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# Professions and vocations – collective work Identities in late modernity

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The point of departure for this paper is a continuous interest in the subjective aspect of work – as a precondition for theorizing learning as well as a precondition for working out conceptions of self regulation and democracy in work. For this reason it becomes an interesting political as well as theoretical issue to study the development of identities related to specified work domains. Particularly professions and certain vocations are characterized by a specific collective work identity. In times where the subjective importance of work is questioned on the whole, and alternative conceptions of work identity and cult

Based on a hypothesis that professions and vocations are historically changing categories, and probably converging, the paper will present af model for analysis of professional identity, and discuss it's applicability for vocations as well. An inclining proportion of work can be characterised as 'professional' - at the same time as some domains of classical professions are being transformed. Vocations have for a long time been transformed by industrial and post-industrial history. The model is based on life history analyses of interviews with nurses, engineers, teachers, and similar studies on a number of white collar specialist workers on their professional career, their present job, and their ideas about their own future development (Salling Olesen 2001a, 2001b, 2002c, 2003, 2004a, Weber & Salling Olesen, 2002, and a number of PhD dissertations only published in Danish).

The paper will present an example and a heuristic model which has been developed from these analyses. I will suggest that this model is applicable also for understanding the significance of subjective aspects for professions and vocations in general. The example is about general practitioners, which is some way quite extreme within a scale related to division of labour. It might function as a "Verfremdung" and stimulate the discussion of very different work areas.

I think this type of analysis provides a scientific background for some wider questions about the possibilities for and legitimizing of workers' self regulation of work: Is it possible to regenerate professional and vocational identities, when societal shifts seem to undermine them? How may learning processes rooted in the professional/vocational work experience contribute to such a regenerating of identities?. How can individual and collective experiences

contribute to the quality and direction of development in that profession/vocation? How can a democratic dialogue between specialized workers and their “users” take place?

## **Why study professionals?**

Professions are interesting for the research into work and learning for at least two reasons:

\* First, professions are clearly politically important in themselves. They represent monopolies of knowledge and competence. Professions are backbones of modern societies, because they materialise the basic principles of rationality and division of labour, they secure some cohesion of society in spite of division of labour and they secure the identification of its members with (their) rational role. Professionals are individuals who embody societal expertise and rationality, and who by a social concordat assume the responsibility for the general availability of this expertise. Professions and professionals have in this way played a very positive role in the modernization of societies, and have generally had a high legitimacy based on the combination of specialized knowledge and the professional responsibility.

\* It is no coincidence that professions have formed one of the backbones of sociological theorizing (Durkheim, Weber). Professions are backbones of modern societies. They represent a specific intertwining of societal function, knowledge base and personal engagement, embodied in the profession as a societal category and the professional as a person with a specified competence. The personal identification with the profession by its members is an integrated aspect of the notion of profession.

However, both empirical evidence and theoretical reasoning may lead to a questioning of the stability of this intertwining. An inclining proportion of work can be characterised as ‘professional’ - at the same time as some domains of classical professions are being transformed. This paper will reflect on studies into professional identity in this context.

Without going deeper into the political and philosophical discussions, it goes to state that the optimistic belief in science and rationality in itself is becoming increasingly questioned, as can be seen in the critique of positivism, in the accelerating critique of technology, in grassroot based political strategies, and in post-modern cultural critique. The traditional idea that scientific knowledge, without a ‘knowing subject’ and context, form the core of societal rationalization is outdated. A new way of dealing with knowledge and expertise is required. To the extent professions still consist of collective experience and practice the learning of professionals can become a key to quality in certain sectors, here health, and to democratization of knowledge and shared control.

Second, the identification of professionals with certain well defined academic discourses and with more or less stereotyped practice experiences is a significant example of the societal constitution of subjectivity in late modernity. Doctors are not just individuals and not even just women or men, they are professionals who are subjectively constituted by their involvement in the professional practice, by belonging to and identifying with the profession. The subjective aspects of medical practice are the ways in which doctors relate to the knowledge base and knowledge production as well as how they engage in the challenges of their work tasks and in relations to people they meet there. We pay specific attention to the

gender aspects of professions and professional identity. Gender is of course interesting in itself - but it is particularly illuminating for the historical dimension of the mediation between subjectivity and society, because we can see how changes in societal gender relations may only take place when individuals change subjectively

## **A Life History Approach to Learning**

The Roskilde Life History Project studies learning across a number of educational and other contexts<sup>1</sup>. Theoretically we organize our research around subjectivity and the mediations between societal context and subjective processes of learning and identity. The general perspective is to develop critical empirical research into learning, which seems to be of utmost centrality in a “knowledge society” (Salling Olesen 2002a, 2004b).

