

**BECOMING PROSPECTIVE MEDICINE STUDENTS.**

**A CASE STUDY OF ACCESS TO MEDICINE STUDENTS' DESCRIPTIONS OF  
THEIR EXPERIENCES OF A FURTHER EDUCATION COURSE IN THE UK AS  
DETERMINED THROUGH NARRATIVE ENQUIRY AND POSTSTRUCTURALIST  
DISCOURSE ANALYSIS**

**Student: James Edward Knowles**

**Homerton College**

**University of Cambridge**

**Date of Submission: 06/01/2020**

**This thesis is submitted for the degree of Doctor of Education of letters (EdD)**

**Word Count: 78,390**

**Supervisors: Professor Keith Taber & Dr Julie Alderton**

## **PREFACE**

Declaration:

- This thesis is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the preface and specified in the text.
- It is not substantially the same as any work that has already been submitted before for any degree or other qualification except as declared in the preface and specified in the text.
- It does not exceed the prescribed word limit for the Education Degree Committee.

## **PRELUDE 1: ABSTRACT**

'Becoming prospective medicine students' is about how 'Access to medicine' students at a college of Further Education (FE) in England describe their experiences of the course and how they become positioned through discourses as they prepare to progress from an 'Access' course to medical schools.

The research explores students' descriptions of their experiences of an 'Access to medicine' course and discusses whether the course is promoting equity and inclusion for socially and educationally disadvantaged students. The thesis contributes to the literature on widening participation in Higher Education (HE), mainly widening participation in medicine.

Only the second educational research report into an 'Access to medicine' course, the thesis extends understandings of the same course at the same FE college eighteen years later. The novel contribution is that this is the first report to investigate the students' experiences of an 'Access to medicine' course using Foucauldian discourse analysis.

I argue that the dominant 'learning market' approach to FE undermines the aims of 'Access to HE' courses which are designed to widen participation in HE and promote equity and inclusion of students. Policymakers and OFSTED need to wake up and recognise that dominating discourses based around the hard work ethic and vocational biases towards the purposes of FE promote capitalism and reproduce the social and educational inequalities which consecutive governments since 1979 have claimed to aim to reduce.

'Becoming prospective medicine students' offers an alternative to existing research into widening participation in medicine through reporting the students' subjective experiences of an 'Access to medicine' course while exploring whether and how the course actually widens participation in medicine.

It is hoped that 'Becoming prospective medicine students' will prove useful to anyone interested in students' experiences of FE courses, anyone questioning the political motives of policymakers and exposing them or anyone wondering what it is like to aspire to study medicine at university.

## **PRELUDE 2: ACKNOWLEDGMENTS**

The participants: former students: the interviewed.

Supervisors: Professor Keith Taber & Dr Julie Alderton and EdD teachers.

Critical friend: Professor Emeritus Mal Leicester

The College of West Anglia for part funding the first two of five years fees.

## **PRELUDE 3: DEDICATION**

Father Norman John Knowles (07/07/1944 – 12/05/2019)

Mother Margaret Knowles

Children Anna, Sophia and Joseph Knowles

## CONTENTS

<b>Section</b>		<b>Page numbers</b>
<b>PREFACE</b>	<b>DECLARATION</b>	<b>2</b>
<b>PRELUDE 1</b>	<b>ABSTRACT</b>	<b>3</b>
<b>PRELUDE 2</b>	<b>ACKNOWLEDGMENTS</b>	<b>4</b>
<b>PRELUDE 3</b>	<b>DEDICATION</b>	<b>4</b>
<b>1.0</b>	<b>INTRODUCTION, CONTEXT AND BACKGROUND</b>	<b>8</b>
<b>1.1</b>	<b>The Professional Context of Further Education (FE) and the College at Which I Teach</b>	<b>8</b>
<b>1.2</b>	<b>My Role at The College of West Anglia</b>	<b>10</b>
<b>1.3</b>	<b>Learning In FE</b>	<b>10</b>
<b>1.4</b>	<b>Access to Higher Education (HE) Courses</b>	<b>11</b>
<b>1.5</b>	<b>The Access to Medicine Course</b>	<b>12</b>
<b>1.6</b>	<b>The Aims of The Research and Previews to The Methodology and Research Question</b>	<b>14</b>
<b>2.0</b>	<b>LITERATURE REVIEW</b>	<b>16</b>
<b>2.1</b>	<b>Alternative Conceptions of Adult Learning</b>	<b>16</b>
<b>2.2</b>	<b>Different Perspectives of FE</b>	<b>18</b>
<b>2.3</b>	<b>Widening Participation in Higher Education (HE)</b>	<b>21</b>
<b>2.4</b>	<b>Widening Participation in Medical Education</b>	<b>24</b>
<b>2.5</b>	<b>Ontology and Epistemology</b>	<b>32</b>
<b>2.6</b>	<b>Who Are We?</b>	<b>33</b>
<b>2.7</b>	<b>Post-Structuralism – The Theoretical Perspective</b>	<b>37</b>
<b>2.8</b>	<b>Discourse</b>	<b>39</b>
<b>2.9</b>	<b>Subjectivity</b>	<b>40</b>
<b>2.10</b>	<b>Foucauldian Theoretical Concepts</b>	<b>41</b>
<b>2.11</b>	<b>The Autonomous Self, Liberalism and The Protestant Hard Work Ethic</b>	<b>52</b>
<b>2.12</b>	<b>Project Aims and Research Questions</b>	<b>56</b>
<b>3.0</b>	<b>RESEARCH APPROACH</b>	<b>56</b>
<b>3.1</b>	<b>Foucauldian Concepts to Be Used as Analytical Tools</b>	<b>57</b>

3.2	<b>Methodology: Case Study</b>	<b>60</b>
3.3	<b>Narrative Enquiry</b>	<b>62</b>
3.4	<b>Ethics</b>	<b>63</b>
3.5	<b>Methods</b>	<b>65</b>
3.6	<b>Evaluation of The Data Collection Techniques and Transcription</b>	<b>74</b>
3.7	<b>Discussion of The Analytical Procedures</b>	<b>76</b>
4.0	<b>ANALYSIS</b>	<b>79</b>
4.1	<b>Access to Medicine Students Should Be Hardworking and Intelligent</b>	<b>79</b>
4.2	<b>Perpetual Tension Lies Between the Discourses of ‘Collaborating’ and ‘Competing’ With Peers</b>	<b>94</b>
4.3	<b>Concluding Summary Of 4.1 And 4.2</b>	<b>97</b>
4.4	<b>The Course Leader’s Story: Connecting Cohorts: Protecting Participants</b>	<b>98</b>
4.5	<b>Recognising Ethically Sensitive Information Disclosed to The Researcher Who Is Also The Course-Leader or Pastoral Carer</b>	<b>99</b>
4.6	<b>Protecting the Participants from The Disclosure of Sensitive Information</b>	<b>100</b>
4.7	<b>Academically Successful Women Students Monitoring Themselves and Others on The Course</b>	<b>100</b>
4.8	<b>Self-Discipline and Sacrifice</b>	<b>108</b>
4.9	<b>Olivia’s Story/ ‘Choosing’ Medicine as a Career?</b>	<b>114</b>
4.10	<b>Parental Influence?</b>	<b>124</b>
4.11	<b>Panoptic Surveillance – The Shared Student House</b>	<b>128</b>
4.12	<b>Alistair’s Story</b>	<b>144</b>
4.13	<b>Tom’s Story</b>	<b>147</b>
4.14	<b>Sam’s Story</b>	<b>148</b>
4.15	<b>Bronwen’s Story</b>	<b>157</b>
5.0	<b>SYNTHESIS OF ANALYSIS</b>	<b>162</b>
5.1	<b>The Purposes of The Research Questions</b>	<b>162</b>
5.2	<b>Overarching Research Question: How Do the Students in The Case Study Describe Their Experiences of The Access to Medicine Course?</b>	<b>163</b>
5.3	<b>Subsidiary Research Question 1: What Are the Different <i>Discourses</i> and <i>Subjectivities</i> Amongst ‘Access to Medicine’ Students’ Accounts of Their Experiences of The Course?</b>	<b>165</b>

5.4	Access to Medicine Students Should Be Hardworking and Intelligent	166
5.5	Perpetual Tension Lies Between the Contradictory Discourses Of ‘Collaborating’ And ‘Competing’ With Peers	170
5.6	Other Discourses and Subjectivities	171
5.7	Subsidiary Research Question 2: How Does <i>Power</i> Operate Amongst Access to Medicine Students to <i>Position, Enable</i> or <i>Constrain</i> Them?	174
5.8	Summary	178
6.0	DISCUSSION	180
6.1	Summarising the Understandings Synthesised from The Analysis	180
6.2	Explaining What the Analysis Highlights and Why It Matters	183
6.3	Discussing How These Understandings Relate to Previous Studies	184
6.4	Presenting Alternative Explanations	192
6.5	Suggestions for Further Research	193
6.6	How the Thesis Is an Original Contribution to The Literature	193
6.7	Unveiling Political Discourses Which Disguise Inequalities	196
7.0	CONCLUSIONS (IMPLICATIONS AND RECOMMENDATIONS)	197
7.1	Promoting Equity and Inclusion of Students from Disadvantaged Backgrounds	197
7.2	Recommendations for College Managers, Course-Leaders and Teachers	198
7.3	Acknowledging the Tensions and Complicities That Challenge Course Leaders and Colleges in Relation to Equity Issues, Seeking Compromises	202
7.4	Compromises for Practice Which Follow Discussions of Challenges and Complicity	203
7.5	Recommendation for Policy Makers	204
8.0	REFERENCES	206
9.0	APPENDICES	217
9.1	Appendix 1: Doctorate of Education (EdD) Research Informed Consent Form	217
9.2	Appendix 2: Open Ended Chronological Question Schedule	218

## **1.0 INTRODUCTION, CONTEXT AND BACKGROUND.**

As this research will follow a case study approach and focus on an ‘Access to Medicine’ course, in this introduction, the context of such courses will be explained. ‘Access to Medicine’ courses are situated in the Further Education (FE) sector and are part of the Access to Higher Education (HE) provision. Therefore, what follows provides relevant discussion about FE and Access as well as factual information about the ‘Access to Medicine’ programme. Following Burke (2002, p. 12) *“Access is given a capital ‘A’ when I discuss the specific Access to HE programme, but a small ‘a’ when I am referring to an overall approach to widening participation in post-compulsory education.”* Following Yin *“the unit of analysis”* (2003, p. 3), the case, will be the ‘Access to Medicine’ students from the 2013-2014 & 2014-2015 cohorts descriptions of their experiences of the course.

### **1.1 The Professional Context of Further Education (FE) And the College at Which I Teach**

Further Education (FE) colleges in England are institutions of learning situated primarily between the compulsory secondary and higher (university) education sectors which historically ran courses to provide school leavers and adults with the skills required to work in local industries. Panchamia (2012, p. 1) refers to it as the ‘everything else’ sector due to the wide breadth of provision offered by such institutions. This is a fair description as colleges like the one in which I teach (which is not atypical of others) provide opportunities for learning, ranging from ‘entry level’ 0 to ‘bachelor’s honours degree’ level 6. As level 7, Master’s degree and level 8 Doctorate degrees are the only levels of the entire education system levelled with integers 0 – 8 not typically taught in FE colleges the breadth of provision I argue is greater than in any other education sector. However they are perhaps best known for their lead role in vocational education (Schuller & Watson, 2009, p. 18).

The levels, whilst useful in gauging the academic comparability of a wide range of different courses across education sectors, can be confusing when comparing secondary school theoretical subjects with vocational courses in FE. For example the level 2 courses in plumbing and hairdressing at an FE college may be arguably less academic than a year 10 GCSE History class at secondary school (also level 2) as the skills focus in FE is to prepare for a job whereas lessons in school attempt to provide the pupil with knowledge for a well-

rounded general education. In summary then, although a wide range of courses at different levels are available at the college, the majority of learners study at level 2 or level 3 (see Table 1 below), perhaps due to the abundance of vocational courses to prepare them for working in the trades. *“The College of West Anglia is a large further education college serving a wide catchment area of eastern England. Its primary site is in King’s Lynn”* (Holmes, 2002, p. 979) where the Access to medicine course is based.

So, the College of West Anglia is a fairly typical FE college amongst many others with similar histories. Furthermore, despite colleges increasingly attempting to diversify their educational provision even more in a competitive market, in terms of the number and types of courses they provide, I argue that FE colleges are becoming increasingly vocationalised. This is supported by Panchamia (2012), Schuller & Watson (2009) and Hyland (1999, p. 3).

Table 1 - Number of learners at different levels at the College of West Anglia January 2013

Main course or learning programme level	Level 1 or below		Level 2		Level 3		Level 4 and above		All learners
	16-18	19+	16-18	19+	16-18	19+	16-18	19+	
<b>Total number of learners (excluding apprenticeships)</b>	16-18	19+	16-18	19+	16-18	19+	16-18	19+	
<b>Full-time</b>	704	86	983	120	1,574	357	0	0	3824
<b>Part-time</b>	154	973	96	1,315	45	539	0	68	3190
Sub-totals	858	1059	1079	1435	1619	896	0	68	
Totals	1917		2514		2515		68		7014
Percentage of all learners	1917/7014= 27%		2514/7014= 36%		2515/7014= 36%		68/7014= 1%		100%

Adapted from (Vaughan-Jenkins, 2013, p. 14)

## 1.2 My Role at The College of West Anglia

Originally employed full time as a lecturer in physics the emphasis of my role is to teach physics on a variety of level 3 courses; A level, BTEC and Access to HE diplomas. Since a promotion, another major part of my role is as ‘course leader’ for ‘Access to Medicine’. For these reasons I could describe my position as academic teaching within a wider vocational context. So, as course leader I was well placed to undertake a case study of the Access to Medicine students’ experiences of the one-year course using data provided from the 2013-2014 and 2014-2015 cohorts.

## 1.3 Learning In FE

In the FE sector learning is often perceived as the process through which basic skills such as literacy, numeracy and IT (Hyland, 1999, p. 8) or job specific skills are acquired. The ‘skills over-emphasis’ on the ‘purpose of learning’ in FE, may however, not merely be an oversimplified assumption. Hyland (1999, p. 8) points out that the expansion of the ‘acquisition of skills’ through an ever increasing number of institutions, (many of them private), is part of the *neo-liberal* removal of state control of education .

Although the ‘acquisition of skills’ is important, learning is also about gaining qualifications through understanding theories and applying practices through a variety of subjects.

Advanced level General Certificate of Education (GCE A-Level) is the most established English qualification to gain the necessary understanding to progress to study in HE.

Following Burke (2002) I also argue that vocational courses in FE are designed to re-direct learners into employment at the lower end of the income scale, whereas non-vocational or more theoretical A-Levels are designed with progression to HE in mind such that learners leaving universities with degrees may enter employment at the higher end of the income scale. (For some, in order to practice as teachers, doctors, lawyers, engineers etc. further professional training may be required beyond that of a bachelor’s degree).

However, what seems assumed in common, perhaps more so in FE than other educational sectors, is that learning is a means to an end. Learning throughout much of the FE sector is assumed to be about acquiring the essential knowledge required to gain employment in a certain field to become e.g., a hairdresser or a plumber and once one holds a certificate from college one has become such a worker. Burke (2002, p. 97) refers to ‘the provision of the

necessary skills to prepare people for paid employment’ as the *neo-liberal* objectivist view of *education* and suggests that this represents the *dominant discourse* in FE (2.2.8). It is important to consider here (particularly for those less familiar with ‘Access’ courses) that the title, ‘Access to Medicine’ is arguably constituted through the *dominant discourse* in FE by implying that the course provides the ‘necessary skills’ to become ‘equipped with the tricks of a trade’, whereas ‘Access’ courses also educate adults in ‘the theories of the subjects’ they may have missed out on at school. Walshaw (2007, p. xiii) points out that different views of learning imply alternatives for what learners should do, think or become. Differing views and conceptions of ‘education’ and ‘learning’ will be discussed further in section 2.1 (Literature review chapter).

#### **1.4 Access to HE Courses**

Access to Higher Education (HE) Level 3 courses were first set up in 1988 to “*enable adult returners to education to obtain a qualification for entry to higher education*” (Holmes, 2002, p. 979) and therefore potentially get a second chance of progressing into the graduate professions, if they had not previously done A-Levels. This is part of the widening participation agenda (Burke, 2002, p. 2). Access learners must be over 19 years of age. From 7 years’ experience teaching on such courses at the college they are typically men and women in their twenties, though older learners frequently make up a smaller proportion of the cohorts. “*The college operates a range of conventional Access courses including Access to Science*” (Holmes, 2002, p. 979), Access to Humanities, Access to Business and Access to Computing courses.

Also, as many Access students did not stay on at school, they often have lower grade GCSEs when they start the courses. Although it is expected that they have grade C in English and Maths, opportunities are also provided to follow these GCSE courses at the college alongside their Access to HE diplomas. The Access to Humanities and the Access to Science and Nursing courses (the latter on which I also teach) are typical Access courses where students study some core units alongside other subjects of their own choosing. The typical ‘Access student’ is someone who left school at 16. As ‘Access students’ what binds them together is the common goal of gaining a level 3 education which will enable them to progress to HE. The reasons for which they choose to do this is however debatable.

Burke (2002) refers to the *dominant discourse* in relation to ‘Access Education’ being that students do such courses to become employable and get jobs which would otherwise be

denied to them, so that they can increase their earning potential and subsequently perhaps acquire what Bourdieu calls *economic capital* (Crossley, 2008, p. 90; Moore, 2008). Burke (2002) argues that many students also follow Access courses to change one's sense of self, to 'become someone else' (Gutting, 2005, p. 6) through learning, arguably also gaining what Bourdieu calls cultural capital (Crossley, 2008, p. 90; Moore, 2008) but primarily in order to feel better about one's self. Hyland (1999, p. 3) citing Barnett's (1998, pp.14-15) review of the 1997 Dearing report points out that although the replenishment of economic capital, and the maintenance of cultural capital are two conceptions within it (the other two being democratic citizenship and emancipatory conceptions) Barnett concludes that the learning society is primarily the economic conception with a human face i.e. individual learning is welcomed so long as it contributes to the growth of economic capital. The reasons why learners actually choose Access courses in the context of the dominant discourse seems worthy of further research.

In summary Access courses provide adult learners with a pre-university academic programme of study, within the environment of an FE college. Access courses open up the world of academia and the professions which lead from it and potentially transform the lives of the typical Access student in two senses. One sense could be said to be an external, life changing transformation involving, for example, more opportunities and higher incomes. However, this research will explore the dynamic subjective accounts of the 'Access to Medicine' students' experiences through analysing their discourses through a case study of the students on the course through the academic years 2013-2014 and 2014-2015. Sense of *transformation* will be interpreted through contrasting how different individuals make different (and similar) meanings out of similar experiences.

### **1.5 The Access to Medicine Course**

*"The majority of entrants to medical schools in the UK are 18-year-old school leavers with 3 high grade science passes at advanced level ('A' level) in the General Certificate of Education (GCE). For school leavers, GCE A-levels represent the culmination of 14 years of continuous schooling, but for adults, separated by many years from the UK's formal education structure, they can be inappropriate vehicles for gaining entry to medical school"* (Holmes, 2002, p. 979).

The one year full-time 'Access to Medicine' course provides adult learners with a viable route to studying Medicine at university medical schools. *"The course was developed in 1992–93 in co-operation with the University of Leicester Medical School and is restricted to adults over [19] years of age"* (Holmes, 2002, p. 980). *"The course was [first] validated in 1993 by the Cambridge Access Validating Agency [CAVA], with a panel that included staff drawn from the medical schools at the Universities of Cambridge and Leicester"* (Holmes, 2002, p. 981). Preparing learners to progress onto such a specific course requires them to all do the same mandatory subjects: Biology, Chemistry, Physics, Maths, Epidemiology and a Research Project which *"help[s] students develop independent study skills"* (Holmes, 2002, p. 980). *"The physics syllabus covers general physics and medical physics and a treatment of fluid dynamics. The biology syllabus concentrates on cell biology, biochemistry, physiology and genetics. The chemistry syllabus concentrates on the chemistry/ biochemistry necessary for medicine"* (Holmes, 2002, p. 980).

Although it is expected that they have B grades at General Certificate of Secondary Education (GCSE) usually achieved at age 16 years in the UK, in English, Maths and Science, a Higher Tier GCSE Maths class is also provided by the college as well as a GCSE English course for them to follow alongside their 'Access to Medicine' diploma. This allows them the opportunity to meet the university medical schools' entry requirements on leaving the college. *"Ideally, applicants will have experience of work, work placement or voluntary work in a health care setting. The qualifications of the applicants are checked and personal references taken up [which] helps the college write the initial"* (Holmes, 2002, p. 980) Universities and Colleges Admissions Service (UCAS)] reference for entry to university medical schools by week 5 of the course.

For these reasons 'Access to Medicine' students like other Access students follow a non-standard post-compulsory education progression route to university. However due to the high aspirations required to compete for places at medical schools 'Access to Medicine' students often include university graduates in subjects other than the sciences who have decided upon a change of career, as well as nurses and paramedics who want to move up through the healthcare professions, as well as the typical Access students described in section 1.4 above. Consequently, this further enhances the academic ethos of the course and the perception of it to externally transform the lives of the students. *"In [the] years [1997–2000], 41% of the student intake progressing to medical school came from socioeconomic*

groups IV and V, whilst 36% came from socioeconomic groups I and II” (Holmes, 2002, pp. 979, 980, 981); a socially comprehensive intake which continues to this day. The male: female ratio also remains at 1:1 (Holmes, 2002, p. 981).

Polar opposite political arguments of persistently working hard leads to achievement, whilst social disadvantage prohibits success, are too simple, so need unpacking. The overarching argument through the stories is that whilst the ‘Access to Medicine’ course works in facilitating the progression of learners to access an education and some to access university, those who eventually access medicine are predominated by graduates of other subjects, who use the course as an alternative route to graduate entry medicine at university. This is highlighted in the table.

