and Discussion

The results were organised into three themes: (1) narratives of continuation: the "before" of chronic illness; (2) narratives of disruption: back pain and temporary physical disability; and (3) restitution narratives: damn it, now that I am a father.

#### 3.1. Narratives of Continuation: The "Before" of Chronic Illness

I have been going to the gym for a long time. I have spent years working to have a slender and skilful body. Those years represent working out in pain and sacrifice. No pain, no gain after all. I feel my muscles as they pump blood, they get congested, they burn; just one more repetition. I push myself to the limit. Unlike what Springsteen<sup>1</sup> sings, I may not be tougher than the rest . . . but I'm proud of who I am.

It is difficult for me to imagine myself having a body that does not match the physical ideal imposed by the mass media and dominant discourses [38]. In Frank's terms, my body is a combination of the discipline and mirroring body types [6]. Through daily and extensive workout sessions at the gym, I discipline and regiment my body. My body also consumes, as one of my motivations to go to the gym is to achieve what mass and social media shows me is a desirable body. I am consciously influenced by the dominant social values, and my routines are conditioned by them. Mainly through advertising, society builds an ideal body image [39]. I spend money on my body: I feed it, clothe it, and groom it. I wonder what will happen when I grow old. I am aware that aging is something I cannot avoid, an obvious threat that, for now, is still far away. I do not like it when I lose control over my body; I like my body to be predictable.

The ideal of slim, athletic, healthy bodies, and the cult of youth, exert strict control upon my embodied subjectivity, which conditions me as a person, but, importantly, also as a PE teacher:

I know how to train my body in the correct technical way because of my undergraduate studies. During the last few years, I have been stricter regarding my training: I push myself to be on time for my daily appointment at the gym and work out very hard once I'm there. Even though it's an obligation that I set up myself, I really enjoy my time at the gym, as it allows me to distract myself from everyday pressures. This pleasure is also associated with the effort, the intensity of the workout, the humidity of sweat, and the satisfaction of a good workout. I feel the pleasure and the sensuality of my body in each exercise. My body is my trustful companion in the gym, with which I'm rigid and hard, demanding a hard workout, good performance, and attention. The workouts reinforce my self-esteem, particularly given that in my profession physical capital is a huge deal. I always leave the gym with the feeling that I have accomplished my daily duty.

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<sup>1</sup> Springsteen, B. Tougher than the rest. On *Tunnel of Love*. New Jersey: Columbia. 1987.

The emphasis that (pre-service) PE teachers place on their own bodies and the pressure they feel to conform to certain expectations of their professional roles has been well-documented [36,39–42]. The body is the central focus for PE professionals [43,44], and I was no exception. My storying self-constructed narratives of continuity, in which the construction of an “ideal body” for the PE profession was a priority. In doing so, the idea of the “body as project” [3] was the continuity of my storying self. My body was to be disciplined and I was to be relentlessly working on it.

The need and desire to have a presentable body and to be fit is something that motivates me to participate in my PE lessons, together with the fact that I really enjoy that aspect of my job:

We have decided to do a championship in the school involving different sports. Many students participate, and I’m the only participating teacher. I’m truly involved in the activity. I run with the students and sweat. These moments, together with my PE lessons, make my job a very physically demanding one. It’s a requirement that I really enjoy. Besides, if I get involved, students seem to be more motivated to participate. So, it’s pretty common for me to participate in all physical activities during school hours.

The above excerpt reveals that an able body is constructed as an essential and taken-for-granted factor in the professional subjectivity of a PE teacher [45]. Furthermore, the ideal of an “appropriate” body for a PE teacher is often linked with particular age ideals [46]. Having a body that aligns with Western(ised) parameters of beauty and health helps me to fit in as a PE teacher, even if it is just “in appearance”:

I often joke around with university students and tell them that even though I’m twice their age—as they are about 20 years old—I’m fitter and look younger than them. While they are just jokes, I do believe it’s the truth. I’m more physically active than them, and I like the idea of looking young and staying fit.

