

# Chapter 6

## Learning through and about Practice: A Lifeworld Perspective

Gloria Dall’Alba & Jörgen Sandberg

The University of Queensland, Australia

**Abstract** A diverse range of practice-based approaches has increased our understanding of learning in preparation for work and in the workplace. While these approaches are rich and varied, they generally conceptualise practice as a singular, relational whole, thereby overlooking the multiplicity of practice. Moreover, practice-based approaches commonly adopt an epistemological focus that neglects the ontological dimension central to learning. In other words, these approaches emphasise the knowledge or activities that are learned, at the expense of attention to who learners are becoming and what this process of becoming involves. We adopt a lifeworld perspective in proposing an alternative approach that focuses on development of ‘ways of being,’ such as ways of teaching or managing. Ways of being guide and direct our activities, giving meaning to what we do and who we are. We outline the historical development and key features of this alternative approach. We use empirical material from our research on learning in higher education and the workplace in demonstrating how a lifeworld perspective can provide a new and innovative approach to practice-based learning.

### 6.1 A Need to Reexamine Learning through Practice

In recent years, a range of research approaches has focused on the performance and situatedness of practice in attempts to explain learning through practice. Common practice-based approaches are communities of practice (Wenger, 1998), sociocultural theory (Vygotsky, 1978), activity theory (Engeström, 2005) and actor-network theory (Law & Hassard, 1999). Practice-based approaches such as these have increased our understanding of learning in preparation for work and in the workplace. While these approaches acknowledge the importance of knowledge and learning for work performance, to varying extents they also highlight the broader social, historical context in which this performance occurs. As Nicolini, Gherardi, and Yanow (2003) assert, adopting a practice approach allows us to ‘recognize the inherent social, processual, and historical nature of knowledge processes’ that are constitutive of work performance and its development (p. 25). For instance, the knowledge that is developed and used in professional practice over time is influenced by organisational settings, clients and professional associations (Gherardi, 2006). When practice becomes the locus, knowing and

learning are seen as relations between persons and world, which are integral to practice. As Lave (1993) argues, knowing cannot be isolated to the head or the bodies of individuals or to 'assigned tasks or to external tools or to the environment, but lie instead in the relations among them' (p. 9).

While practice-based approaches are rich and varied, they generally conceptualise practice as a singular, relational whole. Moreover, they often assume that learning to engage in practice involves achieving sufficient mastery of this whole. For instance, Lave and Wenger's (1991) notion of entry into a practice community through 'legitimate peripheral participation' (LPP) involves learning progressively to participate in the activities of a community, so that movement occurs from periphery to full participation in practice. Participation in practice is typically presented in terms of a singular form of practice. Vygotsky's (1978) concept of the zone of proximal development (ZPD) is similar in this respect. However, as Fuller and Unwin (2004) observe, both newcomers and experienced practitioners report learning from each other. Engeström and Miettinen (1999) also argue that Lave and Wenger's model does not adequately account for movement outwards and in unexpected directions, as well as objections to existing practice. Not only can these challenges be made to the notion of practice as a singular, relational whole, but also practice is carried out in a multiplicity of ways within and across diverse settings (for example, see Billett, 2001; Dall'Alba, 2009; Mol, 2002; Sandberg & Pinnington, 2009; Schutz, 1945).

When learning to engage in practice is seen in terms of unidirectional mastery of a singular practice, not only is the multiplicity of practice overlooked but also what is learned is not problematised (see also Dall'Alba & Sandberg, 2006). It is possible to 'learn' to perform routines and activities with a limited, or even inappropriate, understanding of what the practice in question entails (see, for example, Dall'Alba, 2004, 2009; Sandberg & Pinnington, 2009). This is one of the potential risks associated with highlighting learning through practice where similar emphasis is not given to learning about practice (Dall'Alba, 2009). Learning through practice and learning about practice are both necessary to skilful performance of practice and should be considered in relation to each other.

