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Relations of meaning.

A phenomenologically oriented case study of learning bodies in a
rehabilitation context.

Samandrag

I denne avhandlinga blir læringa som skjer mellom deltakarar i rehabilitering undersøkt. Meir spesifikt har eg nytta den fenomenologiske filosofien til Maurice Merleau-Ponty (1963; 1968; 2002) til å betre forstå dei kroppslege og sosiale aspekta av læring, slik desse er relevant for temaet i avhandlinga. I tillegg har den pedagogiske teorien *situert læring* (Lave & Wenger, 1991; Wenger, 1998) blitt nytta til forstå den situerte karakteren av læringa i rehabilitering.

Ei fenomenologisk orientert case studie har blitt nytta til å generere empiriske data. Dette inneber at eg har gjort eit feltarbeid i ein rehabiliteringskontekst med ved hjelp av metodane halvstrukturerte intervju og nærobservasjonar. Casen eg har studert er eit rullestolkurs der deltakarane kan lære rullestolteknikk og fysiske aktivitetar. Dette kurset har deltakarar med ein varierande bakgrunn i høve til erfarings- og dugleiksnivå. Det er denne blandinga av nykommarar og erfarne rullestolbrukarar som gjer dette kurset interessant å studere.

Den fenomenologiske tilnærminga signaliserer to viktige poeng ved den vitskapsteoretiske orienteringa til prosjektet: For det første gjer studia ikkje hevd på å undersøkje dei essensielle, eller eidetiske, strukturane til læring, slik ei reint fenomenologisk studie bør gjere. For det andre, så tyder den fenomenologiske orienteringa at eg forpliktar med sterkt til å vere orientert mot dei levde erfaringane til deltakarane, samstundes som eg gjer bruk av innsiktene frå den fenomenologiske rørsla.

Læring er eit mangetydig fenomen. Mi tilnærming har vore å undersøkje arbeida til Merleau-Ponty for å finne ressursar for å forstå kroppsleg og sosial læring. Det er særleg omgrepa *vane* og *kroppsskjema* som har vore nyttige til dette føremålet. I hans første store arbeid, *Åtferdas struktur [The structure of behavior]*, kritiserer Merleau-Ponty behaviouristane for deira atomistiske forståing av læring som eit kausal tilhøve mellom stimulus og respons. Merleau-Ponty, på si side, hevdar at "det avgjerande no" i læring trer fram når ein meiningsrelasjon mellom situasjonen – tatt som ein heilskap – og kroppssubjektet er etablert. Læring kan såleis ikkje brytast ned i sine enkelte byggeklossar, men må snarare bli forstått som ein gestalt, det vil seie som eit heilskapleg system, der summen av enkeltdelane ikkje er lik totalen.

Ved hjelp av Merleau-Ponty, S.K. Toombs og Fredrik Svenaeus viser eg korleis tileigna funksjonshemmingar kan forståast fenomenologisk som tap eller samanbrotet i kroppslege vanar. Dette kan forståast som eit gestaltskifte som inneber ei omorganisering av figur-bakgrunnsstrukturen, slik at kroppen blir objektet som merksemda rettar seg mot, samstundes som den praktiske omgangen med omverda forsvinn inn i bakgrunnen. Denne måten å forstå tileigna funksjonshemmingar på viser den tette samanflettinga mellom kroppen og omverda, som Merleau-Ponty i sine siste arbeid kallar for *flesh*.

Rullestolkurset som er caset i avhandlinga blir analysert som eit praksisfellesskap. Gjennom ei analyse inspirert av situert læring trer tre sentral tema fram: "Å få ein måle-stokk", "Hjula er skoa mine" og "Forstå strevet mitt". På tvers av desse temaa finn vi ei form for gjensidigheit som framstår som sentral for læring. Dei gjensidige relasjonane som oppstår, blir ivaretatt og forhandla mellom deltakarane er ei drivkraft for læring i praksisfel-lesskapet. Denne læringa overskrider ei trong oppfatting av rullestoldugleik som eit spørs-mål om teknikk åleine.

Frå eit fenomenologisk perspektiv blir rehabilitering analysert som *re-embodiment*. Det-te omgrepet er særs vanskeleg å sette om til norsk, men i denne samanhengen viser det til prosessen med å gjenvinne vanane til kroppen. Med dette blir det vist korleis læring av dug-leikar er ein form for inkorporering som involverer gestaltskifta frå tematisk (*thetic inten-tionality*) til operativ intensjonalitet og frå kroppsbilete til kroppsskjema. Begge desse skif-ta viser korleis dugleikar blir inkorporert som vanar, og korleis ting, slik som rullestol, blir tatt opp i kroppsskjemaet til den lærande. Eg argumenterer for at desse prosessane kan skje på bakgrunn av ei *mellomkroppsleg læring* ('intercorporeal learning'). Det vil seie at ei overføring av kroppsskjema fører til ei omorganisering og fornying av kroppsskjema til den lærande.

NØKKELORD:

Fenomenologi – Merleau-Ponty – Kroppsleg læring – Situert læring

Abstract

This dissertation investigates the learning that takes place between participants in a rehabilitation setting. More specifically, I have made use of the phenomenological philosophy of Maurice Merleau-Ponty (1963; 1968; 2002) in order to better understand the embodied and social aspects of learning as it relates to the topic of this dissertation. In addition, the educational theory *situated learning* (Lave & Wenger, 1991; Wenger, 1998) has been utilized in order to frame the situated character of that learning.

A phenomenologically oriented case study has been used to generate data. This means that I have done a field work with semi-structured interviews and close observations at a rehabilitation program. The case for my study was a rehabilitation program called "Wheels in motion" (WiM), where participants learn wheelchair skills and take part in physical activities. This program attracts participants with a wide range of experiences and skill levels. I targeted this program for my study precisely because of the heterogeneity among its participants. The phenomenological orientation signals two important issues: Firstly, the study does not make any pretence to investigate the eidetic structures of learning, as a purely phenomenological study would. Secondly, the phenomenological orientation also means that I make a strong commitment to stay oriented towards the lived experiences of the participants and to draw on the resources from the phenomenological movement.

Learning is a wildly multi-dimensional phenomenon. My approach has been to investigate the work of Merleau-Ponty in order to find resources to understand embodied, situated learning. Especially his notions of habits and body schema have been useful to this end, because they both pinpoint the central importance of the body in learning movement skills. In his first major work, *The structure of behavior*, Merleau-Ponty criticized behaviourist theories for their atomistic conception of learning as a causal relation between stimuli and response. Merleau-Ponty argues that the "decisive now" of learning emerges when a relation of meaning is established between the situation – taken as a whole – and the body-subject. Thus, the learning situation cannot be broken down into its constituent parts, but must rather be understood through the notion of *gestalt* in the sense that the whole of a system is not equivalent to the sum of its isolated parts.

In the dissertation, a phenomenological understanding of acquired disabilities is proposed. Drawing on the work of Merleau-Ponty, S.K. Toombs and Fredrik Svenaeus, I argue that acquired disability is a loss or disruption of the habits of the body. This can be thought of as a gestalt switch, which involves a reorganization of the figure-background structure, where the body becomes the figure that one is occupied with, and worldly engagement recedes into the background. This way of considering acquired disability shows the reversible intertwining between body and world, which Merleau-Ponty in his later work thematized through the notion of *flesh*.

The WiM-program was analyzed as a community of practice. Through this situated learning analysis, three central themes emerged: "Getting a measuring stick", "The wheels are my shoes", and "Understanding my struggles". Cutting across these themes is the central importance of *mutuality*, i.e. how the relations established and maintained between the participants where conducive to learning in a manner that transcends a narrow focus of the technicalities of skill learning.

From a phenomenological perspective, rehabilitation is analyzed as re-embodiment, here taken to imply the process of (re-)gaining habits of the body. In particular, it is showed that and how learning skills is a process of incorporation, which involves gestalt switches from thetic to operative intentionality and from body image to body schema. Both these gestalt switches also show how skills become incorporated as habits, and how objects, like the wheelchair, are taken up in the learners' body schema. These processes, I argue, are brought forth by *intercorporeal learning*. That is, a transfer of body schema that leads to a rearrangement or renewal of the learner's body schema.

KEY WORDS:

Phenomenology – Merleau-Ponty – Learning bodies – Situated learning – Re-embodiment

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List of other works from the Ph.D.-study:

Conference presentations:

Standal, Ø.F. (2005): Apprenticeship in rehabilitation: Learning wheelchair skills in a community of practice. *15th International Symposium on Adapted Physical Activity*, Verona, Italy.

Standal, Ø.F., Kissow, A.-M., Morisbak, I. (2007): Adapted physical activity and rehabilitation: A Scandinavian perspective. *16th International Symposium of Adapted Physical Activity*, Rio Claro, Brazil.

Standal, Ø.F. & Jespersen, E. (2008): Peers as resources for learning. *European Conference on Adapted Physical Activity*, Torino, Italy

Standal, Ø.F. (2008): Evidence-based practice in adapted physical activity: A critique. *European Conference on Adapted Physical Activity*, Torino, Italy

Invited book chapters:

Morisbak, I. & Standal, Ø.F. (2006): Rehabilitering med tilpasset fysisk aktivitet som hovedvirkemiddel. In: Kissow, A.-M. & Therkildsen, B. (eds.): *Kroppen som deltager. Idræt og bevægelse i rehabiliteringen*. Roskilde, Denmark: Handicapidrætens Videncenter. (pp 146-157)

Standal, Ø.F. & Hemmestad, L.B. (submitted): Becoming a good coach: Coaching and phronesis. In: Jones, C & Hardman, A. (eds): *Coaching and ethics*. London, UK: Routledge.

Articles in peer-reviewed journals

Standal, Ø.F. & Jespersen, E. (2008): Peers as resources for learning. A situated learning approach to adapted physical activity. *Adapted Physical Activity Quarterly* 25; 208-227

Standal, Ø.F. (2008): Celebrating the insecure practitioner. A critique of evidence-based practice in adapted physical activity. *Sport, Ethics and Philosophy*. 2; 200-215

Hemmestad, L.B., Jones, R., Standal, Ø.F. (accepted): Phronetic social science: A means of better researching and analysing coaching? *Sport, Education & Society* …

Other articles:

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Standal, Ø.F., Kissow, A.-M., Morisbak, I. (2007): Adapted physical activity and rehabilitation: A Scandinavian perspective. *Journal of the Brazilian Society of Adapted Motor Activity*. 12; 125-129

CONTENT

Appendix

PART I: INTRODUCTION

For what drew me towards the philosophers… was a problem that was not in the first instance philosophical: it was rather, a problem I encountered in a quite practical setting.

(Joseph Dunne in *Back to the rough ground*)

1. BACKGROUND

Any teacher who is equipped with a healthy portion of insecurity eventually comes to realize that teaching is not a straightforward process of transmitting knowledge and skills, making the learner understand whatever the teacher has already understood. Instead, we must admit that the processes of teaching and learning are fundamentally characterized by noncoincidences (Gallagher, 1992: 33ff).

   As a rough sketch of what pedagogical noncoincidences entail, one may say that the encounter between a teacher and a learner involves an interchange of interpretations. In these interchanges, the teacher makes interpretation of his understanding of the subject matter and how it should be communicated to the student. The learner, on the other hand, makes her interpretations of the pedagogical presentation of the subject matter. If perfect communication should happen to take place, the learner would understand precisely what the teacher intended. However, more often than not the learner's comprehension does not coincide with the teacher's intentions (oftentimes they learn less or more than planned, and they may even learn other things than you had intended). In addition, one cannot take for granted that the teacher is in complete understanding of what he is teaching. Most of us who are, or have been teachers, can probably attest to the fact that the one has learned more about a subject matter by teaching it. Teaching is thus a form of self-teaching. Noncoincidences are a fundamental characteristic of the teaching – learning process in that they are precisely what "allows there to be an interchange which is irreducible to the simple transmission of information between the student's comprehension and the pedagogical presentation" (Gallagher, 1992: 38).

My own experiences from professional work provide the background and motivation for this dissertation. For some years I worked as an *idrettspedagog*[1] at rehabilitation institutions and as a physical education teacher in the school system. As an *idrettspedagog* my job was to teach sports and movement activities to people with disabilities. Through this work, I found that, as compared to teaching non-disabled pupils, the noncoincidences involved in teaching and learning were magnified in the relationships between me (as a non-disable pedagogue) and the participants with disabilities:

> *Imagine yourself teaching swimming to a beginner who does not have a disability. If it is a while since you last tried to teach someone swimming, you might want to take a few strokes to get the 'feel for it' again. You want to recall the feeling of moving in water. Of course, you cannot know precisely how it feels like for the beginner to swim, but you probably have a good approximation. After all, you were once a beginner yourself, and you have more or less the same bodily architecture. Your proprioceptive and kinesthetic experiences of moving in water are somewhat similar, though not identical.*
> *When teaching someone with a disability, say an amputation or a spinal cord injury, the noncoincidence between you and the learner is increased. For instance, it is obvious that you cannot know how it feels like to swim with only one leg or with legs that do not function at all. The experience of moving in water with a radically different body is alien to you, yet it is something you have to take into account when working with people with disabilities.*

The experiences of the otherness of disability in teaching situations forced me to try to zoom in on the participants' experiences of learning in a way that I to a large extent took for granted when I taught pupils without disabilities.

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[1] *Idrettspedagog* is a term that is quite difficult to translate into English. The most straightforward translation would be sports pedagogue, but the Scandinavian word *idrett* takes on a wider meaning than sports. A useful, but uncommon translation, could be *movement educator*. In any case, the *idrettspedagog*, with his / her pedagogical background, is complementing the more traditional professional groups in rehabilitation such as nurses, therapists and doctors.

When I started to work on this project, I wanted to understand more about the learning that takes place in rehabilitation. There were two main aspects of this learning that I wanted to examine: First, it was the embodied nature of the learning process. This issue was hinted at above with regard to the noncoincidences created or increased by the otherness of the bodily comportment of people with disabilities as compared to the experiences I had with teaching non-disabled pupils. Secondly, I had become interested in the social character of learning in the rehabilitation setting. Rehabilitation provides a context where people with disabilities can meet others in similar situations. Experiences of that kind are rare, at least in societies that are becoming more and more inclusive (cf. Goodwin & Staples, 2005; Groff & Kleiber, 2001). Through my work in practice, I became interested in the way that peer interactions in the groups could be a significant contributor to the participants' learning outcomes.

My idea for a Ph.D. project thus circulated around issues concerning learning in a rehabilitation context from the participants' perspective. In particular, my wonderings were directed towards the *embodied* and *social* nature of learning. As I will return to in chapter 3, these two issues are neglected in modern theories of learning (Winch, 1998). Modern theories of learning are individualistic, in the sense that they favour an "unbridled individualism" (Winch, 1998: 10), they tend to emphasize the cognitive over the bodily (cf. Lave & Wenger, 1991) and they rest on ontological presuppositions that are dualistic (Taylor, 2005; Winch, 1998).

Thus, an overall aim in this dissertation is to get a better understanding of the learning that takes place in rehabilitation contexts. More specifically, the aim is to describe and understand, from a social and embodied perspective, the learning that place in a rehabilitation context where people with disabilities learn movement activities[2].

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[2] Throughout this text, I will use the notions 'people with disabilities' and 'disabled people' interchangeably. This is a bit contentious, since so-called first-person terminology is preferred (i.e. using 'disabled people' is dissuaded) (cf. Duesund, 1995; Sherrill, 2004). However, as Shakespeare (2006) has noted: "Quibbling over 'disabled people' versus ' people with disabilities' is a diversion from making common cause to promote the inclusion and rights of disabled people" (p. 33). In addition, I will use the terms *movement activities* and *(adapted) physical activities* interchangeably. This means that – despite dualistic connotations – physical activity is not merely physical.

Brief outline of the theoretical contexts

In this section, I want to zero in on the theoretical contexts for the study. First, I will present the field of study where I have my educational background and my work experiences, *adapted physical activity*. In addition, I will give a very brief introduction to phenomenology, which serves as the overarching theoretical perspective in this dissertation.

Adapted physical activity

Both my professional and educational background are connected to adapted physical activity (APA), which is a cross-disciplinary field of study that takes its theories and methodologies from the mother-disciplines physical education, medicine and special education (Reid & Stanish, 2003). The historical roots of APA can be traced to the system of medical gymnastics developed by the Swede P.H. Ling, which was exported to America with Scandinavian immigrants and utilized in physical education and corrective therapies in the early 20th century (Sherrill & DePauw, 1997). Thus, from the beginning, adapted physical activities were used almost exclusively in efforts of alleviating problems connected to people's impairments. As Reid (2003: 13) points out: "The medical perspective of correctives was consistent with the historical fact that early physical education was dominated by physicians who realized that exercise was beneficial in the treatment of some physical disabilities".

Over the past decades, the discourse in APA seems to have changed from therapeutic interventions towards an emphasis on inclusion and self-determined participation in movement activities in a variety of contexts[3] (Reid, 2003). This means that APA is not solely connected to physical activities for people who have a medically defined disability. Rather,

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[3] This development can also be traced with regard to the Paralympic games, which arose out of a rehabilitation institution at Stoke-Mandeville in England, where the physician Ludwig Guttman used physical activities in the rehabilitation of injured war veterans. The games first held at the hospital in 1948 developed into an event that for many years was held parallel to the Olympic games, and which finally became coordinated with the Olympics in 1988 in the sense that both games are now hosted by the same city (Howe, 2008).

it is now argued that APA consists of a "body of knowledge and practice that enable professionals to interact with people experiencing difficulties with movement… In fact, disability is not necessary to define adapted physical activity, since it is more about dealing with individual differences and human potential" (Reid, 2003: 20. Italics added).

This is not the time and place to give a satisfactory, historical account of the development of APA, nor to examine the prevailing discourses in APA. But in order to position my project both within adapted physical activity, and in relation to a wider theoretical context, some comments concerning disability and rehabilitation in APA are in order.

The hegemony of the so-called medical model in APA has been challenged in recent literature (cf. DePauw, 1997; DePauw, 2000; Duesund, 1995; Grenier, 2007; Pensgaard & Sørensen, 2002; Sherrill, 2004). The medical understanding of disability has, as DePauw (2000) pointed out, consequences both for research and practice. In terms of research in APA, the medical model of disability has led to inquiry that can be characterized as atomistic in the sense that it is directed at specific structures or functions of the body, seen unrelated to each other (DePauw, 1997). The practice of APA has been characterized by a categorical approach to movement activities. This means that "physical activity options and adaptations for an individual can be generalized based on the disability and the associated implications" (Emes, Longmuir & Downs, 2002: 404). In other words: the medical approach to physical activity consists in choosing the form of activity that is best suited for treatment purposes. Thus, the critique of the medical model is directed towards the idea of disability as a problem mainly connected to the individual's body, rather than seeing disablement as a wider, socio-contextual process.

Indeed, both in APA, but also in disability studies more generally, the medical model has become

> a proxy for all that is wrong with traditional attitudes to disability. It stands for research and practice developed by non-disabled people, without the participation of disabled people. It stands for the dominance of professionals. It stands for the idea that disabled people are defined by their physical or intellectual deficits. It stands for medicalisation (Shakespeare, 2006: 18).

However, as Tom Shakespeare (2006) points out in *Disability rights and wrongs*, the binary and dichotomous opposition created between medical and social models of disability[4] is wrongheaded for two important reasons: First, it paints a false picture of the medical approach to disability (i.e. that disability is defined primarily as a problem connected to the individual's body, and that for this problem, the sole solution is a medical intervention). Secondly, it overlooks the socio-contextual *interplay* in the process of disablement. Though the social model of disability has been crucial in order to advance the political and ideological struggle for equal rights, there are shortcomings with its theoretical reasoning about disability that needs to be overcome. I will return to this issue.

Shakespeare defines disability as "the outcome of the interaction between individual and contextual factors – which include impairment, personality, individual attitudes, environment, policy and culture" (p. 58). On this account, disability is grounded in the complex interplay between individual and society, body and culture. This definition is quite similar to the understanding of disability in Norway, where *funksjonshemming* is a relational concept; the outcome of a mismatch between personal factors and environment, which encompasses both physical and social structures (Tøssebro, 2000). On this account, disability implies that there is an obstacle in the interplay between the individual and the environment, but it does not try to locate the obstacle in the individual or in the surroundings alone.

The relational, socio-contextual account implies a broadening of the understanding of disability. It is not a medical issue alone. In keeping with this, the understanding of rehabilitation has to some extent gone through a similar transformation. The current, governmental definition of rehabilitation in Norway is:

> time-limited, planned processes with well-defined goals and means, in which various actors cooperate to assist users in their own efforts to achieve the greatest possible func-

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[4] This binary opposition is expounded for instance in the work of Oliver (1996a; 1996b), where he identifies the medical model of disability with the WHO's classification system, ICIDH, which takes disability to be the causal effect of impairment (i.e. "the loss or abnormality of psychological, physiological, or anatomical structure or function", Oliver, 1996a: 31). In opposition to this Oliver, holds that disability "has nothing to do with our bodies" (Oliver, 1996a: 32). In the social model, disability is seen as the outcome of the oppressive forces imposed on people with impairments from an unaccommodating society (Grue, 2004).

tioning and coping capacities, independence and participation in society (Normann, Sandvin & Thommesen 2004: 28).

Two important points can be highlighted from this definition. First, rehabilitation is done in cooperation between different professional groups and the patient (in the definition referred to as *user*). In order to achieve independence and participation, the goals of rehabilitation must extend beyond the scope of medicine and health. Rehabilitation is therefore a process that cannot be limited to involving only medical professionals, but must include other professional groups as well, e.g. social workers and pedagogues. Secondly, the ultimate goal of rehabilitation is independence and participation in society. Though restoring lost function is important, it is not enough. Rehabilitation professionals must also ensure that participants are enabled to be involved in important life situations (WHO, 2002).

However, this development is not reflected in the APA literature: Due to the disrepute of the medical approach to disability, rehabilitation still has a bad name in APA. In her influential textbook, Sherrill (2004) stated that "rehabilitation typically occurs in hospitals and centres that provide services for persons temporarily disabled (…). Therefore rehabilitation follows a medical model" (p. 360). Similarly, when Legg (2003) discusses APA's contribution to rehabilitation, he highlights the benefits of movement activities in relation to what we may call a 'restoration view', where it is the extrinsic benefits of physical activity to "disability specific issues" (p. 182) that are emphasized and valued. In general, it is clear that in the APA literature, rehabilitation is connected to a process whereby physical activities are used for extrinsic purposes in order to alleviate problems connected to the individual's body. This is documented by Hutzler & Sherrill (2007), who used the WHO's ICF-system[5] to categorize different examples of APA practices. The authors found that APA's contribution to rehabilitation is limited to the treatment benefits that exercises may

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[5] The International Classification of Functioning, Disability and Health (ICF) "provides a multiperspective approach to the classification of functioning and disability as an interactive and evolutionary process" (WHO, 2002: 18). In this model, disability is the outcome of an interaction between personal and environmental factors, which through the domains body structures, body functions, activity and participation can disable or enable persons.

have. That is, APA in rehabilitation is concerned with the ICF-categories *body structures* and *body functions*, and not with the wider reaching categories *activity* and *participation*.

This picture is coherent neither with how I have worked as an *idrettspedagog* nor with how physical activity has been used in rehabilitation in Norway (Morisbak, 1988). Though there is no doubt that physical activities adapted to specific groups of patients may have important treatment benefits, and that this instrumentalist conception of the role of physical activities in rehabilitation is hegemonic, I have worked within a system with a strong belief in the intrinsic values of taking part in movement activities despite having a disability. It is against this background that my interest for learning in rehabilitation should be understood: A broader conception of rehabilitation requires that other professional groups, such as pedagogues, take part in rehabilitation. In addition, when the medical goal of restoration is not a sufficient contribution to rehabilitation alone, then learning how to take part in self-determined, intrinsically valuable movement activities should have its proper place in the rehabilitation process.

Phenomenology

Choosing phenomenology as the framework for the dissertation was not a choice that I made after lengthy deliberations, where different alternatives have been weighted against each other; their pros and cons evaluated. It is more a matter of having been affected by meeting phenomenology:

> We shall find in ourselves, and nowhere else, the unity and true meaning of phenomenology. It is less a question of counting up quotations than of determining and expressing in concrete form this phenomenology of ourselves which has given a number of present-day readers the impression, on reading Husserl and Heidegger, *not so much of encountering a new philosophy as of recognizing what they had been waiting for* (Merleau-Ponty, 2002: vii, italics added. Henceforth: PhP).

Phenomenology was something that I, in my own limited and intuitive way, had been practicing as a pedagogue, and it seemed to me to be a way of coming to terms with practical

challenges encountered in everyday, pedagogical work, or put differently: *with wonderings stemming from practice*.

One of the issues that drew me towards phenomenology is that it represents an alternative to the objectivism of science. On a very fundamental level, the first-person perspective of phenomenology is more congenial to the way I understood and experienced my practice as a pedagogue, than the explanatory efforts of scientific works in pedagogical research. Indeed, one of phenomenology's most celebrated achievements is its critique of the scientific view of human action. Science can explain objects from the third-person perspective, i.e. the objective world, but this does not provide any explanation of the lived experiences of human subjectivity:

> I am not the outcome or the meeting point of numerous causal agencies which determine my bodily or psychological make-up. I cannot conceive myself as nothing but a bit of world, a mere object of biological, psychological or sociological investigation. I cannot shut myself up within the realm of science (PhP: ix).

The critique of scientific explanations of human subjectivity is only one part of phenomenology's relation to science. The second part of this relation is the account Merleau-Ponty gives of the possibilities of science, namely that science is possible because the scientist first of all is a human being-in-the-world: "All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless" (PhP: ix). Therefore, even if phenomenology is against the naïve objectivism of science, one should not automatically infer that it leads to the opposite extreme, namely subjectivism. Indeed, both these alternatives are theoretical deformations of life (Zahavi, 2005). Phenomenology is rather a combination of "a form of subjectivism and a form of objectivism" (Matthews, 2006: 20).

For the phenomenologist, then, "the real has to be described, not constructed or formed" (PhP: xi). But the descriptions that phenomenology provides are not just any kind of description. As Steinbock (1997) states, the phenomenological slogan of *back to the things themselves* is a charge to make "critical descriptions of the things themselves *as* they are

given to us" (p. 127). This means that the description cannot merely be depictions of matter of facts or brilliantly formulated autobiographies, but descriptions that attend to the eidetic[6] structures of that experience.

In order to make good, phenomenological descriptions, the phenomenologists must exit the natural attitude and enter the phenomenological attitude. The natural attitude is our commonsensical beliefs about the world, "how the world naturally strikes us before we do phenomenology" (Priest, 1998: 18). The natural attitude must be put in abeyance by performing the *epochè* (Greek word for suspension of belief). It is important to point out that the epochè, and the resulting phenomenological reduction[7], does not lead to a doubling up of worlds: one world for the natural attitude and one for the phenomenological attitude, with the problems of idealism and skepticism that would involve (Priest, 1998). There is only one world, but we approach it with two different attitudes.

The phenomenological reduction is necessary in order to avoid merely confirming the assumptions of the natural attitude. This does not involve a rejection of these assumption, they are according to Merleau-Ponty, the constant theme of philosophy, but in the natural attitude these assumptions are taken for granted and go unnoticed, so that "in order to arouse them and bring them to view, we have to suspend for a moment our recognition of them" (PhP: xv). The phenomenological bracketing is therefore to put out of play our commonsense and scientific understanding of the world. The phenomenologist is therefore "a perpetual beginner, which means that he takes for granted nothing that men, learned or otherwise, believe they know" (PhP: xv).

In sum, phenomenology

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[6] The eidetic features are the essences of a phenomenon, that is, those features that always and by necessity belong to the phenomenon. These invariant features must be distinguished from the contingent and variant features of the phenomenon, i.e. features that the phenomenon may or may not have in certain instances and that are therefore not definitional of the phenomenon (Zahavi, 2003b).

[7] The difference between the epochè and the phenomenological reduction is, according to Zahavi (2003b) that whereas the former is the bracketing of the natural attitude and provides the entrance gate to doing philosophy, the reduction is our thematization of the relations between subjectivity and world.

offers an account of space, time, and world as we 'live' them. It tries to give direct description of our experience as it is, without taking account of its psychological origin and the causal explanations which the scientist, the historian or the sociologist may be able to provide (PhP: vii).

It is not my intention to do justice to all aspects and perspectives of the phenomenological movement. As this introduction to phenomenology suggest, I will follow the works of Merleau-Ponty. More specifically I will attend to his philosophy of embodiment and habituality. What I intend to do is some *applied phenomenology*, if that is an acceptable term. Cole (2008) has argued in favour of what he calls folk-phenomenology, which is not the top down view of the trained philosopher, but rather a phenomenology that gives a "flavour", as he says, "of what is available from ordinary people's responses to unusual situations" (p. 31). This resonates with my ambition: To attend to the lived experiences of ordinary people in real situations, while at the same time drawing on the resources from the phenomenological movement to get a deeper understanding of those lived experiences.

Stating the problem area for the dissertation

The above considerations imply that the phenomenological approach can be fruitfully applied to learning in the context of adapted physical activity in rehabilitation. I will now substantiate this implication by describing more closely the problem area of the study.

Much of the debate about disability is cast as an opposition between a medical and a social model of disability. This is, as we saw above, true in disability studies, but it is also the state of affairs in adapted physical activity (cf. DePauw, 2000; Grenier, 2007). The opposition posited between a medical and a social model of disability creates certain problems with regard to dualism. For one thing, it leads to a neglect of the lived body: In the standard, Western paradigm of medicine, the body is treated as merely an object (Leder, 1992; Edwards, 1998), and in the social model the body is often simply ignored, e.g. when social model proponents state that "disability has nothing to do with the body" (Oliver, 1996b: 32). Thus, while the body in medical thought is disembodied, it virtually disappears in the thinking of proponents of the social model.

The alternative to the medical and social models of disability is taken to be a relational or socio-contextual model, as for instance defined by Shakespeare (2006). This is also the dominating approach to disability in Norway (Grue, 2004), and it is found in the ICF-system (WHO, 2002). One may say that relational approaches to disability tend to be quite general in that they see disability as an outcome of the interaction between individual and contextual factors. Yet, this still leaves much to be said about the nature and development of the processes that constitute this interaction (Edwards, 2008).

Phenomenology provides resources for specifying the first-person lived experiences of this interaction, and can thus serve to deepen our understanding of disability as a relational phenomenon. Especially through the notions of lived body and body-subject, phenomenology is able to elucidate the role of the body in disability (Connolly & Craig, 2002; Duesund, 1995; Edwards, 1998).

Rehabilitation is a multidisciplinary effort with a strong medical history. The historical origin of rehabilitation lies in efforts of returning injured or ill persons back to their 'normal state' as productive workers (Grue & Heiberg, 2006). Criticism of this idea of rehabilitation is often cast in harsh terms, e.g. "… an *anthropophagic* form of social control, a form of *cleansing* in which the impaired other is expected to recast his/her identity in the image of the *oppressor*" (Paterson & Hughes, 1999: 608. Italics added)[8]. In this sense, rehabilitation can be regarded as a colonizing strategy that treats the individual according to normalizing criteria, instead of basing the treatment on an understanding emerging for the lived experience of the participant (Connolly & Craig, 2002).

An essential part of any phenomenological approach to pedagogical work in rehabilitation (as elsewhere) is to begin by being oriented towards the lived experiences of the learner. It is therefore a clear ambition in the project to think of rehabilitation "as a credible place from which to devise strategies for actual bodies to dwell in the world in honorable ways" (Connolly & Craig, 2002: 455).

What does this ambition lead to in terms of understanding learning? Learning is a wildly variable and multi-dimensional phenomenon (Wenger, 1998; Winch, 1998), and one

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[8] In all fairness it should be noted that this quote refers directly to integration, but it is clear from the context that rehabilitation is an expression of the same assimilationist values that are found in integration.

single project alone cannot have the ambition of covering all aspects of learning in a rehabilitation context. Two main vectors of interest concerning learning will be examined here. The first vector follows the social aspect of learning in rehabilitation, and this aims at a description and understanding of how interactions between participants in a rehabilitation context entail resources for learning. The second vector concerns the pre-reflective, embodied aspects of learning in rehabilitation, and aims at describing and understanding how the body is not merely an object, but indeed also a subject for learning in rehabilitation.

These two vectors may at first glance seem unrelated. The first vector travels outwards towards the social and the communal, whereas the second vector travels inwards towards the depths of pre-personal life. This, however, is not the case. Phenomenology secures us against the problems of treating the social and the individual as belonging to two distinct realms of reality. A notion that can help bridge the seeming gap – or opposing directionality – in the two vectors is Merleau-Ponty's concept of habit. The habits of the body will be essential in understanding learning in a non-dualistic ontology, which is necessary if one wants to examine the intertwining of the embodied and the social. The body-subject and its habitualities are unifiers of the vectors of learning.

On this backdrop, the problem area, with four subtopics can be formulated as guiding motives for this text:

Investigate the work of Merleau-Ponty in order to better understand the embodied and situated (re-) learning of movement that takes place in rehabilitation!

This main problem area can be specified by four tasks that need to be carried out. First, I must *investigate the work of Merleau-Ponty in order to understand the embodied nature of learning movements*. Secondly, there is, as pointed out above, a need to further specify the relational understanding of disability. Here, I will do that by *developing a phenomenological understanding of acquired disabilities*. I will then be in a position to contextualize embodied, situated learning to the rehabilitation setting, and ask *how participants in rehabilitation are resources for each other's learning?* And finally, *what are the embodied charac-*

teristics of the social learning processes connected to (re-)learning movements in rehabilitation?

Outline of the dissertation

In this chapter I have already hinted at the scientific orientation of this study, which takes its off-set in the phenomenological movement. Precisely what the phenomenological orientation entails and how it is carried through in generating empirical data, is the subject matter of chapter 2. That chapter concludes the first part of the dissertation.

The second part of the dissertation – *Habits, learning, and disability* – is formed by two theoretical investigations of the central phenomena learning and disability. In the former, the starting point is a philosophical critique of learning theories. As already indicated these theories neglect the social and embodied aspects of learning in favour of an unbridled individualism (Winch, 1998). By drawing on resources from Merleau-Ponty and the educational theory *situated learning* (Lave & Wenger, 1991; Wenger, 1998), the chapter aims at elucidating an approach to learning that rests on a non-dualistic ontology. In chapter 4, disability is discussed. More specifically, I try to develop a phenomenological understanding of acquired disabilities. By again drawing on Merleau-Ponty's phenomenology of the body, and combining this with the works of two philosophers (S.K. Toombs and Fredrik Svenaeus) who are applying phenomenology in the service of understanding disability and health, I examine how acquired disabilities constitute a disruption of the habits of the body, a disruption which gives rise to an experience of an unhomelike being-in-the-world.

In the final part of the dissertation – *Letting learn* – I draw on the empirically generated data from the phenomenologically oriented case study. In the fifth chapter, I first try to understand the rehabilitation program that served as my case study – called Wheels in motion – as a community of practice. Through this analysis, it is showed that and how the mutuality that was established and maintained between the participants at the program was an important resource for learning. In the sixth chapter, I draw on the work of Merleau-Ponty to develop an understanding of the gestalt switches of re-embodiment that follows the acquisition of impairment. This chapter shows that and how the learning process in rehabilitation can be thought of as incorporation, and ultimately a process of intercorporeal learning. The

dissertation ends with a chapter that summarizes the findings and provides a critique of these findings and the theoretical perspectives applied. In addition, practical implications are discussed and some tentative ideas for future research are drawn up.

2. A PHENOMENOLOGICALLY ORIENTED CASE STUDY

The title of this dissertation indicates that I have undertaken a 'phenomenologically oriented case-study'. In this chapter I will explain what the phenomenological orientation means through situating my study within a methodological landscape. In addition, I will describe the measures I have taken in generating and analyzing the empirical data. There is thus a distinction between methodology and method. Whereas the latter roughly concerns the techniques and tools used to generate and manipulate data, the former addresses a meta-perspective on "how knowledge can be developed and how research ought to proceed given the nature of the issue it seeks to address" (Carpenter, 2004: 9, as quoted by Papadimitriou, 2008: 229).

Kerry & Armour (2000) claim that the potential of phenomenology to provide insight into the field of sport sciences is underutilized. The authors distinguish between phenomenology as philosophy and phenomenology as method. Kerry & Armour are concerned about how phenomenological research in the sport sciences is represented. More specifically, they are concerned that what is called phenomenological research often lacks an "in-depth engagement with [the philosophical foundations]" (p. 10), and that in reality phenomenology is used as just another label for qualitative research. As a consequence, Kerry & Armour hold that it is wrong-headed to call a piece of research "phenomenology" when its rationale, as well as the interpretation of data is guided by a specific theoretical framework. In these cases, theoretical prejudices are imposed on the subjective accounts given by the participants, and as such the researchers do not perform the disengagement from theoretical assumptions that phenomenology seeks to overcome.

In addition, Kerry & Armour hold that phenomenological research in the field of sport always must make a "clarification of the epistemological or ontological roots of the phenomenology used" (p. 12). However, I think this is too large a demand. For one thing, as they point out themselves, phenomenology often uses a very specific and unusual terminology that may deter readers. More importantly, it seems to me that for a study to have phenomenological qualities, it is more important to approach the subject matter with a specific

attitude, rather than being proficient in explicating the writings of central phenomenologists[9].

For the purpose of this dissertation, 'phenomenological orientation' is meant to signal that my work does not carry ambitions of being a contribution within phenomenology as philosophy. That is, I do not have the ambition of explicating the invariant structures of human learning in the same manner as for instance Merleau-Ponty developed a phenomenology of perception. In this sense, 'phenomenological orientation' takes on a weak meaning in relation to phenomenology as philosophy (hence the qualification 'orientation'). On the other hand 'phenomenological orientation' is also meant to signal that I want to stay true to the lived experience of the participants and the phenomenon; learning in rehabilitation. In order to attend to lived experience it is not sufficient merely to use qualitative methods, because a specific attitude or orientation must be retained throughout the process. In this sense, 'phenomenological orientation' takes on a stronger meaning than much qualitative research that calls itself phenomenology.

In the following I will first describe the steps taken in the empirical work. Methodical work consists of carrying out stepwise procedures, but it is important to remember that these steps are only analytically distinct. In reality, they blend together (cf. Kvale, 1996; Papadimitriou, 2008). Secondly, I will discuss how I tried to secure a phenomenological

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[9]Kerry & Armour's article is a good example in this regard. Though they catalogue the writings and most important findings of Husserl, Heidegger, and Merleau-Ponty, they rely to a large extent on secondary sources, and their grasp of the subject matter – even judged by an untrained phenomenologist as myself – obviously falls short of an accurate representation of the philosophers' positions. Just to give one example; Kerry & Armour state that Merleau-Ponty's philosophy of consciousness as "an embodied consciousness… renders invalid any process that attempts to detach subject and object from each other". Though it is true that Merleau-Ponty's project involved transcending the subject - object dichotomy, it is equally clear that he did not want to *invalidate* for instance the medical sciences that study the body as an object. Rather, he pointed out that this view of the body is neither primary nor adequate alone. As Crossley (1995) points out "it may be legitimate and useful to make distinctions between these levels of Being, he [Merleau-Ponty] maintains, but such distinctions are not sustained (as absolutes) at the level of fundamental ontology" (p.142). In this respect Kerry & Armour's article is a testimony to the difficulties writers from the sport sciences may end up in when dealing with complicated and intricate philosophy.

orientation throughout the process of generating and interpreting the data, and finally in writing out the results.

The case study method

Yin (2003) defines the case study method as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 13). For the present purpose this methodical approach is appropriate given that the problem area deals with learning (the phenomenon) in rehabilitation (a real-life context). In addition, the phenomenon under study cannot be readily divorced from the context of study. Winch (1998) argues that because the context where learning takes place is crucial for our understanding of human learning, scientific approaches that tries to divorce learning from its context fails to give an adequate account of the phenomenon (see next section and chapter 3). This validates the use of a case study.

My case study would in Yin's terminology be described as a *single-case, holistic design*. Single-case implies that there is only one context where the study is conducted; a wheelchair program at a rehabilitation institution. Given the topic for my studies, I could have included other contexts (for example rehabilitation programs at the same institution, but with other populations, rehabilitation programs at other institutions, or programs that deal with adapted physical activity in general). The choice of doing a single-case design was based on the intention to get a clearly separated domain of skills (wheelchair activities) within a context that incorporates peers as co-instructors. The study is holistic in the sense that there is only one unit of analysis, namely the learning that takes place among the participants. Within the single-case design, there could have been other units of analysis, as for instance the organizational learning that takes place in a rehabilitation institution or the professional development of the employees in the context. But due to the problem area of the dissertation the only unit of analysis is the participants' lived experiences of learning.

In the following, I will describe the steps and measures I have taken to ensure data of a high quality[10]. I will try to give the descriptions of my empirical work without entering into the theoretical, methodological and sometimes even ideological debates that often surround qualitative methods[11]. Therefore, the remainder of the chapter may appear to be a subjective, atheoretical description. Hopefully, this problem will be redeemed when I subsequently discuss these measures in relation to the phenomenological orientation.

Context matters: The 'Wheels in Motion' program

The empirical part of this study took place in a naturalistic setting. This means that I entered an existing rehabilitation program in order to generate data by way of observations and semi-structured interviews. The Wheels in Motion (WiM) program has been running twice annually since the year 2000 at Beitostølen Health Sport Centre (BHSS), a rehabilitation centre serving the southern part of Norway. In this section, I will first argue for the importance of contextual sensitivity when investigating learning, that is, try to answer the question about why context matters for research on learning. Secondly, and as a necessary consequence of the first, I will describe the context where the study took place.

Winch (1998) has maintained that for the most part, research into learning has taken the individual, and more specifically, the individual mind as its unit of analysis. This has happened to the neglect of the practical and social dimensions of learning. The scientific desire to master and understand the elusiveness of human learning has, according to Winch, separated learning from its social connections through its emphasis on experimentation and the ambition of developing grand theories of learning.

The scientific ambitions that Winch sees in the dominating psychological and educational approaches to learning is "confused and barren and should be discarded without re-

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[10] Parts of this section on method have been presented in a more condensed form in Standal & Jespersen (2008).

[11] It seems to me that qualitative researchers sometimes spend too much time and effort on positioning their project (and themselves) in contrast to quantitative approaches (i.e. stating their opposition to so-called positivistic research, as if anything positivistic is erroneous). They thus run the risk of ending up with ideological statements *about* their methodical work, rather than describing the practicalities of data generation.

gret" (p. 2). Indeed, he claims that it is impossible to give a scientific or even systematic account of human learning. The reason for this, he maintains, is precisely the necessary social dimension of human learning. If we are to understand more about human learning, we should give up the pursuit of grand and systematic theories, and focus our attention on "more descriptions and more understanding of what is already before us" (p. 3).

The consequence of this is that the context matters, since it defines and shapes both the learning process and outcome, and therefore also conditions the understanding we can attain about the phenomenon. But it is not only necessary to do research that is sensitive towards the actual context of learning. It is equally important that the reader of the research be given an understanding of the particular context where the research is done. In the rest of this section, I will give a description of the context where I did my research.

Beitostølen Health Sports Centre is run by a private foundation, but funded by the government. BHSS takes care of what can be termed a secondary rehabilitation phase. That is, most of the clients have come through their acute phases of illness or injury and they have lived at home for a shorter or longer period of time. It is also common that clients return to BHSS for a new stay after some years. The primary means of intervention is adapted physical activity, that is, sports and movement activities specifically adapted for people with disabilities.

The Wheels in motion (WiM)– program was initiated by a group of rehabilitation professionals who saw that wheelchair users coming to learn adapted physical activities often did not have the basic wheelchair techniques needed to be active in their daily life, let alone take part in more demanding sports activities like wheelchair basketball, dancing or racing. In the interviews, I asked Anna and Britt, the physiotherapist and *idrettspedagog* who had been running the program since it began, how the program came about:

> **Anna:** *It began because there were many people who came to the centre in wheelchairs who did not know how to use a wheelchair at all. Who didn't make use of it. They just sat there and were wheeled about. And these were people with good functions, both in their heads and arms to say the least, so we had to come up with a program for them*
> **Britt:** *Yes, I remember that Anna and I in the beginning were talking about all these expressions, like 'chained to the wheelchair' or 'the wheelchair as a problem, you*

know, all that negative focus on the wheelchair, so what we thought – or what we heard
the users say, was that the wheelchair wasn't the problem, but it was to learn how to
use it, that is, how to be active in it [which was a problem].

In this sense, the program came about as a consequence of practical experiences over years in the rehabilitation field. The experiences of the rehabilitation professionals were that people did not know how to make use of the full potential of their chairs. Furthermore the participants did not even have chairs that were properly adapted for active use. It was thus a need for a program that could equip people who use wheelchairs with skills that enabled an active lifestyle.

Thus, the WiM-program emphasizes the active use of wheelchairs. The content of WiM includes adjustments and maintenance of wheelchairs, general wheelchair techniques (e.g. propulsion, getting over curbs, in and out of doors), and participation in various sports and recreational activities. The program lasts for 2 ½ weeks and each day there are 3-5 hours of training. The exception is Saturdays, when there is training only half the day and Sundays, when there is no training. It is individual goal setting that determines which activities each participant focuses on, and thus how each participant's weekly schedule looks like (an example of a week schedule can be found the appendix). The participants stay at the rehabilitation centre the whole time during the program.

The program is run by a cross-disciplinary team of rehabilitation professionals (i.e. physio- and occupational therapists and *idrettspedagog*). Other professionals, like doctors and nurses, support the team. The participants must apply to BHSS in order to be admitted to the WiM program. They are primarily people who have little experience using manual wheelchairs. However, also individuals with considerable experience participate. The latter apply to the program with the purpose of learning specific sport activities or starting a healthier lifestyle. This means that participants are a mix of people with a lot of experience (in this study one of the participants had been using wheelchairs for 30 years) and newcomers who have been using wheelchairs for less than a year.

When WiM was started, the rehabilitation professionals saw the need for a person who was able to show the skills they wanted the participants to learn and who had first-hand experience with the learning processes that the participants were going through. Therefore, a

peer consultant is included as part of the professional team. The peer consultant is an experienced wheelchair user, whose function is to be a model that can show the different techniques of wheelchair handling and be a role model for the rehabilitation processes of the participants. The peer consultant is recruited from previous programs. The choice of peer consultant is based on a professional judgement about how well potential candidates relate to other people and their ability to convey their experiences to others. Anna, the physiotherapist, said:

> **Øyvind:** *What are you looking for when you are recruiting a peer consultant?*
> **Anna:** *Personal abilities*
> **Øyvind:** *What kind of abilities would that be?*
> **Anna:** *It is about communication with peers. Because, it could be a person that – you know, we have made mistakes and recruited people who are really skilful at using their chairs, but who lacked the ability to convey their knowledge to the other participants; they were more concerned with showing off their great skills and they lacked the pedagogical attitude… But then we have had peer consultants who haven't been that good or that tough, but who had a fabulous way of relating to other people, and could talk to them about all kinds of stuff… So, it is more about personality than skill, I guess.*

The peer consultant at WiM does not receive formal training by the rehabilitation professionals prior to program. However, the professionals and the peer consultant have daily meetings throughout the program. In these meetings, they go through the plans for the day (e.g. which activities and skills will be focus on, whether there are any participants that the peer consultant should take extra care of) and the peer consultant can report his/her experiences from the previous day. Thus, the peer consultant is sometimes given clear assignments about who to help and what to help out with. At other times, the peer consultant is present at practise sessions without having a specific task. In those instances s/he has the freedom to help out where s/he finds it necessary, and more importantly, the participants can freely approach the peer consultant with their challenges. Finally, it is worth noting that in addition to the peer consultant, participants with a lot of experience also often act as models without being assigned such a role from the rehabilitation professionals. The WiM

program was targeted for this study precisely because of this mixture of peer consultant and participants with a varied degree of experience and skill level.

This introduction to WiM-program is meant to give a background for the development of the program, and provide the content and outline of the program in general. If the reader finds that the contextual richness of the setting is not conveyed here, I hope that s/he gets a better understanding of the context as the empirical data are presented and discussed later.

Close observations

In order to generate data, I followed two WiM-programs. The first of these programs was originally intended to be used only as a pilot study, but the data from this program are also included here. The data generated in the pilot are too valuable to be left out, and since there were not made substantial changes in the design of the study between the pilot and the second observation, I find this admissible.