Academic year	Total students completing Access to medicine	Total students progressing to medicine	Total graduates completing Access to medicine	Total graduates progressing to medicine
2010-2011	35	9	9	8
2011-2012	20	7	4	4
2012-2013	13	8	2	2
2013-2014	19	9	7	5
2014-2015	26	8	5	3
2015-2016	23	10	6	5
2016-2017	11	4	1	1
2017-2018	14	10	4	3
2018-2019	9	3	2	1

## 1.6 The Aims of The Research and Previews to The Methodology and Research Question

The aim is to promote equity and inclusion of students from disadvantaged backgrounds. The discourse of Access Education has been introduced (1.4) in so far as the aim of such courses is to promote equity and inclusion of students from disadvantaged backgrounds by providing them with a second chance of attaining a level 3 qualification to progress to

universities if they have not already attained A-levels with sufficient grades for entry. This research will scrutinise whether or not the aims of Access Education are within the context of an Access to medicine course.

An intrinsic case study into how the 'Access to Medicine' students from the 2013-2014 and 2014-2015 cohorts described their experiences of the course was undertaken to gain a better understanding of how to better respond reflexively to students on the course in future years. It is intrinsic because as course director I have an intrinsic interest in better understanding how my students experience the course which I lead in order to further improve things. The 'unit of analysis' (Yin, 2003, p. 3) the 'case' is the cohort of students following the 'Access to Medicine' course in these particular years and so are easily identifiable, definable and well bounded. What is learnt from the study should also be transferable to future cases; future cohorts of students who pursue the same one-year course in future years. For this reason, it should improve my practice in future years and hopefully lead to enhanced student experiences in future years.

The case will be explored in terms of concepts to be drawn from terminology to be discussed through the literature review in chapter 2, which will be followed by the research questions which will be explicitly laid out at the end of chapter 2. I will then move on to discuss the proposed methodology intended to address these specific research questions more thoroughly through chapter 3.

Once specific terminology has been summarised, as first used primarily by Foucault, how these words will be applied within the specific research questions, will become apparent when they are presented at the end of chapter 2. In the meantime, here follows a preview of the research question, to give the reader a taste of the nature of the research, prior to the establishment of a post-structuralist perspective and the use of specific terms.

#### Preview of the overarching research question

How do students describe their experiences of an 'Access to Medicine' course?

## 2.0 LITERATURE REVIEW

Alternative conceptions of adult learning (2.1) will be discussed in the wider context of FE (2.2) and its vocational education bias. Access to HE courses (1.4) will be discussed further in connection with Widening Participation (WP) in higher education (HE) (2.3) and WP in medical education (2.4). Theoretical aspects of complex concepts such as subjectivities, discourse and power link with an extensive theoretical literature about post-structuralism. Key concepts from the most influential thinker in this area, Foucault (1970, 1972, 1977, 1978, 1980a) will be introduced mostly from his original work but also from Gutting (2005), before drawing upon authors such as Sarup (1993), Kendall & Wickham (1999), Walshaw (2007), Burke (2002, 2012), Lawler (2010), Paechter (2003a, 2003b, 2003c, 2006, 2007) Blades (1997) Danielsson and Linder (2009) and Danielsson (2011) who have applied his ideas in educational contexts in a poststructuralist approach. As a case-study is to be carried out, once the proposed research has been located within a theoretical perspective, the importance and relevance of the case study methodology will be discussed and justified.

### 2.1 Alternative Conceptions of Adult Learning

How adult learning is perceived politically will first be discussed, how it is perceived pedagogically or andragogically (M. S. Knowles, 1986) will follow. The purposes of lifelong-learning are academically debateable. Political parties emphasise their views of the relative importance of these purposes, when proposing policies, to fit in with their overall strategic plans for governing.

Hyland (1999, p. 6) cites Edwards' (1997) "*three senses of the learning society*" under the Labour government (1997-2010):

1. 'Adult education' in which an educated society aims to promote active citizenship, liberal education and equal opportunities "*within the social policy frameworks of post-Second World War social democracies*" (Hyland, 1999, p. 6)
2. "*The learning market' where employers are encouraged to provide educational services to individuals to improve the competitiveness of the economy and hence establish a market in learning opportunities*" (Hyland, 1999, p. 6)

3. 'Learning as an approach to life', drawing on a wide range of resources to enable the people to support their own lifestyle practices – participation in learning is seen as an activity through which individuals and groups pursue their own heterogeneous goals.

Although each of these 'three senses' are present to some extent in British education today, in agreement with Hyland (1999, p. 6) I suggest that 'sense 2' occurred through the Conservative governments (1979-1997). Furthermore since Hyland's (1999) writing I also argue that this continued through the Labour administrations (1997-2010), through the Conservative-Liberal Democratic coalition (2010-2015) and through the present Conservative administrations (2015-). So established is the market view of lifelong learning that it has gained consensus through the policies of all three main British political parties. For this reason, it has been unperturbed for a generation leaving other views of lifelong learning in its shadows. Now, political conceptions of adult learning have been considered, a discussion of andragogical models follow.

Assessing prior learning and identifying learners' needs before teaching is expected practice in British education (Driver et al., 1994, p. 10; Scaife, 1996, p. 62), but Knowles (1986, p. 3) highlights how this is of particular importance when educating adults. In Knowles' (1986) andragogical model the teacher is the facilitator first identifying learners' needs and then addressing them by allocating the resources to the self-directed adult learner. Knowles (1986) suggests that adults should be encouraged to take a greater responsibility for their own learning, than children, which I agree with. However Jarvis (1995, p. 101) criticises his approach stating "*the facilitator has little control over the outcome of the learning at all*". Taken to the extreme I agree with Jarvis as well. Whilst accepting that adult learners should be encouraged to aim for ever increasing independence in their learning, they should not be left entirely to their own devices either. In order to bridge this divide, it becomes necessary to understand the learner through effective communication.

Adult learners increasingly consult the teacher for clarification and guidance in their learning from self-identified learning needs. But another key point is that adult learners also have a variety of different prior life experiences through which they have learnt already. So, from a *constructivist* perspective, adults to an even greater extent than children, should not be thought of as blank pages or empty minds to be filled. Instead learners should be recognised as bringing "*a rich background of experience that is a valuable resource both for [their] own learning and for the learning of others*" (Knowles, 1986, p. 6). This perspective is supported

by Mezirow (cited in (Jarvis, 1995, p. 97)) who “*suggests that learning is the process of making meaning from experiences as a result of the learner’s previous knowledge, so that learning is a new interpretation of an experience.*” In order to make the most of this, teachers of adults need to get to know their students, to better understand how they learn most effectively.

## **2.2 Different Perspectives of FE**

With its roots in providing skilled workers for local industries employers have always been a major stakeholder in FE. Government is another (Panchamia, 2012). Consistent with the *neo-liberal* view of education (2.2.8), whereby the purpose of education is to support capitalism, consecutive British governments of different political make-ups have used FE to promote an education that produces a competitive workforce to bolster economic growth. From this view education is seen as the means of producing workers that compete with others for employment with qualifications being the currency. The drive for an educated workforce is thus seen as the means of gaining a competitive advantage over other countries in order to maximise profits and produce wealth. Hyland criticises this excessively economic conception of learning and the obsession with qualifications suggesting that such “*objectives and policies [] are quite some way from the philosophy of adult education espoused by mainstream practitioners*” (1999, p. 2). Learners the third group of stakeholders (Panchamia, 2012) whilst needing to become employable to get their share of the wealth, need not always see this as their first priority. Although many learners progress from FE straight into work others see FE as a step up to HE or just as an opportunity to learn for ‘learning’s sake’(Panchamia, 2012, p. 1). With a persistent drive to attain more qualifications and raise grades, in order to meet the needs of government and employers, what can be missed by teachers is how the experience of learning actually changes learners’ sense of selves. In order to understand this phenomenon perhaps we should consider *learning* as a process of personal transformation? Constructivists like Mezirow refer to *perspective transformation* occurring when new experiences of learning are integrated with older ones to free the way we see ourselves and our relationships (1981, p. 5).

The inalienable right of the individual to realise her own potential and set herself free is known as *liberalism* (Walshaw, 2007, p. 17), whereas the aim to bring about progress for humanity is known as *humanism* (Walshaw, 2007, p. 17). Walshaw suggests that these

combined aims which she refers to as *liberal-humanism* are dominant through education (2007) in contemporary democratic societies, where education's purpose is to allow all citizens to realise their potential and set themselves free from social constraints in order to bring about progress for humanity (my emphasis). Post-structuralists however dispute such liberal-humanist thinking not because they are opposed to such motives but because such a perspective is too simplistic for analysing complex social situations inherent in education.

Post-structuralists like Foucault not only denied the existence of 'the subject' as a fixed and unchanging entity, (Walshaw, 2007, p. 17) but also contested *power* as an entity which one can release oneself from, by overthrowing it, in the political-revolutionary sense (Foucault, 1977). Instead Foucault suggested that power permeates from everywhere between people. Although an attractive theory the liberal-humanist stance neither seeks nor values the experience of the individual and assumes the existence of an unchanging subject who can be set free, whilst also making a clear distinction between the individual and an external reality (Walshaw, 2007, p. 18).

Perhaps because liberal-humanist thinking has become so politically acceptable, liberal-humanist discourses are almost the default discourses for us all in education as they are so persistent and dominant. Through this research I will identify where these discourses may be at play within the accounts of my students and contrast them with alternative discourses as they emerge, in order to analyse them and question them, as according to Burke the dominant discourse of neo-liberalism fails to question learners' motivations for accessing education (2002, p. 3). Although others have researched 'Access' classes (Burke, 2002; Matthews, 2008) and 'Medicine' classes (Jaye et al., 2006), 'Access to Medicine' classes are to date an under researched area. Although Holmes (2002) as previous course leader evaluated the success of the 'Access to Medicine' course at the College of West Anglia from its conception and tracked the progression of its students over the first ten years, through my research I focus on interpreting how power operates through the course analysing the discourses which emerge from the learners' descriptions of their experiences of the 'Access to Medicine' course eighteen years later.

This is also important because Burke (2002, pp. 19–21) argues that the competitive culture of FE works against the promotion of Access courses which were established to provide educational opportunities for the socially disadvantaged. Promoting competition between learners through dominant discourses undermines collective 'student empowerment' and

‘social transformation’. Burke (2002, p. 21) recommends collaboration between colleges rather than competition for the benefit of *non-standard* students, citing the Kennedy report which argued for the redistribution of public resources “*towards those with less success in earlier learning*” (1997). Moreover a student in Burke’s study (2002, p. 25) points out that government funding is available for basic skills provision which may encourage individuals to move from welfare to (low paid) work but that state funding was lacking for ‘socially *transformative*’ Access to HE courses. Whilst 24+ Advanced Learning Loans (<https://www.gov.uk/advanced-learning-loans/overview>, 2014) may entice to a limited extent, many Access students often from lower socio-economic groups, may well remain cautious in running the risk of acquiring the debt associated with the university education that follows.

A recurring theme from Burke (2002, p. 97) is that Access students return to study through a desire for self-discovery in contrast with the *neo-liberal* view of education’s purpose being to provide the necessary skills to prepare people for paid employment. Although it is perhaps more practical for governments to engage with employers (as identifiable interest groups) than individual learners, governments’ economic educational policies since 1979 have taken a *neo-liberal* approach to education policy favouring the ‘learning market’ over those of ‘active citizenship’ and an ‘approach to life’ (Hyland, 1999, p. 6) This supports the economic growth of the employers’ companies, and the country as a whole hence favouring the interests of the first two stakeholders the ‘employers’ and the ‘government’ over the third, the learners (Panchamia, 2012). For this reason, through this research I will listen to the stories of the learners themselves and analyse them in the context of an ‘Access to Medicine’ course which has yet to be researched in such a way.

The dominant neo-liberal view of education presumes that educational experiences are always positive e.g. students will attain and gain in confidence. However Burke (2002, p. 98) describes subjectivities as “*a complex interaction between inner and outer worlds [; .] a destabilising process of ‘becoming’ rather than ‘being’*” and as such destabilisation may be experienced *subjectively* in negative ways. According to Burke (2002, p. 98) *subjectivities* are *constructed relationally* as people *position* themselves relative to others and simultaneously are being *positioned* by those others.

### 2.3 Widening Participation in Higher Education.

While widening participation (WP) has featured in education policy in the UK since the post-war era (1945-), Burke asserts that widening participation is a “*highly contested*” (2012, p. 12) concept. Furthermore, Burke argues that “*there is no one agreed definition*” (2012, p. 12) for widening participation although it “*is largely concerned with redressing the under-representation of certain social groups in higher education*” (2012, p. 12).

Different governments have adopted the popular WP agenda. The WP in higher education (HE) policy established by the New Labour government (1997-2010) aimed to encourage more people from lower socio-economic backgrounds to study at university. This aim was consistent with traditional Labour values, generally promoted as socialist. However, through the years (1997-2010) that New Labour’s WP in HE policy was introduced, HE was promoted not only as a means of making society more equal but also as a means of growing the UK economy to become more competitive in a global market. So, the policy was also neo-liberal in the sense that it encouraged individuals to take on a university education to reap the rewards of more highly paid employment following graduation.

I argue that New Labour’s WP in HE policy (1997-2010) was popular. On the one hand, it appealed to traditional Labour voters, socialists, yet on the other hand, it also appealed to capitalists who may also have previously voted for the Conservative party or the Liberal Democrats. I believe that the WP in HE policy helped New Labour get elected to government. In government, I argue that new Labour's WP policy was instrumental in promoting their political ideologies. These were making society more equal and growing the UK economy to make it more competitive. Mavelli (2014, p. 863) argues that while improving economic competitiveness and social justice were aims declared by New Labour’s (1997-2007) Department for Education and Skills (DfES)

*"It is no coincidence that in the DfES booklet, the concept of 'social justice' as a rationale for widening participation appears only once and that the word 'knowledge' appears only twice."*

Social justice did not become unimportant. It was re-defined. Mavelli points out that through taking the economic view of HE, social justice became “*subsumed by the economic imperative*” (2014, p. 864). Moreover, through growing the HE sector and increasingly regulating schools and FE colleges, DfES literature promoted the economic

view of education through FE and HE institutions. So, the policy implicated colleges and universities in serving capitalism by promoting a dominating neo-liberal discourse. Reading for degrees for intellectual curiosity and personal growth, became overshadowed by degrees being re-defined as the means with which to compete with other graduates for jobs such that students became re-defined as student-customers, stakeholders in the global market.

While New Labour's WP policy aimed to close the gap between rich and poor by allowing more people from working-class backgrounds to receive a university education and gain employment in more highly paid professions, Mavelli (2014) argues that to the contrary the gap between rich and poor widened since the introduction of the policy. Moreover, Mavelli (2014) argues that rather than redress social inequalities, the WP policy reproduced them.

Mavelli (2014) criticises New Labour's WP policy claiming that it implicated the university in shifting its view of knowledge from what Foucault calls *savoir* to *connaissance*. According to Foucault (1991, pp. 69–70)

*“Savoir is the process through which the subject finds himself modified by what he knows, or rather by the labour performed in order to know. Connaissance, however, is the process which permits the multiplication of knowable objects, the development of their intelligibility and the understanding of their rationality, while the subject doing the investigation, always remains the same”.*

Foucault's conceptualisations of *savoir* and *connaissance* are useful tools in adopting the theoretical perspective. However, in taking a Foucauldian theoretical perspective, I will avoid using such conceptualisations of *savoir* and *connaissance* as if they were categorisations of a visible reality. I argue suggesting that New Labour's WP policy implicated the university in shifting its view of knowledge from *savoir* to *connaissance* it too simplistic. They are not binary categories. I agree with Mavelli (2014) to the point that *connaissance* may have become more emphasised through the free market language used in New Labour's WP policy documentation. However, I argue that much *savoir* is apparent in FE and HE institutions today. I, for one, did not take on my doctoral studies simply to attain the EdD as a passport to other jobs, though this is one reason for doing so. I also commenced my doctoral studies for the intellectual challenge, to use Foucault's words, *“to become someone else I was not in the beginning”* (Gutting, 2005, p. 6). Through my doctoral journey (J. E. Knowles, 2016) with the University of Cambridge, I have experienced much *savoir*,

which has provided intellectual fulfilment, and I would like to think has made me a better person. Furthermore, as a teacher, I have seen much *savoir* through the student body at the College of West Anglia over the years, even if the word Access implies *connaissance*. Through the thesis, I will demonstrate through using the students' words how they embody *savoir*, even though a crucial reason for following the Access to medicine course is to progress to university medical schools, *connaissance*.

In agreement with Mavelli (2014), I argue that the dominating neo-liberal discourse constitutes the university as the place whereby student-customers purchase knowledge to become employable. However Mavelli (2014) is also wise to heed caution not to lose sight of the purpose of the university as a spiritual place where the learner is transformed into an intellectual, or to paraphrase Foucault “someone” s/he “was not in the beginning” (Gutting, 2005, p. 6).

Mavelli (2014) criticises WP policy because social inequalities are reproduced through a discourse which reproduces traditional middle-class students into graduates from pre-1992 universities and non-traditional working-class students into graduates from post-1992 universities. However, like Mavelli (2014) and Burke et al. (2002, 2012; 2016) I argue that this dominating neo-liberal discourse blinds us to such inequalities in the structure of society because it depoliticises the policy through implicating the individual student as responsible for their own successes or failures. Through portraying individual students as classless and equal and provided with equal opportunities, those part-time, working-class or ethnic non-traditional students attending post-1992 universities to be with people like themselves become constituted as lacking the aspiration of traditional students who attend the pre-1992 universities and as such non-traditional students become pathologised for being in the lower tier of an expanded HE sector as opposed to in past times similar working-class people being pathologised for lacking the ambition to enter HE at all.

Such a perspective would suggest that teachers should recognise that dominating discourses reproduce social inequalities. Through promoting *savoir* through universities and colleges, teachers may encourage students to view themselves as ever-changing through an intellectual journey (J. E. Knowles, 2016) to become thinkers who also challenge dominating discourses rather than being constituted by them. However, this is easier said than done because we are all complicit in such discourses and no one sits outside them. I also challenge the

management at the College of West Anglia to shift from a *connaissance* view of FE to one more in line with *savoir*.

Key findings from Burke et al. (2016, p. 49) which relate to WP in HE and my experience of leading courses, teaching in FE and undertaking doctoral research are:

1. *“Pressure on teachers to meet expectations of excellence and equity was described as highly challenging within existing structures.*
2. *Teaching staff perceived competing discourses of collaboration and competition to have an effect on student capability.”*

Burke et al.’s (2016, p. 49) finding 1 is relevant to the Access to medicine course because the main aim of the course is to enable all students to achieve *excellence*, distinctions in all six graded units on the diploma. Finding 2 is supported through 4.2 to follow.

#### **2.4 Widening Participation in Medical Education.**

As course leader for the Access to Higher Education (HE) medicine level 3 diploma at a college of Further Education (FE) I aim to improve my professional practice and contribute to knowledge through exploring how the Access to medicine students from the 2013-2014 and 2014-2015 cohorts describe their experiences of the course taking a sociological perspective. Access courses started in 1988 as part of the widening participation in HE agenda to enable mature students who had not studied the appropriate A-levels at school an opportunity to progress to university. Widening participation (WP) in HE was introduced in the last chapter and *“is largely concerned with redressing the under-representation of certain social groups in higher education”* (Burke, 2012, p. 12). In this chapter, research articles from the Medical Education journal are reviewed under the broad umbrella of WP in medicine. Through this chapter, what is meant by WP in medicine will be problematised. Examples of research undertaken in this area will be highlighted as will the gaps in the literature to date to justify a need for my research.

It has been noted that *“factors limiting access to medicine have been studied insufficiently”* (McLachlan, 2005, p. 872). Mathers and Parry (2010, p. 1084) define mature students as typically in their early to mid-twenties who commence studying medicine immediately after completing their first degree. Mathers and Parry (2010, p. 1084) define older mature students as those *“who have worked in other occupations for a number of years”*. Both of these categories of students are represented on the Access to medicine course at the College of

West Anglia. Having explored older mature students' experiences of applying to study medicine in England Mathers and Parry (2010, p. 1084) point out that "*their experiences of applying to study medicine and related decision-making processes have not been examined in detail to date*", so my research will contribute in part to filling this gap.

Similar to Mathers and Parry (2010, p. 1084), my research explores through in-depth interviews the experiences of a group of people on a pathway "*into medical school.*" Mathers and Parry (2010, p. 1084) interviewed older mature undergraduates already at medical school about their experiences of applying to study medicine. My research is based upon interviews with Access to medicine students while they were applying to medical school and studying on the Access course to enable them to seek to secure their places. So, while Mathers and Parry (2010, p. 1084) explore mature students' descriptions of their experiences of applying to medical schools when studying at medical school, my research explores Access students' descriptions of their experiences of the Access course at the stage of seeking admission to medical school. In contrast with Mathers and Parry (2010, p. 1084), my research does not focus solely on graduates in other subjects who applied to and commenced studies at medical school. Students on the Access to medicine course must be over nineteen years of age but typically tend to be in their early to mid-twenties like Mathers and Parry's (2010, p. 1084) mature students, though not all students on the Access course are graduates in other subjects. Moreover, students on the Access course are more diverse as they include those too young to have reached twenty-one years of age to be of typical graduate age and those who may be older mature students but not graduates.

As my students describe their experiences 'looking forward' to medical school, unlike Mathers and Parry (2010, p. 1084) my research captures the students' descriptions of their experiences associated with the uncertainties surrounding studying at college and progressing to university. So, while Mathers and Parry's (2010, p. 1084) study is relevant in that it addresses the transition to medical school and includes referring to Access to medicine courses, Mathers and Parry's (2010, p. 1084) study is not of an Access to medicine course and only includes the descriptions of those students who experienced the success of gaining a place at medical school.

