

Living as a Physical Education Professional with A Herniated Disc: Illness as A Path to Self-Care

Lívia Silveira Duarte Aquino¹, Victor Ferreira do Nascimento², Priscilla Pinto Costa da Silva³, Maria Isabel Brandão de Souza Mendes⁴

^{1,2,3,4}Universidade Federal do Rio Grande do Norte-UFRN

ABSTRACT: The aim of this article is to understand the relationship between physical education professionals' perceptions of illness and their professional practice. This is a qualitative study with a phenomenological approach. We initially frame the professionals' perceptions of the limitations imposed by illness as something that leads to an inability to work, but also as a catalyst for developing self-care practices. Next, we describe and discuss the relationships between these perceptions and professional practice. These relationships involve the need for changes in routine, as well as physical and pedagogical adjustments, in order to continue working in physical education. In this sense, we understand the illness process as intersecting with biological and social dimensions, and as a process which goes beyond the clinical diagnosis of illness, engaging with the construction of how human beings perceive themselves and navigate the world from both personal and professional perspectives. Thus, the phenomenon studied demonstrates its capacity to contribute to the construction of subjectivities and know-how in the field of physical education.

KEYWORDS: Physical education professional; Herniated disc; PerceptionsIllness; Self-care.

I. INTRODUCTION

Illness is a human experience that involves the body, and it is through this body that human connections and constructs are structured (Merleau-Ponty, 2018). Such structures are diverse, and as a result, conceptions of disease and illness vary across societies and throughout human history (Mendes et al., 2014). Therefore, the process of becoming ill is a significant phenomenon that demands attention for both its biological nature and for the human and social experience it entails.

It is important to prioritize a subject's perceptual experience as one of the sources of reflection to understand human phenomena. Thus, bodily experiences and the meanings attributed to them are essential for understanding how subjects interpret and navigate their social systems through coding of the meanings attributed to the world (Le Breton, 2012).

In this sense, illness can be understood as a deviation from what humans normally endure. Canguilhem (2009) points out that it symbolizes a state of disharmony and nature's effort to help humans rediscover their state of harmony. On the other hand, health can be seen as a state or a process of conformity, not only physiological and biomechanical, but also as a state in which human beings are able to find their balance in the face of the adversities imposed by the environment (Gadamer, 2006).

As Canguilhem (2009) explains, if a person loses this balance, an effort to overcome illness will be necessary; it is this movement toward healing that will restore their harmony (Canguilhem, 2009). In the context of this study, connections are established with the considerations of the authors cited above regarding the bodily processes involved in illness and the meanings attributed to them by physical education professionals (PEPs).

We will explore what it means to live with an illness, while also taking into account the biomedical dimension of illness. According to Aquino (2023), the body in the process of becoming ill fosters a self-perception process in ways not previously experienced. The loss of a sense of well-being arises from changes in one's physical capacities and feelings. In light of this, Carel (2021) contributes to reflect on how illness can constitute a path that shapes the construction of subjectivity based on perceptions arising from the experience of illness.

In order to broaden our understanding of the body's experience of illness, we conducted a literature review in the Virtual Health Library (VHL) and the Latin American and Caribbean Health Sciences Literature (LILACS). We used the following search terms: body; illness; physical education teacher; physical educator; and physical education professional. The search revealed a lack of specific discussions on the topic, highlighting the importance of this research for the field of physical education.

Thus, given the gaps in the academic literature, we have focused on the following questions to initiate this investigation and understand the processes of illness: What are the perceptions of the body in the process of becoming ill among physical education

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professionals with herniated discs who work in cities in the interior of Ceará, Brazil, and how might these perceptions relate to their professional experience?

In view of the above, the objective of this article is to understand the relationship between physical education professionals' perceptions of illness and their professional practice. We hope that the insights generated herein will assist those involved, as well as other professionals who experience processes related to illness in redefining their understanding of this experience. This will influence the ways in which they perceive and experience their bodies and relate to health and illness. The enhancement and improvement of professional practice in physical education are essential and urgent issues. This study aims to fill a critical gap on this topic in the field of physical education by seeking to describe how professionals perceive and experience illness.

