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**Forming a relation to the body – Learning to become a
physiotherapist**

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Abstract

Higher education is often discussed in terms of employability where students are supposed to learn skills usable in a future profession. The education in physiotherapy has a strong sense of profession. The aim of this paper is to understand how students and working physiotherapists relate to and learn to relate to aspects of the body when forming an occupational identity. It will focus on the following questions:

- How do first year students, third year students and working physiotherapists form a relation to the body as part of their occupational identities?
- What similarities and differences are found between the different actors?

The data is based on two different studies. The first consists of biographical interviews with three first year students and three third year students. The second is based on interviews with two physiotherapists working at a clinic for rehabilitation at a university hospital.

The results show that first year students form a student identity and working physiotherapists an occupational identity. Third-year students seem to be in a process of floating. In the forming process in education students relate to each others bodies. In the third year they have developed their own body as a tool. Finally when working, they learn both to use their own body as a tool and are coaching the patients to use their body as a tool. They also develop a relation to other occupational groups by negotiating what a physiotherapist is. At that time they develop a full sense of an occupational identity.

Introduction

Higher education is often discussed in terms of employability. Students are supposed to learn skills usable in a future profession. Research in higher education shows differences in student learning and teaching that are related to senses of profession (Abrandt - Dahlgren, Reid, Dahlgren, Petocz, 2008). In educational programmes where a strong sense of

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profession is developed the students tend to relate what they learn to their expectations about their future work. Despite this, even these educational programmes seem to have difficulties in preparing students for their future work. Ohlsson (2009) for example shows that students in nursing are trapped between education and the work practice as they seem to have different learning agendas. She also draws the same conclusions as Becker et al (1961) that students learn a student identity during their studies and an occupational identity when they enter the work practice. Thunborg (1999) shows that health care personnel often form their occupational identity in relation to other occupational groups in their work practice. The formal educational programme for physiotherapists was incorporated into the Swedish system of higher education 1993. It is a three year long educational programme and gives access to doctoral studies. The incorporation was part of a long term professional strategy for physiotherapists. Their competence is regulated by the national board of health and welfare. Physiotherapists in Sweden are formally prescribed to work with prevention, treatment and rehabilitation of functional abilities for children, adolescence, adults or elderly in health care. Their professional work ought to be based on ethical values as well as science and reliable experience within their field (SOS, 1999). As the bodily functions seem to be an important competence, the aim of this paper is to understand how students and working physiotherapists relate to and learn to relate to aspects of the body when forming an identity. It will focus on the following questions:

- How do first year students, third year students and working physiotherapists form a relation to the body as part of their identities?
- What similarities and differences are found between the different actors?

The data is based on two different studies. The first consists of biographical interviews with three first year and three third year students¹. The second study is based on interviews with two physiotherapists working at a centre for rehabilitation at a university hospital in Sweden².

Learning an occupational identity – A theoretical framework

This paper is concerned with learning of identities as physiotherapists. Learning is here seen as an ongoing process related to two different learning contexts, education and the work practice. Bruner (1990) makes a distinction between “learning about” and “learning to be”. This paper focuses on learning to be. What it means to be a learner in education as well as in a workplace relates both to what is learnt and how within these different learning contexts. However, the question of learning could not be separated from the question of identity. Identity is sometimes defined in psychodynamic terms (Erikson, 1968) viewing a coherent self. This paper focuses on social identity, where actors present

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² This is part of the project Occupational roles, work and learning in health care services.

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themselves in relation and with references to others. A distinction between personal and social identities is often made (Goffman, 1959). The personal stresses the uniqueness of an individual biography (Alheit, 1986) and the social relates to shared concepts, patterns of action and interaction within a specific group, organisation (Hatch & Schultz, 2004), work place (Collin, 2009) or occupation (FAME Consortium, 2007; Thunborg, 1999). Thunborg (1999) discusses learning of occupational identities as a relation between three different levels, an individual related, an activity-related and an occupational related level. The individual related level focuses on each actor's own biography, experiences and strategies in relating to their occupation. The activity-related level focuses on patterns of action and interactions as well as ideas about what is done and how in a specific context. On the occupational related level actors' ideas about the occupation as a whole are focused including discursive aspects about a profession, which the actors themselves relate to.