I saw some friends whom I hadn’t seen for a long time. They all joked around, saying how lean and young I look nowadays. This also happens when I post images on social media. I know that this sounds a bit narcissistic, but those comments comfort me and increase my self-esteem.

The above narratives of continuation demonstrate that I used to have an “unproblematic” body which fitted nicely with the stereotypical ideal of a PE teacher. Even though my body used to be a disciplined and mirroring body, which fitted with particular post-modern Western(ised) aesthetic ideals [47], in the next section we demonstrate how I feel that my body is now far away from that ideal. Distancing myself from those dominant ideals is not easy, particularly because I used to fit in perfectly with those ideals. In this sense, I am falling out of love with myself, with my body; and that means ceasing to consider myself desirable to myself and others [6].

### *3.2. Narratives of Disruption: Back Pain and Temporary Physical Disability*

As with all stories in life, mine just turned around. At the end of 2018 I had to go to the emergency department as I could barely move. It was my back again. After a few relaxing years, without remembering my pain and my incapacity to do daily chores—after all, we only really notice our body when it gets sick—the pain came back. In the beginning, it felt like the same pain as before, something that I was already used to. Every time that I wanted to bend over or stand up, it was so much effort. I didn’t pay much attention at first. I just went to work and tried not to think about it anymore, even though I knew I was going to be annoyed for the next few weeks. Convinced that the pain was going to be just temporary, I just kept on with my normal routine. But after a while, everything got worse and worse. The pain in my back was also reaching my leg, and doctors decided to do an X-ray. I was still convinced that they were not going to see anything that they hadn’t seen before. However, the doctor

told me that I have advanced dorso-lumbar osteoarthritis and several discopathies. That was just with the simple first X-ray.

I was then prescribed some injectable pain killers and was referred to a specialist. It was the specialist who—after analysing the first studies—finally named my condition: polyarticular arthrosis with some degeneration in the intervertebral discs, and some other medical terms that I can't completely understand. (Why does medical language need to be so complex?) He looks a bit stunned and comments: "So young and with this kind of arthrosis?" Since that moment, and maybe also influenced by biomedical discourses, everything sounded more serious and I knew that everything wasn't going to be the same as before. He keeps explaining that besides my scoliosis and arthrosis, I have problems in my intervertebral discs ... I'm a mess! He sends me to have more tests—more X-rays of different parts of my body and an MRI to know the stage of the different injuries. He gave me a few general recommendations to delay the inevitable decrease of my quality of life—not to put on weight and to strengthen my back with physical exercises—and says goodbye until the next visit. What I know for sure is that I'm not keen on that next visit and that I don't feel like knowing the results of the new tests. Hospitals and medical doctors cause me a lot of distress, fear and uncertainty regarding what's next.

Polyarticular arthrosis is defined as joint pain that affects four or more joints simultaneously. This condition is related to the overuse and aging of the joints, which is common in men over 60 years of age. The previous excerpts illustrate how illness threatens the taken-for-grantedness of the body and the ability to complete everyday chores. This threat can be increased by an institution which was originally designed to help people: the hospital. In this sense, fear about your own body is constructed, and also a concern about the next physical tests. This threat shapes an embodied paranoia [6], common in current times, in which the body becomes "the enemy", and the diagnosis an anguish. Furthermore, when a condition is named, it becomes more difficult to experience life as a normal narrative [21], that is, living as normally as possible. The narrative of my body and my body-as-project was disrupted to become a "restitution narrative", that is, "yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" [6] (p. 77). In this sense, when a disease is named, it seems to humanise and objectify the fear:

After my appointment with the doctor, I went straight to look for useful information that could help me to understand the signs and symptoms that were now going to join me for life. I guess it's normal that in this overinformed era in which we live, we want to know about everything that happens so we can derive more meaning from our lives. But I realised that medical discourse can be ambiguous, not that objective and far from my knowledge.

I'm not scared physically, emotionally, or psychologically, and I think I'm not even surprised. Even though I'd have probably preferred to be kept in ignorance and not know the condition, I already knew that my back was not okay. What I did feel was mainly the paradox of having such a healthy lifestyle and, simultaneously, having a condition of the elderly.