Mathers and Parry (2010, p. 1084) found that the choices available to older mature students (OMS) wanting to study medicine were limited in terms of geographical location. Furthermore, OMS perceptions of admissions staff's willingness to consider their

applications seriously varied considerably between different medical schools. OMS needed to carefully consider the benefits of studying in HE such as providing good role models for their children while being cautious not to move too far away from home to study as this could isolate them from partners, friends and family established in their local area. OMS described wanting to study in HE for academic self-fulfilment as well as the possibility for enhanced economic-employability prospects. Some OMS also tended to apply to HE institutions where they would be with people socially-working-classed like themselves. Mathers and Parry (2010, p. 1084) found that OMS's perceptions were such that although all HE institutions officially accepted applications from OMS, communication exchanges made them feel they had not a chance of getting into particular schools and that they would not apply to them. My experience as a course leader for Access to medicine is like the OMS in Mathers and Parry's (2010, p. 1084) study. I too am aware of 'no go' institutions for Access to medicine students. Furthermore, the University College Admissions Service (UCAS) was perceived by OMS as set up for school leavers and inflexible for OMS. Moreover, as older universities were now providing 4-year graduate courses as well as traditional 5-year courses OMS perceived that these universities saw the graduate courses as providing opportunities for OMS as one must be over 18 to have a degree. As a consequence, OMS in the study perceived applying to a traditional 5-year course at an older university as futile, perceiving that these traditional courses were now even more set up for school leavers. OMS perceived that the provision of the 4-year courses allowed these older universities to tick the box of offering access to non-traditional applicants, but only graduates so that the traditional 5-year courses could continue as always, providing places for highly academic school leavers. So, the older mature non-graduate applicants felt even less welcome. Mathers and Parry (2010, p. 1082) summarise that

*"For applicants committing to full-time access-to-medicine courses, deciding to change career is a 'risky business' which requires candidates to make commitments and sacrifices (e.g. giving up existing paid employment, moving home) without the certainty of a place at medical school at the end of it."*

Mathers and Parry link their findings to those of Reay.

*"Reay has argued that a key difficulty in this transition to education for many mature working-class students in wider HE involves maintaining an authentic 'sense of self' that is rooted in previous identities (e.g. a working-class identity)" (2010, p. 1092).*

In Reay's words,

*"Risk and reflexivity for working-class students choosing higher education is about being different people in different places, about who they might be and what they must give up."* (2002, p. 412)

To summarise Mathers and Parry (2010), older mature applicants, particularly those from the working class must consider which medical schools they feel they might belong in, how they may maintain a working-class identity in some contexts if not in others, what else they must sacrifice in their lives, while not moving too far from home. So, Mathers and Parry's (2010) research is highly relevant to my research as both enquiries explore the subjective experiences of WP in medicine students though differences are also substantial enough and discussed above to highlight a gap in the literature to date.

Thus far, only Holmes (2002) has researched an Access to medicine course, which so happens to be the same course, at the same college which I am researching! Derek Holmes was the course leader for the same Access to medicine course at the College of West Anglia in 2002. I now lead that course. We never met as I did not join the College of West Anglia until 2010 by which time Derek Holmes had left the college. Holmes' (2002) study was a reflective report on the establishment of the Access to medicine course at the College of West Anglia. Holmes (2002) issued 5-point Likert scale questionnaires to former Access to medicine students when at medical schools. Staff at medical schools were asked to complete questionnaires with the same items for comparison as well as being asked if they would take further students from the access to medicine course in future. Discussions with doctors having graduated following the Access to medicine route took place face to face and via telephone after questionnaires had been issued. Holmes (2002) reports an evaluation of the course's successes. Holmes' (2002) did not carry out a discourse analysis of the students' descriptions of their experiences while following the Access to medicine course. Holmes' (2002) study was not taken from a poststructuralist theoretical perspective. However, Holme's (2002) did analyse the social-class proportions of the students entering medical schools. In Holmes' words:

*“Following the 3 trial years, a survey into the socioeconomic backgrounds of the students entering medical school in the 4 years 1997–2000 was conducted. The occupation of the head of the household of the student’s family was used to place students into one of the five Registrar General’s Socioeconomic Classifications.”*

So while Holmes’ (2002) research and mine are closely related in terms of reporting on the same course, we report on that course in different ways, from different perspectives at different times in history (separated by 18 years), so my study is unique.

Holmes’ (2002) findings concerning student progression over the three years were as follows.

- ✓ Thirty-two students progressed to medical school.
- ✓ Twenty-six graduated as doctors by the publication date.
- ✓ 19% obtained honours degrees.

In Holmes’s (2002) words,

*“One student, a graduate entrant to the Access course, was awarded the Gold Medal at Leicester Medical School for the best performance on the whole course. A further 6 of these 32 trial students entered medical school behind their peer groups and ha[d] yet to graduate.”*

Course evaluation following Holmes’ (2002) led to replacing Business Studies with Epidemiology as compulsory subjects of study on the Access to medicine course. Through the surveys Access to medicine students self-reported that the Access to medicine course had prepared them well for medical school in terms of subject preparation, study skills and self-discipline and that they felt more prepared than the average school leaver applicant. Medical schools reported through surveys that the Access to medicine students were as well prepared on the above measures as average school leaver applicants.

Holmes’ (2002) reports the Access to medicine course widening participation in medicine by increasing the proportions from socioeconomic groups IV and V who graduate in medicine and decreasing the proportions from socioeconomic groups I and II when compared with more general statistics presented by Jane Inman of UCAS via an unpublished paper at the Medical Admissions Conference in Manchester; 2000.

Holmes' (2002) reports that the

- ✓ *“progression rate to medical school [during his study] increased to 85% from 64%*
- ✓ *proportion of graduates on the course increased to 50% from 10% in 1993”.*

Holmes' (2002) shows the Access to medicine course at the College of West Anglia as a viable alternative route to university medical schools. The individual success stories of two students are briefly highlighted, and Holmes (2002) emphasised that the Access to medicine course was mainly instrumental in commencing the retraining of nurses to become doctors. Holmes' (2002) also shows the course attracting an increased proportion of graduates.

McLachlan found that *“for access to higher education in general, social class is the main predictor of academic achievement”* (2005, p. 872). Mathers and Parry set to find out why there are *“so few working-class applicants to medical schools?”* (2009, p. 219). Mathers and Parry (2009, p. 220) suggest

*“that WP action should focus almost exclusively on outreach activities. Outreach aims to encourage applications to medicine from individuals who otherwise would not have considered the profession by addressing barriers to applications and enabling the consideration of medicine as a realistic 'choice'. Outreach activities should be grounded in an understanding of the reasons behind the low rates of applications from under-represented sections of society. However, at present, there is only a limited amount of qualitative inquiry specific to medical courses that might inform such activities”.*

While my research will not look into outreach activities, my research in part aims to fill this gap by exploring the experiences of under-represented sections of society seeking to enter the medicine profession. According to Mathers and Parry *“interventions that aim to increase participation rates must address the disjuncture between identity and perceptions of medicine”* (Jonathan Mathers & Parry, 2009, p. 227). My research aims to explore aspects of identity and perceptions of medicine. My research aims to investigate if the Access to medicine course is inclusive and if not to inform how to make such courses more inclusive for working-class students and other underrepresented groups.

Foundation programmes at university medical schools incorporate an additional year at the start of a five-year degree to make the course six years long in total so that students without A-levels in the sciences may embark upon studying for a medicine degree. Fourteen medical schools provide Foundation courses in the UK ('Foundation Courses', n.d.).

*“These courses are often means-tested and might require you to be from a particular part of the country, or have a particular parental background ('Foundation Courses', n.d.)”.*

So, Foundation programmes take affirmative action in recruiting from groups traditionally underrepresented in medicine. Graduate entry medicine courses started in the UK in the year 2000 and take four years to complete, a year less than the traditional undergraduate five-year degree courses. There are fifteen medical schools offering these courses currently in the UK, six of which accept graduates of science subjects only (*Graduate Entry Medicine*, n.d.).

There are thirty-three medical schools in the UK for comparison. So, graduate entry medicine courses offer those who did not choose medicine when leaving school, a second opportunity to do so, while providing universities with more mature applicants whose choice to study medicine may be more considered, while already having more sophisticated study skills to be able to cope with the challenges of studying medicine.

Having evaluated graduate entry medicine courses and medicine courses with a Foundation year that run at UK universities Mathers, Sitch, Marsh, and Parry (2011, p. 1) found that

*“The graduate entry programmes do not seem to have led to extensive changes to the socioeconomic profile of the UK medical student population. Foundation programmes have increased the proportion of students from under-represented groups, but numbers entering these courses are small”.*

Analysis of a single graduate entry course suggested that it brought more considerable diversity regarding

*“more men and more students from lower socioeconomic backgrounds, while a description of the experiences and performance of the first cohort of qualifying students admitted to a foundation programme was markedly positive” (J. Mathers et al., 2011, p. 2).*

To summarise graduate programmes, widen participation in medicine, albeit to a limited extent. Foundation programmes are more effective in WP, but the numbers entering these courses are small. Access to medicine courses widen participation in medicine as, by definition, they provide an alternative route to university medical schools from the traditional A-Level usually attained at the age of eighteen. Holmes (2002) also claimed that the Access to medicine course at the College of West Anglia redressed the imbalance between higher and lower socioeconomic groups progressing to study medicine. Although Holmes' evidence

was limited, from experience leading the same course at the same college, his claim seems plausible to me. From my professional experience, also lacking socioeconomic status data, I believe that the Access to medicine course at the College of West Anglia widens participation in medicine because it recruits people without the A-Levels otherwise required to enter medical school and leads to people progressing from the course to university medical schools which (with the exception of graduates) would otherwise not have progressed to medical schools.

So, there is room for the growth of existing Foundation programmes at universities and also for more growth of existing Access to medicine courses at FE colleges, such as the College of West Anglia, the latter of which has thus far, with the exception of Holmes (2002) not been argued for in the academic literature.

While the Access to medicine course is based at the (FE) College of West Anglia, it acts like a Foundation programme to university medical schools. This is because the Access to medicine course is a one-year level 3 course in the relevant science subjects which just like Foundation years at university medical schools prepares students for studying in the first year of an undergraduate medicine degree course. In contrast to A-Levels, the traditional two-year level 3 route to medical schools both the Access to medicine and University Foundation programmes offer a one-year course to adult learners. So, it seems that Access to medicine courses widen participation in medicine more than Graduate Entry medicine courses because they offer an alternative route to university medical schools which do not require A-Levels or a degree in another subject. However, as Access to medicine courses do not positively discriminate through selecting students from more socio-economically disadvantaged backgrounds, Access to medicine courses may not widen participation in medicine as much as Foundation courses at university medical schools. So, I argue that Foundation, Graduate Entry and Access to medicine courses all widen participation in medicine as they provide alternative routes to medicine degrees other than through obtaining the highest grades in science A-Levels at the age of eighteen.

Moreover while discussions about which of these alternative routes to medicine are most effective in widening participation remain open to debate if we accept that Access to medicine courses widen participation in medicine to some extent and that by being based in FE colleges as opposed to universities they are relatively less expensive I suggest that such provision should continue, expand and to be replicated. Replication has already happened.

Following successful validation, the College of West Anglia's Access to medicine course has been taken up and has been adapted to run at Harlow College, Essex since 2017-2018 to meet this WP need.

While Access to medicine courses at FE colleges provide for mature applicants, over the age of 19, who may be from traditionally underrepresented demographics, they also offer places to graduates. As graduates advancing to medical schools has been shown to widen participation in medicine at the macro-level of UK society, the question now is whether or not allowing graduates onto Access to medicine courses is disadvantaging the more underrepresented groups in UK society which Access courses are designed to provide for. I suggest that this is not the case in terms of capacity at the College of West Anglia, as in the ten years of teaching on the course places have never been capped, and entry is based purely on acquiring high-grade GCSEs in the sciences, English and maths. This means that graduates do not take up places on the Access to medicine course that could have gone to a traditional adult returner. However, another question raised is how the learners on the Access to medicine course experience it. My research may well help answer that question.

## **2.5 Ontology and Epistemology**

Educational research varies to a large extent on its claims to objectivity. However no research can ever be completely objective, and the assumption, that 'absolute truth' can be discovered is now dismissed as 'positivistic' by contemporary educational researchers (Taber, 2010, p. 238). However, Pring (2005, p. 96) argues that despite criticisms, what stands the test of time from a positivist perspective is, that, there are "*social facts*", things in the social world which can be considered to exist and can, therefore, be objectively examined. In the context of this study, the "*social facts*" are that there are known and identifiable students interacting with each other on the course. This reality exists, and hence it can be researched. Within this real world of the study, "*social facts*" will include the accounts, of what real people in history, actually said in response to particular questions. In order to better understand the students' experiences through the course, to be able to respond more effectively to the needs of future cohorts of students, it is necessary to study how the students accounted for their experiences of the course, at inter-personal and intra-personal levels. Hence the study is subjective as I explore the students' experiences of the course, which I interpret in my own unique and subjective way. Accounts of the students' experiences were collected and analysed. Extracts of the discourse, from and between these students, is

contrasted and compared to find emerging patterns. While researching my students' experiences, my subjective view will inevitably influence the research. However, on balance I argue that the challenge to the objectivity of the findings of the research is more than compensated for, by the insight gained into the complex social interactions between the students as they progress through the course. By comparing individual students' varying accounts throughout the study, knowledge and understanding of the students' experiences is interpreted by me, their course leader, who is well-positioned to help similar students in future years.

Having discussed ontology and epistemology here follows a review of the literature required to establish a *theoretical perspective* for the proposed research. Key concepts will be defined through the following sections:

2.6 Who are we?

2.7 Post-structuralism – the theoretical perspective

2.8 Discourse

2.9 Subjectivity

2.10 Foucauldian theoretical concepts

2.11 The autonomous self, liberalism and the protestant hard work ethic

These concepts will then be unpacked to develop into an argument to justify approaching the research from a post-structuralist theoretical perspective and justify the need for a case study. The project aims and research questions will then be presented through section 2.12.

## **2.6 Who Are We?**

Since the reformation unmediated relations with God allowed for an independence of thought and solitary reflection. Renaissance thinking tended to portray individuals as rationale beings capable of independent thought, free from cultural, historical or societal coercion. When Descartes questioned what it is to be human, much of this remained debatable. However what was certain to Descartes was that his thinking was proof of his existence, “*I think therefore I am*” (1968). However as profound as this is, philosophers continued to question the extent to which, who and how we are is genetic, psychological or influenced by society. Following the enlightenment, the concept of the ‘innate self’, who should be liberated from oppression, through his own efforts and autonomy was strengthened.

When Psychoanalysts like Freud attempted to answer the questions of who and how we are, explanations were sought in order to explain ‘the innate self’ of individuals, in terms of ‘why’ they are the way they are. Personal relationships were studied in depth, yet the focus of such research was to discover the ‘innate nature’ of the individual and then explain how societal influences had changed them to be abnormal. However Freud acknowledged that a text is constituted as much by what it conceals as what it reveals (Sarup, 1993, p. 43) recognising that language is also involved (2.2.3).

Now the theological and psychological conceptualisations of an ‘innate self’ have been considered through history here follows a consideration of what makes who we are from a sociological perspective. Lawler (2010, p. 5) acknowledges that although westerners may well be open to the suggestion that the social world influences the way we are; ones ‘natural’ *identity* is more often perceived as innate, unique and beyond the social. Psychoanalysts like Freud (1918) considered identities as suppressed feelings residing within the subconscious mind. However citing Elias (1994) Lawler (2010, p. 7) points out that what is so often seen to be innate aspects of *identity* emerge from one’s own self-control within a *social* context. Lawler (2010, p. 7) citing Elias (1994) refers to an “*alternative perception, one which understands the person in terms of their relations with others, and hence understands identity as formed between, rather than within persons.*” From this perception identity is seen as socially constructed knowledge or shared knowledge rather than an innate and unchanging part of who we are. Indeed Josselson (1994) supports this notion stating that “*Identity represents the intersection of the individual and society*” and “*in adolescence, young people first confront the challenge of finding a place for themselves in the larger social world*” (Josselson, 1994). Danielsson and Linder (2009, p. 136) further emphasise that “*identity is first of all seen as a negotiated experience, not a stable category.*” Key to this line of thought is also that taking on an identity is neither influenced completely by individual choice (agency) nor “*by macro-level social structures like race, class, and gender*” (Carlone, 2012, p. 10). This is supported by Brickhouse “*Children/youth are never truly free to be whatever they wish. The expectations and obligations placed on them by societal structures that are both historical and temporal in nature play a powerful role in shaping the scientific identities of children/youth*” (Brickhouse, 2012, p. 101). Kelly summarises well, “*Identity can be understood as constructed over time with durable features, while always subject to modification and change*” (Kelly, 2012, p. 193).

Lawler (2010, pp. 101–121) describes how identity is something we do rather than something we are, in essence we are all *social actors* (Carlone, 2012, p. 13) behaving in certain ways so as to be accepted as such by the social group. Lawler (2010) summarises this as “*masquerading as ourselves*”. This is not to suggest that we are being deceitful but that our identities only have meaning if recognised by others and hence we need to make a convincing performance in order to be recognised accordingly. Paechter supports the concept of identity being something we do referring to identity as being related to a “*convincing performance of a particular role*” (2003b, p. 74, 2007, p. 23). Supporting the need for identities to be accepted by the social group Paechter also states “*it becomes not sufficient to claim a particular identity; that identity has to be recognised by group members, which in turn reflects back on one’s understanding of oneself*” (Paechter, 2003b, p. 74). Malucci supports this stating that *verification* is important when taking on a *role identity* (Rivera Malucci, 2012, p. 124).

Walshaw (2007, p. xiv) suggests that everyone has multiple identities which are ever changing depending on the discourses which are most attractive to us in a particular context and at a particular time. As we are all members of different groups it is important however to recognise “*that no one has only one identity and indeed those identities may be in tension*” (Lawler, 2010, p. 3) as they compete within in ourselves for the different roles we play in our lives.

Furthermore not only may we perform different identities in different social situations in order to be accepted by the social group, but Lawler (2010, p. 4) goes further citing psychoanalysts like Freud (1918) who imply that “*in wanting to see ourselves as unique, we magnify small differences until they become defining characteristics [whilst] what is shared is played down*” (Lawler, 2010, p. 4). This allows us to audition for the part of ‘in-group member’, by highlighting the unique characteristics required, to be accepted into the group. What then at first seems contradictory is that groups, once established identify themselves via individuals’ similarities, rather than their differences, perhaps to show solidarity. According to Turner (1999, p. 11) “*People stereotype themselves and others in terms of salient social categorisations, leading to an enhanced perceptual identity between self and in-group members and enhance perceptual contrast between in-group and out-group members*”. For these reasons there will inevitably always be a tension between wanting to be perceived as ‘similar’ or ‘unique’. Everyone requires a unique role to play to be accepted into a group, whilst the group through recognising members like themselves within the group protect their

interests, over those in other groups. Consequently, group identities need to be more overarching and simpler (although they may still need to change) in order to continually appeal to everyone within the group.

By recalling memories through stories or narratives Lawler (2010, pp. 10–15) describes how through our selection of events we choose to recall through stories to others we construct and re-construct our identities through the story telling. The selected events (from many others some of which may be forgotten) emphasise a part of who we are. The story must be interesting to make a point and avoid the listener or reader thinking or responding “*so what?*” (Lawler, 2010, p. 16). As Lawler (2010, p. 16) puts it “*The narrative, then, is only completed (if it ever is!) in the interaction between teller and audience.*” “*Within this story we are able to say ‘that is me’, ‘I am like this’*” (Lawler, 2010, p. 21).

Following Lawler I argue that identity is primarily “*produced within the social world rather than*” (2010, p. 100) independent of it and that “*psychoanalytic perspectives [...allow us to theorise ...] identity [...] to see an alliance between ‘personal’ and ‘social’, albeit an uneasy one [...which...] derives from the messiness of the unconscious*” (2010, p. 100). Lawler (2010, p. 143) summarises identity as “*a deeply social category*” reasoning that “*there is no aspect of identity that lies outside social relations*” (Lawler, 2010, p. 143). In Foucauldian terms “*the social world both produces and constrains us as persons*” (Lawler, 2010, p. 144); and “*to paraphrase Bourdieu, we contribute to determining what determines us*” (Lawler, 2010, p. 145).

Furthermore post-structuralists (2.2.4) like Walshaw view, identity, “*at the cultural crossroads of discursive practice*” (2007, p. 81). Foucauldian researchers in education do not attempt to explain what a learner is ‘truly like’, instead they analyse “*how she is constituted within practices and discourses*” (Walshaw, 2007, p. 81) (2.2.5) in a particular context, at a particular time, acknowledging that such understandings are inevitably provisional and ever-changing.

## 2.7 Post-Structuralism – The Theoretical Perspective

This section explains what post-structuralism is and following on from the argumentation through the previous chapters asserts that a poststructuralist theoretical perspective will be taken through the research.

Poststructuralists view the social world, not in absolute terms, but relatively between different people within the social structure, across different situations at different times. Moreover, these people are not absolute and unchanging either but are in a constant process of changing through their linguistic interactions with others. Not only do poststructuralists deny the existence of an objective reality, but they also assert that reality cannot be interpreted consistently and that meaning is at best local and never universal. Walshaw refers to this, as there being “*no view from nowhere*” (2007, p. 5) There is no stable or unchanging reality which anyone can interpret fully, and there can be no understanding that is independent of its context. Poststructuralists see language as constituting the social structure, rather than merely describing what is perceived to exist independently of it.

Moreover, language is used to reflect how society is structured, and the changing social structure modifies the language it uses. Rational, autonomous subjects do not exist but are endlessly being re-constructed through linguistic interactions with others. The subject is de-centred and ever-changing, and there can never be an innate self.

In summary, poststructuralist analysis takes the premise that the social world is in part constructed through the language being used, that the social world is analysed in relativistic, not absolute terms because interactions change through contexts. Any analysis is provisional, not final, as everything is forever changing, so people's subjectivities are in a continual state of flux, so an innate self cannot exist.

So, as the thesis will investigate how students describe their experiences of the 'Access to Medicine' course, the focus of analysis will be on the language the students use. This will allow research to be undertaken into how these students use language to construct the social world of the Access to medicine course and where they lie within it. As the case study will inquire as to whether students become prospective medicine students or not through interactions which change with context and the language used, a relativistic approach is warranted. So, a poststructuralist theoretical approach will be most beneficial in the context of this research.