I have chosen to illustrate with examples from just one empirical study because concrete interpretation is the best way to illustrate our approach. The example from a study of professional identity and learning of general practitioners<sup>2</sup>. Quite often, especially outside education, the challenge has been to convince readers about the importance of subjective aspects of learning. This can be assumed to be a shared vision in this book. Instead I can concentrate on methodological questions about the interrelation between theorising and concrete interpretation.

Our life history approach is an umbrella which integrates several inspirations and practical methods in an approximately united interpretive approach. The subjective moment in the social is in focus. We are not particularly interested in the individual per se or in discovering causality within the individual life course - we study individuals in order to understand common societal and cultural realities, in the first place learning and participation in education. We work with interpretation of a wide range of subjective actions (most often in textual form) in order to be able to understand the dynamics of subjective experience building in social context (Salling Olesen, 2004c).

In producing empirical material we often use autobiographical interviews. Unlike many sociologists we do not see biographies as information about micro-social relations, but rather as subjective expressions like many others. Also other types of qualitative, loosely structured interviews can be used, provided they produce a piece of documentation of subjective meaning making in a context.

Usually the outcome is a transcription of a spoken interaction, and our analytical approach is mostly one of text analysis. The resulting transcription must be interpreted as speech act in a specific context, not as ‘the life history of...’ some individuals. We may reflect on the implications of the specific constructive and synthesising effort we invite, when we ask people to tell their own life history, and how it may distinguish it from others. In this sense it is similar to a number of other speech acts transcribed.

Another procedure, which has proved useful, is a thematic group discussion which follows the rules of the classic social psychology group experiment (Morgenroth 2001). A group discusses a prescribed theme, which is assumed to reflect important and often problematic experiences for the group members, and so is likely to trigger not only a conversation but an

interactive reaction. In this procedure the intention is to catalyse a communication and social dynamic in the group which will reflect the subjective engagement of the participants in their specific situation and their interactive way of interpreting it. We have also worked with observations from field work, which records interactions in the field as well as interactions between the observer and 'the field' - and several combinations. In these cases the way of documenting becomes different - diaries, field notes, introspections.

As a result we have a transcription, a text. Normally a record of the contact establishment, context, and the researchers' observations during the interaction is attached to the transcript. But the main emphasis is on texts, based on direct language use of the people whose learning processes and education trajectories we are studying.

Regardless of the data production method the core of the methodology is the interpretation with the aim of theorizing subjectivity (Salling Olesen 2004c; Weber/Salling Olesen 2002).

A terminological note may be clarifying at this stage. We do not normally work with the biography as main interpretive conception. I talk about 'life history' rather than 'biography' referring to the subjectively experienced whole of life. I use 'biography' referring to the written or told account of a life, whether it is the auto-biography or done by somebody else. I see this account as a piece of text, and like any other text in itself a subjective action in a context. Unlike discourse psychology and some interactionist sociological approaches we do not see the narrative self construction as the decisive or exclusive account of subjectivity. This has to do with the theoretical understanding of subjectivity and of language which I will take up below in relation to learning.

## **General Practitioner - Broker in a Profession under pressure**

The medical profession is based on a bio-medical knowledge base which is extremely dynamic and pervasive. In its operational forms of clinical diagnosis and cure through medico-technical and pharmaceutical application, it exerts strong pressures on the profession in the form of an extra-professional industrialization: Specialization, rapid change, substitution of the medical knowledge of the doctor with pharmaceuticals and technology.

On the top of the centrifugal forces influencing the medical profession as a whole the work situation of the GP in Denmark is affected by a number of particular organizational pressures. Ever more tasks are allocated, including prophylactic tasks which are more proactive than ordinary consultations; new pharmaceuticals and treatments are invented; the knowledge of many of the patients is increasing and not least their expectations. Above all, framing these developments, the GP is basically in a direct personal confrontation with the patient and their worries, hopes and anxieties. Many doctors feel under strong and contradictory pressure by these factors. We are interested in the ways in which they handle it - by learning new competences or by fortification of the traditional professional identity.

The medical profession has until now been able to maintain the professional monopoly and legitimacy to a much higher degree than most other of the classical professions (Freidson, 1975, 1994). The bio-medical knowledge forms the original legitimacy base of the profession, and is still defined as the almost exclusive rationality. However there is within the profession

- unevenly recognised, and again epitomized in the general practice - a high awareness of complementary types of competence and experience involved in the medical practice. The bio-medical knowledge is crucial for the general practitioner, but the professional core tasks are equally dependent on communicative, empathic and caring competences. Also many doctors in hospitals who have a substantial task of direct patient consultation and conversation are confronted with the need for this less technical and more social knowledge. Many contacts from patients include complicated needs and suffering of a medical, psychological, and social nature. Within the health sector the General Practitioner is in the Danish welfare system the responsible gate keeper, who can elicit diagnoses and treatments, and the GP is responsible for the assessments about when to do something and when not.