My story is different from others, as most people who tell illness stories want to be able to name their diseases [21]. On the contrary, I would have preferred an anonymous condition, to allow me to continue with my normal life, and distance myself from the process of giving explanations, receiving (unsolicited) advice and sympathy from the people who surround me, so I could have forgotten the pain and bury it as if it was a secret.

As Frank and Wellard explained, it is possible for people who are living a similar situation to mine to experience and understand the experience completely differently, according to their own bodies and particular contexts, influenced by age, gender, socioeconomic status, and motor (in)ability, among other factors [6,48]. However, from my position, I can be certain that the relationship that one has with one's own body is not stable and fixed. There are different moments in which we can compromise

and live in very different (and sometimes contradictory) ways. The body can be oppressive, freer, or sometimes something in between [49]. Reaching that balance is often complicated:

I need to go for more medical tests and I'm still waiting for my appointment with the specialist. I was used to my body being something private; now my body is a public object for all doctors, friends, and family members. It's difficult to know what's happening (or what will happen), as there are too many opinions (and sometimes, even contradictory ones). I want to be calm and keep living my life as I have done so far, and for everyone else just to disappear. For me it's important to be okay and feel good. But that's difficult with all the gossiping around. Also, it's difficult to believe that it's an illness for the "elderly". All the specialists who have seen me are surprised when they see the arthrosis in my back. "You are so young for this!" they keep saying when they hear the diagnosis. They are supposed to help me . . . how can they ask such an incorrect question? Or is it that my story doesn't count because it doesn't fit their narrow parameters?

Making the diagnosis public was only useful to have a name for my pain, and to have to listen to advice from other people, which makes it more difficult to keep living a "normal life". I tend to resist the medical discourse and to avoid medicines that only serve to alleviate pain. My distant attitude with the doctors might make them believe that I don't want their medicines; however, I just want them to listen to me and to what I want to do with my own life and with my own body, so we can reach consensus and I can still be "me", and they can still do their jobs.

When illness is linked to the negative stereotype of aging, aging is lived as a stage of loss and personal disenchantment, a stage that is difficult to adapt to, given the changes in the body and the need to adopt a new lifestyle. Furthermore, given the meaning attached to aging, my journey has followed a path of personal distance (i.e., a young adult in a place where he does not belong) and a process of progressive loss of social functions and roles [50]. My narrative map of aging shaped my experiences and this is problematised by being diagnosed as a relatively young man with an older person's illness. In doing so, my "feared future self" [51] confirms that age is something that is accomplished or performed, is something that we "do", and that is constructed in interaction with the context of larger social forces [52]. Physical changes become more apparent on me and I am losing control over my previously disciplined body, and this is also linked to the notion of achievement [51]. That is, the self has failed to achieve all that was hoped for in the intersectionality of my multiple subjectivities. This confirms that how one does age has implications for corporeal existence and embodiment has implications for how one can accomplish age [53].

The presence—or absence—of illness is a key factor in distinguishing elderly people from youth. Mattingly discussed healing dramas and clinical plots, which are co-created between patient and medical doctor as a way of engaging the patient in the rehabilitation process [54]. In this sense, the patient is motivated to work toward clinical ends. There is a recovery imperative imploring patients to work toward returning themselves to a high-functioning norm, maximising their own well-being and minimising their liability to health services [23].

In my recent past, social pressure played a crucial role; socialising agents (mainly the media) encouraged me to change my attitudes, values, and behaviours to conform to a physical ideal [55]. This social pressure, to me, implied the idea that having a toned and athletic body is the basis for masculinity [4,56]. Since the illness appeared, things have changed: I have now distanced myself from that ideal. Getting away from it was not an easy task for someone used to that idea of corporeal excellence, so recently I have felt that I am falling out of love with myself, with my body; and that means ceasing to consider myself desirable to myself and others [6].