II. MATERIALS AND METHODS

This study focuses on physical education professionals diagnosed with a herniated disc who work in three municipalities in the state of Ceará, Brazil, and received approval for its conduct from the ethics committee of a Brazilian public university. The study is qualitative in nature and addresses understanding the meanings attributed by the subjects (Moura, 2021) in this specific case to the illness they experienced. The understandings which support the description are based on the narratives and experiences presented by the participants according to their ways of being.

The phenomenological approach proposed by Merleau-Ponty (2018) was chosen to understand how the phenomena of illness and their relationship to work practices are perceived by physical education professionals (PEPs) with herniated discs (HD). According to the author, phenomenology focuses on observing the essences of the phenomena that manifest themselves in human existence. It is a philosophy and a method that examines the world that already exists for someone prior to reflection on or investigation of a phenomenon.

Considering that the world is not an inert object for human beings, but rather symbolizes the context in which they live and from which they construct themselves (Merleau-Ponty, 2018), this study takes the intentionality and the individual's relationship with their environment as its starting point to understand the significance of the ailing body for the PEP, analyzing how illness permeates the lives of those whose profession centers on human movement.

We used the "snowball" technique to recruit study participants, through which we identified a key informant (Vinuto, 2014). She was the first interviewee, and she referred three other professionals who met the criteria for participation; thus, the others were successively included. The study included six interviewees in total. According to Creswell (2007), a sample size of between 5 and 25 participants is considered satisfactory for phenomenological research. We used abbreviations of the participants' names while writing the text to protect their identities. All participants signed the Informed Consent Form (ICF) prior to the interview.

The statements were organized based on the participants' descriptions of their experiences to highlight units of meaning through phenomenological reduction. For Merleau-Ponty (2018), phenomenological reduction refers to the researcher's suspension of familiarity with the world, adopting a position of uncertainty, setting aside their theories and prior knowledge in order to interrogate the phenomenon and describe what is perceived about it.

In turn, we followed four steps to arrive at the thematic analysis and definition of units of meaning: a) reading the transcribed interviews; b) reading to identify units of meaning; c) reflecting on the creation of categories based on the units of meaning highlighted in the interviewees' narratives; and finally, d) interpreting and discussing the phenomenon under study (Bastos, 2017).

Upon completion of these stages, the units created to understand the relationships between perceptions regarding the illness of the PEPs were:

- 1) Limitation as an inability to work;
- 2) Limitation as an impetus for self-care;

Then, we identified the following units of meaning to understand the relationships among perceptions regarding their professional practice:

- 1) Need for changes in routine;
- 2) Need for a break from activities and physical and educational readjustment.

These categories will appear in bold in the results section, accompanied by the relevant discussions.

III. RESULTS AND DISCUSSION

A. Meanings of a limited and painful existence in physical education

Understanding the impact of illness on the lives of physical education professionals is essential for identifying the processes that are part of human existence. In this context, the career path of physical education professionals becomes a relevant subject of study, since investigating the impacts of illness on their lives is fundamental for both society and the professionals themselves to develop new perspectives on how to conceptualize this professional practice.

We turn to Canguilhem (2009) to bring in some authors to contribute to this dialogue for his conceptions of normality and abnormality. The author emphasizes that these concepts stem from a traditional medical model of viewing human beings and

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concludes by reflecting on how disability and illness, when viewed from the perspective of incapacity, end up subordinating subjectivities to biomedical care.

We take a broad view of physical education professionals and seek to look beyond athletic performance to their pedagogical and methodological approaches. The testimonials and life stories shared highlight the complexity of living with a herniated disc, revealing diverse experiences. These accounts allow us to understand the multiple dimensions of the condition from the subjective perspective of the participants in relation to the contexts they experience.