The medical profession is traditionally mainly male, not only in terms of members but also in terms of self understanding. The omnipotent role of the doctor who is master of life and death is a male stereotype. In Denmark there is a substantial change of the sex composition of the professionals, in some countries there is already a majority of women, in others it is a growing minority. We are interested in the possible subjective aspects of this shift, and the way in which it might influence the professional conduct. The traditional doctor was a man, who (in best case) united the role as a medical expert with the close and caring relation to the patients in a confidence inspiring father figure. There is a world of difference between the male village doctor in Berger & Mohr (1969) and the lesbian doctor in inner London in Linden West's study (2001). We must of course not confuse sex with gender, simply equating rationalism and omnipotence with maleness, and the caring, empathic and communicative practices with femininity. The gender stereotypes do not cover the variety. To some extent the profession may remain predominantly male even with female actors, but on the other side it seems likely to make a difference, and our preliminary observations confirm that there is a relative interrelation between gender, learning, and professional identity (Hølge-Hazelton, 2004). Studying gender difference without reducing to gender stereotypes may provide a piece of understanding to our general question: In which ways do subjective factors shape the knowledge based work?

The gendered quality of work, and the analysis of the gendered aspects of identity processes makes it clear that professionalisation is a rather specific combination of rationalisation processes, division of labour, and cultural transformations, instead of a linear, though asynchronous, progressive development of knowledge based work. This interest in the gender issue is not entirely instrumental, seeing gender as an indicator of subjective engagement. Women conquer new land by becoming professionals. Apart from the possible class bias of this liberation, the (historical) synergetic intertwining of gender relations, division of labour and modernization may also in late modern societies be seen as a main path to women's emancipation.

## **Professional identity as learning in life history**

Professions have traditionally been theorized by sociology in at least two different ways:

\* A functionalist understanding which goes back to classic holistic sociology, and has been most clearly articulated by Talcott Parsons. Professions are necessary and functional components of a modern society and secure a skilful and committed handling of certain knowledge demanding functions.

\* An action sociological view, in which professions are seen in the light of the struggle by a certain group to obtain recognition and material privileges (the Weberian tradition). This is an approach which is useful to obtain a critical perspective on the self understanding of professions.

It is commonplace to state that Parson's theory assumes a harmonic societal whole, and trusts rationality and progress. Specific theories related to the individual professional domains, prescribing basic knowledge and its application, norms for good practices and ethics, may very easily be subordinated this point of view. This could altogether - often justified - be left aside as the modernistic, optimistic uncritical ideology.

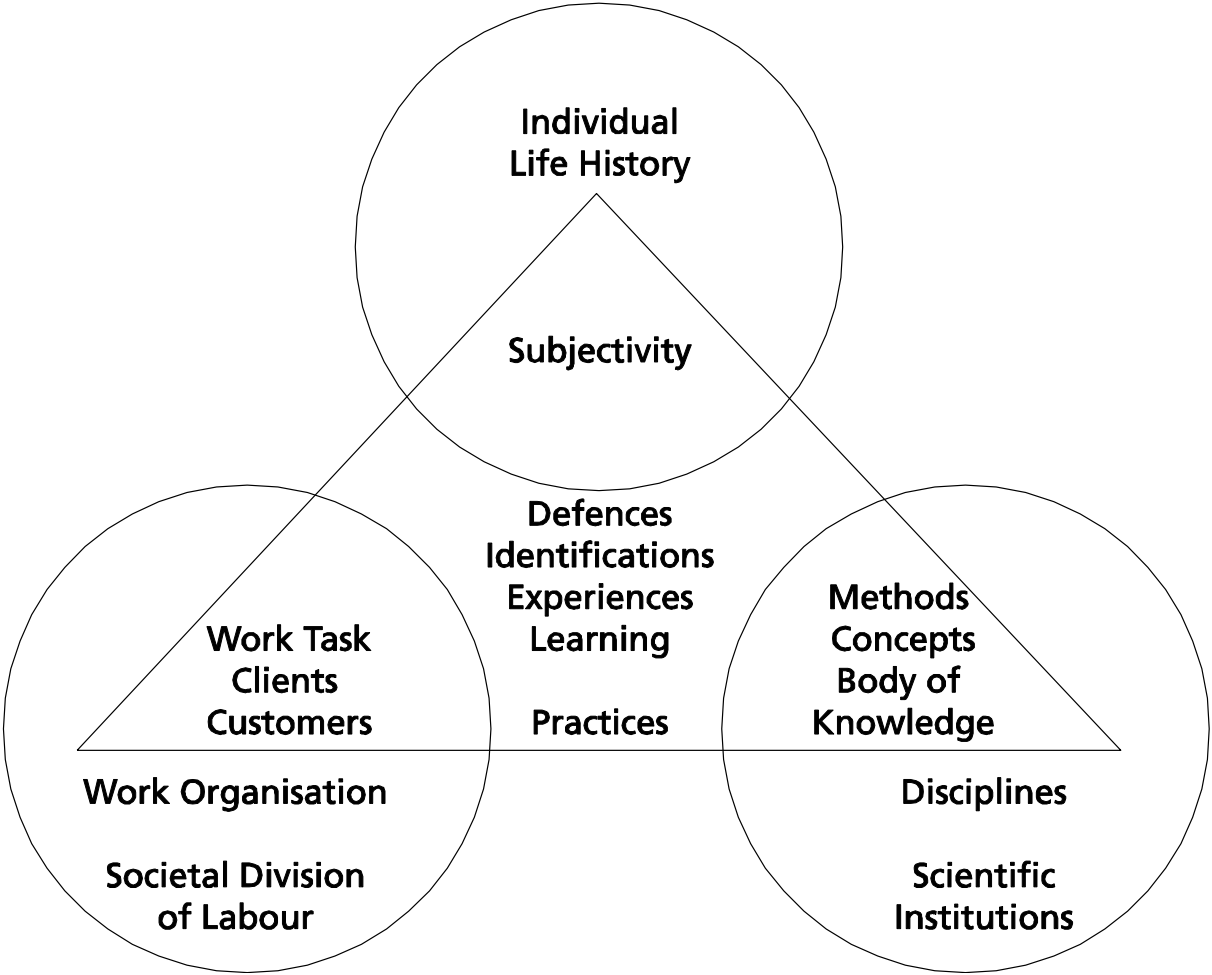
However, functionalism has a point, which sometimes gets lost in the other approach: the societal task and the subjective engagement in this task as the link, which integrates professionals in society at the same time as it provides the ground for their recognition and material privileges. If we reverse the harmonizing functionalism, and instead direct critical attention of the contradictions in the rationalisation process, we have a framework which is sensitive to the significance of learning processes and of the subjective aspects of work on the whole - and does not endorse the auto-legitimizing ideas of each profession.