Learning is here defined as a process of forming identities. Mead (1934) meant that the human self is formed through communication, by means of significant symbols and role-taking. In this process, social, emotional, cognitive and bodily aspects are interwoven (Mead, 2001). From Meads the process could be expressed as seeing oneself through others, seeing others through oneself, and developing attitudes towards the world through the generalised other (Blumer; 1986; Mead, 1934; Miller; 1981). The bodily aspects of role taking are discussed as an ongoing social process of interacting biological organisms (Bourgeois & Rosenthal, 1990). In the process of becoming aware of meanings, the biological organisms are transformed into minded organisms and the self where non-significant gestures become significant symbols, meanings, and part of the conscious communications. Bourgeois & Rosenthal (1990) find similarities with Mearleau-Ponty's phenomenological aspects of the body and self as follows:

It can be seen, then, that Mead and Mearleau-Ponty alike, view the self as inherently social or intersubjective, as non ego-logical and as emerging from an incorporating in its very structure the process of role taking, and as decentred in the interacting and intertwining of self and others through the central role of the lived body (Bourgeois & Blomenthal, 1990, pp 126).

When learners relates to a specific context, they are also structured by their social background and previous learning experiences (Alheit, 1986). On the individual-related level of occupational identities these aspects are focused. For understanding the contextual aspects of education on the one hand and the work place on the other the interplay between participants and the activities of which they are part are understood in terms of participation in communities of practices (Lave & Wenger, 1991; Wenger, 1998). In the contextual learning process both contexts and individual participants are formed and reproduced. When focusing on the community of practice in itself, aspects of "habitus" seem to disappear (Sawchuk, 2003). The reproductive aspects of learning also seem to be focused (Fenwick, 2006). The changing aspects of learning an occupational identity can be seen from the concept of floating. Bron (2002) uses the concept floating to capture the feeling

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of being fragmented, of not having a past and being afraid of forming a future when changing contexts.

To sum up, three levels of learning an occupational identity are used for analysing firstly how agents individual experiences and biographical background form a relation to the body in physiotherapy, secondly how actors participate and interact in two communities of practice and its impact on their relation to the body in physiotherapy and finally how actors form a relation to the body as an aspect of their occupational identity. The changes in becoming a physiotherapist are related to ideas about what it means to be a physiotherapist due to the body, changes in and between learning contexts and changes in the actors relating to themselves and their experiences.

Learning to become a physiotherapist

The following section focuses on the occupational identities presented by the interviewees. Firstly, the first-year students´ secondly, the third year students´ and finally the working physiotherapists are analysed on an individual, an activity-related and an occupational related level.

To be a first-year student

The three interviewed first year students, here called Susan, Margaret and Jeff are between 32 and 43 years old, one man and two women.

The individual related level

The relation to the body is something that is part of all the narratives of the students. There are four different aspects of the relation to the body. Firstly, they are relating to a personal interest in physical training and a belief that physiotherapy suits them because of that:

I like physical training so this is a profession that suits me, when I found that out it was obvious (Susan)

Secondly, there is an interest in the sick body:

My mum is sick and that has had an impact on my interest in what diseases do to the body (Margaret)

Thirdly, there is an interest in the body as an object:

I really enjoy knowing how the body works. When I go to the doctor I want to know a lot of things, and I ask a lot of questions... when I worked at a hospital I always wanted to be invited when things happened that concerned the body. I got to help out in surgery. ... I went to post-mortem autopsy... that was fascinating, strange but interesting to learn from. Then I was at an exhibition called "bodyworlds" where they exhibit human bodies that are plasticised ... you can look at the skin, the skeleton or the veins. They have separated

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everything so that you can see it naturally. There are real human beings and how they look inside. (Jeff)

Finally, Susan and Jeff have been watching physiotherapists when working in health care:

When I worked at the hospital I saw the physiotherapist working with ... stroke patients. I saw people, unable to move more than a toe being able to walk with a stick, to the bathroom ... with help from a physiotherapist. That was something, to learn to help a person from being totally disabled to become autonomous. That was something I really wanted to work with and I still want to do that, work with stroke patients. (Jeff)

The activity-related level

The actors learn at first by investigating each others bodies. However, they learn more about the healthy body that way than the sick one. Getting close by touching each others' bodies gives rise to feelings of homophobia:

It was hard from the beginning; it was a feeling of homophobia, that we should touch each other as men, massaging each others hands or feet, even guys. It is not strange but you have learnt that guys do not behave like that in relation to each others, so the feeling where to look, what to do, feels wrong. You have to get over it. That is why we keep on practising. My future patients are both women and men and I need to develop a professional way of handling that. We have discussed it and we all feel that way (Jeff).

The occupational related level

There are three aspects concerning the occupational related level. Firstly they are relating themselves to the process of becoming *students*. They also relate to an *interest to the body*. Finally, they form a subjective relation to the *body* while the objective relation is seen as basics form medicine as a whole.

To be a third-year student

The three interviewees studying their last year on the educational programme in physiotherapy are between 24 and 26 years old, two women and one man. They are here called Steve, Linn and Joana.

The individual related level

Similar to the first-year students, they have an interest in becoming physiotherapists that is related to their own interest in physical training. Steve describes this as follows:

I have always been interested in working with people and with physical training, most of all in relation to my own interest in sports. I have been in contact with physiotherapists and thought it interesting. That's how it started. (Steve)

When Joana started to study she tried to learn anatomy by sculpturing every bone and muscle in play dough.

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I know when we learned anatomy about all the bones in the body, I did everything in play dough (laugh) I learnt to put all the bones in the right place and all the words in Latin, I did it with my hands and put it in the oven. I know I was too ambitious, but it was a good way of learning. I really had a hunger for knowledge. (Joana)

Steve has an interest in helping people to become bodily autonomous and as a consequence to gain a feeling of helping.

I would like to work with rehabilitation, to help people back to, to help them with their problem, often a physical damage which is connected with a lot of happiness when you feel that you have helped. (Steve)

Linn has a view of the body as a self healing system, where she as a physiotherapist are just helping out a little:

As a physiotherapist you are working with the body. It is fun and fascinating. The body can heal itself; we are just helping it out a little. I am so happy I chose this profession (Linn)

The activity-related level

The last year students learn to relate to their own body as a practical tool for handling other bodies in their future work practice. The practical period during the education is considered important for understanding what to do as a physiotherapist:

The practical periods have been helpful. We have had an opportunity to try and get an overview of what we ought to do as physiotherapists. It feels really good... In practical periods...I know things practically, that I theoretically can explain (Joana).

Learning to use the body as a practical tool are examined by practical exams, which are considered stressful:

It is a very stressful part of the programme with the practical exams that you do not have in other educational programmes. The demands are hard due to the practical exams. You have to do it in a good way, but even if it has been alright so far I do not know if I can do it the same way the next time. That is stressful. An examiner comes out to the work place where you practice and you demonstrate on the patients, an investigation or a treatment or something, that you have to present by following a specific scheme (Linn)

The occupational related level

The last year students see themselves as having *one foot in their future profession and one foot in education*. They also seem to *relate to their own body as a practical tool* in education and their anxiety to use it as a working physiotherapist.

To be a working physiotherapist

I interviewed two working physiotherapist at a clinic for rehabilitation, one man and one woman both in their thirties. They have been working as physiotherapists about ten years. They are here called Lena and Allen.

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The individual related level

Lena relates to the teamwork in learning to become a physiotherapist. She also describes conflicts in the team relating to expectations about her physical condition:

I had two very heavy patients at the same time and that was more than I could handle physically. My leader understood that but not the physician I worked with in the team. You can not have to have a totally healthy body to work as a physiotherapist, than you are not able to work under pregnancy. I can not buy that. I do not train physically that much and my experience was that they did not understand that. (Lena)

Allen points out that his own strategies for studying and working himself has been important for learning his work.