In total there were twenty-one individuals admitted to the two WiM-programs: 9 in the pilot and 12 in the main study. All the participants were asked for their informed consent to be included in the observation part of the study (see the appendix for a copy of the informed consent form). One person did not wish to participate[12]. Of the 20 participants included in the study, 11 persons had spinal cord injuries, whereas 9 used a wheelchair due to other conditions, mostly neurological diseases. This means that all participants had acquired disabilities. Four women and 16 men participated in the two programs. Their average age was 43 (ranging from 26 to 60 years). Experience with wheelchair use varied from 3 weeks to 30 years. Fifteen of the participants had used a wheelchair for less than 3 years.

At the beginning of the pilot study I used the mode of observation that Spradley (1980) terms *moderate participation*. This meant that I introduced myself as a researcher by telling the participants about my background (i.e. former *idrettspedagog* at BHSS, presently Ph.D. student) and that I was interested in studying how people who take part in rehabilitation learn from each other. I did not participate directly in the doings of the context: I mostly sat on the sideline during the practise sessions, and I hung around in the lounge area and at

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[12] I discuss this more in the section on ethical considerations below.

meals. Of course, I spoke with the participants and asked questions, but I intended to keep a certain distance to a setting that I was familiar with. Also, I hoped that by clearly marking myself out as a researcher, I would avoid that the participants thought of me as an employee at BHSS. I saw this as important, because I wanted the participants to entrust me with information that they perhaps would not readily share with the staff.

Though sitting on the sideline gave me a certain distance to the setting of the WiM program, it also left me feeling sidelined. For one thing, I was not close enough to fully hear, see, and understand what was going on in and in-between the practise sessions. But more importantly, I did not gain the rapport with the participants that I had hoped. For instance, I was frequently referred to as "the fellow with the notebook" or given comments like "have you figured out something yet, professor", all of which are indications of a distance between us. During the second week of the pilot, I therefore decided to change my role, and enter the practise sessions as a helper. This means that I helped the rehabilitation professionals with setting up equipment and assisting the participants in their training. By doing so, I felt that I came closer to the crucial incidents at the program, I could more easily pick up on the conversations between the participants, and by using my professional expertise as an *idrettspedagog* I felt that I gained more trust among the participants[13].

One of the most valuable aspects of going into the field as an observer was the opportunities it provided for informal interviews. These unstructured conversations are flexible and responsive to the situations such as those that occurred throughout the program (Patton, 2002). Situations in-between scheduled practices and during meals provided especially good opportunities to talk to participants about their experiences. The purpose of the informal interviews was to check whether observations reflected the participants' own experiences and to get a deeper understanding of participants' experiences as they relate to the learning situations, thus ensuring the validity of the observations.

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[13] One could perhaps argue that I should have been more patient and waited to see whether this situation would not have changed over time. However, it is important to bear in mind that as opposed to most ethnographic research, where the researcher travels to an existing culture or context and stays there until s/he has generated the data needed, I researched a setting that is artificial in the sense that the participants gather and leave within a short time frame. The observations that I have done are thus governed by a different kind of urgency than that of standard ethnographic observations.

Observations were conducted during the whole program, both in practise sessions, during meals and in more informal situations in the participants' leisure time. I made observations from 3 to 6 hours per day during both programs. Field notes were taken either during or immediately after the observed situations. The notes were jotted down in a notebook and subsequently transferred to computer files. The notes were either descriptive, in the form of referring to a particular situation or conversation, or analytical in the sense of reflecting on what had occurred or things that I needed to be probed deeper into (Dewalt & Dewalt, 2002). In the beginning I tried to faithfully record everything that happened for instance during a practise session, but I gradually came to substitute tedious descriptions of what happened in general with an attention towards what I saw as decisive moments of learning. It is those notes that constitute the data material from the observations.

The semi-structured interviews

The interviews that I carried out, followed Steinar Kvale's (1996) description of the semi-structured interview. These interviews are semi-structured in the sense that they are organized around an interview guide (see the appendix) that included a set of prearranged topics and examples of possible questions related to the problem area. This mode of interviewing is more structured than the informal interviews that were carried out in the observations, but also less structured than interviews with predetermined questions in a specific order, which tends to be more quantitative in nature.

Out of the 20 participants in the two programs, I interviewed 8. In addition to the participants, 2 peer consultants, and the 2 rehabilitation professionals who had been running WiM since it was started were interviewed. One of the peer consultants, Kari, took part in both of the observed programs. Peter did not participate in the two programs that were observed. He was interviewed to broaden the understanding of the peer consultants' perspective. I was recommended by the rehabilitation professional to interview him because he had done a good job as a peer consultant and because he had a well thought through attitude to his role in the WiM program. The table on the next page summarizes the interviewees.

Description of interview participants

Name	Age	Gender	Disability	Years of wheelchair experience	Skill level[14]
Eva	28	Female	SCI[15]	17	Beginner: Could not balance on rear wheels, but managed up and down from smaller curbs
Turid	53	Female	Non-progressive ND[16]	3	Good, but had little confidence in own abilities.
Oliver	48	Male	SCI	30	Excellent, perceived as a model by peers
Arne	25	Male	SCI	2	Beginner
Stein	41	Male	SCI	14	Excellent, perceived as a model by peers
Trond	50	Male	Progressive ND	4	Good
Aksel	44	Male	Progressive ND	2	Beginner
Jan	45	Male	SCI	1	Beginner
Kari	37	Female	SCI	10	Good, hired as peer consultant
Peter	49	Male	SCI	16	Excellent, hired as peer consultant
Britt	39	Female	Non-disabled, *idrettspedagog*	-	-
Anna	38	Female	Non-disabled, physiotherapist	-	-

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[14] Skill level: Based on researcher's professional judgement. "Good" means that the participant can balance on the rear wheels and enter smaller curbs. "Excellent" means that the participant has full command of the wheelchair

[15] SCI = spinal cord injury

[16] ND = neurological disease

The interviewees were chosen in order to achieve a maximum variation sample (Patton, 2002). By this I mean that I sought to get diverse perspectives from people with different disabilities (both in kind and in degree) and different levels of experience with using a wheelchair. Some comments on the rational for choosing these individuals are warranted.

In the sample there are two diagnostic groups: SCI and neurological disease. In addition to balancing the sample with representatives from each group, the persons from each of these categories were supposed to be reflecting the variation within that group (e.g. in terms of gender, skill level, and experience). This being said, an equally important judgement was to which degree the persons in the sample reflect the variation in lived experiences that cuts across these categories, and I would say that I was more concerned with a variation in lived experiences than with variation in medical categories and subcategories.

Apart from the rehabilitation professionals, only 3 out of 10 interviewees are female. A gender balance would be impossible, given that only 4 of 20 participants were women. I must also mention that my choice of these three was not based primarily on their gender. Eva was interviewed because she had many years of experience in using a wheelchair, yet she had a relatively low skill level. Turid was interviewed because during the observations I found that she in a particularly clear manner had expressed some of the most interesting issues with the learning process at the WiM-program, and Kari was the peer consultant at both the observed programs.

In addition, I looked for variation in terms of years of experience in wheelchair. Thus, I wanted to interview Oliver who had been using a wheelchair for 30 years and Jan, who was one of the participants who had been using a wheelchair for quite a short time[17]. Also, it is obvious that through the observations I had got a better rapport with some of the participants than others (e.g. Turid and Arne). I therefore wanted to interview people whom I had had little contact with during the program (e.g. Oliver and Eva).

The interviewees were recruited in the last week of the program simply by asking those participants that I wanted to interview if they would volunteer to be interviewed. All the

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[17] It should also be mentioned that for those who have a neurological disease, years of wheelchair experience is difficult to estimate, because most of them had gone through a transitional phase where they had both been walking and using wheelchair.

participants I approached agreed to take part. They all signed an informed consent form (see the appendix) prior to the commencement of the interviews. More participants could have been interviewed, but I deemed that data saturation was reached; thus it was considered that making additional interviews was not required. The signs indicating data saturation was that topics kept recurring in the interviews and that I felt that I was not able to probe deeper on the issues that were raised.

All interviews were carried out in an office at BHSS where we could hold an uninterrupted conversation. Two exceptions are the interviews with Anna and Peter that for reasons of convenience were taken in their respective homes. The conversations generally flowed quite nicely and I felt that the interviewees got to express themselves well[18]. The interviews lasted from 25 to 96 min (average length: 54 min) and were audio-taped. The participants were free to stop the interview at any time if they felt uncomfortable or wanted to change their answers. They also had the option of erasing the tape, although none of the participants used this option. The audio taped interviews were subsequently transcribed verbatim, and these texts form the basis for the analysis of the interviews.

Analysis of the data

The data generated from the empirical work consists of two different sets of data; the transcribed interviews and the data files with observation notes. They were also analyzed in two different ways. The interview data consisted of text files with the transcriptions from the interviews. For the purpose of analysis I used a computer software called *MaxQDA*. This kind of software can of course not perform any analysis for the researcher (as opposed to statistical software like SPSS used for quantitative data analysis). It can only manage the text files and the segments that the researcher highlights and codes for analytical purposes.

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[18] One exception is to be mentioned. Jan seemed to be rather uncomfortable in the interview situation, and this was also the shortest interview. He did not seem to be eager or comfortable to talk about his own situation. Why? One reason could be that his injury was rather new (acquired in an accident about one year prior to this interview) and he was not ready to talk about his disability. A less psychologising reason could be that his 'unwillingness to talk' had to do with his temperament. He might not have had much to say in any interview, regardless of topic, because he was not a talkative kind of person.

The analysis of the interview data was performed with a so-called "Ad hoc meaning generation" (Kvale, 1996: 203). This process consisted of several phases (for the sake of clarity I describe the process of analysis as a stepwise procedure, but it must be underscored that the phases overlap and interplay): First, a *meaning condensation* (Kvale, 1996, p. 193ff) was performed. Meaning condensation requires that the interview transcripts are thoroughly read and natural units of meaning searched out. A natural unit of meaning is a statement or an interchange between interviewer and interviewee that attracts the awareness of the researcher. The central meaning of the unit is then expressed as simply as possible and without any theoretical prejudice (to the degree that this is possible).

By studying the central units of meaning, patterns that recurred across the data material were detected. On the basis of these patterns, several codes or categories were determined. The data material was then re-read and coded according to the patterns determined from the meaning condensation. Kvale (1996) refers to this a meaning categorization. The next stage of analysis consisted of yet another reading through of the data material, this time looking for *disconfirming evidence* (Brantlinger, Jimenez, Klinger, Pugach, & Richardson, 2005). This means that when I read through the data material, I looked faithfully for statements and interchanges that could contradict the categories in the previous stage, i.e. each of the categories in the meaning categorization was given an 'anti-code', where I put the discon-firming evidence. The intention was primarily not to falsify the findings in the previous stage, but rather to detect nuances in the empirical material.

The raw material from the observations consisted of data files with descriptive and ana-lytical notes chronologically ordered. In an early attempt I tried to submit the observational data to an analysis similar to the interview data, but it did not work out particularly well. I felt that this way of treating the observational data did not capture the contextual richness of the data. The analyses I have actually made of the observational data are so intimately connected to the phenomenological orientation, that I will postpone the description of this process to the next part of the chapter (see the section called *Hermeneutical writing*).

Tactics for ensuring trustworthiness: Methodical incompleteness I

In 2005, the journal *Exceptional children* published a special issue on scientific methods and evidence-based practices in special education (Odom et al., 2005). Generally, I am not very enthusiastic about evidence-based practice (Standal, 2008), but this special issue attracted my interest, because it did not straightforwardly dismiss qualitative methods as having the low status equivalent to mere opinion. Secondly, the special issue produced a checklist of indicators that can be used to evaluate the trustworthiness of qualitative data (Brantlinger et al., 2005). Though I believe that the quality of a methodical work can neither be ensured nor detected through check-lists, I felt that for a budding researcher as myself, the points of the check-list could function as useful pegs to frame a discussion of the trustworthiness of my methodical work. In this section, I will first attend to such a discussion, before I look at some limitations in such an approach.

Triangulation of two different methods for data generation strengthens the study (Patton, 2002). The phenomenon – learning in rehabilitation – was studied both by in-depth interviews and close observations. The different modes of engaging with the participants (either through semi-structured one-on-one, researcher driven conversation, or more informal meetings during field work) provide different angles on the phenomenon, thus elucidating it better. Also, whereas the interviews provided an arena to talk about the phenomenon, thereby reflecting on experiences, observations take account of behaviour. Both observed behaviour and reflections on experience belong to the phenomenon, and the triangulation of methods provides a means for cross-checking: Episodes from observations were used in the interview situation, either as a means for starting up a new topic, for checking whether my observations reflected the experience of the participants, or sometimes to check whenever interview statements of a participant contradicted observations I had done of the participants. In these senses, data triangulation gave a more in-depth understanding of the phenomenon and it provided a means for checking both my own interpretations of observations and statements, and of clarifying participants' sometimes self-contradictory statements about behaviour.

Two other credibility measures are *external auditors* and *peer debriefing* (Brantlinger et al., 2005). Both in planning, conducting, and analyzing the case study, I have used external

auditors. I have discussed the design of the study with supervisors, colleagues, and experienced rehabilitation professionals. For instance, the interview guide was improved in two stages: first by discussing it with a supervisor who gave me feedback from a methodological perspective. Later I got feedback from one of the rehabilitation professional that improved the interview guide from a more practical perspective. The analyses and interpretations of data have also been discussed with others. Such collaborative work may help to avoid a biased subjectivity. An *audit trail* (i.e. a detailed track record of method related decisions from the beginning to the end of the study) was not kept, thus possibly limiting the trustworthiness of the study (Brantlinger et al., 2005).

Member checking is a means to increase the trustworthiness of the data material (Kvale, 1996). Two levels of member checking can be discerned in this inquiry. The first level is during the interviews, when I continually tried to interpret the interviewees' statements, and ask whether I had understood them correctly. Similarly, after observations, I would ask participants if my interpretations of the situations reflected their experiences of the situation. A second level of member checking took place after the interviews were transcribed. A one-page summary of the interview was e-mailed back to the participants. Six of the twelve interviewees replied to the e-mail. Three of them simply stated that they found the summary to be satisfactory, whereas in three cases they had comments that lead to an exchange of e-mails that deepened my understanding of the interview statements. The trustworthiness of the study could have been further improved if the final analyses had been discussed with the participants.

Now, the virtue of this check-list approach is that it has framed the discussion of the trustworthiness of my methodical work. Yet, I would also argue – by paraphrasing Crossley (1996) – that check-lists can only "lay out landmarks, but they leave navigation between those landmarks to spontaneous innovation" (p. 80). That is, such lists do not take account of the space in-between the landmarks.

In this quote from Crossley as well as in the concept of triangulation, metaphors from geography are used. But to which degree is it useful to operate with these metaphors? Triangulation is a method whereby the position of a fixed point can be determined by measuring it from two or more different positions. Thus, the triangulation metaphor suggests that

by holding the object still and varying the position where it is measured from, one is better equipped to find its true location.

But, is the object of my study a fixed point? Probably not. Human learning is at best a moving target, which is shaped and conditioned by the context where it takes place (Winch, 1998). In this particular case; by being involved in learning processes, the participants themselves (supposedly) changed, thus their lived experiences of learning at the WiM-program cannot be considered fixed objects. Secondly, could it be said that I, as a researcher, am a fixed point? Hopefully not! By being involved in the context, I was moved by what went on there. This means that the triangulation in this work amounts to studying a moving target from a moving vantage point. This creates a certain amount of insecurity about the methodical work.

In this regard, it could be instructive to look at how the insecurity of methodical work is acknowledged in the natural sciences. In quantum mechanics this finds its expression in *Heisenberg's uncertainty principle* which describes the limitations imposed on simultaneous measurements of the momentum and position of an object (Sternheim & Kane, 1991). What this means is that the more precisely one wants to measure the momentum of an object, the less precisely one is able to measure its position and vice versa. Used in a metaphorical sense, I think that Heisenberg's uncertainty principle is a necessary corrective to the triangulation metaphor: The more precisely one wants to state one's methodical work in terms of points on a check list, the less precise one is about the navigation been the points described.

This would suggest that the navigation between the check points in the methodical work is far more muddled and opaque than the impression one might get from the clearly formulated points in a check list. In this sense, I would say that the methodical work, as it is described here, is incomplete, but that this incompleteness is a necessary outcome of the fact an *I* have been involved in the methodical work, i.e. that my subjectivity is invested in the outcome of the methodical work. I will have more to say about this after some ethical considerations.

Ethical considerations

Both interaction with research participants and knowledge production about the "human situation" are moral issues (Kvale, 1996: 109). This means that in all phases of a research process, ethical issues must be addressed. In order for this research project to get started, it needed approval from what is called "Personvernombudet for forskning" (NSD). NSD evaluates whether a proposed research project adheres to the guidelines for confidentiality and anonymity of research participants and data. The present project was given this approval[19] (see the appendix for copy of the application formula and the approval). I will address the ethical considerations in this project by following Kvale's (1996) three guidelines: informed consent, confidentiality, and consequences. Though these issues are covered in the application form to NSD, a crucial point about research ethics is that one cannot know beforehand what will happen in the field, so it is in the practical dealing with surprising, problematic situations that ethics is carried out.

Informed consent means that the participants are given necessary information about what they are going to take part in when they volunteer to participate. They need to know the possible harms, as well as the benefits of participation. The participants in my study were given written information about the research together with the information material from BHSS that they received when they arrived at the centre. I also informed the participants collectively about my study in the so-called arrival meeting[20] at BHSS. I subsequently talked to each of the WiM-participant individually, so they could ask questions about the project, and then say yes or no to participation. In this individual conversation, I asked those who wanted to take part in the study to sign the form. I took special care to point out for the participants that saying no to participate would not have any consequences for their rehabilitation stay or for future applications to BHSS.

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[19] Towards the end of the work on the dissertation, I fell in doubt about whether I should also have applied for approval to the Regional committee for medical research ethics (REK, see www.etikkom.no/REK). I corresponded with REK and was told that my project was not in need of their approval. See the appendix

[20] This is the first meeting for all the participants and the rehabilitation professionals of WiM. Usually it is held after breakfast on the first day of the program.

Confidentiality regards the research participants' right to not be identified in the reports from the research. To secure the anonymity of the participants, I have of course changed their names in the text. However, I have chosen to name the institution where the research was carried out. I chose to do so because it would not take much inventiveness for those who are familiar with rehabilitation in Norway and / or my professional background, to figure out the name of the institution. For those who are unfamiliar with these contexts, there is no likelihood that they should be able to recognize individual participants. A complete anonymization of the institution would require that I could not give a proper description of the context of the study or discuss my own role as a researcher. These two issues are vital for the quality of the results of the study, and given that I am confident that the participants' identity cannot be revealed by others, except perhaps a handful of rehabilitation professionals, who are themselves bound by legal confidentiality, I deemed that it was admissible to name the institution.

Consequences regards the possible harms and benefits of participating in research. As mentioned, this issue was taken up in the information given to the participants prior to their saying yes or no to participation. There were, at least in my judgement few if any harms in participating in the study. To the contrary, this research seemed to be perceived by the participants as positive, in the sense that it investigated a phenomenon that they found important. It seemed that participants were quite eager to share their experiences, because they saw the research as something that could gain the disability community (though, of course they did not use this term).

It is often reported that taking part in interview studies is appreciated, because an interview provides a setting where the interviewee is allowed to talk about private matters to a person who carefully listens (Kvale, 1996). But Kvale also points out that this intimacy can be seductive and that the closeness between interviewer and interviewee puts ethical demands on the interviewer. Here is one vignette from one the interviews in the study that highlights this:

I have just finished the interview with Turid. As usual I did the interview in the office of the social worker. It was a good interview, and I felt that we maintained the good rapport that we have developed over these weeks. At one point in the interview we touched

upon how some of the more experienced participants seemed confident and secure in how they move about in their chairs, and we talked about Turid's sense of insecurity and what it would take for her to become more confident in moving around in social settings like at the shopping mall or the training centre. At one point she interrupts the conversation:

Turid: *Can I take one of those* [leans towards a box with napkins]**,** *I got so warm* [to me it seems like she is crying]**.** *I have a phobia against these napkins, but I'll take one anyway. You always find these napkins in offices like this.*
Øyvind: *Yeah, this is the social worker's office, so there are always napkins here, you know.*
Turid: *It's terrible, when I see them, then I am not going cry. Then I don't cry, but I got so warm.*

I did not follow up on Turid's obvious contradiction between what she expressed with her words and what she expressed with her body language. I have asked myself if I should have followed up or if it was a proper decision to let it go?

This is an ethical dilemma. On the one hand, following up on her emotions could have produced strong, sensitive, and telling data material, because we touched onto a topic that was difficult for her to handle and that could give some additional meaning to the loss of motor capacities and the importance of re-learning them. On the other hand, the whole situation told me that it was an issue she did not want to talk about (at least not with me, right there and then). The choice to follow up on this lead or to let it go had to be taken fast, and I chose the latter.

An additional challenge that I met during field work should be mentioned: One of the participants said no to be included in the observation part of the study. At first I wondered whether I then had to abandon the observations of that particular program all together. Having a participant saying no to take part in an interview is easy to handle, because you just ask the next person on the list. It was more problematic with the observations, because the participant who said no would still be a part of the group and he would thus influence the

interplay of the group. I decided, however, that it was permissible to continue the observations, as long as I did not attend specifically to interaction that this individual had with the other participants. I think that only on a very strict interpretation of the consequences of one person saying no to participate in a study like this, I should have stopped my research. Instead, I judged that by being disciplined in not including this person in my observation notes, I would not compromise his autonomy.

The phenomenological orientation

So far, I have tried to detail the steps taken to generate and analyze data, secure the data's trustworthiness, and take care of the ethical standards of the research. Now, I turn to an elaboration of the phenomenological orientation that I have taken up for this study. These two issues, however, are not separate phases in the work that I have done. The phenomenological orientation must be in place from the beginning, so that generation of data is not reduced to a question of following a technical formula. The orientation must also be sustained throughout the entire process.

In the preface to *Phenomenology of Perception* Merleau-Ponty stated that

The whole universe of science is built upon the world as directly experienced, and if we want to subject science itself to rigorous scrutiny and arrive at a precise assessment of its meaning and scope, we must begin by reawakening *the basic experience of the world of which science is a second-order expression* (PhP: ix. Italics added).

In the same context, Merleau-Ponty also evoked the metaphor of landscape and map: Science is a second-order expression of the perceived world in the same manner as the map is a derivative expression of the landscape. In order to understand what I mean by a phenomenological orientation, it is fruitful to retain the distinction between science and phenomenology in the sense that the latter is carried out with a specific attitude, which is not taken up in the former. It is this attitude that allows us to return to that landscape of which science is a second-order expression.

The phenomenological attitude: Slackening the intentional threads

Phenomenology makes a distinction between two different attitudes, the natural and the phenomenological (cf. Zahavi, 2003b). In our everyday dealing with the world, we accept without question that there is a reality that we and other people are part of, and that this reality exists independent of us. This tacit, realistic belief – without which our ordinary dealings with the world would be disrupted by an endless set of questions – is called the natural attitude. According to phenomenologists, science also subscribes to the natural attitude, because it too takes for granted the existence of a world, which is thought to be independent of mind, experience, and theory (Gallagher & Zahavi, 2008).

Phenomenologists, on the other hand, should be "aroused by and immediately sensitive to the completely enigmatic character of what for sound common sense, is without question and self explanatory" (Heidegger, 1976: 23-24, as quoted by Gallagher & Zahavi, 2008: 22). The phenomenological attitude involves questioning the unquestioned assumptions of the natural attitude, i.e. to see the enigmatic in the self-explanatory. The question then becomes how this attitude can be taken up.

The notion of *epochê* or bracketing is central to the achievement of the phenomenological attitude. Bracketing means that the phenomenologically oriented researcher suspends his/her belief in both the commonsense assumptions about the phenomenon, as well as the theoretical hypotheses that prevails in the pre-philosophical understanding about the phenomenon (Zahavi, 2003). It is important to point out that this does not mean that we abandon our belief in the existence of reality. Rather it is a matter of changing our attitude towards reality: "The epochê is meant to suspend our engagement with the world through the natural attitude… [thus allowing] for the clearing of biases by marking them as judgements superimposed upon the phenomena" (Papadimitriou, 2008: 223). By attaining the phenomenological attitude, the researcher should, ideally, be able to single out and leave aside those biases and presuppositions that are external to the phenomenon, thus being able to see the phenomenon as it is given by itself in experience. What the phenomenologically oriented researcher achieves through bracketing is not a neutral or objective view on the phenomenon, rather s/he is "moving away from explanatory descriptions and analyses to an emphasis on experience as lived" (Papadimitriou, 2008: 227).

However, it is not enough to merely list or otherwise confess one's possible presuppositions and biases (e.g. that I am an able-bodied, former *idrettspedagog* inspired by phenomenology and situated learning, etc). Such confession of biases is a useful technique to make clear for the reader how the research might be influenced by the researcher's position, but it is insufficient for the phenomenologically oriented researcher, for whom the phenomenological attitude is something that continually must be sustained (Papadimitriou, 2008). Thus, it is not enough to catalogue one's biases at the beginning of the study. The phenomenological attitude requires that one must continually work to avoid taking one's presuppositions for granted.

In order to contextualize the somewhat technical, phenomenological term epochê, I will now attend to one of the decisive moments in my empirical work that sparked the reflections leading to my change of position as observer. Though this might be seen as just one arbitrary instance in the empirical work, I will maintain that what I put forth here is exemplary of the very idea of a phenomenological orientation.

In the beginning of the pilot study, my role as observer was that of moderate participation. I wanted to set up a certain distance to a familiar setting (my former work place) and also wanted to avoid being perceived by the participants as being a rehabilitation professional. My goal was to avoid the taken for granted views on the phenomenon that I may have had with me, both explicitly and implicitly, from my practice as an *idrettspedagog*. That is, I wanted to avoid the homeblindness, which often interferes with participant observations (Tedlock, 1991). I positioned myself as a spectator, but my decision to create a distance to the familiar setting eventually began to feel wrong.

I therefore changed my mode of participant observation, and for the last half of the pilot study and throughout the second observation period I did what van Manen (1990) calls *close observation*. This form of observation requires that the observer takes part in the life-world of the participants, and at the same time maintains a "hermeneutical alertness to situations that allows us to constantly step back and reflect on the meaning of those situations" (van Manen, 1990: 69). By entering the practise sessions as a helper I got closer to the WiM-participants both in the sense of being more up-close to what was going on, but also in the sense that by helping I was invited to more directly participate in the life-world

of the participants. By getting closer to the action, I felt that I got closer to the lived experiences of the participants.

However, the question then becomes if this particular move could be said to strengthen the phenomenological orientation. In one sense, the close observations led me to get closer to the practice that I was familiar with. Thus, it could be argued that I risked getting even more entrenched in the natural attitude. But, it is precisely here that the phenomenological attitude must come into play. The phenomenological orientation must be practiced, as Merleau-Ponty puts it, with a

> wonder in the face of the world ... [that] does not withdraw from the world towards the unity of consciousness as the world's basis; it steps back to watch the forms of transcendence fly up like sparks from a fire; *it slackens the intentional threads which attach us to the world* and thus brings them to our notice... (PhP: xv. Italics added).

In Merleau-Ponty's thinking, we are – in the normal course of events – intertwined with the world, and we cannot ever completely separate ourselves from the world. But, when we are practicing phenomenology, we must slacken the intentional threads that bind us to the world.

Slackening the intentional threads, as I understand it, has two important meanings for a phenomenologically oriented project. First, it means that by slackening the intentional threads, my engagement with the world of practice changed in the sense that I was no longer committed to practice in the same manner that I was as a practitioner. I tried to keep what van Manen called a *hermeneutical alertness* to the context of my study. Secondly, it means that the intentional threads should not be completely severed, e.g. through a complete detachment from the world of practice.

Slackening the intentional threads is therefore a fitting way to describe the orientation that I tried to take up: Engaging up-close with the practice where my wonderings, and thus the problem area, stem from and where the lived experiences of the participants are situated, and yet do so with a different orientation than the traditional scientist or the practitioner in the field.

Hermeneutical writing

The phenomenological orientation is not achieved merely through attaining the phenomenological attitude. It also requires

> the ability, or rather the art of being sensitive – sensitive to the subtle undertones of language, to the way language speaks when it allows the things themselves to speak. This means that an authentic speaker must be a true listener, able to attune to the deep tonalities of language that normally fall out of our accustomed range of hearing (van Manen, 1990: 111).

van Manen here points out that the phenomenological orientation requires being sensitive to the lived experiences of the participants, as these experiences show themselves through actions, speech, and silences. This sensitivity is also an attitude of thoughtfulness, which must be sustained throughout the research process. In addition, van Manen implies that writing is not something that is done at the end of a study to mop up the results. Rather, writing is part and parcel of phenomenological research. Writing, as he says, helps us to understand the deeper significance of the lived experiences that we try to capture. This manner of practicing the phenomenological orientation has had important implications for how raw data (i.e. transcribed interviews and the files with observational data) have been transformed into the text that is presented in this dissertation.

Above, I mentioned that the observational data were not submitted to the same process of analysis as the interview data. They were different forms of data and, in my judgement, they were in need of a different form of treatment. Close observation is a gathering of lived meaning in the form of anecdotal narratives (van Manen, 1990). As opposed to interview data where themes are emerging after the material is gathered, the anecdotes of close observations must be recognized as they unfold[21]. The observational data from close observa-

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[21] This is of course only partly true, because it is an important quality of an interviewer that s/he is attentive to the themes that emerge during the interview and can follow them up. The difference is that in interviewing one has a second chance of discovering themes in the process of reading the transcripts.

tions at WiM thus consisted of individual episodes, which carried with them a point or "a cogent power" (van Manen, 1990: 69).

These anecdotes were subsequently written and re-written with the purpose of taking away all extraneous aspects of the story, so that what remains is a story that "reawakens our basic experience of the phenomenon it describes, and in such a manner that we experience the more foundational grounds of the experience" (van Manen, 1990: 122). These rewritten anecdotal narratives are referred to as *vignettes*. The vignettes should give us an 'Aha – experience', in the sense that it pulls us towards the central meaning of the lived experience and prompts us to reflect on the meaning of that experience.

But also the interview data, or more precisely the coded data material, was submitted to a process of interpretation through writing. Interpretation of the empirical material means writing it out in texts where the interrelatedness and contrasts between vignettes and conversational material are expounded. There is no clear-cut way to describe how the coded interview data and the anecdotal narratives have been transformed into the text that follows. Writing, as van Manen (1990) points out, means continuous re-writing as a part of the hermeneutical movement between the text and the data material. I have written, rejected, and re-written several times the amount of text as compared to what is presented here. The discarded attempts at writing something meaningful have, as far as I can judge, not been wasted. Rather, I believe it has converged towards the text presented later[22].

Objectivity and generalizability

The process of interpretation is fundamentally intertwined with the subjectivity of the researcher. This fact poses certain doubts about the scientific quality of the research presented here: How is the reader to know whether or not the findings presented in the text are merely singular points without any general bearings both in the particular context of the research (i.e. within the WiM-program) and with regard to similar contexts elsewhere? In addition,

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[22] In addition to the texts written in preparation for this dissertation, I have written one article (Standal & Jespersen, 2008) and given oral presentations of my work on several occasions. To the degree that what I present here diverges from these presentations, then this is a result of the learning process which is integral to any qualitative data analysis.

the use of case studies is sometimes criticized for similar reasons: They are singular points, and there is no way of knowing whether what is found in a case study has any general relevance. Flyvbjerg (2001) maintains that this criticism has its origin already in the philosophy of Plato and Socrates: In the dialogue *Meno*, Socrates asks Meno about what virtue is, upon which Meno gives a range of examples as answer. This does not satisfy Socrates, who insists that if it is not possible to find a general feature of the examples given by Meno (i.e. the 'simile in multis'), then there is no way of knowing what virtue is. Meno presents concrete examples of virtue, but Socrates demands the general feature(s) of virtue that cuts across the examples. According to Flyvbjerg (2001), Meno's dialogue with Socrates is a paradigm example of the criticism directed at case studies: There is no way of knowing whether a specific case presents knowledge that is relevant outside of the particular context of that case. I will now address this issue by attending to the objectivity and generalizability of the present work.

The subjective influence that the inquirer exerts on the inquiry is a foundational dilemma (cf. Giorgi, 2004). On the one side it is held that researchers should be neutral in their scientific investigations: Subjective interference with the data should at all costs be avoided (cf. Phillips, 1990). Taken in this sense, objectivity means that "what is 'out there' (objective) is presumed to be independent of us (subjects), and knowledge is achieved when a subject correctly mirrors or represents objective reality" (Bernstein, 1983: 9). That is, objective knowledge is free from all forms of subjective contamination.

This position, which is referred to as objectivism (Skjervheim, 1974), is countered by the other side of the debate by saying that objectivity is an illusion, at least if one calls for an inquiry free from the subjective influence of the researcher. Subjective influence is seen as both unavoidable and even necessary (cf. Wolcott, 1995; Guba, 1990; Giorgi, 2004). There is a clear opposition between theorists who enforce a strong demand for objectivity and those writers who believe that the subjectivity of the researcher is an indispensable part of research. The latter camp often refrains from using the notion objectivity at all.

By attending to a discussion about objectivity, it is not my intention to side with those who expound a strict view of objectivity as research being free from so-called subject contamination of data. The point is that even if one accepts that subjective influences are inevitable in qualitative research, subjectivity should not be given free reign. In phenomenologi-

cal research objectivity is a question of orienting oneself towards the phenomenon and reflecting its nature: van Manen (1990) writes that objectivity implies that the researcher is "true to the object" (p. 20), which is the lived experience under study. In addition, the researcher must show, describe and interpret the object "while remaining faithful to it" (ibid.).

Objectivity in relation to this dissertation is then a question of whether the work that I have done here is truly phenomenologically oriented. Have I been able to establish and maintain a strong and oriented relationship to it (van Manen, 1990)? Important questions in this respect concern what it is that guided (a) the questions posed in this inquiry, (b) the follow-up questions throughout the research process, (c) the choice of interview excerpts that were picked out for meaning condensation, (d) the choice of categories in the data analysis, (e) the choice of anecdotal narratives from observations, and (f) the establishment of the topics that form the coming chapters.

These choices must be guided by the phenomenological orientation that I claimed to have had throughout the research process. In this regard, I would say that I have made these choices in a mode of insecurity which is integral to the hermeneutical learning process that this project has been for be for me. This means that the decisions taken during the methodical work cannot be fully stated in explicit terms. The problem with the tacit dimension of methodical decision making means that the objectivity of my work must be determined by an external appraisal of the quality of the results presented here. In this sense objectivity is established through intersubjective dialogue (Kvale, 1996).

The intersubjective dialogue is an attempt at reaching an agreement, on one level between the researcher and the subjects taking part in the inquiry, and on a different level as an agreement between observers. Partly this was achieved in the empirical work through members' checking (see 'Tactics for ensuring trustworthiness) and partly it must be established in retrospect through a dialogue with a researcher community. There is of course an open possibility that the critical reader can come to make different interpretations and draw other conclusions from the material presented here. Objectivity will then be a question of which interpretation best reflects the "the true nature of the object" (van Manen, 1990: 20). If, on the other hand, the critical reader should happen to agree with the interpretations put

forth here, there is a good chance that the objectivity is sound. Moreover, if the reader gets an "Aha-experience", I might have been able to convey something truthful.

In sum then, objectivity is "constituted by a subject; it is not formed all by itself" (Giorgi, 2004: 22). It is thus partly the methodical work that I have done from the outset of the study until the last word of the dissertation that constitutes objectivity. In the final instance, the extent of the objectivity is also determined in hindsight through an intersubjective dialogue with the critical readers of the study.

The second concern that I want to take up here regards the question of generalizability, i.e. the degree to which the results presented here have any bearings outside of the context where they were generated. As mentioned, doubt is often cast over the use of case studies because this form of inquiry is said (i) to be unable to provide reliable knowledge about the wider class of phenomena, (ii) that due to its singular nature the case study has a tendency to merely confirm the researcher's preconceived notions, but that (iii) case studies can be useful for generating hypotheses that can later be tested by a more proper methodical approach (Flyvbjerg, 2001). In the latter sense, the case study is seen as valuable, but merely as one step in a larger research process. However, as both Yin (2003) and Flyvbjerg (2001) point out, these objections are wrong, because they presuppose that there is one best way of doing research, namely the quantitative, hypothetic-deductive method that seeks general and decontextualized knowledge.

In defending the case study method, Flyvbjerg (2001) argues that contrary to the standard objection against case studies, their context sensitivity is of vital importance for the social and human sciences. The case study develops "a nuanced view of reality" (Flyvbjerg, 2001: 72), and Flyvbjerg argues that the "concrete, context-dependent knowledge" (ibid.) that emanates from case studies is what the social sciences should offer. This is part of the larger argument that Flyvbjerg makes in his book *Making social science matter*: Social inquiry continues to fail as long as it tries to emulate the ambitions of the natural sciences, i.e. trying to produce theories that can predict and explain social phenomena. Social science will, according to Flyvbjerg, matter when it takes into account that knowledge of social phenomena are inherently context-dependent and as such can best be elucidated by methods that are themselves context sensitive. In this sense, Flyvbjerg echoes the statement from

Winch that what we need are not more theories of learning, but rather more contextually sensitive descriptions that can increase our understanding of learning.

The question pertaining generalizability must then be re-examined. The standard view of generalizability is that the results of a study must be relevant to a broader class of the phenomenon, in the sense that the sample studied must reflect the population in general. Through inferential statistics the researcher makes probability claims about the findings' relevance for the target population. This is often referred to as statistical generalization (Kvale, 1996). In this study there is no random sampling in that neither the case itself nor the interview subjects are chosen in order to reflect or represent a larger population. Therefore, I find it more appropriate to follow what Kvale calls analytic generalization, which "involves a reasoned judgment about the extent to which the findings in one study can be used as a guide to what might occur in another situation" (p. 233).

The precondition for doing analytical generalization is that the study contains thick descriptions of the context (Flyvbjerg, 2001). That is, the presentation of the case must enable the reader to get a good understanding of the context, so that s/he can determine the similarities and differences between the context of the study and the context to which the findings are going to be generalized. This can only be determined by the readers' interpretations, and in this sense analytical generalization hinges on the degree to which I have been able to let the reader establish a sensitive understanding of the context. In addition to this "reader generalization" (Kvale, 1996: 234), I will also draw some conclusion myself both during the chapter that presents the results and more importantly in the final chapter of the dissertation. But these "researcher generalizations" are also predicated upon rich descriptions of findings.

The role of the empirical data

Bearing in mind the considerations about my methodical approach and the phenomenological orientation just discussed, one might ask what role the empirical data play in this dissertation? The phenomenological orientation of my work takes on *an in-between position*. It is something in-between phenomenological philosophy and an empirical study situated within educational (or pedagogical) research. This is dangerous, because while trying to draw from

two resources, I risk getting stuck between a rock and a hard place. That is, in stead of reaping the best from two worlds, I might fall short of the standards of both phenomenology and empirical studies in educational research.

The empirical data in the study are important as expressions of the participants' lived experiences with learning in a rehabilitation setting. Alone, such expressions of lived experience might make interesting reading, but in terms of academic research this would not be sufficient. In this study, the empirical data are not analyzed and interpreted in order to develop new theoretical concepts, as is the case for instance in grounded theory. Rather, my main strategy with the empirical data is to juxtapose them with important findings from the literature I have read. I hope that this strategy will give a better meaning to the lived experiences by seeing them in a theoretical light. In other instance, the literature might become elucidated by the expressions of lived experience. Thus, the role of the empirical data is to constitute one moment in the hermeneutical process of understanding more about learning in rehabilitation.

With regard to the presentation of the empirical data one more problem must be mentioned: The data from the interviews and observations are in Norwegian, and they were first translated to English in the writing phase. That is, during the whole process of interviewing, transcribing, and analyzing, the texts were in Norwegian. As a consequence, there are (at least) two problems that I face: First, there is the risk that meaning is lost in translation. In general there is a problem that meaning disappears or is distorted when oral statements of interviewees are transcribed, i.e. rendered in a written form (Kvale, 1996). This problem is potentially increased when the oral statements first are transcribed into Norwegian and then translated into English. It should be mentioned that I only translated those parts of the interviews that I have intended to use in the text (see the appendix for examples of translations).

Not only is meaning lost in translation; in addition I feel that some of the oral qualities that make the data more contextually sensitive are lost in my English translations. More specifically, I found it difficult to render the oral quality of the statements in English in the same way that I can do it in Norwegian. English is a language that I have acquired through reading, and this influences my ability to translate oral statements. This might mean that I, unwittingly, have come to use a language that makes the interview statements and observa-

tional anecdotes more suitable to the theoretical interests than what is fair in terms of the participants' lived experiences.

The carnality of research: Methodical incompleteness II

If the reader should have perceived that I harbour a certain mistrust or insecurity towards my methodical work, this is not only (or even primarily) because I am insecure about the quality of my craftsmanship as researcher. More importantly, it points towards the limits of methodical work in general, particularly when one takes a phenomenological orientation. Essentially, the insecurity is related to the embodied involvement of the researcher in researching pre-reflectively lived experiences and how scholarly statements, such as the text that follows, are produced on the basis of this kind of research. Understanding the relation between intellectual ideas and embodiment is, according to Merleau-Ponty, "the most difficult point" (Merleau-Ponty, 1968: 149. Henceforth VI), and I will end this chapter, not by solving the problem, but rather merely pointing it out[23].

During the field work, I was involved in the life worlds of the participants, and in hindsight I now understand that some of the difficulties I had with for instance taking descriptive field notes can be traced back to the fact that I primarily experienced the participants' behaviours with my own carnal presence. What I saw and heard were not always perceived as clear statements or visible behaviours. Rather, they were "little phrases" and "notions of light" that

> are not exhausted by their manifestations, any more than is an "idea of intelligence"; they could not be given to us *as ideas* except in a carnal experience. It is not only that we would find in that carnal experience the *occasion* to think them; it is that they owe their authority, their fascinating, indestructible power precisely to the fact that they are in transparency behind the sensible, or in its heart. Each time we want to get at [the idea] immediately, or lay hands on it, or circumscribe it, or see it unveiled, we do in fact

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[23] I would like to thank Liv Hemmestad for helping me to realize and understand this point.

feel that the attempt is misconceived, that it retreats in the measure that we approach (VI: 150).

The carnal experiences of the field work were thus not always transparently understood in the situations that they took place. Rather, 'ideas of intelligence' (if I may use such an expression about my modest thoughts) would often surface later in unrelated situations, like when out driving, walking, skiing, or reading.

Later in the dissertation, I will talk about learning that 'happens behind our backs' or 'before we know it'. This kind of learning was also present in my field work. Important situations in the field are experienced in a pre-reflective manner; they were little phrases or notions of light.

Now we can appreciate the importance of the prefix *pre* in pre-reflective. It is not so that experiences are either fully worked over, ready to be inserted in the form of text (i.e. that they are reflective) or they are not noticed at all (i.e. unreflected). Experiences are also pre-reflective in the sense that they are noticed in an unclear manner, and come to mind when we have *the occasion to think them*. When that occasion takes place, and what it is that brings the occasion about, is not something that we are in control of. In this sense, I think that the methodical incompleteness that I address here is not basically a problem of method at all. It cannot be redeemed with other or new methodical means, but is something we have to live with if we take our interest in the meaning of the pre-reflective experiences seriously.

PART II: HABITS — LEARNING — DISABILITY

I am informed that a tiger has escaped from the local zoo, and now as I walk through the wood behind my house, the recesses of the forest stand out for me differently, they take on a new valence; my environment now is traversed by new lines of force, in which the vectors of possible attack have an important place. My sense of this environment takes a new shape, thanks to this new bit of information.

(Charles Taylor in *Merleau-Ponty and the epistemological picture*)

3. EMBODIED, SITUATED LEARNING

In the previous chapter, the phenomenological orientation towards the methodological and methodical approach to the dissertation was explored. In this chapter, I turn to learning, and I will continue to have a phenomenological orientation. Understanding learning as embodied and situated is necessary in order to give a satisfactory discussion of problem area described in the introduction.

In one of Plato's dialogues, *Meno* (Plato, 1994), we find one the earliest statements of the problematic nature of learning. This statement is known as Meno's paradox:

> *Meno*: And how are you going to search for this [what virtue is] when you don't know at all what it is, Socrates? Which of all the things you don't know will you set up as a target for your search? And even if you actually come across it, how will you know that it *is* that thing which you didn't know?
> *Socrates*: I know what you mean, Meno. Do you see what a disputatious argument you're bringing down on us – how it's impossible for a person to search either for what he knows or for what he doesn't? He couldn't search for what he knows, for he knows it and no one in that condition needs to search; on the other hand he couldn't search for what he doesn't know, for he won't even know what to search for (Plato, 1994).

Meno is perplexed because his only alternatives in his quest for learning are either complete knowledge or complete ignorance. Since both of these alternatives make learning impossible, he is forced into confusion. White (1994: 161) suggests that one moral to be drawn from Meno is that "we must choose between paradoxes on the one hand and indeterminacy on the other". We are either stuck with paradoxes or we must face the indeterminacy of learning.

Learning continues to be mysterious. One of the most prominent educational researchers of our time, Jerome Bruner has said that "learning remains an elusive topic, despite the endless research lavished upon it" (Bruner, 2004: 4). An assumption implicit in the quote from Bruner is that research in some magical way could relieve learning of its elusiveness. However, it might be that some parts of learning will remain elusive and unclear. It might even be argued that the quest for clarity and certainty inherent in most modern theories of

learning is inadequate because, as a result of their methodological and epistemological assumptions, they rest on an ontology that separates being from knowing (Marton & Booth, 1997; Winch, 1998).

In the first part of this chapter, I will very briefly trace the philosophical roots of modern learning theories. It will be argued that, despite radical differences, they also make ontological commitments that are dualistic (Winch, 1998). The second part of the chapter takes up Merleau-Ponty's non-dualistic ontology (Dillon, 1997) and attempts to relate the work of Merleau-Ponty to learning. The third part deals with a theory of learning – namely situated learning – that takes up social and practical aspects of learning and at the same time explicitly adheres to a non-dualistic ontology. Since the leap from Merleau-Ponty to situated learning might be experienced as a sudden and perhaps unfounded change of direction, the fourth part of the chapter explores the interconnectedness between situated learning and Merleau-Ponty's phenomenology of the body.

Backdrop: Insights from philosophy of learning

Important philosophical sources for modern learning theories are found in the traditions *intellectualism* and *empiricism.* Our way of understanding knowledge and human nature stems to a large degree from the works of Rene Descartes (intellectualism) and John Locke (empiricism) (Winch, 1998). As is well known, Rene Descartes divided human nature in two substances, the thinking and the extended (res cogitas and res extensa). In Descartes' account, human learning is of two kinds: First, learning to make judgements and exercise will, and second, learning to modify bodily movements. Since for Descartes, the body belongs to the extended substance, the latter is governed by the mechanical laws of the universe and is therefore on par with animal behaviour. The essence of a human is that s/he is, according to Descartes, a thinking being: Like animals, humans perceive, remember and imagine, but unlike animals, humans also think, form judgements and exercise will (Winch, 1998).

An important aspect of Descartes' theory is that there exist innate ideas in the human mind. These ideas are given from birth and are therefore not the result of experience. This is a major source of difference between the intellectualist and empiricist accounts of learn-

ing, because innate ideas will structure experiences in a way it could not be structured without these ideas.

John Locke was opposed to the concept of innate ideas, as developed by e.g. Descartes and Plato (Steinsholt, 2004). By using the metaphor "tabula rasa" or blank slate[24], Locke imagined that from birth, the child was not in possession of ideas about the world or any other structures that could lead the cognitive and moral development. Instead he believed that ideas are created by objects that surround the child. By dealing with objects, the child gradually becomes familiar with qualities of the objects, thus being able to form ideas about the surrounding world. Acquisitions of ideas are therefore the result of the surrounding world's impact on our senses. These first, simple ideas are later associated together through reflections to more complex ideas. This means that everything that is complex is built up by simpler ideas, and so can be dissolved and returned to these simple ideas (Steinsholt, 2004).

It would be a serious oversimplification to believe that empiricism and intellectualism are binary opposite positions. First of all, there are slightly different versions of empiricism and intellectualism where confluence could be found (Meyers, 2006). Secondly, with regard to empiricism and intellectualism as antecedents of modern learning theories, Winch (1998) argues that they cannot properly be divided along the simple lines of whether knowledge is conditioned by innate structures or experience alone. Despite their differences, empiricism and intellectualism also share a common epistemological ground. They are both based in "methodological individualism" (Winch, 1998: 4): There exist individuals with a conscious awareness that is the basis of all knowledge. Outside of these individual minds there exists an objective world, which is independent of the individuals, and of which we can gain knowledge through some form of methodological approach.