In sociology the subjective condition for professionalization - the fact that a group of people identify with this knowledge base, perform similar competences to a rather high degree, take responsibility, and develop their own practice - is defined as an ethical request (Abbott 1981; Davis 1999). I want to develop a concept of professional identity which is sensitive to empirical analysis of subjective processes of specific (groups of) individuals instead of the normative concept of professional ethics. The profession depends on the collective deliberation and identification of a group of workers to specific tasks, knowledges, and quality standards.

I see professional identity as a subjective effort of lifelong learning and identification in which individuals, with their life history, their gender etc, become able to fill an already existing task to some extent by acquiring already existing knowledge and at the same time collectively and individually develop their own practice and identity (Salling Olesen, 2001a, 2001b), . In this perspective the professional identity is the combined effort of these many learning processes and of the ongoing struggle with the demands of the task - integrated in their own general life experience. In this process they have to deal with demands and new requirements, with new knowledge - but also with their own inabilities in relation to this task, and their doubts about themselves in a never ending story of defences and learning processes, and it has no predefined outcome.

It is obvious that the conditions for professions are related to modernisation, but in different ways, due to the content of the work and its position in societal division of labour. Each profession depends on the interplay with work organisations, knowledge bodies and societal division of labour on the one side - and on the experience and learning processes, and

the possible identification of specific groups of workers, the professionals, on the other side. The other side of this coin is a knowledge democracy problem - the sociological framework may reveal the dynamics which produce division of labour in the modernisation process, but not how to handle them in a democratic way - the great challenge of late modernity, or knowledge society. We need a tool to organize the analysis of concrete professions. Based on a number of empirical studies I have developed a small heuristic model (Salling Olesen, 2003, 2004a), which may help to organized difference aspects of the analysis:



The model suggests that experience, defensive reactions, learning etc of everyday life can be interpreted as a concrete mediation between three relatively independent dynamics: the societal work context, the knowledge base of the profession and the individual and collective subjectivities of the medical doctors.

I must leave out here a theoretical discussion of the identity concept in relation to socialization and the social psychology of work identity (see Salling Olesen/Weber, 2001, Becker-Schmidt et al 1982). But in theorising as well as empirical interpretations we draw on a



insights from marxism and psychoanalysis. The psychoanalytical theoretical ground does not imply, as many people usually assume, an individual psychological explanation of subjectivity. I am interested in the dialectic between the societal and the psychodynamic levels within specific professions. Marxist notions of work and society help us contextualise the development of the profession within a history of modernisation. Psychoanalytic interpretation helps us to understand individual subjective reactions and consciousness - first of all defence reactions and identifications as psychodynamic mechanisms - as subjective mediations of culture which in them selves shape culture.