I feel lethargic while doing exercises, my muscles tense though slightly trembling, because they begin to show the first signs of fatigue, an omen of fleshy decay. My lungs are swollen and deflate in an attempt to catch my breath, allowing me to continue my exercises for a while longer and, in front of the mirror, I straighten my back and let out a sigh before starting a new series. I place myself in marginal areas; the central areas of the gym seem reserved for those who train intensely. I do not fit into that category anymore. One proof of this is that I am able to smell my deodorant intensely both at the beginning and at the end of the session. My shirt, barely wet with sweat, also warns me that it has been a frugal workout. I associate the touch of a wet shirt with a serious, intense workout, one that makes you think that you have gone to the gym to work, and not to waste your time. And, although my workouts are not as intense or as long-lasting as before, I'm more likely to perceive the consequences of exercise through fatigue and stiffness. Maybe it's a physical confirmation that my body is in a phase of transition between my "fit young body" and my "adult sick body". Can this situation entail a break in the subjectivity of my profession and my body? Does the body become a conflict?

The pain in my back influences my professional subjectivity, making me enjoy my PE teaching profession less and decreasing my motivation. In this sense, it has been suggested that it is important for PE teachers to be healthy, not just to conform with the stereotype of a PE teacher [36] but also to feel comfortable with themselves.

It is common that in my classes I perform some practical exercises and that I participate in the activities together with the students. But now, with my back pain, it's more complicated. Sometimes I can do it with my 6–8-year-old students, mainly because they are easy exercises. But I don't know how the pain and my illness will progress. Generally speaking, I'm a happy and motivated teacher, and I believe that's the image I transmit to my students. However, I noticed myself being tired, depressed, and irritable during the last few days, and I guess I also transmit that to students.

In Spain it is common for a teacher to have physical contact with students [37]. Even though physical contact has become associated with sexual intentions and/or connotations in prevailing social discourses [57], Spain has not yet been influenced by those discourses to a great extent. The trusting environment in the classroom, together with the characteristics of a Latin society [37] naturalises hugs and physical contact between a teacher and their students.

Students run towards me. They hug me and some of them even climb on my back. These are very affective moments to which I always try to respond. But today I couldn't because of the pain in my back. I enter the classroom with fear because I know that when they see me, they will come to grab me, climb on me and hug me. I stop them with my arms and immediately ask them to be careful because I have terrible back pain. They look at me with some disappointment ... today I look more distant. I explain to them, joking, that I'm getting old ... they try to comfort me with nice comments.

While I understand that health and fitness have become an individual responsibility [58–60] and that the desire to have a slim and toned body is greatly influenced by mass/social media [61,62], I cannot totally resist those discourses, particularly given my profession as a PE teacher. The body is not innocent; it is a way to understand and interpret a society that contributes to the perpetuation of specific social patterns [63]. My gym sessions, as demonstrated above, contribute to the discipline of my body [6]. I intend to maintain the predictability of my body and avoid letting my illness limit the quality of life that I have had so far. Physical activity is my ally, as it assists me in dealing with issues that I do not accept. If I lose my motor ability and my physical strength, if my body is too distant from the ideal that I had of a PE teacher's body, if I'm closer to the physical abilities of an elderly person,

how can I keep my physical capital? My professional subjectivity and my self-esteem are based on that physical capital. I need to reassure myself of the predictability of my body and I need to return to my physical exercise regime and to my fit condition.

Soon I forget all the commitments I made to myself. I forget to take care of my back by improving my posture, doing my daily stretches and avoiding lifting heavy objects in the wrong way. As soon as the pain goes away, I forget and the old bad habits return. It seems to be true that the body is an “absent presence”, something that we only pay attention to when it hurts. I wonder what would happen if the back pain stays permanently: is my body going to be an evident presence? I prefer not to know. I kid myself, thinking that tomorrow will be different: “Tomorrow I’ll exercise consciously. I’ll strengthen my muscles and start paying more attention to my health.” I say this every day. But tomorrow ends up being the same as today. And now, on the contrary, hitting the gym requires much more effort. The training session is no longer a pleasurable suffering; now it’s just suffering. It’s an internal fight between my mind that asks me to stop, and my body that asks me to continue. My body still wins the battle, but the mind is getting stronger every day.