In this sense, both empiricism and intellectualism subscribe to the Cartesian dualism, spelled out by Descartes, who was "certain that I can have no knowledge of what is outside me except by means of the ideas I have within me" (Descartes, 1985: 474, as quoted in Taylor, 2005: 26). What Descartes expressed was the *inner / outer – dichotomy*, the radical

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[24] His original phrasing was a "white paper, void of all character" (Meyers, 2006: 16). One can take this to indicate that Locke first and foremost was concerned with development of character, rather than learning in the sense of acquiring skills and knowledge (Steinsholt, 2004).

and complete separation of the inner and the outer realms. When sharply divided realms are posited, either explicitly or tacitly, as ontological presuppositions for knowledge, the only way to get knowledge about the world is through some form of mediation:

> Knowledge of things outside the mind / agent / organism comes about through certain surface conditions, mental images, or conceptual schemes within the mind / agent / organism. The input is combined, computed over, or structured by the mind to construct a view of what lies outside (Taylor, 2005: 27).

Both empiricists and intellectualists hold that there are ideas or representations formed or stored in the mind that give 'a view of what lies outside'. In establishing these representations, the empiricists give primacy to the outer realm; the transcendent world, whereas the intellectualist gives primacy to the inner realm; the immanent world (Dillon, 1997). Further, for the empiricists the world impinges itself on the senses so that the subject passively receives the world. In this sense, learning is a matter of passive causation. On the other hand, the intellectualists' version is that the world is lit up by a constituting consciousness (Merleau-Ponty, 2002). Learning in the intellectualists' account is thus a matter of active reasoning. The two positions can be sketched as following:

The inner / outer dichotomy and mediational epistemology

SUBJECT		
Empiricism		**Intellectualism**
Primacy of the outer realm Passivity	*mediation*	Primacy of the inner realm, Activity
Causation World impinges on the subject		Reason World is lit up by consciousness
	WORLD	
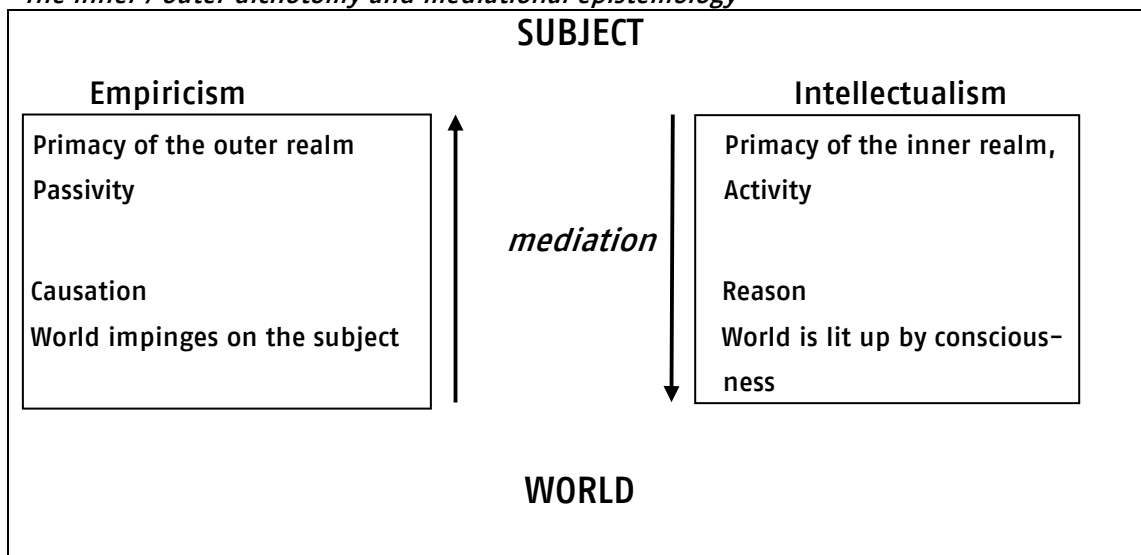
Why is the inner / outer dichotomy problematic?

> The problem [for both empiricists and intellectualist] has been to account for experi-ence, in the sense of taking in information from the world. In a sense we have to receive this information, we are the passive party. In another, we have to know how to 'grasp' it; we are active. How do these two combine? (Taylor, 2005: 45).

Activity and passivity in learning are problematic to combine as long as one has posited an ontological dualism between the inner and the outer realm (Dillon, 1997). As long as we do not find a middle ground between activity and passivity; between causes and reason; be-tween spontaneity and receptivity; and between the clear and the opaque we won't get started in our process to learn about the world. This is the problem stated in Meno's para-dox. Marton & Booth (1997) suggest that throughout the history of learning theories – from Meno to the modern cognitive psychologists – the paradox of Meno has been reiterated: it seems difficult for learning to get started, because the learner is either ignorant or already knowledgeable, either active or passive[25].

In the next part I will introduce the French philosopher Maurice Merleau-Ponty, and try to relate his work to learning. Given the problem area of this dissertation, an important rea-son for turning to Merleau-Ponty is the primacy he gives to the body. Also, Merleau-Ponty's ontology is non-dualistic (Dillon, 1997), and could thus serve us well, seen on the background of the introduction to this chapter.

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[25] Marton & Booth make one exception from this point. Behaviourism escapes the paradox of learning, by positing that the inner realm is irrelevant for learning: According to Skinner (1975), the biggest mistake in cognitive psychology is the internalization of the environment, that is, the creation of inner, mental represen-tations of the outer existing world. Skinner did not believe that it is necessary to have these internal copies of the environment (he referred to them as "internal surrogates"), because they are only needed if "we are not our bodies but inhabitants located somewhere else… tucked away up in the head" (p. 5). Rather, according to Skinner, "our bodies are in contact with the real world and can respond to it directly" (ibid.).

Learning in Merleau-Ponty

What does Merleau-Ponty have to say about learning? Indications of Merleau-Ponty's relevance to learning can be found in secondary sources: Jespersen (1999) draws on Merleau-Ponty in his critique of both situated learning and Bandura's social-cognitive theory for not properly understanding the role of the body in modelling (i.e. learning through observation and imitation) in sports. This critique was later given a positive reconstruction when Jespersen (2003) considered Merleau-Ponty's notion of the habitual body "as an original structure of learning in every instance, i.e. a kind of corporeal grounding in the most personal sense of growth and development" (p. 210).

A second resource is found in the Skill model of Dreyfus & Dreyfus (cf. Dreyfus, 2002; Dreyfus & Dreyfus, 1986a), which is a 5-step model for skill acquisition from novice to expert[26]. This model is based on Merleau-Ponty's phenomenology, in particular his notions of intentional arc and maximum grip (Dreyfus, 2002). In the model, a development is described where the learner moves from being dependent on explicit rules given by a teacher / instructor to finally on the expert level being able to act with an "immediate intuitive situational response" (Dreyfus, 2002: 372). The Skill model is a critique of representationalist's account of learning. That is, according to the Skill model, the expert is capable of action without the need for mental representations:

> What one has learned appears in the way the world shows up; it is not represented in the mind and added on to the present experience. That is, according to Merleau-Ponty, what the learner acquires through experience is not *represented* in the mind at all but is *presented* to the learner as a more and more finely discriminated situation, which then solicits a more and more refined response (Dreyfus 2002, p. 373. Italics in original).

I will here not be concerned with the Skill model itself, but I will draw on the work by Dreyfus & Dreyfus later in this chapter. For now, suffice it to say that Dreyfus (2002) gives

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[26] The model has in one text been developed to include a sixth and seventh level: mastery and practical wisdom (Dreyfus, 2001), but in most texts from Dreyfus & Dreyfus the model has 5 steps. This is also true in a text published after the inclusion of the two extra steps (Dreyfus, 2002).

us a clear indication that learning, although perhaps not an explicit concern of Merleau-Ponty, is a theme that can be read out of his work.

Merleau-Ponty's first work, *The structure of behaviour* (Merleau-Ponty, 1963: Henceforth SB), contains a critique of behaviourism, and as such is the place where Merleau-Ponty most explicitly deals with learning. However, apart from this critique of behaviourism, one could say that learning is a theme implicitly occupying Merleau-Ponty to some degree in *Phenomenology of perception*. The essential function of perception, for Merleau-Ponty, "is to lay the foundations of, or inaugurate, knowledge" (PhP: 19). Could we not say that learning in one sense is to inaugurate knowledge? In addition, throughout his work, Merleau-Ponty carves out a third position between empiricism and intellectualism. He thus states:

> Empiricism cannot see that we need to know what we are looking for, otherwise we could not be looking for it, and intellectualism fails to see that we need to be ignorant of what we are looking for, or equally again, we should not be searching. They are in agreement that neither can grasp consciousness *in the act of learning* (PhP: 33. Italics in original).

This quote does not only contain an explicit reference to the act of learning. It is also an implicit reference to Meno's paradox. In this regard, there is a clear link to the problematic nature of learning explained earlier. Therefore, I will take up the lead from Jespersen and Dreyfus & Dreyfus to try to find more resources for understanding learning in the work of Merleau-Ponty.

Merleau-Ponty's relation to behaviourism

In his first doctoral thesis, *The structure of behavior*, Merleau-Ponty engage at length with learning. At the time of writing (the end of the 1930ies), contemporary learning theory in psychology was more or less synonymous with behaviourism, a theory that tried to explain the acquisition of new behaviours by linking an external stimulus to the release of a given

response. Between the stimulus and the response there exist only external and causal relations:

> Learning and development… only transfer to certain stimuli the power of releasing certain movements, the motor conditions of which are considered as given in advance. The development of behavior consists only in different associations of pre-existing elements…. The conditioned reflex theory presents stimulations and responses which succeed each other in an organism like a series of events external to each other and between which no relations can be established other than those of immediate temporal contiguity (SB: 94-95).

Merleau-Ponty notes a distinction, which is not taken into account by behaviourism, namely that between (i) the physical event that the stimulus in itself is, and (ii) the situation taken as a whole for the organism, in which the physical event is just one part. For behaviourism it is only (i) that can explain behaviour: It is the external, physical event that causally leads to the release of behaviour. For the behaviourists, (ii) would merely be an explanation attributed to the situation by a human observer. That is, (ii) is an anthropomorphism without relevance to the experimental situation, and which has no explanatory power in behaviourism.

For Merleau-Ponty on the other hand, the situation taken as a whole is not something merely attributed to the compound of stimuli, because these stimuli are integrated into structural processes that play a regulating role: "they establish *a relation of meaning* between situation and response… It is to the extent that relations of this kind emerge and become efficacious by themselves that the progress of behavior is explicable" (SB: 103. Italics added.).

What is brought forth here is a critique of the atomism that lies at the heart of behaviourism, where any situation could be – indeed had to be – decomposed into its constitutive parts in order to find the stimulus / stimuli that causally lead to the release of behaviour. Against atomism Merleau-Ponty evokes the notions of "form" or "structure" that he takes

from the Gestalt psychologists[27]. As opposed to atomism, Gestalt psychology holds that the whole of a system is not equivalent to the sum of its isolated parts, but are rather "defined as total processes which may be indiscernible from each other while their 'parts', compared to each other, differ in absolute size… the systems are defined as transposable wholes" (SB: 47). The notion of gestalt, or structure, serves us, according to Merleau-Ponty, better in understanding how a relation of meaning is established not between the stimulus and the response, but between the total situation and the response.

A second critical point is that behaviourism places the stimuli and the response after one another in a linear, temporal process. The stimulus and the response are two externally linked moments following each other in time. Merleau-Ponty questions this linear relation: "Situation and reaction are linked internally by their common participation in a structure in which the mode of activity proper to the organism is expressed. Hence they cannot be placed one after the other as cause and effect" (SB: 130). Behaviour, for Merleau-Ponty is not a matter of external causation between two isolated events, but rather an internal participation in the structure of a situation. What Merleau-Ponty questions is the conceptualization of time employed by behaviourism:

> [Behavior] does not unfold in objective time and space like a series of physical events; each moment does not occupy one and only one point in time; rather, at the decisive moment of learning, a "now" stands out from the series of "nows", acquires a particular value and summarizes the groupings which have preceded it as it engages and anticipates the future of the behavior (SB: 125).

The concept of time in behaviourism is an objective time where each second disinterestingly overtakes the previous one. Merleau-Ponty, on the other hand, calls attention to lived time, in which the *decisive now* summons the past in a projection towards the future. Thus,

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[27] It is interesting to note that the French word *structure* is usually used to translate *Gestalt* from German to French (Priest, 1998). This gives a clear meaning of what kind of structure Merleau-Ponty investigates in *The structure of behavior*.

Merleau-Ponty takes behaviour and learning out of the order of strict objectivity and sees them as a

> projection outside the organism of a possibility which is internal to it. The world, in as much as it harbors living beings, ceases to be a material plenum consisting of juxta-posed parts; it opens up a place where behavior appears (SB: 125).

Through his critique of behaviourism, Merleau-Ponty shows how organisms – both animals and human beings – react to the total constellations of a situation, rather than to isolated physical or chemical stimuli. If behaviourism was successful in isolating certain stimuli that produced given responses, this was only possible in the conditions found in the laboratory setting. The conditions of life are different, because here the organism displays "a sort of prospective activity" (Merleau-Ponty, 1964: 4. Henceforth: PP), not reckoned with in the laboratory conditions. This means that the organism, e.g. the human body, does not wait for external forces to set it in motion, but rather orients itself towards the meaning of the current situation.

The critique of behaviouristic conception of learning has so far been a negative one. But Merleau-Ponty also points to a positive description of learning. Contra behaviourism Merleau-Ponty says that "to learn never consists in being capable of repeating the same gesture" (SB: 96), for instance pressing levers to get food or finding a way through a maze, as the animals in the behaviourists' experiments had to do. Rather, to learn consists of "providing an adapted response to the situation with different means" (ibid.). To learn is not to be able to repeat the same gesture over and over again. Rather there must be something involved, which is more flexible than automatic responses: "There must be a *principle in the organism* which ensures that the learning experience will have a general relevance" (SB: 99. Italics added). Later, Merleau-Ponty would say that "my body is that meaningful core which behaves like a *general function*, and which nevertheless exists, and is susceptible to disease" (PhP: 170. Italics added). One way of understanding what this general principle or function is, involves attending to Merleau-Ponty's notions of body and habit.

Habits of the body

Habits have a bad reputation. Crossley (2001) notes that Gilbert Ryle – a British philosopher who in many respects shared Merleau-Ponty's interest in practical knowledge ('knowing how' in the terms of Ryle) – was sceptical towards habits, which he saw as simple and mechanical behaviours acquired through mindless drilling. Ryle preferred the notion *disposition* to cover the flexible and situationally attuned tendencies towards actions that are performed without explicit thoughts and deliberate reflection prior to action. Dispositions, to Ryle, "entail an intelligent and strategic adaptation to contextual exigencies and are purposive" (Crossley, 2001: 53) in ways that habits are not thought to be.

Likewise, Hubert Dreyfus (cf. Dreyfus, 2005) prefers the notions 'skill' and 'skilful coping' over 'habit' due to precisely the same reasons as Ryle: "rigid behavior", which is the connotation of habit, says Dreyfus, "is exactly what Merleau-Ponty is trying to distinguish from the flexible and situation-sensitive skills that make up *l'habitude*" (p. 145. Italics in original). *L'habitude* is the word used in the French text of *Phenomenology of perception*, and which is translated as 'habit' in the English edition. But, the notion habit, to Dreyfus, is so infused with unwanted connotations that the use of the word 'habit' destroys the intended meaning of *l'habitude*.

However, despite the bad name given to habits, Crossley points out that these English connotations of the word habit refers to a "corrupted form of habit" (Crossley, 2001: 54) and he holds that what Ryle calls dispositions and Dreyfus calls skills are similar to what Merleau-Ponty called habits. I will therefore use the term habit, following the English translations of Merleau-Ponty's texts and denote by it a flexible, situational, and adjustable ability to act, which also entails the possibility for creativity.

Let us then find a positive account of habit. Merleau-Ponty was interested in the notion of habit for the same reasons that he was interested in behaviour and movement: They are phenomena that can be properly understood neither by intellectualism nor empiricism. Empiricism would equate habit with the conditioned reflexes, i.e. the behaviourist program of establishing causal links between stimuli and responses. The intellectualist account of habit would be the automatism of mental representations, where the proper mental representation is called up and the movement executed without conscious monitoring of the acting subject.

Merleau-Ponty rejects both these explanations: "Habit has its abode neither in thought nor in the objective body, but in the body as mediator of the world" (PhP: 167). It is not in thought (intellectualism) or in the objective body (empiricism) that we find the home of habits. It is to be found in the body itself.

What this means is a question whose answer will unfold throughout the rest of this chapter and indeed throughout the whole text that follows. For now, I will just draw attention to one more issue concerning habits, namely their epistemological status. Merleau-Ponty pursues this question with an example of people who are skilful at typewriting. He states that these people are not in possession of knowledge of the place of each letter among all the others on the keyboard; neither have they acquired a conditioned reflex for each one. What, then, is the epistemic status of habits?

> [Habit] is *knowledge in the hands*, which is forthcoming only when bodily effort is made, and cannot be formulated in detachment from that effort. The subject knows where the letters are on the typewriter as we know where one of our limbs is, through a *knowledge bred of familiarity* which does not give us a position in objective space (PhP: 166. Italics added).

Thus, for Merleau-Ponty habit is a form of 'knowing how' rather than 'knowing that'. It is embodied knowledge; hence it is referred to as knowledge in the hands. The body involved in these habits is to Merleau-Ponty, "the third term", the alternative to the intellectualists' and empiricists' account of the body. It is a body that does not find its place in objective space. The spatiality of the body-in-action is the spatiality of a situation rather than a spatiality of a position[28] (PhP: 115).

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[28] Here is an experiment you can do for yourself in order to see how this is so: Can you tell which finger you use to press the letter F on the key board of your computer? Most people, who are somewhat proficient at typing, wouldn't. But if they sit down by their keyboard, the finger will find the letter immediately without the intervention of thought.

Embodiment: the body-schema and the body-subject

How should we talk about the body-in-action? Or, more specifically, how should we denote this "third term", which is so important in Merleau-Ponty? The original French term is *corps propre*, which in the English translations most frequently is rendered as 'one's own body'. In her guide and commentary to *Phenomenology of perception*, Langer (1989) uses the notion 'the body itself' to denote 'corps propre'. These two translations point to an intrinsic problem in talking about the body: The former might be interpreted to make the body an object of ownership, whereas the latter has the opposite problem, i.e. it makes the body too much of an independent substance.

In the secondary literature on Merleau-Ponty the notions 'lived body' and 'body-subject' are frequently used. Both these terms are useful, but I will primarily make use of the latter term. As I see it, lived body and body-subject are overlapping, but not synonymous. I will try to explain what I mean by this, and I will do so by drawing upon another distinction found in Merleau-Ponty, and later developed and clarified by Gallagher (cf. 2005); namely that between *body schema* and *body image*.

Merleau-Ponty takes up the body schema in his investigation of the spatiality of the body (PhP: 112-170). He describes it initially as a

> compendium of our bodily experience… supposed to register for me the positional changes of parts of my body for each movement of them… a total awareness of my posture in the intersensory world, a 'form' in the sense used by Gestalt psychology (PhP: 113-114).

The body schema, in this interpretation, is a system that registers body movements and body postures as a gestalt, that is, as a figure standing out on an undifferentiated background. Already in *The structure of behavior*, Merleau-Ponty criticized the Gestalt psychologists for lacking an understanding of being-in-the-world. Therefore, he would add that if the body schema is to be understood as a gestalt "this occurs in virtue of [the body] being polarized by its tasks, of its *existence towards* them… the body [schema] is finally a way of stating that my body is in the world" (PhP: 115). The body schema is thus not an entity re-

siding within the body, but extends into to the world and incorporates the projects that the subject is involved in. In grammatical terms, the body schema should not be thought of as a noun, but rather as an adverb, as a manner or style of being in the world.

According to Gallagher (2005) the body image "consists of a complex set of intentional states and dispositions – perceptions, beliefs, and attitudes – in which the intentional object is one's own body" (p. 25). That is, the body, or parts of the body, is consciously attended to as an object for perception. So, the difference between body schema and image is that with the body image "one is consciously *attending* to body", whereas with the body schema one is "marginally *aware* of the body" (Gallagher, 2005: 27. Italics in original). The body is more of a fully-fledged object in the body image than is the case with the body schema. The body schema, according to Gallagher, does its work "before we know it" (2005: 5), and is thus a structure that structures our experiences of the body-in-action. It takes account of the environment in a pragmatic fashion, and can incorporate into its structure objects in the environment, so that the limits between the body and environment become blurred.

The term 'lived body' clearly points to the phenomenological ambition of giving an account of the body *as we live it*. In Gallagher's interpretation, the body schema is a prenoetic[29] structure of embodiment, which to some extent is phenomenologically hidden. The crucial difference between the lived body and the body-subject then, at least in my comprehension, is that the body-subject contains the prenoetic operations of the body schema and the pre-reflective awareness of the body as it is lived. The lived body cannot take up in itself those aspects of the body-subject that are phenomenologically hidden, but will of course have pre-reflective access to the outcome of the operations of the body schema. In

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[29] The term prenoetic refers to the hidden aspects of our embodiment, or as Gallagher (2005) puts it: "To ask about the prenoetic effects of embodiment is to ask about what happens behind the scenes of awareness, and about how the body anticipates and sets the stage for consciousness" (p. 2).

my reading, then, the body-subject has a wider meaning than both lived body and body schema[30].

Habits and embodied learning

How does Merleau-Ponty think that the body-subject acquires habits? He does not accept the intellectualists' account of learning, because he states that learning should not be conceived of as an intellectual synthesis, neither does he accept the empiricist account, because "the subject does not weld together individual movements and individual stimuli" (PhP: 164). Rather, his summary of how motor habits are acquired is presented in this quote:

> A movement is learned when the body has understood it, that is, when it has incorporated it into its 'world', and to move one's body is to aim at things through it; it is to allow oneself to respond to their call, which is made upon it independently of any representation. Motility, then, is not, as it were, a handmaid of consciousness, transporting the body to that point in space of which we have formed a representation beforehand (PhP: 160-161).

By elucidating this quote we can come to understand how Merleau-Ponty conceives of the learning of motor habits[31].

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[30] I readily admit that this way of understanding these terms can be criticized. Both body schema and body-subject are concepts that do not have a unified meaning across, or even within, different contexts, and both presuppose distinctions that I have not taken up here (e.g. unconscious / conscious, implicit / explicit). But should these distinctions be considered philosophically inadequate, I do think that they at least serve a pedagogical point, namely first to single out and separate the objective sides of embodiment (i.e. the body-as-object) and secondly to show that our awareness of the body can be thought of as vacillating between different degrees of awareness. In addition it could be objected that the notion body-subject does not adequately capture Merleau-Ponty's ambitions of getting beyond the subject-object dichotomy. The advantage with this notion, however, is that it specifically states that the body is a subject. The body is then granted a primacy that it has been deprived of in the Cartesian tradition. *Body-subject* indicates that the body is indeed a subject; a subject that does its work with us, and relevant for this dissertation, a subject for learning.

In order for us to say that a movement is learned, it is required that the body-subject must *understand* the movement. But this entails that we understand understanding in a specific sense: The understanding we are talking about here is not formed through an intellectual analysis: "it is the body which 'catches' (*kapiert*) and 'comprehends' movement. The acquisition of a habit is indeed the grasping of a significance, but it is the motor grasping of a motor significance" (PhP: 165. Italics in original). To explain what this means, Merleau-Ponty uses the example of a woman with a feather on her hat. The woman is continuously aware of the position of the feather in the same manner that she is aware of where her head is. The feather has become an extension of the body, which is taken account of without thinking about it, so that when she walks through a door she bows her head in order to avoid breaking the feather.

More generally, Merleau-Ponty says that "to understand a movement is to experience the harmony between what we aim at and what is given, between the intention and the performance" (PhP: 167). Therefore, movement is not a matter of applying representations formed and stored in the mind. This was pointed out above by Dreyfus (2002), who said that the world is presented *to* the learner rather than represented *in* the learner. The presentation of the world to learner takes place through 'the intentional arc', a feedback loop between body-subject and world:

> the life of consciousness – cognitive life, the life of desire or perceptual life – is subtended by 'an intentional arc' which projects round about us our past, future, our human setting, our physical, ideological and moral situation, or rather which results in our being situated in all these respects (PhP: 157).

The projection of the present situation – facilitated by the intentional arc – is given to the body-subject as a gestalt, where certain aspects and features of the situation stand out and

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[31] There seems to be a slide in focus here, from talking about habits in general, to talking about motor habits. One must therefore ask whether what is said here about motor habits holds true for habits in general? Merleau-Ponty suggests that it is so: "just as the analysis of bodily spatiality foreshadowed that of the unity of one's own body, so we may extend to all habits what we have said about motor ones" (PhP: 175).

call for action (e.g. bowing the head so as to not break the feather). This gestalt figure is harmonious insofar as it solicits a performance that matches the intention of the body-subject (Dreyfus, 2002). Thus, Merleau-Ponty could say that *to move is to respond to the call of the world*.

Learning movements is therefore to continually enrich the intentional arc, which takes up past experiences and future expectations in the projection of the present situation (Dreyfus, 2002). Movement is, as Merleau-Ponty says, not a matter of I think, but of I can. The *I* must not be thought of as a fully constituted subject, where the body is an object for the I can. The *I* in I can is the body-subject. This means that the 'I can' is something acquired through efforts where habitual strategies are developed by the body-subject to deal with its environment (Dillon, 1997). This point towards a basic intentionality, which Merleau-Ponty refers to as operative intentionality (PhP: xx). The operative intentionality is directed towards the world as it is being presented in experience and is prior to the thetic intentionality that can be equated with our thoughts *about* the world[32].

Finally, it is stated that for a movement to be learned, it must be incorporated into the body schema. Learning is therefore a form of incorporation, a "rearrangement and renewal of the corporeal schema" (PhP: 164). The body schema is thus not a fixed entity, but something that is continually open for revisions. We can therefore say that a movement is not learned until it is incorporated into the body schema, and given that Merleau-Ponty argues that what can be said about motor habits are true about habits in general, all habitual learning requires a rearrangement of our body schema.

One problem with this presentation of acquisitions of habits is that on the one hand there seems to be a perceived world, which is projected by the body-subject. But, on the other hand the body-subject is responding, as by remote attraction, to the calls from the perceived world. It is hard to see which is more primary: The perceived world projected by the body-subject or the perceiving subject responding to calls from the world. It is like the

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[32] At the same time, we must bear in mind that the 'I can' always also entails the possibility of being thematized. It is this possibility that both frees from us from being doomed to live only in the concrete and actual, and provides us the opportunity to "undertake movements in the human space of possibility" (Dillon, 1997: 137). Thus, the *I can* entails an openness towards becoming otherwise.

chicken and egg situation: Which comes first? The perceived world or the perceiving sub-
ject? The problem, however, presupposes that one of these entities has a privileged position
over the other. But, for Merleau-Ponty "the most basic unity of experience is that of a fig-
ure-on-a-background and if analysis seek to reduce this fundamental complex into some-
thing simpler, it can arrive only at constructs" (Dillon, 1997: 60). For Merleau-Ponty, the
question of which is most primary – the subject or the world – is misguided, because both
belong to the foundational gestalt figure

Learning and being-in-the-world

In one of the working notes that Merleau-Ponty left behind after his death, he wrote that
the "original layer above *nature* shows that *learning* is *In der Welt Sein* and not at all that *In
der Welt Sein* is *learning* in the American sense or in the cognitive sense of Brunswik" (VI:
212. Italics in original). One should be careful in interpreting the working notes, because
they are unfinished and sometimes even incoherent[33]. Yet, it might be fruitful to try to un-
derstand what Merleau-Ponty can have meant by saying that learning is being-in-the-world.

First, I would just point out what I think the latter part of the quote (i.e. that 'not all that
In der Welt sein is *learning*…) suggests: It is quite easy to see that this is the traditional
Merleau-Ponty strategy of pointing out how his favourite opponents, empiricism and intel-
lectualism fail. As theories of learning, behaviourism (i.e. 'learning in the American sense')
and intellectualism (in the quote represented by cognitivism) fail because they are commit-
ted to objective thought and are thus unable to "grasp consciousness in the act of learning"
(PhP: 33). Empiricist and intellectualist accounts of learning make subjective, everyday ex-
perience secondary to objective thought. To Merleau-Ponty on the other hand, objective
thought is a derivate of being-in-the-world, and I think that this is the reason for saying that
being-in-the-world is not learning in the behaviouristic or cognitive sense.

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[33] As Dillon (1997) points out, the danger is that "in philosophy as in astrophysics, paucity of data typically
results in speculative extravagance" (p. 155).

The context of the quote under consideration is a discussion of cultural perception and wild perception[34]. Our perception comes already interpreted, that is, perception is always already oriented by cultural systems, so that what we perceive is not raw sense data, but meaningful impressions. Thus, above nature there is a layer of perception, which is "a dilation of perception… which obliges us to put in continuity the perceptual openness to the world… and the openness to a cultural world (acquisition of the use of instruments)" (VI: 212). With this continuity between the natural and the cultural as the context for saying that learning is being-in-the-world, we should try to figure out how learning could be being-in-the-world

Being-in-the-world is a term coined by Heidegger and taken up by Merleau-Ponty and other phenomenologists[35]. The term expresses the fundamental intertwining of human beings with their world. In order to understand how learning is being-in-the-world, I will attend to a quite practical example of the football player's relation to the pitch, his team mates and opponents, given by Merleau-Ponty in *The structure of behavior*: For the player, the football field is not an object, says Merleau-Ponty. This means that the measures that the player takes of the field are not those of objective, geometrical space. It means that a player does not locate another player to be 5 meters in front himself, 25 degrees to the left and traveling at the speed of 5 m/s. Rather,

> [the field] is pervaded by lines of force (the "yard lines"; those which demarcate the "penalty area") and articulated in sectors (for example, the "openings" between the adversaries) which calls for a certain mode of action and which initiate and guide the action as if the player were unaware of it. *The field itself is not given to him, but present as the immanent term of his practical intentions*; the player becomes one with it and

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[34] Wild, and sometimes brute, are parts of a new terminology that Merleau-Ponty began to work out in *The visible and the invisible*, where he wanted to get at the ontological layers of "experiences that have not been 'worked over' that offers us all at once, pell-mell, both 'subject' and 'object', both existence and essence, and hence give philosophy resources to redefine them" (VI: 130).

[35] I will return to the Heideggerian conception of being-in-the-world in the next chapter.

feels the direction of the "goal", for example, just as immediately as the vertical and horizontal planes of his body (SB: 168. Italics added).

The phenomenal (football) field is internal to the player's practical intentions. This is because there is a dialectic between the field and the actions of the player, so that "each maneuver undertaken by the player modifies the character of the field and establishes in it new lines of forces which in turn unfold and are accomplished, again altering the phenomenal field" (SB: 169). There is thus an interdependence between the body-subject's intentions and movements on the one hand and the phenomenal field on the other.

We can therefore see that the structure or gestalt of the field is not imposed solely by the bodily intentions of the player, because the field – by virtue of its set limits – is already configured. But, the configuration of the field is not exhausted by the demarcations. Rather, the lines of forces, the possibilities opened for play, are continually changed as moves are made. The player's bodily intentions are therefore complicit in the organization of the field, at the same time as the performance of the player's intentions is restricted by his abilities: "The body's freedom is circumscribed by phenomenal space, time, and objects around it which serve both to ground and to limit its 'I can'" (Dillon, 1997: 147).

Thus, the body-subject is intertwined with the world, so that the world is partly co-configured by the body-subject's practical intentions. An important point then is that as we learn new habits or refine old ones, we come to see the world differently. Our habits make the world meaningful for us (Crossley, 2001), and, by extension, to acquire and refine habits is to open up the world: "Habit expresses our power of dilating our being-in-the-world" (PhP: 166).

Here again, the expression 'dilation' is used, as it was used in *The visible and the invisible* with regard to cultural perception being a dilation of natural perception. The point, I think, is that Merleau-Ponty wants to stress that learning habits changes our existence by extending and dilating our being-in-the-world, thus maintaining the ties with our natural and biological life:

Sometimes [the body] is restricted to the actions necessary for the conservation of life, and accordingly it posits around us a biological world; at other times, elaborating upon

these primary actions and moving from their literal to a figurative meaning, it manifests through them a core of new significance: this is true of motor habits such as dancing. Sometimes, finally, the meaning aimed at cannot be achieved by the body's natural means, it must then build itself an instrument, and it projects thereby around itself a cultural world (PhP: 169).

For Merleau-Ponty, human beings are defined by "a genius for ambiguity" (PhP: 220), and the source for this ambiguity is found in the intertwined relation between body and world. It encompasses the ambiguities between activity and passivity, as well as between inside and outside: "Inside and outside are inseparable. The world is wholly inside and I am wholly outside myself" (PhP: 474). It is in this sense that Merleau-Ponty's ontology is non-dualistic. Thus, Merleau-Ponty's understanding of learning as acquisitions of habits circumvents the problems described in the introduction to this chapter.

Situated learning: towards a social, non-dualistic ontology of learning

In the beginning of this chapter, a philosophical critique of learning theories was presented. Winch (1998) argues that theorists of learning, regardless of whether they are of an empiricist or intellectualist inclination, have favoured an "unbridled individualism" (p. 10) and thus neglected the social and practical dimensions in learning. In this section, I will approach these social and practical dimensions by going to a theory of learning called situated learning (Lave & Wenger, 1991; Wenger, 1998). Over the past decades there has been a rising interest in studying learning as situated action, where acts are not explained and understood in light of the mental states of the individual, but rather "in terms of what goes on between individuals, and between individuals and situations" (Marton & Booth, 1997: 11). Practical involvement, rather than the representations constructed by – and in – the individual is favoured in situated learning.

What is interesting with situated learning in relation to the present project is primarily its relevance to the part of the problem area that takes up how peers are resources for each others' learning. As I intend to show, situated learning grants a primacy to the learners' perspective and active involvement in the learning process. The decentering analysis provided

by situated learning brackets that which we traditionally take to be the most important source for learning: the teachers and their instructions, or in the context of this study; the rehabilitation professionals and their service delivery.

Foundations of situated learning

The theory of situated learning was manifested by the book by Jean Lave and Etienne Wenger, *Situated learning. Legitimate peripheral participation* from 1991. Prior to that there had been efforts leading in the direction of situated learning. Brown, Collins & Duguid (1989) summarized research on issues like situated cognition and cognitive apprenticeships. According to the authors, this research highlighted that knowledge is in part a product of the activity, context and culture where it is developed and used, as opposed to being a neutral and objective entity transportable from the teachers' to the learners' heads.

The rising interest[36] in situated learning can be regarded as a critique of traditional school learning, where learning is considered as individualized, decontextualized and general. Out-of-school learning, on the other hand, is shared, and context specific, i.e. learning is distributed between individuals in a social community (Resnick, 1987). Lave & Wenger (1991) put the critique this way: "the organization of schooling as an educational form is predicated on claims that knowledge can be decontextualized, and yet schools themselves as social institutions and as places of learning constitute very specific contexts" (p. 40). In general, school learning rests on an idea that what is learned is neutral with respect to the activity and situation of learning, whereas the situated learning approach emphasises that

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[36] Situated learning has received attention for instance within the physical education literature (Kirk & Kinchin, 2003; cf. Kirk & Macdonald, 1998; Light, 2006), where the notion of situated learning "is useful to think with in relation to school PE" (Kirk & Kinchin, 2003: 223). More specifically, Jean Lave's critique of school mathematics was seen as a parallel to the dissatisfaction with physical education, e.g. that its curriculum and teaching methods are abstract and less than meaningful for the students (Kirk & Kinchin, 2003). Also, in Scandinavia, situated learning has attracted interest in relation to a project of rehabilitating apprenticeship as a way of learning (cf. Jespersen, 1999; Kvale, 1993; Nielsen & Kvale, 1999; Nielsen & Kvale, 2003). The aim of this rehabilitation was "to expand the notion of learning beyond schools and other educational settings in which learning is institutionalized" (Jespersen, 2003: 209).

"situations might be said to co-produce knowledge through activity" (Brown, Collins & Duguid, 1989: 32).

The notion 'situated' carries a meaning that goes beyond the obvious fact that learning always takes place in a specific place at a specific time. It also goes beyond the social sense of being situated, i.e. that learning involves the presence of, and interaction with, other people. Furthermore, it goes beyond the notion of learning as situated in practical activity (e.g. learning by doing). Rather, the situatedness implied by the term means that "learning is an integral and inseparable aspect of social practice" (Lave & Wenger, 1991: 31). The notion 'situated' thus subsumes practical activities, interaction with others and the place and time of learning, but it is neither reducible to any of these, nor to the aggregate of them.

Though apprenticeship learning often is thought of as an anachronism, the development of situated learning in Lave & Wenger (1991) was done through theorizing on a set of studies on apprenticeship learning[37]. However, Lave & Wenger took care to point out that their "historical-cultural theory of learning should not be [seen as] merely an abstracted generalization of the concrete cases of apprenticeship" (p. 37). They thereby furnish a distinction between apprenticeship as a historical form of learning, which is highly variable through time and space, and situated learning as historical-cultural theory.

This point is important to the present project because applying a traditional notion of apprenticeship learning to a rehabilitation context may seem strange for two reasons. The first is the time frame. Usually apprenticeship learning takes place through engagement in a given practice over years. This is not the case in rehabilitation, and especially the case considered here, a rehabilitation program lasting 2 ½ weeks. Secondly, there is no master in the traditional sense present in a rehabilitation context, as is common in apprenticeship learning. However, Lave & Wenger claim that the presence of a master is not a ubiquitous feature of apprenticeship learning. What is essential in situated learning is that mastery resides in the organization of the community of practice, rather than in any one person or role (Lave & Wenger, 1991).

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[37] Lave & Wenger used case studies of very different kinds in the book: tailors in Africa, traditional midwives in Mexico, becoming a non-drinking alcoholic, naval quartermasters learning to navigate, and butchers.

Communities of practice

The concept of community of practice was "left largely as an intuitive notion" by Lave & Wenger (1991: 42), yet they did also describe it as

> participation in an activity system about which participants share understandings concerning what they are doing and what that means for their communities… [A community of practice is] a set of relations among persons, activity, and world, over time and in relation with other tangential and overlapping communities of practice (p. 98).

The first part of the quote is important in order to differentiate between the ordinary use of the word community and the specific notion of a community of practice. A community of practice is different from a community in the ordinary meaning of the word, because it requires the establishment and maintenance of a *mutual engagement* (Wenger, 1998). A neighbourhood is a community, but it is not necessarily a community of practice, because one can perfectly well live in a neighbourhood without engaging and interacting with the other people living there. Secondly, a community of practice requires a *joint enterprise*. It is not enough for the participants to take part in the same practice; they must also share a joint understanding of that practice and they must jointly establish and develop the meaning of what they are doing together. To give an example: at this moment there are many Ph.D. - candidates writing on their dissertations. Though we all take part in a common practice, we are not involved in a joint enterprise in Wenger's (1998) sense. What we can say is that I share a joint enterprise with those Ph.D. - candidates with whom I regularly interact and discuss the meaning of what we are doing.

This point also serves to illustrate a further issue. Even though I write my dissertation in relative isolation (i.e. alone, in front of my desk together with the books and the computer), the meaning of what I do is social, for instance in the sense that as I write I have future readers, a critical community, in mind. So, a community of practice is not dependent on actual face-to-face situations, but it does require that the meaning of the joint enterprise is negotiated through a mutual engagement.

Negotiation of meaning is an essential characteristic of a community of practice, and it is a driving force in the learning process. The level at which we must understand meaning in this context is that of everyday life, as opposed to meaning understood simply as the correct relation between sign and signified, or as a grand question of the meaning of life (Wenger, 1998). Wenger uses the notion *negotiation of meaning* "to characterize the process by which we experience the world and our engagement in it as meaningful" (p. 53). Negotiation, then, is a process of bargaining with others in order to establish a meaning of the joint enterprise. But this meaning is never finalized; it is always open for debate, and is thus an ongoing, dynamic process that requires our sustained attention and continual readjustment.

An important outcome of the negotiation of meaning that takes place in a community of practice is a *shared repertoire* (Wenger, 1998). This repertoire obviously includes skills to solve common problems in the given domain, but it also includes routine ways of approaching situations, stories and discourses "by which the members create meaningful statements about the world, as well as styles by which they express their forms of membership and their identities as members" (Wenger, 1998: 83). Acquiring – and contributing to the development of – a shared repertoire is a way of learning to become a participant in the community of practice. The shared repertoire is therefore an outcome of learning to become a participant in a community of practice.

Participation or acquisition?

In situated learning, participation is thought of as an essential requirement for learning, but it is also an outcome of learning. That is, one needs to participate in order to learn, and through this involvement in practice, one's forms of participation are changed. As one learns, one develops new and more advanced ways being a member in the community of practice. For Lave & Wenger (1991) participation was a more fruitful concept than internalization to frame learning with, because internalization refers to a restricted understanding of learning:

Conventional explanations view learning as a process by which a learner internalizes knowledge, whether "discovered," "transmitted" from others, or "experienced in interaction" with others…. [This] establishes a sharp dichotomy between inside and outside, suggests that knowledge is largely cerebral, and takes the individual as the nonproblematic unit of analysis. Furthermore, learning as internalization is too easily construed as an unproblematic process of absorbing the given, as a matter of transmission and assimilation (Lave & Wenger, 1991: 47)

'Conventional explanations' refers to those theories of learning that take the individual (or perhaps more specifically, the individual mind) as the unit of analysis, that sharply distinguish between inside and outside, and that take learning to be a process of internalizing knowledge.

Whereas *acquisition* is the metaphor connected to an individual and cognitive view of learning, *participation* is the root metaphor for the situated learning approach. By teasing out the metaphors that underlie different conceptions of learning we can come to understand the underlying assumptions of learning (Sfard, 1998). More specifically, these two metaphors are helpful in understanding the change that learning is moving towards and how this change comes about (i.e. the telos of learning[38] and the mechanisms of learning).

Acquisition implies that learning is a process of "gaining ownership over some kind of self-sustained entity" (Sfard, 1998: 5). Knowledge is seen as a property belonging to the individual learner, as something s/he 'possesses'. Participation indicates a more action-oriented process of knowing, as opposed to knowledge being states or possessions of the individual: "talk about states has been replaced by attention to activities… the permanence of *having* [knowledge] gives way to the constant flux of *doing*" (Sfard, 1998: 6. Italics in original). The telos of learning is different in these two conceptions: In the acquisition metaphor, learning moves towards increasingly more knowledge stored in the individual,

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[38] Telos of learning refers to "the change implied in the notions of learning" (Lave, 1996: 156). The telos of learning should not be understood as merely some form of goal-directed activities, but refers to what learners are changed towards in the process of learning.

whereas in the participation metaphor learning changes the individual's possibilities for participation in social practices.

The ways that learning comes about in the acquisition metaphor range on a passive – active spectrum: From passive reception of knowledge (i.e. the learner as an empty container to be filled by teaching) to knowledge being actively constructed by the learner (Sfard, 1998). Though the involvement of the learner is variable within the acquisition metaphor, the fundamental similarity is that knowledge is something that is acquired by the individual mind. With regard to the participation metaphor, learning comes about through a process of "crafting identities in practice… and becoming more knowledgeably skilled [as] an aspect of participation in social practice" (p. 157). The differences between the participation and the acquisition metaphors can be summarized in a table:

Metaphorical mappings (Sfard, 1998: 7)

ACQUISITION		PARTICIPATION
Individual enrichment	Goal of learning	Community building
Acquisition of something	Learning	Becoming a participant
Recipient (consumer), (re-) constructor	Student	Peripheral participant, apprentice
Provider, facilitator, mediator	Teacher	Expert participant, preserver of practice / discourse
Property, possession, commodity (individual, public)	Knowledge, concept	Aspect of practice / discourse / activity
Having, possessing	Knowing	Belonging, participating, communicating

Now, does this bifurcation of the two metaphors of learning get us anywhere? Surely, it is important to keep in mind, as Sfard (1998) points out, that the discourse on learning cannot be freed from either of the metaphors. One could for instance argue that acquisition of knowledge or skills is almost always directed at changing the learners' possibilities for participation in different practices (e.g., I go to the university to acquire the skills, knowledge and attitudes needed to be able to participate in the community of researchers). Likewise,

crafting identities in practice is in some way also a form of acquisition. One acquires an identity in order to participate in a different way.

The fundamental issue is that the bifurcation of the acquisition / participation metaphors is grounded in different ways of seeing the relation between subject and world. Lave (1996) refers to two case studies of apprenticeship, one of lawyers in an Egyptian mosque and the other of tailors in an alley in Liberia. In relation to these studies, she describes the telos of situated learning as

> becoming a respected, practicing participant among other tailors and lawyers, becoming so imbued with the practice that masters become part of the everyday life of the Alley or the mosque for other participants and others in turn become part of their practice (p. 157)

Learning implies becoming a different person, so that learning involves a (re-) construction of identities (Lave & Wenger, 1991). The subject is interwoven with the context, so there can be no split between person and world. It is this change of identity that implies a social ontology in situated learning.

Identity and social ontology

Identity was originally a psychological concept, but is today used "in a wide range of social and humanistic sciences, including sociology, cultural studies, anthropology, and history" (Sfard & Prusak, 2005: 14). Given its widespread use, it is fair to assume that identity takes on different meanings depending on the context of its use. Indeed, in the field of education the notion of identity is so pervasive that it has been referred to as "the bread and butter of our educational diet" (Hoffmann, 1998: 324, as quoted by Sfard & Prusak, 2005: 14). The point of introducing identity here is to use it as a facilitator for illustrating a larger point; namely the social ontology of situated learning.

In Wenger (1998), identity is used to narrow down the focus of attention from the community of practice to the person, yet still retain a social perspective: "Identity serves as a pivot between the social and the individual, so that each can be talked about in terms of

the other. It avoids a simplistic individual-social dichotomy without doing away with the distinction" (p. 145). To Wenger, identity is an experience of our everyday practice, as a way of being in the world. The notion of identity Wenger operates with, cannot be reduced to a discursive conception of identity:

> words are important, no doubt, but they are not the full lived experience of engagement in practice… identity in this sense manifests as a tendency to come up with certain interpretations, to engage in certain actions, to make certain choices, to value certain experiences (Wenger, 1998: 151-153)

Identity, in Wenger's understanding, gives rise to certain habitualities in our engagement in practice. Identity is not just the stories that we tell about ourselves and that others tell about us. It is also a lived experience of being an agent in the social world. Thus, Wenger sees identity as a constant becoming, as a temporal learning trajectory that takes into account the past and the future in the negotiation of the meaning of the present. Further, identity is an integral part of learning. To learn is also to become someone. Just like learning to play football surely involves acquiring the skills, knowledge and attitudes needed to perform on the pitch, it also transforms the learners into becoming football players with certain ways of 'walking and talking'.

In situated learning and other sociocultural approaches, identity is not primarily an epistemological matter, but is more importantly concerned with ontology:

> Whereas much psychological research treats identity simply as self-concept, as knowledge of self, that is, as epistemological, the sociocultural conception of identity addresses the fluid character of human being and the way identity is closely linked to participation and learning in a community (Packer & Goicoechea, 2000: 229).

Packer & Goicoechea (2000) refer to constructivist theories[39] of learning as example of theories that are explicitly concerned with epistemological questions without stating their ontological position. A constructivist theory of learning is one that "emphasizes how knowledge is constructed on qualitatively different, progressively more adequate levels as a result of the learner's action and interaction in the world" (p. 227). At the same time, the epistemic person is posited as unchanged by the constructions of knowledge (Packer & Goicoechea, 2000). Here, according to Packer & Goicoechea, we find a fundamental difference between constructivist and sociocultural theories of learning: In sociocultural theories, the learner is changed as s/he learns. The family of sociocultural theories of learning, to which situated learning belongs, takes learning and identity formation to be ontological matters (Packer & Goicoechea, 2000). The relation between identity and social ontology is that learning is an experience embedded in everyday practices where people are involved in processes of becoming. Learning, then, is a process shaped by participation and co-existence in social contexts

In summary, situated learning decenters the person-as-learner (Lave & Wenger, 1991). The person is not a stable, fixed entity, unchanged by the process of learning. Rather, through engagement in practice, learners are decentered: "Our activity produces a social context that defines who we are. But the context also confronts us as something alien, so we are divided from ourselves and need to discover ourselves" (Packer & Goicoechea, 2000: 234). The decentering of the person-as-learner implies that the learner is neither an unchanged subject nor an object shaped and governed by structural forces. Membership in communities of practice, participation and learning cannot be completely internalized or completely externalized, but must be located in the ongoing and relational process of becoming.