According to Kendall & Wickham, Foucauldians “*are not seeking how the present has emerged from the past. Rather, the point is to use history as a way of diagnosing the present*” (1999, p. 4). So by taking such an approach, the aim is to gain insight into how the course was experienced by the students so that as course leader I will be in a position to better understand what students in future cohorts may be experiencing. “*If we are to gain maximum benefit from the Foucaultian (sic) method, we must ensure that we do not allow this history to stop*” (Kendall & Wickham, 1999, p. 4). Kendall & Wickham (1999, pp. 5–9) suggest that we should not look for causes and effects using one-directional arrows on diagrams that lead from artificially designated primary, secondary and tertiary categories to determine how they caused something to occur, but look for, accept and find contingencies instead. These contingencies may be considered as interlinking relationships which are never-ending and cannot easily be bounded by space and time. So while the Access to Medicine students were the focus of the enquiry and the aim was to gather understandings which branch out from them through space and time, the cohorts remain well-bounded enough for a case study, like a web, which makes connections with other aspects of the broader social world. Through studying history in the Foucauldian way we aim to study a multitude of inter-relating events and practices, using dual-directional arrows, through the web-like diagram, that emphasise the complexity of histories developing and in so doing we avoid falling into the trap, of assuming that one or more, key yet isolated events, caused another situation to occur. It also helps us to understand this approach better if we consider Kendall & Wickham's second point which is to “*be as sceptical as possible concerning all political arguments*” (1999, p. 9).

Kendall & Wickham's notion of being sceptical is not akin to being cynical (1999, p. 9). Scepticism in this context is a process through which we continually interrogate our assumptions, beliefs and conclusions in order to develop improved understandings of the social world. Such scepticism emerged from the philosophies of ancient Greece. Academic scepticism proposed that *we cannot know anything*. This is used for “*the radical rejection of all truth claims*” (Kendall & Wickham, 1999, p. 10). However, Pyrronistic scepticism takes on another dimension by proposing that *we cannot know anything*, including the fact that *we cannot know anything* (Kendall & Wickham, 1999, p. 10). Kendall & Wickham (1999) argue that Foucault is often misinterpreted as following the former scepticism when he follows the latter. By this, it is meant that Foucault did not suggest, *no truths may be known*, as this is as absolute, as *all knowledge being knowable*, both of which are equally absurd. Through following Pyrronistic scepticism, the Foucauldian approach to research allows us to

simultaneously accept that *we cannot possibly ever know it all*, while also accepting that *the more we question, the more we understand*, accepting that such *understandings will never be complete* as knowledge like history is never-ending and continuously incomplete. Kendall & Wickham (1999, p. 11) point out that “*perpetual investigation*” (1999, p. 11) implies “*suspension of judgement*” (1999, p. 11) and vice versa and it is indeed this Pyrronic scepticism that allows those following a Foucauldian approach to research, to continuously investigate situations and describe them, while never claiming to have found it, nor attempting to explain (my emphasis).

## 2.8 Discourse

In this section a key term, discourse, to be used in the research questions is defined. This is a key link between the post-structuralist theoretical perspective for the thesis and the case-study methodology to be proposed.

Though *discourse* is commonly used in English today to mean “*written or spoken communication or debate*” (www.oxforddictionaries.com, 2014) or “*a formal discussion of a topic in speech or writing*” (ibid), the influence of the French verb, *discourir*, will be particularly apparent in my use of the term, following Foucault (1970, 1972, 1977, 1978, 1980b) who writing in French re-defined the term for the poststructuralist movement (Blades, 1997; Burke, 2002; Danielsson, 2011; Danielsson & Linder, 2009; Lawler, 2002, 2010; Paechter, 2003a, 2003b, 2003c, 2006, 2007; Walshaw, 2007). In general, and in many educational contexts the word *discourse* is used to mean talk or conversation either in the verbal or written sense. However, Foucault conceptualises discourse as more than verbal or written communication. According to Walshaw “*human conversation is too narrow to describe Foucault’s concept of discourse*” (2007, p. 19). Foucault uses “*discourse to mean taken-for-granted ‘rules’ that specify what is possible to speak, do and even think, at a particular time*” (Walshaw, 2007, p. 19). “*Discourses for him refers to different ways of structuring knowledge [;] immensely powerful [because] they produce truths*” (Walshaw, 2007, p. 19). “*Discourses do not merely reflect or represent social entities and relations; they actively construct or constitute them*” (Walshaw, 2007, p. 19). Through *discourses*, selves are situated in “*jointly produced story lines*” (Gonsalves & Seiler, 2012, p. 159). Through discourse people become positioned amongst others, not necessarily intentionally (Gonsalves & Seiler, 2012, p. 159). This “*positioning can be interactive whereby one*

*positions another, or reflexive, wherein one positions oneself*” (Gonsalves & Seiler, 2012, p. 159).

As discourses are historically variable means of positioning people within contexts, this further justifies using critical *discourse* analysis within a case study where the ‘Access to Medicine’ students’ from the 2013-2014 and the 2014-2015 cohorts descriptions of their experiences of the course are the ‘unit of analysis’ (Yin, 2003, p. 3); the case. “*Critical discourse analysis is an approach, using Foucault’s ideas that allow us to explore the way people are positioned within spoken language and written texts. It specifically focuses on the use of language to show how meanings generated through discourses are produced as social facts. They shape our viewpoints, our beliefs and our practices*” (Walshaw, 2007, p. xiii).

Discourses provide us with a variety of ways to organise what we think, say and do (Walshaw, 2007, p. xiv). Discourses “*sketch out ways of being in the world*” and “*define possibilities, as well as limits, of meaningful existence*” (Walshaw, 2007, p. 42). Discourse to Foucault, is language in context which provides conceptual schemes for relatively well-bounded areas of social knowledge (Walshaw, 2007, p. 40) which is most appropriate for studying, one class, in a particular college, through one year in history, as a case study. The term discourse will be used in the Foucauldian sense from now on unless otherwise stated.

## **2.9 Subjectivity**

Although subjectivity is often interpreted to reflect an individual’s feelings, tastes or opinions there is no escaping the relationship between *discourse* and *subjectivity* in Foucauldian research. *Subjectivity* stems from the concept of the political subject submissive to political authority. Foucault makes no attempt to theorise ‘the subject’, not that he denies that individuals exist, but that ultimately ‘the subject’ as an entity is unknowable (Walshaw, 2007, p. 17). Poststructuralists are merely able to analyse *discourses* between individuals in order to explain how multiple *subjectivities* are constituted within individuals in particular contexts at particular times (Walshaw, 2007, p. 17). “*In Foucauldian research, learners are the product of the discourses and practices through which they become subjected*” (Walshaw, 2007, p. 70). Following Burke (2002) Walshaw (2007, p. 82) uses *subjectivities* to highlight the multiple, ever-changing aspects of our *identities*, as they evolve over time through our *discourses* with others in society. The term *subjectivities* will be used in the Foucauldian sense from now on unless otherwise stated.

## 2.10 Foucauldian Theoretical Concepts

Through this section Foucault will be introduced in terms of how he conceived *the self* to be constituted within society and how a major focus of his life works, was to speak up for those otherwise excluded from society. Next, I will unpack Foucault's concept of *power*. Then I will branch out to uncover how society governs itself through *normalisation* and *surveillance*.

### The self

Social theories, post-structuralism in particular have been applied to "*notions of educational selves and subjectivities*" (Murphy, 2013, p. 9). Walshaw describes Foucault's concept of *the self* as "*a work of art continually in process*" (2007, p. 16). Foucault argued that not only is the self, as a truth, ultimately unknowable (Walshaw, 2007, p. 3) but also that identity cannot be considered to be a, fixed innate part, of who we are either. Foucault stated "*Don't ask me who I am and don't ask me to remain the same*" (1972, p. 17). He even went further suggesting that not only are we ever-changing, but even that it is expected that we should try to change ourselves. Not long before his death Foucault stated: "*The main interest in life and work is to become someone else that you were not in the beginning*" ('Truth, Power, Self', 9) cited in Gutting (2005, p. 6).

According to Foucault not only is the lifelong pursuit of remaking one's self aspirational it is also essential in order to prevent becoming "*entirely fabricated by others*" (Walshaw, 2007, p. 16). This is the key point. The students on the 'Access to Medicine' course are interested in becoming people they were not in the beginning. Through this research I will tell the stories of how this happens.

In the context of this research the post-structuralist key to unlocking understanding will be, to defer searching for an *unfindable* identity for anyone, whilst emphasising the multiplicity of subjectivities which emerge through the *discourses*, in the context within which they are to be analysed. I define *unfindable* as, that which cannot be found, deliberately, as the word 'lost' often used in English for such a meaning, often implies that such an entity was once held or seen before becoming 'lost'. In other words, the finding of such absolute truths is impossible in so far as they cannot be determined to have existed in the past or to exist in the present or the future. In summary how individuals' subjectivities are constituted through discourses and how they change and evolve through the context of the course will be analysed to tell the stories of the students within a unique historical case.

## Foucauldian terminology

In order to suggest how Foucault's ideas will be used in the research it will be necessary to give a brief description of some of his key terms before putting them to use. This will include *uncovering knowledge* (1972) to conceptualise how *power-knowledge* (1980a) operates through *discourses* to enable or constrain what is possible to think or say within a particular time or context. For these reasons it becomes necessary to understand what Foucault meant by *power* (1977, 1978, 1980a) and how it operates through *panoptic surveillance* and *normalisation* (1977).

Although Foucault objected to being categorised, his life works are generally accepted to fit within two phases, the 'archaeological' and the 'genealogical', which evolved somewhat chronologically from his unique and original approach to studying history.

## Archaeology

Foucault used the term, 'archaeology' to describe *uncovering* language, to understand how knowledge is constructed (1972). Through analysing historical sources Foucault suggested that "*language is a source of thought in its own right, not merely an instrument for expressing the ideas of those who use it*" (Gutting, 2005, p. 32) and as such he looked at historical *discourses* not just as a means of ascertaining what was being communicated between people but as a means of *uncovering* what it was 'possible to say' and 'possible to think' in historic societies. An example is how strange it seems to us now, that for centuries a heliocentric model of the solar system was, if not literally *unthinkable* by everyone, was generally *unspeakable*, in medieval Christendom.

## Genealogy

If 'traditional' or 'total' history attempts to find root causes and events that unfold from them, in a linear and chronological order, genealogy is a critique which looks at "*historical beginnings as lowly complex and contingent*" (Sarup, 1993, p. 59). Through revealing "*the multiplicity of factors behind an event*" (Sarup, 1993, p. 59), it attempts to emphasise the fragility of history, in order to undermine causal claims, certainty and predictability. Hence history loses its structure.

## Power

As Foucault's work moved from the 'archaeological' to the 'genealogical' phase the emphasis of his studies of history gradually shifted from analysing language to understand how things were in the past, to analysing contingencies to understand how history emerged. In order to analyse contingencies in this way it became necessary to reconceptualise *power*.

According to Foucault our theoretical perspectives are constrained by the ways *power* enables or denies certain kinds of thinking. So, in Foucauldian terms if *knowledge* lies within the constraints of what it is possible to think or say this raises the question, how are such constraints instigated through *power*? Moreover, how does power operate such that certain circumstances emerge through history whereas other circumstances do not?

It is important to recognise that Foucault established a particular meaning for the word *power*. "*Power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society*" (Foucault, 1978, p. 93).

According to Foucault (1977) until the 18<sup>th</sup> century *power* was exercised through the monarchy and the feudal system. Control over the population was ensured through strict allegiance to one's superiors on pain of death or varying degrees of violence. However, once the ultimate sovereignty of the King became questionable and the people began to revolt, ever increasing acts of violent punishment were required from the sovereign in order to oppose the revolting people. Increasingly these violent acts of punishment became unpredictable and counterproductive in their consequences as despite the fear which endured the consequence of the punishment was not always to maintain allegiance to the King as it could also encourage in the people sympathies for the revolutionaries.

For such reasons it became necessary in post-revolutionary France to produce diffuse mechanisms of *power* which encouraged compliance with the new laws being established. Through the establishment of an ever increasingly legal and social system it became possible to make people "*accept the power to punish, or quite simply, when punished, tolerate being so*" (Foucault, 1977, p. 303). These coercive mechanisms of *power* were more effective and reliable means of enabling compliance with the new order and could be more targeted and less extreme in their application.

According to Foucault “*power is everywhere; not because it embraces everything, but because it comes from everywhere*” (1978, p. 93). Power is not held in its entirety by any one individual but *power* acts between us all. “*Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power*” (Foucault, 1978, p. 95). By this Foucault highlights that if resistance is the opposition to power which is first instigated, resistance cannot exist alone so cannot be exterior to power. Moreover, as power operates, there is a continuous struggle as individuals and groups resist or submit to power to various extents. As such power is both enabling and constraining depending upon the degree of agency available to the individual and the extent to which she chooses or is able to enact it. Therefore “*the power to punish is not essentially different from that of curing or educating*” (Foucault, 1977, p. 303) perhaps due to its diffuse, subtle and coercive nature. Foucault argued that his concept of power is more enabling than it is punitive. Power, to Foucault is seen as a “*productive network which runs through the whole social body*” (Foucault, 1980b, p. 119) rather than repression enacted in an instant. According to Foucault power induces pleasure as well as producing knowledge; if power were purely repressive it would lose its coercive subtlety and fewer people would obey it (Foucault, 1980b, p. 119).

#### Knowledge, power through surveillance

Although much of Foucault’s work pays tribute to Nietzsche and other post-structuralists have theorised the relativity between power and knowledge, “*Foucault inverts following Nietzsche*” (Sarup, 1993, p. 67). Although the relativism is maintained, the commonly held view that knowledge provides us with the power to do things without which we couldn’t, Foucault argues that knowledge is “*power over others, the power to define others*” (Sarup, 1993, p. 67) not liberation but “*surveillance, regulation, discipline*” (Sarup, 1993, p. 67).

Moreover Sarup describes Foucault’s *Discipline and Punish* (1977) as tracking the era where it became “*more efficient and profitable*” (1993, p. 67) to put the population “*under surveillance*” (1993, p. 67) than to make them fearful of the vengeance of the sovereign. In feudal systems few people were arrested, but were punished spectacularly, to make an example of them and to deter others from committing similar crimes. However such spectacles exercised through *monarchical power* were expensive and in contrast “*disciplinary power, a system of surveillance which is interiorized to the point that each*

*person is his or her own overseer [ , ]is exercised continuously at a minimal cost” (Sarup, 1993, p. 67).*

Although prisons may have been initially envisaged as institutions to transform individuals, it was realised early on that that prisons were ‘universities of crime’ or ‘factories of criminality’. However “*supervised illegality was directly useful*”, (Sarup, 1993, p. 68) as the fear of ‘the criminal’ justifies the need for police to survey the population, to protect ‘us’ from ‘them’.

In order to understand how *power* is considered to *operate from everywhere* Foucault’s key concept of *panoptic surveillance* is worth getting to know further which will lead to a greater understanding of how *power* and *knowledge* become inseparable.

#### *Surveillance – making power and knowledge inseparable*

Foucault (1977, p. 200) describes Bentham’s *Panopticon* as the architectural design of the perfect modern prison. In contrast to the medieval dungeon where people were imprisoned often underground, out of sight, in the dark to be forgotten, the *panopticon* was envisaged as a central tower with the prisoner cells forming a ring around the periphery. By ensuring that light could pass through windows from both sides of the circumference of the ring, it was possible to beam light from the central observation tower, such that any prisoner could be observed at any moment. Furthermore, walls between the cells ensured that all prisoners were kept in perfect isolation from each other such that they could not communicate their criminality between themselves and that none of them would ever know what the others were doing. As the prisoners could never see the wardens in the tower but the prisoners could at any time be seen by the wardens, the implication was that the prisoners would become accustomed to regulating and monitoring their own behaviours. Moreover, if the warden could never be seen, it would not always be necessary for him to be present in the tower, as through self-regulation, his presence would become unnecessary much of the time. As such

*“surveillance is permanent in its effects, even if it is discontinuous in its action; that the perfection of power should tend to render its actual exercise unnecessary; that this architectural apparatus should be a machine for creating and sustaining a power relation independent of the person who exercises it; in short, that the inmates should be caught up in a power situation of which they are themselves the bearers” (Foucault, 1977, p. 201).*

Foucault describes how *panopticism* was not only incorporated into the establishment of prisons, but also through architectural structures of military sites, factories, hospitals, workhouses and schools. However, Foucault argues that *panopticism* is not limited by architecture or physical location but can be considered metaphorically as the means through which power permeates society. Furthermore,

“there is no risk, therefore, that the increase of power created by the panoptic machine may degenerate into tyranny; the disciplinary mechanism will be democratically controlled, since it will be constantly accessible ‘to the great tribunal committee of the world’” (Foucault, 1977, p. 207).

I argue that this is increasingly the case with the expansion of social media.

Once “the right to punish [had] been shifted from the vengeance of the sovereign to the defence of society” (Foucault, 1977, p. 90) in parallel with the new laws being passed, in order to govern, the post-revolutionary authorities needed to gain “access to everyday behaviour” (Foucault, 1980b, p. 125), for according to Foucault “it is impossible to govern a state without knowing its population” (Foucault, 1980b, p. 90). In so doing the criminal was constructed as the common enemy of the people (Foucault, 1980b, p. 90). In order to apprehend criminals, it became essential to gain an ever increasing knowledge of individual members of society and their social networks, so as to persuade citizens to abide by the new laws and refrain from criminality, as “the citizen [was] presumed to have accepted once and for all [the laws] by which he may be punished” (Foucault, 1977, pp. 89–90) such that there could no longer be any tolerated illegalities (Foucault, 1977, pp. 86–87). Therefore, as knowledge produced power, power sought more knowledge such that power-knowledge became inseparable.

### Discipline and normalisation

Increasingly from the 18<sup>th</sup> century to the present-day power has relied less and less on the fear of the totalitarian monarch or the person holding absolute power to the disciplining of society from everywhere. For this reason, it became necessary to increasingly coerce citizens to do the *right thing* as opposed to *fearing* doing the *wrong thing*.

## Power and Knowledge

Foucault's early work of the 1960s focussed on symbolic, linguistic, discursive relations and how the subject (a person) becomes constituted amongst it. However, the increasing focus on subjectification led to the theorising of how this happened. *"In his later work Foucault shifted from linguistic determination to the view that individuals are constituted by power relations, power being the ultimate principle of social reality"* (Sarup, 1993, p. 73).

In order to do this power needed to be re-conceptualised. No longer conceptualised in negative, prohibitive ways Foucault insisted that *"relations of power do not emanate from a sovereign or a state"* (Sarup, 1993, pp. 73–74) nor can they be held in the hands of either, instead they are a 'network' with 'threads' that 'extend everywhere' (Sarup, 1993, p. 74).

The Foucauldian notion of power challenges the Marxist notion of power by rejecting power to be located at the centre or summit of institutions and therefore undermines the struggle between the ruling and subordinate social classes for such power. Foucault points out that, procedures of power were not invented by the bourgeoisie but were deployed and expanded by them upon recognising their political and economic potentials. (Sarup, 1993, p. 74)

Foucault also brought into question the enlightenment notion that 'knowledge is power' not by rejecting it, but through recognising that it is impossible *"for power"* (Sarup, 1993, p. 74) to operate *"without knowledge"* (Sarup, 1993, p. 74), and so seeing power-knowledge as linked yet inseparable, each the effect of the other's cause it becomes *"impossible for knowledge not to engender power"* (Sarup, 1993, p. 74). Moreover Foucault warns us of 'universal intellectuals' *"who know a lot about a specialised topic and then exploit their position"* (Sarup, 1993, p. 75), whilst believing in 'specific intellectuals' who work in *"well-defined areas of local expertise"* (Sarup, 1993, p. 75) because they *"do not have universalist aspirations"* (Sarup, 1993, p. 75). Whilst *"this seems to go with his belief in the micro-politics of localized struggles"* (Sarup, 1993, p. 75) I argue that the key lesson from Foucault here is less about judging whether the 'universal' or 'specific' intellectual has more or less moral authority than the other, but recognising that where there is aspiration, there is power, which can be exploited for good or bad.

It is important to recognise that conceptions of power have changed as history has changed. *"At one time the ruler"* (Sarup, 1993, p. 76), 'power', *"was individualised and the mass was anonymous. Now bureaucracy"* (Sarup, 1993, p. 76), 'power', *"is anonymous and the*

*subject is individualised*” (Sarup, 1993, p. 76). Also if power-knowledge are inseparable “*there will never be a transparent society*” (Sarup, 1993, p. 76). This reference also highlights the Foucauldian notion of there never being a utopian era where political ideologies are recognised as achieved.

### Normalisation in education

Foucault suggested that in order to discipline, teachers in 18<sup>th</sup> century schools were encouraged to punish pupils less and reward them more, so as to encourage positive behaviour (Foucault, 1977, pp. 180–182). I argue that this is still the case today. This occurred at the Ecole Militaire where pupils were hierarchised on behaviour within and between classes, in order to encourage positioning themselves within the higher classes and avoid the shame of falling into the lower classes. This continues in schools to this day, through the setting of pupils on academic performance, rather than on behaviour, though some teachers may argue that behaviour and academic performance remain inevitably intertwined. Furthermore “*the normal is established as a principle of coercion in teaching*” (Foucault, 1977, p. 184) by persuading pupils and teachers to aspire to the set standards (be those of the National Curriculum or the office for standards in education (OFSTED)).

### The examination

According to Foucault (1977, p. 184) *power* works most excellently through the examination, by combining the technologies of *surveillance* and *normalisation*. Quite literally students are *surveyed* in the examination hall by invigilators, who ensure that *discipline* is maintained and that no candidate speaks. Markers then allocate percentages to the exam scripts to place them in a hierarchy and allocate them to a *normal* distribution in order to determine the grade boundaries between which every student is ranked. Through proving their *knowledge* through the *examination* students become empowered to progress further in education and employment.

“*It is the examination which, by combining hierarchical surveillance and normalising judgement, assures the great disciplinary functions of distribution and classification [...] power for which individual difference is relevant*” (Foucault, 1977, p. 192).

## Criticisms of Foucault

Although Sarup (1993, p. 69) criticises Foucault for offering no alternative to the prison system he is so critical of, it is difficult to propose an alternative. This is entirely because surveillance has evolved, rather than ever having been envisaged as part of a tactical or pre-planned strategy (1993, p. 69). Hence this re-affirms Foucault's 'genealogy' as a critique of historical beginnings as lowly, complex and contingent and strikes against a 'traditional' or 'total' historical perspective where events have root causes (Sarup, 1993, p. 59).