In exploring learning and participation in practice, practice-based approaches commonly adopt an epistemological focus that emphasises the knowledge or activities that are learned or used in preparing for, or engaging in, practice. For example, Engeström (2005) adopted such an epistemological focus in describing an intervention involving health professionals and families of children with health problems, which sought to improve medical care for children in Helsinki. He argues that through this intervention, the health professionals and families learned a new pattern of activity that included a struggle between old and new concepts relating to care of the children, leading to an expanded network of care that incorporated the various health professionals whom the children and their families consulted. In adopting a focus on knowledge or activities that are learned, many practice approaches overlook or downplay the ontological dimension central to learning or, in other words, attention to who learners are becoming, both

individually and collectively. How this process of becoming occurs is also commonly overlooked (see also Lee & Anderson, 2009). While there is some practice-based research on identity (for example, Gherardi, 2006; Wenger, 1998), this research typically assumes that practice is a singular, relational whole, albeit with interaction with other practices. Moreover, there is generally not adequate recognition that 'learning entails both personal and social transformation – in short, ontological change' (Packer & Goicoechea, 2000, p. 235).

In this chapter, we elaborate a *lifeworld perspective* on learning through and about practice. This perspective features both the multiplicity of practice and integration of epistemological with ontological dimensions of learning to engage in practice, thereby extending current practice approaches. Although several concepts from a lifeworld perspective have previously featured in various practice-based approaches, they have not necessarily been used consistently throughout the research (Sandberg & Dall'Alba, 2009). We argue that a more systematic, integrated utilisation of a lifeworld perspective has the potential to substantially advance our understanding of what constitutes learning through and about practice.

## 6.2 Historical Development of Lifeworld Perspective

The notion of the lifeworld is attributed to Husserl's phenomenology (see, for example, Husserl, 1936/1970) and has been modified and extended by phenomenological philosophers such as Heidegger (1927/1962), Sartre (1943/1957), Merleau-Ponty (1962/1945), Gadamer (1960/1994) and Schutz (1945). As these scholars developed the notion of the lifeworld in line with their own specific knowledge interests, there are commonalities as well as some tensions in their various conceptualisations. In this chapter, we briefly outline the origins of the concept of the lifeworld and identify some related concepts that are relevant to learning through and about practice, drawing primarily on the work of Heidegger (1927/1962) and Merleau-Ponty (1945/1962). We recognise that our analysis could be extended through incorporating additional concepts from other scholars, but in the interests of brevity we limit ourselves to a small number of key concepts (see Sandberg & Dall'Alba, 2009, for a more elaborated treatment of related concepts). The concepts we outline here should not be understood in isolation, but together highlight central dimensions of learning through and about practice.

Husserl's concept of the lifeworld (for example, Husserl, 1936/1970) was a reaction to an idea gaining ground within the natural sciences at the time, that human beings can adopt an objective, 'outsider' stance towards the world. In contrast, Husserl described the lifeworld as the everyday world we share with others and things, and with which we are inextricably intertwined through lived experience. The lifeworld precedes reflection and scientific investigation;

distancing ourselves from our observations or experience presupposes this lived experience. Through our lived experience in engaging with our world, we can come to know. For instance, as we move about our world, we encounter both physical objects and patterns of social behaviour, which we learn to negotiate as part of making our way in the world.

While acknowledging the importance of Husserl's notion of the lifeworld, Heidegger (1927/1962) was dissatisfied with its epistemological focus, as his interest was ontological or, in other words, he was interested in exploring the being of beings. More specifically, Heidegger was concerned with exploring what it means for something to be, which he considered a prior question to how we come to know (1927/1962, p. 31). In contrast to Husserl's notion that consciousness is directed to others and things in the world, Heidegger argues that our primary relation to our world is 'being-in-the-world' (Heidegger, 1927/1962, pp. 49-58). His concept of being-in-the-world highlights that we are continually engaged with various activities, concerns, equipment and other people through a range of ways of being-in-the-world, such as parenting, teaching, managing, nursing and so on. Lifeworld ontology regards our *entwinement with others and things* as our primary form of being, in contrast to traditional ontology that assumes we are separate from the world but become connected to it during our various activities. Hence, from a lifeworld perspective, learning is made possible through our entwinement with our world, rather than in terms of a subject in relation to an object. Indeed, phenomenology is a radical departure from separation of subject and object.

In entwining us with our world, our *ways of being* provide a sense of purposiveness and agency that guides and directs our activities. For example, when we teach, we do what teachers do and we also understand ourselves as teachers. This means our knowing extends beyond what we know or can do to who we are. Through our ways of being, we understand ourselves as practitioners, practice as consisting of particular activities in which we engage with others, and things as equipment we use in carrying out our activities. These ways of being give meaning, then, to what we do and who we are.