The narrative above illustrates how exercise could be both freer and more repressive at the same time [49]. Exercise becomes a wish and an illusion of recovering the physical capacity that has been temporarily lost. The change in how exercise is perceived comes with a change in narrative style—a contra-narrative, which emphasises control and the project of a person who is expecting to “be fixed” and to maintain their independence level [64]. These individual and collective characteristics resonate with the idea of a disciplined body, and the wish to preserve and control the body through self-regulation practices [6]. This is also influenced by the notion of “permanent personhood” [64] (p. 45), which supports the claim that an ideal person is someone who does not age and who avoids the aging process, mortality, and the impermanence of humans.

### 3.3. *Narratives of Restitution: Damn It, Now that I Am a Father*

I have done an obstacle course with my 8-year-old students in which they needed to jump, climb, and balance. While I was demonstrating on the trampoline, I hurt my back. It was a very simple jump, but my body felt it. In the next class I did the same demonstration, but I’ve been more careful now. I’m mindful that my son is only three years old and he still has five more years until he is my students’ age. How am I going to be in five years’ time? It makes me sad to realise that even the simplest movements can now be much more difficult. I feel very incompetent right now.

Since I became a father, that’s how I mainly see and define myself. Before my son was born, I self-identified as a teacher, friend, partner . . . Now, the most important thing is that I’m a father. Actually, I’m not Gustavo on many occasions anymore; now I’m Marcos’ dad. Because of this, achieving my own physical, academic, and working goals is not that important anymore. Now, what is really important is to be available to help my son to accomplish his expectations. Marcos and I have many daily moments to connect with each other. Those moments include bathing him, holding him, playing with him in the park, putting him into bed, tickling him, giving him a ride on my back, hugging him, running, dancing, jumping . . . all of these activities are physical demanding. They require a strong, healthy, and moderately fit body.

I understand that the healthism ideology [60] aligns with consumer culture and individualised responsibilities, including aspects of the health assemblage, which are all key forces affecting the body [36,39]. And, although I try to resist that discourse, it appears that not fulfilling that self-imposed responsibility of being healthy leads me to feel that I am someone who is not fulfilling the expectations of fatherhood or, in relation to my fatherhood, as someone who does not comply with their new fatherhood ideals [65].

Moreover, in our highly visual society, the body plays a leading role, above other personal traits. The panoptic–synoptic system helps us control our body and internalise some of the dominant discourses without even thinking about them [66]. This is what happens when I upload my photos to social networks: I believe that the quantity of likes that I receive will determine the quality of my physical condition and, consequently, whether my body is adapting (or not) to the established standards. It confirms how, within the neoliberal system, the body acts as a tool of social control [38,67]. To adjust to it, during the last twenty years of my life I have been forming some ideas of body ideals, tinged with social and cultural aspects, around which I have configured my personal and professional self [68]. However, until recently, my body was accustomed to being disciplined; it was a body that fit in to a particular post-modern Western aesthetic ideal [47].

One of our physically demanding activities is our swimming class for babies. The two of us, sitting near the edge of the pool, play and splash. I look down and see a fold of fat on my abdomen that, not too long ago, was not there. I grab the fold and I feel bad that it's there. I am aware of how fragile the idea of an appropriate body is. Again, I feel vulnerable. The familiar that, suddenly, becomes strange, is now my body. I feel small, my body shrinks. There are also old bodies that are out of shape around me; perhaps it's a reminder of what may be to come. Being aware that I have an illness—a disease characteristic of the elderly—has some impact on my self-identity and on my body self-esteem. It seems that I still maintain a “socially desirable” body, an appropriate body, but for how long? I do not know. Every time I look at my son, I see the aging in my own body. Also, what I do know is that, since I'm a father, exercising regularly to be healthy is my responsibility. There are plenty of moments in which I feel anxiety, fear, insecurity, and vulnerability. I don't feel competent enough, and if I keep losing autonomy, what is left? If my son didn't exist, then there shouldn't be any problems. I guess I'd just care less and be calmer about what's coming next. But not now. Now I just care about Marcos. I care that he is okay, that I can give him the best life possible and to be available for him. The song by Tracy Chapman<sup>2</sup> comes to mind, which now takes on a new and fundamental meaning for me: “At this point in my life, I've done so many things wrong. I don't know if I can do right. If you put your trust in me I hope, I won't let you down. If you give me a chance, I'll try”.