For the purpose of the present project this decentering analysis is interesting, because it provides a looking glass into the learning that takes place in addition to, and sometimes even in spite of, the intentions of the teachers. It provides us with a way of understanding the learning that happens behind the backs of the teachers.

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[39] Packer & Goicoechea use Piaget and von Glasersfeld as representatives of constructivist's theories of learning.

The situated body of learning

Before ending this chapter, there is still a need to address the question of the interconnectedness between Merleau-Ponty's conception of habits and their acquisition on the one hand, and situated learning on the other hand. In addition, I will make a very brief excursus in order to frame the practical knowledge that is at play in both these approaches.

Connections between Merleau-Ponty and situated learning

The sceptical reader may find some problematic issues with situated learning, as it is presented here. For instance, proponents of situated learning sometime paint a rather negative picture of school learning[40]. An impression might be left that teaching is superfluous or almost detrimental to the learning process. Surely, this is too one-sided and overly negative. Given that an overall aim with the dissertation is to strengthen pedagogical practice in rehabilitation, it seems ironic to turn to a theory of learning that discredits the pedagogical work of teachers or instructors. I will attend to this problem in the closing chapter of the dissertation.

In a critical remark to the 'participation metaphor', Hager (2005) states that situated learning locates learning so fully within the given context "that it is silent on exactly how learners are reshaped … by their learning… their account has little to say about the learning by the individual learner that underlies the reconstitution of their personal identity" (p. 7). Situated learning attempts to overcome overly individualistic and mentalistic explanations of learning, but in the process proponents of situated learning go to the other extreme, where structural determinism is the outcome. The learning subject seems to disappear in situated learning.

This is a problem also pointed out by Lave (1999): "if social practice is dissolved in learning, so that everything becomes learning, or [one] dissolves learning in social practice,

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[40] For instance, we saw above how the movement situated learning stems from a critique of school learning (cf. Resnik, 1987). In addition, Lave (1999) claims that the most boring moment in her entire life was at a university lecture.

so that everything is practice, then learning has no longer any specific meaning" (p. 48). The solution to the dilemma is to see learning as fundamentally relational: as a relation between person and world, between subject and context. Learning is located neither in the context nor in the person, but rather in the trajectories that newcomers can follow in a community of practice on their way to becoming full participants (Lave, 1999).

As a consequence of this relational understanding of learning, Lave & Wenger and other advocates of situated learning continually stress their opposition against mind-body and agent-world dualisms. Lave (1993), for instance, argues that learning traditionally has been studied as if it were a process going on in the mind, without reference to the lived-in world. This disjuncture between mind and world "ratifies a dichotomy of mind and body" (Lave, 1993: 7).

Rambusch & Ziemke (2005) state that notwithstanding being strongly opposed to dualistic assumptions, proponents of situated learning have overlooked the important role played by the body in sociocultural activity processes. Despite scattered notions of embodiment and lived experience, the embodiment of the learner does not take on a crucial role in central texts on situated learning. It is here that we can see an essential relation between situated learning and the work of Merleau-Ponty introduced above. This relation is, to my knowledge, underdeveloped[41], but can be elaborated to show the role of the body-subject in situated learning.

A central quote to understand the relation between situated learning and the phenomenology of the body is found in Lave & Wenger (1991), where it is stated that that participation "can be neither fully internalized as knowledge structures nor fully externalized as instrumental artefacts or overarching activity structures" (p. 51). In this sense participation is for Lave & Wenger (1991) a kind of *middle term* between the inner and the outer. As we saw earlier in the chapter, Merleau-Ponty puts great emphasis on overcoming the same distinction (e.g. "The world is wholly inside, and I am wholly outside myself" (PhP: 474). To

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[41] An exception is Jespersen (1999; 2003) who stated that situated learning lacks references to the body as situated object, and suggested the need to understand learning in apprenticeship in terms of bodily situated modelling.

Merleau-Ponty, the body as flesh intertwined with the flesh of the world[42] (VI: 147), is precisely this middle term that overcomes the separation between inner and outer.

The body-subject is an active agent in the world, in the sense that involvement with the world is its essential mode of being. But it is, as the quote from Lave & Wenger also points out, not an agent in the sense of being a being controlled wholly from within (internalized as knowledge structures). Neither is the body an object determined by the influence of external forces. But, one can say that the *body-subject* is Merleau-Ponty's parallel to *participation* in situated learning. Thus, the situated body is found in-between the inner and outer, and it functions in-between the active and passive. The football example presented above suggested this. The field sets limits, but through our participation, the field and our potential possibilities for participation are continually reshaped, but always within certain limits. The participation of the situated body is, in one shot, both enabled and restricted by the intentional arc, which through its projection of the past and the future into the present "results in our being situated" (PhP: 157) to our human setting.

Perhaps, then, it is possible to say that Merleau-Ponty clearly brings an understanding of embodiment to situated learning that can further its conceptualization of participation. Yet at the same time, it might also be suggested that situated learning's assertion of the importance that participation plays in learning, enriches the perspective of learning in Merleau-Ponty.

There is one more sense that Merleau-Ponty can enrich situated learning. In his book, Wenger (1998) develops the concept *Communities of practice*, which was left largely as intuitive and undeveloped in the *Situated learning* – book (Lave & Wenger, 1991). Though I find his elaboration of the dimensions of the community of practice useful (see above), I also find that his development of the concept is overly theoretical and abstract. In spite of his explicit intention to do justice to the lived experience of learning in a community of practice, his presentation and analyses are pervaded by models and a continuous introduction and illumination of new terms. In order to retain a phenomenological perspective, we

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[42] In *The visible and invisible*, Merleau-Ponty introduces the notion of flesh as a foundational ontological category. Flesh is to be thought of as an element, which is prior to any conceptual distinction between body and world, subject and object. I will have more to say about this in relation to disability in the next chapter.

should attend to how a community of practice also is a landscape of learning[43]. We should then appreciate Merleau-Ponty's advice to

> return to that world which precedes knowledge, of which knowledge always speaks, and in relation to which every scientific schematization is an abstract and derivative sign-language, *as is geography in relation to the country-side in which we have learnt beforehand what a forest, a prairie or a river is*. (PhP: ix-x. Italics added)

Merleau-Ponty points to the virtue of describing what we have before us prior to subsuming it under an abstract 'sign-language'. Thus, the phenomenological analysis of the body provided by Merleau-Ponty and other phenomenologists can heighten our sensitivity towards the role played by the situated body in learning. At the same time, the educational analysis of situated learning helps us staying on target, which in this context means the role played by peers in learning processes in rehabilitation.

Excursus: Techne and phronesis

Despite the emphasis put on the importance of the context or situation of learning, I have done little to situate my own general explications and discussions of Merleau-Ponty and situated learning to the problem area of the dissertation. As a consequence, I think there is a need to clarify what kind of knowledge is at work in the approach I take to understand the

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[43] The term landscape of learning has been proposed by Nielsen & Kvale (1999; 2003), but the work of Nielsen & Kvale on landscapes of learning, however, can to a very limited degree be thought of as phenomenological. In Lave & Wenger (1991), there are also hints about the importance of landscape, e.g. landscape of learning is here to be thought of as how "[situated learning] opens a richly divers field of essential actors and, with it, other forms of relationships of participation" (Lave & Wenger, 1991: 56). Interestingly, the notion of landscape appears quite frequently in Merleau-Ponty. Casey (2000) makes a couple of interesting remarks in that regard. First, the French word 'paysage' has been rendered both landscape and country-side in the English translation of *Phenomenology of perception*. In addition, Casey states that Erwin Straus' distinction between landscape and geography "is important for Merleau-Ponty because landscape provides for him an adequate intentional correlate for the richly ambiguous act of perception he is describing throughout the *Phenomenology*" (p. 151)..

peer learning process in rehabilitation. This short excursus also serves another purpose. It will provide me with an analytical tool that I cannot get from Merleau-Ponty or situated learning. This is a tool that I did not know that I needed when I began working on this dissertation; rather the need for it emerged during the field work.

Both the performance and acquisition of habits are embodied and carried out in a pre-reflective engagement with the environing world. In a similar manner, situated learning is concerned with participation, i.e. the learners' active engagement in a community of practice. Thus, the form of knowledge at play in embodied, situated learning can be characterized as practical in the sense that "practical knowledge is something we *are*, *do* and *are able to do*, rather than [theoretical knowledge, which is] something we *have*" (Saugstad, 2005: 363. Italics in original). In order to clarify the distinction between theoretical and practical knowledge as it relates to the present purpose, I will for the moment lay aside Merleau-Ponty, Lave, and Wenger, and turn the Aristotelian distinctions between different forms of knowledge. This approach is motivated by the work of Saugstad (2005), who has pointed out the link between situated learning and Aristotle's philosophy of knowledge.

Aristotle differentiated between three forms of knowledge, to which there correspond three distinct modes of activity. Theoretical knowledge takes the form of *episteme*. According to Dunne (1993), episteme was considered to be "an object-domain which was limited to necessary and eternal being, and which therefore encompassed only mathematical entities, the heavenly bodies and the divine being or first mover" (Dunne, 1993: 238). This means that episteme concerned theoretical reasoning, for instance about laws of nature, geometry, and other object domains that exist out of necessity, because they are given by the gods. In this sense, episteme is uninfluenced by human beings, and as such it is a form of spectator knowledge (Saugstad, 2005).

Separated from the theoretical domain is the domain of practical knowledge that encompasses *techne*, which is a form of productive knowledge, regarding the capacity to make, and *phronesis*, which is practical knowledge in a stricter sense of the capacity to act. As opposed to theoretical knowledge, the domain of practical knowledge is influenced by the actions taken by the participants. Thus, as opposed to the universal and definite character of theoretical knowledge, practical knowledge is related to the particular and admits of variation. The distinction in practical knowledge between techne and phronesis can be dis-

cerned by attending to their different activity forms. The activity of techne was called *poiêsis* and the activity of phronesis was called *praxis*:

> Production (*poiêsis*) has to do with making or fabrication; it is activity which is designed to bring about, and which terminates in, a product or outcome that is separable from it and provides it with its end or *telos*. *Praxis* on the other hand, has to do with the conduct of one's life and affairs primarily as a citizen of the *polis*; it is activity that leaves no separately identified outcome behind it and whose end, therefore, is realized in the very doing of the activity itself (Dunne, 1993: 244. Italics in original).

The activity of techne leaves behind a product that is separable both from the process of making it and from its maker (i.e. the person of techne). When it comes to phronesis, there is no result that can be separated and identified apart from the act, thus its end is to be found in the very process of action, i.e. in praxis itself. So, whereas techne is thought of as applying means towards the realization of an externally defined end, phronesis is an end in itself[44].

With the aid of these distinctions, we can clearly see that wheelchair skills and sports activities, which are the primary goals of the WiM-program, belong to the realm of practical knowledge. But the distinctions also raise the question about the difference between techne and phronesis in relation to learning wheelchair skills: In fact, it may seem that the idea of learning wheelchair skills is an instrumental one: To get by more easily in life. The activity in itself is not important; it is the outcome of the technique which is of importance. Hence, phronesis seems not to be relevant in the case of learning wheelchair skills, because this form of practical knowledge primarily is a technical matter.

This is an objection that I would have supported at the outset of this study. However, there was a clear finding in the empirical work that led me to the Aristotelian distinction

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[44] Dunne notes that seeing something as an end in itself is somewhat problematic because it operates within the rationalistic logic of means to ends. The full significance of phronesis, is according to Dunne not grasped "unless we see that it involves nothing less than what Gadamer calls a 'fundamental modification' of the means-end framework" (Dunne, 1993: 262).

between techne and phronesis. It became evident to me that wheelchair skills are not merely a matter of technicalities. It has a wider meaning than that, and I will take up this point in chapters 5 and 7 below. By doing so, I will enrich the rather superficial treatment given of techne and phronesis here.

However, it is possible to object that instead of properly situating my general outline of Merleau-Ponty and situated learning more clearly to the context of the study, the present section has only added yet another dimension to this chapter on learning. However, it has already been hinted at a possible connection between situated learning and Aristotle. Saugstad (2005) points out that for one thing, both Aristotle and proponents of situated learning hold in common that (i) practical knowledge is best learned by engaging in practical situations, and (ii) the learning of practical knowledge go beyond skill acquisition in the sense that it is also connected to the development of professional identity (situated learning) and character (Aristotle). But, according to Saugstad (2005), Aristotle can also make some contributions to situated learning, for instance in stressing the importance of having the right habits (*hexis*) towards the subject of learning, since "learning also involves … the cultivation of habits [which] takes place by participation in real-life situations and is fostered through fruitful experience and good role models" (p. 362).

It is an open question whether this latter point can be connected to Merleau-Ponty's notions of habits. In one sense, as we have seen already, Merleau-Ponty attempts to give a general outline of habits. As such, there is possibly a link from Aristotle to Merleau-Ponty.

4. DIS-ABILITY: HABITS AND EMBODIMENT IN ACQUIRED DISABILITIES

As I discussed in the first chapter, disability is a contested terrain. The relations between impairment and disability, and the processes that constitute disability, are far from neutral and clear-cut. It was also argued that a socio-contextual perspective on disability should be preferred, because it overcomes the apparent dualism inherent in the medical and social model of disability. Yet, it was also pointed out that the socio-contextual approach is in need of specification of the processes and structures that constitute disablement.

In this chapter I will make use of the notion dis-ability to further specify the body-world relation from a phenomenological perspective as it pertains to acquired disabilities. The choice to restrict the examination to acquired disabilities has two reasons. First, the persons that took part in my empirical investigation all had acquired their disabilities. Secondly, this restriction makes the phenomenon more clear cut than it would have been, had I attempted to analyze disability in general.

My analysis begins with Merleau-Ponty, who in different places in his work uses case studies of illness and disability. By studying two cases from *Phenomenology of perception,* I want to lay the framework for the phenomenological investigation of acquired disability. Whereas Merleau-Ponty used cases of illness and disability in the service of fleshing out his phenomenology of the body and perception, other writers have taken the opposite move-ment: They use phenomenology to further an understanding of illness and disability. In this text, I draw on two such philosophers, S. Kay Toombs, a philosopher who lives with Multi-ple Sclerosis (MS, a degenerative neurological disease that affects muscle function), and the Swedish philosopher Fredrik Svenaeus. I choose to use these two philosophers because of their different phenomenological starting points: Toombs starts in Husserlian phenome-nology with an emphasis on the constitution of the body in illness and disability. Svenaeus starts from Heideggerian phenomenology with an emphasis on being-in-the-world. Both Toombs and Svenaeus investigate the relation between medical practitioner and patient, but whereas Toombs takes the patients' perspective, Svenaeus can be seen as complimentary to Toombs due to his emphasis on the perspective of the medical practitioners.

I have taken the notion dis-ability from the works of S. Kay Toombs. The hyphen serves two purposes. First, it indicates that the acquired disabilities should be freed from the theoretical and ideological connotations of the so-called medical and social models of dis-ability. Secondly, it points to an essential feature of the phenomenology of acquired dis-abilities: the loss or disruption of bodily habits. My aim in this chapter is to synthesize the work of Toombs and Svenaeus, and elaborate it with insights from Merleau-Ponty, all in order to bring about a deeper understanding of the phenomenology of acquired disabilities.

Merleau-Ponty and disabilities

Both in *The structure of behavior* and *Phenomenology of perception*, Merleau-Ponty makes frequent use of studies of pathological cases. A common pattern in his 'strategy' is to de-scribe the cases, and then show how empiricism and intellectualism explain them. Merleau-Ponty then positions his own explanation of the case in-between empiricism and intellectu-alism. Upon reading Merleau-Ponty one could suggest that breakdowns in ordinary func-tioning show aspects of behaviour, movement, and perception that are taken for granted in the natural attitude. As Zahavi (2005) points out, pathological cases shock us out of the taken for granted realities of ordinary functioning. The breakdown situations then lead Mer-leau-Ponty to set off his phenomenological reflections that go beyond the limit situations of pathological functioning. Therefore, we can say that Merleau-Ponty was not primarily in-terested in the cases of illness and disability in themselves, but in their power to tell us something about our everyday experiences.

The Phantom limb

Merleau-Ponty discusses the phenomenon know as phantom limb (PhP: 87ff). Sometimes, patients who have lost a limb, either through accident or surgery, experience the limb to be present. For instance, if a nerve in the stump is stimulated, the patient may feel the stimula-tion to come from the sole of his amputated foot. At other times the phantom limb is evoked by emotions or memories of the situation where the limb was lost. The first of these examples would be explained by mechanistic physiology (i.e. the empiricist account) as the

persistence of interioceptive stimuli. Through some kind of error the absent limb is perceived as being present when the nerves in the stump are stimulated. In the second example, the phantom limb is explained by intellectualism as an outcome of memory. Whereas the physiological account would say that the phantom limb is a matter of third person causality, the psychological account would be explained in the order of *cogitatio*[45].

For Merleau-Ponty, the problem with these two explanations is that "it is not clear how the imaginary limb, if dependent on physiological conditions and therefore the result of third person causality can in another context arise out of the personal history of the patient" (PhP: 89). Neither can a hybrid theory that combines the physiological and the psychological be accepted because it presupposes the combination of the incongruent ontological realms of the for-itself and the in-itself: "In both cases we are imprisoned in the categories of the objective world, in which there is no middle term between presence and absence" (PhP: 93). To Merleau-Ponty, this middle term is found in the body-subject. To experience the phantom limb is for Merleau-Ponty neither the sole outcome of mechanistic reflexes, nor a matter of 'I think' or 'I remember', but is rather a function of being-in-the-world:

> To have a phantom arm is to remain open to all the actions of which the arm alone is capable; it is to retain the practical field which one enjoyed before mutilation. The body is the vehicle of being in the world, and having a body is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them (PhP: 94).

As our primary vehicle for being-in-the-world, the body is an openness towards the world in the sense that we are engaged in specific projects that tie together body and world with intentional threads. As Merleau-Ponty points out, the body 'enjoys a practical field' of pre-reflective commitment, i.e. it is matter of 'I can'. For example, Merleau-Ponty reports that patients sometimes can treat their phantom legs as if they were real ones: They can set off walking and then stumble to the ground because they have tried to use the leg that is

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[45] I.e. for physiology the phantom limb would belong to the order of *res extensa* and for psychology the phantom limb belong to the order of *res cogito*

actually gone. Thus, to 'remain open to all the actions' indicates that a patient who has lost a limb could try to use it in a specific movement project. How could this be?

> It is precisely when my customary world arouses in me habitual intentions that I can no longer, if I have lost a limb, be effectively drawn into it, and the utilizable objects, precisely in so far as they present themselves as utilizable, appeal to the hand which I no longer have (PhP: 95).

The customary world is the world of pre-reflective engagement with objects. In the case of phantom limbs, this world calls for certain actions that are presently impossible, such as when a person with an amputated leg tries to walk with the missing leg because he is involved in a specific project that requires walking (i.e. 'habitual intentions that I can no longer… be effectively drawn into').

Habits, as Crossley (2001) puts it, die hard. At times, they even outlive changes in the physical body. The phantom limb is an "ambivalent presence" (PhP: 94), because the body consists of two layers: the habit-body and the body of the present moment. The habitual body is the sedimentation of the past, and this body persists after the amputation of a leg from the body of the present moment. "In the first appear manipulatory movements which have disappeared from the second" (PhP: 95). When a limb has been amputated, the patient can no longer answer the calls from his customary world. The 'I can' has been replaced by an 'I cannot'. There is thus a mismatch between the calls from the practical field and the body of the present moment.

The case of Schneider

The relation between the habitual body and the world it projects round about it is further developed by Merleau-Ponty through the case of a patient called Schneider, who has suffered brain damages. This is a case originally described by Gelb & Goldstein that Merleau-Ponty uses both in *The structure of behavior* and in *Phenomenology of perception*. In the latter he utilizes this case extensively in his discussions about movement, speech, and sexuality, but I will here restrict the discussion to movement (PhP: 112ff).

Schneider has difficulties in performing abstract movements (i.e. movements that are not relevant to any actual situation, like moving a limb on command). When he is ordered to perform a movement on command, Schneider must involve the whole body; for instance, when he is ordered to comb his hair, he holds up an imaginary mirror in his left hand before he proceeds to comb the hair using his right hand. He must thus imitate a real situation, involving his entire body, in order to create a situation where the movement of combing his hair can flow as it normally does.

Neither can he – with his eyes shut – tell the position of the body prior to or after passive movements of the body, nor identify a point on his body touched by a foreign object or tell the shape and size of that object. That is, if an experimenter touches a point on his forearm, Schneider is able to describe neither the object he is touched with, nor locate the point on his forearm where he is being touched.

On the other hand, if a mosquito should land on his forearm, he will be able to swipe it away without identifying its position by looking for it. It is also reported that he can, still with eyes closed, perform

> with extraordinary speed and precision the movements needed in living his life, *provided that he is in the habit of performing them*: he takes his handkerchief from his pocket and blows his nose, takes a match out of a box and lights a lamp (PhP: 118. Italics added).

Thus, he can perform habitual movements without any problems. These movements are referred to as concrete movement. The distinction that appears between abstract and concrete movement corresponds to the distinction between *pointing* and *grasping*. To point at the nose on command is very difficult for Schneider, but grasping for it when a mosquito sits there is performed easily and swiftly. The former is an abstract movement, relevant to an experimental situation, whereas the latter is a movement that is part of a practical project.

This deficiency in Schneider seems strange, given that the movements performed in both cases are more or less identical when described in terms of their anatomical and physiological measures. To understand Schneider's deficiency, Merleau-Ponty states, requires that we take into account the affective value of each situation, and in this sense we

can see that pointing and grasping are "two ways of relating to the object and two types of being in the world" (PhP: 141). What the case of Schneider highlights is that in those situations where his habitual body can respond to the tasks required of the motor project, there are no troubles for Schneider, but in other situations, where he cannot rely on his habits, he must concentrate all his efforts on simple movements[46]. To remediate his affliction, Schneider needs to use conscious thoughts in order to put himself in a situation that can help him carry out his project.

Conclusion: The intentional arc gone limp

The cases of phantom limbs and Schneider are mutually illuminating. The phantom limb shows how a world – a practical field – is pre-reflectively projected around the patient, a world which calls for actions that the 'body of the present moment' is unable to answer. On the other hand, when Schneider is asked to perform actions on command, he must, through an act of reflection, project a practical field around him that allows him to carry out the task. Thus, Merleau-Ponty writes that

> the patient therefore realizes his disability precisely in so far as he is ignorant of it, and is ignorant of it precisely to the extent that he knows of it. This paradox is that of all being in the world (PhP: 95).

When the patient with the phantom limb tries to walk on his amputated leg and stumbles, he realizes his disability because he had forgotten it. Patients like Schneider, on the other hand, can only forget, or overcome, their disabilities when they are knowledgeable about them. The latter point we must interpret to mean that they are able to transcend the limitations imposed on them only through taking up a reflective attitude towards their problems.

These two cases of disability are thus connected to how the world pre-reflectively shows up for the patients and calls for certain actions that the body-subject cannot perform. Thus, disability can be located neither in the environing world nor in the body. There is

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[46] The relations between concrete and abstract movements will be discussed further in chapters 6 and 7.

therefore a need to understand the tight connection between the body-subject and the practical field that is projected around it. Merleau-Ponty explains this connection by means of the notion *the intentional arc*, which is a feedback loop that points to "the idea that all past experience is projected back into the world" (Dreyfus, 2002: 373, see also chapter 3). It is this capacity for projection that has collapsed in the case of Schneider, and that therefore prevents him from the liberty of not having to focus attention on the act of carrying out certain movements (Langer, 1989). In the case of phantom limbs, a past is projected into the present, but this past does not fit with the body of the present moment.

Through the notion of intentional arc, we understand the tight connection between the body-subject, its habits, and the world as a practical setting. Thus, Merleau-Ponty discloses how disability involves a change in this feedback loop: "it is this intentional arc which brings about the unity of the senses, of intelligence, of sensibility and motility. *And it is this which goes limp in illness*" (PhP: 157. Italics added). The intentional arc provides us both with the freedom and restrictions of our bodily habits. It is these habits and this intentional arc that "goes limp" in disability.

Interlude: Applied phenomenology of illness and disability

Merleau-Ponty did not set out to provide us with a phenomenological theory about disability. In the following I will turn my attention to the work of philosophers who have used the insights from phenomenologists such as Husserl, Heidegger, Merleau-Ponty, and Sartre to better understand the phenomena illness and disability. More specifically, I will attend to the work of Toombs (1992; 2001a) and Svenaeus (2000a; 2000b; 2000c), who have elaborated on phenomenological accounts of the experience of illness and disability.

These two philosophers have a somewhat different approach to illness and disability; Svenaeus with an interest in the philosophy of medical practice and Toombs as a philosopher who is suffering from multiple sclerosis (MS, a degenerative, neurological illness). In addition, their starting points in phenomenology are different: Toombs starts from the phenomenology of Husserl and Svenaeus from Heidegger. Both Toombs and Svenaeus refer to the work of Merleau-Ponty, and the centrality of the lived body in disability, but none of them make any specific use of Merleau-Ponty's notion of habit. Towards the end of this

chapter, I will therefore return to the work of Merleau-Ponty in order to better understand the phenomenology of disability.

It is pertinent to note that the account that I will give of the works of Toombs and Svenaeus is an extraction of some of the issues that they take up. It might be called a strategic reading, where I look for insights that can help me develop a phenomenological understanding of acquired disabilities. It has not been my aim to give a full exposition of the philosophers' works. I have therefore left out several issues, for instance their analyses of how doctors and patients can gain a mutual understanding of the patients' experience of illness or disability. In spite of this strategic reading, I hope that the issues that I have taken up are sufficiently elaborated and that I have not left out any necessary elements of their analyses relevant to the present purpose.

The meaning of illness

In *The meaning of illness*, S. Kay Toombs (1992) investigates the different perspectives of doctor and patient, and argues that it is not primarily different levels of knowledge that makes these perspectives different. Rather, the difference is grounded at a more basic level, namely in the difference between meanings as constituted in direct, lived experience (patient) and through scientific knowledge of disease states (doctor). Her analysis

> underscores the philosophical importance of the difference between meaning which is grounded in lived experience and meaning which represents abstractions from lived experience. The "disease state" – as construed in the "naturalistic attitude" – represents a theoretical abstraction which is distinct from, and not identical with, the patient's experiencing. Illness in its complexity cannot be reduced to its conception as a pathoanatomical and pathophysiological fact (p. 42).

Through her phenomenological analysis, Toombs shows how illness is constituted in the experience of the patient and how this experience is radically different from the doctors' scientific apprehension of the patients' illnesses. For the patient, illness represents a loss of the taken for granted quality of daily life. This foundational loss of wholeness cannot be

understood in the "naive typifications" (p. 20) of medical diagnoses. In order to describe the sources of the different perspectives of doctor and patient, Toombs explores the way the body is perceived by these two groups[47]. One of the fundamental causes for the difference perspective lies in the experience of the body: For the patient, the body is lived, and the lived body in illness has different experiential properties than the body-as-scientific object, which is the perspective of the doctor. Throughout the book, Toombs reiterates this difference and the problems it poses for the meeting between doctors and patients.

This is, as far as I can evaluate both the strength and the weakness of the book: She draws attention to how the scientific perspective of professional training comes to dominate over an attention to the lived experience of the people that the profession is supposed to serve. In this sense her book should not be restricted to the patient – physician relation, because it is highly relevant to all professional groups working with people who are ill or disabled. At the same time, it seems to me that she makes too much out of the different perspectives. The differences, and more importantly the incompatibility of the perspectives, seem exaggerated[48].

The body as object in illness

Essential for understanding the meaning of illness, as experienced by the patient, is the *lived body*, which refers to a pre-reflective identification with the body "such that there is no perceived separation between body and self" (Toombs, 1992: 51). Thus, the lived body is not thematized as body, but is a fundamental part of our being-in-the-world. As was

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[47] She describes her method as psychological phenomenology, a method developed by Husserl. Psychological phenomenology should not be confused with empirical psychology. The latter is an empirical science and thus operates within the natural attitude. Toombs' aim is to provide a phenomenological description of the meaning of illness, and one of her main points is precisely that this description gives an understanding of illness which is in contrast to the descriptions given of illness from various sciences, such as psychology, which according to Toombs (1992) are unable to explain and fully understand the patient's experience of illness and thus provide a "fundamental distortion of meaning in the physician-patient relationship" (p. xv).

[48] This is not to say that I underestimate Toombs' lived experiences of the doctor – patient relationship. It might well be that the differences and incompatibility seem exaggerated to me because there are certain cultural differences in the doctor – patient relationship?

pointed out by Husserl, there is an important distinction between "1) the unthematic prere-flective lived body awareness that accompanies and conditions every spatial experience, and 2) the subsequent thematic experience *of* the body as an object" (Zahavi, 2003a, p. 101. Italics in original). The body can be experienced as both an object and a subject. It is important to note that we are not talking about two different bodies. The body as we live it (subject) and the body as thematized (object) is always one and the same body (Gallagher, 1986). Since the concepts body-subject and lived body has been discussed earlier (chapter 3), I will here be concerned with Toombs' analysis of how the body is thematized as an object in illness.

Toombs (1992: 31ff) draws on Sartre's work *Being and nothingness* in order to understand the different ways the body is thematized as an object in illness. There are four levels of this constitution[49] of the body as object: (1) pre-reflective sensory experience; (2) suffered illness; (3) disease; and (4) disease state.

At the pre-reflective level, illness is experienced as a felt bodily disruption, for instance as a pain behind the eyes when reading. This pain is not explicitly thematized as "pain behind the eyes"; rather it is experienced as a diversion from the activity of reading. At this level, intentionality is not directed at the body as such. Rather, intentionality is still directed at the project one is engaged in (e.g. reading) and the body is still in the background of awareness. In these instances, the problems are still lurking behind the scene, so to speak.

If the pain persists, it becomes thematized as suffered illness, that is, as "a collection of alien body sensations" (p. 35). The sensory experiences must be perceived as dysfunctional or painful in order to be apprehended as suffered illness, and this pain or dysfunction becomes thematized as a distinct and localized entity. In this sense the body now gradually stands out as an object for the person. Yet, at this point the illness is still a lived experience and is not apprehended as a particular disease.

The third level of constitution of the body as object is when the patient apprehends the symptoms as a disease. Here, the body is objectified as "malfunctioning physiological or-

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[49] Constitution is a Husserlian term that "must be understood as a process that allows for the manifestation or appearance of objects and their signification, that is, it is a process that permits that which is constituted to appear, to manifest and present itself as what it is" (Gallagher & Zahavi, 2008, p. 24).

ganism" (p. 32). This is the point where, for instance, a pain in the chest becomes 'a heart attack'. An explanation is thus conferred to the symptoms in order to give them meaning. This level shows how medical knowledge is diffused into the lifeworld of the patient and becomes commonsense knowledge. The difference between illness and disease on this account is that illness is grounded in lived experience, whereas disease is an abstraction from lived experience: "At the level of 'disease', illness is an object – a 'being-for-others – and, as such, it is transcendent to subjectivity and no longer represents the lived experience of illness" (p. 38).

Finally, the fourth moment in the constitution of the body as an object in illness is the level of disease state. This is where the symptoms are conceptualized by the doctor as representing certain pathological facts. The experience of the patient, which started as a pain behind the eyes, is now "subsumed under the causal categories of natural scientific explanation" (p. 39). At this level, the objectification of the body is complete. The body of each individual patient is merely a representation of the exemplar, medical body; the corpse (Leder, 1992).

In summary, Toombs has pointed out how the body in illness becomes experienced as an object. Whereas in the ordinary course of events the body goes unnoticed, in illness it becomes thematized as an object: "objectification of body is an integral element in illness" (Toombs, 1992: 70). In other words: illness causes a gestalt switch. Normally, the body recedes into the background of our awareness, thus allowing us to carry out projects in the world. After the gestalt switch, the body becomes the figure that attention is directed at, and the possible projects in the world are forced into the background.

Illness as ontological threat

The body becomes thematized as an object in illness, and this thematization can be a gradual process of which Toombs describes four moments of constitution of the body as an object: A pre-reflective experience of e.g. sensing a certain pain in the chest, a level of suffered illness where the pain is explicitly thematized and localized, and a level of disease, where the patient's knowledge of diseases is used to categorize the pain as 'heart attack',

and the complete objectification of the body through applying medical science on the patient's suffering.

Of course, if you drop a heavy object on your foot, you do not go through each of the phases in succession, but you abruptly attend to the pain in the foot as a disease ("Ouch, I think I have broken my toe!"). The pain then presents itself directly and is not a result of a pre-reflective collection of alien sensations. Also, a disease might not be experienced as suffered illness at all, for instance when the patient has become accustomed to the symptoms of the disease.

Two important points can be drawn out of Toombs' explication of the body as object:

(1) The objectification of the body leads to a change in intentionality.
(2) The body that in illness demands attention is something Other to me.

Let's clarify the second point first. It is arguably so that my body is experienced as intimately mine, something clearly belonging to me. The body is in a certain sense owned by me. When I perform a movement, I am certain that it is my body that is moving, since I am both the agent and owner of these movements. Gallagher (1986) points out that this ownedness is different from a possessive owning: My body is not a thing that I own, making me the subject and the body the object. It is more a matter of an incomplete constitution, a form of "'marginal' consciousness of the body" (Gallagher, 1986: 145). Yet, there is also "a sense in which I belong to [the body], in which I am at its disposal or mercy" (Toombs, 1992: 60). In addition to the mineness of the body, there is also an otherness to it.

Drawing on Zaner's *The context of the self*, Toombs (1992: 60ff) points out four senses in which the body is experienced as something Other. First, the body is an inescapable limitation. Objects of the world have in their presence also a possibility of absence, which my body does not have (PhP: 103). Thus, the body is inescapable and puts certain limitations on me, which I have to take into account. For instance, due to our bodily architecture, we cannot see what is going on behind our backs, and we cannot fly or jump over mountains.

Secondly, the body is implicating me: "My body… embodies me, I thus *experience myself as implicated* by my body" (Zaner, 1981: 52, as quoted by Toombs, 1992: 60. Italics in original). This means that I am bound to suffer whatever my body suffers. Thus, there is a

reversibility that produces this otherness: My body belongs to me, but I also belong to the body, and these limitations and experiences of un-ownedness makes the body at times experienced as Other.

Thirdly, my body has a hidden presence, which is also Other to me. The hidden presence refers to the workings of the inner organs, like the heart, lungs etc. This part of my body is Other in the sense that it is experientially absent (Gallagher, 1986). I do not normally notice or pay attention to it, and it is out of my control. Leder (1990) refers to this as the recessive body.

The fourth sense in which the body is Other to me is when it exerts an alien presence. This is the case when the otherness of the body is intruding on the projects that I am engaged in. As much as I would like to plan my life or my day, I have to take into account my bodily moods (Toombs, 1992). For instance, I get tired from reading, and the head ache that I suffer stops me from finishing the book I had planned to finish today. I am, as Toombs points out, not free to do whatever I want, because the body sometimes obstructs my intentions.

These experiences of otherness are normal experiences, which do not only arise from illness or disability. But under normal circumstances they are just fleeting experiences "easily forgotten and passed over" (Toombs, 1992: 62). The crucial difference is that in illness and disability these experiences of otherness are more deep-seated and long lasting.

The first point above, the change of intentionality in illness can now be explained. As the otherness of the body intrudes on my life projects my "bodily intentionality is frustrated" (Toombs, 1992: 63). The alien presence of the body causes a gestalt switch in my intentionality: from the operative intentionality in which the body is the necessary background for worldly engagement to figure, the body becomes the thematic focus of attention and as such an object that I intentionally attend to.

Thus, Toombs states that "illness represents dis-ability, the 'inability to' engage in the world in habitual ways" (p. 62). Our habitual ways of engaging with the world break down in illness, and produce an experience of dis-ability. The phenomenological qualities of the surrounding world change, so that "in illness the world impinges on the senses in unfamiliar ways rendering uncomfortable one's being-in-the-world" (Toombs, 1992: 63). As opposed to the ordinary experience of otherness, described as fleeting and easily forgotten, the

otherness caused by dis-ability do not just relate to the immediate engagement with the world, but it also has consequences for the possibility of carrying out future projects.

> In the experience of illness the taken-for-granted quality of daily life is called into question. What is primarily threatened is the integrity of the self (one's own self), and *this most fundamental loss of wholeness (this ontological threat)* cannot readily be interpreted [apart from its ongoing constitution in lived time] (Toombs, 1992: 20. Italics added).

It is in this sense that dis-ability, according to Toombs, poses an ontological threat. Disability strikes at the existential structures of our being-in-the-world. We can therefore say that dis-ability is not something a person has, i.e. an attribute of the individual. Rather, it is something s/he exists. For a clarification of the notion being-in-the-world and its relation to illness and disability, I now turn to the Swedish philosopher Fredrik Svenaeus, who has developed a theory of illness and health, starting from the phenomenology of Martin Heidegger[50].

Unhomelike being-in-the-world

The second interlocutor on the topic illness, disability and phenomenology is Fredrik Svenaeus. His project is to "use Heidegger's phenomenology of being-in-the-world to understand how illness is experienced precisely as a not being at home in my world" (Svenaeus, 2000a: 9). For the present purpose, it is the unhomelikeness of illness and disability that interests me with Svenaeus' work. Svenaeus provides an interpretation of Heidegger's *existentials* (attunement, understanding and discourse) related to illness, and of illness as a failure in the ill person's *transcendence* (i.e. capacity to project oneself towards the world). He states that unhomelikeness can be "thematized as a peculiar kind of attunement, as a failure in transcendence, or as a breakdown in the tool-structure related to the self" (Svenaeus,

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[50] In laying out Svenaeus' theory, I will also draw on Dreyfus' (1991) commentary to *Being and Time*, because I find Svenaeus' treatment of Heidegger at times to be quite condensed.

2000c: 111). It is primarily the latter way of thematizing unhomelikeness that I will follow in this chapter.

In general, Svenaeus, like Toombs, is critical towards the understanding of medicine as an application of scientific truths. More specifically, Svenaeus sees the encounter between patient and doctor as "an interpretive meeting" (2000c: 11), where medical science is an integrated part, but not it's true substance. In one sense, we can read Svenaeus' work as a continuation and extension of Toombs' insights. In particular, Svenaeus shows how the different perspectives of patient and doctor can be fused through hermeneutical interpretations carried out by doctor. Indeed, Svenaeus (2000c) acknowledges his indebtness to Toombs: "What I find helpful in [Toombs'] analysis is the structuring of the clinical encounter as a meeting of two different lifeworlds with separate horizons" (p. 153-154). Developing this insight further is one of Svenaeus' main achievements. But Svenaeus has also certain reservations with Toombs' *psychological phenomenology*: He questions whether her analysis – with that particular starting point – possibly can obtain generality, or if it is only a description of her particular experience of illness.

Being-in-the-world and meaning structures

The hyphenated expression being-in-the-world is central not only to Heidegger's phenomenology, but to the whole phenomenological movement. With the hyphens, this expression is meant to capture the essential relation between human beings and the world. But what does the notions 'being' and 'world' mean in this context, and what are their relation?

Dasein is the starting point of Heidegger's analysis (Svenaeus, 2000c). Literally translated, Dasein means being-there, and refers to beings that are self-interpreting, that is, beings who take a stand on their own existence (Dreyfus, 1991). Existence for human beings is therefore to exist in a specific meaning of the word, namely to interpret one's own being[51]. My computer exists in the sense that it is real, but even though it sometimes seems to have a mind of its own, it can not be said to exist in the existential sense of Dasein, i.e. as

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[51] "These beings, in their being, comport themselves towards their being" (Heidegger, 1962: 36, as quoted by Dreyfus, 1991: 15).

being self-interpreting. The computer's way of being, as that of other objects, is called oc-curentness (*Vorhandenheit*, sometimes also translated as present-at-hand (Dreyfus, 1991)). However, despite being self-interpreting, it is important to note that this is not to say that Dasein essentially is a psychological or cognitive being, which primarily holds a reflective grasp on its existence: "Dasein must be understood to be more basic than mental states and their intentionality" (Dreyfus, 1991: 13).

The *being* in being-in-the-world is thus a self-interpreting being thrown into the world. Dasein is an expression for how human beings are situated to the world that they live in (Svenaeus, 2000c). We are already in the world, and we have already – before we know it – a relation to our existence. In order to understand *world* in the phenomenological sense, we must recast our understanding of the things in the world. The world is not something out-side us that we encounter through observation. Instead, to understand the relation of being to world, we must, as Svenaeus (2000c) points out, understand "the way we are *in* the world, giving it meaning through our actions; the world indeed being nothing other than a cultural, intersubjective *meaning-structure*, lived in by us and, ultimately a mode of our-selves" (p. 83. Italics in original). The preposition *in* of being-in-the-world is therefore cru-cial. The basic sense of *in*, according to Dreyfus (1991), is not that of a physical inclusion, as when we refer to objects in a box. The more primordial meaning is to dwell. The crucial distinction between inclusion and dwelling is that of involvement: Inclusion does not imply involvement, but dwelling does (Dreyfus, 1991).

The meaning structures of the world are primarily built up by relations to tools or equipment that we are using (Svenaeus, 2000c). Dreyfus (1991) writes that

> Heidegger proposes to demonstrate that the situated use of equipment is in some sense more prior to just looking at things and that what is revealed by use is ontologically more fundamental than the substances with determinate, context-free properties re-vealed by detached contemplation (p. 61).

Thus, it is through the use of equipment that the meaning structures of the world are dis-closed.

The meaning structures of the world are seen as relations between equipments or tools in their practical use. The hammer is Heidegger's famous example of tools: The hammer is understood through hammering, not through carefully observing its different parts. Through use, the hammer is given meaning: it is used in order to strike a nail, in order to build a house, in order to get shelter from the rain. As Dreyfus (1991) says, the hammer is "*defined* by its function (in-order-to) in a referential whole. … to actually *function*, equipment must fit into a context of meaningful activity" (p. 91. Italics in original). This means that one piece of equipment does not have meaning in itself, but rather acquires meaning primarily in its relation to other equipment and in relation to the goals[52] of their use: "equipment makes sense because our activity has a point" (p. 92).

The body as (malfunctioning) tool

Being-in-the-world expresses the fundamental intertwining of human beings with their world, and the meaning structures of the world are understood as relations between tools. But one might ask what relevance the hammer and the activity of hammering have to illness, disability and the body? A first answer would be that hammering is used as a general example to show that pre-reflective, practical activity is our basic way of relating to the world. That is, practical activity is prior to the thematized thinking that introduces the subject / object distinction. Hammering is thus an example of the ontological level of our being-in-the-world. Dreyfus (1991) refers to this involved activity as everyday coping or skilful coping. Hammering, as a general example of everyday coping shows that our being-in-the-world "amounts to a *nonthematic circumspective absorption* in references or assignments constitutive for the availableness of an equipmental whole" (Heidegger, 1962: 107, as quoted in Dreyfus, 1991: 70). This means that in our everyday activities, we are at home in the world, not deliberately reflecting on our actions.

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[52] The use of the word *goal* might be misleading. In Heideggerian terms goal means a *towards-which*, that is, not a goal as an intention explicitly formulated in the mind. Rather, a towards-which is "*purposive* without the actor having in mind a *purpose*. … The 'towards which' is Heidegger's nonintentionalistic term for the end points we use in making sense of a flow of directed activity" (Dreyfus, 1991: 93-94. Italics in original).

However, when these activities become difficult the situation changes. When our everyday coping is disrupted, for instance if the hammer breaks, our awareness is no longer directed at the tools and our projects in the world, but to the world itself as a meaning structure[53]. In engaged activity the tool and the context are difficult to analyze, because the activity is performed pre-reflectively. It is through "breakdowns and withdrawals from activity, during which the 'sense-lessness', the understanding peculiar to malfunctioning, leads our attention to the meaning-relations between tools – that is to the meaning structure of the world" (Svenaeus, 2000c: 129). That is, when the activity is halted or must stop, the tool and the context of its use present themselves to our attention.

We can then answer the question about the relation between hammering, the body and disability. The relation between tools and their use in everyday coping is relevant for instance when we ask: *what if it is the hand that holds the hammer that breaks down?* The activity would still stop, just like when the hammer malfunctions. Though the hand is a sort of tool, it is a different form of tool than the hammer[54]. The question therefore draws our attention to another question: where should the line of demarcation between the body and tools be drawn? Svenaeus maintains that the limit between body tools and other tools should not be drawn at the surface of the biological organism, but must rather be:

> determined through an appeal to the importance the tool plays in the totality of relevance for the human being in question. If the tool belongs to the region we would identify with the self rather than the world in the person's being-in-the-world, then it would consequently be more likely to result in illness if broken (p. 130).

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[53] These breakdowns are similar to what Heidegger refers to as authentic anxiety, which, according to Svenaeus, involves taking a step back from one's absorbed dealing with the world, to reach a new and more profound understanding. The difference between the breakdowns in illness and in authentic anxiety is that in the latter, these moments are just that, moments (*Augenblick*), whereas in illness, the breakdowns have a more lasting character (Svenaeus, 2000c).

[54] The fundamental difference is pointed out by Heidegger: "In contrast to tools (Werkzeug) the living domains of existence cannot, however, be released from the human being. They cannot be stored separately in a tool box. Rather, they remain pervaded by human being, kept in a human being, belonging to a human being, as long as he lives" (Heidegger, 1994: 293, as quoted by Svenaeus, 2000c: 130).

When the breakdown in the activity is due to malfunctions of body tools that we identify with the self, Svenaeus holds that illness is likely to be the result. Illness in this context refers to Svenaeus explication of the unhomelike being-in-the-world, his phenomenological characterization of the first-person experience of illness.

Unhomelike being-in-the-world

Unhomelikeness is thus a central aspect of Svenaeus' theory. In order to understand what this means, I will explain more clearly some indications already given about the term homelikeness. The notion of everyday coping introduced by Dreyfus (1991) suggests that most of the time we deal with the world in a familiar way. In this mode of being-in-the-world, both Dasein and the world are characterized by a transparency that enables a pre-reflective mode of coping. In this respect it makes sense to say that we are at home in the world.

Secondly, it was said that being-*in*-the-world means that Dasein dwells in the world. This dwelling is our homelike experience of the world. One can therefore suggest that homelikeness is our primordial attunement to the world. But, as Svenaeus (2000c) points out, the opposite attunement, unhomelikeness co-exists with homelikeness:

Unhomelikeness… is, even in our everyday mode of being-in-the-world, a basic aspect of our existence; but there it is hidden by a dominating being *at home* in the world and is therefore covered up (*Verborgen*)…. The familiarity of our lifeworld – the world of human actions, projects and communication – is always also pervaded by a homeless-ness: this is my world but it is also at the same time not entirely mine, I do not fully know it or control it (p. 93. Italics in original).

Unhomelikeness usually recedes into the background of our existence; it is hidden by our being at home in the world. This unhomelikeness, which is a constantly present poten-tiality of our existence, can take place for instance when one is feeling dead tired after a hard day's work, when one is sad, or in despair (Svenaeus, 2000c). Such circumstances are

quite normal and would not indicate any form of illness, according to Svenaeus. In order for unhomelikeness to be connected to illness, the unhomelike attunement must have a lasting character.

Homelikeness makes possible a basic openness of the self towards the world. This openness is essential to the hermeneutical structure belonging to the self-interpreting Dasein. In illness, this openness to the world and one's future is gradually or abruptly – depending on the nature of the illness – eclipsed. Drawing on the quote above regarding the relation between tools as either part of the self or as part of the world-structure, we can thematize unhomelikeness as "a breakdown in the tool structure related to the self" (Svenaeus, 2000c: 111).

At this point of his analysis, Svenaeus (2000c: 110ff) draws, just like we saw Toombs (1992) did, on Zaner's analysis in *The context of self* of how the body announces itself as something Other, or uncanny. According to Svenaeus (2000c), "illness is an uncanny (unhomelike) experience since the otherness of the body then presents itself in an obtrusive, merciless way" (p. 111). There is here a clear parallel between the works of Toombs and Svenaeus: *The otherness of the body* in illness and disability experiences that Toombs takes up is in Svenaeus' analysis primarily referred to as *unhomelike being-in-the-world*. What is similar and overlapping between them is that Svenaeus' appropriation of Heidegger's phenomenology provides an understanding of the role that the lived body plays in the first-person experience of illness, which is not unlike Toombs' analysis. What Svenaeus adds is that he carries out the analysis of the broken tool in Heidegger's work as a clue to understand illness as a situation where the body makes itself felt as an alien presence. He thus stresses in a way not found in Toombs (at least not explicitly) that disruptions of the pre-reflective, practical involvement with the world leads to an experience of unhomelike being-in-the-world.