Foucault is known for stating that "*where there is power there is resistance*" (Sarup, 1993, p. 82) yet also suggests that power can be productive and induce pleasure. If this were so, people would not resist power that is not repressive and would not resist power which induces pleasure (Sarup, 1993, p. 82). Perhaps Sarup takes Foucault too literally here. Perhaps resistance can only be analysed in the context of the power which it resists and by accepting that power may be productive and repressive, perhaps resistance may be as well. For example, someone could resist power that induces pleasure through recognising that the acceptance of pleasure authorises the influence of power to acquire greater knowledge and operate power further. So, resisting power inducing pleasure temporarily may resist repressive power subsequently. However in agreement with Sarup, resistance is under analysed (1993, p. 82).

## Prisoners of discourse from which there is no emancipation

The more one becomes immersed in Foucault's theories of power, the more one realises there is no escaping it. He has no theory of emancipation. Entwined within in this seems a depressive lack of hope for social change, which may not enthuse the mass electorate. However like Sarup and Habermas I agree that Foucault's work on knowledge, power and resistance 'replaced' repression and emancipation models of Marx and Freud (Sarup, 1993, p. 98).

Indeed I agree that Foucault's influence permeates through the politics of contemporary democracies where the electorate is sceptical of unsubstantiated ideological truth claims and "*intellectuals feel they cannot use general concepts anymore*" (Sarup, 1993, p. 98). Where Marxism in my view serves the purpose of highlighting the negative implications of capitalism on workers, I acknowledge that Foucault is right to challenge Marxism for claiming to have found the "*secrets of history*" (Sarup, 1993, p. 98, as being "*out of date*"

(Sarup, 1993, p. 98), “*not progressing from dark to light*” (Sarup, 1993, p. 98) and that Marxist conceptions of ‘total history’ imply progress which supports the ideology and has the potential to be dangerous to democracy.

Like Sarup I deny that the post-modernist declaration that “*progress is a myth*” (Sarup, 1993, p. 183) and agree with Sarup that “*post-modernism is seen in the context of [an] ideological struggle [...] about the status [and] validity of Marxism [...] and [as] Marxism is a child of the enlightenment [...] the project of modernity is one with that of the Enlightenment*” (Sarup, 1993, p. 183). After all Enlightenment must still be worthwhile otherwise “*the education of people would be pointless*” (Sarup, 1993, p. 183).

Whilst not dismissing the enlightenment view that educating the people is important and essential for the development of society, the acceptance that those who acquire knowledge are positioned through discourses and through the knowledge they have, as superior to those who lack it, demonstrates that education controls the population.

Foucault suggested that power operates through ‘dividing practices’, ‘scientific classification’ and ‘subjectification’; the latter meaning how “*people actively constitute themselves*” (Walshaw, 2007, p. 21). Walshaw contrasts (2007) the ‘slow learner’ with the ‘gifted and talented student’ to emphasise such ‘dividing practices’ in an educational context. Although there are no ‘dividing practices’ imposed on the ‘Access to Medicine’ class by tutors, ‘scientific classifications’ which may be ‘social constructs’ such as ‘social class’, ‘ethnicity’ or ‘gender’ constitute us all through the discourses that intertwine them. Moreover I argue that because gender, ethnicity and social class are becoming *unspeakable* through the dominant liberal-humanist (Walshaw, 2007) discourses of contemporary society, such that their complex and fluid interactions become hidden from view.

### Summarising Foucault

Foucault’s archaeology developed through uncovering knowledge to re-interpret the ‘birth of the clinic’ and the school, as institutions through history. Later his genealogy highlighted how power-knowledge, are inseparable, when considering how such institutions became disciplined. His later work on ethics arguably became more focussed on the individual, and his work on transgression developed the notion of seeking alternative possibilities for experiencing the present. Considering the self to be ever changeable, Foucault sought to push the boundaries of experiences for a more fulfilled life. In so doing one may take greater

control of how one becomes subjected, hence capturing a degree of agency or self-determination. Allan has applied this through research of disabled students (2013, p. 31). My research turns full circle by analysing how prospective medicine students become constituted or subjected through an educational course at an FE college. Through writing and re-reading this thesis reflection upon events and experiences of past students become assimilated, so that I am better prepared to respond reflexively and effectively as a teacher-course-leader to future events as they unfold for present and future students. Through “*establishing conduct which seeks the rules of acceptable behaviour in relation to others*” (Allan, 2013, p. 29) amongst previous ‘Access to Medicine’ students, as guide and mentor to present and future students, I aim to highlight “*the self as the principle object of care, and a means through which care for others can occur*” (Allan, 2013, p. 29). This care of the self will encompass encouraging students to increasingly take greater responsibility for their own learning through the Access course so as to be better prepared for studying medicine at university, whilst also emphasising the need for the individual student to learn to cope in challenging and stressful academic and ethical-political situations on a daily basis, if they are to effectively care for others as prospective medicine students. It is also hoped that as these students become subjected as prospective medicine students, medicine students and practicing doctors within a profession which constrains them, through aiming to lead a better life they may be reminded by Foucault that “*they are freer than they [may] feel*” (Martin et al., 1988, pp. 10–11).

### Towards a Foucauldian approach to researching

As human beings we are incapable of being perfectly rational when viewing others and because we all become constituted by these social categories, that position us all relative to one another, we are also incapable of being uninterested in such social categories. For this reason I argue that every student despite every altruistic intention, is potentially positioning others e.g. in terms of ‘perceived success on the course’ through categories that potentially position some students to the advantage of others e.g. through previous ‘schooling’, ‘occupations’ or ‘qualifications’ which may parallel those of wider social structures such as ‘social class’, ‘ethnicity’ or ‘gender’. By exploring multiple and conflicting discourses I will analyse the micro-political interactions in context in order to find spaces for personal enablement.

Encouraging individuals to look beyond such classifications and categories, opens up possibilities in education. Thinking of ‘the self’ in Foucauldian terms as a never-completed identity, layered and complex, the individual is able to exert some degree of autonomy, continuously and proactively re-constructing themselves in ways of their own choosing (Alderton, 2020; Walshaw, 2007, p. 24), hence enacting *subjectification* to their own advantage. Through analysing how students are positioned through *discourses* by themselves and others in relation to power (Alderton, 2020; Walshaw, 2007, p. 150), how students enact *power* in productive ways “*to solve these dilemmas through language*” (Walshaw, 2007, p. 151) will be investigated.

Walshaw points out that it is all too easy for a student to become “*caught up in discourse[s] through which she is not able to exercise agency*” (2007, p. 162), as she cannot see how *power* acts and how it could otherwise be re-worked to allow for personal enablement (2007, p. 163). Analysing how *power* operates in context allows the teacher–researcher to show students how to enable themselves to take on agency within their own lives and take back some control of their own lives even if wider social pressures cannot be removed in their entirety. Foucauldian research should “*grasp the points where change is possible and desirable, and determine the precise form this change should take*” (Foucault, 1984, p.46 cited in Walshaw (2007, p. 165)). This case study will explore ways individuals use *power* productively to enable themselves and enhance their *agency* within these wider social *structures* in the context of the course (Kelly, 2012, p. 193).

## **2.11 The Autonomous Self, Liberalism and The Protestant Hard Work Ethic**

Following the reformation protestants could worship God without going through the hierarchical clergy of the catholic church, yet with the clergy removed, so was the mediation between the worshiper and God. Protestants were no longer obliged to confess their sins to a catholic priest in order to be purified and maintain the prospect of entering heaven. Doing the right thing, behaving in a just and moral way, became the individualised responsibility of the protestant. So, the concept of the autonomous self was born because an “*unmediated relationship with God led towards individualism*” (Connell, 2005, p. 186). This apparent liberation was enhanced through the secularisation of the renaissance, the free-thinking philosophies of the enlightenment (Descartes, 1968) and the rise of capitalism.

Through capitalism the entrepreneur became responsible for the success or failure of individual enterprise. Moreover, with the removal of the catholic clergy and the mediation

with God, the protestant could no longer be assured that his actions were considered worthy for entering heaven. So, with new found freedoms came new responsibilities. Protestant-capitalists became cautious not to waste their accumulated wealth through excessive extravagance, in case God would view them unfavourably, so instead set out to invest their profits to support the community so God may recognise their just intent. If the protestant endeavoured to work hard, he could reap the rewards of his toil and enter heaven. This led to the rise of the 'protestant hard work ethic' as attributed to the thesis of Max Weber (Connell, 2005, p. 188).

So, the protestant work ethic led to the rise of capitalism because the newly emerging bourgeoisie or middle classes would trade to make and reinvest profits. As such the protestant work ethic has from its inception always been a middle class, masculine social construct which assumes that everyone has equal and plentiful time to allocate to working. Connell's reference to Weber's prime exhibit, Benjamin Franklin, highlights the spirit of the protestant hard work ethic.

*"It is interesting to notice the gendered character of the 'spirit of capitalism'. Weber's prime exhibit was Benjamin Franklin, and he quoted this passage:*

*The most trifling actions that affect a man's credit are to be regarded. The sound of your hammer at five in the morning, or eight at night, heard by a creditor, makes him easy six months longer; but if he sees you at a billiard-table, or hears your voice at a tavern, when you should be at work, he sends for his money the next day . . .*

*A man, literally is meant."* (Connell, 2005, p. 188)

So, since its conception 'the autonomous self' has had more association with men than women and more association with middle class men than working class men, as such men have been positioned to be in control and be autonomous. The emancipatory rhetoric of liberalism is appealing, yet because it is so rarely scrutinised and so often repeated, the liberal discourse produces what Foucault calls 'a regime of truth', something which 'seems so natural' that is rarely questioned.

Burke (2002, p. 104) criticises "*the neo-liberal narrative about competitive individuals who, in a society seen as classless, capitalise on equally available opportunities to provide the 'best' life possible for their children*" because it is portrayed as equally available to all and gender, ethnicity and social class become ignored (Burke, 2002). So, when access to an

education becomes highlighted as the responsibility of parents, society's responsibilities become disproportionately placed on the shoulders of working-class mothers. According to Burke (2002, p. 104) the major flaw of the neo-liberal discourse is that it *"ignores all differences between and within families."*

Reay (2010, p. 312) further highlights how the dominant discourse of 'individualisation' puts demands on members of the working class that *"the normative, nuclear two-parent, middle-class family avoid by delegating childcare and housework to cleaners, nannies, childminders and tutors"*. Moreover only the lone working class mother takes on individual responsibility for all these commitments whereby any failure that follows is pathologised as an individual failing of her own making as *"the old safety net of the welfare state is stripped away"* (Reay, 2010, p. 312). Reay (2010, p. 313) asserts how the women in her study internalised such failings as *"personal inadequacies, guilt, anxiety, conflict and neuroses."*

Moreover in agreement with Reay the dominant discourse of 'individualisation' assumes *"agency where to all intents and purposes there is none"* (2010, p. 313) for working-class lone mothers and the failure to *"fulfil their aspirations"* (2010, p. 314) is a failing not of these women but a failure of *"social and educational policy"* (2010, p. 314) as it becomes almost impossible *"for these women to succeed without superhuman efforts"* (2010, p. 314).

Reay highlights how the dominant discourse of 'individualisation' reproduces gender and class inequalities rather than provide liberation.

*"These women are operating within a 'risk and responsibility ethos' (Beck, 1992) but without the rewards and recompenses that come with reserves of economic, social, emotional and cultural capital (Reay, 2000, p. 219). As Madeleine Arnot (2002) asserts, working-class females are now encouraged to adopt the normative outlook and values of the upper middle classes as encapsulated in processes of individualisation without any of their economic power. Yet, within working-class contexts, 'the language of individualisation becomes a mechanism for legitimating gender divisions and class inequalities rather than a mechanism for 'liberation' or 'embourgeoisement' in its fullest sense" (Reay, 2010, p. 314).*

Through the thesis I will therefore challenge neo-liberal discourses of individualisation and the hard work ethic because they reproduce the social inequalities that Access course aim to

alleviate. Many Access students are women and many Access students are working class, needing to continue with paid employment alongside their studies to support themselves as they do not have reserves of economic capital. Access students are sometimes carers for their elders and often have their own children to support. Here the individualistic assumption of the protestant hard work ethic as a social construct breaks down. While caring for children and the elderly tend to fall to women more than men in many societies including those in the capitalist western world, such duties also fall more to the servile working classes than the bourgeoisie.

We must not forget that capitalism rose with empire and the slave trade. Women and slaves carried out unpaid labour and working-class men undertook lower paid work to make profit for the middle-class investors. While the empire and slave trade have gone, the socially dividing practices established under capitalism remain leading to a complex web of intersections between gender, social class, ethnicity and culture which lead to the subordinate social categorisations tending to have less economic capital and more of the social burden of caring for dependents within their own families and wider society.

As such, for Access students, social responsibilities take time away from what is considered to be their main industry, studying for a diploma. So, I will challenge neo-liberal discourses whereby those students not being seen to allocate enough time and effort to their studies becoming constructed as lazy and ultimately not worthy of reaping a reward, gaining a diploma. I will challenge the notion that unsuccessful students must not have worked hard enough and do not deserve a diploma where individualisation implies that failure must be theirs alone. I am not opposed to the idea of working hard but will challenge the hard work ethic because accepting it as a taken for granted truth so pure and simplistic is mistaken because it hides the oppression it claims to liberate.

## 2.12 Project Aims and Research Questions

This project aims to explore the accounts of students' experiences of the one-year Access to Medicine course, how power operates between them and how they change through these experiences. Now a post-structuralist perspective has been established, here follow the research questions using key terminology as defined through the literature review.

### Overarching research question

How do the students in the case study describe their experiences of the 'Access to Medicine' course?

### Subsidiary research question 1

What are the different *discourses* and *subjectivities* amongst 'Access to Medicine' students' accounts of their experiences of the course?

### Subsidiary research question 2

How does *power* operate amongst 'Access to Medicine' students to *position, enable* or *constrain* them?

## 3.0 RESEARCH APPROACH

Studying for an EdD, it made sense to study something related to my own practice. Promoted to course leader for Access to Medicine, which has new students each year, I became interested in finding out how the students describe their experiences of the course, so as to better understand the pastoral needs of similar students in future years. This research focuses upon a microscopic aspect of history, within the context of Access to Medicine students' descriptions of their experiences of their course, obtained through interviews which were obtained from the students whilst they were still studying on the one year course over either

the academic year 2013-2014 or 2014-2015, as they reflected on their experiences of the recent past. The interviews were subsequently transcribed prior to analysis.

### 3.1 Foucauldian Concepts to Be Used as Analytical Tools

Although Foucault objected to being categorised it is worth being aware that his earlier work can broadly be considered to be his archaeological phase (Foucault, 1970, 1972) whilst his later work was genealogical (Foucault, 1977, 1978). The former focussed on analysing history, as it was; the latter on how power operates to make history, the way it becomes.

#### Archaeology

Foucault makes great effort to define his use of the term archaeology, which as the title *Archaeology of Knowledge* (1972) implies is not how the word is used in the conventional sense. Kendall & Wickham suggest that Foucault uses “*archaeology as a tool*” (1999, p. 24) to analyse how statements occur in an archive (1999, p. 24). The archives are historical written documents, but through using the terms archaeology and archive in these ways, Foucault implies the digging up of original documents for analysis. Therefore, Foucault uses the tool, he calls archaeology as a way to re-study history, although he borrows and re-defines the terms archaeology and archive from the conventional archaeology as an academic subject.

Kendall & Wickham (1999, pp. 25–26) “*propose two principles of archaeological research [...]*

- 1) *In seeking to provide no more than a description of regularities, differences, transformations, and so on, archaeological research is non-interpretative*
- 2) *In eschewing the search for authors and concentrating instead on statements (and visibilities), archaeological research is non-anthropological.”*

Applying both principles avoids making judgments, but also through analysing only descriptions, it suffices that these principles remain at the level of how things appear and avoids any attempt to explain or find hidden meanings (Kendall & Wickham, 1999, p. 26).

According to Kendall & Wickham (1999, p. 26) archaeological research aims to: “

- 1) *chart the relation between the sayable and the visible*

- 2) *analyse the relation between one statement and other statements*
- 3) *formulate rules for the repeatability (or use) of statements*
- 4) *analyse the positions which are established between subjects (human beings)*
- 5) *describe 'surfaces of emergence' – places within which objects are designated and acted upon*
- 6) *describe 'institutions', which acquire authority and provide limits within which discursive objects may act or exist*
- 7) *describe 'forms of specification', which refer to the ways in which discursive objects are targeted. A 'form of specification' is a system for understanding particular phenomenon with the aim of relating it to other phenomena."*

Kendall & Wickham (1999, p. 27) relate these aims to schooling in general. However, my research will focus on points 3 – 5 as follows.

- 3) What phrases or words do the students use which are repeated? Why are these phrases or words acceptable? Where else and how are these phrases and words used in wider contexts? What do they convey about what is perceived to be reality – the dominant discourse? In relation to point 1, what other words or phrases, have been used in the past which are not being used now, or how could things be said differently in the present to perceive an alternative reality – the alternative discourses.
- 4) It will be analysed how positions are established between the students as they describe themselves in the past, present and future in relation to the other students and people around them to indicate how they convey how they are changing as people through the course. Are they constituted through discourses as 'good students' or are they not? Are others constituted through discourses as 'good students' or are they not? Who is constituted through discourses as 'good students' and who are 'othered'? Who are behaving in ways that are becoming of medicine students and would be future doctors? Where do they see themselves in the pecking order of the students on the course? Who or what types of people are deserving of a place at medical school and who are not? Why are we here, and why are they?
- 5) If the course is the surface of emergence, how does it act as a domain to produce normal prospective medicine students who get 6 distinctions and can realistically progress to medical school as opposed to other 'Access to Medicine' students who may get merits, accessing education (Burke, 2002) but not accessing medicine.

## Genealogy

Although Foucault developed *genealogy* after *archaeology*, he did not view them as entirely separable and actually considered them complementary (Kendall & Wickham, 1999, p. 31). That said distinctions between them can be made. If *archaeology* aims to inspect “*a slice through the discursive nexus*” (Kendall & Wickham, 1999, p. 30), through adding the dimension of *power*, “*genealogy pays attention to the processual aspects of the web of discourse – it’s ongoing character*” (Kendall & Wickham, 1999, pp. 30–31). If *archaeology* is considered to be analysing what was written in the past to better understand what it was possible to say or not say in the past, *genealogy* aims to uncover what it is possible to say or not say in the present, whilst making the extra step of studying how power is operating in the present to influence the future, and improve our understandings of why this is so. Hence Foucault’s *genealogy* is sometimes described as an ‘history of the present’ (Kendall & Wickham, 1999, p. 29). Furthermore, with an improved understanding of how *power* is operating, we may become more aware of how it is limiting us in the present, and attempt to live life differently, in order to influence a better future for ourselves. Foucault described this as extending the limits of one’s experiences. Indeed through the active pursuit of limit experiences he aimed to uncover alternative ways of living beyond these limits, and re-invent the self (Kendall & Wickham, 1999, p. 30). Indeed uncovering what would usually remain hidden, may bring about the necessary discomfort and agitation for change (Kendall & Wickham, 1999, p. 29).

## Linking *archaeology* and *genealogy* to the research questions

The overarching research question:

How do the students in the case study cohort describe their experiences of the ‘Access to Medicine’ course (2014-2015)?

requires the analysing of snapshots of discourses (Kendall & Wickham, 1999, p. 30) which emerge from the interview transcriptions so may be described as archaeological.

The first subsidiary research question:

What are the different *discourses* and *subjectivities* amongst ‘Access to Medicine’ students’ accounts of their experiences of the course (2014-2015)?

requires identifying or *uncovering* different *discourses* and *subjectivities* which emerge from the interview transcriptions for a group of students who have come to the college, studied at it and have now left the college. The case study is *uncovering* snapshots of the *discourses* and *subjectivities* amongst ‘Access to Medicine’ students’ accounts of their experiences of the course at a defined place, the College of West Anglia through a period which is also bound in time, the academic years 2013-2014 and 2014-2015. Although a benefit of an *archaeological* approach is that it need not be bounded in time, the context is such that the students have described their experiences of the courses 2013-2014 and 2014-2015, which clearly started and ended, so is historical. Through uncovering snapshots of the discourses which are *historical* the approach to this question is therefore *archaeological*.

The second subsidiary research question:

How does *power* operate amongst ‘Access to Medicine’ students to *position, enable* or *constrain* them?

*strategically* uses *archaeology* to answer problems about how *power* was operating in the relatively recent past, that through me as course leader links to the *present* with a group of new students as I weave my way through *problems of the present* (Kendall & Wickham, 1999, p. 34) so with this added dimension may be described as a *genealogical* approach. So, despite the first two research questions being archaeological, the third goes into more depth, focussing on *power* and so is more genealogical.

### **3.2 Methodology: Case Study**

I carried out a case study. Case studies may be simple or complex but are always well bounded. Case study is a methodology which aims to study a ‘particularly bounded system’, ‘a case’ in its entirety “*it is a focus on the singular*” which derives “*unique insights from the analysis that follows*” (Thomas, 2011, p. 44).

A well-bounded group of students, on a particular course at a particular college in England, through two particular academic years, was studied to develop a teacher’s understanding of his students’ experiences, which through publication may be of interest to other educational researchers studying their own classes. The students’ descriptions of their experiences at the end of the 2013 - 2014 course, and at several points, during the 2014 - 2015 course and at the

end of it, became the foci of the study. The case studied was the students' descriptions of their experiences on the Access to Medicine course, which I lead and was in a convenient position to study in their entirety. "*The unit of analysis*" (Yin, 2003, p. 3), the case, was the Access to Medicine students' descriptions of the course.

Such a class is new each year as new cohorts repeatedly take on the 1-year Access course. As course leader for Access to Medicine at the college I am responsible for teaching these students physics, supervising their research projects as an extra subject, guiding their learning and providing pastoral support. For this reason, I have an intrinsic interest in these students every year. Having carried out an intrinsic case study I gained a greater understanding of my students and have learnt how to better fulfil my duties in future years with new cohorts. So I define it as an intrinsic case study because "*first and last [I] want[ed a] better understanding of this particular case*" (Stake, 2000, p. 437). In so doing I will gain a greater understanding of "*the case within its own world*" (Stake, 2000, p. 439) which I continue to inhabit once each cohort of students moves on even if this world is not in its entirety "*the same as the worlds of [other] researchers and theorists*" (Stake, 2000, p. 439).