As I believe it's unfair not to be able-bodied for Marcos, I've just finished a more intense workout. I think I need to do this to maximise my autonomy and my personal independence. Besides, I want to continue exercising at my own pace and to be my own trainer. I don't want to do just a medical-directed exercise session, or a second-hand training session which I haven't prescribed myself. I want to keep choosing and deciding my ways of training. So today I've lifted heavy weights. The sweat, the groaning, the effort and the contracted muscles were back. I notice some pain in my back and hands. I'm concerned, as I don't want to break myself. But it's this or just giving up. Right now, there is no middle path; it is black or white. So, I just kept training, sweating, and groaning. I don't know if tomorrow will be the same or not, but today I feel better about myself. I feel that I achieved the responsibility that I have to my son and to myself.

During the last 20 years of my life I have constructed some body ideals which are undoubtedly influenced by social and cultural norms, and I have shaped my personal and professional subjectivity according to these norms [68]. I am aware of my ableist view at some points, which infers that disabled people can only be 'less' of a father due to their disability. That is, the 'perfect' father must have the 'perfect' body and 'perfect' health. This impacts negatively on the ideals that I would like for Marcos to construct, and on the general conceptions of disabled people, and disabled fathers in particular.

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<sup>2</sup> Chapman, T. At this point in my life. On *New Beginning*. US: Elektra Records. 1995.

Because of my fatherhood, I have experienced some changes in my body that make me (re)think these ideals, and make me reflect on my masculinity linked to my manhood and parenthood.

Having an athletic and healthy body is something that influences my embodied subjectivity and my role as a father and as a PE teacher. My lifestyle and way of being are situated within the dominant healthism discourse and I also feel the obligation to act as a role model to my son and students, to produce healthy and active citizens. In this sense, me, both as a father and as a PE teacher, should be the embodiment and guardian of the symbolic qualities of the healthy body. However, my illness, my fatherhood, and my progress in critical thinking made me more resistant to these dominant discourses, and more conscious of the fragility and vulnerability of my body.

I have been experiencing changes in my body that have caused me to rethink these ideologies and social conditioning related to masculinity. While it has been found that the way masculinities are performed in different Anglo-American countries has shifted in recent years [69], Spain is still a more conservative country in relation to gender roles and masculinity. Therefore, during my youth, and even until today, I experienced more orthodox perspectives of masculinities. However, after my son was born, the diagnosis of my illness, and my ongoing process of aging, I am attempting to move away from orthodox masculinity towards inclusive masculinity [70]. This is a challenge that I face on a daily basis, as I find it difficult to disrupt such traditional gender roles and ideals of masculinity that have been embodied in my subjectivity as a man and PE teacher in Spain. Nevertheless, it is a challenge that I would like to overcome, mainly because of my son, as I wish for him to grow up in a society where multiple forms of masculinity can exist in a horizontal (not stratified) alignment [71].

In terms of my professional subjectivity, I think I have always accomplished the physical expectations of a PE teacher. Being physically available for my students but now not being that able for my son feels extremely unfair. I like to feel that my son is proud of me, even though this sounds like a bit of vanity. As my embodied subjectivity seems to be weaker now, I look for other resources that I can use for that end.

I have been a PE teacher for more than ten years. There have been plenty of kids with whom I have played, run, climbed, jumped, and enjoyed. And now that I have my own son, am I not able to do all that? Besides, Marcos is extremely skilful and enjoys moving a lot, so much that sometimes it's hard for me to keep up with him. I want my body to be pain free to be able to enjoy activities with Marcos. I don't want my body to be a prison; I just want to be available to play and move with him.

Today I've updated my CV. I can see all the awards and recognitions that I have received in all these years of study. It seems that all this time studying, reading, and working has been worthwhile. My effort has allowed me to have an excellent academic subjectivity. This is an effort that allows me to combine my teaching with my part-time job as a university tutor. This, in part, makes up for the decline in my embodied subjectivity.