The meaning attributed to the illness by five interviewees was that it constituted a limitation, specifically an inability to work. Participant AP refers to the limitation and adds that due to the impact of her illness on her classes, it was necessary to “[...] give up many types of classes that I enjoy teaching,” responding with sadness that she could no longer work with practices she enjoys because of the limitations caused by the symptoms of her herniated disc.

Withdrawing from enjoyable activities can cause physical and emotional pain in professionals. The weight of the diagnosis is underscored for a person who has studied and built a vision of themselves that requires a healthy body available at all times. The emotional impact, beyond the physical effects, can be extreme in some cases. The physical education professionals interviewed say they worry about the future because they face limitations. Based on the statements of participants AP and LN, we reflect on what they felt and feel about having a herniated disc:

I was at the peak of my productivity when I received that diagnosis. I was also following the experiences of other colleagues who had similar issues, and seeing how debilitating it was for them, I put myself in their shoes, imagining myself in that situation. Wow! Will I also become incapacitated? (LN, Interview—10/20/2022)

It means limiting myself. Even limiting my personal desires to build muscle mass, to do high-impact exercise - I had to readjust all of that to achieve results at a slower pace (AP, Interview - 10/08/2022).

The statements above prompt us to consider how some professionals have been shaped by a field that carries the expectations of an idealized physical performance within its symbolic framework. After all, teachers in this field are still compared to elite athletes. In this context, experiencing the limitations imposed by illness as an obstacle or constraint to their work can evoke feelings such as emotional pain, fear, and uncertainty.

The experience of pain is socially constructed (Le Breton, 2013). Thus, the perception of health, illness, and pain is not solely a biological construct, but is grounded in a construct rooted in cultural language. This construction occurs through the effects that social practices have on bodies through painful experiences, and through the narratives constructed from these experiences of illness and health (Good, 1994).

In reflecting on pain as a human process, Caminha (2021) argues that pain makes us sensitive and can motivate us to reevaluate our attitudes and practices, creating original and unique ways to cope with suffering (Caminha, 2021). On this point, Le Breton explains that feeling is the foundation of social relations and that each sense provides material for the construction of human collectivity (Le Breton, 2012).

Illness causes a breakdown in the human being. Experiencing pain is a way of being in the world (Caminha, 2021). Pain is existential and caused by physical losses in one's abilities, social losses, and changes in interactions with colleagues, friends, and family. This sometimes leads to social isolation and difficulties in coping with symptoms. Reflecting on the process of illness related to physical injuries, we turn to Gadamer (2006) to consider how much this can mean difficulties in self-recognition, even leading to a loss of identity.

B. New ways of being and existing in the world of physical education: updating meanings

We identified in the interviewees' accounts that the fear of becoming incapacitated gives rise to the impulse to overcome their limitations. They found new ways of being and existing in the physical education world, renewing their sense of purpose. Adopting physical practices as a form of self-care becomes a necessity for coping with illness more easily, as we identified in the statements of participants GS and SR.

Knowing that you have a limitation, and that you're practically forced to take precautions with physical activity, like doing strengthening exercises, so you don't have to take medication (GS-Interview - 10/03/2022).

Examining the narratives of these research participants helps to demonstrate how the experience of pain reveals suffering. “Unpleasant experiences trigger learning processes that enable the formation of habits based on pain. Through pain, we relearn how to perceive the world. It ultimately becomes a reference point for our way of being.” (Caminha, 2021, p. 75).

Thus, the journey of illness can serve as a path to discovering new ways of paying attention to the body as forms of self-care; for the participants in question, their physical limitations became a catalyst for self-care. In addition, physical practices played a significant role in this journey by fulfilling their role as forms of self-care and as a means of alleviating suffering through pain relief.

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For Foucault (2020), a philosopher interested in the social practices applied to bodies and populations, self-care is linked to the care or attention given to the body. He further asserts that such forms of care have been modified, reformulated, and have taken on various meanings across different historical periods and social contexts.

With regard to the participants' adoption of self-care practices, we found that most of them associate these practices with their well-being by helping them better cope with intervertebral disc disorders. Some report that these techniques include dietary changes, meditation, and other practices that help strengthen the body, as well as adjustments to daily routines and changes to the home environment.