Critics of case study suggest that it is not generalisable enough to be used in other contexts by others (Demetriou, 2010, p. 205). However external verification of my findings in other contexts is not required as I simply wish to better understand the case in which I operate professionally. In my role I will each year be leading a new group of students through the same programmes of study at the same college. So, although the case study cohorts of students have now left the college understanding acquired from the case study has made me better prepared to respond reflexively in an effective way with similar students on the same course in the academic years which have followed at the same college. So, I seek a very limited generalisability in terms of the institutional context within which my professional role is performed.

So, I argue that the case study is certainly generalisable enough to be of use for me by better understanding how the types of student on my course are constituted, through their interactions with each other, the course material and me, their course leader. However with "*thick description*" (Geertz, 1973 in (Stake, 2000, p. 444)) of the case this study may also be of use to other teachers on Access courses and other teachers researching their own classes. For such reasons the research follows a case study methodology where rich description of the case allows for researchers in similar contexts to determine if findings may be applied in their

situation if they consider their case to be similar enough. Demetriou (2010, p. 205) reasons that “*what makes research replicable [...] is not the units of analysis but whether the research has been theory driven.*” Moreover future researchers “*can [...] select [other] cases on the basis of the same theories, then test [...] the theories through pattern matching*” (Demetriou, 2010, p. 206).

### 3.3 Narrative Enquiry

This research aims to capture an oral history of the students, although my own oral history will inevitably become intertwined with them (Clandinin & Connelly, 2000, p. 111). I will analyse the discourse in a way somewhat unique to me, I accept that the narratives in the interview transcripts could have been interpreted differently by other researchers. Whilst perhaps not having my unique, professional contextual insight to allow for a certain kind of interpretation, outsider researchers would still be biased by their own subjectivities. Whilst no enquiry can ever be completely transparent (Sarup, 1993, p. 76), as there is no absolute truth (Foucault, 1980a, pp. 109–133; Walshaw, 2007, p. 3), making the transcripts available to future researchers will at least allow my own personal subjectivities and biases to be opened up to scrutiny. Combining this with my own reflexive approach to the writing will at least allow me to write narratives which are objectively honest in intention even if subjectively other researchers and the readers may constitute alternative interpretations.

Lawler (2002) stresses that her use of the term ‘narrative’ does not simply indicate a story that conveys a set of facts, but as “*social products produced by people, within the context of specific social, historical and cultural locations*” (2002, p. 242). So, the researcher should also be sensitised to the social, political and cultural histories the students bring with them when interpreting their narratives.

According to Lawler (2002, pp. 245–246) narratives produce identities for ‘social actors’ through emplotment, and emplotment makes an account a narrative. Lawler describes emplotment by “*significance being conferred on earlier events by what comes later*” (2002, p. 246). Through a narrative what may seem to others as independent events through time are linked together through the person’s story to give a sense of purpose to what they did or who they became. Although Lawler (2002, p. 246) argues that questions and answers are not narratives, she decides this on the absence of emplotment. For this reason I argue that

although many of the interviews in the proposed case study may not represent narratives some, might, particularly when respondents provide in depth elaborations explaining why they did something in the past and how that made them a certain kind of person, hence undergoing ‘transformation’ (Lawler, 2002, p. 245).

### **3.4 Ethics**

The ethics of the research was considered from the outset and procedures were put in place to protect the participants. All the students in the Access to Medicine class were invited to take place and were informed that participation was entirely optional. It was made clear that they may give informed consent to take part in the research or withdraw from the research at any time and need provide no reason for choosing so. Students were briefed about the purposes of the research at the end of the academic year (2013-2014 cohort) and in class in December 2014 (2014-2015 cohort) allowing them the opportunity to raise any questions. The formal invitation to take part in the first phase of the research was sent out immediately via email. From there on no reminders were sent out so that this could not be perceived as being overly assertive. Communication then followed with volunteers. The formal invitation to take part in the second phase of the research (2014-2015 cohort) was sent out via email in May 2015 and no reminders followed.

Participants were invited to choose their own pseudonyms so as to avoid imposing one upon them. The majority did this and their chosen pseudonyms were used in the research. Some requested that I chose any pseudonym for them and one participant requested that their real name was used. Chosen pseudonyms in my opinion generally reflected my perceptions of gender, social class and ethnicity. I made a second request for a pseudonym from one participant as being from an ethnicity with which I was unfamiliar; I would have struggled to find a realistic alternative name that was culturally befitting. I chose pseudonyms for some participants who were white British like me, so being familiar with such culture pseudonyms were relatively easy to choose. In the sections to follow the organisation of a gatekeeper (3.3.4) and responding to unanticipated ethical issues (3.3.5) will be discussed.

#### Negotiating the researched through informed consent and appointing a gatekeeper

The students on the ‘Access to Medicine’ course knew me as their course leader, physics tutor, maths tutor, and project supervisor so we needed no introduction. Despite the

advantage of already having a clearly identifiable case, the fact that I was already established as a teacher in the college where the research took place, presented some additional ethical issues. The students were not necessarily in a position to thoroughly comprehend the analysis I make of their interaction with their peers. Although no students objected to the principle of me researching my class to improve the students' experiences of the course in future years, identifying where my teaching and pastoral role ended and my researcher role began whilst relatively clear to me may have been hazy to them. Inevitably despite every attempt to highlight this boundary my two roles may have become merged within the same person, me. (This is partly the reason for carrying out the research, to become a better practitioner). For this reason, my Head of Faculty at the College agreed to act as gatekeeper for the research, someone the students could consult who was higher in the hierarchy of the college than me, if they had any concerns about the research or the affect my multiple roles may have had. This was established prior to carrying out the pilot study and no concerns were raised with the gatekeeper from either cohort. The Head of Faculty was briefed by sending him the consent form (**Appendix 1**) via email, to point out the principle of informed consent to be applied to the research and was offered the opportunity to meet with me, to discuss the role should he require further clarification, or if he wished to raise any concerns. No concerns were raised by the gatekeeper. It was pointed out to him that all students in the class were to be invited to take part in the research and that they may opt in or out at any time and need give no reason for giving or withdrawing their consent. It was made explicitly clear to the gatekeeper and the students that taking part in the research would not affect students' progress on the course in any way, but if the students were to have any doubts, they should consult the gatekeeper. No students consulted the gatekeeper throughout the study.

#### Responding reflexively to ethical issues as they arise through the research

Whilst much can be achieved through having a plan to address ethics, issues that may have been unanticipated can arise whilst writing through the research and deciding the extent to which the sharing of data or findings may benefit the research community, but could compromise the participants. The participants had been assured that every effort would be made to protect their real identities, first and foremost through using pseudonyms and not sharing real names with anyone else. However, it was also pointed out that as the group being studied was small and despite such efforts it may have been that other people who knew them on the course could upon reading the thesis work out who certain people actually were based upon the descriptions of the characters in context. This is where ethical

challenges arose. Whilst wanting to give rigour to the research through providing detailed social description of the case, at times disclosure of key information ran the risk of singling out a participant such that they could easily be identified by their peers if they read the research report. For this reason, generic description was used instead of referring to a particular university a participant may have gone to for example. Previous employment was questioned as to whether or not it should be divulged. It was decided to acknowledge previous employment only where it was relevant to the research. Decisions were ultimately made following risk-benefit analysis. Where there was high risk of a participant's identity being revealed through reference to certain description and little would be gained from the research, such social description and revealing facts were omitted. Where social description was deemed to benefit the research, it was included whilst extra steps were put in place to decrease the likelihood of a participant's identity being revealed to those who knew them.

### **3.5 Methods**

The data collection methods undertaken will be described through section 3.5. Data was gathered via interviews. On a continuum these interviews were semi-structured, loosely-structured (Jaye et al., 2006) and unstructured decreasing in structure respectively. Chronological question schedules (Appendix 2) were used to guide questioning initially. Participants were invited to provide written responses to these chronological question schedules in the first instance. Where written responses were provided they were read through by the researcher who subsequently prepared person specific semi-structured questioning schedules for the first interview. The written responses were not analysed so are not considered a data source. For participants for whom written responses were not provided, the chronological question schedules were used to guide the questioning through the first interview which following Jaye et al. (2006) I call loosely-structured. I call them loosely-structured interviews because they were more structured than the unstructured interviews which followed up later in the phase, but were less structured than the semi-structured interviews for which person specific interview schedules were prepared following written responses.

Data gathering commenced during the academic year 2013-2014. All students from the 2013-2014 current cohort were invited to take part in the research. A table follows under the subheading 'participants 2013-2014' to indicate how the participants from the 2013-2014 cohort contributed to providing data through a variety of sources.

### Participation from former students

As methods were being tested out through 2013-2014 former students from the 2010-2011, 2011-2012 and 2013-2013 cohorts were also invited to take part. No-one from the 2010-2011 cohort participated. Only one of twenty possible former students from the 2011-2012 cohort going by the pseudonym Marie provided a written response to the chronological question schedule. She was not subsequently interviewed, so no data was analysed from this cohort. Three of thirteen former students from the 2012-2013 cohort participated in the research, who went by the pseudonyms Lucy Biggs, Hollie and Jon. They all took part in a loosely-structured group interview. Lucy Biggs took part in an unstructured interview over the telephone and also provided a written response to the chronological question schedule.

### Participants 2013-2014

Twelve out of a possible nineteen students from the 2013-2014 cohort participated in the research. All data was gathered at the end of that academic year. The following category table lists the students who took part under their 'pseudonym'. Ticks, '/', show participants who provided a written response to the chronological question schedule. The words 'loosely' and 'semi' are typed in the cells of the column with the same words in the heading to indicate which type of interview the participant contributed to. The words 'group' and 'alone' further categorise whether they were interviewed with others or not. The names of the others they were interviewed with are provided as well.

Pseudonym	Written response	Loosely/Semi-structured interview	Unstructured interview	Video interview
James	/	Loosely Group with Elizabeth + Semi alone	Group with Barbara, Lilah and Kirsty	
Jane		Loosely alone		
Barbara	/	Semi alone	Group with James, Lilah and Kirsty	Group with Joe, Clive & John
Lucy (Green)	/	Semi alone		Group with Kirsty & Lilah
Joe	/	Semi alone		Group with Barbara, Clive & John
Yas			Group with Clive	
Clive			Group with Yas	Group with Barbara, Joe & John
Cassandra	/	Semi alone		
Lilah		Loosely Group with Kirsty	Group with Barbara, James and Kirsty	Group with Lucy Green & Kirsty
Kirsty		Loosely Group with Lilah	Group with Barbara, Lilah and James	Group with Lucy Green & Lilah
Elizabeth		Loosely Group with James		
John				Group with Barbara, Joe & Clive

Video interviews proved to be more trouble than they were worth. The limited data yielded due to recording terminating automatically after three minutes was insufficient for analysis. This method was not used for data gathering through 2014-2015.

### Participation 2014-2015

All students from the 'Access to Medicine' cohort 2014-2015 were invited to take part in the research: see Consent Form (Appendix 1) by providing data by one or more of the following methods. Eighteen out of a possible twenty-six students from the 2014-2015 participated in the research. Data collection occurred through two phases, phase 1 January – March 2015 and phase 2 in June 2015.

The following category table lists the students who took part under their 'pseudonym'. Blacked out cells represent students who participated to a limited extent but did not provide pseudonyms and are not referred to in the analysis. Ticks, '/', show participants who provided a written response to the chronological question schedule. 'Loosely' represents participants who were interviewed using the chronological question schedule as a prompt because they had not previously provided a written response. 'Semi' represents participants who were interviewed with a pre-prepared person specific question schedule because they had already provided a written response to the standard chronological question schedule. All loosely/ semi-structured interviews were 'one to one', between a single participant, the interviewee and me, the interviewer. Most unstructured interviews were also 'one to one' shown as '1:1' in the table. One unstructured interview was a group interview or focus group. '**Group**' is used to mark the three participants, Holly, Olivia and Mary who were interviewed together through this unstructured interview.

Pseudonym	Phase 1			Phase 2		
	Written response	Loosely/ Semi-structured interview	Unstructured interview	Written response	Loosely/ Semi-structured interview	Unstructured interview
Bronwen		Loosely		/	Semi	
Alistair	/	Semi	1:1		Loosely	
Chandran		Loosely	1:1			1:1
	/	Semi				
						1:1
Winifred	/	Semi	1:1	/	Semi	
		Loosely				
Tom		Loosely	1:1	/	Semi	
Sam		Loosely	1:1			1:1
	/	Semi				
		Loosely				1:1
Holly	/	Semi	<b>Group</b>	/	Semi	1:1
Olivia	/	Semi	<b>Group</b>			1:1
					Loosely	
	/	Semi				
		Loosely	/			/
						/
Mary		Loosely	<b>Group</b>			

### Discussion of data gathering methods

Open ended chronological question schedule (Appendix 2) with the same questions used as prompts as those for the written responses allowed others to take part in ‘loosely-structured’ (Jaye et al., 2006) one to one, paired or group interviews. This method was proposed to give breadth to data collection, by appealing to as many students in different ways, particularly in case the number of written responses produced was limited.

Semi-structured (Danielsson, 2011) one to one interview schedules were then prepared specifically for the persons who provided written responses. This allowed the researcher to

probe more deeply into the meaning associated with what the interviewee had previously written.

Once the semi-structured interviews had been transcribed, the transcripts were used as a reference for unstructured interviewing without pre-prepared questions in order to more freely explore in greater depth, themes already identified in a more conversational manner.

Methods of gathering such data will now be discussed in more depth.

### Chronological question schedules

People experience their lives through time and although they may not necessarily experience remembering it that way “*Chronologically ordered questions [...] provide a structure for recounting a coherent narrative and for remembering potentially important, but easily overlooked events and experiences*” (Gerson & Horowitz, 2002, p. 206).

For this reason, chronological question schedules were prepared to follow the sequence of events through the course in order to connect with the interviewees’ lived experiences, before, during and after the events. This allowed the interviewer to analyse how interviewees described their experiences of the course. The Chronological Question Schedules were used to gather personalised written accounts from those participants opting to provide them or as a guide for loosely structured interviews (Jaye et al., 2006) with participants not opting to provide written responses. Reviewing written responses where available allowed the interviewer to be familiarised with personalised experiences, to determine what specific questions to ask each person in the semi-structured interviews which followed. The schedule (Appendix 2) incorporates aspects of the critical-incidents approach described by Bell (1997, p. 105), where through written question prompts, the respondents are encouraged to focus on critical-incidents in order to reduce the recording of overly repetitive and mundane events.

### Interviews – an overview

Interviews may vary in design on a continuum of structure. “*A structured interview can take the form of a questionnaire or checklist that is completed by the interviewer rather than by the respondent*” (Bell, 1997, p. 93). Structured interviews were not undertaken.

“*Unstructured interviews centre[] round a topic*” (Bell, 1997, p. 93) and may have few pre-prepared questions at all, so that the interview may proceed in a more conversational way.

The advantages and disadvantages of unstructured interviews follow in the next section. According to Bell “*Most interviews carried out [...] come somewhere between the completely structured and completely un-structured point on the continuum*” (1997, p. 94). Mason suggests “*how far to, structure an interview, [...] depend[s] upon [...] theoretical orientations*” (2002, p. 231). Interviews used in this research lay more towards the unstructured end of the continuum as ‘discursive events’ needed to be gathered before ‘discourse analysis’ could take place. In other words, it was necessary to engage in conversation in search of themes through the process of interviewing, such that the transcriptions which followed could later be analysed in depth in context. However, some interviews were ‘semi-structured’ where questions were prepared in advance, to apply questioning to a personalised context already partly unveiled through written responses provided by a minority of participants to the chronological question schedules. Where written responses to the chronological question schedules were not available, ‘loosely structured interviews’ were carried out using the same chronological question schedules. As the name implies, I describe semi-structured interviews to be between structured and unstructured interviews on the continuum.

### Unstructured interviews

Unstructured interviews may provide the greatest breadth of data when compared to other types (Fontana & Frey, 2000, p. 652) but the greatest risk of not offering relevant data. According to Silverman (2000, pp. 822–823) “*the open-ended interview [...] offers the opportunity for an authentic gaze into the soul of another*” whilst Fontana & Frey summarise that “*the very essence of un-structured interviewing*” is “*the establishment of a human-to-human relation with the respondent and the desire to understand rather than to explain*” (2000, p. 654).

It is also important to establish rapport and gain trust when interviewing, particularly without structure, as without these, the interviewed are less likely to open up and express their inner most feelings. It is important not to go too far, and become ‘native’ (Fontana & Frey, 2000, p. 655) as this can jeopardise the researcher’s credibility, if s/he becomes so integrated within the group that all academic objectivity is lost, through becoming too emotionally involved (Fontana & Frey, 2000, pp. 655–656). However feminist researchers suggest that “*interviewers can show their human side, answer questions and express feelings*” (Fontana & Frey, 2000, p. 658) as this helps to build rapport between interviewer and interviewee and

allows for elaboration through empathy. So, the unstructured interviews proved most useful in this research as they allowed trust to be established through personal conversations, which allowed for the expression of emotions, such that the students' descriptions of their experiences associated with the Access to Medicine course could be opened up to analysis.

### Group interviews

Group interviews can provide rich data fairly easily for minimal cost and can be stimulating for the interviewed, through aiding the recall of memories together. Group interviews may vary in structure, dependent upon the purpose required. Unstructured group interviews may be used to gather a range of ideas from a range of people before establishing questions. Structured group interviews may use closed questioning, with the interviewer following a specific question schedule, rather acting like a scribe for a questionnaire. Structured group interviews were not used. However unstructured group interviews with "*no structure or direction from the interviewer*" (Fontana & Frey, 2000, p. 651) may become 'un-focussed groups' with conversations drifting off the researcher's agenda, potentially wasting time through transcribing un-useful data. This was something which happened, despite being aware of it and planning to avoid it, as unstructured group interviews lose focus even more easily than unstructured one-to-one interviews.

The interviewer may need to prevent certain members of the group dominating discussions and encourage others to speak up (Fontana & Frey, 2000, p. 652). Even if a group interview is well balanced by the interviewer insisting that everyone gets the chance to be heard, there is still the danger that what emerges is 'group think' (Fontana & Frey, 2000, p. 652). Moreover if sensitive issues are to be discussed, group dynamics may prevent individuals expressing their actual thoughts or opinions (Fontana & Frey, 2000, p. 652) particularly if involving 'personal matters' (Cohen & Manion, 1994). It is also more challenging to interview groups, rather than individuals as the interviewer is effectively chairing a meeting, as well as asking the questions (Fontana & Frey, 2000, p. 652).

While it is important for the interviewer to chair the meeting and guide discussion along the route of the research questions allowing each person to speak in order to gather all perspectives, it is also important for the interviewer to sit back and let the members interview each other, in order to analyse different points of view, as well as the reasons behind why one member may attempt to dominate the discussion.

The group unstructured interview with Holly, Olivia and Mary occurred partly through chance as they were all friends who arrived together, having each volunteered to be interviewed at the same opportunity. Yas and Clive were interviewed together for the same reason. This allowed me as the researcher to sit back and let the friends interview each other. This situation allowed the power relations in the traditional (non-Foucauldian) sense between my students and me as course leader to be reduced potentially allowing for richer, and perhaps more honest data to emerge.

### Transcription

All interviews were transcribed. Although in some research situations where the ‘general gist’ of what was said may be sufficient to avoid needing to transcribe interviews, (making notes instead) when analysing discourse post-structurally, the detail of every word is of upmost importance. Having a transcription, the researcher has an accurate record of what was said, though it should not be overlooked that they will always remain a representation or even a transformation of the actual talk. Although there are no perfect transcriptions “*they are a public record, available to the scientific community*” (Silverman, 2000, p. 829), depending upon the level of confidentiality offered to the participants. “*Transcriptions can be improved, and analyses can take off on different tacks unlimited by the original transcript*” (Silverman, 2000, p. 829). Transcriptions can be studied again by the original researcher or others (if confidentiality assurances permit) who “*can inspect sequences of utterances without being limited to the extracts chosen by the first researcher*” (Silverman, 2000, p. 830). As this research was sociological, transcription was essential, because “*if you can’t deal with the actual detail of actual events then you can’t have a science of social life*” Sacks (1992b, p.26) in (Silverman, 2000, p. (829).

Interviews for the 2013-2014 cohort were recorded on ‘sound recorder’, standard software within Microsoft office for which I used a lap top computer. Transcription was time consuming. Interviews for the 2014-2015 cohort were recorded on a ‘Sony IC Recorder’ which was purchased as it came with ‘Dragon’ transcription software. This proved a worthy investment. Although transcription remained time consuming it perhaps reduced transcription time by half compared with typing from scratch and either way it allowed me to focus my attention and time on the detail and accuracy of transcription. An added bonus was extra security. The portable IC Recorder stored the interviews on the device itself but also allowed the files to be stored in other locations as backups. One disadvantage of using sound

recorder on the lap top was that the file could not be saved until it was recorded and this had meant that an hour-long interview from the 2013-2014 cohort was almost lost.

### **3.6 Evaluation of The Data Collection Techniques and Transcription**

Here follows an evaluation of the methods used.

#### Semi-structured interviews

Semi-structured interviews are adaptable (Bell, 1997, p. 91) and flexible, allowing the interviewer to focus questioning as required for the research, yet allowing the freedom to deviate from a question schedule and explore interesting avenues of enquiry as they emerge through conversations. A disadvantage is that they can be extremely time consuming to transcribe and veering off track can lead to time wasted transcribing un-useful data. Another means of reducing transcription time, where appropriate was thought to be making a new recording for each speaker in the interview so the transcription software could be set to the particular person's voice setting. However, this proved impractical as conversation changes from one speaker to the next unpredictably and interrupting the conversation would have proven detrimental to data gathering. A compromise was found however. The questions I asked had been pre-prepared so were already typed in what became the edited version of the transcript. Furthermore, the software was used to transcribe the whole recorded interview on each of the speaker's voice settings. Accepting that greater accuracy would occur on the voice profile that corresponded to the actual speaker, it was then possible to have two-word processing documents open (that the software had transcribed) and copy from that version which was most accurate in the first place. So, the text the software transcribed was copied and pasted into a third document (which had the pre-prepared questions already typed) whilst listening to it and editing it. While such software is recommended because it certainly saves some time, the time required to listen to the recording and edit the computer transcription should not be underestimated. Even with the support of such software, transcription remains laborious and time consuming.