Dis-ability

We have now seen how both Toombs and Svenaeus, from different phenomenological starting points, develop two analyses of the role of the body in illness and disability. In this

final section, I will draw together the main points from these analyses as they relate to the present purpose, and enrich them with Merleau-Ponty's account of disability from the beginning of the section. By so doing, I hope to have elaborated a phenomenological understanding of acquired disabilities.

Disability and dis-ability

Svenaeus (2000c) does not discuss disability extensively in his book, since he is more concerned with illness and health. However, at one point he does give a brief discussion of disability and rehabilitation (p. 112ff). Svenaeus holds that people with a disability, as opposed to those who are ill, have regained a new form of being-in-the-world, which is different from how it was prior to the onset of their disability. They have become rehabilitated. This is not a lesser or inferior being-in-the-world, but simply a different one. Therefore, according to Svenaeus, the difference between illness and disability is whether the being-in-the-world of the person in question is characterized by an experience of homelikeness or unhomelikeness (Svenaeus, 2000c).

But is this really correct? I think it is obviously correct to say, as Svenaeus does, that people with disabilities are not necessarily ill in the sense of being unhealthy. However, I think it is wrong to assume that all people with disabilities have fully "adjusted to a new form of being-in-the-world and *regained homelikeness*"[55] (Svenaeus, 2000c: 113. Italics added). Toombs (1992) would not agree with Svenaeus' position on this point, since she states that "to the extent that one is forced to take the impaired body into account in carrying out one's projects in the world, so the experience of alienation is ever-present" (p. 75). Impairments are in most cases permanent, and as opposed to what Svenaeus holds, Toombs argues that the impairment pervades the being-in-the-world of the disabled person.

This is an important point that Svenaeus seems to miss in his account of disability. Throughout his work, Svenaeus stresses the interconnectedness of body and world, and that

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[55] Svenaeus does consider that in some instance of severe disabilities, homelikeness cannot be regained. However, as I read him, these cases are exceptions that do not interfere with his general point outlined in this quote.

our primary way of encountering the world is through pre-reflective worldly engagement. Yet, he seems to understand disability as something primarily connected to the individual: "To regain homelikeness… is first of all a matter of *the person himself adjusting* to a new way of being-in-the-world" (2000c, p. 113. Italics added). But, is disability a problem located in the individual only, so that it is primarily a matter of adjustments performed in and by the person?

Since, on the level of lived experience, a problem with the body is always a problem with the body / environment (Gallagher, 1986; Toombs, 1992), it seems to me that homelikeness cannot be permanently regained in most cases of disability[56]. For instance, the blind person will, almost on an everyday basis, be reminded of his blindness, because the world is architecturally structured for people who are able to see. It is on this backdrop that we must understand Toombs' comment on the ever-present experience of alienation in relation to dis-ability.

Where Svenaeus fails in my opinion, is in not seeing that even though unhomelikeness is not an experience that people with disability have in all situations all the time, it is still an experience that might suddenly crop up as a result of the body/world interaction in a given context. The experience of unhomelikeness will surface quite often in the sense that in many instances the habitual ways of being-in-the-world are rendered problematic in disability (Toombs, 1992).

The essence of Toombs' account in relation to the phenomenology of acquired disabilities is that it "represents *dis-ability,* the 'inability to' engage in the world in habitual ways" (Toombs, 1992: 62-63. Italics added). Toombs' account of illness and disability as persistent disruptions of the lived body's relation to the world is a better way to understand the experience of acquired disability than the one provided by Svenaeus. What Svenaeus helps us seeing is how the disruption affects the practical, embodied involvement with the world.

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[56] I fully accept that there can be cases where people with acquired disabilities have regained homelikeness, as Svenaeus describes it. However, I believe that it is then more correct to refer to these cases as people with impairments than people with disabilities. These are instances of impairments without disabilities.

The lived experience of dis-ability

What are the existential structures of being-in-the-world that are threatened by disability? I will pursue this question on the following pages. Here I will try to describe dis-ability's relation to the existential structures of lived space and lived time.

Lived space

A phenomenological account attends to the first-person perspective of space, i.e. the subjective experience of space. The alternative to this subjective space is the objective space as defined by geometry. Whereas the latter is a framework that exists independently of any one's particular perspective and where an object's position relative to another object can be measured through points in space that are of equal distance (e.g. in meters or light years), the latter is the perspectival space of the subject. To describe this more clearly, we can use the example of being stung by a mosquito from Merleau-Ponty. In that case, the painful spot is found straight away with the scratching hand, not as a geometrical location on my arm, but as point calling for scratching. The spot on my arm is found as a *there* straight-away without any prior analysis that locates the spot in objective space, This is perhaps not so strange since the spot is on my body, which is different from objects belonging to the world. Yet, the same seems to be the case for objects external to the body, like the hammer for a carpenter or the ball for a football player. Merleau-Ponty says of these objects that they "are not objects discovered in objective space (...) but potentialities already mobilized by the perception of [them], the central end of those 'intentional threads' which link him to the objects given" (PhP: 121).

What this means is that the in the subjective experience of space, we do not attend to the spatiality of a position, i.e. the geometrically defined position of objects, but rather we are involved with the spatiality of the situation, where the body-subject forms "an attitude" (PhP: 114), which directs us towards existing or possible tasks. The body-subject is thus the starting point, the *here* of all possible tasks, but

> the word 'here' applied to my body does not refer to a determinate position in relation
> to other positions or to external co-ordinates, but the laying down of the first co-

ordinates, the anchoring of the active body in an object, the situation of the body in face of its task (PhP: 115).

Lived space has the body-subject as its null-point and is extended towards objects involved in the practical task at hand. But, what happens in and with lived space when we consider dis-ability?

In the case of living with MS, Toombs is constantly experiencing problems with movement. Due to the disease being degenerative, her relations to the surrounding environment are constantly changing:

> Locomotion opens up space, allowing one freely to change position and move towards objects in the world. Loss of mobility anchors one in the Here, engendering a heightened sense of distance between oneself and surrounding things…. Loss of mobility illustrates in a concrete way that the subjective experience of space is intimately related both to one's bodily capacities and to the design of the surrounding world (Toombs, 2001a: 249).

There are three points I would like to highlight with regard to lived space and dis-ability, as described by Toombs. First, Toombs says that she finds herself anchored in a *here*, prevented or obstructed from freely moving towards objects in the world. The first co-ordinate, to use Merleau-Ponty's expression, is always already laid down, but in dis-ability the active body is stopped from performing its tasks. The body is not anchored in the objects, but is rather anchored in the *here*, the null-point of lived space.

Secondly, Toombs points out that the disruption of the lived body is also a disruption of the lived space. She describes how a practical task like going from her office to the lecture room has changed. What formerly was a short walk down some stairs has now become an insurmountable distance. In objective terms, the distance she has to traverse has not changed, but the subjective experience is completely different. The measures of lived space are not the measured distance on a scale, but rather the measures taken by the body-subject to make sense of its surroundings. And finally, the lived space of dis-ability is not only connected to bodily capacities for performing movements, but is also tied to the design of

the environing world. Some designs will afford Toombs the possibility of moving towards the *there*, whereas other designs will prevent her from doing so.

Lived time

As with space, time in the phenomenological sense is not the same as objective time, i.e. the time that we capture with clocks. This is an experience we all can relate to: Even though this present hour is – objectively speaking – precisely as long as the previous and the next hour, we know that when we are enjoying ourselves an hour seems to pass by faster than an hour where we are bored. In objective time, every moment is discrete, whereas in lived time, the past, present and the future all gear into each other. The past exists as the horizon for our present experience, which itself "is a transitional phase between the past and the future, so that the future also provides an open horizon for the present" (Matthews, 2006: 101-102).

Toombs (1992) maintains that "illness and dis-ability results in a changed relation to time" (p. 69). One aspect of this changed temporality is that habitual tasks, like tying one's shoelaces, require intense concentration and take up extra time. According to Toombs this means that one is confined to the present moment, so that one is unable "to free oneself from the actual in order to move towards the possibly-otherwise" (p. 68). The future is, in other words, not an open horizon for the present. Whereas the disruption of the lived body leaves Toombs stranded in the *here* of lived space, it leaves her stuck in the *now* with regard to lived time.

There is also a second sense in which temporality is changed in dis-ability. In many such cases, the very existence of a future becomes threatened. One can no longer take for granted that a future will come. In addition to creating a fundamental uncertainty regarding the future, this may also have as a consequence that "the actual present is forfeited" (p. 69). The uncertainty connected to dis-ability engenders an "existential fatigue" (Toombs, 2001: 253), which involves a strong impulse to withdraw from the world, the present moment, and the future: "The person with a disability is tempted severely to curtail involvements in the world" (ibid.).

The changed experience of lived time in dis-ability also stands out on the background of one's interaction with other people. As mentioned, disruptions of one's habits require that

one spends a disproportionate amount of time on tasks that others perform swiftly. One becomes out of sync, as Toombs puts it, with the people that one is interacting with: "'What's taking so long?' others ask impatiently" (Toombs, 2001: 258). In sum then, the lived experience of dis-ability is, according to Toombs a disruption of the lived body's habits, which alters the experience of time and the surrounding space.

Habits and dis-ability

An essential feature of acquiring a disability is that it involves a disruption of bodily habits. This is central to Toombs' claim about dis-ability as "the inability to engage in the world in habitual ways" (Toombs, 1992: 62). Toombs draws on Merleau-Ponty in that she explains how the lived body has essential features such as "being-in-the-world, bodily intentionality, primary meaning, contextual organization, body image [i.e. body schema[57]] and gestural display" (Toombs, 1992: 58). Toombs uses the notion lived body in relation to illness and disability quite extensively, but she does not analyze its relation to habits in any detail. The analysis provided by Toombs can therefore be supplemented with precisely how Merleau-Ponty envisaged that illness and disability are breakdowns in the body's habitual way of being-in-the-world.

Merleau-Ponty holds that it is the body that understands in the acquisition and performance of habits. In this context 'understand' means "to experience the harmony between what we aim at and what is given" (PhP: 167). This relation between our intentions and what is given is severed in dis-ability. In the case of the phantom limb this was illustrated with the patient who tries to walk on the amputated limb because s/he is in a situation that calls for walking. In Toombs' own experience with living with MS, the problem is different. For her, the experience of loss of mobility leaves here stranded in the here, not being able to go there (Toombs, 2001). The harmony between intention and performance is disrupted, so that what formerly was an *I can* has become *I cannot*.

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[57] Toombs fails to correct the faulty translation of *Phenomenology of perception*. Though the image of one's body also might be changed through acquiring a disability, it is clear from the context that it is the body schema that Toombs is discussing.

However, in many cases of dis-ability it might be too strong to say that *I can* has become *I cannot*. Habits are not completely lost, but disrupted. As we saw above in connection to lived time, habitual tasks are not necessarily impossible to carry out, but they might require more time (Toombs, 1992: 69).

Recall from the previous chapter Merleau-Ponty's example of the football field (SB: 168-169) that was used to give an initial characterization of being-in-the-world. For the player, the football field "is pervaded by lines of forces… and articulated in sectors… The field itself is not given to [the player], but present as the immanent term of his practical intentions" (SB: 168). There is a unity between the player and the field, or in different terms: between the body-subject and the environing world, so that "each maneuver undertaken by the player modifies the character of the field and establishes in it new lines of forces which in turn unfold and are accomplished, again altering the phenomenal field" (SB: 169). When bodily intentionality becomes inhibited, or "frustrated" as Toombs (1992: 63) puts it, the field also necessarily changes. The loss of habits in dis-ability, then, modifies the phenomenal field, it changes the way the world appears to the body-subject. Thus, when Merleau-Ponty states that "habit expresses our power of dilating our being-in-the-world" (PhP: 166), we could say that the loss or disruption of habits in dis-ability involves a constriction of being-in-the-world[58].

Through his appropriation of Heidegger's conceptualization of being-in-the-world, Svenaeus showed that a breakdown in the tool-structure related to the self of the person in question, leads to an experience of an unhomelike being-in-the-world. We can now see the relation between unhomelikeness and the disruption of habits in dis-ability: Habits, to Merleau-Ponty, grant us the familiarity with our life-world. By giving us the freedom to traverse familiar terrain without having to entertain reflective thoughts about how to do it, our

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[58] In her classic essay, *Throwing like a girl*, Iris Young (1998) examines typical differences in bodily comportment between men and women. According to Young, the lived space of feminine movement is restricted and puts limits on the feminine 'I can'. Young concludes that women are physically handicapped through sexist oppression in contemporary society. One should be careful not to conflate the experience of being a woman and being disabled in the way that Young does (Diedrich, 2002), but her analysis of the inhibited bodily intentionality of feminine comportment is of relevance to my discussion of the experience of dis-ability. One could say that the constriction of the being-in-the-world is at the same time an inhibited intentionality.

habits give us the experience of homelikeness. Just like the football player is at home on the field, the body-subject is, under normal circumstances, at home in the world. We *inhabit* our world, says Merleau-Ponty. In this sense there is a clear link between his notion of habits and the un/homelikeness explored in the work by Svenaeus. We can then see a crucial point: Unhomelikeness involves the loss of a person's habitual engagement with the world.

One more issue can be taken up in relation to habits and dis-ability. In the section where the case of Schneider was taken up above, it was referred to Schneider's inability to perform abstract movements, and his retained ability to perform concrete, habitual movements. Concrete movements involve "a plunge into action" (PhP: 127), which is a primordial way for the body-subject to relate to the objects of the world. On the other hand, abstract movements do not involve this antepredicative relation between body-subject and world. Abstract movements are "a set of movements in themselves" (Ibid.), that is, they are ends in themselves.

An acquired dis-ability means that the plunge into action becomes difficult, and as Toombs puts it, "the taken-for-granted quality of daily life is called into question" (Toombs, 1992: 20). We can understand this by attending to the figure-background structure of concrete and abstract movements: "the background to concrete movement is the world as given, whereas the background to abstract movement is built up" (PhP: 127). Disruption or loss of habits forces the person with a dis-ability to build up the background for movements in a way that is taken for granted in concrete movements. This requires effort, attention and "a laborious decoding" (PhP: 125), of which one is relieved in concrete movements[59].

The gestalt switch in dis-ability: The body as subject and object

Objectification of the body is an essential feature of disability (cf. Toombs, 1992: 70). This implies that an integral part of the dis-ability experience is the gestalt switch that takes

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[59] The relation between gestalt of movements and dis-ability is something I will return to in a later chapter, where I will argue that learning through performing abstract movements is a part of the process of rehabilitation.

place when the body becomes an object of attention. The notion of a gestalt switch rests on the idea conveyed by gestalt figures. Such a figure can only stand out on a background that cannot be specified without the figure itself disappearing for us. That is, the background that enables us to see the given figure is present, yet transparent. A gestalt switch, then, is a fundamental reorganization of the figure-background structure.

A central thesis of Merleau-Ponty is that we are essentially embodied subjects. Merleau-Ponty holds that having a body is our primary means for having a world[60]. This means that without the body, we would not be situated to the world. Indeed, we would not exist at all. Further, Svenaeus pointed out that our primordial way of being-in-the-world is that of engaged activity, or to use Dreyfus' (1991) term: everyday coping. In everyday coping, the body-subject is transparent in the sense that we do not pay attention to the body in our activities. The gestalt that is involved here can be understood in the following way:

[the body] is the darkness needed in the theatre to show up the performance, the background of somnolence or reserve of vague power against which the gesture and its aim stand out, the zone of not being in front of which precise beings, figures and points can come to light [...] one's own body is the third term, always tacitly understood in the figure-background structure (PhP: 115).

The body-subject, says Merleau-Ponty, is a part of the figure-background structure in the sense that it takes on the role of 'a reserve of vague power', which, by slumbering in the background, provides the necessary condition for the world of 'precise beings, figures and points' to show up for us.

It is the body's transparency that makes the world stand out as meaningful for us. Thus, the gestalt figure that we discern here is the body as the background, and the world as the figure. Here, I think it is important to point out that world as the figure in this gestalt system is not primarily a world that we observe from a distance, but rather the world that we

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[60] E.g. "The body is the vehicle of being in the world, and having a body is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them" (PhP: 94).

already are caught up in. So perhaps it is more precise to say that the figure is our worldly, pre-reflective engagement.

The gestalt switch of dis-ability, which is explicitly referred to by Toombs, is implicitly pointed out by Svenaeus: "breakdowns and withdrawals from activity… leads our attention to the meaning-relations between tools" (Svenaeus, 2000c: 129). In relation to illness, Svenaeus holds that in breakdowns and withdrawals from engaged activity, attention becomes directed at the body-tools. The body becomes an object of attention. Toombs, as we have seen, also developed this point in her analysis. Dis-ability

> incorporates a sort of Gestalt switch in that the experience of bodily disruption becomes one's normal expectations and non-disruptive moments appear as somewhat fleeting anomalies. In this sense the 'diseased' body (rather than being that which is routinely overlooked in carrying out one's projects in the world) is experienced on an ongoing basis as an insistent presence against which all else is background (Toombs, 1992: 76)

The gestalt switch of dis-ability can therefore be said to be the reorganization of the figure-background structure, where the body becomes the figure that one is occupied with, and worldly engagement recedes into the background of awareness.

The gestalt switch that takes place in dis-ability turns the body into an object. But, what kind of an object does the body become in dis-ability? Toombs' analysis, drawing on Sartre, revealed that the constitution of the body as object in illness has several moments or phases, from a pre-reflective awareness to a full blown attention that objectifies the body (or parts of the body). Yet, Merleau-Ponty would stress that even if the body is an object, it is a different sort of object than other objects in the world[61]. An object, according to Merleau-Ponty, can be separated into its different parts. Between these parts – and between the

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[61] When Toombs carries out her analysis of the experience of the body as object in illness she relies primarily on the work of Sartre. However, one may question the compatibility of Sartre's and Merleau-Ponty's view on the body. Sartre reverted to a form of neo-Cartesianism in that he saw the body-as-subject and the body-as-object as belonging to two different orders of reality (Dillon, 1997). It is precisely this dualistic ontology that Merleau-Ponty wanted to overcome. So even though Toombs' analysis of the illness experience seems plausible, i.e. it stays true to the lived experience, its ontological premise could be questioned.

object itself and the world – there exist only external and mechanical relations. Even in severe dis-ability this radical objectification is not the case with the body. The reason for this is that the body-object is different from other objects in the sense that it is "an object which does not leave me" (PhP: 103). Whereas other objects in the world have in their presence a possibility for absence, our body does not entail such a possibility.

We are, so to speak, stuck with our bodies. We cannot leave the body behind, and it is for this reason Toombs states that in dis-ability, embodiment is an 'insistent presence'. The body that becomes objectified through the gestalt switch in dis-ability is therefore a special kind of object. It is not the Cartesian corpse – which is the medical exemplar of the body (Leder, 1992) – but it is an object perceived by the person whose body it is:

> For if I say that my foot hurts, I do not simply mean that it is the cause of pain in the same way as that nail which is cutting into it, differing only in being nearer to me… I mean that the pain reveals itself as localized, that it is constitutive of a 'pain-infested space'. 'My foot hurts' means not: 'I think that my foot is the cause of this pain', but 'the pain comes from my foot' or again 'my foot has a pain' (PhP: 107).

This is important, because there is no doubt about the ownership of this particular body-as-object: The pain-infested space is my body[62]. The body-as-object is umbilically tied to the experiencing self.

The flesh of dis-ability

One could say that the gestalt figures portrayed above involve two pairs: One, in what might be called ordinary functioning, where the body-subject's transparency allows for the world of pre-reflective engagement to figure, and a second, which is involved in breakdown situations, where the body-as-object becomes the figure and worldly engagement recedes

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[62] There are exceptions to this claim. For instance, Merleau-Ponty discusses anosognosia, i.e. patients who ignore the existence of a paralyzed limb. Also, the case of comatose patients would be a counter example. Yet, these exceptions are limit situations that I do not think refute the claim.

into the background. However, this way of thinking about the gestalt figures of dis-ability may seem to leave a door open for dualism: in both pairs the body, either as subject or object (dualism 1), is potentially seen as separated from the world (dualism 2).

I think it is necessary to say that the body as subject and the body as object are not two mutually exclusive categories of experience. It is more appropriate to say that they co-exist to varying degrees depending on the situation. This is a consequence of thinking in terms of gestalt: A figure always becomes perceptible because of an unnoticed background. The problem will then become a real problem only when categories that are used for analytical purposes are posited to carve up reality in the same way that they carve up conceptual space. This is the challenge when one makes analytical distinctions in a matter that should be thought of as a whole. The body as object and the body as subject co-exist in a complementary tension that can be thought of as an intertwining.

The intimate relation between body and world is one of Merleau-Ponty's main themes running through his works from *Structure of behaviour* to *The invisible and the invisible*. In *Phenomenology of perception* he thematized it in a rather cryptic quote: "one's own body… will carry with it the intentional threads linking it to its surrounding and finally reveal to us *the perceiving subject as the perceived world*" (PhP: 83 Italics added). One could think that this is a misprint, and that the italicized text should read 'the perceiving subject *and* the perceived world', but if we take for granted that there is no misprint, and that the translation is correct, the sentence still makes sense, although this is a sense that is somewhat hard to think. The relation between body-subject and world would then be a relation that Merleau-Ponty in his unfinished work would refer to as flesh. Dillon (1997) states that

> we must learn to think of the relation of body to world as relation of flesh to flesh after the model of one hand touching the other – but we must think this folding of the flesh back on itself as de-centered, as taking place at a level prior to the emergence of conscious, I-centered, personal reflection. …it is misleading to think of a body-subject in relation to a world-object; it is more accurate to think of an anonymous perceptual unfolding" (p. 164).

The example evoked here by Dillon of one hand touching the other is an example of double sensation, i.e. both hands are at the same time touching and being touched[63]. In the same manner, body and world are pre-reflectively intertwined. In *The visible and the invisible*, Merleau-Ponty says that the relationship between body and world is that of a "reciprocal insertion and intertwining of one in the other" (VI: 138). Between body and world there is a reversibility similar to that of double sensation. Yet body and world should not be thought of as identical, as a monistic entity: "The reversibility …allows Merleau-Ponty to contend that both roles are played by an elemental reality – flesh – without requiring him to collapse the distinction between them" (Dillon, 1997: 173-174). Although it is clear that body and world is not one entity, they cannot be thought of as completely singular entities. Flesh, then, is to be thought of as "an element, as the concrete emblem of a general manner a being" (VI: 147), which is prior to any conceptual distinction between body and world. The intertwining of body and world is real and primary; the analytical separation of the two is secondary and can only occur through reflective thought.

The notion dis-ability has been used to account for how the phenomenology of acquired disabilities involves a loss or disruption of habits, and how this influences the lived experience of space and time. Dis-ability finds its ontological explication through the gestalt switch. The gestalt is the basic unity of experience, and any attempt to reduce this complex into simpler terms or entities will only arrive at constructions (Dillon, 1997). The gestalt is in Merleau-Ponty's later writings thematized as reversibility. Flesh takes up the same conceptual space as gestalt[64], and is defined by reversibility (Dillon, 1997; Hass, 1999).

Thus, the discussions about dis-ability presented here, lead me to suggest that thinking about acquired disabilities in terms of dis-ability reveal an essential relation of body to

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[63] "When I touch my right hand with my left, my right hand, as an object, has the strange property of being able to feel too… [This is] an ambiguous set-up in which both hands can alternate the rôles of 'touching' and being 'touched'. What was meant by talking about 'double sensations' is that, in passing from one rôle to the other, I can identify the hand touched as the same one which will in a moment be touching" (PhP: 106)

[64] E.g. "As the formative medium of the object and the subject, *[flesh] is not the atom of being*, the hard in itself that resides in a unique place and moment" (VI: 147. Italics added). The flesh is not an atom (see chapter 3 and Merleau-Ponty's criticism of the atomistic theories of learning, where he used the notion of form, or gestalt, to replace atomism), but rather, flesh is that which form the object and the subject.

world, which can be seen as the phenomenological explicating of the (often too) general socio-contextual approach to disability. It also pinpoints why and how dis-ability is seen as an "ontological threat" by Toombs: Our habits grant us an ontological security that allows us to engage with world without the use of reflective thought. When these habits are lost or disrupted, both body and world are rendered conspicuous and highlighted as troublesome. Dis-ability can therefore be understood through the ontological implications of the reversibility of flesh[65].

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[65] Flesh is – admittedly – a difficult and somewhat unclear term that I hope bring clearer into relation with disability in chapter 6.

PART 3: LETTING LEARN

The study of pedagogy is a precondition for all other possibilities of human science; not because pedagogy is "ex-act," that is, situated outside human acting, but indeed because it realizes itself "in-act," within the realm of human acting, conduct, encounter, and so forth. We must dedicate ourselves to [phenomenology and pedagogy] because from a phenomenological understanding of the human lifeworld in all its possible forms, we come to an understanding of ourselves, of our being, and of the meaning of the Being of our being.

(M. Langveld, introduction to the journal *Phenomenology and pedagogy*)

5. MUTUALITY

For the attentive pedagogue it is obvious that things happen behind our backs that shapes the participants' learning processes in fundamental ways. The learning processes that take place in addition to – and sometimes in spite of – the planned processes of pedagogues, was one of the issues that I, at the outset of this work hoped to learn more about. With the aid of the concept community of practice, this chapter aims at elucidating the how the participants at the WiM-program are resources for each others' learning.

The WiM-program as a community of practice

In chapter 3, I outlined the educational theory situated learning (Lave & Wenger, 1991; Wenger, 1998). Here, I will make use of situated learning as a frame of reference for understanding the learning that took place among the participants, as this appeared for me through the field work at the WiM-program. More, specifically, I take up the concept community of practice, which according to Wenger (1998) has three dimensions: joint enterprise, mutual engagement, and shared repertoire. The driving force in the learning process in a community of practice is the negotiation of meaning between its participants[66].

Getting a measuring stick

One of the most tangible observations from the first days of the two programs was how fast people, who initially were complete strangers to each other, started discussing matters that were fairly private. Kari said: "*At home you are often alone; you don't meet other wheel-*

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[66] This section is an extended version of results presented in Standal & Jespersen (2008). In the following text, I quote from interviews with the participants. In these quotes the signs:

– indicates a pause in the speech

… indicates that part of the quote is edited out

[text] indicates that the text in the brackets are inserted into the quote by me in order to aid the understanding of the quote.

chair users… so when you come here for three weeks with others who are in the same situation as yourself, you try to take in all the information you can."

A lot of the time during the two and a half weeks was devoted to discussing solutions to practical matters. These exchanges of experiences were not restricted only to wheelchair techniques, but concerned all aspects of life, ranging from which car they had chosen, which wheelchair is the best, to private matters like toilet routines and sexuality. Trond made a point that was shared by other participants when he said that "*You get to know how others are doing different things, and I find that important, because it is not everything that goes by the book.*" Experience had taught the participants to make personal modifications to their techniques and equipment. Sharing these modifications was important to the participants, because it was a way of seeing whether one's own solutions were useful or could be improved.

The participants were in this way able to make comparisons with others and find out about the possibilities open to them, that is, they realized what they needed to learn. As such, the other participants provided a standard against which one's practical solutions could be measured. Thus, by being together, the participants found a measuring stick to compare themselves to. In addition the measuring sticks that others provided also helped the participants seeing more clearly what they were able to do well themselves. Turid, who had been struggling with coming to terms with her disability said:

I'm over 50 years old, so I was a little surprised that I was admitted to the wheelchair program. And now I have experienced that – you know I was afraid that I was going to be sitting here and be the one who didn't dare anything and who didn't manage things. But it hasn't been like that at all, so this has been a boost for my confidence.

The idea that Turid had of herself as being helpless was challenged, not only because she felt she had improved her skills, but also because she saw that she was doing quite good when she compared herself to the others.

A community of practice does not exist only because people are doing things together at the same place, at the same time. It is also necessary for these people to engage each other and negotiate the meaning of what they are doing (Wenger, 1998). Wenger calls this active

relationship between participants *mutual engagement*. The mutual engagement at the WiM-program, which was established early in the program, was sustained through ongoing discussions about matters ranging from wheelchair techniques to shared experiences of being a wheelchair user. Interestingly, by using the others as measuring sticks, the participants became able to see their own abilities in a new light. The lack of relevant others to compare themselves to in their daily lives meant that some of the participants were quite unsure of whether their skill level was any good at all. By being able to make comparisons, some of them found that they actually were doing quite a bit better than they initially had thought.

A second respect in which we can understand the notion 'getting a measuring stick' mutual engagement in the community of practice is to attend to how both during and after the practice sessions the participants discussed the specific techniques that they were practicing. One particular incident illustrates an important aspect of these discussions:

> *The participants were introduced to how to go through doors that open inwards (that is, doors that cannot be pushed open). Most of them had done this earlier, but the rehabilitation staff and the peer consultant wanted them to learn a specific way of doing this: By approaching the door with some speed and at a certain angle they can grab the door knob and use their momentum to swing the door open. Then they have to make a quick 270 degrees turn and wheel straight through the open door. When performed correctly this technique looks really elegant and stylish, but because it requires speed and timing, it is also quite difficult. Many of the participants failed, and some argued that their own way of doing it, for instance by leaning forward, opening the door slightly and then jamming the chair through the opening was good enough.*

Eva was one of the participants who talked about this incident in the interview. She did not agree with the techniques she was taught to use. Rather, she found that her own technique was good enough for her daily life. However, during the practice session, she didn't have the confidence to say so. She told me that she subsequently discussed this with some of the other participants over dinner, and as a result of such conversations:

I started to think more critically about what we are learning here, and that's healthy, I guess. There are a lot of things that are good here, but… when I am in institutions like this I have become so accustomed to getting told how to do things and just accept it. In a sense, that's fine, because you have to learn, but you also have to become aware of what your own needs are, so that you don't take everything for granted.

Through discussions and negotiations of the meaning of the teaching she was subjected to, Eva got a critical perspective on what they were taught. The standard provided by the rehabilitation professionals and peer consultants for how skills and techniques should be performed was evaluated and adjusted through conversations with other participants. In this sense, discussions between participants appeared to provide a way to contextualize the skills, of testing their relevance for the participants' everyday life.

According to situated learning, the continuously ongoing negotiation of meaning is conducive to learning. Negotiation of meaning should be understood as a process "that requires sustained attention and readjustment, as in 'negotiating a sharp curve'" (Wenger, 1998, p. 53). This is a process that is not necessarily meant to reach an understanding shared by all participants or shared between the participants and the organizers of the program. Rather, negotiation of meaning can just as likely lead to homogeneity, as to harmony and agreement. The participants at WiM asked – and were asked – questions like, "What do you think about that?" and "How do you deal with this?" These are questions that introduce the participants to a variety of ways of solving different, common problems and to other people's perceptions and experiences with using a wheelchair. By actively engaging in such questions, the participants were invited to consider their own positions in a new light.

The active process of negotiation of meaning added an extra dimension to the curriculum at WiM. The WiM-program did not have a curriculum reified in a written document. However, through their instructions and ways of organizing practice sessions, the rehabilitation professionals provided a curriculum that emphasized wheelchair skills and physical activities.

Lave & Wenger (1991) make a distinction between teaching and learning curricula, where the former is seen in the perspective of the service providers, and the latter refers to "a field of learning resources… *viewed from the perspective of learners*" (p. 97. Italics in

original). The learning curriculum that Lave & Wenger (1991) refer to is owned by the participants. It is an outcome of the negotiation of meaning that the participants shared round their joint enterprise of learning wheelchair skills and physical activities. The learning curriculum and the joint enterprise are the participants' "negotiated response to their situation and thus belongs to them in a profound sense" (Wenger, 1998, p. 77).

It is not meaningful to see the learning and teaching curricula as competing, even though there can be tensions between them. As an example, Eva got a new perspective on what she had been taught by discussing with her peers. Some of the elements that the rehabilitation professionals had emphasized were not seen as important by the participants, and thus took on a marginal role in their joint enterprise. Other aspects of the teaching curriculum were valued and took on a more central role. In most instances there will be a non-coincidence between the teaching and learning curricula. This means that the learning outcome of the program is something that cannot be wholly determined beforehand by the rehabilitation professionals. The joint enterprise has a negotiated character that adds the participants' interpretations and responses to the teaching curriculum being pursued.

Thus, teaching or other forms of pedagogical work in rehabilitation institutions is not only a question of transmitting knowledge and skills to the learners. At WiM, important lessons of learning also took place when the participants negotiated the meaning of what they were presented by the service providers. In this sense, the participants folded their own interpretations into the joint enterprise that was pursued at the WiM-program. Rather than seeing this as a deficit with the WiM-program, it draws our attention to the learning that takes place when the participants are given freedom to explore the meaning of what they are learning.

The wheels are my shoes

Another theme that came up during the field work was the language used in the conversations between the participants. This language was their own, and not the technical phrases of the healthcare system or the sometimes derogatory and insensitive language of able-bodied persons. Peter explained how he felt estranged by the language and concepts used

by healthcare professionals, and how speaking with others with a disability was a way of reclaiming a language about oneself:

In a healthcare institution we often have the feeling of giving away our bodies to doctors, therapists and others, because it is always they who define us. Here, we use everyday language about our disabilities, problems or health, so we are distancing ourselves from the healthcare system to take back our bodies and minds.

An example of how a common language was shared by the participants is from Aksel's relation to Knut, one of the more experienced and skilled participants who were not interviewed. A vignette from my meeting with Knut highlights this:

One of the participants, Knut, has this really sporting looking image. Not only does he wear the latest edition of sport garments, but his wheelchair also stands out from the others': His chair has 3-spoke wheels, that is, there are only three spokes on the wheels, but these are bigger and sturdier than the normal spoke. Also, the wheels on his chair are cambered[67], just like the wheels on the basketball or tennis chairs. His wheelchair underscores his sporty looking image. But I wondered why he used cambered wheels. Though it is an advantage on the sports court, because they turn faster, it is usually a disadvantage in everyday life, because the chair becomes broader and more difficult to get through openings. When I asked him why he had chosen wheels like that he said "The wheels are my shoes, and just like you, I like to wear nice shoes".

At the end of the program, Aksel was interviewed and he mentioned Knut as one of the people he had learned a lot from. Later in the interview I asked Aksel if it is important how the chair looks: "*Yes it is. The wheels are your shoes… it should be clean, like you don't*

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[67] This refers to the angle between the wheel and the ground. Instead of being perpendicular – as is the case on ordinary chairs – this angle is less the 90 degrees on a wheelchair with cambered wheels. The reason for using cambered wheels is that the chair turns easier and faster.

wear dirty shoes all day. You shine them, and we wipe dust and dirt from the chair. They should look decent."

Of course, it could just be a coincidence that Aksel used the same phrase as Knut did to describe the wheelchair as his shoes. However, if we think that it was not a coincidence and that the phrase "the wheels are my shoes" had been passed on to Aksel; we can understand this phrase as a means for him to make sense of his situation. The phrase gave him a way of talking about his chair that was meaningful to him. Yet, it is important to note that not all people using wheelchairs will find the notion of the 'wheels as their shoes' meaningful. Some might even find it repulsive. The point is that for those who pick up this phrase and start using it, the phrase is a means of making sense of their situation as wheelchair users.

As a side note, I would also suggest that this phrase – the wheels are my shoes – could be seen as a concrete metaphor for a liberation process. This becomes particularly evident if we compare it to the limiting and derogatory phrase 'chained to the wheelchair': From being locked up in chains, one is free to go.

As we saw from the vignette about Knut, the wheelchair was more than an assistive device for transportation: It was a part of the outfit for the participants. A similar example is how experienced participants had stripped their chairs of some of the standard equipment that was delivered with them. Brakes and the handles on the back had been removed and stickers with the manufacturers' labels were peeled off. Some had put their own stickers on the wheels. This way of making the chair more personal was adopted by newcomers and spread quickly in the group. The newcomers were also inducted into the disagreement that existed between users of different brands of wheelchairs. Arne said:

We discuss different brands of wheelchairs, their different solutions and which type is the best, whether it is Quickie, Pantera, XLT or whatever. Stein is a Küschall fan and Trond thinks Pantera is the only useful chair on earth, and they never agree! We can spend hours talking about this.

Through theses practices, the wheelchair is revealed to be far from a neutral tool. It is a personalized object invested with meaning. As we saw, the personalization of the wheelchair sometimes defies what could be thought of as practical logic, for instance making the

chair broader by using cambered wheels or removing the handles from the back, which are used to push the chair (this, of course is a strong signal about the individual's sense of independence). By becoming a participant in discussions about wheelchairs and acquiring a non-technical language with which to talk about the wheelchair in, newcomers were inaugurated into meaningful ways of making sense of their situations as wheelchair users.

This means that in addition to skills and techniques, which in the perspective of the rehabilitation professionals was a primary goal of the WiM-program, the participants also learned symbols, routines, expressions and jargon concerning their joint enterprise. This is what Wenger (1998) terms a shared repertoire, which in the case of the WiM-program was expressed, for instance, through phrases like "the wheels are my shoes" that were passed on from veterans to newcomers. Just like peeling off the manufacturers' stickers on the chair, using such phrases is a way of transforming the wheelchair from a technical object to becoming an integrated part of one's self.

As Peter expressed in the beginning of this section, the shared repertoire of language and routines was created by and belonged to the participants. One might say that not only did the participants learn wheelchair skills; they also learned to become wheelchair users. This is a central claim in situated learning: to learn is not only (and not even primarily) to acquire knowledge in the form of some self-contained object (like a piece of information or a skill, narrowly defined). More importantly, learning is about "becoming a respected, practicing participant" (Lave, 1996: 157). Learning changes the person's relation to the world and this change is a constant and un-finalized becoming, of establishing, maintaining, and developing an identity as wheelchair user.

In chapter 4, it was argued that dis-ability constitutes an ontological threat (Toombs, 1992). In relation to identity, an ontological threat would mean that dis-ability affects our capacity to answer the basic question of identity, namely '*who am I?*' (Edwards, 2007). Edwards draws on the work of Ricoeur and MacIntyre to show how disablement is linked to narrative identity. An important aspect with narrative identity is that it needs to include a sense of intelligibility, i.e. an experience of unity across the events occurring at different times. It is obvious that a narrative identity is not a static entity. Rather, it is ever evolving, in the sense that it is oriented towards the future. As we saw above, some of the interviewees expressed that the WiM-program gave them a rare opportunity to meet others in a simi-

lar situation. These meetings provided them with resources to make sense of their situations, or perhaps one could say that – particularly for those who had little contact with others with similar disabilities – meeting the others gave them a resource for intelligibility: for understanding their situation in new and clearer light.

In this sense, I would suggest that the shared repertoire learned at the WiM-program seemed to give the newcomers resources to take on an identity as wheelchair users, as becoming different persons. If we think of this in terms of narrative identity, the participants who started to see themselves as wheelchair users attained a form of self-conception, that is, a conception of the kind of person one is aspiring to be, and they became engaged in the pursuit of a self-project which would realise one's self-conception (Edwards, 2007). In this sense, the identity as wheelchair user provides a form of intelligibility to their question 'who am I?'

The claim that the participants learned to become wheelchair users does not mean that they took on an identity solely as a wheelchair user. Such an assumption rests on the dated idea that we are in possession of one single and coherent identity, but as Sullivan (2005) points out: "no individual subject has a single, complete or unitary self-identity. To the contrary, the subject can occupy any number of subject positions" (p. 31). Neither does the claim mean that the identity acquired at the WiM program can be thought of as a healthy re-adjustment to negative self identity, where negative self-identity is the outcome of acquiring a disability and re-adjustment is a coping mechanism in relation to the new situation[68]. Rather, the claim implies that through engagement in the community of practice, and the mutual engagement they experienced, the participants were provided with resources to make sense of their situation. As Edgar (2005) puts it, these resources of being able to talk meaningfully about the wheelchair and the disability is important for the participants, not as a means to cope with their situation, but rather in order "to understand and bear witness to their [chronic] illness" (p. 165).

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[68] See Shakespeare (1996) for a critique of this medical understanding of disability identity.

Understanding my struggles

As mentioned earlier, one of the ideas behind incorporating a peer consultant into the WiM-programs was the assumption that this person would have a higher degree of credibility than an able-bodied, non-wheelchair user, for instance when it came to showing different techniques. Time and again during the observations that I made, an instructor would show a skill and then stand up and walk out of the chair. Particularly when participants had difficulties learning the techniques they were taught, they would sometimes project their frustration back on the instructor by saying: "*That's easy for you to say, you can just stand up and walk.*" When I asked Anna, the physiotherapist, about what she saw as the biggest advantage with the peer consultants at WiM she confirmed this observation:

> *Credibility. For sure. Because I am quite good at sitting in a wheelchair and show the techniques myself, but sometimes it doesn't matter what I do, because I only get to hear "that's easy for you who can use your legs". I get that one all the time. But, when the peer consultant shows the same skill, then its for real, then it is seems possible for them to do it. So, credibility is the big issue.*

The rehabilitation professionals who were running the program did not have a disability, but they were all quite good at using wheelchairs. Still, just like Anna pointed out, the participants themselves underscored that there was a difference in credibility between an able-bodied instructor and a peer model showing the same technique. Kari, one of the peer consultants, told me about her experiences from her own rehabilitation process: "*Being in a group with an instructor who had a disability was what motivated me the most. You have someone who speaks the same language, who has been through it all, both physically and mentally.*" Trond agreed with Kari when he said that: "*you know that this is in fact a person who actually knows what we are [dealing with]. It is not just somebody who has learned to become very good at it.*"

When I interviewed Kari, one of the peer consultants, I tried probe deeper on this issue. She clearly seemed to hold that having a disability was an advantage when instructing wheelchair skills:

I remember when I was instructed by an able-bodied who told me 'you just have to do it this way, and then you do it like that and so on'. Then I think 'that's easy for you to say, who stands there with both your legs functioning'.

I tried to find out if this was a general experience, i.e. something that always is present in the relationship between a disabled learner and a non-disable instructor and in all activities. After having discussed this for a while, Kari moderated her view on the matter by saying that it was an experience connected to specific activities and particularly in incidents when the learner is not able to master the skill being practiced. In the latter case, it seems to me that the learner's frustration is being projected onto the instructor, and his/her lack of a disability is a useful target for this projection. With regard to the former, it seems like Kari has a point. Both she and other participants maintained that able-bodied instructors who have good balance and full function in arms and legs cannot show some of the wheelchair techniques in a truly realistic way[69].

In one sense, this is a common problem in all forms of teaching: The teacher can always be dismissed for not mastering the subject s/he is teaching. This does not mean that the participants would flat out reject any teaching from the rehabilitation professionals. Several of the interviewees expressed that they would not discard instructions from an able-bodied professional as long as s/he was capable of showing the technique with some proficiency: "*Well, he [names an* idrettspedagog*] has got a good technique and we see that he masters the wheelchair. So, it is obviously possible to learn from 'a walker', no doubt about it*", said Stein. However, he continued to stress that "*there is something extra with a person who sits in a wheelchair and has felt it on the body*".

Thus, there is an important resource for learning involved in the relation between novice and expert wheelchair users. The meeting between novice participants and experienced

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[69] Transferring in and out of the wheelchair is one example that illustrates this. When transferring from the floor to the chair it is close to impossible for a person with full function in the legs to perform that skill as if s/he has no leg function. In these instances the skill would, as Anna pointed out, be more credibly shown by a disabled instructor.

peers can be framed as a generational encounter (Wenger, 1998). A generational encounter allows the newcomers to observe the skills and techniques used by veterans, who are perceived as "living testimonies to what is possible, expected and desirable" (Wenger, 1998: 156). Through the generational encounter newcomers are presented with exemplars that are grounds and motivations for their learning activities (Lave & Wenger, 1991). With regard to the issue of credibility, we could say that these exemplars are particularly strong, because they in a very real sense embody the goals of learning (Wenger, 1998). As the interviewees say, the peer models speak the same language and they have been through the same processes that the newcomers are going through. In addition, I would like to suggest that being in the presence of such exemplars is important, because in inclusive societies there are few, if any, models that can guide newcomers.

The credibility of the instructors, however, did not rest solely on the distinction between having and not having a disability. There was a clear sense in which being disabled and using a wheelchair with great skill was not enough. The personal relation between the experienced peer model and the participants was also highlighted as important. In the two programs that were observed, the peer consultant, Kari, on some occasions told the participants that she felt scared for some challenges (e.g., going down stairs), and she hadn't herself mastered some of the more difficult skills. When the interviewed participants were asked how they felt about this, almost all reacted positively. One of them, Eva, did not have a particularly high level of skills, even though she had been using wheelchairs for 17 years. In the interview, she talked about how she was anxious before meeting the peer consultant. She had on prior occasions felt that "*the bar was raised too high*" by the presence of highly skilled peers. When Kari showed her fears and worries, this made her more "*down to my level*," as Eva put it.

The sense in which the personal dimension of the peer consultant was important for the newcomers' learning is aptly illustrated by Turid's comments on her relation to Kari. Turid, who had been using the wheelchair for three years following a neurological illness, found it difficult to deal with her situation. She avoided social interaction in her home community and initially thought that a wheelchair program was something she did not want to take part in, because she saw the wheelchair as "*my enemy.*" Participating in the program made her

think differently on some of these issues, and the personal relation to the peer consultant was important in that respect:

> *I feel that the peer consultant is important because she is Kari, and she has climbed the same steps that we are climbing. Like the other day somebody said "This thing about going to stores, that's not a problem, really. You just shouldn't feel [that it is difficult]. It is just to keep your head high." But then Kari said that she had felt that going to stores was difficult, and she still feels that way, so she has kind of seen it from our side. . . . With her whole way of being, she has in a sense taught me a lot.*

One participant reacted negatively to the insecurity shown by the peer consultant. Trond said:

> *Kari is a great girl and all that, but she is a little 'Oh, I don't know if I can do this', right? But that's not why she is here, she is here for the opposite reason:… so that we can see that a person who is dependent on a wheelchair in fact can do it… In that re-spect Stein is a better peer model, at least for me.*

Trond was the only one who – at least overtly – criticized the peer consultant, and his comment highlights an important distinction between peer consultant and peer model. So far, I have been using the notions peer model and peer consultant without explicitly speci-fying the difference. The peer consultant is hired by the rehabilitation professional to do a job for them. S/he has a formal position in the group that differs from the other participants. A peer model on the other hand is a function appreciated by the participants: A person who for some reasons is valued as a model. Trond sought different qualities in the peer model than what he could find in Kari, and for him Stein was a better model. When Trond rejected Kari as a credible peer model he underscores the idea that who is perceived as a model can-not be determined beforehand or enforced by an outside mandate (Lave & Wenger, 1991).

In order for a mutual engagement to arise between veterans and novices, the veterans must, according to the interviewees, acknowledge the difficulties and struggles that they experience. Without this acknowledgment the chances for learning are reduced. Turid ex-

pressed this when she contrasted her experience with Kari as a peer consultant with an experience from a different institution:

There [names the institution] we had this guy with cerebral palsy who was super good in the wheelchair. I learned nothing from him, because he just came to show off his tricks. I got the feeling that he was kind of too good and too little – I don't know – I think he saw himself as being in a class above us.

In the language of situated learning, Turid would say that she did not share a joint enterprise with this peer consultant, that he took part in a different practice than her. This means that the existential struggles and difficulties that novices face had to be acknowledged by their more experienced peers in order for these peers to function as valuable models for learning.

Concluding remarks: The importance of mutual engagement

So far, a clear understanding of the importance of *mutual engagement* has emerged in the analysis. The community of practice that was established and sustained between the participants provided them with standards for what is possible to learn, but also measuring sticks that showed them what they were able to do well. In addition, the mutual engagement provided an entrance gate into the language and practices of the community of wheelchair users. Through negotiation of meaning, newcomers were able to align themselves to an identity as wheelchair users. Finally, the mutual engagement was shown to be dependent on an acknowledgement between newcomers and experienced participants: For most of the interviewees it was important to find recognition and acceptance for the struggles that they were facing in those persons who served as peer models.

The importance of the mutual engagement became clear to me early on in the observations: Though I had expected that meeting others in a similar situation was something that the participants would value, I was struck by the degree to which this aspect emerged. So were the participants too. It seemed that when they arrived at the rehabilitation centre, they expected to learn wheelchair skills and sport activities, but when they left, it was the possi-

bilities for mutual engagement, which extended beyond skill learning, that were most valued. Several of the participants talked about this in terms of feeling more normal:

> **Peter:** *First of all you feel more normal since you are together with people similar to yourself. That is, they have more or less the same problems regardless of whether they are born with a disability or they have acquired one. It is easy to relate to…There is definitely strength in being several people [with similar problems].*

It must be pointed out that Peter talked about feeling more normal in quotation marks. In his everyday life, Peter held a responsible job, he had a partner, "*and I do a lot of things that confirms me as a person and not as a wheelchair user … so I feel relatively normal all the time*". Yet, he also said that in his daily life he missed others who understand those parts of his life that are particular for him as a person living with a chronic condition: "*Because you have to try to get the people around you to understand that 'most of the time everything is really OK, but sometimes it is just crap'*".