Our ways of being are not only imbued with meaning, but they are also embodied and enacted in social practice. Merleau-Ponty's (1945/1962) notion of the *lived body* – which has influenced Bourdieu's (1977) concept of 'habitus' and Giddens's (1984) 'practical consciousness' – provides insight into embodiment. Merleau-Ponty's (1945/1962) concept of the lived body is not limited to the individual, physical body, but is the body as lived. Nor is the lived body limited to the bounds of our own body, but it can be extended by incorporating equipment, such as when we drive a car or use a computer to access the internet. As the lived body is the means by which we are entwined with, and have access to, our world, it enables us to learn. Through the lived body, we can take over others' ways of being during socialisation, education and work, as we learn to engage in forms of practice that are unfamiliar to us. So our ways of being are personal-social (Dall'Alba, 2009; Sandberg & Pinnington, 2009) in the sense that we take over

ways of being from others in social practice, embodying and making these ways of being our own.

As our learning incorporates not only what we know and can do, but also who we are, learning can transform us. For example, as we learn new forms of practice, we *become* teachers, architects, lawyers or social workers (Dall'Alba, 2009). This process of becoming is always open and incomplete, as well as constrained by our own understanding, and our entwinement with others and things. This transformation is assumed, but taken for granted, in most research on learning from a practice perspective.

Below we explore learning through and about practice, using the notion of developing ways of being. This allows us to incorporate both the multiplicity of practice and integration of epistemological with ontological dimensions of learning to engage in practice. We illustrate empirically how the notion of ways of being provides a means of exploring both learning in preparation for practice and learning in practice. We begin by using the notion of ways of being to explore the practice of corporate law and thereafter investigate how learning through and about practice takes place among students learning to be medical practitioners.

### 6.3 Ways of Being in Workplace Contexts

The multiplicity of practice is evident in a study of competence in corporate law in a large international law firm (Sandberg & Pinnington, 2009). Thirty lawyers from all levels of the firm were interviewed, including junior lawyers, senior lawyers, senior associates and partners, with supplementary observations of the lawyers during interviews and in the vicinity of the offices in which they practised corporate law. The main task of corporate lawyers is to assist corporations with various business transactions, such as privatisation of organisations, mergers and acquisitions, and joint venture agreements. Although the lawyers performed the 'same' work, their ways of practising corporate law differed. Four different ways of practising corporate law were identified, each one forming a distinct competence in corporate law. Moreover, in each way of practising, specific understanding of what the practice of corporate law involves (that is, an epistemological dimension) was interwoven with specific understanding of what it means to be a corporate lawyer, including self-understanding (that is, an ontological dimension). Below we illustrate these features in describing two of the four different ways of practising corporate law, namely, *minimising legal risks* so corporate clients can achieve what they want to achieve and *managing commercially important legal risks* so clients can achieve what they want to achieve.

Lawyers who practised corporate law by *minimising legal risks* endeavoured to identify and minimise legal risks throughout each step of the business transaction,

such as in taking instructions from clients, conducting legal analysis, and documenting and negotiating the deal:

Remember we were talking about a lawyer is just someone who helps a company with their transactions from a legal perspective. When they come to you with a transaction you have to say, 'What could go wrong?' That's what I mean when I say a risk, what could go wrong with that from a legal point of view? If you can do that [identify risks] successfully, then what can we do to mitigate that risk?... To use an example that we've already spoken about, the acquisition, what could go wrong for a purchaser? Well, they buy something and it is a 'dog.' What can we do? ... and merger & acquisition is just one example but a lot of the things we do it's, 'What could go wrong?' (Male Senior Associate no. 12)

As the quote above displays, minimising legal risks involves adopting a strong legal perspective that demands legal rigour throughout the transaction to uncover potential legal risks. It is especially significant in the initial phase of the transaction to ensure all the important problems are identified and addressed:

What's most critical is the legal rigour you apply to the initial analysis of legal issues ... because if you miss a point at that stage, then the documents you prepare are not going to include that problem, or include a way of addressing that problem.... It will piss your client off because they thought that they had all the points covered.... So it is a lawyer's greatest fear, I think, that they have actually missed a particularly important point. (Male Senior Associate no. 22)