A profession illustrates this point very well because it deals with a subjective engagement which is clearly not individual, but societal. Culture exists in socially articulated meanings and symbols that are attached to artefacts and stabilised in social institutions. Female experiences and socialisation may influence the professional practice if they enable a different way of grasping situations, and they may contribute to a gradual change or growth in professional insights only in so far as they are generalized in stead of remaining 'private', 'individual' or arbitrary. On the other hand cultural meanings are only reproduced by being used by somebody, and mediated by partly unconscious mediations.

## **A couple of interpretation examples**

We interview doctors about their lives and their experiences from everyday practice, transcribe and interpret what they say in these contexts, but our main interest is on the life history as a context of understanding the subjective aspects of these processes. We work with the transcripts in different ways, both by cross case recollection of important themes, and with close text analysis on single cases, trying to understand the person, her/his identity process and its rooting in life experiences, recent as well as more distant. The interviews provide informative description and narration combined with reflection on difficulties and ways of handling difficulties in everyday life practice. A number of themes are surfacing immediately across cases, e.g. for most interview persons the feeling of time pressure, which limits their possible way of conducting their optimal function. Many are preoccupied with techniques and strategies for the management of time and the feeling of pressure. Sometimes this feeling comes out in the form of general complaints about work conditions, and in other cases it appears to explain a strong irritation, sometimes even aggression with patients. Many narratives and reflection are related to feelings of in-sufficiency in concrete situations or in relation to particular tasks. Several interview persons indicate that the very interview situation is a most welcome opportunity to have such a reflective communication. Most interview persons relate their reflections (as they have also been invited to do) to their own particular way of being a GP, and to gender aspects, i.e. they have a general view that the role and institution is there, but can be filled in a personal way. This does not mean that their own practices and emotional involvement is entirely explicit and transparent to themselves.

These are the points of departure for deeper interpretation of certain parts of interviews.

A female doctor tells about a visit to a cancer patient in a hopeless state of illness, being invited by the daughter of the patient because her mother/the wife of the patient was suffering very much from the situation and from the anger of the patient. It is understandably a painful situation for everyone. The patient himself has previously asked the doctor to stay away because her visits exposed his (new) and dependent situation in relation to the family. This is one of the cases where the interview person narrates without much encouragement, and changes to reflections in between. The time schedule of the contact and communications becomes quite blurred in the interview, clearly it is not a structured situation for the GP. But she gradually realizes (or has realized during a longer trajectory) that she is unable to handle the situation in a satisfactory way. By our analysis it becomes obvious that this has to do with the relations she is in with the family members.

It appears obvious that the GP identifies with the man's feeling of having lost control - she has worked with suggestions about how to give him a more active role back (teaching his wife use of computers, which was among his professional competences). We can see it as a way of relating positively to the patient in spite of being unable to do anything. She reveals negative feelings in relation to the two women in the situation - this could be because of the identification with the man's anger, it could also be because she feels being played around with (maybe the family members actually called her because they want her to hospitalize the patient to relieve them) - and she feels object of angry reactions from the family members at the same time. But it could also be seen as a reversed gender reaction - they take the female role in the situation of care and compassion, and leaves the impossible male role - to do something - to her. There is hardly any doubt that she feels obliged to be able to do something. The omnipotence-request or -desire appears in this interview as in many others.

This is an important situation for the doctor where her professional skills have not been and have not been felt sufficient. She mentions that she has, as a consequence of this experience, registered for a course in palliative (pain relief) medicine. On the one side a very typical professional reaction - you seek necessary knowledge through a course in order to handle the situation better - and also a bit misplaced - the problem is not palliation, but care, social psychology and ability to handle relations. But it is a clear example of the willingness to learn, which also appears in other passages of this interview, and in many other cases. She has already during the process been thinking of the need to learn something more to handle this type of situation. But the options available and maybe the omnipotence request makes her take what is offered.

Another example, also a female doctor, is commenting more generally her experience of being a GP. This interview is more discontinuous, jumping between many topics and situations which relate somehow to conflicts and identifications, some of which are retrospectively related to her experiences of the hospital before she went into general practice. She is mostly not very concrete, bringing few narratives and references to concrete events and time. We interpret this structure of the text as a manifestation of her loss of control and struggling to define herself. During the interview several references to patients' behaviour occur - patients are 'demanding and rude'. In a passage the feeling of flooding is condensed in telling about patients' use of their cell phones in her consultation/clinic. The clinic takes a

specific importance as a private room, in which she offers her full attention to people, and yet they intrude into it with technical devices which are entirely alien to this function. It seems like the clinic becomes the metaphor for the particular hybrid relation between the doctor and the patient, in which she (professionally) makes herself (personally) available, in order to provide a space in which they can place their worries and anxieties - and the partly aggressive feeling of being offended in this space reveals a real identity crisis - which is certainly produced by real changes in patients expectations (and means of communication), of workload etc.