The idea of normality that Peter is trying to explain to us is not that he is normal in the sense of being just like everybody else. Being a wheelchair user, who in addition is gay, is statistical speaking un-normal in most contexts, but the normality he enjoyed at the WiM-program was that he spent time with others who truly understand that some days are just bad and painful:

> *I guess when we get together as wheelchair users we all have the same feeling of not having to explain. If I say "I have to go to bed now", then there is no one thinking "Jee, why is that?" They just understand that I have to. So it is a lot about these unspoken things; that one just knows*

Others also stressed the same issue, but with the emphasis on all the practical things that they do as wheelchair users:

> **Eva:** *I feel that it is not only about talking, but also about doing, for instance when we are going into a car, you know it takes a lot of time, so at home one can feel a little spe-*

cial…It is difficult to explain, but you get noticed in a way. You know, you notice that the lift has to come down, I am getting onto it, then the lift has to go up, I have to transfer to the seat, and I use the hand-controls and everything is special, but here it is quite normal to do all these things, everything become so normalized, and that is a good thing.

Here Eva points to one additional issue about feeling more normal: It is about being several people together who all spend extra time on for instance getting in and out of a car. Toombs (1992; 2001a) has showed that an essential feature of dis-ability is the disruption of lived time and space: Space becomes constricted and time is slowed down. It is this last point that Eva makes: She feels more normal because she can do things in her own tempo without having the feeling of being watched by the others.

However, it was also interesting to note that there are times when the disability makes the participants faster than non-disabled. For instance, when one is wheeling one a good surface, wheeling is often faster than walking, said Peter: "*Sometimes you are not slower, but faster… and being together [with other wheelchair users] is good, because you have the same tempo, the same tempo of life*".

It could thus be suggested that the context of the WiM-program provided an arena for mutuality around the common experience of having a disability. Peter's statement about 'being in the same tempo of life' succinctly points to an existential dimension of mutual engagement, which is not explored in situated learning. As a consequence, I feel that there is a need to examine closer the issue of mutuality from perspectives other than situated learning. In this regard I will return to S.K. Toombs and her notion of mutual understanding. More specifically, Toombs draws on the phenomenologist Alfred Schutz and his notion of the face to face situation in order to understand the healing relationship that arises in the encounter between people who share similar illness or disability experiences. I will therefore try to interpret the mutual engagement that was found in the WiM-program as a face to face situation.

In addition, both through the field work and the above analysis it became clear to me that there was an extra dimension to the learning outcome of participation in the WiM program that the participants were surprised to find. They had expected to learn wheelchair

skills and physical activities, but to me it seemed that the learning curriculum (Lave & Wenger, 1991) contained an issue that extended beyond the technicalities of wheelchair skills and physical activities. In order to conceptualize the content of this learning, I will make use of the Aristotelian distinction between techne and phronesis.

Mutuality: A phenomenological interpretation

I would suggest that mutual engagement, which is integral to learning in a community of practice, is given an existential and phenomenological explication in the work of Toombs' (1992; 2001b). Though her focus primarily is upon the doctor-patient relationship, she also examines the way that people who have suffered from illness can provide a form of healing relationship. In discussing the role of empathy in clinical practice, Toombs (2001b) writes that:

> The experience of 'being-for-the Other' is particularly acute in the clinical encounter. In the 'gaze' of the physician, the patient experiences the lived body as an object – as a neurophysiological organism, in some way separated from the self…. In the case of disability, one sees one's disordered body through the eyes of the other and thus constitutes it in a negative fashion…. In directly experiencing the Other's responses (facial expressions, gestures, averted eyes) the person with a disordered body feels herself concretely diminished, devalued (p. 253).

Recall from chapter 4 that Toombs (1992) saw the difference between the doctors' and patients' perspectives as grounded in the difference between the patients' meaning of the illness, which is constituted in lived experience, and, on the other hand, the doctors' meaning of the illness, which is established through scientific knowledge of disease states. In the quote above, Toombs makes a further, more general point, which is relevant for a phenomenological interpretation of the mutuality at the WiM-program: Through experiencing the body as objectified by the Other's gaze, people with a dis-ability feels diminished in a way that disintegrates their selves.

On the basis of this, we can begin to understand the importance given to the mutual engagement that the participants at the WiM-program expressed both in the interviews and in the observations: If one sees one's own body through the eyes of others who themselves have a disability, one might come to see a body that is normal and in addition one might come to view the practices that are particular for those who use a wheelchair as normal practices. Toombs (1992; 2001b) refers to this experience as *empathic understanding* or sometimes *mutual understanding* (cf. Toombs, 1992: 87ff).

For Toombs (2001b), empathy is a basic mode of consciousness in which one can imaginatively project oneself into the other persons' situation. With regard to her interest in the doctor – patient relationship, she argues that by an act of imagination it is possible to bridge the gap between doctors' and patients' different lifeworlds. Though the extent of this imaginative process can be debated (cf. Smith, 2008), the relevant point in this context is that Toombs suggests that the exercise of imagination, which is necessary in the doctor-patient relation, is *not* required in the meeting between patients who share similar lived experiences:

> those who have been sick share an empathic understanding of the "givenness" of illness in that they have a mutual understanding of the manner in which the body is apprehended in illness – as an oppositional force, a physical encumbrance, as that which is "uncanny," and so forth. Consequently sick persons can share something of another's experience of illness regardless of the disease state and without the need for any physiological explanation (Toombs, 1992: 98)

Though some of the participants suffered from various neurological diseases, one cannot say that all the people at the WiM-program are *sick persons*. Toombs' statement must therefore be generalized to say that people who have a disability share a mutual understanding of the disruption of embodiment[70].

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[70] I think it is fair to do this generalization, because Toombs uses sickness and illness in broader terms than the purely biomedical sense. This point is also enforced in the quote above: lived experiences transcend distinctions between disease states and disability as these terms are conceived of biomedically.

The question then becomes how this mutual understanding is established in phenomenological terms. In relation to this question Toombs seeks to understand the meeting between doctor and patient as a face-to-face relationship where "the Other is perceived as a 'co-subject' who has his or her own experiences of a 'common' world" (Toombs, 1992: 111). She then draws on Alfred Schutz to bridge the gap between the doctors' and patients' lifeworlds in the healing relationship. As I see it, the work of Schutz is relevant also for the mutuality between the WiM-participants, and I hope that the next few pages will show that and how this is so.

Of course, the work of Alfred Schutz concerns more than the concrete face-to-face situation between two or more individuals. Though his work mainly is directed towards a clarification of the foundations of the social sciences, I will here draw on that part of *The phenomenology of the social world* (Schutz, 1967) where he takes up the direct experience of other people through the face-to-face situation.

The face-to-face situation is characterized thusly by Schutz:

I can speak of another person as within reach of my direct experience when he shares with me a *community of space and community of time*... Persons thus in reach of each other's direct experience I speak of as being in the 'face-to-face' situation" (p. 163. Italics added).

This face-to-face situation can be either one-sided or reciprocal. In the first instance, I am aware of you as another human being, but you are not aware of me. This is a one-sided Thou-orientation. Once two or more individuals are aware of each other – attributing life and consciousness to each other, as Schutz puts it – a We-relationship has occurred. Schutz then points out that neither of these two relationships arises out of a conscious judgment, but rather through a pre-reflective experience of becoming "aware of a fellow human being as a person" (p. 164).

The community established in the face-to-face situation is founded upon the participants' sharing of lived time and lived space. With regard to lived time, Schutz writes that this community is established when our experiences are flowing side-by-side and we are

growing older together[71], as he puts it. In relation to the WiM-program, the community of lived time was stressed particularly in the last section above, for instance through the notion of 'being in the same tempo of life': As opposed to everyday experiences, the WiM-program provided a community of people who move in a similar tempo, so in that sense one can say that their streams of experiences were flowing side-by-side.

The second characteristic of the face-to-face situation is the community of space. Schutz states that I share a community of space with another individual when there is a spatial immediacy between me and a fellow human being, so that the Other's body "is present as a field of expression for [her] subjective experiences" (p. 163). An issue that Toombs (2001a) takes up in this respect is the importance of the upright posture, and how the loss of the ability 'to stand on one's two feet' is experienced as diminishing, for instance when she is having a conversation with people who are standing: "I look up at them and they look down at me. This gives me the ridiculous sense of being a child surrounded by very tall adults" (p. 255). Drawing on this, I would suggest that through the face-to-face situation, the WiM-program provided an arena to concretely see other people eye to eye, and this is, as far as I can understand, an important aspect of the shared lived space in a face-to-face situation.

However, merely noting these parallels between the experiences of the participants at the WiM-program and Schutz' conception of the face-to-face situation is not enough. It must also be noted how this face-to-face situation provided the WiM participants with experiences of mutuality that enhanced their learning at the rehabilitation institution.

Mutuality is essentially a reciprocal Other-orientation. It is relevant in this respect that Schutz takes the partners in this Other-orientation to "become colored by a specific knowl-

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[71] One of Schutz' main concerns in *The phenomenology of the social world* was the constitution of meaning (hence, the German title *Der Sinnhafte aufbau der sozialen Welt,* where Sinnhaft literally means meaningfull). To understand this, Schutz drew on Husserl and Bergson: In pre-reflective life we live in "the stream of consciousness" (cf. p. 45ff), which is a continous flow of lived experiences (*Erlebnisse*) without meaning assigned to them: "I am unaware either of my growing older or of any difference between present and past) (p. 47). It is first when one stops and reflects over one's passed experiences that meaning is assigned to them. The point herein regard to the notion 'growing older together' is that in the We-relationship, the partners are aware of the other's stream of consciousness as flowing temporarily side-by-side with his / her own.

edge of the specific manner in which he is being regarded by the other partner" (p. 168). This means that the way one is oriented towards the other is coloured and shaped by the recognition and mutual understanding (or lack of such) that one is met with. The difference that was noted in the participants' perception of the mutuality of the WiM-program as compared to the face-to-face situation of their everyday life, seems to me to rest on the specific manner in which the participants are recognized by each other. Though there are differences in degree (i.e. there are good and bad experiences in everyday life), I think it is fair to assume that in everyday life disability gives rise to a sense of alienation, of being different. At the WiM-program, on the other hand, the participants' other-orientations were coloured by a feeling of shared experiences, of being able to take for granted some of the issues that are difficult in everyday life.

To get a sense of how this mutuality concerns possibilities for learning we should note a specific aspect of the face-to-face situation: Schutz states that "I can grasp even those of your lived experiences which you have not yet noticed and which are for you still prephenomenal and undifferentiated" (p. 102). This means that in the face-to-face situation, I am better attuned to my partners' experiences than I am to my own. I always bring with me to the face-to-face situation a stock of knowledge that I use to witness and interpret the other's project and his /hers fulfilment or frustration as the project unfolds. This witnessing and interpreting are not objective judgements that I make in a detached manner, but are founded on my pre-reflective awareness of what we are experiencing together[72].

This is important, because I can – in a hermeneutical manner – check my interpretations of what is going on: "I can ask you not only of the interpretative scheme which you are applying to our common environment. I can also ask you how you are interpreting your lived experiences, and, in the process, I can correct, expand, and enrich my own understanding of you" (p. 171). The interpretative scheme referred to here is a configuration of past experiences used to make sense of our lived experiences; thus by understanding more about your interpretative schemes, I get to understand more about you.

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[72] But, Schutz points out that I can suspend the We-relationship in order to for instance estimate the objective chances that the other have of succeeding in his / her project. However, such a move means that one is stepping out of the face-to-face situation.

However, the mutuality, which is of relevance for our discussion of the WiM-program, is not primarily meant to increase one's understanding of the others, but should more fundamentally increase one's understanding of oneself. Is this possible within the face-to-face situation? Yes, because by getting a richer understanding of the other, one is also beginning to learn more about oneself:

> For there is a true social relationship only if you reciprocate my awareness of you in some manner or other. As soon as this happens, as soon as we enter the face-to-face situation, each of us begins to attend to his own experiences in a new way (ibid.).

What we are getting at here is an understanding of how the face-to-face situation is a resource for learning: By seeing other people, sharing a common environment, the WiM-participants, actually got a better understanding of themselves. In this respect, the WiM-program could be seen as a rare opportunity for mutual engagement with others in a similar situation, i.e. others with whom one shares a community of lived space and lived time. The WiM-program thus provided a situation where people could be themselves in front of the others in their own unique individuality, as acting body-subjects and not as observed body-objects for non-disabled onlookers[73].

In commenting upon the work of Schutz in relation to communities, Crossley (1996) notes that "we see clearly in his work that a community is more than a mere population of people in space; that it is constituted through interlocking systems of roles and taken-for-granted assumptions, which are activated in and through interactive praxes" (p. 95). These ideas are also found in situated learning, especially its conception of communities of practice (Wenger, 1998): *Situated* implies that the learning in a community of practice cannot be ascribed merely to pursuing for instance the acquisition of wheelchair skills at the same place to the same time. As the analysis above suggested, it is through an engaged interlocking with other participants that much valuable learning took place at WiM. The outcome of

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[73] This was hinted at by Eva when she pointed out that for instance going into cars – with all the peculiarities that this involves when one is using a wheelchair – was experienced as more normal at BHSS, because "you are not noticed in the same manner".

situated learning is not skills, narrowly defined, but more broadly the acquisition of an identity. And as Wenger points out, this identity is not essentially a discursively defined identity, but rather a habit of coming up with certain ways of participating in the community's practices. In the phenomenological terms of Schutz, this community of practice is constituted through an immediate, pre-reflective sharing of lived time and space, where two or more people are reciprocally Other-oriented.

This brief outline of the face-to-face situation clearly leads towards the notion of *intersubjectivity*. In that regard, it must be said that Schutz did not think that a phenomenological understanding of communities in general could be developed on the basis of the face-to-face situation (Crossley, 1996). Though the face-to-face situation is an important aspect of intersubjectivity, it must also be complimented. In the next chapter I will follow up the face-to-face situation of intersubjectivity by giving it a whole body, so to speak: I will try to explain how the social learning process at the WiM-program can be thought of as an inter-corporeal learning.

Beyond technicalities

As mentioned, there was an extra dimension to the learning curriculum at the WiM-program that both the participants and I were surprised to find. Throughout the field work and in the subsequent interviews I tried to find out what this 'extra dimension' consisted of and how I could make sense of it in relation to the problem area of the dissertation. It was clear to me that it concerned (i) issues about being and becoming a wheelchair user that extended beyond the technicalities of skill learning and that (ii) it was something that came about through meeting others in a similar situation who had other and different experiences than oneself.

It was particularly through reflecting on the interviews with two highly experienced participants – Stein and Oliver – that I began to come to grips with how this aspect of the peer learning process could be framed and related to learning. In this section, I will try to retell the story told by Stein and Oliver, and then interpret this in light of the Aristotelian distinction between techne and phronesis introduced in chapter 3.

Stein: *What should have been done at the program is – well, the technique and all that stuff is OK – but there are some [participants] who haven't been much out among other people after their injury. So, there should be more of this kind of socialization; that they [the staff] should take the whole group out to eat at a restaurant at least once during the program, and then as a minimum once go to a bar at night. In order to bring in the social aspect, [so] that they see that it is possible to get about out there.*

At the WiM-program, all the training sessions took place at or near by the rehabilitation institution. The only exception was a day's trip to the nearest town centre during the last week of the program. The point with this trip was to try out the wheelchair skills in a real world environment, so even though there were possibilities for going to a café or restaurant there, the trip did not have the same focus as Stein would have liked to see: It is still connected to technique training.

Partly because they found that the social aspect was missing from the WiM-program, Stein and Oliver took it upon them to take some of the newcomers out to town at night. Oliver talked about one of these experiences:

Oliver: *I think that they [Eva, Turid, Arne, and Jan] thought that we were almost shameless the first time… They were sitting in a corner and became sort of like spectators to what was going on, while we took more part, and went over to talk to people, called for the waiter, fixed a place for us to smoke and stuff like that.*
…
Øyvind: *So, you showed them by being a good example?*
Oliver: *Yes, or little more like a bad example [laughs].*
Øyvind: *[laughs] yes, but you talk about it as something positive.*
Oliver: *Yes, I do. They were surprised that we could be so liberated in the situation where they felt insecure, but that's just because we have done this thousand times before.*

What Oliver conveyed through the interview was the importance of approaching social situations in the right way. It would not do to be passive and just sit in the corner and wait

for help. Both Stein and Oliver stressed that they wanted to show the newcomers that it is possible to go to public places and be an active, acting person, and they did so by providing themselves as exemplars.

In order to get into places like restaurants and pubs, people using wheelchair sometimes need some extra assistance, because buildings are not always accessible for them. Though Stein and Oliver stressed that they were conscious about their rights – like having equal access to public buildings – Oliver also pointed out that it is important to not be demanding and forcing one's rights through at any costs: "*when you deal with people in the right way they are generally very helpful … you get more respect by being polite and say 'thanks and sorry' than by demanding your rights*".

But it was not only about asking for assistance in the right way that Oliver saw as important for the newcomers to learn. He also wanted to pass on a way to deal with non-disabled people who willingly or unknowingly come to insult them because of their disability, for instance by petting them on their heads, pitying them for using a wheelchair or tossing change to them.

> *I try to be polite and twist myself away from it, use humor and things like that, because I don't want to hurt people… There is nothing to be gained [from getting angry]. Not only does that do something to how you make other people react to you, but it is also about how it builds the wrong attitudes in oneself, I think.*

The main point of this story is that Oliver and Stein wanted the newcomer to approach social situations in the right way. In addition – and this is crucial – the point is not only to make the newcomers better able to get around in the social world, but also that the manner in which one approaches these situations does something to oneself. That is, social acts are not only supposed to bring about certain results, but they also concern the self of the acting agent.

In order to understand these issues as a dimension of the peer learning process, I want to draw on the Aristotelian distinction between techne and phronesis from chapter 3. Saugstad (2005) states that the contribution from Aristotle to situated learning is that his work highlights the difference between instrumental (techne) and non-instrumental (phronesis)

activities, i.e. that Aristotle provides situated learning with a distinction between productive and socio-ethical actions. Whereas the main focus of the WiM-program – at least seen in terms of the teaching curriculum – is on wheelchair skills[74] and participation in physical activities, Stein and Oliver expanded this focus by including a socio-ethical dimension in the sense of being able to get about with other people in an ordinary social setting. But the question is if and how this can be related to phronesis?

In chapter 3, I drew up the distinction between techne and phronesis, which roughly amounts to stating that whereas the activity of techne leaves behind a product that is separable both from the process of making it and from its maker (i.e. the person of techne), phronesis has no result that can be separated and identified apart from the act. Thus, its end is to be found in praxis itself, and one can say that phronesis is concerned with actions that involve the self of the agent (Gallagher, 1992). Indeed, the target of such actions is not one's self as an object, for instance in the sense that actions are undertaken in order to 'build self-esteem'. Rather, the target of the action is "oneself as situated agent, moral practitioner" (Gallagher, 2006a: 47).

From these considerations, and the points I made in chapter 3, it may seem that there is a clear-cut distinction between techne and phronesis, in which case wheelchair skills is a techne and the socio-ethical dimensions introduced by Stein and Oliver is a form of phronesis. However, it is also clear that the actions that Stein and Oliver wanted to convey to the newcomers where designed to bring about certain ends (e.g. getting into a pub, dealing with less than thoughtful people and so on). It may therefore also be made a case against thinking of this as phronesis.

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[74] Note that techne is the etymological root for wheelchair *technique*. Also, we can think of wheelchair skills as actions that are productive, and thus an instance of techne in the Aristotelian meaning: When a wheelchair user has to get up onto a curb, it is the utilitarian value of the technique that is of primary concern. The technique has to do the job, and as such the way it is performed is indifferent. It is a hallmark of techne that the goal of an action lies outside of the action itself (Dunne, 1993). In these respects, the teaching curriculum of the WiM-program clearly emphasizes techne.

But, the relations between techne and phronesis are according to Dunne (1993) not as clear-cut and ordered as they seem on first sight[75]. The origin of this complication lies in Aristotle himself, who speaks of the distinction between techne and phronesis as equivalent to the distinction between poiesis and praxis, but at the same time he also speaks in some instances of techne as a form of praxis: "by speaking of a techne whose exercise is a praxis and not a poiesis, [Aristotle] seem to buck the careful alignments (between poiesis and techne and praxis and phronesis)" (Dunne, 1993: 254).

This point is important if we want to understand the story told by Oliver and Stein as related to phronesis: They both refer, on the hand, to a way of acting in social settings which should achieve a particular end and it should therefore be thought of as a techne. But at the same time these actions cannot be thought of as unrelated to the self (e.g. *it is also about how it builds the wrong attitudes in oneself,* as Oliver said). I therefore think that what Oliver and Stein are trying to convey to the newcomers is a techne whose exercise is a praxis, and thus also connected to phronesis. This does not mean that we reduce phronesis to a question a techne, but rather, like Gallagher (1992) points out, "we would propose that *techne* should be actually practiced under the guidance of *phronesis*" (p. 186. Italics in original).

Granted that the issues taken up by Stein and Oliver can be thought of as phronesis, this needs now to be tied in with learning: How is phronesis learned? From Aristotle, we know that both techne and phronesis is acquired through experience. As opposed to theoretical knowledge, which do not require life experience, practical knowledge is learned by doing what one is to learn, in the situations where the learned is to be applied. As such, practical knowledge is connected to situated learning and apprenticeship (Saugstad, 2005).

Phronesis is learned through gaining the right experiences, e.g. one becomes good by doing good deeds (Dunne, 1993), and this in turn is dependent on being in the presence of good role models. As Gallagher (2006a) points out, phronesis is learned by "hanging out with the right people – good people who provide good examples of good actions" (p. 38).

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[75] Dunne (1993) refers to this clear-cut and ordered distinction between techne and phronesis as "the official notion of techne and phronesis", but as he shows through his detailed exegesis of Aristotle there is a tension in Aristotle's work that blurs the distinction (cf. p. 281ff; 315ff)

However, it is not enough to hang out with the right people. In addition, "one needs to imitate them, to act as they do and to do the kinds of things that they do" (ibid.). We saw this above, where Oliver considered himself as an example that the newcomers could follow. In the interview, he also pointed out that when he was a newcomer himself, he had learned from those of his peers who were better and more experienced than he was. Learning phronesis is thus a matter of imitation.

But, this also points to a problem with seeing the learning that we are discussing here as a form of phronetic learning: For one thing, I can say nothing about whether or not the newcomers actually tried to imitate Stein and Oliver in these social situations. In addition, if we consider the opportunity that they actually did try to imitate the experienced participants, then another problem would be the time frame of the empirical data: Practical knowledge in general, and phronesis in particular is learned through long standing immersion into a field of practice, and it is questionable whether 2 ½ week is sufficient in this respect.

Yet, I think we can make a case – albeit a minor one – for phronesis in relation to the empirical data. As mentioned earlier, there are few if any arenas where people using wheelchairs can meet others in a similar situation, and by extension, few arenas where newcomers can learn from experienced wheelchair users. Carpenter (1994) showed that novice wheelchair users valued the possibilities for emulating veterans, but she also pointed out that for the veteran wheelchair users there were no opportunities to return to the rehabilitation setting in order to be peer models. In this sense, the WiM-program's use of a peer consultant and the variety in experience among its participants presents newcomers with a rare opportunity to imitate veterans' ways of dealing with social situations[76]. Thus, even though the time frame is short, perhaps too short to count for genuine learning of phronesis, the intensity and weight of the encounters from the WiM-program might be an a-ha experience – a decisive 'now' of learning (SB: 125) – for the newcomers that they bring with them when they go home. Thus, the WiM-program may at least provide them with a starting point on their way towards approaching social situations with phronesis.

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[76] Also, newcomers imitated veterans' ways of dealing with particular techniques, see next section.

6. REGAINING HABITS OF THE BODY

As suggested in an earlier chapter, the loss or disruption of bodily habits is an integral facet of acquiring a disability. In such a perspective, one purpose of rehabilitation would be to regain[77] habits of the body. In the book *Remaking the body*, Seymour (1998) refers to re-embodiment as "the reconstitution of self-identity in relation to the person's new bodily state" (p. 107). What Seymour proposes is a wider view of the rehabilitation process of re-making of the body that follows the "major personal disaster" of acquiring a disability (p. xiii). Seymour is mostly concerned with reflexive identity and body image, for instance in how the participants in her study use clothing as a means of redressing their embodied selves after injuries that forced them to use wheelchairs. Body image in this sense is a matter of external appearances, conscious states, and beliefs about the body (Gallagher, 2005).

In the following, I will appropriate the notion of re-embodiment from the work of Seymour, but I will replace her emphasis on body image with an emphasis on *body schema*. This distinction between body image and schema, which is crucial in Merleau-Ponty's work, was clarified in chapter 3. Here, I will first seek to understand re-embodiment through the gestalt switch involved in the process of integrating the skills of wheelchair handling and external aids like the wheelchair into the embodiment of the person in question. Secondly, I will attend to the notion *intercorporeality*, that is, a carnal intersubjectivity (Crossley, 1996; O'Loughlin, 1998), which in the context of this study will be used to understand the embodied process of learning through an intercorporeal communion.

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[77] Regaining is meant to signify both (1) the regaining of disrupted or lost habits, in the sense of reestablishing a habit that one once held, and (2) when old habits cannot be regained, one needs to find new ways of solving practical challenges, i.e. one gains new habits. I did consider writing *(re-)gaining* throughout the text to clearly signal the twofold meaning of the term, but I found this way of writing it a bit awkward, and I trust the reader to appreciate the distinction.

The gestalt switches of re-embodiment

The idea of gestalt and gestalt switch is a recurrent theme in this dissertation. Merleau-Ponty was inspired by the Gestalt psychologists, and in the *Structure of behaviour* he used the notion gestalt in his critique of the atomism in behaviourism. However, he also criticized the Gestalt psychologists for remaining entrenched in physiology and the scientistic attitude therein, thus failing to pay attention to being in the world:

> 'figure and ground' has a meaning only in the perceived world: it is there that we learn what it is to be a figure and what it is to be a ground. The perceived would be explicable only by the perceived itself, and not by physiological processes (SB: 92).

Also in *The visible and invisible* Merleau-Ponty discussed the notion of a gestalt, for instance in a working note from September 1959 (VI: 204ff), where Merleau-Ponty ponders what a gestalt is and by whom a gestalt is experienced: "The *Gestalt* therefore implies the relation between a perceiving body and a sensible... this situated us entirely outside the philosophy of subject and the object" (VI: 206-207. Italics in original). According to Dillon (1997), gestalt takes on the same conceptual space as Merleau-Ponty's ontological notion of flesh. As flesh, the gestalt implies that we are at once both seeing and seen, hearing and heard, sentient and sensible (Crossley, 1995).

We have seen in chapter 4 that acquiring a disability involves a gestalt switch where what in ordinary functioning is in the background, becomes "an insistent presence against which all else is background (Toombs, 1992: 76)". In the following I will examine the incorporation of wheelchair skills and how the wheelchair itself also became incorporated into the embodiment of the participants, and I will try to understand these processes of incorporation as gestalt switches. Involved in both these processes is the rebuilding of concrete movements.

Incorporation of wheelchair skills

S.K. Toombs and Fredrik Svenaeus both stress that illness and disability are the outcomes of a breakdown of our practical engagement with the world. The practical engagement does

not require thematic and explicit monitoring, but is carried out pre-reflectively. Merleau-Ponty calls this primordial way of being in the world *habits*[78]. It is this habitual engagement with the world that is disrupted or lost in dis-ability, and that is sought to be regained in the process of re-embodiment. In order to make this case, I will begin with an illustration from the empirical work:

One of the skills that the less experienced participants at WiM spend a considerable amount of time practising is to get onto a pavement curb. In the gym where they practise they use wooden cases in different heights to simulate curbs. The first challenge is to the get the front wheels in just the right height: If the front wheels are not raised high enough, the chair crashes into the curb. On the other hand, if they are lifted too high, too much of the momentum is taken from the wheelchair and it is difficult to enter the curb. Even worse, if the front wheels are lifted too high, there is a risk that the person in the wheelchair falls backwards.

I follow Turid while she is practicing. In order to lift the front wheels from the ground at the right moment, Turid must look down at the wheels to determine and monitor their position. She must also consider her speed (the greater speed, the less force is required to lift the wheels high enough) and she must be aware of the position of the upper body in relation to the line of gravity (by leaning backwards the front wheels are more easily lifted off the ground).

In the beginning Turid is doing allright a couple of times, before she suddenly doesn't lift the front wheels high enough. The chair crashes into the curb, and Turid falls forwards out of the chair. On the next trial, she consequently lifts the wheels too high and almost falls backward. It took Turid several practice sessions to get a reasonable control of this skill, but the challenge will be to test the skill in a real environment.

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[78] Dreyfus (1991; 2002) refers to this as everyday coping, or sometimes, skilful coping. Recall here that in chapter 3 I argued that when Dreyfus refers to skilful coping, he is implying the same phenomenon that I refer to as habit.

The Skill model of Dreyfus & Dreyfus (Dreyfus, 2002; Dreyfus & Dreyfus, 1986) was briefly introduced in chapter 3. The model describes a process where the learner gradually moves from being dependent on decontextualized and explicit rules and instructions, through an intermediary phase where s/he becomes increasingly more involved in the situation, but still remains dependent on detached rule-following for coping with the learning situation. As the learners become more proficient their "theory of the skill, as represented by rules and principles, will… gradually be replaced by situational discriminations accompanied by associated responses" (Dreyfus, 2002: 370). This means that with experience, the right feedback, and personal involvement in the learning situation, the learner is gradually freed from having to follow explicit rules for the performance of the skill.

I find that there are two problems with the Skill model in relation to the work that I am presenting here (see also Breivik, 2007; Sheets-Johnstone, 2000). First, there is a constraint put on it by Dreyfus (2002) when he states that the model is restricted to adults who are learning from instruction. This poses a problem, since my ambition is to investigate the learning that takes place specifically without overt instructions. In addition, it means that learning through observation and imitation falls outside the reach of the Skill model. A presupposition of the present work was that there would be a considerable amount of observation and imitation in the context that I studied. Furthermore, I am not sure whether a learning process truly follows a discrete, linear and step-wise logic in the sense that the Skill model portrays it: For instance, do all learners necessarily go through all the levels in succession? This problem is taken up by Moe (2007), who also suggest that the first level of the Skill model already presupposes some experience and background capacities. Thus, he proposes a zero-stage "that consists of the background conditions/skills that necessarily enable the novice (stage one) who learn by strict rules to begin the learning process in the first place" (p. 57).

Still, the strength of the Skill model is that it shows the gestalt switch of learning habits: As we saw from the vignette above, Turid had to take into account a number of details of the skill in order to be able to get onto the curb: The speed of the wheelchair, the height of the curb, and the position of the upper body. Being a beginner, she had to consciously monitor these aspects of the skill. This is problematic for the performance, because paying too much attention to one aspect made her forget other aspects. As Aksel explains:

The first times, I was very insecure. Even on the lowest curb, which was only 2 cm, I missed several times. You know, you're supposed to take account of your speed and the distance to the curb, and where your front wheels are… so the first times I looked down at the wheels, but then I missed almost every time, so I started looking at the curb, and after a while it becomes automatic. It's just there, and I don't think about it.

By performing the skill again and again, and adjusting to the experiences he made, he could stop thinking about the explicit rules for what he had to do. Similarly, Jan said:

[In the beginning] one has to think, but [in the end] it is all about doing it, because then it becomes automatic, like walking on your feet, you don't have to think: "There is a curb there", and you don't think "I am going up there", but you just get up there.

In these quotes the participants express the development described by the Skill model: They go from following explicit rules (e.g. 'lean backwards to lift the wheels from the ground') and overtly monitoring their movements in order to be able to enter the curb. In the end, they – at least to some extent – become able to perform the skill of getting onto the curb in what Jan and Aksel refer to as an automatic fashion.

The everyday language used by the interviewees to talk about their performance must be problematized: Automatic does not refer to performing the movements in a nonconscious way as an automat or robot. One could say that Aksel expressed it appropriately when he said: "… *it's just there, and I don't think about it*". He performs it without thinking; the movement is just there before he knows it. To say that one is able to do something without thinking, does not exclude a form of awareness: Merleau-Ponty frames the distinction that appears in the participants' expressions above in terms of the difference between thetic and operative[79] intentionality. While the former is the "intentionality of act, which is that of our judgements and of those occasions when we voluntarily take up a position"

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[79] He also uses the notion *motor intentionality* (cf. PhP: 127).

(PhP: xx), i.e. thoughts *about* the specific skill. Operative intentionality, on the other hand, is the pre-reflective way of relating to the world that we find in habitual movements:

> We found beneath the intentionality of acts, or thetic intentionality, another kind which is the condition of the former's possibility: namely an operative intentionality already at work before any positing or any judgement, a 'Logos of the aesthetic world' [reference to Husserl], an 'art hidden in the depths of the human soul', one which, like any art, is known only in its results (PhP: 498).

Operative intentionality is, as Reuter (1999) points out, sustained by the pre-reflective moving body. It is, as far as I can see, the pre-reflectiveness of the habit that makes the participants talk about it as automatic: It is automatic in the sense that they do not control the skill by means of explicit thought, but the participants do not express the *awareness* that the operative intentionality is dependent on. Reuter explains this when she writes that pre-reflective intentionality is not unconscious, but rather that "it is a pre-reflective intentional act in the sense that it is directed without allowing for a reflective understanding of either the manner in which it is directed or the object towards which the unspecific awareness is directed" (p. 76).

In the case of the interview statements above, I would suggest that they are describing a change from having to use thetic intentionality in order to execute the wheelchair skills to a pre-reflective performance characteristic of operative intentionality. As Merleau-Ponty would say, the participants are no longer "transporting the body to that point in space of which we have formed a representation beforehand" (PhP: 161), rather "it is the body which 'catches' (*kapiert*) and 'comprehends' movement" (PhP: 165). Jespersen (2003) suggests that it is neither some form of automatic control nor explicit knowledge that is at play in pre-reflective, bodily performance. Rather, it is an ongoing habitual, social learning process that can be thought of as "an open-minded cultivation in terms of social learning processes generating a difference by transforming and renewing the corporeal schema" (p.

212.) When a wheelchair skill thus has been incorporated in[80] the participants' embodiment, we can say that a gestalt switch has taken place. This is the gestalt switch of incorporating a habit: From reflective monitoring movements to letting the body-subject do its work.

Rebuilding concrete movements

Just as much as the body-subject finds meaning in the world to act upon, so in a similar manner "the world is also questioning the body-subject, and motility is a response to the questions of the world" (Reuter, 1999: 72). There is a reversible relation between body-subject and world. In a similar manner, movements exhibit a gestalt structure with a foreground and a background that stands in a reversible relation. The gestalt of movement in general, and how it is related to the gestalt switch of re-embodiment in particular, can be highlighted through the distinction between abstract and concrete movements in *Phenomenology of perception*. Merleau-Ponty states that under normal circumstances

> every movement is, indissolubly, movement and consciousness of movement. This can be expressed by saying that for the normal person every movement has a *background*, and that the movement and its background are 'moments of a unique totality'. The background to the movement is not a representation associated or linked externally with the movement itself, but is immanent in the movement inspiring and sustaining it at every moment (PhP: 127. Italics in original).

Recall from chapter 4 that for the patient called Schneider, concrete movements posed no problems, as long as he was involved in a practical project that necessitated the use of a particular habit, for instance when he was making wallets. On the other hand, abstracts

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[80] When I say that the skill has been incorporated *in* the participants' embodiment, this wording is potentially misleading. It may be taken to imply a form of internalization, but that would be unfortunate, because it conveys the idea of strictly separated spheres of inside and outside (I discuss this further in the last section of this chapter)

movements[81] could only be performed by Schneider through "a laborious decoding" (PhP: 125), where he reflectively attended to the movement project.

In concrete movements, there can be no separation of movement and thought about movement, because the body-subject is an operative intentionality, pre-reflectively questioning and being questioned by its world. In terms of a gestalt, "the background to concrete movement is the world as given", says Merleau-Ponty (PhP: 127). Toombs (2001a) maintained that in dis-ability, bodily movements must be controlled and are executed without the liberty of improvisation. By analogy, Merleau-Ponty says that "in looking to his body to perform the movements for him he [Schneider] is like a speaker who cannot utter a word without following a text written beforehand" (PhP: 126). These are abstract movements, whose background is no longer the world as given, but rather a "built up" (PhP: 127) background.

We are now in a better position to understand more about the process of incorporating wheelchair skills as it appeared at the WiM-program: In the practice sessions where the participants worked on specific wheelchair skills, newcomers often practiced together with other newcomers. Trond pointed out: "*You don't have to go first all the time, right? You can wait and see how the others are doing it, so then you have seen it two or three times, instead of just one*", and similarly, Turid talked about entering the curb: "*You see that their wheels are not in contact with the curb, or they forget to stretch their arms, or they don't lean forward enough. Very useful*!" In this sense, the details of the skill became more visible for the participants, and they were thus able to see for themselves the rules of the skill (e.g. that the wheels must be in contact with the curb when entering[82]).

They have then, as Merleau-Ponty put it, decoded the movement, but they also had to try the movements out by themselves. These attempts at for instance entering the curb are abstract movements in which the motion of the trunk, the arms, the fingers, and also – by a bodily extension – the different parts of the wheelchair, are a set of movements in them-

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[81] I.e., movements without any current, practical relevance, for instance when Schneider is ordered to perform movements that are not part of a practical movement project, like giving a military salute

[82] As opposed to entering the curb with speed, as was described in the vignette above, it is here referred to entering a curb from a stand still.

selves and not a part of an actual movement project. As opposed to concrete movements "the abstract movements carve out… a zone of reflection and subjectivity" (PhP: 128). And further:

> The normal function which makes abstract movements possible is one of 'projection' whereby the subject of movement keeps in front of him an area of free space in which what does not naturally exist may take on a semblance of existence… The function of 'projection'… is also what makes abstract movements possible: for, in order to be in possession of my body independently of any urgent task to be performed; in order to enjoy the use of it as the mood takes me, in order to describe in the air a movement formulated only verbally or in terms of moral requirements. I must reverse the natural relationship in which the body stands to its environment, and a human productive power must reveal itself through the density of being (PhP: 128-129).

What took place for the newcomers at the WiM-program was a rebuilding of concrete movements (or at the very least it was the start of this process). The rehabilitation institution, and more specifically the sports arena where the skills were practised, could be seen as an 'area of free space' that took on a 'semblance of existence' in the sense that an artificial environment was constructed and the skills were decomposed into their constituent parts. Practising the skills in an artificial setting, where movements can be performed 'independently of any urgent task' provided a freedom that enabled regaining habits of the body.

In summary, the aspect of re-embodiment that I have discussed here pertains to how wheelchair skills have been incorporated and become habitual tendencies to act pre-reflectively. In a footnote in chapter 3, I maintained that habits entail the possibility of being thematized, or in other words, they entail the possibility of becoming otherwise. Here, I have tried to trace how habits are rebuilt by practising abstract movements. Exemplified by getting onto a curb in a wheelchair, I described how newcomers first laboriously decoded the movement, and then practiced abstract movements in order to rebuild a "melodic flow" (PhP: 133): The easiness of habitual performance. This kind of learning involves, according to Merleau-Ponty a rearrangement or renewal of the body schema.

Incorporation of the wheelchair

I will now attend to one more aspect of the embodied learning process involved in the acquisition of wheelchair skills, namely how the wheelchair itself becomes incorporated. In one sense, this is an obvious continuation of the previous sections, and it is an aspect that Merleau-Ponty takes up in his work, for instance when he states that "those actions in which I habitually engage *incorporate their instruments into themselves* and make them play a part in the original structure of my own body" (PhP: 104. Italics added).

Though the process of incorporating the wheelchair in all likelihood had started before the participants came to the rehabilitation institution and would continue after they came home, this was still a topic I wanted to explore. In the interview guide, I included a set of questions about the participants' experiences and feelings related to the wheelchair and their use of it. We did not limit our conversation to the possible changes that might have taken place during their rehabilitation stay, but we also spoke about their past experiences. What emerged through the analysis of these interviews appeared first to me to be a three step process: (1) A phase where the wheelchair is rejected, (2) A phase where the wheelchair is seen as a practical aid, and (3) A phase where the wheelchair is experienced as a part of the body[83]. In the following pages I will illustrate these phases.

On one of the first days of the WiM-program, I meet the participant called Turid. When I saw her, I immediately noted the sorry state that her wheelchair was in: low air pressure, dirty, and in general not well maintained. When I commented upon this, she told me that she did not bother to take care of the wheelchair, because it was her "enemy". Later, in the interview, she explained:

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[83] On closer examination, this three phase process had to be moderated: For one thing, the interviewees expressed ambiguity concerning their relationship to the wheelchair, e.g. "it makes me able to do things that I couldn't have done without [it], but at the same time I wish I could get rid of it" (Trond). In addition, the empirical material shows that there are exceptions to the apparently linear process, like for instance Oliver, who said that "I saw [the wheelchair] as a technical aid from the beginning". Thus, I do not make any pretense to general claims, but I do think that the process serves as an illustration of the gestalt switch involved in incorporation of the wheelchair.

Øyvind: *You told me something when I filled air in your tires; you told me that you had made a form of resistance [against the wheelchair].*

Turid: *Yes, that's true. Yes, that was because I didn't want this wheelchair, you know. I had a negative attitude towards it, so it gave me some satisfaction to see that "ha, even more dirty. Good!"…*

Øyvind: *Why was it like that do you think?*

Turid: *Well, I didn't care about this wheelchair. So I wanted to have a distanced relation to it in a way, even if I had to use it. I had to show others that I didn't care [about it].*

In a particularly salient manner, Turid expressed how the wheelchair not only was an object, but it was also a negative symbol of the difficult situation she found herself in.

In terms of body image, Seymour (1998) discusses how clothing in particular and appearance in general was an important issue for the participants in her study. The construction and maintenance of appearance is crucial, according to Seymour, "if we are to display an external appearance that is congruent with the way we see ourselves and the way we wish others to see us" (p. 37). In a similar vein, we can discern how Turid let the wheelchair almost go to wrack in order to show others her rejection and resistance towards it. However, it is questionable, I think, whether Turid's project of rejecting the wheelchair can be thought of in terms of body image, at least considering the way I have conceived of body image earlier (i.e. as a state where the body is the intentional object). Rather, I think it would be fitting to see the wheelchair as a foreign body in Turid's experience.

Turid was the only one of the interviewees who expressed this rejection of the wheelchair in such explicit terms. However, Jan also reflected the issue:

I am totally dependent on the chair. It is a hard way of getting about, no doubt about it, but I realize that I can do most of the things [I want to]… As time goes, it is longer and longer [between those periods where I am angry at the wheelchair].

In a sense, Jan is in a transition between the first and the second phase, which I have identified: Between being angry and rejecting the wheelchair, to accepting it as a technical aid. In terms of the latter phase, Arne said:

[The wheelchair] is a tool to get from A to B. … I do not have a wish to sit in this chair, but I have to, so then it is convenient to get from A to B. … I am not really negative to it, but if I could have walked, I would rather have done that.

The wheelchair is an external aid or tool that makes Arne's life more convenient. As I pointed out in the previous chapter, the experienced wheelchair users in this study had personalized their wheelchair, transforming it to an object invested with personal meaning, by for instance removing handles on the back and peeling off the manufacturers labels. The way they moulded and fitted their chairs in order to give them a favourable appearance, seems to me to be similar to the way that Seymour's participants stressed "the importance of clothes selection, especially now that many of the other avenues of 'impression management' [were] no longer available to them" (p. 47). This was also concretely illustrated and discussed in the previous chapter, where some of the participants used the expression "*the wheels are my shoes*". In this sense, I believe, we can say that the wheelchair, like clothing, is integrated into the body image in this second phase.

The third phase in the development is where the wheelchair is experienced as being part of the body. Both of the two highly experienced participants expressed this view. Oliver told me that one of the things that makes him really angry is "when people touch my chair and intend to help me without asking me about it". A bit later in the interview he said:

Oliver: *It [the wheelchair] becomes an extended part of the body. So you see the possibilities instead of the limitations.*
Øyvind: *When you talked about those people who just touch your chair [without asking]; would that be like them touching you?*
Oliver: *Yes, because they have physical power and control… It is almost like an assault, I think… Because in the chair I know my limitations, I have control in the situa-*

tions I am in, so when I lose that control, you might as well throw me down a staircase.
I have no control, I feel powerless.

The sentiment that Oliver expresses here is that the wheelchair is a bodily extension in the sense that when someone takes control over the chair, this is experienced as an invasion of his privacy. Stein, in a similar manner, said that: "I don't think much about it [the wheelchair]; it is just a part of life and my body, in a way".

This is a different way of relating to the wheelchair than in the two other phases. For instance, when somebody takes control over Oliver's chair, this is for him experienced as being taken control over. In this regard, the wheelchair is more intimately connected to the embodied self than in phase one and two, and it is appropriate to think of it as integrated into the body schema. This means that in these lived experiences, the wheelchair is experienced, not as an object, but as "an extension of bodily synthesis" (PhP: 176).

Drawing on Heidegger, Svenaeus (2000c) maintains that the limit between body tools and other tools should not be drawn at the surface of the biological organism, but must rather be "determined through an appeal to the importance the tool plays in the totality of relevance for the human being in question" (p. 130). Whereas when the wheelchair is thought of in terms of clothing or an assistive device that one really would have liked to dispense with, i.e. as something that can be taken off or put on (hence, the expression 're-dressing' the embodied self in Seymour), this way of thinking is not appropriate with regard to the body schema.

It is, however, extremely important to note that the gestalt switch from body image to body schema is not a once and for all transition to a different being in the world. As the empirical data suggest, the experiences of the wheelchair as part of either the body image or body schema fluctuate and are mutually co-present. The point with the foregoing analysis is not to suggest an ideal state of being, where one no longer thinks about the wheelchair as problematic. That would probably be illusory. The main idea that I have been trying to convey is that considering the gestalt switch from body image to body schema as an embodied learning process enhances our understanding of re-embodiment.

To probe this issue further, we can see how Merleau-Ponty takes objects that are incorporated into habitual actions to change their qualities; they are no longer objects with size

and volume in geometrical terms. Rather, they are potentialities of volume and size. One of the examples he uses is the blind man's stick, and this example provides a parallel to the wheelchair.

As the blind man (and I am sure this also goes for blind women too) learns to use the stick, s/he no longer uses it to identify points in space as geometrical positions relative to the objective position of the body. "The blind man's stick has ceased to be an object for him, and is no longer perceived for itself" (PhP: 165). This is also the case with the wheelchair. When it has become incorporated into the body schema, it takes on a new significance, "as an area of sensitivity" (ibid.). This is clearly the sentiment that Oliver expressed above.

Thus, we clearly see how incorporation of instruments like the wheelchair or a stick is intimately connected to the acquisition habits. The habitual use of these instruments carries with it a forgetfulness that allows the user to take part in worldly projects. As Merleau-Ponty puts it:

Once the stick has become a familiar instrument, the world of feelable things recedes and now begins, not at the outer skin of the hand, but at the end of the stick… habit does not *consist* in interpreting the pressures of the stick on the hand as indications of certain positions of the stick, and the signs of an external object, since it *relieves us of the necessity* of doing so" (PhP: 176. Italics in original).

This is what is meant by an extension of the body: It is no longer an object attached *to* the body, but rather a prolongation of the user's intentions into the world, so that the limit between the body and the world is not put at the surface of the skin, but at the perimeter of the wheelchair. This is a concrete example of what Merleau-Ponty means when he says that habits have the power of dilating our being in the world. Habits and the incorporation of the wheelchair relieve the wheelchair user of the necessity to pay attention to the wheelchair itself, because it is no longer an external object, but has begun to "play a part in the original structure of my own body" (PhP: 176).

In summary, I have in this section described the gestalt switches of re-embodiment in terms of pairs: From abstract to concrete movements, from body image to body schema and

from thetic to operative intentionality. It might make sense to say that the last pair (thetic to operative intentionality) is at play in the other two pairs: Operative intentionality is equivalent to the habitual operations of the body schema, which makes concrete movements possible. And likewise one could say that thetic intentionality grounds the body image and makes abstract movements possible.

Dillon (1997) describes the learning process involved in the switch from thetic to operative intentionality as *sedimentation*, where movements first are deliberately chosen from a set of thematized possibilities and subsequently take on "the natural grace of a familiar acquisition" (p. 136). This is, as far as I can see, the fundamental meaning of the gestalt switches of re-embodiment and the learning process of regaining habits.