The strong legal perspective is not only embedded in the activities used by the lawyers for minimising legal risks, but is also interwoven with an understanding of themselves as *legal services providers*:

You're trying to protect your client's interests, you know, from a legal perspective ... in the context of them performing some transaction, you know, and what those transactions are could be that they are buying or selling a business like we've talked about. Could be they want to raise capital. Could be they want to enter into an agreement that is important to them. But you're trying to protect their interests and help them do it too sometimes ... and you are trying to help them in all steps of the process.... My role then is a provider of legal services. (Male Senior Associate 12)

In contrast to the lawyers above who practised corporate law by minimising legal risks, the lawyers *managing commercially important legal risks* did not set out to identify all legal risks and then minimise them. Instead, they identified those legal risks that may have a substantial impact on the client's business and then managed those risks as efficiently as possible throughout the transaction. In particular, this way of practising corporate law means managing the legal risks that are *commercially* important to clients. The strong commercial focus inherent in managing commercially important legal risks as a way of practising corporate law is exemplified by a lawyer who described the significance of the industry environment for working with a client from the electricity industry:

I think you need first of all to understand the industry in which your client is functioning. You need to understand the physicality of it. What it takes to generate electricity. You need to understand the economics around the physicalities. What is the demand for electricity, in this case? Where do you get coal from? Where do you get fuel from? And

over that you need to understand the regulatory and policy overlay. Are we going to burn more coal or less coal or are we going to burn gas instead of coal? Then you need to understand the people. Who are the decision-makers and what are the particular pressures on them? And if you sort of pull all those things and bake it, the cake is the client's situation or problem and that is the environment that you have to work on to give them advice. (Male Partner no. 23)

The strong commercial focus in managing commercially important legal risks that is exemplified above means the lawyers' most central activity is not applying legal rigour throughout the transaction, but gaining a good understanding of the company's commercial situation: 'The critical part is keeping focused on what it is that the client is trying to achieve and not becoming, you know, too legalistic. So keeping commercially focused in that sense through the whole process' (Female Senior Associate no. 5). In particular, adopting a commercial focus meant 'understanding the commercial impact of what you are saying to them. Not just saying the law says x, that's just a given. It's like the law says x but we could do x, y and z to improve your commercial position' (Male Senior Associate no. 7).

The strong commercial focus shown above was not only evident in the activities used for managing commercially important legal risks as a way of practising corporate law, but is also intertwined with self-understanding as a *business advisor*. As business advisors, they advise the client legally from a business perspective and understand themselves as part of the industries in which their clients operate:

I like to see myself as a part of those industries and ... a person who operates in one of those industries can call up at any stage of the project, on whatever part of the job that they do, and say, 'Look we have a problem, could you help us sort it out?' So, as a person who doesn't particularly specialise in one particular area of the law but who is able to assist in all aspects of the practice of an industry. (Male Senior Lawyer no. 21)

This study of corporate law illustrates that in each way of practising corporate law, a specific understanding of what it means to be a corporate lawyer (the ontological dimension) is entwined with a specific understanding of what corporate law involves (the epistemological dimension). For instance, in minimising legal risks, lawyers see themselves as legal services providers who apply legal rigour throughout the business transaction. In contrast, in managing commercially important legal risks, lawyers understand themselves as business advisors who strive to develop a sound understanding of the commercial situation of the client's company. Moreover, this study also shows that practice is not made up of one relational system, but includes multiple ways of being corporate lawyers (see Sandberg & Pinnington, 2009, for further elaboration).

## 6.4 Learning Ways of Being in Higher Education Contexts

Differences in ways of being such as those outlined above, as well as the integration of epistemological with ontological dimensions, are evident not only among experienced practitioners, but also among aspiring practitioners. In longitudinal research involving Swedish students from a single cohort who were learning to be medical practitioners (Dall’Alba, 2009), the students were observed in consultations with patients, and interviewed about their practice of medicine and the medical programme. In this research, it was evident that threads from the past were carried forward into the present, such that issues of concern in contemporary medical programmes often ‘echo the historic tensions’ (Bonner, 1995, p. 348), while also reflecting issues in the broader society. For example, the medical students experienced challenges in creating constructive, ethical relationships with patients, which has been a recurrent issue in practitioner-client interactions.