#### Unstructured interviews

Again unstructured interviews were adaptable (Bell, 1997, p. 91) and even more flexible to the requirements of the research. They proved very useful as a means of probing ever deeper in a rather conversational approach to gather very rich data. However, the down side was that the focus of the interview was even more likely to be easily lost and whilst prepared for such an

eventuality this still occurred on numerous occasions and to a greater extent than it did with semi-structured interviews. Unstructured interviews were used to follow up on some semi-structured interviews in most cases. Due to the lack of structure in unstructured interviews the transcription software was particularly useful because the questions asked in the interview were not prepared nor could be anticipated in advance so all the words of all speakers in the unstructured interviews needed transcribing. In contrast some questions used in the semi-structured interviews were typed in advance so did not need transcribing.

### Group interviews

Group interviews are adaptable (Bell, 1997, p. 91). Also known as focus groups, they allow discussions to develop (Cohen & Manion, 1994) between interviewees. Advantages include:

1. the researcher stepping back and allowing the respondents to interview each other based on a pre-prepared question schedule.
2. power relations (in a non-Foucauldian traditional sense) between the researcher and the researched are reduced because conversations can develop between interviewees in a more comfortable conversational manner.

Disadvantages include:

- personal matters emerging (Cohen & Manion, 1994) due to the power relations between the students.
- easily become un-focussed group interviews which veer off track because managing a group interview is more challenging than managing a one to one interview as there are more speakers to control.

Holly, Mary and Olivia arrived to be interviewed at the same time and were friends. The opportunity for a group interview was seized. While I did not leave the students alone to interview each other, it was possible for me to sit back around the table and let them become involved in productive conversation interjecting either to redirect the interview and prevent it going too far off track. As they were all friends personal matters did emerge. The group interview between friends Clive and Yas was easier to control perhaps because the group size was smaller.

### Audio recording

All interviews were audio recorded. Transcription software was used which reduced transcription time. Advantages included:

- All that was spoken was heard (with sparse exception).
- Data files were easy to store in digital form on computers.
- Interviews under 10 minutes could be attached to emails for interviewees to check that transcriptions are an agreed account of what was said (but caution was taken to avoid mis-sending confidential data).

Although research interviews as a whole rarely lasted under 10 minutes it was also advantageous to record the interviews in multiple successive audio files of about 10 minutes duration rather than an hour-long audio file for example, as the transcription software was more accurate for shorter audio files. This was not stuck to rigidly. Discretion was used so as not to break the flow of the conversation through the interview.

### Transcribing

Transcriptions provided accurate records of what was said in the interview. Anonymised, with the consent of the interviewees it may be possible to make them available to other researchers. Transcriptions can only be avoided when general impressions are required as opposed to specific detail. They are essential when the specific details of what was said are to be analysed, as was the case in this research, as it is essential to Foucauldian post-structuralist discourse analysis. The major disadvantage is that transcribing is time consuming. This disadvantage was limited by using transcription software, though editing transcriptions remained heavily time consuming. Although there can never be a perfect transcription, they must be good enough for purpose. Although groups of people listening to a draft transcript to agree upon improvements (Silverman, 2000, p. 831) may have greater validity, for a teacher researching his own class, the time saving of transcribing alone outweighed this as did assuring confidentiality.

### **3.7 Discussion of The Analytical Procedures**

Through section 3.7 the analytical procedures which were undertaken will be discussed prior to presenting the analysis through chapter 4.

Following transcription, the starting point for analysis was to become immersed in the data exploring for themes. The transcripts were read through completely, taking notes of general themes which seemed apparent. The transcripts were then re-read in order to highlight the data that would be extracted for discourse analysis. A useful and somewhat creative technique in progressing to analysis was to chop up the extracts of the interview transcripts so as to order them in a way that made meaning for me as the author, or so that stories could be written.

The next stage in the analysis was to commence writing to engage in dialogue with the data, so initially these chunks (Kamler & Thomson, 2006, pp. 90–91) were somewhat descriptive. Through an iterative process, discourses were then identified from the descriptions. Foucauldian analytical tools such as ‘technologies of the self’, ‘regimes of truth’, ‘normalisation’ and ‘history of the present’ were then applied to produce a more rigorous analysis.

This was helpful to me as the course-leader-teacher-researcher in recognising the commonality of experiences within and between cohorts so as to prepare to respond reflexively if similar descriptions emerge in future years of the course. So, the common discourses act like threads that connect the webs of discourses within cohorts, whilst also acting like branches to connect each web together through having attended the same course at the same college even if their experiences occurred with different students at a different time. This has allowed me to unravel the web of discourse over each year, while highlighting common discourses which link across the years so as to be better prepared to respond to them reflexively in the future should they occur again. So, whilst no spider’s web is ever identical to another, when looking at different webs on the branches of a tree their similarities are recognisable, so understanding can be uncovered from repeating studying similar students on the same course across time.

The discourses which run through the 2013-2014 cohort will be introduced first. The Foucauldian analytical tools for analysing these discourses will follow. The overarching discourse is that ‘Access to Medicine students should be hardworking and intelligent’. Other discourses are such that there is continuous tension between needing to ‘compete with peers for a place at medical school’ yet be accepted as ‘collaborative and caring prospective medicine students’.

The discussion which follows comes from data analysed in three phases like Danielsson (2011, pp. 4–6). The first stage was to read closely through the transcriptions of the interviews in order to establish what common themes emerged from the data. The second stage was to identify particular discourses, which produced the students' subjectivities in certain ways. The third stage was to apply the Foucauldian analytical tools 'regimes of truth', 'technologies of the self' and 'normalisation' to the identified discourses, by analysing discursive events, through the context of what the students actually said.

All these discourses were explored using Foucauldian concepts of, 'technologies of the self', 'normalisation' and 'regimes of truth' as analytical tools. Sections 4.1 and 4.2 provide some analysis to demonstrate the general analytical procedure for the 2013-2014 cohort. These analytical tools were then applied along with an extra analytical tool, 'history of the present' to the data from the 2014-2015 cohort through chapters 4.7 - 4.15.

Similar discourses emerged through the data from the 2014-2015 cohort as were apparent from the 2013-2014 cohort after carefully reading through the transcriptions of the interviews. These were that 'Access to Medicine students should be hardworking and intelligent' and that perpetual tension lay between 'collaborating' with peers and 'competing' for places at medical schools. However, as these discourses flowed amongst members of a cohort, across cohorts and through time, it made sense to focus the analysis on the individual students and branch out to make analytical links with other students where appropriate. So, some sections in the analysis (4.12-4.15) focus on the words of individual students to tell their stories.

However, exceptions follow. Olivia, Mary and Holly yielded some of the best data from a group interview which was best analysed in the context of their conversations. Therefore, it was decided to keep their stories intertwined to as to keep them focussed in context. Olivia, Mary and Holly's words are spread across sections (4.7-4.10) to focus on different discourses which emerged from a large amount of useful data. As panoptic surveillance through the shared student house was another unified theme, the words from a range of participants are presented in section 4.11.

Through telling the stories of the students, it was also possible to produce a case study, through narrative enquiring that could take a snapshot through the discursive nexus (Kendall & Wickham, 1999), as the researcher's interpretation of a 'history of the present'. Thus, these students' accounts of their experiences of the course, as part of the thesis, would constitute

part of a historical archive, which on becoming available to other researchers could be re-interpreted by others in the future when novel and innovative theoretical perspectives may be applied to it.

Through writing the stories of the students the Foucauldian analytical tools of 'regimes of truth', 'technologies of the self' and 'normalisation' were applied to the identified discourses, by analysing discursive events, through the context of what the students said. As a result, my interpretations of the students' stories contribute a novel way of understanding how an educational course is experienced through the voices of its student participants, while also recognising how power operates through a micro-political case study.

#### **4.0 ANALYSIS**

Here follows the analysis. Sections 4.1-4.3 analyse discourses which emerged from the data obtained from the 2013-2014 cohort. Sections 4.4-4.6 describe connecting cohorts through the course-leader's story protecting participants from sensitive information disclosed. Sections 4.7-4.11 analyse discourses which emerged from the data obtained from the 2014-2015 cohort. Sections 4.12-4.15 tell the stories of individual students using the data obtained from the 2014-2015 cohort.

##### **4.1 Access to Medicine Students Should Be Hard Working and Intelligent**

Descriptions of hard working and intelligent 'Access to Medicine' students are frequent in the participants' accounts. Fundamentally this is connected with the *liberal-humanist* (2.2) (Walshaw, 2007) and the *neo-liberal* (2.11) (Burke, 2002) discourses which dominate through education. Liberal discourses link through 'the rise of capitalism' back to 'the reformation' and Max Weber's hard, protestant, work ethic (2.11) (Connell, 2005, p. 188). Whilst the discourse of hard work may provide a group identity for each member to gain social acceptance from their peers and tutors, this dominant discourse is impossible to escape such that it constitutes the subjectivities of all the group members, depending upon the extent to which they comply with the discourse or resist it (Foucault, 1978).

Excerpts of students' personal accounts of their experiences of their Access to Medicine year will now be presented in order to analyse Discourse 1: 'Access to Medicine students should be hard working and intelligent' through applying the following Foucauldian analytical tools:

- 1) ‘the changing self’ through personal life story narratives
- 2) ‘normalisation’ as the students position their own perceived academic performances relative to others in the group
- 3) ‘regimes of truth’ where what is perceived by the students is questioned as a performance by social actors

### Analytical tool 1 ‘The changing self’

In the context of the ‘Access to Medicine’ course the expectation to work hard seems to stem partly from the personal sacrifices many of the students make in their lives in order to study again. In Barbara’s words: *“every single one of my classmates on this course had varying levels of giving things up or making compromise or realigning their lives to allow for this period of study.”* This raises the question as to why they chose to give up things, of such personal importance, in order to study again. Perhaps they wanted *“to become someone else [they] were not in the beginning”* (Gutting, 2005, p. 6) demonstrating the changing self. Elizabeth did. *“I just have to just keep in mind that in 4 years I will out rank everyone [...], now that they’re all moving on to their training and being you know proper paramedics, in 4 years I will out rank them and it’ll be fine (laughs).”* James did too: *“I thought well hang on I’m probably as clever as you, I’m as bright as you and then I thought ha well, why not give medicine a go, to cut a long story short, that’s why I’m here really.”*

Access courses are designed to give adults who missed out on the appropriate A Levels at school a chance of success at university. As part of the widening participation provision (Burke, 2002) students on the ‘Access to Medicine’ course are from a variety of backgrounds some having been disadvantaged earlier in life but others already having been previously academically successful having got degrees in other subjects (7/21 of the students from the 2013-2014 cohort and 4/24 from the 2014-2015 cohort had Bachelor’s degrees). While the discourse of ‘hard work’ may bind them together in their aspiration to study medicine, Connell highlights how the concept of ‘the autonomous self’ around which the ‘protestant hard work ethic’ is based, connects through history to the reformation, as an *“unmediated relationship with God [which] led towards individualism”* (2005, p. 186) (2.11). Furthermore, this discourse of hard work gained dominance through the competition associated with the industrial revolution and the rise of capitalism. So, I assert that this

discourse of hard work is neo-liberal and that it ignores aspects of social class, ethnicity and gender which others support (Burke, 2002, p. 104; Reay et al., 2005).

However, Barbara's descriptions highlight that, the competition, within the hard work discourse constitutes aspirations for studying medicine which selects an elite and intelligent group.

*"You've kind of plucked out of the school class, you know there were one or two that might end up doing something like this in the future and some that just do whatever the path that they take and some that don't do anything at all . . . and so you've kind of plucked the one or two out of all the different classes and put them in one room."*

Focussing on, "*there were one or two that might end up doing something like this in the future*", may suggest that there is a minority of people from an average school class that eventually get the entry qualifications, to be able to start the 'Access to Medicine' course. How the "*one or two*" are constituted through discourses will now be discussed. Dominant discourses in education may attribute these "*one or two*" as having innate intelligence to be able to progress this far. However, Barbara's reference to "*might*" raises doubt at least to the point, that there is no absolute certainty about people's futures. Perhaps however we could consider the "*one or two*" not as having surpassed an innate intelligence threshold, but as having the desire and ambition to "*become someone else [they] were not in the beginning*" (Foucault, 1982b; Gutting, 2005, p. 6), taking a Foucauldian perspective of the 'ever changing self'. It may be that those successful in gaining a place on the 'Access to Medicine' course, as well as those who may potentially progress to medical schools, are those students who accept the notion of an 'ever changing self'. Although it remains questionable as to whether or not they may realise this if presented with the 'technology of the self' as a means of thinking, at the very least it may be possible to encourage students 'to think' what for them, was previously 'unthinkable', in order to take on a greater sense of agency to transform their own lives. So it could be that through my own reflexivity, it may well be enough that through my own understandings of 'technologies of the self' as a means of thinking, that my future self may be able to respond to future students and encourage them to transform their own lives', through letting go of the concept of innate intelligence and grasping in replacement, that success in life comes from continuously re-inventing the self in terms of what one can control within one's own life. However, the structural aspects of social class,

ethnicity and gender limit the control we have within our own lives (Burke, 2002, p. 104; Reay et al., 2005).

The discourse that ‘Access to Medicine’ students should be hard working goes uncontested. This is perhaps not surprising as in reporting to me as the researcher, the students cannot escape the power I and their other teachers hold over them in the non-Foucauldian traditional sense. Through grading their work, teachers partially determine students’ futures. However, what is meant by ‘working hard’ is open to scrutiny and may vary between people. Lucy describes the ‘hard work’ ethic (2.11) from a position of relative strength. Succeeding on the course she fears that complacency could lead to failure and the end of a dream, ensuring that the hardworking continues, and that the dominant discourse is sustained. *“If you don’t get the distinctions, then you can’t go to med school, really, realistically. So, I suppose it’s like not allowing that confidence to not overtake you, but to blind you to the work that still needs to be done.”* From my professional experience university medical schools rarely make students offers based on anything less than straight distinctions. So, the first part of her statement *“if you don’t get the distinctions, then you can’t go to med school really, realistically”* is indisputable. However the second part of her statement *“I suppose it’s like not allowing that confidence to not overtake you, but to blind you to the work that still needs to be done”* seems to suggest that ‘working hard’ is an essential pre-requisite to progressing to medical school and becoming a doctor. Again, few would dispute this. However, Access to Medicine courses are essentially based on continuous assessment and Lucy has gained distinctions thus far. So, although it could be argued that at the end of the course some students like her, could ease off their efforts, as a merit in the final assessment, may be enough to get an overall distinction in a subject, such suggestions go unsaid. In contrast to this logic, her description of her experience suggests that she perceives that distinction grades are hers to throw away if she dares to ease her efforts. Whilst developing a ‘hard work ethic’ (2.11) goes undisputed for Lucy, as she describes ‘working hard’ from a position of relative academic strength, it remains unclear whether or not she recognises if she is seeking to change herself in becoming a prospective medicine student.

In contrast the discourse of ‘working hard’ constitutes Clive as overcoming barriers to his learning, becoming a better student, through perseverance. The following interview extract also shows how students support each other through encouraging such determination.

*“We did moles for 12 hours. We stopped for an hour here and an hour there, but when we first started we sat down at the desk. I had my hands, I had my head in my hands, thinking I can’t do this I’m gonna fail this. [Yas] said you’re not going to fail, we’re going to pass this and then we managed. We did all that study. After those twelve hours I actually understood what I was doing with moles and then we went on to do the exams and we got distinctions, which was fantastic and I was like wow.”*

The dominant discourse would assert that Clive was turning a corner in his life, being convinced by Yas to believe in himself, to work hard and become successful. Each of their successes in gaining distinctions is constituted through the discourse of hard work whilst also reinforcing it. From my perspective as course-leader-researcher I see Clive and Yas neither of whom had ever studied at undergraduate level had changed, as they were becoming successful Access students. It remains unclear whether or not they considered themselves to have changed through the process of studying, however. A fundamental flaw in the discourse of hard work however is that in contrast to the hardworking individual who becomes successful through honourable endeavours, failure becomes constituted as the responsibility of the undedicated individual and ignores any possible socio-economic, gender or ethnic barriers to such successes.

Kirsty’s account of her experiences of the Access course supports the discourse of needing to study hard *“getting to grips with the academic [...] and the scientific side of”* studying. Relieved to have completed the last exam earlier in the day, Kirsty contrasts her previous educational experiences having *“done some GCSEs”* with those of the Access course. *“Well for myself I’ve never done anything at all similar [...so...] getting to grips with the academic side of it and the scientific side of it [...was...] quite new.”* Having worked so hard through the course, on the day it ends, such reflection becomes overwhelming for Kirsty. *“I think I’ve actually never been in a situation, where I’ve been encouraged to erm take something so seriously and make something that important academically yeh.”* Taking *something so seriously academically* implies studying hard, yet being *encouraged* implicates others in asserting this dominant discourse. As Kirsty leaves the room suddenly, the interview is terminated. Upon her return Kirsty points out, how reflecting on such a contrast of different educational experiences had brought her to tears. This echoes the findings of Burke (2002) that learning can be emotionally perturbing at times and that the neo-liberal assumption that students always gain in confidence through study is overly simplistic. Furthermore, it is

apparent that from Kirsty's description of her experiences that she has learnt to learn and learnt to become successful in learning. She has become a successful Access student having changed herself through a transformative education. However, learning has its highs and its lows, which may simultaneously be portrayed through tears of both sadness and joy when reflecting upon educationally transformative experiences, which may be emotional to varying extents, for different people in different contexts.

In contrast with Kirsty, Cassandra does not describe her experience of 'Access to Medicine' as an educationally transformative experience, in which she learnt how to learn. Already holding a Bachelor's degree, on the surface, such a contrast might be taken as Cassandra having had an easy ride on the lower level Access course in comparison to her degree studies. However, she describes two opposites. She describes having been lazy as a university student, having learnt how to be an independent learner, through always having left her work to the last minute, whilst describing herself as having become a hard worker on the Access course.

*"After Christmas I started going to the library every day and treating ,erm, because it's only a three day week, three or four day week it's quite easy to get lost for four days and think oh god no I'm back again and I haven't done anything and so erm to treat it like a seven day week and then the weekend made it a lot easier and just having discipline because I had terrible work discipline before and it wasn't about my ability to do the work I just had awful discipline and I was just lazy and thought I'll just do it later whereas now I enjoyed the stimulation of going and working hard and feeling like I'd worked hard and all that stuff really and erm sometimes it's easier I think erm to erm build a better work ethic when you're starting something a fresh."*

Two contradictions here highlight the absurdity of how the dominant discourse of hard work constitutes 'the lazy' and 'the dedicated' as polar opposites. Although perceptions of studying are perhaps relative to prior experiences, I find it hard to take Cassandra literally, in that as graduate she had never studied hard at university, as if she had not studied, it is unlikely that she would have passed her exams. Furthermore, the notion that she must have studied ever so much harder on the Access course than for her degree is possibly overstated. What is important here is how through the discourse of hard work, Cassandra constitutes her changing self, to become a prospective medicine student. Through suggesting having been 'lazy' as a university student, she performs the role of always having been intelligent (which

through dominant discourse may be considered to be an innate characteristic), as she was able to pass exams without working hard. However, through her reference to having been ‘lazy’ in the past she also portrays how she has now changed, becoming hardworking as well as intelligent in the present. As such she holds herself up as a potentially successful prospective medicine student, intelligent, able to acquire the required knowledge and understanding of the sciences, whilst also showing herself to be dedicated to the profession of medicine, as a hard worker. So, for Cassandra I perceive that the ‘Access to Medicine’ course has changed her, by giving her more self-discipline, whilst in contrast dominant discourses may portray her as being innately lazy and innately intelligent. So, through the discourse of hard work Cassandra, acknowledges having changed, having become hard working. She puts it, “*it wasn’t about my ability to do the work, I just had awful discipline and I was just lazy.*” However, despite accepting having changed through the Access course, it remains unclear to what extent, she may perceive her self-described characteristics as being innate or ever changing. Cassandra’s portrayal of becoming a hard worker, perhaps to change herself, cannot be interpreted fully here. How she becomes disciplined through the normalising gaze of a hardworking and aspirational peer group will follow in the next section.

Through these discursive events I have demonstrated that I perceive the students’ ‘selves’ to be ever changing though it remains unclear to what extent the students themselves see it that way. Hence this gave me a focus for the interviews with students from the 2014-2015 cohort to probe deeper in questioning through such a lens as will be shown in the later chapters. Moreover, Cassandra’s story demonstrates how analysing discourse through ‘technology of the self’, ‘normalisation’ and ‘regimes of truth’ separately is a challenging task as all are entwined together. This is why it was decided that data from the 2014-2015 cohort would be analysed through stories, that centre on the student as opposed to the analytical tool. Parallels can also be drawn between Cassandra’s story and that of the women in sections 4.7-4.10, as Cassandra was the daughter of medical doctors, who had already graduated from university before embarking on the Access to Medicine course, and who also secured a place to study medicine at a Russell group university.

### Analytical tool 2 Normalisation

Cassandra’s last statement above shows how power works productively more broadly. Through persuading her to change herself and acquire a harder working ethic, being surveyed by her peer group, she becomes more disciplined and consequently is normalised into the

group. If working harder allows her to get better grades, her personal goal becomes aligned with that of the group she has been normalised into, re-affirming her status as an in-group member.