Reversibility and flesh: Ontological explication of the gestalt switch

Before closing this section, it would be well to clarify the ontological implications of the gestalt switches in re-embodiment. In chapter 4, I suggested that dis-ability could be understood through the ontological implications of the notions reversibility and flesh. I am now in a better position to explain what that means, and relate it to the gestalt switches of re-embodiment.

The gestalt is traditionally conceived of as a visible figure on a uniform background. An example of this is Rubin's vase, where you can see either a vase or two faces. However, the visual gestalt figure is "an artificial laboratory construct when seen in contrast to the rich heterogeneity of the perceptual world. [It is] also circumscribed within the visual sphere" (Dillon, 1997: 66). In the perceptual world in general and in movement in particular, these clear-cut figures and their uniform backgrounds become blurred. Though visual perception is important in movement, the moving body synthesizes all sensory modalities in its operations. Thus, we will have to understand that the shift from purely visual perception to the integrated perception of movement leads to a blurring of the image. Indeed, as Hass (1999) points out, the gestalt figures of perception are more than figures on a ground; they are also transfused with meaning: "the perceptual gestalt is not best understood as the 'figure-ground structure', but rather as *a meaning-laden complex* beyond the form-content distinction altogether" (p. 94. Italics added).

This becomes particularly salient when we consider the gestalt switch from thetic to operative intentionality. Through the development in Merleau-Ponty's later works, he came, according to Madison (1981), to seek for something more primordial than what an intentional analysis can provide:

> In the last analysis, the theory of intentionality illuminates everything except the very being of the intentional relation. The world exists for the subject and subject exists for the world, but why do they exist for each other? ... Merleau-Ponty thus recognizes that the subject-world relation is a derived relation, that the subject's *being* in the world and the world's *existence* for the subject are upheld by something which encompasses them (p. 170. Italics in original).

This 'something' which encompasses subject and world is the *flesh*, the ontological notion that Merleau-Ponty developed, but left unfinished due to his early death. In his latest work, Merleau-Ponty introduced a whole new set of categories to bring out the ontological layers of the anonymous experience of wild being, and to rectify what he saw as the shortcomings of *the Phenomenology of perception*[84].

Due both to the unfinished nature of *The visible and the invisible,* and Merleau-Ponty's expressive manner of writing and philosophizing, flesh is not a uniform concept, coherently defined. It is rather an "expressive multiplicity" (Hass, 2008: 141): "a complex concept that will honor rather than deform the proliferate, over-spilling life of what he [Merleau-Ponty] calls wild being". As mentioned in chapter 4, flesh is to be thought of as an element; it is

> not matter, is not mind, is not substance. To designate it, we should need the old term 'element'… in the sense of a *general thing* … a sort of incarnate principle that brings a style of being wherever there is fragment of being (VI: 139. Italics in original).

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[84] In *The visible and the invisible*, Merleau-Ponty stated that "the problems posed in [*Phenomenology of perception*] were insoluble because I start from the 'consciousness'-'object' distinction" (VI: 200). Thus, he turned to ontology: "I must show that what one might consider to be 'psychology' (*Phenomenonology of perception*) is in fact ontology" (VI: 176. Italics in original).

Through a detailed textual analysis, Hass (2008) has found three ways that Merleau-Ponty uses the notion flesh in his later writings. In addition to flesh as (i) element, it is also used as (ii) carnality and (iii) reversibility.

Flesh as carnality can be seen as a continuation of Merleau-Ponty's emphasis on embodiment in his earlier writings. However, since he also says that the world too is flesh, it would be a mistake to understand flesh in the most literal sense, as in 'flesh and blood'. In the meaning of carnality, flesh is precisely an expression of how the body is more than its flesh and blood, because it extends itself into the world. Hence, Merleau-Ponty speaks about a carnal space which is an orientation of the body-world matrix in relation to a presently, ongoing behavioural project.

In the relation between the flesh of the body and the flesh of the world, we can discern the third usage of the notion, namely that of flesh as reversibility. If both body and world are flesh, then the question "where are we to put the limit between the body and the world?" (VI: 138) must be posed. This is an important question for Merleau-Ponty, because just as much as he wants to transcend dualism, he also wants to avoid the other extreme, namely monism, where body and world are collapsed into one unified category. Thus, he answers his question by stating that

> the world seen is not 'in' my body, and my body is not 'in' the visible world ultimately: as flesh applied to a flesh, the world neither surrounds it nor is surrounded by it…
> There is reciprocal insertion and intertwining of one in the other (VI: 138).

This is essential to flesh: There is a difference and an intertwining. This curious identity-in-difference (Dillon, 1997) is captured in another expressive concept, namely *écart*, which best can be described as an opening, a divergence or a split which does not separate the two sides[85]. It sustains a difference between body and world, but does not make the two sides opposites. The reversibility thus has the function of coiling over the split: "Reversibility is

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[85] Hass (2008) maintains that écart is a concept that should be left untranslated, and I will follow him on that point.

the overlapping perceptual relation that folds around *écart* – the 'intertwining' or 'cohesion' of what is radically different" (Hass, 2008: 137)

In the case of 'incorporation of the wheelchair', we could now say that in two of the phases described above, the wheelchair is clearly a thing: It is an enemy, a foreign body or it is a tool for practical purposes. But what then about the third phase: Should we take it literally and say that it has become a part of the body[86]? No, but I think that with the aid of the notions flesh, *écart* and reversibility, we can see how it rather has become a part of the gestalt of the body.

Recall first the quote in the introduction to the section on incorporation of the wheelchair[87]. For one thing, it seems like it is the actions, and not the body itself, that incorporate the instruments into themselves. Merleau-Ponty is using an example not too far from wheelchair skills to express this: A person who is good at typewriting does not locate the keys on the key-bank in terms of their geometrical position. Rather, "it is literally true that the subject who learns to type incorporate the key-bank space into bodily space" (PhP: 167). In this sense, the gestalt switches involved in re-embodiment involves a learning process where habitual movement takes up external instruments in the body schema, thus returning the person in question to "a silent knowing" (VI: 178), where body and world are of one flesh.

Écart shows how the wheelchair, or any other instrument, does not literally become a part of the body, but neither is it something that can be separated from the body in living perception: "[écart] is what opens, … but it is an opening that isn't so severe that the two aspects are divorced from one another" (Hass, 2008: 129). In relation to the gestalts that we are discussing here, the *écart* is the third term, the separation between figure and ground (VI: 197). Clearly, there is a difference between the body and the wheelchair, but there is

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[86] I just briefly want to mention one thing that might just be a coincidental correlate to this development: The Norwegian language renders this gestalt switch quite nicely. In the case of Turid, the wheelchair can be seen as *"ein framandlekam"* (i.e. foreign body), which is rejected, whereas in the third phase, one would talk about the wheelchair becoming a part of *"ikjøtinga"* (which means embodiment, but with precisely the direct translation of flesh (kjøt = flesh)).

[87] "Those actions in which I habitually engage incorporate their instruments into themselves and make them play a part in the original structure of my own body" (PhP: 104).

also an identity, expressed in the experience of the participants, so that the two are not completely separated. Thus, we can say with Merleau-Ponty that "things pass into us as well as we into the things" (VI: 123). There is an *écart* between us and the things.

I therefore suggest that a gestalt switch takes place when the wheelchair no longer is a thing, an otherness, which tears the *écart* into opposites, but rather has become a part of "the irreducible spread between figure and background" (Hass, 2008: 129). The gestalt switch of incorporating the wheelchair carries with it the fundamental point that the wheelchair and the body have a reversible intertwining that contains an identity with difference[88]. I hope to have made clear that there is an intimate relation between incorporation of the wheelchair and incorporation of wheelchair skills, as discussed above. At play in both is the body schema, and the gestalt switch from an explicit attention towards the wheelchair, and the skills performed with it (thetic intentionality), to the forgetfulness of the habitual operations of the body schema (operative intentionality).

Re-embodiment and intercorporeality

At the outset of the work on this dissertation, one of my aims was to investigate the phenomenological roots of the peer learning that I clearly saw taking place in my practice as an *idrettspedagog*. The previous sections in this chapter have outlined the embodied learning process at the WiM-program as *incorporation*. However, the focus has been on the individual body-subject and it is now time to shift this focus and attend to the social sides of the embodied learning process at the WiM-program. Let me immediately point out that the body-subject is inherently social and the social is embodied. This point was brought to no-

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[88] Reversibility is the overlapping or intertwining of the identity-in-difference (Dillon, 1997). Merleau-Ponty's main example of reversibility is that of one hand touching the other, where they can alternate roles as subject and object, i.e. the two hands can reverse roles as touching / being touched. In the case of incorporation of the wheelchair, the divergence between the wheelchair and body is a relation that can be captured by the reversibility thesis, but now there is an asymmetry in the reversible relation in that "I cannot experience the table [or the wheelchair, for that matter] touching me in the same way the hand touched can take up the role of touching" (Dillon, 1997: 159).

tice particularly through the notion flesh, and I therefore think it makes sense to say that there is an *écart* between the social and the individual.

In one sense, this section is a continuation and elaboration of some of the issues taken up in the previous chapter, because it highlights the intersubjective dimensions of learning. In this section, I will further outline the notions intersubjectivity and intercorporeality. Finally, I will try to link this to the theme of the dissertation by examining intercorporeal learning in terms of *transfer of body schema*.

Intersubjectivity and intercorporeality

In chapter 5, the importance of mutuality as a resource for learning at the WiM-program was highlighted. In that chapter, I also referred to Toombs who – without having a specific focus on learning – used the notions mutual understanding and empathic understanding interchangeably to denote the manner in which "sick persons can share something of another's experience of illness regardless of the disease state and without the need for any physiological explanation" (Toombs, 1992: 98). Toombs sees the intersubjective relations forming between people with disabilities who share similar lived experiences as *healing relationships* (Toombs, 1992). In my interpretation in chapter 5, I tried to highlight how the intersubjective relations forming between the WiM-participants through a face-to-face situation (Schutz, 1967) could be thought of as a resource for learning. However, the face-to-face situation is not the only, or even the most primordial approach to intersubjectivity (Crossley, 1996; Zahavi, 2001). Let me therefore begin with an elaboration of some key issues in phenomenological approaches to intersubjectivity. This will lead to the notion of intercorporeality, which will form the ground for my understanding the embodied, social learning involved in the WiM-program.

Generally, intersubjectivity must tackle the so-called problem of other minds[89] (cf. Hass, 2008; Zahavi, 2001). A classical solution to this problem is the "argument from analogy": Since I do not have the same access to the other's mind as I have to my own[90], my access to the other's mind must be mediated by the bodily behaviour that I can read off from the other. That is, if I see that you are crying, then I can, by extrapolating my own experiences with crying, infer that you are probably feeling sad. The point is that "by noticing the analogy that exists between this body and my own, I *infer* that the foreign body is probably also linked in a similar manner to a foreign mind" (Zahavi, 2001: 151. Italics in original).

There are many problems with this argument, for instance that it is formally invalid, since all I am entitled to infer in this case is that the other's bodily expression is linked to my own mind (and not to the other's mind), and that the argument from analogy treats bodily behaviour as purely external and thinking as internal, which is wrong in a phenomenological theory. In addition, the cognitive performance of inference underestimates, as Zahavi (2001) points out, the difficulties of self-experiences (i.e. the access that I have to my own self) and overestimates the difficulties of experiencing the other.

Returning to the work of Toombs, I find that she does not think of empathy or mutuality as a form of cognitive inference, but rather as a lived reciprocity (Toombs, 1992; Toombs, 2001b). Thus, her notions empathic or mutual understanding is not vulnerable to the problems of the argument from analogy. Yet, the mutuality between the I and the other still needs to be grounded at a more primordial level than that of empathic understanding, because empathy is a specific mode of consciousness or intentionality in "a thematic encounter with a concrete other" (Zahavi, 2001: 153). In that sense, empathy is a derived form of intersubjectivity, and there are more fundamental forms of intersubjectivity. Intersubjectiv-

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[89] Hass (2008) states that the problem of other minds is a modern phenomenon, not wrestled with by ancient or medieval philosophers. He then refers to Descartes' second mediation, where Descartes is looking out the window and sees men crossing the square. Yet, Descartes asked, are these really men, or is it just hats and coats that conceal automatons? Descartes says that he *judges* that there are men inside the clothes that he sees moving, but as a judgement, this must be doubted. Thus, the existence of other minds must be doubted too.

[90] This is obviously true, because if I had the same access to the other's mind as to my own mind, the other would not be an other, but rather a part of myself. The difference between us would have ceased to exist.

ity must contain reference not only to the embodied self and other in a face-to-face situation, but also to the shared world:

> Between this phenomenal body of mine and that of another as I see it from the outside, there exists an internal relation which causes the other to appear as the completion of the system. The other can be evident to me because I am not transparent for myself, and because my subjectivity draws its body in its wake. … in so far as the other resides in the world, is visible there, and forms a part of my field, he is never an Ego in the sense in which I am one for myself (PhP: 410)

In other words, I and the other are parts of a reciprocal system which is formed between body-subjects, and which is not reducible to either of us or the sum of us two together. We are both open onto the world and are simultaneously forming and formed by the environment. Thus, the intersubjective system necessarily entails an intertwining with the world. Furthermore, the intersubjective system is not transparently known to the participants: I do not have full knowledge of myself (i.e. 'I am not transparent to myself'), and the other is essentially different from me ('he is never an Ego in the sense in which I am one for myself').

It is useful to think about this with the aid of the football pitch example from *The structure of behaviour* (SB: 168), where the players and the field form a reciprocal intersubjective system, which calls forth actions from the players that in turn re-structures the field. This takes place at a pre-reflective level, that is, we do not – and indeed have no need to – thematically posit the inner experiences of the other in order to understand his / her intentions. Thus, as Zahavi (2001: 166) points out:

> the three regions 'self', 'others', and 'world' belong together; they reciprocally illuminate one another… the subject must be seen as a worldly incarnate existence, and the world must be seen as a common field of experience, if intersubjectivity is at all possible.

Intersubjectivity is a carnal, pre-reflective relation between self, others and the world. However, two problems must now be posed: First, the way I have talked about intersubjectivity both here and in the previous chapter might seem a little too harmonious. Do not intersubjective relations also contain conflict and objectification? To this I would say with Crossley (1996) that the mutual relations involved in intersubjectivity at a fundamental level means that "one is affected by a meaning" (p. 30). The way I am affected can of course be both harmonious and disharmonious. Therefore, intersubjectivity does not primarily imply positive recognition or reciprocity, but can also imply objectification. This is of course a central point in Toombs (1992): The intersubjective relation between doctor and patient leads to objectification as long as the doctor is unable to take account of the patient's lived experience and instead treats her merely as a medical case.

Secondly, it might seem that the language of intersubjectivity is cast in terms of a subjectivity where one is first of all a subject and then only secondly one forms inter-subjective relations. Dillon (1997) takes up this point and maintains that the term intersubjectivity gives rise to "a Cartesian bias, because it implicitly conceives human sociality as communion among conscious subjects… the structures of being-with presupposes an intellectualist anthropology" (p. 270). However, it seems to me that Dillon is overstating this case. Phenomenological theories of intersubjectivity would expressly reject that the subject can be understood as an intellectualist's subject, which is completely known to itself and enclosed in a mind. As both Zahavi (2001) and Crossley (1996) have pointed out, the diverse approaches to intersubjectivity within the phenomenological tradition mark a clear break with the intellectualist problem of other minds.

Dillon's point, I think, comes from his reading of Merleau-Ponty's ontology, which he sees as the most decisive and fundamental break with ontological dualism. As a consequence of this, he holds that Merleau-Ponty's treatment of intersubjectivity is also a significant break with dualistic intersubjectivity. Dillon says that "we must learn to understand that we are flesh. Our flesh is originally corporeal reflexivity, a body whose ability to touch depends on its own tangibility as its ability to see depends on its own visibility" (p. 128). It is the development of the flesh in Merleau-Ponty's later ontology that marks the break with the ontological dualism that Dillon sees in other approaches to intersubjectivity.

The reversibility thesis, which is essential to Merleau-Ponty's ontology, posits that I am able to see only because I am seen; touch because I am touched. This means that both I and the other are flesh intertwined with the flesh of the world (Dillon, 1997). This leads Dillon to the notion *intercorporeality* as a better and more precise formulation of intersubjectivity, "because the problem of other minds is really a problem of other animate organisms: at the most basic levels, human communion is a communion of flesh and not a relation between isolated subjects" (p. 122).

Though I do not fully buy into Dillon's rejection of the term intersubjectivity[91], his pointing out of the term intercorporeality is useful for the present purpose due to my interest in Merleau-Ponty's phenomenology in general, and its relevance for peer learning particularly. Thus, it would be well to see what Merleau-Ponty himself has to say about the topic.

Earlier in this section, I quoted Merleau-Ponty in saying that there is an internal relation between my body and that of the other which forms an intersubjective system between acting body-subjects and their shared world (SB: 168; PhP: 410). We can move closer to a better understanding of the carnal relations involved in intercorporeality:

> I experience my own body as the power of adopting certain forms of behaviour and a certain world, and I am given to myself merely as a certain hold upon the world; now it is precisely my body which perceives the body of another, and discovers in that other body a miraculous prolongation of my own intentions, a familiar way of dealing with the world (PhP: 412).

The first part of this quote is by now familiar terrain: I am an acting, behaving body-subject and through my actions I get a certain grip on the world. Now, we can take one step further (or backwards, perhaps) to see that there are also other acting, behaving body-subjects in a shared environment. With these other body-subjects I form intercorporeal relations, not by

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[91] Despite the quote above from Dillon about the dualistic inherence in intersubjectivity, I am not sure that he really rejects the notion, for instance because the chapter from which I have quoted in fact is called *Intersubjectivity*.

thematizing them as other bodies, but by experiencing them as "extensions of my own carnal powers" (Hass, 2008: 107). My knowledge of other body-subjects is grounded in this pre-reflective coupling of flesh-to-flesh.

How does Merleau-Ponty think that this coupling takes place? He borrowed the concept of coupling from Husserl, and in the essay *The child's relations with the Others* (PP: 96-155) he deploys it in order to understand early childhood intersubjectivity. Coupling means that when I perceive an other body-subject "my body and his are coupled resulting in a sort of action which pairs them" (PP: 118). In the first phase of intercorporeality, children are, according to Merleau-Ponty, unable to distinguish themselves from their surroundings. The contagion of cries attests to this. If one baby in the nursery unit begins to cry, the others will also begin crying, because they have not learned to distinguish their own discomfort from that of the others, in the sense that the child lives in "an anonymous collectivity, an undifferentiated group life" (PP: 119).

Gradually, the child learns to distinguish between herself and others, and a differentiation of I and other is possible. This does not mean that experiencing others in an undifferentiated group life no longer takes place. Rather, it means that the possibility for thematizing the relation has occurred in the child's development. Though the child no longer is immersed in a world where others' actions are experienced as their own, the notion of coupling suggests that s/he can now see the action of the other from a distance, being able to live it and understand it, thus "making it mine" (118).

This is the same idea that was brought forth in the quote above (i.e. PhP: 412), namely that my intentions are prolonged into the other's body and vice versa. This prolongation is a transfer of body schema: "If my body is to appropriate the conducts given to me visually and make them its own, it must itself be given to me … by what has been called a 'postural' or 'corporeal schema'" (PP: 117). In the next section, I will try to understand how this transfer of body schema can be thought of as intercorporeal learning.

Intercorporeal learning: Transfer of body schema

It might seem like the empirical data generated at the WiM-program has vanished from view, since the last few pages have contained no reference to them. The reason for this is

that the phenomenon under consideration here takes place at a pre-reflective level. Through interviews and informal conversations in the field, I encouraged the interviewees to take up a position on their intersubjective relations with other participants, and in this reflexive mode it seems to me that important parts of the pre-reflectively lived experience slips away. Waldenfels (2004) says that "we are touched by others before being able to ask who they are and what their behaviour or their utterances mean", and it seems to me that as we begin to speak about what the others' behaviour means (to us or to them), we impose a fundamental distortion on the primordial meaning.

As an example I found that the interviewees could tell me that they in fact felt *that* they had learned from being around other participants, but they were all hard pressed to say *how* or *what* they had learned. Thus, one could say that "before any voluntary *adoption of a position* [I am] already *situated* in an intersubjective world" (PhP: 414. Italics in original). This means that when a position is adopted, the situated, pre-reflective experiences of intersubjectivity disappear or are altered. Therefore, when I here make reference to participants' statements these must be taken with certain reservations and as indirect indications of the pre-reflectively lived experiences.

I think that one important reason for the participants' difficulty in verbalizing their experiences is that intercorporeal learning is facilitated not so much through verbalization as through visibility. Turid, for instance, said that "*it is great to be in a group with people who are more experienced, like Stein. I learn from him all the time by seeing how he does things*." Whereas Aksel said that "*you look at how they manage the wheelchair. How easy it is for them . . . so when I see how well they are doing, I dare to try it out myself*."

Seeing how he does things – *looking* at how they manage the wheelchair – vision seems to be what provides the specificity of the skills. In this regard, Kari told me about how she tried to convey the skill balancing on the rear wheels (often referred to as "doing a wheelie") to beginners:

Kari: *I show it myself, and then I try to explain how you place your hands on the rear wheels, how you work with your upper body, and if you can use the abdominal muscles, I explain how to work with them… but I think it is really difficult to explain this*

Øyvind: *Would you be able to explain how you do the wheelie without showing it yourself?*

Kari: *I think it is really hard, but then I also need the visualisation myself, if someone only explains to me, then I can't do it. I need to have it visually… that is really important.*

In discussing learning of bodily skills (exemplified by swimming), Casey (1998) contends that the body schema is an intermediary between image and rule. This point can be used to understand the quote above: Giving explanations and advice on how-to-do the wheelie provides some general information, but ultimately, Kari finds that this is not enough, neither when teaching nor when being taught. The image on the other hand is what provides the specificity and detail that leads to the wheelie. This highlights a point made by Casey (1998). The rule that is at play in the body schema is not stated in anything like a text. Indeed, it cannot be adequately stated as such:

> Ultimately, the water I place myself in and the body placed there teach me more than any set of words I read or hear. For they induce the schema by the actual means of which I swim. The fact that this schema presents itself to me in an informal amalgamation of memories, perceptions, and thoughts, far from being a problem, represents a perfectly adequate instance of the kind of open-ended hybridization that is appropriate to the occasion. The schema is in this respect *general enough to be specific* (Casey, 1998: 211 Italics in original).

The rule here, I think, is more to be thought of as a socially sanctioned rule of thumb[92] equivocally handed over, rather than a propositionally stated direction for action. I also think that this way of putting it, throws some additional light on something that was said earlier in this chapter. When the novice participants observed other participants, I argued that they 'decoded' the movement. This should not be taken literally to mean that a text that

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[92] A rule of thumb is according to the Oxford English Dictionary is a rule based on experience or practice rather than theory. The bodily basis of the rules conveyed in the expression is perhaps no coincidence?

would furnish the participants' movements had been imposed from without. Rather, the intercorporeal learning – "the moment of learning or relearning a basic skill possessed primarily by others" (Casey, 1998: 212) – operates through a bodily identification with a tradition embodied by the other, where the image provides the details that lead to the skill.

Mauss (1973) sees this transmission of habits as a form of apprenticeship[93], dependent on observation and imitation of others in the sense that "the individual borrows the series of movements which constitute [the bodily skill] from the action executed in front of him or with him by others" (Mauss, 1973: 73).

I found this point quite clearly expressed in the data material. Each of the interviewees with little experience – Turid, Arne, Trond, Aksel, and Jan – expressed that being in a group with experienced peers was a valuable aspect of the WiM-program (e.g. the quotes earlier in this section). The visibility of the wheelchair skills that the novices were learning was perceived as crucial. Though the participants seldom used the word, imitating was pointed out as an important resource for learning.

The ability for imitation of others' movements is present at birth (Sheets-Johnstone, 2000), and it is suggested that this ability is due to the innate body schema (Gallagher, 2002)[94]. Thus, imitation seems to be an important mode of intercorporeal learning. However, in situated learning (Lave & Wenger, 1991; Wenger, 1998) observations and imitation has been rejected on the ground that it merely is a matter of "replicating the performance of others" (Lave & Wenger, 1991: 100). But this view represents a misunderstanding of imitation. Jespersen (1999) suggests that imitation of a behaviour is more than mere cloning rooted in social reinforcement through a causal relationship between a model's behaviour and the observer's imitation of that behaviour. Also, in the presence of several models, the

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[93] We must take this to be an informal apprenticeship, as a way of becoming apprenticed.

[94] It should be mentioned that Sheets-Johnstone does not believe that there is any such thing as an innate body schema. She sees the body schema as "a hypothetical entity… What is there from the start is our primary kinetic mode of making sense of ourselves and the world… a kinetic reference point" (Sheets-Johnstone, 2000: 354). Dillon states that "the coporeal [sic] schema must be understood adverbially, as a manner of being and doing…" (1997: 122). In this sense it is clear that the body schema is more to be thought of as a habitual style of performance, rather than as a material entity.

observer will not necessarily imitate all aspects of one model's behaviour, but can choose and blend elements from all the accessible models.

Imitation then becomes an active learning process which has more to do with re-creation than repetition of behaviour. Sheets-Johnstone (2000), drawing on Jespersen, thus states that

> skill-learning is rooted in the capacity *of one bodily presence to be attentive to another and to pattern movement along the lines of the other*, imitating the way in which the other performs something… imitation is not senseless copying but consistently engenders the possibility of deviating from and innovating common practice (p. 358-359. Italics in original).

Indeed, imitation in the sense that I am using it here is not a matter of willed copying, i.e. a reflective, cognitive approach where learning is a matter of making a decision to copy a movement or parts of the movement. On the pre-reflective level a decision is not required. It is more about being dependent on a body-subject that is socially absorptive and responsive to its surroundings (Casey, 1998), a body-subject that can be affected by a meaning.

Through her analysis, Sheets-Johnstone is able to show that our ability for apprenticeship learning and imitation has its ontogentical foundation in early childhood (i.e from birth to 12-18 months). In this sense there are several parallels between Sheets-Johnstone's account and Merleau-Ponty's analysis of transfer of corporeal schema: Both of them push their analysis back to early childhood, when we were pre-linguistic beings, and both stress the importance of intercorporeal presence, i.e. that before anything we are present to each other as bodies, as flesh. The transfer of corporeal schema "is the ground of our communion… an exchange across the space that separates us" (Dillon, 1997: 129).

With the importance of imitation stressed by the participants in the study and the aid of Casey (1998) and Sheets-Johnstone (2000), we are now able to see how this transfer of body schema can be thought of as a learning process. In order for it to be thought of as such, we need to say that the transfer of body schema must lead to a change in one's own body schema. This takes place when one body-subject imitates another body-subject and

tries, through practise, to re-create the performance, and in that process recasts and renews the body schema:

> Just as my body is between me and you – it *is the mediatrix of every social scence* – so the schema at stake in learning and relearning bodily skills exists between the generality of others and the specificity of myself, instigating in *me* the form which *they* have instituted, "e-ducating" me" (Casey, 1998: 212. Italics in original).

Thus, intercorporeal learning should be taken as a transfer of body schema from one body to another, leading to a change in the body schema on part of the learner. In this sense, intercorporeal learning concerns habits because this kind of learning – as all habitual learning – dilates our being in the world (PhP: 166; VI: 212). In terms of regaining habits of the body as a central aspect of re-embodiment, it could therefore be argued that the WiM-program furnished an occasion, a situation, in which this intercorporeal learning could take place.

Regaining habits & homelikeness

Intercorporeal learning takes place before we know it, and in the indiscriminative mode of being-with others. This has been the thematic occupying this chapter, which I will now end by tying together the key concepts that I have be struggling with here.

The persons who participated in this study all had acquired disabilities, either through an accident or some form of illness. In chapter 4, I argued that from a phenomenological perspective, acquired disabilities could be thought of as dis-ability, i.e. the loss or disruption of bodily habits (Toombs, 1992), and that this disruption leads to an unhomelike being-in-the-world (Svenaeus, 2000c). My overall aim has been to elucidate the learning that took place in a rehabilitation institution. More specifically, the overarching perspective has been the learning that takes place among the participants, i.e. how they are resources for each other's learning. In addition, it was an aim at the outset to understand this learning from a phenomenological perspective, specifically in terms of embodiment.

The embodied learning that took place at theWiM-program has been cast in terms of *incorporation*. Wheelchair skills like balancing on the rear wheels (doing the wheelie) and going up and down curbs have been used to exemplify how beginners struggle to learn basic skills. This process was taken to be a rebuilding of concrete movements. The primary feature of a concrete movement is that it is performed habitually, i.e. it is a situated and pre-reflective performance. In this sense, incorporation of wheelchair skills means that the skill becomes a habit.

In addition, I delineated a process of incorporating the wheelchair. Parallel to the incorporation of wheelchair skills, the wheelchair itself is taken up in the embodiment of the learner. As the skill becomes a habit, the wheelchair becomes a prolongation of the learner's body schema. The wheelchair thus changes its quality from being an object – in some cases a *foreign body* – and becomes an "extension of bodily synthesis" (PhP: 176).

However, the notion incorporation contains a possible stumbling block for our understanding of embodied learning. In-corporation can potentially be thought of as a process of internalization. The idea of internalization suggests an inward movement through the medium of body. As we learned in chapter 3, this form of mediational epistemology (Taylor, 2005) is problematic, because it upholds the dualistic separations between mind and body, and body and world.

We can avoid this pitfall by stressing that by means of habits, "[the body] *inhabits* space and time" (PhP: 161. Italics in original). Inhabiting, despite its prefix *in*, suggests an outwards movement, where the body subject becomes a part of the world, in the sense of being at home. Inhabitation "involves a delicate dialectic between the implied passivity of enclosure … and the activity of getting to know our way around in a given circumstance" (Casey, 1984: 285). The prefix *in* is in this context to be connected with indwelling, more than in the physical sense of for example an object contained in a box (Dreyfus, 1991). The *in* in inhabiting has the same meaning as the *in* in being-in-the-world. Thus, regaining hab-

its of the body is a way of regaining homelikeness, as Svenaeus (2000c) pointed out in chapter 4[95].

Inhabiting also means that the learners come to inhabit the wheelchair. Not only is the wheelchair taken up in the learners' embodiment, but they also become a part of the wheelchair. Things pass into the learners and the learners pass into the things (VI: 123). The two – i.e. learner and wheelchair – do not become one (as if the wheelchair literally becomes a part of the body). They are separated by an *écart*, the identity in difference that separates yet binds flesh of the body to flesh of the world. Thus, incorporation is a process that contains a gestalt switch from explicit attention *to* the body (body image) to attention *from* the body to the pre-reflective, habitual engagement in the world (body schema), and in that process there is a shift from thetic to operative intentionality.

Incorporation is an intercorporeal learning process in a manner that makes it possible to say that other people inhabit me. Transfer of body schema takes place between the learner and the other at a level of anonymous, pre-reflective communion. In this part of the chapter, I was only able to make a few, fleeting references to the empirical material. This might be because "our relationship to the social is … deeper than any express perception or any judgement" (PhP: 421). In the pre-reflective communion of flesh to flesh, learning is not an intentional act, but might perhaps more have the character of existential revelation (Jespersen, 2003).

Transfer of body schema is not in itself a form of habitual learning. In order to be able to say that learning has occurred, the body schema must be recast or renewed (PhP: 177). This does not necessarily happen in all instances of transfer of body schema, because it is a process that in addition requires imitation (Jespersen, 1999; Sheets-Johnstone, 2000). Thus, when imitation takes place at the original level of pre-personal communion, the transfer of the other's body schema leads to an alteration of one's own body schema. In this sense, intercorporeal learning grounds incorporation as discussed above and is a form of situated learning in the deepest sense of that notion.

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[95] Of course, there is more to it than the semantic similarity between inhabitation and home. More fundamentally the link is to be found in habits: Though Svenaeus (2000c) does not use the notion habits, homelikeness is predicated upon our pre-reflective engagement with the world, i.e. habitual engagement with the world.

A couple of problems could be noted and by way of discussing them, we may come to a deeper appreciation of the points already taken up in the chapter. The first problem concerns gestalt switches and the importance of imitation in intercorporeal learning. In that regard, this chapter contains a paradox. First, I pointed out that the commonly known gestalt figures of clear-cut images on a uniform background have to be differentiated because the moving body synthesizes all sensory modalities in its operations (Dillon, 1997), and as such does not rely solely on vision, as the aforementioned gestalt figures do. On the other hand, the importance of vision came creeping back in the latter part of the chapter, when intercorporeal learning was discussed. Indeed, Merleau-Ponty has been criticized for being biased towards vision (Crossley, 1996; Jespersen, 2003). How can this paradox be reconciled?

An answer from Merleau-Ponty's point of view (ah, again vision…) would be to say that the transfer of body schema means that through the reciprocal intertwining of animate, fleshly bodies in movement, I experience the movement of the other with all sense modalities. Seeing others in movement cannot be reduced to the visual perceptive experience of the other's movement. By means of the transfer of corporeal schema, an experience of the whole body in movement is evoked in me.

A second problem concerns another seemingly paradoxical suggestion outlined above. I said that the participants "decoded" the wheelchair skills they were learning, by observing other learners. What does this decoding consist of? It may sound like the participants found propositions for the skills (e.g. "*you see that their wheels are not in contact with the curb, or they forget to stretch their arms, or they don't lean forward enough*"). This seems to go against the importance I have put on the pre-reflective, pre-predicative dimensions of intercorporeal learning. If the learners are observing, formulating explicit rules for the action, and then try out the skills, this is a different learning process than the one I have emphasized above.

In order to ward off this problem, I would suggest that it might be that the participants in the interviews were able to formulate some propositions about the skill. But these propositions (e.g. *they forget to stretch their arms*) begs for a further question about precisely how they should go about in order to stretch their arms themselves. In my interpretation, the decoding of the others' movements should not be thought of as formulated in a text, but rather be seen as something that gestures towards the movement. Through the decoding, the

participants were affected by a meaning that gave more sense to how they could do the skill. As we have seen, embodied learning of movement is the motor grasping of a motor significance, and in this respect, I would lean on Casey (1984) who states that "much as a cultural tradition requires the medium of spoken and written expression to come alive for individuals, *the body calls for gestures to constitute habits*" (p. 288. Italics added).

To sum up, I would highlight that intercorporeal learning is a process whereby skills and objects become incorporated and inhabited. The body schema takes up in itself the movements and skills that are learned and in this manner the learners dilate or expand their being in the world. At the outset of the chapter, I wanted to understand rehabilitation as re-embodiment. This is a temporal process, which takes considerable time, and I do not make any pretense to have captured this whole process here. But through exploring the experiences of newcomers and veterans, I would suggest that the empirical data generated in the short term rehabilitation program that the WiM-program provide a certain understanding of the re-embodiment process in terms of body schema, especially when they are extrapolated with the retrospective experiences of the veteran participants.

Through rebuilding concrete movements, the newcomers at the WiM-program were on their way to regaining habits of the body, thus on their way to homelikeness. But homelikeness cannot be achieved through learning in a rehabilitation institution alone, because that is not one's home court, so to speak. Yet, the rehabilitation institution provides the participant with a starting point for orienting themselves towards homelikeness. What I mean by that can best be expressed through the words of one of the highly experienced participants at the WiM-program. So, I end this chapter with the words of Oliver, who looks back 30 years in time to his initial stay at a rehabilitation institution:

Oliver: *I quickly became friends with others with low injuries and who were better than me. I followed them around [the unit] and to town. So, I followed those who were better than me, so that I could see the techniques they were using, and [I] tried to learn from them as much as I could.*
Øyvind: *Would you say that you learned more from them ---*
Oliver: [Interrupting] *I would say that I learned everything from them*

7. Closing

This final chapter of the dissertation serves several purposes: It is a summary of the results of my inquiry and it includes some critical comments both on the results that I am responsible for as well as on the theoretical perspectives that I have drawn upon. In addition, I will take a look at the practical implications of the study and sketch some possible, future inquiries that stem both from the results I have obtained and from the blind spots of my perspective. By necessity, I will make some more or less fleeting references to theoretical perspectives that I have not worked with earlier in the text. This is necessary in order to get a wider and more critical view on the material I have presented. The downside, however, is that I am in no position to do full justice to the details of these perspectives.

Summary of the results and critical comments on them

Throughout this dissertation I have pursued an understanding of the learning that takes place among participants in a rehabilitation program from a social and embodied perspective. I have tried to orient myself towards the participants' lived experiences of learning together with others, with whom they share mutual experiences of acquiring and living with a disability. Two issues have been of central importance; the Merleau-Pontyian conception of habits and the social learning process.

The perspective of situated learning showed how the learning of wheelchair skills is more than simply a matter of technicalities. It is also about learning how to be a wheelchair user, about becoming somebody. In chapter 5, I examined the WiM-program as a community of practice. By staying oriented towards the participants' lived experiences of learning, three central themes emerged: *getting a measuring stick*, which concerns how other participants were perceived as orientation points, not only for what one needs to learn, but just as important; by being together with others in a similar situation, participants also realized what they were able to do well. The second theme, *the wheels are my shoes*, takes up that and how the participants learned a shared repertoire of habitual tendencies to act as wheelchair users: For instance, how they acquired a language to talk with and how they personalized the wheelchair by removing brakes and handles, thus transforming it from an assistive

device to an object invested with personal meaning. Thirdly, the theme *understanding my struggles* emerged. Here, it was discussed how important it seemed to be for newcomers that peer consultants and peer models[96] not only are people they can learn wheelchair techniques from. Perhaps more importantly, veteran peers must have the ability to acknowledge the difficulties and struggles experienced by newcomers.

Cutting across these three themes is the central importance of *mutuality*, a form of reciprocity experienced by and between the participants. This was a topic that I became aware of from the first day of my involvement in the field. Though it was something I had expected to find, the magnitude and importance it took on was surprising. Chapter 5 ends with two reflections on mutuality.

The first is a phenomenological interpretation of mutuality. In chapter 4, I relied heavily on S.K. Toombs' (1992) *The meaning of illness*. Her work shows the radically different understanding of illness, disease, and disability held by medical doctors and patients. Toombs argues that patients are objectified in the face-to-face situation with doctors. Importantly, she also argues that in face-to-face situations between people who share similar lived experiences, patients may find a mutual or empathic understanding. Though the former argument is not examined in this dissertation, the latter certainly resonates with the importance of mutuality found at the WiM-program. In order to provide a phenomenological interpretation of mutuality, I followed Toombs' lead towards the phenomenologist Alfred Schutz, and his analysis of the face-to-face situation. Though neither Toombs nor Schutz are directly concerned with learning, I argued that the face-to-face situation holds a potential for intersubjective learning by saying that through the face-to-face situation, one enriches one's understanding of the other, and in turn one also learns about oneself: "as soon as we enter

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[96] This distinction is important: The former is a para-professional, an experienced wheelchair user hired by the rehabilitation institution in order to be a role model for the other participants, whereas the latter is a regular participant, who is valued by others as a model. Two points can be made in connection with this: (i) The WiM-program attracts participants with a wide range of experiences. The variety of skill levels and experience among the participants seem to provide a fertile ground for the social peer learning process discussed in the text, (ii) the distinction shows that who is valued as a credible, significant model is not something that can be determined before or by an outside mandate from the staff. It seems more to be an outcome of the negotiation of meaning that takes place among participants.

the face-to-face situation, each of us begins to attend to his own experiences in a new way" (Schutz, 1967: 171).

Mutuality was also important in the sense that it highlighted that learning wheelchair skills is not a matter of mere technicalities. The mutuality established and sustained between participants gave rise to an extra dimension in the learning process. I framed this dimension by relying on the Aristotelian distinction between techne and phronesis. Whereas the former concerns technical and instrumental knowledge, like for instance the important skills of getting onto a curb or balancing the wheelchair on its rear wheels, the latter concerns the ability to do good, socio-ethical actions. Examples of phronesis connected to being a wheelchair user were provided by the experienced participants: how to deal with people who are condescending, how to attain one's rights in a non-offensive way without being servile. This important form of practical knowledge can only be learned by hanging out with good examples and imitating their actions (Gallagher, 2006).

What I hope to have shown in chapter 5 is that a rehabilitation institution is not only a medical setting for therapeutic efforts and outcomes. In addition, rehabilitation institutions can be a pedagogical setting for learning. In fact, the segregated context of the WiM-program is, in the etymological sense of the word, a school. School stems from the Greek word *skholê*, that was a place and time shielded from the urgencies and necessities of daily life, a place for "studious leisure" (Bourdieu, 1990: 381), where one could withdraw in order to learn. As several of the participants stated: At the WiM-program (and more generally – the rehabilitation institution), one escapes the experience of being an object of others' gazes and comments. This freedom is a valuable asset in the learning process described in that chapter.

Some problems must be mentioned with regard to these findings. For one thing, a limitation is that I have followed a relatively short rehabilitation program (2 ½ weeks). Situated learning was developed on the basis of studies of apprenticeship and is often applied to learning in work place settings. These are all characterized by long term involvement with the field of practice. Thus, one might well question whether the learning outcomes that I have explored above can be reached in the short time span of the WiM-program. I readily grant this objection, but I would also like to point out that my main aim has not been to study learning outcomes, but rather learning processes. And in terms of the latter, the situ-

ated learning perspective, with its decentering notion of learning and pedagogy has been revealing (I will return to this problem in the section *Future research* below).

Situated learning is criticized for not attending to learning, but to socialization (Rasmussen, 1999). And indeed, there seems to be grounds for this criticism. From a theoretical point of view, Lave & Wenger (1991) claim that learning is not a specific activity in communities of practice, but is more fundamentally subsumed in the generative social practice. In addition, much of the empirical findings presented above concern issues that are not directly related to the topic of the WiM-program (wheelchair skill learning and adapted physical activities), but are more concerned with a form of personal change in the participants' social roles. Both these points can be said to be more resembling socialization than learning.

This critique is met by examining what is meant by the concepts socialization and learning (Standal, 2004; Tanggaard & Nielsen, 2006): Whereas socialization in Rasmussen's terms is thought of as the process of becoming a citizen through "acquiring society's dominant norms, values, and habits" (Rasmussen, 1999: 172), learning is considered as "the *psychological processes* that take place *in* each participant in the communicative social context" (ibid., italics added). At work here is a conception of learning as an internal and psychological process, brought forth by teaching. As we have seen, this is a problematic conception of learning, because it tacitly endorses the inner / outer dichotomy (Tanggaard & Nielsen, 2006). In addition, I would like to point out that in chapter 5 a strong emphasis was put on the participants' *active* involvement in WiM-program as a community of practice. This active involvement on the part of the learning subject cannot be compared to the rather *passive* processes of socialization.

As I will take up later in this chapter, rehabilitation institutions and the health care system in general can indeed socialize clients and participants into specific roles and subject positions, which in critical disability studies is seen as the positions of objects in need of professional help and victims of tragic faith (cf. Knøsen & Krokan, 2003; Sullivan, 2005). However, I find that it is questionable whether the distinction between learning something (e.g. wheelchair skills) and becoming somebody is reducible to the distinction between learning and socialization. Neither should it be a question of either or. I think it is more appropriate to say that "we become somebody through the way in which we engage with what

we learn" (Biesta, 2006: 94). I think that one important insight to be gleaned from the present study is that by letting the participants engage with each other in learning situations, an important outcome is that the participants are granted the freedom to think differently about the possible subject position that they could take on.

In *Phenomenology of perception*, Merleau-Ponty elucidates the function of habits – i.e. a flexible, situational, and adjustable ability to act, which also entails the possibility for creativity – and how they are acquired. It is clear that habits are of ontological importance for Merleau-Ponty: By acquiring habits, our being-in-the-world is dilated (PhP: 166; VI: 212). Habits also took on a central role in chapter 4. By relying mainly on Merleau-Ponty, Toombs, and Svenaeus, I developed an understanding of acquired disabilities as *dis-ability*, i.e. the loss or disruption of habits. Toombs (1992; 2001 a) refers to this as a constriction of lived time and lived space. Thus, the disruption of our ability to engage habitually with world affects the being-in-the-world: In our pre-reflective, practical projects, we are *at home* in our immediate environment and at home in the projects we undertake. In dis-ability, the homelikeness is disturbed, and this ontological rupture produces an experience of unhomelikeness.

The context for the study has been a rehabilitation program – Wheels in Motion – where participants come to learn wheelchair skills and adapted physical activities. I have tried to show how they regain habits by incorporating wheelchair skills through rebuilding concrete movements. Indeed, an outcome of this learning is that skills become habitual and the wheelchair experienced as a part of their bodies. In addition, I tried to show that and how intercorporeality, i.e. an intersubjectivity formed between body-subjects (Crossley, 1996) is involved in the embodied learning processes.

In order to understand habit acquisition, and how it dilates the being-in-the-world, I have used the notion of gestalt and gestalt switch. The gestalt (and in the later writings, flesh) was significant for Merleau-Ponty in order to circumvent the problems of dualism, without ending up in the other extreme, monism (Dillon, 1997). The gestalt has the ability to incorporate two potentially dichotomous terms in the sense that a gestalt-figure is dependent on, and co-constituted by a background presence. Thus, the notion of gestalt gives credence to the nuances and differences in degrees between distinctions, rather than separating them into dichotomous categories.

By referring to Toombs (1992), I tried to show how acquiring a disability involves a gestalt switch from a situation where the body is in the background of awareness, allowing worldly projects to figure, to a situation where the body becomes the centre of attention, and worldly engagement recedes into the background. In terms of learning, the gestalt switches that take place when people learn wheelchair skills involve switching from thetic to operative intentionality and from body image to body schema. In this process, the skills become embodied. Indeed, this underscores an essential difference between skill and habit: Habit is the skill incorporated.

There are two important comments to make on this issue: For one thing, in order to understand the full consequences of the notion of gestalt and its relevance to embodied learning, we must transcend the traditional prioritizing of visual perception commonly involved in thinking about gestalts as visual images. Instead, in living, full-bodied perception, the gestalt must be understood as an inter-sensorial synthesis, which cannot be captured by vision alone. The potential drawback of this is that it blurs the gestalt image; making it less clear-cut. The advantage, however, is that it enables an understanding of the indeterminate and insecure aspects, which by necessity are involved in embodied learning[97]. The second comment is that through the findings and arguments put forth in this dissertation, I hope to have showed that learning wheelchair skills is a way of regaining habits of the body. This learning involves a gestalt switch that returns the person with a disability to an experience of homelikeness.

It is important to underscore that the conception of rehabilitation that I have been working out – i.e. as a regaining of habits and homelikeness – is not to be thought of as a return to one's former home, so to speak. It should not be taken to bear reminiscence of the by now old-fashioned view of rehabilitation as only a medical process of repairing lost functions. That is, the gestalt switch does not imply a reversion back to one's former being-in-

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[97] The reader might find that on this account, the gestalt is only a magical trick that I use in order to avoid providing the necessary clarity to questions of learning. However, as was argued in chapter 3; the problem with seeking clarity and transparency in questions about learning is that one risks ending up in paradoxes of learning. Thus, I would say that giving up clarity in favour of indeterminacy and insecurity, is essential for a proper understanding of embodied learning.

the-world. Rather, the homelikeness one returns to is a new being-in-the-world (Svenaeus, 2000c). However, this homelikeness is – in most cases – a more unstable one compared to the homelikeness one had before one acquired a disability. One reason for this is that in spite of anti-discrimination legislation, our societies are not architecturally structured for people with impairments. Neither do I think that our societies are infused with an acceptance of people who are differently embodied. Thus, as Toombs (1992) points out, the new being-in-the-world holds an ever-present possibility for alienation and unhomelikeness to surface.

The phenomenological perspective of Merleau-Ponty has been valuable in providing an understanding of learning, disability and rehabilitation that takes into account the pre-reflectively lived intertwining between body and environment. In this respect, learning emerged as having essential importance for rehabilitation. However, the critical reader may find that the relationship between Merleau-Ponty's account of learning and the lived experiences of the participants, as they are expressed through the qualitative data analysis, are two different accounts of learning. At the very least, the analyses in chapter 6 that bring these two perspectives together may seem a bit forced.

Let me give an example: In chapter 6 I made extensive use of Merleau-Ponty's notion of the body schema. A fundamental thesis in the dissertation as a whole is that learning of new habits involves an expansion and re-arrangement of the body schema. When we rely on the body schema we are only marginally aware of our bodies, says Gallagher (2005). He also points out that the body schema contains preneotic operations, that is, operations that structure our lived experiences, but that are themselves not phenomenologically accessible. This means that "the operations of the body schema cannot be reduced to … phenomenology" (Gallagher, 1995: 226-227).