As the development of ways of being is embedded within particular social, historical, cultural, material contexts, it is not surprising that learning is coloured by context (Dall’Alba, 2009; Säljö, 1991). This is clearly evident when we consider what aspiring medical practitioners learn today compared with what they learnt during the early 20<sup>th</sup> century, when bloodletting was one of the few treatments available. In the historical development of medicine, early healers and diviners who sought to appease supernatural forces gave way to the technologised, institutionalised and bureaucratised practice of contemporary medicine. This historical development has parallels in other kinds of practice and demonstrates that there is not one, singular practice, but practice continues to evolve over time and in various directions (Dall’Alba, 2009; Engeström, 2005). At any point in time, threads from the past manifest themselves in diverse ways and to varying extents in contemporary practice. The historical is interwoven with the new (see also Engeström, 2005), although often in modified form.

Not only is the multiple, social nature of practice evident through historical development, but also practice is enacted and embodied in a range of ways within and across settings (for example, see Billett, 2001; Dall’Alba, 2009; Mol, 2002; Sandberg & Pinnington, 2009; Schutz, 1945). The medical students had to learn to deal with differences of this kind as they sought to enter medicine. Although the students were enrolled in the same medical programme, they did not all learn to practise medicine in the same way. For instance, in their practice of medicine, some of the students gave prominence to the part they themselves played in diagnosing and treating symptoms of disease, as well as informing the patient. In this form of medical practice, the reference point was what the medical practitioner could do for the patient:

People who seek help from health care or come in due to other causes, [we have] to make a judgement about their, I mean are they sick or healthy? It’s a difficult judgement. I mean it’s there you, should the patient be admitted to hospital or not? And so the patient is admitted and then you have to decide: is this something that can be treated or can we only,

I mean can we ease it? And so you put in place different measures. Can we operate on this or not? And you make these kinds of judgements. That's the central thing, to make some sort of risk assessment. To get, collect a lot of information, what the patient remembers from investigations that have been done and then make a judgement, come up with a diagnosis, treatment. And then take care of it all, yeah, not least important to take care of contact with the patient and surroundings and then get it to work in the context of others, other health staff.

It's important to establish good contact [with the patient] right from the start because if you don't, if you get completely, if you don't get the right information there, then it's, then it can go really wrong.... But if you get a good medical history at the start then, then it's really important. At the same time, you can already build up some kind of trust maybe....

It used to be the case that the doctor said you should take this tablet and people did as they [laughing] were told. But it doesn't really seem to be like that today. But then you have to sell your message to the patient somehow, that this is good for you in some way.... But, I think those who are appreciated by patients are the ones who take their time to explain a bit extra, you might say.... I mean they've been unwell in some way so they've come, but maybe they've never really had explained to them why they're, what the problem is and what you're going to do to make things better. So I think that's an important, and that's the reason there are more and more formal complaints made and things like that, because the patients aren't informed. If you, if you, it's that, I don't know if it's true but some people say that if you establish good contact then you can make mistakes, not incredibly clumsy, but you can make mistakes that happen and there's some understanding for that, if you have good contact [with the patient]. (Lennart, 2<sup>nd</sup> semester of 5<sup>th</sup> year, pp. 20-25)<sup>9</sup>

In contrast to the example above, other medical students in the study gave less prominence to the part the medical practitioner plays in the practice of medicine. Instead, they practised medicine through collaborating with the patient on a health problem that was embedded within the patient's life, which had implications both for diagnosis and coming to an agreement about treatment. The frame of reference for this way of practising medicine was the patient's needs and broader life situation:

The task is first of all to find out what the patient wants, then diagnose any sicknesses there might be and investigate them, and treat what's possible to treat and see to it that the patient is satisfied.... So that's the main task, as much as possible to cure or ease, if that's what the patient wants. But I also think that you have to leave a lot up to the patient to decide about what you do or don't do, that whatever they decide is OK. If they say, 'No, I don't want to have an operation, I think it's completely OK to be incontinent'. And even if I can't understand and say that this is a simple operation, you'll feel much better afterwards or you'll function much better, then a bit of the challenge lies in being able to respect their decision. Even if I've explained how it is, then it must be up to them to decide....