Close analysis of language use seems to reflect this identity conflict. The interview person changes her use of personal pronouns between “I” and “we” in a significant way of being inside-outside in relation to gender. She partly indicates to be a member of the doctors community as opposed to women’s community (in relation to the hospital where female nurses prevail), but also being partly a member of the profession and defining herself out of the profession, referring to her own borders of tolerance. Her uncertainty comes out in an untranslatable way of talking about giving up the profession - she will “lay off the key” - which is a linguistic novelty, maybe combining ‘laying off’ and ‘turning the key’. We may interpret it as a result of the fact that she has not ever dared to think this possibility before, it comes as a consequence of the reasoning and the emotional expressions of the difficulties during the interview.

## **Learning and defence**

Now the intention is to briefly indicate how life history interpretations of such empirical pieces can bring out something which is relevant for learning in general.

We look for an all-embracing notion of learning. Obviously one aspect of professional learning is the learning of the necessary knowledge and skills to be included in the profession - learning for the profession. But I also refer to the learning which takes place in the professions, facing practical everyday tasks. Each professional may learn during his professional practise, and thereby increase his or her individual capacity to conduct professional work, as well as most likely gain insights for his/her own life in general. Some of this learning from experience may just enhance previous education, much of it however demand revisions and reorientations of the knowledge and understanding obtained before. In both cases I refer to intended as well as unintended learning. The above examples at least illustrate the need of these particular GPs to learn something (new) in order to be able to handle everyday practices, in which way this need is related to basic challenges in their professional identity, and also how much their consciousness and experience of everyday practices is defined by their involvement in the situation.

I see learning more generally as the building of insights and competences for self regulation. It is a subjective capacity building for realistic and efficient relation to the real world. But what is that and how can we best conceptualise learning processes? Learning theory has moved from ideas about acquisition (of already existing knowledges and skills) to think about

learning in mainly two ways, sometimes combined: One is learning as construction, and another is learning as participation in practice. These ideas certainly open up theorization to important aspects of learning but still there is a tendency to reproduce the old dichotomy. The participation appears to be more or less adaptation, simplifying the subjective moment of learning. And the construction process is very easily detached from its (referential as well as) functional links to reality, as well as from its subjective (psychic) functions for the individual subjects, turning into cognitivism. In our life history approach we (re)integrate the aspect of social participation and redefine the constructive efforts as subjective efforts, interpreting the flow of everyday life experience in the context of life history as well as to a more comprehensive context of collective cultural experience. These contexts are dimensions in understanding experience processes that are always subjectively specific and historically situated. The examples show the ways in which reflections and experience building are embedded in the dynamic subjective engagement in a practical situation, which is formed by an individual life history as well as by cultural resources<sup>3</sup>.

In relation to learning we are particularly interested in the interference between cognitive and emotional aspects of the individual experience building throughout social life. Clearly learning in everyday life is not a cognitive phenomenon only. Consciousness is embedded in practical interaction, incorporating all its meanings for the experiencing subject(s), the emotions connected with the present situation, the perception of one self and the situation. Perception is informed by the previous experience with its combined cognitive and emotional aspects that are the preconditions for the way of perceiving present situations.

A specific condition of professional learning is that everyday life perception is closely related to habitual routines. Tasks and experiences in everyday life, with their rich and complicated meaning for the individual practitioner, cannot always be understood in the knowledge discourses which are available, not to mention mastered in a practical routine which is possible in the work situation. This is however what the professional must do. Under this imperative of practising which is built into any profession the maintenance of a routine is not passive as the notion seems to suggest, it is an active editing of perceptions and knowledge in accordance with possible practices - a defence mechanism.

Thomas Leithäuser and others use the concept "Everyday life consciousness" (Alltagsbewusstsein) (Leithäuser, 1976, Salling Olesen, 1989) for an active, psychic and collective organizing of everyday life which makes it practicable and emotionally relieving. The function is to avoid that everyday life conflicts evoke more deep feelings and anxieties all the time. I think we can see the subjective function of knowledge discourses for professionals in this perspective. They have a selective and reductive influence on perception, and enable the professional practitioner to fulfil the imperative of practising. In the professional monopoly of the work field the knowledge discourse serves as a defence by defining the observations and problems which can be understood and solved.

Elements of defence help the professional to stabilize the self understanding and the feeling of mastering certain practices under conditions that may seem contradictory and threatening. But there are also elements of curiosity and responsibility, in which they face challenges and try to learn from them. Professionals are often aware of the limitations of their

professional knowledge and competence. This sensitivity to reality is subjectively supported by more or less idealized ideas of the mission of the professions, of being able to perform rational and useful practice. The dynamic of defence and curiosity may be related to external conflicts of professional ideals and challenges, but it may also be related to their own life experience. In the defensive function of knowing is also embedded a preconscious 'awareness' of conflicts and difficulties which in the first place evoke the defence. This awareness of alternative 'unlived lives' that were blocked in life history may be a reservoir for learning, which goes together with the professional responsibility in forming new ideas and objectives. There is no space for going deeper into the psychodynamic aspects – and in general we have no chance to do it. It must suffice to know that they are there, that they may be individually different, and must be traced in concrete interpretations.