The emphasis on my academic career has assisted me to put aside a few aspects of my masculinity, to focus on my job as an academic. This job, of course, aligns with a neoliberal educational system, which is influenced by the market [72]. My professional subjectivity is, therefore, reinforced when I recall my academic achievements, which bolster my self-esteem and lessen my current vulnerability in relation to exercise and embodiment.

I have spent almost the whole holiday reading, now that my body is not 100% ready for physical activity. I am trying to work on a few aspects of my persona. In this case, I have chosen my academic career. This is a means to avoid being so irritable all the time, and to reinforce my self-esteem. However, it's quite a paradox that, even though my academic capacity has been superior to the capacity of other colleagues, it doesn't seem to be highly

valued in the context where I work. Motor skills and the aesthetics of the body are “the real deal”. In this profession, mind and body seem to be disconnected and the body is always the most important—as if an athletic body needs to have a sloppy mind and vice versa. It’s complex and difficult to deal with, particularly because the latest research projects that I’ve been working on [36,39] reinforce this idea.

The decline of my body is interwoven with my search for an improved academic career and professional growth. It is perhaps my masculinity together with some sense of competition already existent in the field of PE [42,73,74] and in the university sector [75–77] that makes me willing to improve my career and my research, even more so now that my motor skills are compromised. However, this motivation is not to be better than others or to progress in the higher education system; it is more about reinforcing my self-esteem and considering myself competent in other aspects of my life.

#### 4. Conclusions

As illustrated throughout this article, the body can be lived and understood in different ways. For example, there are times in which the body is source of embarrassment, while there are some other moments in which the body is a source of very intense and passionate emotions. It is within our bodies that all these stories take place. In my particular story, my adult body and father body is not that young anymore, and cannot perform everything that I would like it to do as a father and as a PE teacher. I am someone who would like to keep living his life as before; however, after my illness was named, my life stopped being private and became part of the public domain of medical discourses.

Illness, like other aspects of life, does not have the same meaning in all situations. For example, in some circumstances, illness is completely forgotten, while in others it is the main protagonist. However, it is something that will always join me in my roles as father and PE teacher, roles in which I need to interact with younger people.

The narratives included in this article are narratives told *with* and *through* the body; they are narratives, that require “hearing the body in the speech” [6]. My body is what shapes the stories of my life in particular ways and directions. They are stories that are told through different narratives [6,21]. These are narratives that emerge as a response to life project interruptions, as illness, even though the narrative, *per se*, is an interruption.

The current Western(ised) ideals of the body and the negative meanings associated with aging make it difficult to understand the fragility and transition of my body [36,39]. As there is more than one type of body, there is also more than one narrative about the body [6,21]. Accepting and understanding the communicative body [6], which accepts contingencies and illness as a daily—and even fundamental—part of life, can open possibilities to accept changes in lifestyle and open oneself up to other valid and positive perspectives on one’s persona. However, as demonstrated throughout this article, it is not an easy task. The power of the disciplined body, together with the fear of different possibilities, which interrupt life in the way that we are used to, makes it difficult to be more open to other perspectives. The narratives presented in this article intend to contribute to the transformation of those life projects and to confront the narrative habits generated in the arenas of physical activity and professional life, despite the daily issues within our lives.

Through the moments remembered in Gustavo’s 1 autobiographical accounts, and subsequent reflection, we intended to give voice to the thoughts and concerns related to the embodied professional subjectivity of being a PE teacher and a father in Spain. This allowed Gustavo to re-construct and re-examine his professional subjectivity, making visible his concerns, motivations, and uncertainties, particularly after being diagnosed with a chronic illness. In this sense, we aimed to explore how embodied subjectivities are constructed, to advance knowledge on how a new embodied way of being a man and a PE teacher can be accepted and embraced. In so doing, we intend to open up dialogue about masculinity, fatherhood, and physical activity, in which illness can assist us to redefine and reconstitute the persona of a PE teacher.

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