Regarding bodily self-care techniques, Mendes (2025) explains that Western society has already adopted certain practices since the Socratic-Platonic period, such as dietary care and meditative practices, among others. She also discusses how the use of the body for self-care as practices of the self is grounded in the exchange between and the subjects. Based on the author's reflections, we realize that self-care is also a way of caring for others.

Applying this discussion to the field of Physical Education, Mendes and Gleyse (2014) highlight the potential of this area of knowledge and intervention to promote enjoyable activities through the experience of physical practices. Another important point highlighted by these authors is the potential that Physical Education has to stimulate self-reflection on the experiences undertaken, as well as on the context in which we are situated. Generally speaking, healthcare in modern times requires a multidisciplinary approach and calls for listening to the individual to develop self-care techniques (Mendes & Gleyse, 2014).

As we listened to the participants, we noticed that most of them only began to practice self-care after falling ill. Only then did they become aware of the need to take care of their health. This reflects a very common phenomenon in physical education: enduring grueling routines without properly preparing the body for such demands. This fact is highlighted by interviewee MA in the excerpt below:

My surgery was very successful. I rarely feel any aftereffects. [...] Thank God! I was successful, but I think that has a lot to do with - I don't know if it's just genetics - and with the lifestyle habits I had; I was already doing Pilates before the surgery, and I continued doing it afterward (MA, Interview – 10/26/2022).

Thus, we understand that the process was not merely viewed as a deviation from “normal” standards, or as an inability to feel well, meaning to return to normal health standards, or as an abnormality in diagnostic tests. For MA, illness became a reason for constant care aimed at returning to a state of health, as highlighted by Canguilhem (2009).

Regarding the perception of the phenomenon of illness, Bonetti (2006) points out that those who fall ill experience a life different from the routine to which they were accustomed. He notes that these implications go beyond the physical; this different life brings restlessness and distress. Living with pain awakens something different due to the suffering caused by the pain, since it is not always possible for it to cease (Gadamer, 2006).

The PEPs who participated in the study expressed a perception of health related to the restoration of habits that were part of their daily routines; this does not necessarily mean that the structure of their discs has returned to “normal” anatomy, as perception is an individual matter. These perceptions align with what Bonetti (2006) and Canguilhem (2009) state about the process of becoming ill. These authors emphasize that this is a highly personal experience, as demonstrated in the narratives.

We emphasize that the process of falling ill can be something that drives a person to fight for a return to normal life. As evidenced by participant MA's statement: “I confess that, today, it feels like I have nothing left” (MA, 2022). Regarding the experience of becoming ill and its representation in a study of women diagnosed with cervical spine cancer, Martínez (2005) highlights that they report living in a sort of liminal space between health, illness, and the process of becoming ill.

Thus, our lived experiences ultimately determine what we perceive as health or illness. It is not always the results of biomedical tests or the treatment plan prescribed by a doctor that will determine how this definition plays out; in many cases, it is the sensations of recovery, well-being, or ill-being that will do so. Continuing the dialogue with Martínez (2005), the researcher found that although illness and the process of becoming ill may occur simultaneously, it is common for the process of becoming ill to exist without a biophysical state of illness.

The normativity derived from biological, physiological, and physical parameters differs from that arising from the being's perception of the phenomenon of illness, as Canguilhem points out when he asserts that the fact that a living being reacts to a disease, an injury, or a dysfunction demonstrates that life is not indifferent to the events that affect it. It consists of two aspects, one conscious and one unconscious, which determine human normative activity (Canguilhem, 2009).

In line with what had been discussed up to that point, MA stated that following the diagnosis, her doctor's recommendation led her to undergo surgery and take a leave of absence. These events affected both her personal and professional life. The professor also reports that the guidance of a physical therapist helped her chart a new course, as we can see in the following passage:

When the doctor looked at me, he said, “If you don't have the surgery, you could lose the use of your arm.” That was really painful. [...] After the surgery, it was much more psychological, the fears of doing many things, and her work as a physical therapist really helped me, because the doctor would put me [...], you know, “the doctor's word,” so he'd put me in a certain place, and she got me out of that place. And she really helped me realize my own capabilities. (MA, Interview - 10/26/2022).