The activity-related level

Both Allen and Lena are working with brain damaged patients. They describe that the patients develop through different phases that they are relating to. Lena works with the early phases and Allen with the later. Lena means that her patients need a lot of help with training their bodily functions. Firstly, she has to form a relation to the patient:

I think it is that that patient and I have the same idea that we are working with the right things. It has to do with how we meet the patient that might have another idea about what we should do...It has to do with how I meet the patient that could have a totally different idea about what we should do, that we meet each other... that is the basic for achieving results in terms of a better function.

Secondly, she has to analyse the functions the patient need to develop and choose ways of training the functions together with the patient:

I have to ... make judgements about the bodily functions, where there is a weakness and what I have to do to train that function.

Thirdly, both Lena and Allen work with using their own body as a tool and by coaching the patient to work with their own body:

When working with this very ill brain damaged patients it is very hard physically. I have to hold, bend and it is very hard, but when the patient is getting better I start to instruct instead. It varies a lot but we have many patients that are heavy to work with.

The coaching also develops into a teaching situation where patients have to find ways of coping with their real life. This is mainly the work done by Allen:

When people are coming here they are in another form of crisis, the crisis that they feel when they come home and...they experience a change in their role They are not developing their function as fast as they did. We are then helping them to cope with their new situation. The functional training is still there but a lot of education, teaching, that is what we do. (Allen)

The occupational related level

A physiotherapist has to have a good knowledge about the body, and how to work with the body. The physiotherapists relate themselves to other occupational groups in the team and have to negotiate their special competence. They also relate to demands of higher quality and research as something different from their practical bodily work:

What is important to be a good physiotherapist is a good knowledge about bodily movements, functions and the nerve system... there is a lot of different training methods and you have to have a certain spectra of them. Before, the methods were more strictly...you had to follow a certain method. This has changed....The work with the bodily functions remains in the future but I think that it is going to be broader in relation to working with research and development and also as consultants. (Allen)

In the team for brain damages, I feel that there are different views about what a physiotherapist ought to do and I think that a physiotherapist should be a physiotherapist and that we should not do things that the occupational therapists do. I think there are different opinions, especially from the view of the doctor, it is an ongoing discussion. (Lena)

Conclusions

The bodily relations as part of the identity of the physiotherapist are summarised in table 1. The first year students learn to become students in physiotherapy by forming a relation to their own and the other students' bodies by examining each other. In this process they tend to form a social relation to each other that is quite unique and emotional that gives rise to two questions, the relation between the healthy and the sick body and the relation to gender and sex. Their personal background is discussed in terms of their interest in the body. The third-year students are standing between education and work practice. They have learnt how to use their own body as a tool on sick bodies, but are uncertain about how to use it in a future profession. They show their abilities in practical exams and during practical periods. They refer to their past strategies for learning about the body as an object, and their personal interest in the physical body, but also to their future work in helping people to become bodily autonomous or to helping a self healing body. The working physiotherapists relate to a knowledge concerning bodily movements, functions and different methods in their work with the patients. In rehabilitation they have a specific aim to make people autonomous. They work with their own body and with the patient's body as a tool which also demands an active relation to the patients and to the other occupational groups in the team. On an individual level they seem to develop different learning strategies for coping and developing at work.

The learning situations in education seem to be similar between the different students and have a phase like shape, while the working physiotherapists seem to develop individual learning strategies in their jobs. The students with personal experiences of health care work relate to making people bodily autonomy earlier than other students. However the working physiotherapists share ideas about what it means to be a physiotherapist, which the students lack. The activities between education and work practice also vary. In the

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education learning is the main activity, in the work practice it is the daily work. The strategy for learning at work then becomes an individual question.

Table 1. The identity of the physiotherapist related to three levels and three learning phases in becoming a physiotherapist.