More generally it means that the defensive subjective function of knowing and the reality oriented learning are dialectically interrelated.

The interesting thing for our study is not to find out 'how much of this and how much of that'. Instead it is interesting to find out how these basic social psychological mechanisms of learning interact with specific challenges and contradictions of the professional practice, with different 'offers' of the scientific knowledge base, and with their interrelation, and also to imagine how they might be different.

The fact that these experience building processes are partly conscious, and partly un- or pre-conscious can be traced in language use, and this is an essential reason to apply these (in-depth) hermeneutic procedures. We reconstruct and identify the discourses and images of social practice that are within an interview. We can see the life stories and the very telling them as a piece of identity (re)construction, in which a (new) position is taken in the culturally possible interpretations of and positions in this context. At the same time we are attentive to ambiguities, ruptures and remarkable aspects of what is told, and to some extent the way of telling, and the interpretation includes subjective meanings that are only vaguely or not at all articulated in the speech of the interview persons. These observations of the text may, informed by theoretical concepts and context knowledge, identify dynamics, uncertainties and ambivalent expressions. The materiality of work which is reflected in the moorlands between the bodily and conscious experiences and their linguistic articulation, between the individual and the cultural meanings, and the multitude and transformations of cultural meanings (e.g. academic knowledge) are the terrains in which subjective meaning making takes place and is articulated.

The analysis of language use is a pivotal issue, because this is the level where the emotional, cognitive and social dimensions are coming together. In line with Wittgenstein's concept of language games we can see the professional knowledge as a collective production of social meaning, and therefore negotiable and changing, but at the same rooted in social practices. We can understand the psychic aspect of this "negotiation" with inspiration from Alfred Lorenzer's materialist theory of socialization and language acquisition (Lorenzer, 1972) about how the link between individual subjectivity and language is established in the first place. In the mother-child-dyade, through the gradual separation of the child from the mother, the child learns interaction patterns together with the acquisition of language.

Contradictions of societal structure and the cultural way of signifying them are built into a systematically contradictory, though individual, subjectivity. The individuals language use remains a mediation between the individual sensual experience and the meanings established by participating in the language games of the culture, i.e. (practically embedded) social interaction.

I suggest to apply this relation on the experience process of professionals. The knowledge base of the profession is a language game in which relatively stable meanings are established. But to the extent that individuals' experiences - from professional practice or from previous life history - are not covered by or cannot be communicated in this dominant language game they may still be manifest in their language use. In this 'halo' of surplus meaning some aspects of present experience - with its conflicts and the practice imperative - are linked to and/or differentiated from past experiences of conflicts and relations in the language use. Interpretation of the language use is a key to the dynamics of the borderlines of possible meaning making in everyday life within a certain professional discourse and a certain professional practice.

These basic ideas about the relation between language use and life experience can be developed for adult learning in general. Experience is the product of the individual learning from the process of being-in-the-world. Learning and knowing is always taking place in cultural media informed by individual history (Salling Olesen 2004c). When we study the language use in and about specific, subjectively important situations we may have a look into the basic dynamics of defensive or learning ways of relating to actual realities and practices. The life history is the subjective horizon of this process.

## **Self regulated Work and Knowledge Democracy: the societal issue**

Professions are interesting in illustrating the societal consequences of the subjective dialectic of learning and identification. Professional knowledge is institutionally stabilized knowledge, and based on similar knowledge monopolies and specific semantic structure of knowledge domains, which must be seen as historical product of a specific, capital driven modernization. The dissolution or reconfiguration of centralized orders of rationality may take place in an asynchronous way but is somehow based in the historical process of late or developed modernity. Professions are solving concrete tasks - most often an immaterial service production - which combines knowledge, specific people and organizations. Professions in the classical sense were seen as natural, eternal, defined by a specific object, and basically legitimized by their scientific basis. Historically a number of service productions have been delegated to professional groups, and especially the welfare states have left to professionals to secure quality development in their domains. The medical profession is one of them. With the New public management influence we see - though quite different in different countries and organizational contexts - a managerial turn (Filander 2003). These organizational change processes interact strongly with subjective experiences and learning of the organization members. Empirical studies into cultural process of learning and meaning making in the professional organization may give an intriguing insight into interrelation between the

specificities of work itself, the changes in the welfare state framework, and the development of knowledge in certain domains.