So then my task is more or less to help the patient work this out. To work out what their problems are due to, is it serious, can anything be done about it and to present the options and help the patient.... And guide them through this process.... That's the challenge. So it

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<sup>9</sup> Names of students have been changed for anonymity and extracts in this section translated from Swedish.

ends up being different for different patients and what's important varies in different situations. (Lotta, 2<sup>nd</sup> semester of 5<sup>th</sup> year, pp. 84-87)

The differences in ways of being medical practitioners that are displayed in these quotes are not simply variations in personality or style, but resulted in different health care for patients. Differences of this kind were evident across the student cohort and also at the end of the medical programme (Dall'Alba, 2004, 2009), as well as among experienced medical practitioners (Stålsby Lundborg, Wahlström, & Dall'Alba, 1999).

The students' learning was not only an individual matter, but can be described as personal-social. In learning the practice of medicine, the students took over others' ways of being medical practitioners, although not always in an unproblematic or uncontested way. In addition to encountering different ways of practising medicine, the students were sometimes instructed to carry out an activity or procedure in dissimilar ways in different settings: 'In one hospital something is done in a particular way, and it works there. Then you come somewhere else: "You can't do that.... We do it this way." Then you see, ah ha, presumably it works both ways' (Karl, final semester, p. 45). In attempting to take over others' ways of being medical practitioners, there is a risk that activities or procedures are mastered with limited understanding of their importance for practice. For instance, the medical students were instructed in communication techniques. Some of the students used these techniques in a question-and-answer interchange with patients during consultations as a means of reaching a diagnosis. Others placed greater emphasis on listening to identify what patients were seeking help with, discussing patients' illnesses with them as part of collaborating to promote their health and well-being.

The development trajectories for the medical students over time were also diverse, leading to distinctly different ways of being medical practitioners. This diversity in trajectories challenges the notion of unidirectional development towards mastery of a singular form of practice, as well as an additive accumulation of knowledge or skills (see also Dall'Alba & Sandberg, 2006). Transformation and continuity were evident in the students' unfolding ways of being medical practitioners, which included shifting awareness of the self as medical practitioner. In the students' accounts of their learning, the epistemological dimension is interwoven with the ontological: What they learned is intertwined with who they were becoming, as we see in the interview extracts above and below. In the example that follows, one of the medical students, Eva, illustrates some of the complexity of this entwinement through her experience of doing a locum in an X-ray section of a regional hospital in the summer immediately before her final semester. She describes the way in which she was made aware of her existing medical knowledge through learning something completely new. Eva also describes the personal demands of making judgements and providing information that are significant for patients' health, the process of taking over appropriate ways of being from an experienced medical practitioner

and the uncertainty of asserting herself in relation to other health staff as she learned to become a medical practitioner:

When you start as a medical intern in X-rays, I didn't know this really, but you get to do these investigations using contrast media where you inject contrast dye into one of the body's openings or into an opening that's been created somewhere. So it's, like the large intestine and the small intestine and into the kidneys you can inject it. And if there's a connection somewhere, I mean if the intestine has been [surgically] attached to the stomach, then you can see if there's a leak in the connection and things like that. Most of all, the big thing is taking X-rays of the colon where you look at the large intestine to look for cancer, above all. That's what you really have to look carefully for. So that's what I did and I learnt how to do it.... And the senior doctor would look at my analysis and also sign the result if it was OK.... And just this colon X-ray where you look for signs of cancer, it's really important. It's really unnerving to write a report that says 'No suspected malignancy', like. So it was a real relief [to have it checked]....

And especially the last two weeks were incredible because I had, there was an old, retired senior doctor who was there doing a locum. Well, he'd only been retired six months but he came in to do a locum during the summer. And he really looked after me because he was there the last two weeks and I could come out from my contrast dye investigations and he'd say, 'Listen Eva, look in cupboard 3, I saved an interesting lung for you. I'll be there soon, I just have to finish writing this'. And then he'd ask, 'What do you see now?'.... He was a wonderful support when I, because the longer I'd been there the more contrast dye investigations I did, because they were short of interns towards the end, or they were short of staff altogether, so I had to look after that. And that meant I got into curly situations sometimes and inquiries I hadn't seen so many of at all, there were maybe three of that kind the whole summer so it wasn't easy to develop a routine for them. And he was there the whole time, a fantastic help....