Levels of identity	First-year students	Third-year students	Working physiotherapists
The individual level	<p>A personal interest in physical training.</p> <p>An interest in the sick body</p> <p>An interest in the body as an object</p> <p>An interest in making people bodily autonomous.</p>	<p>A personal relation to the physical body.</p> <p>An interest in helping people to become bodily autonomous.</p> <p>Bodily strategies to relate to the body as an object.</p> <p>To assist a self-healing body.</p>	<p>Negotiating others' expectations of being physically well trained.</p> <p>Forming learning strategies for being a physiotherapist.</p>
The activity-related level	<p>Learning by examining each others bodies.</p> <p>Learning about the healthy body.</p> <p>Learning about once own emotions and prejudice</p>	<p>Learning to use the body as a tool in practical exams.</p> <p>Learning to use the body as a tool for future work</p>	<p>Analysing functional mobility and the lack of it.</p> <p>Working with the body as a tool.</p> <p>Coaching people to work with their body</p> <p>Evaluating the work with the patient.</p>
The occupational related level	<p>Becoming a student</p> <p>Forming a relation to the body</p>	<p>One foot in education – one foot in the work practice.</p> <p>How to use the body as a tool when working?</p>	<p>To be a working physiotherapist</p> <p>Making patients autonomous by using the body as a tool, coaching patients to use their own body and cope with a new life situation.</p>

Discussion

The aim of this paper is to understand how students and working physiotherapists learn to relate to the body as an aspect of their occupational identity. This relation is analyzed on three different levels, an individual-related, an activity-related and an occupational related level (Thunborg, 1999). I have also tried to compare two student groups, consisting of first- and third year students and working physiotherapists. Even if this empirical study is based on small groups of actors there are some interesting aspects worth further studying.

As physiotherapists view the work with the body as their core work the relation seems to be both important and complex. It is both expressed in their personal and their social identity (Goffman, 1959). Based on Meads (2001) views of the forming of the self as a social process of seeing others, seeing oneself and the generalized other are specifically expressed in the way the students learn by touching each others bodies, where they both relate to their own subjective interests, get to feel awkward with being lightly dressed in front of others and by touching for example other men, that gives rise to reflections about their own prejudice, and a wish to develop a professional attitude towards their future work. In this process the social process are intervening emotional, cognitive and bodily aspects (Bourgeois & Rosenthal, 1990). In their last year they have to combine the bodily and cognitive aspects in practical exams and during practical periods. Here the social process is related to coping with practical exams and the emotional aspects of the anxious of failing. Finally, as a working physiotherapist the social process with the patients and the team is seen as a precondition for being able to achieve results even if the core activity is related to change between using your own body and the patients body as tools.

In this paper two different learning contexts are viewed (Lave & Wenger, 1991). To participate in education means to form an identity as a student. Initially this is mainly based on the relation to other students and teachers, even if the relation to the students seems to be most important initially. To be a good student, is related to learn about the body as an object, and as a subject, to be good at practical exams and to do well during practical periods. The anxiety towards the future work is to be understood in terms of floating (Bron, 2002), not being able to stay as a student, not having a firm idea about how to become a good physiotherapist. The participation at work is, at least in this case, related to work with other groups of personnel, having expectations about what a physiotherapist should be or do, and to form a special relation to the patients for being able to work. Here they form an occupational identity that they constantly negotiate in their daily work. This is something they never do in education. They therefore have to form individual learning strategies for coping as they are quite alone as physiotherapists in their daily work. The expectations from others of for example being physically in a very good condition seems to be a reproduction of the expectations from the first year student's view of their future work, but are forming contradictions in what to do and be as a physiotherapist. (Becker, et al, 1961; Ohlsson, 2009; Thunborg, 1999).

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Finally, the students with parents working as physiotherapists as well as with previous experiences of health care work, they from the beginning have a clear picture of that a physiotherapist are working with making patients bodily autonomous, which the other students learn during their education. The bodily aspects should however be further examined in relation to the forming of an occupational identity as a physiotherapist.

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