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The diverse approaches of the professionals who treated her influenced her care. The interviewee emphasizes how the therapeutic approach varies among healthcare professionals. Regarding ways of addressing the disease, Bonetti (2006) criticizes healthcare approaches that focus solely on the body's internal structures using scientific techniques, thereby disregarding the person who falls ill in the process.

It should be noted, as Kleinman (1988) and Libonati (2025) point out, that modern medicine, which can sometimes be bureaucratic and overly objective, is accustomed to treating illness as if the patient merely required a technical fix, disregarding the profound significance of the illness for the patient. Therefore, the importance of considering narratives about experiences of illness is emphasized for those who care for chronically ill patients. Listening must be a fundamental task in the work of therapists.

C. Influences of perceptions regarding the process of becoming ill on the field of physical education

"Normality" in the field of health has quite often been defined by standards of body composition and by the technical execution of movements considered "perfect." This perspective sometimes tends to overlook the intentionality of motor gestures, verging on the reductionism of traditional medicine. In the field of physical education, Mendes (2007) asserts that the discipline has approached the body in an objectified manner when considering its historical process of epistemological constructions and certain areas of intervention.

In contrast to fragmented perspectives, Bonetti (2006) offers a critical analysis and proposes a holistic understanding of the human being, integrating biological and cultural dimensions. Thus, he invites us to consider illness as a multifaceted phenomenon intrinsic to human existence. Consequently, the dynamics of healthcare would require a humanized approach on the part of those who provide care. As such, healthcare professionals should consider the multiple dimensions of the individual when defining the therapeutic plan, with the aim of achieving effective recovery.

An examination of the approaches taken by the healthcare professionals who treated participant MA reveals the importance of intersubjectivity as a regulator of the constitution of the subject, grounded in the interactions and perceptions established with others and with the environment. It is through the gaze and attitudes of others that we construct our perceptions and actions and recognize ourselves as human beings. In this sense, human reality is inseparable from intersubjective relationships (Merleau-Ponty 2018).

In turn, we must look beyond the physical, mechanical, and contextual factors which surround a person to determine whether they have a medical condition or is in good health; we must also consider their journey in self-care and their personal experiences. For professionals in a field such as physical education, receiving a diagnosis involving motor injuries can be quite complex. Doubts and uncertainties begin to accompany this professional, as do restrictions during work activities and in their personal life.

It is important to understand how such a professional sees themselves in the world, how we perceive them, how they relate to and manage their feelings when faced with this new context, and consequently to assess the impacts of this scenario on their life and, above all, on their professional practice. In this context of relating to the world, Merleau-Ponty (2018) emphasizes that the world is part of us, just as we are part of it. Thus, we must consider that this context experienced by the physical education professional constructs a new world for them.

Therefore, we asked the interviewed physical education professionals how they felt about their work following their diagnosis to understand how these relationships affect them. The participants described that they had to make changes to their routine due to the clinical symptoms resulting from the disease in order to continue working. As interviewee LN (2022) demonstrates, one of the changes made is to avoid performing certain movements that trigger flare-ups. This is due to the intensity of the back pain, which ultimately limits even their mobility to get out of bed upon waking in the morning to go to work (LN, 2022).

Coping with the limitations imposed by a herniated disc poses a significant challenge. The interviewee LN identified movement patterns which trigger spinal crises and chose to eliminate them from his daily routine. Similarly, five other participants reported the need to step back from certain activities and to make physical and pedagogical adjustments, as evidenced by teachers who ceased to be as physically active in their classes and who had to "(...) create other methodologies that rely much more on verbal instruction than on physical activity. That was the main change" (MA, 2022).

LN (2022) also describes this same need for adaptations when he notes that physical education subjects such as handball and futsal require frequent physical movement, he does not allow himself to perform these activities. Instead, he has to observe students who are more skilled and adept at the activity so he can ask them for help with demonstrations (LN, 2022).