I learnt a heap and it was really fun to do something completely new, in fact. So you could go in without preconceptions and at the same time you were aware you knew a whole lot, because you understood a whole lot and that. And you can reason around it and that, so there's clearly a difference from just coming in without ever having the medical program behind you....

Yeah, then you learnt about interacting with patients and I felt you were in quite a difficult situation there because they often, yeah, they were referred because you were looking for something. But you didn't want to stand there and say what you'd seen because I'd only done the investigation that, actually, when I did the investigation I concentrated mostly on getting good pictures.... And there was someone who'd found out from another investigation that he had cancer and he asked me how large it was and what would be done now. And how do you respond? We only had small changing cubicles with just a curtain you pulled across, and you had to stand there and talk with someone about his recently discovered cancer. And I felt, you got some of that as well, to meet them in their anxiety and fear about the investigations and, yeah.

And then the collaboration gave so much, you worked really closely with a nurse and an assistant in nursing in a way you almost never had before, I think.... And I can also say I was a bit nervous about this, about how it would go when you come out [after the medical program], this collaboration with the nurses. And you don't have, you definitely don't have, yeah no real grip on it, and you have an enormous respect for all those older, very skilled nurses and you come out completely green. And you've heard stories about how they put you in your place and, yeah, you haven't really had any help in dealing with this.

And I don't really know who I am and what I have a right to, how much I can assert myself and how, and things like that. And it was actually such a relief, really, and I had it confirmed that it worked really well. It wasn't a problem at all.

Yeah, it was such a relief because a weight fell from my shoulders that will make it easier to go out [after the medical program]. Actually to have shown that, yeah, and it was really clear in this type of work that you're a team. Because there were, like, three people in the room who helped to make it work ... but we were a team and it was really fun. (Eva, final semester, pp. 1-7)

While the students learnt from experienced medical practitioners and other health personnel as Eva describes above, at times some students questioned the way in which these practitioners engaged in practice:

[On a surgical ward during a hospital placement] I was standing beside a really sick patient – who had admittedly improved a bit – and managed to make contact with the patient in a way that actually maybe the doctors don't so often make time for. And I can feel, yeah, it can irritate me, that they rush over this, in fact. And then I thought, that ahh, these moments are worth so much. The brief moment of eye contact and maybe just silence and, yeah, contact. And so I really felt that you can't forget this, when I'm standing there as a doctor....

But you maybe can say that the surgical specialties maybe are more like that.... Now we've operated on you, so you'll see it will be fine. [Pause, then laughs] Well I suppose, it's, it's true. I mean they've done what they need to do and that's fine. But if you think this other [contact with the patient] is important, too ... it's confirmation of the trust that I'm after.... But there isn't so much room for it in the medical program. That's why these little flashes come sometimes like this: Yes, that's right, exactly. This is something I don't want to forget. (Eva, 2<sup>nd</sup> semester of 4<sup>th</sup> year, pp. 16-17)

Eva and the remaining students in the study used their observations of a range of ways of being medical practitioners that they encountered in clarifying the kind of medical practitioner they strived to become:

[During the medical program] I get to see different doctors and to work in different ways, and see that this is a good role model and this is someone who can teach me—you have to choose your teachers a bit—and this is someone who can be an appalling example [laughing]. (Lotta, 2<sup>nd</sup> semester of 5<sup>th</sup> year, p. 88)

So taking over others' ways of being was not necessarily an unquestioned or unreflected process, although it proved to be a central aspect of learning to be medical practitioners.

As noted above, although the students in this study were enrolled in the same medical programme, they learnt distinctly different ways of being medical practitioners, as Lennart and Lotta demonstrate through their different frames of reference for the practice of medicine (see Dall'Alba, 2009, for elaboration of how these differing frames of reference played out in their practice of medicine). Moreover, learning to be medical practitioners is personal-social, as evident in the way Eva takes over ways of being a medical practitioner from experienced colleagues, while making these ways of being her own and clarifying for herself the kind of medical practitioner she wants to be. In the students' accounts of

learning to be medical practitioners, the epistemological is intertwined with the ontological dimension; what they learn is interwoven with who they are becoming.