How, then, is it possible to suggest – as I did in chapter 6 – that the wheelchair is incorporated into the body schema by relying on interview statements from the participants? The participants do not say "My experience is that the wheelchair is a part of my body schema". What they do say is that they (at least those who have been using a wheelchair for a number of years) experience the wheelchair to be a part of the body. It would therefore seem that I make a too far-reaching claim.

Against that charge, I would say that I do not rely solely on the empirical data in advancing my claim that through learning skills, the wheelchair becomes integrated into the body schema. I also make use of theoretical explorations of this concept, most notably through the works of Merleau-Ponty and Gallagher. Given, as Gallagher (1995) maintains, that "the prenoetic role of the body schema is impenetrable to phenomenological reflection" (p. 233), it is necessary to pay close attention to the theoretical and conceptual development of the understanding of the body schema. I believe that I have done so, and that it is fair to say that the participants' lived experiences of the wheelchair being a part of their body is an indication of how the body schema prenoetically structure their experience of the situations that they find themselves in.

Yet, a problem still remains with the use of qualitative data in the investigation of the operations of the body schema. Take for instance the experienced participant, Stein who said that "*I don't think much about it [the wheelchair]; it is just a part of life and my body, in a way*". In one sense, he indicates that the wheelchair is a bodily extension – a part of the body schema – yet, he also keeps it at a certain distance by using the qualification '*in a way*'. Of course, this qualification might be interpreted as an expression of the lived experience that Stein has of breakdown situations where the wheelchair becomes conspicuous. But I also think that another reason for him talking about the wheelchair in this slightly distancing way, reveals a fundamental problem of using qualitative data in connection with phenomenological philosophy of the pre-reflective: As I mentioned in chapter 6, the interview situation encouraged the interviewees to take up a position on their lived experiences. When Merleau-Ponty holds that the blind person's stick, or in this context the wheelchair, becomes a part of the body, this holds true in the pre-reflectively lived experience. Once we begin to talk about the wheelchair as a part of the body in an interview, the pre-reflective experience is ruptured. The difference between the two situations is parallel to the distinction between being marginally aware of the body and paying conscious attention to the body (Gallagher, 1995; 2005). When one is paying attention to the body in an interview situation, I believe that statements made by the interviewees become infused by natural attitude assumptions, like the strict separation between things of the world (the wheelchair) and the body. The moderation that Stein makes might, I believe, be an expression of this.

In general, I think that this is a problem related to a project with a phenomenological orientation. I have wanted to respect the lived experiences of the participants by taking their perspectives into account through close observations and interviews. But, as I mentioned in chapter 2, the project has also sought to have a more profound phenomenological orientation than just merely using qualitative methods. By combining a phenomenology of the pre-reflective with qualitative interviews, I somehow run the risk of being caught between a rock and a hard place: My analyses can perhaps be criticized for living up to the standards of neither qualitative data analysis nor phenomenology. However, on the optimistic side, I believe that the strength of my approach lies in embedding the sometimes rather abstract phenomenological thinking within a real-world, everyday practice. If I have been successful in doing so, the study may be said to have a certain "epiphanic power" in that it discloses "an exemplary significance in the setting [it depicts] so that it proves capable of illuminating other settings – without need for re-routing through abstract generalities and, indeed, with greatest potential effect for those most deeply in the throes of the very particularity of another setting" (Dunne, 2005: 386)

The connection between the phenomenological perspective of Merleau-Ponty and situated learning was briefly discussed in chapter 3. This relation needs to be further discussed. In chapter 5, I mainly drew on situated learning to elaborate on the social aspects of the learning process at the WiM-program. What chapter 5 showed was that learning wheelchair skills is a broader process than acquisition of movement proficiency; it also includes issues of identity and becoming a practitioner in a community of practice. Chapter 6, on the other hand, moved towards an understanding of learning habits in the pre-reflective, pre-personal life. This way of stating it should not be taken to suggest that habits are not social. To the contrary, habits, and the habitual body, are through and through social. Yet, it would be an advantage to clarify how learning as understood in chapter 5 and 6 respectively can be thought of as similar and different. Are the conceptions of learning in the two chapters tangential or overlapping, or are they totally different and incompatible?

One way to get a deeper understanding of their difference and relatedness is to examine the notion of *self* involved in them[98]. Zahavi (2005) proposes a taxonomic clarification of the relationships between various notions of the self, and he does that by presenting three ways of conceiving the self: (i) a classical Kantian perspective of the self as a pure ego-pole, (ii) a hermeneutical or narrative conception of the self, and (iii) a phenomenological perspective of the self as an experiential dimension.

The Kantian perspective, according to Zahavi, sees the self as an unchanged entity that stands above or outside the stream of experiences, i.e. an entity that remains unchanged over time and which is itself the very condition for having experiences: "Whereas the experiences arise and perish in the stream of consciousness, the self remains as one and the same through time" (p. 104). The Kantian self is thus a principle of identity that gives structure and unity to one's experiences.

In chapter 3, I presented a philosophical critique of learning theories that upholds a dualistic ontology. Tacitly at play in those theories of learning is a Kantian conception of self: There is an entirely inner self, for which there exists outer experiences that somehow is brought inside, thus creating the need for a mediational epistemology (Taylor, 2005). This is a conception of the self as an inner-worldly entity facing worldly objects, and it is this conception of the self that I have tried to overcome from the outset of the dissertation[99].

The two other perspectives of the self presented by Zahavi have a different starting point: They do not see the self as an unchangeable entity given once and for all. These two perspectives of the self can be used to elucidate the distinction between the phenomenological and situated accounts of learning given throughout the dissertation. I will first pre-

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[98] The self is a notoriously difficult topic, because the notion takes on different meanings in both between and within different disciplines, but also within specific disciplines. Zahavi (2005) refers to a seminal study by Neisser from 1988, where the author distinguished between five different types of selves. Eleven years later, Strawson in a similar study, was able to list over 20 concepts of self. As Zahavi (2005: 103) comments: "Given this escalating abundance, it is quite easy to talk at cross-purposes". Despite this, I think it is well worth the detour, because it will throw some light on the question being discussed.

[99] Dilthey criticized the Kantian conception of the self in this manner: "No real blood runs in the veins of the cognitive subject that Locke, Hume, and Kant constructed" (as quoted by Gallagher, 1992: 45).

sent the hermeneutical perspective of the self as a narrative construction and then turn to the self as an experiential dimension.

Zahavi quotes Ricoeur in saying that the narrative construction of the self is an attempt to answer the question "Who am I?" and thus to tell the story of a life. This means that the self in question here is not an unchanged entity, as in the Kantian perspective. Rather, the self is something continually evolving: "to be a self is something in which one is existentially involved" (p. 105). A narrative links the past with the future in the sense that the present story takes up both personal history and future expectations. The narrative self is not a post-hoc construction of an already existing self. To the contrary, the self is an outcome of narratively structured life. This means that one does not first constructs a narrative or a story, which subsequently is lived out (our lives would then be fiction). Rather,

> I attain insight into who I am by situating my character traits, the values I endorse, the goals I pursue within a life story that traces their origin and development; a life story that tells where I am coming from and where I am heading (p. 107).

There are quite a few affinities between situated learning and this outline of the narrative self. For instance, the notion of identity at work in situated learning clearly has a narrative dimension. Picking up the stories told about the practice, and more importantly learning how one, as a practitioner, should talk about the practice is an important and integral aspect of situated learning (Lave & Wenger, 1991; Lave, 1996). This was also highlighted in chapter 5, where I examined how the participants at the WiM-program learned to walk and talk[100] as wheelchair users.

However, Wenger (1998) explicitly denies that identity can be reduced to the narrative conception, i.e. "words are important, no doubt, but they are not the full lived experience of engagement in practice" (p. 151). Though the stories we tell about ourselves and our engagement in practice is a vital resource for, and outcome of, learning, they are not complete

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[100] Admittedly, this idiom seems out of place with regard to the people who use wheelchairs – after all, they do not strictly speaking *walk*. Yet, in a metaphorical sense, the expression is useful because it pinpoints the embodied ways of habitually moving and talking that are picked up in a community of practice.

expressions of the lived experience of participation: Not all of our pre-reflectively lived experiences can be fitted into a narrative, because the narrative identity of the self "does not exhaust the question concerning the identity of the self" (Zahavi, 2005: 113). Accordingly, the narrative conception of the self needs to be complemented with a more fundamental notion of the self.

As is the case with the hermeneutical perspective of the self, the phenomenological perspective is in opposition to the Kantian perspective. The phenomenological self is immersed in the stream of experiences, and as such it is a worldly self. The basic idea in Zahavi's formulation of the phenomenological perspective on the self is that this notion of self is characterized by its first-personal givenness. This means that every experience is characterized by mineness, i.e. that experiences are always already given as one's own. An example of this kind of first personal givenness of experience was discussed in chapter 4 with reference to Sartre's levels in the constitution of pain (Toombs, 1992): When I am in pain, there is no doubt that it is my pain, i.e. it is *I* that have *this pain*. However,

> this form of egocentricity must be distinguished from any explicit I-consciousness. I am not (yet) confronted with a thematic or explicit awareness of the experience as being owned by or belonging to myself. The mineness is not something attended to; it simply figures as subtle background presence (Zahavi, 2005: 124).

The awareness of the self in this phenomenological perspective is not an awareness that is dependent on a withdrawal from the world of experience in order to turn the gaze inwards and backwards. To the contrary; it is a worldly self, and as such the phenomenological perspective on the self is consistent with an "emphasis on the fundamental intentionality, or being-in-the-world, of subjectivity" (p. 126).

Clearly, this resonates with how I have conceived of the role of the body in learning. The body-subject's *I can* operates at a level prior to thematic reflection, but is still experienced as my own. The body-subject is doing its work in the learning process, and at the same time it always holds the possibility of being thematized. The 'fundamental intentionality' that Zahavi (2005) confers to the phenomenological self is in concordance with Mer-

leau-Ponty's motor or operative intentionality. Thus, it seems to me that the phenomenological perspective on the self is consistent with Merleau-Ponty's body-subject.

This excursion into different concepts of the self shows that and how the perspectives of situated learning and the phenomenology of Merleau-Ponty operates at different levels of analysis. But, it also shows how they are related. The narrative model of the self, according to Zahavi, is "phenomenologically and ontologically dependent" (p. 129) on the phenomenological self: "only a being with a first-person perspective could consider her own aims, ideals and aspirations *as* her own and tell a story about them" (p. 129. Italics in original). Our lives – and the story we can tell about it – are individuated precisely because our experiences are given in the first-personal mode. Therefore, the phenomenological perspective replaces the Kantian notion of the self and is a necessary presupposition for the hermeneutical perspective[101].

Critical discussion of Merleau-Ponty

In this section, I will address some questions that can be raised concerning the perspective of Merleau-Ponty's phenomenology of the body and his account of habit acquisition. More specifically, the critique concerns how the body-subject in Merleau-Ponty's writing is largely an apolitical entity and how his account of the embodied learning of habits does not have room for an understanding of learning that transcends the unreflective.

Questioning Merleau-Ponty's use of scientific facts about pathology

Sheets-Johnstone (1999, chapter 6) questions Merleau-Ponty's method of using scientific and pathological 'facts' to develop and ground his philosophy. More specifically; one of Merleau-Ponty's methods of philosophizing is to use pathology in order to shock us out of our mundane, natural attitude towards ordinary human functioning (see chapter 4 above).

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[101] If we draw the propositions of the last few pages to their conclusion, we could say that the title of chapter 3 – *Embodied, situated learning* – is a bit of a misnomer. Embodied learning is always situated learning, and learning cannot properly be situated unless it is also embodied. The distinction between the two has, however, been upheld for analytical purposes.

On the basis of this, Merleau-Ponty develops an existential analysis: "The study of a patho-logical case [i.e. Schneider], then, has enabled us to glimpse a new mode of analysis – exis-tential analysis …" (PhP: 157). As Sheets-Johnstone (1999) explains: "*Pathology* in the beginning was for Merleau-Ponty a substitute for the phenomenological reduction, i.e., the pathway of choice leading outside the natural attitude" (p. 276. Italics in original). But, she asks, "can empirical facts (about pathology) lead to existential truths"?

Underpinning this question is Sheets-Johnstone's concern that Merleau-Ponty takes leave from Husserl's phenomenological methodology, which is characterized by "its deci-sive and unflagging appeal to experience" (p. 300). Merleau-Ponty – though often citing Husserl positively – did not fully buy into Husserl's phenomenological method in general and the bracketing in particular. For instance, Merleau-Ponty questioned the possibility of the phenomenological reduction: "The most important lesson which the reduction teaches us is the impossibility of a complete reduction" (PhP: xv). In Sheets-Johnstone's view, by setting aside Husserl's methodological insights Merleau-Ponty also leaves the domain of lived experience, and takes refuge in science by appealing to scientific facts.

In his writings, Merleau-Ponty clearly takes science to be a derivate of lived experience: For instance, he writes that science is "always both naïve and the same time dishonest" and "a second-order expression" (PhP: ix) of the lived world. Yet, as Sheets-Johnstone sees it, Merleau-Ponty also seems to take for unproblematic the scientific findings of for instance Gelb and Goldstein and von Uexküll.

This is in itself an unwanted inconsistency, but it is not the inconsistency itself that is Sheets-Johnstone's main concern. Rather, the problematic point is that by appealing to pathological and scientific facts, Merleau-Ponty does not undertake an experiential analysis of the living, moving body. The chapter in *Phenomenology of perception*, called 'The spati-ality of one's own body and motility' – a chapter that I have relied heavily upon (chapters 3, 4 & 6) – is not an experiential analysis that lives up to its name, according to Sheets-Johnstone. Instead, the fitting name for the chapter would be "The spatiality of pathological bodies and motility" (Sheets-Johnstone, 1999: 286).

In order to truly develop an experiential analysis of one's own body and motility, Mer-leau-Ponty should have gone to himself and examined "*his* experience of the spatiality of *his* body and *his* motility" (ibid.). But this would have committed him to the Husserlian

methodology that he had already eschewed. Therefore, Sheets-Johnstone holds that Merleau-Ponty is unable to elucidate our foundational motor intentionality, because he has "bypassed an understanding of the phenomenon of movement … [and therefore] left it needlessly encumbered, not to say shrouded in mystery" (p. 290). Merleau-Ponty therefore ends up explaining experience in terms of an inborn complex – the body schema – which Sheets-Johnstone (1999; 2000) expressly rejects.

Sheets-Johnstone comes to the conclusion that despite Merleau-Ponty talking about "…an organic bond, a reversibility of touched/touching, an openness to the world, wild Being – all such seemingly corporeally-rooted concepts notwithstanding, *is the basic and critical problem not finally a problem with a missing body?*" (p. 305. Italics added). In short then, Sheets-Johnstone (1999) questions Merleau-Ponty on the account that he – somewhat paradoxically – underpins his philosophy on scientific facts, instead of experience itself. Because of this, he is unable to give a satisfactory account of the experience of motility to the degree that the body is missing in his account.

Which bearing does this have on the present project? First of all, I could argue that what Sheets-Johnstone is doing is to question the general relevance of 'The spatiality…' chapter, but that she does not – at least explicitly – mount a critique of Merleau-Ponty's findings as they concern pathology (hence her suggestion to rename the chapter). Therefore, given that the present project concerns acquired disabilities – in one sense pathological bodies – and that I specifically make use of Merleau-Ponty's account of this phenomenon (see chapter 4), it would seem that Sheets-Johnstone's critique does not directly hit my project.

On the other hand, I also draw on Merleau-Ponty's philosophy in more general terms, for instance his notions of operative intentionality, flesh and reversibility. These are issues that do not escape Sheets-Johnstone's account. Indeed, one of the basic concepts in this dissertation – the body schema – is to Sheets-Johnstone a hypothetical entity *shrouded in mystery*.

However, I will argue that Sheets-Johnstone treats Merleau-Ponty a bit unfairly. As I read him, he does not take the scientific findings of for instance Geld and Goldstein for granted. He does not accept the scientific facts at face value. Rather, he questions them and he does make his own, phenomenological re-interpretations of them. It seems to me that Merleau-Ponty throughout his work questions the validity of the scientific facts that he

brings forth, and he always connects and elucidates them with an emphasis on being-in-the-world[102].

The problem that underlies the difference between Merleau-Ponty and Sheets-Johnstone is one of methodological adherence. It is the difference between Merleau-Ponty being a dissident and not a follower of Husserl[103]. As opposed to Merleau-Ponty's existential phenomenology, Husserlian phenomenology is taken to be idealistic (cf. Dreyfus, 1991; Priest, 1998; Ricoeuer, 1975), that is, it holds that through bracketing and the phenomenological reduction one can get to the experience as it is, in itself. Phenomenologists with an existential leaning do not believe that this is possible (Priest, 1998).

In summary, I would say that even though I think we can grant to Sheets-Johnstone that Merleau-Ponty privileges some forms of bodily experiences over others, e.g. visual perception over tactile-kinesthetic perception, it seems that her claim that *the body is missing* in Merleau-Ponty is exaggerated. Furthermore, I think that Sheets-Johnstone's (1999; 2000) rejection of the body schema is wrong. This is supported by Gallagher's argument that the body schema contains prenoetic operations. This means that the body schema cannot be understood through the Husserlian analysis that Sheets-Johnstone advances. Thus, as long as one is committed to Husserlian phenomenology, the body schema cannot be properly understood (Gallagher, 1995). In addition, the body schema is not to be thought of as a materially existing entity, as Sheets-Johnstone implies it to be. Rather, as argued above, the body schema is more to be thought of as a habitual style of performance, a manner of being and doing.

The apolitical body-subject and rehabilitation

Hass (2008) comments that the designation of Merleau-Ponty as '*the* philosopher of the body' is not entirely appropriate. For one thing, Hass says, Merleau-Ponty's philosophy has

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[102] We can see this with regard to how he describes this "existential analysis": as a new mode of analysis, "which goes beyond the traditional alternatives of empiricism and rationalism, of explanation and introspection" (PhP: 157)

[103] E.g. "Why does he [Merleau-Ponty] keep biting the hand that feeds him, so to speak, doing continuous battle with Husserl till the end of his life?" (Sheets-Johnstone, 1999: 285).

wider implications, for instance in terms of ontology and expressive cognition. Thus, calling Merleau-Ponty 'the philosopher of the body' is an underestimation of his work. Secondly, there are some substantial problems with Merleau-Ponty's account of embodiment. But, as opposed to Sheets-Johnstone (1999), Hass (2008) does not see these problems as having shattering consequences for his phenomenology of embodiment.

There are three main problems with Merleau-Ponty's account of embodiment that are substantially problematic, one of which is particularly relevant to this dissertation. Let me therefore first very briefly summarize the two problems that do not touch directly on the themes presented in the text above. First, Merleau-Ponty is taken to be "wholly incognizant of *sexual difference*" (Hass, 2008: 95). This is a critique mounted against Merleau-Ponty from feminist writers, who hold that through Merleau-Ponty's account of sexual being (cf. PhP: 178ff), the living body is taken to be a male, heterosexual body. This means that "Merleau-Ponty has no apparent sensitivity [to think through sexual difference, celebrating it as a site of wonder] – no awareness of the phenomena that his phenomenology is effacing" (Hass, 2008: 97). This is also related to another problem in Merleau-Ponty, namely his lacking or insufficient account of *desire*. Desire is a pervasive feature of embodiment, and it would – according to Hass – be difficult to explain and understand the motivations of the body subject without a sufficient theory of desire.

Though these are important issues, the third problem that Hass finds in Merleau-Ponty is the most relevant in relation to the topic of this dissertation. It concerns the apolitical account of the body in Merleau-Ponty. This is a critique which is brought forth primarily by Michel Foucault, but – as I will return to shortly – it has also influenced critical writers on disability and rehabilitation. The main point in this critique is that whereas for Merleau-Ponty, "the experiential field is largely a happy place" (Hass, 2008: 93), Foucault takes this field to be imbued with "coercive influence of cultural forces, systems, and norms" (ibid.) that act on body-subjects. That is, the experiential field is permeated with political forces and structures that are shaping the body-subject. Merleau-Ponty is oblivious to these politi-

cal forces, and consequently the body-subject as theorized by Merleau-Ponty is an apolitical one (Hass, 2008)[104].

There is a large discrepancy between Merleau-Ponty and Foucault in the sense that whereas the former takes the body to be apolitical, the latter takes it to be a site of inscription, a discursive entity formed and governed by societal structures. That is, the body for Foucault is unnatural in the meaning that it "receives all 'definition', 'form' and 'meaning' from these social forces" (Hass, 2008: 92). Hass (2008) argues that Foucault, particularly in his earlier works, goes too far in portraying the body as merely a site of inscription. The problem with Foucault's account is that it overlooks the ways that living body – for instance through its habits – resists cultural impositions[105]. But, having singled out this problem in Foucault, Hass maintains that the critique of the apolitical body-subject in Merleau-Ponty still remains with great force.

It is not only Foucault who has pinpointed this critique of Merleau-Ponty. I briefly touched upon this in chapter 4, where I referred to Young's (1998) essay *Throwing like a girl*. In that essay, Young shows how society's dominant norms impose restrictions on women's comportment. The same can be said about the comportment of people with disabilities (Hughes & Paterson, 1997; Paterson & Hughes, 1999; Toombs, 1992). By treating the body-subject as apolitical, Merleau-Ponty not only omits central features of embodiment. Worse, he also "becomes complicit in supporting cultural norms that have had deleterious effects on many people" (Hass, 2008: 95).

Foucault's critique of the apolitical body-subject is particularly pressing when seen in relation to the present project. Rehabilitation is by some writers (e.g. Paterson & Hughes, 1999; Grue & Heiberg, 2006) taken to be a part of a disablist society's strategy to oppress people with disabilities. Through Foucault's work one finds a way of explaining this oppression by understanding how people with disabilities have become the subject matter of

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[104] An important distinction should be noted in terms of politics in Merleau-Ponty: One could say that Merleau-Ponty had a *political philosophy*, but that this political philosophy operates on the macro-level, and not in terms of body politics on the micro-level (Hass, 2008).

[105] However, it is a feature, particularly of Foucault's later works that he also includes the dimension whereby body-subjects actively resist surveillance and oppression through self-subjectification practices (Hughes, 2005).

medical expertise. In Foucauldian language, disabled people are "pathologized by medicine, imprisoned by disciplinary power in 'special' spaces, normalized by the strategies of rehabilitation" (Hughes, 2005: 83).

Working within a Foucauldian perspective, Sullivan (2005) argues that "in the rehabilitation unit medical power is deployed in order to produce a certain type of body and a certain type of subject: a docile body and a governed and governing subject – in other words, a docile paraplegic body-subject" (p. 41). In his study of a spinal cord unit in New Zealand, Sullivan shows how newly injured patients are subjugated to the power of the medical staff whereby the patients' bodies are objectified as paralyzed and the individuals are imposed a subject-position as paraplegics. Thus, Sullivan shows the bio-power imposed on people taking part in (or more tersely put, *processed through*) rehabilitation.

Clearly, this power dimension is lacking in the present study, and this suggests that perhaps phenomenological studies relying on Merleau-Ponty fruitfully can be complemented with a Foucauldian perspective. This is not to say that the lived experiences of learning expressed by the participants in my study are devoid of resistance towards the control and power that rehabilitation staff have over their bodies and lives. Indeed, as I showed in chapter 5, an important part of the learning process is the negotiated character of their learning outcome. On-going discussions with other participants provided a means whereby some aspects of the curriculum provided by the staff were valued, whereas others were rejected[106]. Despite this, I believe that a stronger focus on the power relations between the staff and the participants could have provided useful insights to learning in rehabilitation.

Critique of Merleau-Ponty's conception of unreflective, embodied learning

It would seem from the way Merleau-Ponty lays out his account of acquisition of habits that this process is taken to be a tacit form of learning. For instance, he clearly states that the acquisition of habit is "the motor grasping of a motor significance" (PhP: 165) and that

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[106] In chapter 3, I argued that there was interrelatedness between situated learning and Merleau-Ponty, in that the phenomenological perspective of the body-subject compliments the lack of understanding of embodiment in situated learning. Here, we see how situated learning can add – albeit not as radically as Foucault – a power dimension to Merleau-Ponty's phenomenology of the body.

it is the body that understands in this process (see chapter 3). According to Shusterman, (2005) Merleau-Ponty furnishes a strong and problematic distinction between tacit, non-representational learning of bodily habits and learning by relying on cognitive representations of one's movements.

Shusterman (2005) maintains that a problem with Merleau-Ponty is that there are limits to his account of habitual learning: For one thing, we may acquire bad habits just as well as good and useful ones. Also, once bad habits are acquired, there is no sure way to correct them: Sedimented habits cannot be used to this end, because it is these habits that are wrong in the first place. Furthermore, the spontaneous learning of new habits is no guarantee, because it is this process that went wrong when bad habits were acquired. Shusterman holds that Merleau-Ponty ignores the way that we can intervene in learning through paying conscious, representational attention to for instance movements and body postures:

> in advocating the *unreflective lived body* in opposition to the *abstract representation of scientific explanation*, Merleau-Ponty creates a polarization of "lived experience" versus "representations" that neglects the fruitful option of "lived corporeal reflection", that is, concrete but representational and reflective body consciousness (p. 165. Italics added).

This critique is challenging to the present project, because I have relied heavily on Merleau-Ponty's account of habit acquisition. The problem with this is twofold: For one thing, if Shusterman is right, then there are worrying limits to habit acquisition as it is presented above: The participants might just as well pick up bad and useless habits from their peers, and what they learn is not subjected to any critical thought. Coupled with the dimension already pointed out by Foucault (Hass, 2008) and Sullivan (2005), about the apolitical body-subject, the present project becomes even more problematic: If habit acquisition is merely tacit and unreflective, then there are even more good reasons for abandoning it in favour of a Foucauldian perspective that can question and exert resistance towards the surveillance and governmentality imposed on people with disabilities in rehabilitation institutions.

The second part of the problem is that I might have drawn too wide consequences from Merleau-Ponty. For instance, in chapter 6, I argued that the participants at the WiM-program 'decoded movements' by observation of others, and that this decoding is an essential element in 'rebuilding concrete movements'. This learning process, I maintained, is a form of habit acquisition. In that chapter, I referred to how participants in the study talked about their learning as a process where they observed others' movements, and by so doing, they found it easier to try the movements out for themselves. If it is correct as Shusterman holds – i.e. that there is only room for unreflective learning in Merleau-Ponty – then it would seem that my interpretations about observational learning in chapter 6 are invalid, because these learning processes evidently are not totally unreflective.

What Shusterman is pointing towards is a learning process in-between the positions of learning as (i) a completely tacit, unreflective process – where the body is *subjected* to learning – and (ii) a propositional, mentalistic process, which would involve a *passenger-subjectivity*, which "all the time knows better than the body what the world is and what ought to be done…" (Bengtsson & Løkken, 2004: 564. My translation). Shusterman advocates a lived corporeal reflection, which is representational and situated between (i) and (ii), and he holds that Merleau-Ponty cannot provide an explanation of learning other than as mindless acquisition of habits. I disagree with the latter point.

The binary opposition between (i) and (ii) is equivalent to the distinction between body schema and body image. As I have argued several places above, Merleau-Ponty not only wanted to avoid dualism, but also the opposite alternative, namely monism. His solution to the problem of dualism was found in the notion *gestalt*, where both of the dichotomous terms are mutually co-present. In this context, the gestalt can be thought of as incorporating both the body image and the body schema. The co-presence of body schema / image would, for instance in the case of learning through observation and imitation, imply that we can have an awareness towards others and learn from them, without retreating from the lived world in order to observe and analyze what they are doing. Instead of either forming explicit representations of one's own body in learning (i.e. body image) or working with a non-representational intentionality (i.e. body schema), the body schema / image gestalt fluctuates, so that there can be various degrees, shapes, and forms of background and foreground presences, depending on the situation and the task at hand.

Indeed, the distinction between the pre-reflective and the reflective is not clear-cut and ordered in the sense that the former belongs to the realm of the unconscious and the latter to the conscious. Rather, they are mutually conditioned and interwoven. What I take this to mean is that the gestalt of body schema / image is general enough to subsume a lived corporeal reflection, without fully objectifying one's own body.

Hass (2008) makes the somewhat surprising claim that "Merleau-Ponty is really a cognitivist" (p. 84). This is surprising because we have learned, for instance through the work of Dreyfus (cf. 2002), that Merleau-Ponty's work represents a challenge to – and even a rejection of – classical cognitivism (see also Moe, 2005). Hass, however, makes the very important qualification "that cognition [must] be understood as thoroughly embodied and situated" (p. 84). For Merleau-Ponty, consciousness is not a positing consciousness (as is the alternative of learning through forming propositional representations that subsequently are acted upon). Rather, this consciousness "infuses the body from the get-go. As I live and breathe, act and flow through my day, I am not a machine with a ghost attached to the pineal gland. Instead, I am a living-conscious body" (ibid.).

A case might therefore be made for the notion of an embodied, situated consciousness that mediates in-between the wholly unreflective and the propositional. This means that the learner is not forming a propositional representation of the movement, but rather s/he is having what Dewey took to be "an organic anticipation of what will happen when certain operations are executed under and with respect to observed conditions" (Dewey, 1938: 109, as quoted by Gallagher, 2008: 37). This is, as Gallagher (2008) points out, not primarily an intellectual performance.

As I see it, this argumentation amounts to providing a possibility that there is room for a lived embodied reflection also within the work of Merleau-Ponty[107]. Furthermore, it is obvious that Merleau-Ponty cannot be seen as a cognitivist in the classical sense where bodily learning is a matter of forming conscious representations about what the body should do. However, from this one must not infer – as Shusterman (2005) seems to do – that he was a behaviourist in the sense that the body-subject only learns by mindlessly reacting to situational stimuli[108]. Indeed, the body-subject has a mind of its own. Yet, I think that Shusterman (2005) is pointing towards interesting ways of complementing and expanding Merleau-Ponty's account of embodied, situated learning. I will return to this in the last section of this chapter.

Thus, there are certain, important holes in Merleau-Ponty's phenomenology of the body. But, these omissions are not devastating to his project, but have in themselves been the opportunity for Merleau-Ponty's critics to further deepen our understanding of living, human embodiment. Hass (2008) therefore concludes that "I would say that if theorists have been able to demand and carry out treatment of these features of embodiment [that Merleau-Ponty has overlooked], it is to some extent because Merleau-Ponty, following Nietzsche, brought our carnal lives to philosophical significance in the first place" (p. 98).

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[107] The question still remains as to what degree representations are involved? This is a question that I will leave to the philosophers of mind. Here, I would only indicate that a question can be posed about what a representation is. Gallagher (2008) draws on Wittgenstein and states that "there is no correct answer to whether a representational concept of skill, or action, or mind, is better than a nonrepresentational one. In the cognitive sciences, for example, there are in fact many different meanings to the term *representation* (sometimes the term is used in discussing mental image, sometimes in discussing reference, and other times in describing neuronal firing patterns)… The argument between representationalists and nonrepresentationalists, the Wittgensteinian might suggest, is complicated by the use of multiple language games that differ from one discourse to another… The term *representation* does not have a meaning outside of its particular uses in these different language games" (p. 47. Italics added).

[108] In both these cases (i.e. classical cognitivism and behaviourism) the body is an object under the sway of external forces, be it stimuli and responses from the environment or thoughts performed by a mind detached from the body. Merleau-Ponty's whole work is an effort to get beyond this dichotomy.

Implications for practice: Letting learn!

This dissertation has concentrated on the learning that takes place between the participants in a rehabilitation context. I have tried to show how this learning has happened in addition to – and sometimes even in spite of – the intentions and pedagogical or therapeutical performances of the rehabilitation staff. From the outset of my work, I wanted this dissertation to make a contribution to the pedagogical practice in rehabilitation institutions. It might therefore seem strange that the rehabilitation professionals' contributions have been more or less absent in the text above. Thus, if we could say that I so far have bracketed their contribution, it is now time to lift the brackets in order to see the implications that the findings presented above have for pedagogical practice in rehabilitation.

In the first place, it would be obvious from my orientation that the practical implication I have been seeking has little do with how pedagogues in rehabilitation can improve their instructional techniques or how they can become better equipped to exert an overt and direct influence over the learning that takes place in this setting. To the contrary, I have been interested in understanding – and perhaps justifying – a less invasive, tactful form of pedagogy, a pedagogy that respects the difficulties, problems, and mysteries in teaching and learning.

On this issue, Heidegger (1976) has something to tell us. In a series of lectures in 1951 / 52, he wanted to teach his student to think[109]. Heidegger uses apprenticeship as an example of learning to think. The apprentice is not merely learning a practice through gaining knowledge about the things s/he must build. Rather, s/he must learn to "answer and respond above all to the different kinds of wood and to the shapes slumbering within the wood – to wood as it enters into man's dwelling with all the hidden riches of its nature" (p. 14). With-

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[109] In the introduction to *What is called thinking*, the translator J. Glenn Gray points out that thinking for Heidegger is not the same as forming an opinion, reasoning or thinking in scientific terms. Even though thinking depends much on the thinker's will and wish, it is also something that happens to us as "a response on our part to a call which issues from the nature of things… Thinking is determined by that which is to be thought as well a by him who thinks… It is a gathering and focusing of our whole selves on what lies before us and a taking to heart and mind these particular things before us in order to discover in them their essential nature and truth" (p. xi). Heidegger's conception of thinking is therefore deeply connected to his conception of being-in-the-world, and his approach to philosophy and philosophizing.

out being related to the wood in this manner, "the craft will never be anything but empty busywork" (p. 15). That is, without relatedness to the material, the craft is something done solely for the sake of income, thus lacking any personal investments on the part of the craftsman.

This concurs with the findings presented above: Learning wheelchair skills is not merely a matter of technicalities. It involves the self of the learners and influences their identities and their whole being-in-the-world. Also, the notion of apprenticeship was present – albeit more as a background presence – in both chapters 5 and 6.

The important point in terms of the practical implications of this study is that the deep learning, which transcends "mere practice" and customary knowledge is dependent on the presence of some teacher. But, this cannot be any kind of teacher:

> True. Teaching is even more difficult than learning. We know that; but we rarely think about it. Why is teaching more difficult than learning? Not because the teacher must have a larger store of information, and have it always ready. Teaching is more difficult than learning, because teaching calls for this: to let learn. … If the relation between the teacher and the taught is genuine, therefore, there is never a place in it for the authority of the know-it-all or the authoritative sway of the official (Heidegger, 1976: 15).

What Heidegger is telling us is that to *let learn* is much more difficult than teaching. That is, it is more challenging for a teacher to withdraw from centre stage and let the learners learn, than teaching by way of instructing, handing over facts and information, or otherwise telling the learners what do to.

There is one obvious difficulty in drawing the connection between pedagogical practice in rehabilitation and the idea conveyed about the importance of letting learn in apprenticeship: In apprenticeship, the master takes part in the practice s/he is conveying to the novices, whereas in rehabilitation the pedagogues and therapists (granted that they are non-disabled) do not take part in the practice of the participants. However, even if the analogy might be limping, one central point in the Heidegger quote still has relevance:

Above all, there must be a *genuine relation* between the teacher and the taught. This is – as far as I can see – not strictly dependent on sharing the experience of having a disabil-

ity. But, it does require that the teacher, i.e. those working with a pedagogical orientation in rehabilitation, must establish and maintain a relation, which begins with an understanding of each participants' lived experience and which is followed up by respecting and honouring these lived experiences through tactful teaching (van Manen, 1993). This is more difficult than merely using the power invested in one's role as a professional expert to tell the participants what to do. When one is letting the participants learn there is no room for the know-it-all authority.

Letting learn is more difficult than teaching, because it requires more from the pedagogue than do traditional teaching. Therefore, I must emphatically point out that the findings presented above, and the whole notion of letting learn, should not lead to any kind of professional abdication from learning situations, for instance by giving too much responsibility to peer consultants or other para-professionals, or by leaving the participants to unstructured trial and error. Letting learn does mean letting things slide out of hand. Indeed, it was emphasized by the staff that I interviewed that they in many ways found it more challenging to bring in a peer-consultant and thus giving up some of the control they had over what took place in the rehabilitation program they were involved in.

Letting learn is also an implicit point in Lave & Wenger (1991). They are not primarily concerned with teaching at all, but are more interested in the community of practice. The outcome of this is that their attention is directed at how the structuring resources for learning are structured. Their decentering analysis of the common notions of pedagogy move "the focus of analysis away from teaching and onto the intricate structuring of a community's learning resources" (p. 94). What I have been able to show with the aid of this decentering analysis (chapter 5) is what and how important instances of learning took place behind the backs the staff. However, it must be stressed that the professionals acknowledge this learning as important. Indeed, they provided for this learning for instance by setting up lessons that were low in intensity and long in duration. By structuring the sessions in that way, they made available not only plenty of time for the participants to be "on-task", but also sufficient time for learning in-between, i.e. learning by means of conversations and discussions that took place alongside practise sessions and during breaks. This is an important, practical implication of the findings, I believe: Professionals concerned with learning in rehabilitation hold a responsibility not only to allow the participants to acquire skills and

knowledge, but also to grant the participants the time and freedom to take on critical per-spectives and think differently than the professionals' opinions.

In addition, the professionals are responsible for selecting peer consultants, and for helping them to find their role in the rehabilitation program. Through years of experience, the professionals interviewed here had certain criteria for what a good peer consultant is. They held that s/he should be good at mastering the wheelchair, but even more important was the ability of the peer consultant to convey his / her experiences in an empathic man-ner. This is important. Mindlessly choosing a peer consultant who has excellent skills, but no empathy, is dangerous. At best, one runs the risk that the participants do not learn from this peer consultant, because s/he is perceived as being at a totally different level than the newcomers (see chapter 5, section called *Understanding my struggles*). At worst, such a peer consultant may inflict a form of symbolic violence on newcomers. In this sense, the use of peer consultants entails the transgression of setting up a normative symbol for what one can become, when this symbol is perceived as unattainable by the participants.

For Merleau-Ponty, the body-subject is the "principle in the organism which ensures that the learning experience will have a general relevance" (SB: 99). It singles out the *deci-sive now* of learning by summoning the past in a projection towards the future. But, this embodied learning is predicated on a certain form of freedom from overt impositions from without, for instance in the shape of know-it-all instructions from teachers: The body-subject's freedom to orient towards the meaning of the situation is therefore provided by pedagogues who let participants learn.

Future research projects

There are (at least) two possible avenues for developing new research projects with the pre-sent dissertation as a starting point. One is to draw further on the critical comments that I provided earlier in this chapter. This would mean developing the weaknesses of the study further by integrating other theoretical perspectives. The other possibility is to go further and deeper into the perspectives already developed here.

Hass (2008) pointed out a critique of Merleau-Ponty from a Foucauldian perspective. I agree with Hass that the critique cannot amount to a rejection of Merleau-Ponty's phe-

nomenology of the body, but it can elucidate some of the perspectives that are not present in Merleau-Ponty's work. The body-political critique is particularly relevant to this dissertation due to the importance Foucault has had within disability studies, and rehabilitation-critical literature (Hughes and Paterson, 1997; Paterson & Hughes, 1999; Sullivan, 2005). More specifically, Sullivan's (2005) study examined the bio-power that patients in rehabilitation were subjugated to by the medical professionals. This is a valuable perspective, and in terms of future research within the rehabilitation context, I think it would be relevant to examine some perspectives which are related to this.

Firstly, there are – as far as I can see – two large and conflicting discourses in the rehabilitation field in Norway: First, there is an increased awareness of what might be called client-centred rehabilitation and involvement of the patient / client / user in the decision-making process. These ideas are connected to empowering people with disabilities (Normann et al., 2004). In addition, there is a strong discourse on evidence-based practice and a push on governmentally funded institutions towards documenting their effectiveness and efficiency. There is a multitude of questions arising from the efforts that rehabilitation professionals are bound to undertake in order to reconcile these conflicting discourses. How professionals' efforts towards client-centred and evidenced-based practice affect the relation between different professional groups, and what this does in terms of valuing certain forms of knowledge over others is one question. In addition, in which ways the discourses produced by professional groups about their practice affect and influence the participants in rehabilitation, is another possible question. Furthermore, it would be interesting to see how for instance peer consultants are used by professionals to create discourses about their practice.

Secondly, with the advent of client-centred rehabilitation, and more specifically the use of expert peers in rehabilitation presents us with the need to extend Sullivan's (2005) study. Sullivan showed how the work of professionals allowed the patients to take on certain subject positions, whereas others were disallowed. This perspective needs to be broadened in order to see if and how experienced peers also are complicit in this process. Though I think that my study can be read as an example of how experienced peers pave the way for different and perhaps even more respectful subject positions, I also think that there is reason to assume that expert peers also disallow other subject positions. One can, I think, fruitfully

examine the surveillance and governmentality of disability that takes place among experienced and newcomers in such rehabilitation settings.

On a different note, I have made fleeting references to the problems of the situated character of this study and the problem that the time-frame poses. This needs to be investigated further. More specifically, this means that one should inquire the extent to which the learning that takes place in rehabilitation settings is relevant for everyday life. More generally; are the communities of practice developed in disability-specific settings overlapping or tangential to other communities of practice that the participants take part in, or are they singular points with no relevance for the participants' everyday life? In addition, the time-frame is important. In this study, the program lasted for 2 ½ weeks. Can habits be acquired in such a short time? This question should be pursued from a phenomenological perspective, because it is of central importance to bear in mind that the lived experience of time is different from clock time. Though the time may be short, chronologically speaking, the intensity and weight of the experience may be forceful.

The third point I want to take up is related to the critique of Merleau-Ponty advanced by Shusterman (2005). Though I have certain reservations with the reach of his critique, I think that the present study attests to the usefulness of integrating Merleau-Ponty with educational theories. Here, I have combined Merleau-Ponty's phenomenology with situated learning. This has been a fruitful and mutually illuminating strategy in understanding the phenomenon under study. In this respect we can follow Shusterman's lead towards the work of John Dewey. It seems to me that Dewey can help us understand more of the rich resources for embodied learning, which are buried in the corpus of Merleau-Ponty's work. For instance, Dewey holds that learning is facilitated when learners face problematic situations, i.e. situations where there is an element of confusion, incompleteness or uncertainty (Gallagher, 2008). In situations where this dissonance is a deep, ontological rupture –as in the case of acquired disabilities – the body subject's potentiality for actions is restricted and regaining habits is required. This has been a major topic in the text, and one that perhaps can be further analyzed with the aid of Dewey. In addition, the situation of a deep, ontological rupture is an unusual one in terms of learning. Yet, by studying this situation, I think we have been able to magnify a learning process, which also takes place in more usual situations. This means that Merleau-Ponty's account of the gestalt switches of learning can

be brought to bear on more everyday problematic situations that learners face. This is, I think, particularly relevant for embodied learning in all forms of movement contexts.

One unresolved issue from the text above concerns the notions *techne* and *phronesis* from Aristotle, and their possible contribution to learning. In the text I have given indications of how peer models in rehabilitation not only are models for technical skills, but also models in a wider sense; namely as people who are good examples of how to go about in social settings in the right way, i.e. a manner of being and acting that involves the self of the agent.

Elsewhere (Standal, 2008), I have argued that practitioners of APA should be capable of acting with phronesis in order to deal in an ethically sound way with the uncertain situations that are bound to arise in APA contexts. Following up on the notions of techne and phronesis in terms of professional, pedagogical practice in movement contexts, is something that I would find interesting. One approach to this thematic is that if we think of techne as expressed through the *tool-kit metaphor* consisting of technical skills and didactical knowledge about teaching movement activities, then phronesis would have (at least) two possible contributions to avoid using and understanding the tool-kit metaphor in an overly instrumental fashion: First, phronesis highlights how the self of the acting agent (i.e. the practitioner) is intrinsically involved in pedagogical encounters. This replaces the objective and instrumental manner of thinking embedded in the tool-kit metaphor. The positive contribution from phronesis then is that a practice that involves the self of the practitioner, is at the same time a practice where the practitioner constantly learns by being "drawn out of himself towards his own possibilities and is remade by his experience" (Gallagher 1992, 189). A practice based upon phronesis is therefore a practice-promoting-practice (Carr, 2003)

Developing these insights about phronesis further in relation to embodied learning in movement context would be a useful research project. More specifically, the phenomenological orientation can be complemented with a hermeneutical perspective. In chapter 4, I utilized the philosophers Toombs and Svenaeus. Toombs (1992) underscored the almost incompatible difference between doctors' and patients' understanding of illness and disability. Svenaeus, who both draws on and critiques Toombs, develops a hermeneutic of health, where the incompatible understanding is overcome or at least diminished, and the doctor-

patient relation moves towards a fusion of horizons. Developing these insights further in relation to movement contexts, would be a first step towards a deeper understanding of phronesis in the professional practice of teaching movement activities. A challenging question that could develop these insights in relation to movement activities would be to ask how to teach budding movement educators (i.e. students of physical education and APA) to orient themselves towards the participants and their lived experiences of movement in a phronetic way. In addition, one can ask about how professionals at work can develop their sensitivities of practice (their eye to see aright, as Aristotle put it)[110]?

In sum then, three lines of future research projects have been described: One which takes up a fundamental weakness in Merleau-Ponty, especially in relation to rehabilitation, namely how the work of Foucault can compliment and enrich Merleau-Ponty's phenomenology of the body. The second line of inquiry is to follow the strategy used in this dissertation further, i.e. to integrate Merleau-Ponty with educational / pedagogical theories. As I see it, this is an excellent approach to embodied learning in movement contexts. Thirdly, I sketched how the Aristotelian notions of techne and phronesis can be used to develop our understanding of professional practice in pedagogical movement contexts.

Relations of meaning

When one is working with a topic like learning and a philosopher like Merleau-Ponty, the final word will never be said, but I shall have to draw the closing line here.

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[110] An inspiration for asking this question is Carr (2006) who advocates a form non-methodological action research on this question: This "would be a form of inquiry that recognised that practical knowledge and understanding can only be developed and advanced by practitioners engaging in the kind of dialogue and conversation through which the tradition-embedded nature of the assumptions implicit in their practice can be made explicit and their collective understanding of their praxis can be transformed. It would therefore retain its claim to be a form of 'practitioner research' that enables practitioners to test the assumptions implicit in their practice, but would now insist that since these assumptions are always historically and culturally embedded, they can only be tested through a form of research concerned to promote historical consciousness" (p. 433).

Gestalt switch has taken the role as a master concept in this work. In *The structure of behaviour,* Merleau-Ponty used the notion gestalt in order to replace the atomism of behaviourism. Importantly, by so doing he introduced a meaning to the situation that extends beyond the linear causality of stimulus and response: The progress of behaviour is explicable to the extent that a relation of meaning is allowed to develop between situation and response (SB: 103). Though still cast in the language of behaviourism (i.e. 'response' and 'behaviour'), Merleau-Ponty points the way towards the body-subject's prospective orientation towards meaning in the immediate environment: The body is the "meaningful core which behaves like a general function" (PhP: 170). The relation of meaning is then a reversible and intertwined relation between the situation and the body-subject's comportment.

In this study, I have been concerned with (re-) learning of movement and I have made used of Merleau-Ponty's notion of habit. Far from being a phenomenon devoid of mind and meaning, habit is an indication of the body-subject's understanding of movement: "A movement is learned when the body has understood it, that is, when it has incorporated it into its 'world'" (PhP: 160).

Meaning is thus established in the reversible and intertwined relation between body-subject and world. I have sought to understand this relation as a gestalt relation. Throughout, I have reiterated that if we are to properly understand the full significance of the notion gestalt for the present purpose, we must transcend the visual gestalts of clear-cut figures on uniform backgrounds. As Hass (1999) points out, the gestalt is a meaning-laden complex, "a whole charged with immanent meaning" (PhP: 67).

Therefore, meaning is central to learning, not only on the phenomenological level, but also in situated learning. In the latter, negotiation of meaning is the driving force of the learning process: The meanings of what one does and what one learns are developed through relations with other learners, in relations to the subject matter of learning and the context of learning.

At the phenomenological level, intercorporeal learning is conditioned on the meeting of body-subjects who pre-reflectively are affected by meaning (Crossley, 1996). I and the other are part of one, intercorporeal system: "between this phenomenal body of mine and that of another as I see it from the outside, there exists an internal relation which causes the

other to appear as the completion of the system" (PhP: 410). The transfer of corporeal schema that takes place in this intercorporeal relation instigates in me a meaning of movement that I can act upon, try out and learn. This is pointed out by Merleau-Ponty and several of the commentators on his work that I have relied upon (e.g. Casey, 1998; Dillon, 1997; Jespersen, 2003; Hass, 1999; Sheets-Johnstone, 2000). My own contribution has been to take up their findings and relate them to the lived meanings of real people in concrete situations who are in the process of learning.

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