Physical education professionals adjust their postures or modulate the physical exertion intensity by developing methodologies to alleviate suffering and pain. They are building new ways of teaching. Drawing on Nóbrega (2019), it is emphasized that performing movement is not merely following a gestural pattern, but rather representing one's world as constructed from one's experiences, materializing the aesthetics of existence and perceiving oneself in a unique way. We are living, malleable bodies with enormous possibilities. Movement is not a simple automated gesture. It symbolizes the subject's originality.

Thus, the body experiencing illness ceases to be an instrument and takes on the role of protagonist in its own actions, while also being shaped by constant interactions with others. The expression of movements and pedagogical intent begins to materialize through the other; in this case, through the student who performs the movements for the teacher. This dynamic may come to shape a new form of collective expression which will be integrated into physical education classes.

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The teaching-learning process can create another possibility for human development and teaching practice, just as it can enable a kind of reworking of subjectivities. As Merleau-Ponty (2018, p. 78) suggests, “we only feel that we exist after we have already come into contact with others, and our reflection is always a return to ourselves that, incidentally, owes much to our interaction with the other.”

The process of falling ill, and even more so the diagnosis have an impact on the lives of the research participants and how they feel at work. Nevertheless, it should be noted that these impacts vary from person to person. We do not live solely through the relationship between our bodies and our work; all human dimensions are interconnected, and therefore form the basis of our identities.

In this context, when asked about their feelings regarding their professional practice and their illness, only one of them stated that he does not feel limited, that he lives peacefully, and does not take medication to treat the pain and other symptoms of his illness (GS, 2022). This professional attributed this way of coping with his illness to the fact that he and the company where he worked, at the time of the interviews, had reduced and/or modified the nature of the activities for which he was responsible, with the aim of mitigating the impact of those activities on his medical condition.

It should be noted that the interviewee SR, like GS, reports “living peacefully with the illness,” but this is only possible because they made changes to their routines and incorporated the physical practices they used to teach in their classes, which embodies self-care and a reframing of their profession. These attitudes demonstrate a new pedagogical approach and new work relationships that allow them to live well with chronic illness.

The perception of recovery in the case of the participants in this study resulted from adopting self-care techniques, reorganizing professional and personal routines, introducing new methodologies in the classroom, and taking leave from work to minimize the impacts of the illness during times of crisis.

Based on the descriptions above, we observe what Le Breton (2016) argues in his work “Anthropology of the Senses” regarding the corporeal nature of human existence; in light of this, self-awareness is constructed through the body and the senses which shape each individual’s sensory experience.

Thus, there is a reframing of constructed experiences when experiencing the illness process, with a focus on developing new meanings and ways of living. This entire bodily and social process goes beyond the clinical diagnosis of illness and engages with the construction of a new way of perceiving and navigating the world, from both a personal and professional perspective.

Despite this new understanding, the course of illness is not always linear. It can trigger feelings such as frustration and worry. In a study on the consequences of chronic low back pain, Strunin and Boden (2003) identified common feelings among participants not only related to physical limitations in performing work activities, but also to a loss of identity. In this regard, the participants in this study corroborate the authors’ findings, as seen in the following excerpts: “a feeling of frustration, because in our profession, we use our bodies a lot, so when you have an illness that limits your movement” (CS, 2022); and “since this is the field of physical education, it feels like my physical role has truly been taken away from me (AP, 2022).”

It is possible that these complex feelings stem from the physical demands of the profession and the culture in certain work environments, particularly in the fitness industry. Feelings such as disengagement from the profession, anxiety, and a sense of diminished physical capacity reflect the instability experienced when facing processes such as illness. According to Le Breton (2012, p.52), the feelings that “(...) resonate and are physically expressed within us are rooted in implicit collective norms. They are not spontaneous, but ritually organized and signified with others in mind.”