## **6.5 Learning from a Lifeworld Perspective: Developing Ways of Being**

In this chapter, we have discussed and illustrated how a lifeworld perspective provides a basis for a new and innovative approach to practice-based learning, which offers advancements over previous approaches. In particular, we have explored how a lifeworld perspective and its notion of ways of being enables us to investigate both the multiplicity of practice and the integration of epistemological dimensions (that is, the knowledge that is learned) with ontological dimensions (that is, who learners are becoming) of learning through and about practice. We have demonstrated the relevance and importance of these features in empirical research on learning in higher education and in the workplace.

Against the background of the historical development of a lifeworld perspective, we have primarily utilised the notion of ways of being for exploring practice-based learning in educational programmes and at work. We have illustrated empirically how the notion of ways of being provides a means of exploring both learning in preparation for practice and learning in practice. Other concepts within a lifeworld perspective, such as 'equipment' and 'being with others,' can be used to further explore the enactment of practice and learning to engage in practice. Below we identify some features of a lifeworld perspective on learning that most closely relate to the key concepts we have discussed in this chapter. More elaborated treatments of learning from a lifeworld perspective can be found elsewhere (see, for example, Dall'Alba, 2009; Dall'Alba & Barnacle, 2007; Dall'Alba & Sandberg, 2006; Heidegger, 1998/1967; Thomson, 2001).

Similar to other practice approaches, a lifeworld perspective confirms the need for close investigation of the performance of practice within the social, historical, cultural, material contexts in which learning to engage in practice takes place. Not only is learning embedded in such contexts, but a lifeworld perspective also highlights the importance for learning of our entwinement with world. From a lifeworld perspective, learning is made possible through this entwinement. In other words, while we inhabit our world, it also contributes to making us who and what we are through encounters with others and things, as the study on medical students demonstrates.

As we bodily engage in learning through and about practice, our embodiment provides a means by which we learn to engage in practice. We learn to extend our bodies through incorporating equipment that is necessary for practice, such as when Eva used contrast dye and X-ray equipment in examining patients' internal organs. We also learn through taking over others' ways of being during socialisation, education and work. In other words, we take over ways of being

from others in social practice, embodying and making these ways of being our own, as Eva did when learning from a retired senior medical practitioner. However, both Eva and Lotta remarked that observing different ways of practising medicine enabled them to clarify the kind of medical practitioner they wanted to be. They did not simply unquestioningly take over others' ways of being medical practitioners.

The ways of being we encounter and develop give meaning, then, to what we do and who we are. In doing so, our learning can transform us in a process of becoming engineers, forensic scientists, historians or visual artists. This process of becoming is always open and incomplete, while also constrained by our understanding of the practice in question and by entwinement with our world. Constraints on understanding are evident among the corporate lawyers and medical students quoted above, especially when we compare different ways of being corporate lawyers or medical practitioners.

As we note above, these features of a lifeworld perspective on learning draw attention to the multiplicity of practice, in contrast to a prevalent view of practice as a singular, relational whole. A lifeworld perspective also highlights the centrality of the integration of epistemological with ontological dimensions for learning to engage in practice. Our learning extends beyond what we know and can do to who we are, as shown in our empirical examples about the practice of corporate law and medicine.

The notion of ways of being we have discussed in this chapter also has implications for educational and workplace practice. The multiple ways in which practice is enacted, including threads of the historical and the new alongside each other, can be a source of confusion for practitioners, as Karl noted above. But the multiplicity of practice can also open possibilities for renewing practice. In supporting professional development in formal education and the workplace, this multiplicity can provide rich opportunities for critically reflecting upon existing forms of practice and how they can be improved.

Similar to research on learning, the personal and social transformations that are expected to occur through learning to engage in practice are assumed, but largely taken for granted, in educational programmes and in the workplace. The complexity of these processes and the integration of epistemological with ontological dimensions demand close attention in both practice and in research on practice.

Further theoretical and empirical research, drawing upon insights gained from educational and workplace practice, is needed to extend and elaborate the approach we have outlined in this chapter. In describing and illustrating a lifeworld perspective on practice-based learning, we have sought to demonstrate that this perspective and its concepts open new ways of inquiring into learning through and about practice.

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