The relativization of knowledge and science is theoretically integrated in social constructivism and in the post modern critique of modernist rationality and emancipation ideas. This is not the place for entering into a discussion of these positions. But a life history approach may be seen as a practical, analytical pendant or alternative to these more general critiques. Life history studies into professions, professional practices, and professional identity in this way offer an additional contribution to a historical empirical sociology of knowledge.

It is not only a matter of understanding the historical dynamics in a more differentiated way. It is also the great challenge of late modernity, or the 'knowledge society': The dilemma between knowledge and specialised expertise and democracy. The societal significance of knowledge increases - consequently also the democratic problem involved in expertise and delegation of knowledge based work to specific groups of people. Professions have been privileged power positions in relation to the rest of society. On the other side they are – internally – a community of knowing and commitment. The ways of knowing, the individual and collective learning processes, and the ability to organize and maintain a societal status form the framework for a self regulation of work which goes much further than is usually the case in wage labour. We need a critical framework which can indicate ways of improving democratic relations between experts and knowledge specialists and the general public, as well as help experts and professionals maintain their responsibility for the general well being in a way suitable for the late modernity. Democratization without romanticism means finding ways in which division of labour can be mediated by dynamic knowledge sharing and solidarity - in a way reviving ideas of an organic intellectualism (Gramsci, 1981). In a research strategy sense this means to address issues of professional identity and learning in a critical solidarity with the professionals. How can they conduct their mandate in a (more) democratic way?

We are convinced that a new professional identity must develop if the GP shall sustain in his broker position between a more and more industrialized and technical health system and the task of meeting the messy needs of the individual patient. This new professional identity must be less led by a technical model of applying bio-medical knowledge to repair bodily mal-function, and more led by ..... what? - This is exactly the question one would like to rise to the profession and be able to answer on the basis of the professionals' own learning processes. In this sense the aim of life history interpretation is to feed back to the people researched.

To embrace this complexity more generally we need a historical framing of the sociological concepts of professions and knowledge, and we need to admit subjective dimensions of learning and identity into the social theory. In stead of sociology of science, not to mention philosophy of science, we need a much more comprehensive 'social science of knowing' which wipes the boundaries between scientific knowledge, practical experience and learning in everyday life out. May be we could name it an ecological conception of professions and knowledge based work, in order to emphasize the importance of the specific content of work, its quality of concrete life, and its rooting in specific people's subjectivity. It is the basic

reproduction of life in a historical as well as evolutionary sense that increasingly depend on the subjective handling of knowledge (Negt/Kluge, 1981; Salling Olesen, 1999).

## Conclusions

It should be emphasized that this article is a part of a work in progress: drawing theoretical and methodological experiences from previous projects on professionals for the ongoing empirical project on general medical practitioners. The underlying process of theorizing and developing methodology for empirical research into (lifelong) learning is an intended main objective (Salling Olesen, 2004b).

It seems sustainable to conclude that Life History approaches provide a productive framework for studying subjective aspects of professional work and professions' development, particularly professional identity and professional learning, in a societal context, comprising the development of work as well as the discursive knowledge base of the profession.

Professions are exemplars for the development of knowledge based work and for the significance of knowledge on the whole. Subjective factors of identification and learning will be decisive factors in understanding the interrelation between societal work, culture (societal knowing) and individual lives. The differentiating empirical study of the reconstruction of professional identities and professional can give important contributions to theorizing learning and knowledge in a knowledge society.

## Notes

1. The life history project at Roskilde University is a theoretical and methodological project. Based on a conglomerate of empirical projects we explore conceptual frameworks of analysis and the testing out of a variety of empirical methods for production of data and interpretation (Salling Olesen 1996a, Weber, 1998). Depending on cases interpretations were thematically centred on *work* and *gender*, assuming that these themes organize (the most) important aspects of learning. The project has received funding from the Danish Research Council for the Humanities.
2. The General Practitioner project is a collaboration between medical and lifelong learning research institutions, led by professor Hanne Hollnagel, Research Unit for General Practice, Copenhagen, and myself. The project has received funding from the Danish Research Council for the Humanities and from a health insurance foundation (Sygekassernes Helsefond). The interviews referred to here have been conducted by Bibi Hølge-Hazelton. They have been interpreted in several interpretation workshops whose contributions I would like to acknowledge collectively.
3. More systematically I suggest the concept of *experience* of Theodor W. Adorno and Oskar Negt (recently commented in Negt 1999). This concept includes the consciousness being



produced as well as presupposed in *social practice in everyday life*, to the continuous learning process of *individual life history*, and to the objectivation of collective *cultural experience in the form of knowledge, symbols and norms*. All three levels - everyday life learning, life experience, and collective knowledge - represent aspects or modalities of experience, and all are seen as internally defined through each others. "Experience is the process whereby we as human beings, individually and collectively, consciously master reality, and the ever-living understanding of this reality and our relation to it" (Salling Olesen, 1989: p 8).

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