Regarding these collective marks imprinted on certain individuals, Yang et al. (2007) discuss the sociological approaches that lead to the emergence of stigma as a mark, asserting that it is understood as intertwined with the interpretations given by social actors “involving cultural meanings, affective states, roles, and ideal types. A social dialectic of interpretation and response effectively ensures the perpetuation of marginalization” (Yang et al., 2007). Thus, PEPs may carry this stigma of incapacity or unsuitability to function within the physical education environment.

Merleau-Ponty (2004), as well as Le Breton (2012), encourage us to reflect on the capacity of feelings and gestures expressed in and through the body to mediate and convey meaning via body language, since movement is a form of unspoken language. Meanwhile, perceptions regarding the work environment are revealed through the language of the participants AP and CS (2022), as they report and physically demonstrate their fear of being fired from the company or replaced by a healthy worker during the interviews.

The statement above illustrates how relationships in a professional’s workplace can be strained by their new circumstances. The narrative highlights just how multifaceted the process of becoming ill is and that it is not limited to the biological dimension alone. Having to build a life that differs from one’s previous one in so many ways can be daunting, yet it can also mark the beginning of a journey toward overcoming adversity. The journey can lead to discouragement and the withdrawal from the profession of physical education, just as these are the contingencies that highlight the infinite capacity of the human being to create meaning.

Belo and Mendes (2019) remind us that a person who has fallen ill should not be viewed as less valuable, but rather as someone with a new bodily reality who now embodies a different way of being. The body is the existential condition. Le Breton says: “I feel,

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therefore I am” (2016, p. 11). Thus, I exist through my body, and through it I can communicate, express myself, and adapt. In short, the body is the condition of humanity. Therefore, it serves as the guiding thread for creating possibilities for movement, pedagogical intervention, and perspectives on physical education.

Human existence is permeated by many dimensions. Regarding the dimension related to work in physical education, we highlight the position of Moreira et al. (2018) concerning the increasingly urgent need to transform the values of this knowledge field regarding how the human body is treated, since it has on numerous occasions been reduced to an object. The authors emphasize that the field needs to increasingly perceive the body as a subject.

Mendes (2025) concludes that physical education professionals have the potential to foster spaces for reflection on body techniques and how they can contribute to self-care. The author further notes that these practices should not dictate norms and standards, since human beings are capable of choosing their own paths to self-care based on their life experiences and lessons learned.

IV. CONCLUSIONS

Upon completing this study through which we sought to understand the relationship between physical education professionals' (PEPs) perceptions of illness and their professional practice, it becomes clear that we need to approach the body beyond the dimensions of biological normality, physical limitations, and injuries.

First, we situate the professionals' perceptions regarding the limitations imposed by illness as something that generates an inability to work, but also as an impetus for the development of bodily practices focused on self-care. Next, we describe and discuss the relationships between these perceptions and professional practice.

In this sense, physical education professionals need to view the body as a subject, recognizing human processes as powerful agents in the ongoing construction of subjectivities. In turn, body practices focused on self-care can help individuals embrace different ways of relating to the body, enabling them to perceive themselves as constantly evolving through lived experiences, including illness. Thus, body practices have the potential to contribute to the healing process and develop a new relationship with one's profession.

In this regard, professionals need to rediscover a sense of wonder in their bodies and their work, reinventing themselves, reconstructing and developing their own movements and methodologies, tailored to a being who does not conform to standards. More than ever, they need to embrace conscious physical and pedagogical practices which recognize the uniqueness expressed by their bodies, thereby giving new meaning to their condition.

This re-enchantment can be sparked and brought to life through exchanges and encounters with other professionals, students, friends, family, and oneself. Everything that shapes the human journey is a powerful element in shaping one's ways of living. Our processes of reframing occur through the self-reflection we engage in when interacting with others.

Finally, we view professional experience, regardless of the existential processes we undergo, as a real possibility for presence in the world, a place where the individual body feels “alive,” filled with experiences different from those to which it is accustomed. Therefore, the illness process can contribute to the professional's development as a social being and as an agent in the construction of knowledge and practice in physical education.

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