The expectation to be perceived by others as intelligent and hardworking puts the ‘Access to Medicine’ students under emotional stress. Barbara describes her experience of the course as an ‘emotional roller coaster’ (in a similar way to Holly in 4.8 to follow),

*“I don’t have a track record of getting good er results necessarily in this particular or scientific field, which obviously makes you nervous and obviously erm there’s a sort of erm there’s a school of thought that says maybe people that [those who] are doing these kind of courses are of a certain academic level and people that are doing others, might not be as smart and so I then feel nervous that I might not achieve the same level erm so yeh it was difficult, I mean it was an emotional roller coaster essentially at the beginning.”*

By referring to “people that are doing these kind of courses” being perceived by her as “of a certain academic level” through enacting the concept of normalisation Barbara positions the ‘Access to Medicine’ class high in a hierarchy of classes whilst “feel[ing] nervous that [she] might not achieve the same level”, she questions that she personally may be positioned lowly within the class. Barbara even uses the word “others”, ‘to other’, less academic courses, relative to the Access to Medicine course in the perceived hierarchy. It is worth noting that Barbara makes no reference to A-Levels which in contrast are positioned as superior to Access courses in Sam’s story (4.14) to follow.

In order to be accepted as legitimate or viable members of the ‘Access to Medicine’ group, learners assert their academic credentials in order to position themselves more highly within the group. For some like Joe and Elizabeth this is easier than it is for others like James and Kirsty. Joe, whilst responding to questioning about how the course met the needs of a variety of learners (in a complimentary way), positions himself most highly:

*“You did have a large range of a kind of educational backgrounds on the course from myself and Elizabeth both of whom had done post graduate work before and there were other people with degrees, but then you also have people who didn’t have A-levels and I think maybe I’m not even sure if Kirsty had GCSE’s or equivalent before so, erm, a large range of abilities.”*

In isolation this excerpt could be put down to Joe simply describing his perception of the range of prior qualifications students on the course had. On further inspection however, it may be seen that, intentionally or otherwise, Joe positions himself and Elizabeth at the top of the class, as ‘former postgraduate students’, followed by ‘the graduates’, then ‘those with A-Levels’, then ‘those without A-Levels’ and at the bottom of the class like Kirsty, who from Joe’s perspective, may not even have had GCSEs. The fact that Kirsty did have GCSEs is rather irrelevant, she didn’t have A-levels so is correctly positioned by Joe at the bottom of the class in terms of prior academic credentials.

Furthermore, through the next statement, I argue that Joe reinforces his academic and intellectual superiority, intentionally or otherwise, having studied at an elite university.

*“I spent years at xxx university and the model of myself that I had was very much predicated on academic success and brilliance. It was about being the most intelligent at everything.”*

A self-confessed elitist from the upper middle classes, Joe respects the Access course for ‘widening participation’ (Burke, 2002), giving those from non-traditional backgrounds, a chance at higher education.

*“I always felt myself and it’s just strange to say, but I always felt myself to be a bit of a fish out of water at Xxx university, now **I was a total elitist academically** but at the same time socially I felt like a bit like a fish out of water. It’s not that I wasn’t, I didn’t, I do come **from the upper middle classes I went to private school etc** you know but I hated the narrowness. I went to Xxx university and I hated the narrowness of that environment socially. **Erm and I I don’t know, if I’m obviously still an elitist in some ways I guess but... I think, I really appreciate... I really appreciate the opportunity that this course has given me** coming from in some ways a very academic background but also a non-traditional background for getting into Medicine. I know that I might have been able to do it if this course didn’t exist but it would have been a hell of a lot harder erm [...] I think that the kind of services that these courses offer is extremely important erm both in that it’s, they offer something that’s wonderful for the people whose taking them but also I think that it’s very important to value a range of backgrounds and experiences, particularly for something like Medicine.”*

With reference to the above extract Joe expresses valuing the education he has received from an elite institution like Xxx university, which has enabled him to excel intellectually, yet is critical of the ‘academic narrowness’ of the university, where wider pastoral support is described to be lacking. Furthermore, Joe describes the variety of people on the Access course as ‘a real bonus’, praising the course team for successfully rising to the challenge of meeting the needs of such a wide variety of learners. This aspect of widening participation Joe describes as valuing personally, as working with such a variety of people from different backgrounds has allowed him to become a more rounded person, as he relishes becoming accepted by a peer group for who he is, having previously been bullied at school, before entering the sanctuary of intellectual elitism at Xxx university. His desire to become accepted for ‘who he is’, was also apparent in his conscious decision to acknowledge being gay in his Universities and Colleges Admissions Service (UCAS) personal statement, highlighting the subjectivity he is choosing to constitute for himself, through otherwise such objective writing. Longing to be accepted for ‘who he is’ as a gay man highlights how he like fellow Access students for different reasons is ‘othered’ by the patriarchal order where white hetero-sexual middle-class men dominate. Joe’s story shows how subjectivities are constituted through the multifaceted aspects of our lives. Whilst fitting the dominant description of sex and social class, Joe is ‘othered’ through his sexual orientation.

Furthermore, as Joe stresses the importance of, being honest and being yourself, he also recognises the concept of ‘the changing self’:

*“I value very highly the quality [...] of honesty and kind of just actually being yourself. If there is so far as such a thing as yourself? Not quite sure there really is, but like, if there really like, trying to be as I say be faithful to your experiences and background and so on.”*

The use of the word “*background*” could on the surface, be interpreted literally as ‘prior life experiences’, however our ‘prior experiences’ cannot be isolated from Bourdieu terms our ‘habitus’ (2.2.9) (Crossley, 2008; Reed-Danahay, 2005, p. 46) and as such may have ‘social class’ connotations. Moreover, I propose that the term ‘different backgrounds’ is becoming used as a euphemism for ‘social class’, which through dominant political discourse is becoming less mentioned, putting up the façade that it has all but disappeared. I am not suggesting that Joe meant to say he should be faithful to the upper middle class, as few people would put things in those terms either. However, I interpret this statement, in

summary, as Joe suggesting that you should be honest about who you are, about the different aspects that constitute your subjectivities. This somewhat reflects the post-enlightenment dominant discourse that we are ‘free agents’ in control of our own futures, yet Joe’s story also highlights the tension and risks associated with being open and transparent about aspects of yourself, for example ‘coming out’.

Drawing upon his experience of being ‘accepted’ as a ‘gay man’ at university, as opposed to being bullied at school the following extracts from the interview with Joe show how he has produced a narrative, telling the story of how he became an ‘Access to Medicine’ student.

*“Back in my my childhood adolescence for example, I’m, I’m, gay I grew up at a time when it was still not really possible to be open, I didn’t feel comfortable being openly gay when I was a teenager, so I spent years in the closet and I came out when I was 18.”*

Furthermore Joe’s narrative highlights his acceptance of the concept of ‘the changing self’ as he seeks to redefine himself, perhaps to avoid being “entirely fabricated by others”.

(Walshaw, 2007, p. 16)

*My motivations for getting into medical school are very personal and I mean for me I think... going in to medicine was a project of redefining myself. Erm and it still is, it's about so, so, you know I spent years at Xxx university and the model of myself that I had was very much predicated on academic success and brilliance. It was about being the most intelligent at everything, and I think that again was to do with things back in my childhood really. But were just encouraged by an academic hot house environment but you know, I was bullied badly at my primary school and I kind of retreated into this kind of academic world as a place of safety and superiority where I could kind of look down on the people who were bullying me and know that I was better than them at some things at least even if I was crap at sport [...]*

*When my partner got ill and eventually died, I mean he was ill for a good year in and out of hospital and that whole year was a transformative one for me because it made me. It made me question what I had thought was important like why were these academic questions that I was pouring myself into for my PhD so very life shatteringly important. After all, were they really? I don't think they were [...]*

*I wanted to do medicine because I felt like that was what was right for me [...] I don't know, if I'm obviously still an elitist in some ways I guess but [...] I think, I really appreciate [...] I really appreciate the opportunity that this course has given me.*

Notice how the narrative linking twice to childhood (rooting to innate nature), meanders a path through his life like a *journey* (Flutter, 2016; J. E. Knowles, 2016) which has changed direction, subject to events, making him the person he has become. Joe is able to paint the picture of his 'ever changing self' in a process of transformation supporting arguments in the previous section whilst also positioning himself highly within his peer group through normalisation.

In the previous section analysing 'the changing self', Cassandra refers to having become a more 'disciplined student', which relates not only to herself changing but also having become more 'self-disciplined' through the 'normalising gaze' of her peer group.

Amongst the 'Access to Medicine' students particularly those sharing a house together, power operates productively in that all students monitor each other, actively encouraging study, highlighting 'surveillance' in action in context. If fellow students are studying, others

feel obliged to do the same. They can relax together later, but ‘the collective’ monitors their behaviours and keeps priorities in check.

Cassandra describes the benefits of living with other Access to Medicine students as you:

*“develop friendships [...] because you want to support each other and then because you were friends you’d then support each other more and erm it develops a good work ethic because if you’re the only person not doing any work and your friends are you know off doing something else, off doing work you might as well go do some work and go for a drink afterwards”.*

Cassandra’s description demonstrates how ‘Access to Medicine’ students become constituted as ‘studious students’ preparing for subsequent study at medical school and a future career as hard working doctors committed to life-long learning. The need to work hard is not just a means to an end, it becomes a virtuous circle, those working hard, become closer members of the group and those that do not are pushed out. This is because those that do not live up to the group hard-work ethic, can only resist so long (Foucault, 1978, p. 95). Power works positively to encourage a good hard-work ethic (2.11) amongst the students. However Foucault argued that *“where there is power there is resistance”* (Foucault, 1978, p. 95), so in this context the identified student who resists the peer pressure to work hard can only do so for so long, before eventually becoming unable to fit within the group he has been trying to identify with. Cassandra provides an example:

*“Yes I mean there’s definitely one person I can think of who erm isolated themselves by not doing any work primarily throughout the whole course and then was isolated on a personal level because he wasn’t doing any work so he didn’t spend time they didn’t spend time in the work groups erm spending that time you bond a bit you have a chat you do a bit more work and erm and that was a detriment to their work ethic and their personal life.”*

The student, who would not commit to the studious regime, is reported to have effectively been ostracised from the group, perhaps due to being ‘too different’ from ‘the norm’ to remain an ‘in-group’ member. This excerpt also demonstrates ‘treachery of language’ (Walshaw, 2007, p. 163). Through speaking ‘he’ Cassandra lets out that she is thinking of ‘a man’ and not ‘a woman’ hence reducing the list of possible people from twenty-one names to nine. Knowing the group well as their course leader meant that I was in the position to

suspect which man she was talking about. Although 'he' must not be named, speaking the word 'he' is enough to identify 'the man' to me if not other people. Realising this Cassandra then substitutes the word 'they' for 'he' as if trying to give back the unnamed male his greater anonymity, which clearly cannot be given back once conceded. The unnamed man is hence positioned as too low in the social hierarchy to remain a group member. This uncovers what it is *'possible to say'* as an 'Access to Medicine' student responding to questions from their course leader. It seems acceptable to discuss other students and be critical of them, but they should not be named or identified. What is particularly interesting here is what is 'speakable' (Kendall & Wickham, 1999) and what is not. Colleagues should not be named when speaking to those in authority above us and we should not gossip about other people. However not working hard is so unacceptable in such a group, that it is to the detriment of the man not working hard, such that he is banished from the group. This also demonstrates how Cassandra attempted to protect the unnamed man by not naming him to his course leader who is perceived to hold power over them both in the traditional sense. However, power operates in the Foucauldian sense productively within the group to produce hard-working and aspirational students, but operates oppressively through the 'unnamed man' being largely ignored by the group. Power therefore operates through the discourse of hard work which most members of the groups contribute to, so that eventually the 'unnamed man' can no longer resist the power through 'the collective' and becomes an out-group member, no longer becoming a prospective medicine student. Although (if my suspicions were correct) the 'unnamed man' completes the course with merits, he does not progress to medical school. As this power operates oppressively in this way it is worth noting that this may impact adversely upon students who are foreign, female or working class, if they have additional social barriers to overcome, to be perceived by their peers to be hard working and hence accepted as in group members. This example also demonstrates how the choice of a particular word, 'he' rather than 'they' can unintentionally reveal the identity of an individual to others who know them. This was taken into account in relation to ethical considerations in writing through subsequent research where using 'they' instead of 'she' or 'he' aimed to make it less likely that anyone could be unintentionally identified through close proximity to the context.

### Analytical tool 3 'Regimes of truth'

The following extract from Barbara highlights what Foucault referred to as 'regimes of truth' (1980b) through the discourse of the *'Access to Medicine' students [being expected to] be hard*

*working and intelligent*, as identified so far and through *'Perpetual tension lying between the discourses of collaborating and competing with peers'* which are to follow.

*"Well I think that's probably entirely based on my own psychology, because you know as you go through and speak to folk, people are you know they're more sort of honest and it's a bit of a facade really, I mean you're always kind of looking at your classmates and people seem to have prepared for this class, they've maybe had time to do the homework and also to do preparation for a class, but it's not always the truth, I mean it's like again like in school, in high school when you get the people that are getting top grades and there like oh no I never do any work, [is] not necessarily the truth, you know sometimes they're working very hard behind the scenes and so it's not always what you see, is what you are actually seeing, if you see what I mean, so I suppose that was what I was thinking about there."*

Performing the role of the well prepared and hardworking student allows socially acting students, to join the cast of hard workers. Moreover Barbara's repeated references "*it's not always the truth*", "*not necessarily the truth*" emphasise that through this discourse as any other, there is no absolute truth to be found, only 'regimes of truth' to be interpreted through discourses in context (Foucault, 1980b). What may be of interest to other researchers is the contrast between how the social actors perform different roles 'at school' and 'on the Access to Medicine course'. Whilst the people Barbara describes at school and college are different social actors, in both contexts the social actors are students. Whilst it is reasonable to assume that most students, in most circumstances study and want to succeed with the courses they follow, great effort seems to be put into opposite social performances, to be perceived as successful (and perhaps intelligent) at school whilst not working hard, to perhaps be perceived as 'highly sociable', whilst on the Access to Medicine course social acceptance seems to stem from being perceived to be 'hardworking and intelligent'. This contrast about wanting to be perceived as, not working hard at school, yet be perceived as hardworking at college, may relate to an emergence from adolescence or experiences of becoming a young worker (Venables, 1967). However keeping things in context, focussing on Barbara's description of her experiences, she was likely in the higher sets at school, where academic success without effort may mark such students as 'intelligent and sociable' and perhaps attractive through adolescence, as individuals seek to form social peer groups beyond the family of their parents, which then constitute their evolving adolescent subjectivities. In contrast, at college, following

the Access to Medicine course, mature women and men, more comfortable with their social subjectivities, are already recognised as intelligent, so through a course perceived as competitive, through the discourse of hard work, social normalisation is reversed on the Access to Medicine course by those perceived to be the hardest workers, being positioned at the top of the hierarchy. Through being recognised as intelligent hard workers, they show they have what is expected of a medical doctor, whilst also demonstrating that they have the competitive edge to gain a place at medical school. However, in what upon first sight may appear a contradiction these students compete to become constituted as individuals as hardworking to secure a place at medical school, so they can collaborate with future healthcare professional peers to ‘care for all’.

#### **4.2 Perpetual Tension Lies Between the Discourses of ‘Collaborating’ and ‘Competing’ With Peers**

These discourses will now be analysed using the same analytical tools as for the previous discourse. Collaborating and competing with other learners is encouraged in education. However according to Burke et al. (2016, p. 7), “*teaching staff perceived competing discourses of collaboration and competition as negatively affecting student capability.*” Moreover, the tension this may put students under through educational courses, remains hidden. On ‘Access to Medicine’ students describe their collaborative approach to their studies and their future careers. Also inescapable for the ‘Access to Medicine’ students is the competition for places at university medical schools.

##### 1) Regimes of truth

Barbara’s account above has already provided an example of how ‘regimes of truth’ can be used to analyse the discourse ‘*Access to Medicine*’ students [*being expected to*] *be hard working and intelligent*. However, I also argue that Barbara’s statement provides clear evidence that there was competition between the students to show who was most prepared for class. Moreover, I argue that competition and collaboration are not binary. In the context of the ‘Access to Medicine’ class it seems reasonable to suggest that students want to be perceived as collaborative learners as they may want to be perceived in multi-disciplinary health care setting in their future work as doctors, whilst also demonstrating that they are the most prepared students for training to become doctors. So, one ‘regime of truth’ is that the Access to Medicine students are collaborative and another regime of truth is that Access to Medicine students are

competitive. Whilst the complexities of how power operates, will continue through the analysis much will remain hidden, such that ‘absolute truth’ will never be uncovered.

2) ‘Technologies of the self’ – stable rather than changing?

May competition be felt more through rejection than success? Both Cassandra and Barbara who appear to deny competition within the class were securing university offers. However, rejected Yas, describes things differently:

*“The only thing that affected me is when, erm , I went for an interview [at a university] and then I had to wait for three weeks for an answer, but then they still turned me down, I think that sort of was, erm, like ,erm , a low point to me and I felt to a certain point where like, oh, maybe this is not right for me, but then I thought actually, no I’m gonna carry on doing this, it’s not going to affect me what so ever, but in terms of the rest of the group, I think it was quite competitive, erm, and in my nature, I like to be like friendly and I like to talk to everyone and but I felt like there was a bit, erm er, like a negative energy from, erm, certain people in the group.”*

Notice how Yas describes drawing upon her inner strengths when rejected. Also notice how Yas describes “*certain people in the group*” as competitive from whom she felt “*negative energy*” whilst disconnecting herself from the competition by describing herself in non-competitive terms, “*in my nature I like to be like friendly and I like to talk to everyone*”. This may imply that competition may be felt in negative ways by ‘the rejected’, though perhaps not noticed as much by ‘the successful’. Either way this reaffirms that power operates through discourses (intentionally or otherwise) to position people relative to each other. Also notice that Yas distinguishes herself as an uncompetitive person in her nature liking to talk to everyone and be friendly. This also not only emphasises a false binary that one is either friendly or competitive, but also that Yas may perceive competitiveness as an innate part of ‘who we are’ or ‘who we are not’. Yas hence demonstrates ‘the self’ as stable and unchanging rather than portraying ‘the self’ post-structurally as de-centred and ever-changing where there can never be an innate self. This supports Lawler’s claim that although westerners may well be open to the suggestion that the social world influences the way we are; ones ‘*natural identity*’ is more often perceived as innate, unique and beyond the social (2010, p. 5) and not as “*a work of art continually in process*” (Walshaw, 2007, p. 16).

### 3) Normalisation

Notice how Clive follows this up (in the paired interview with Yas) with reference to positions within the group changing.

*“Erm, well, you experience some people before, you know you get along, you work well together and all of a sudden, I’ve got an interview, oh I wonder why I haven’t got an interview and then they sort of just back away from you and the next time you try to have a conversation you realise that things have changed you know and they are not the same level as they were, so I just appreciate that these things happen, people change and you just sort of get on with whatever you have to get on with, but let it be, erm, but erm, I don’t know it’s just not a nice way to deal with things, it’s life there will always be disappointments, you know they shouldn’t really change who you are or who you speak to.”*

As Clive speaks, the positioning of the other students seems apparent upon first inspection, through Clive referring to *“they are not the same level as they were”*. However, as power operates through the competition for places at medical school, Clive describes his perceptions of those students successfully gaining interviews at medical schools, as distancing themselves from him. However, a valid and more literal interpretation may be that Clive is not at the same level in the hierarchy of Access to medicine students as those who have secured interviews as Clive’s competitors are one step closer to securing a place at a university medical school and becoming prospective medicine students. An alternative is that through the discourse Clive is resisting being positioned (intentionally or otherwise) as inferior by the successful through his statement, *“they are not the same level as they were”*. However, such positioning cannot be overturned. Furthermore this demonstrates not only that, power and resistance (Foucault, 1978) are operating through Clive’s description of events, but also imply that he may also have experienced, the operating of power and resistance through the original discursive events he refers to, which can never be explored directly, as they were spoken in the past and not recorded.

Back to 2) ‘technologies of the self’ – stable rather than changing?

Also notice Clive’s frustration acknowledging that *“things have changed”* but also asserting his view that *“they shouldn’t really change who you are or who you speak to”*. Clive seems to suggest that the ‘discursive events’ have changed but that ‘who we are’ and ‘who we speak

to' should not change. Through follow up questioning I attempted to search for whether Clive could grasp the concept of the 'ever changing self'.

*“Jim: that’s interesting thing actually your point there you were saying it shouldn’t change who you are*

*Clive: no it shouldn’t*

*Jim: erm so now I sort of pose to you a question of do you feel through this year perhaps reflecting on this year as something we’ve experienced together whether the course has changed you?*

*Clive: it has slightly erm mentally it’s given me more confidence in myself. . . .”*

Notice how Clive reverts back to acknowledging that he has only changed in regards to describing having 'increased in confidence' through his learning experience, drawing upon a dominant educational discourse (2.2.11), whilst still sticking rigidly to the notion that *“it shouldn’t change who you are”*. Likely not in a position to draw on Foucault’s ‘technology of the self’ as an analytical tool, perhaps Clive clutches at the only example he can think of regarding him changing. The interview transgressed into other areas and despite attempting to re-question Clive on this point and present him with this Foucauldian tool I was unsuccessful in probing further through this interview.

### **4.3 Concluding Summary of 4.1 And 4.2**

Through analysing data from the 2013-2014 cohort discourses that operate in the context of the 'Access to Medicine' course have been identified and analysed.

The discourse 'Access to Medicine students should be hard working and intelligent' while apparent in this context, is neo-liberal and also dominates through other areas of education (Burke, 2002). For this reason, it has been quite challenging to open it up to Foucauldian post-structuralist analysis as we are all constituted through these dominant discourses and the language which permeates through them.

Recognising that perpetual tension lies between 'collaborating' and 'competing' with peers allowed for a Foucauldian post-structuralist analysis to be applied to tackle head on the notion of human interactions being either collaborative or competitive to consider what may actually lie between students' descriptions of both. Competition is experienced subjectively by the

students. They incorporate these experiences into their subjectivities which may then affect the groups, they later identify with.

There appear to be spaces between these discourses and subjectivities for personal transformation through acknowledging to the students in similar situations in future that it is acceptable for you to change through educational experiences and that it is acceptable to compete and collaborate with your peers as they are not mutually exclusive and that both allow for people to develop professionally and personally.

The analysis of the data thus far demonstrates that the discourses identified have been analysed through the Foucauldian tools of 'regimes of truth', 'normalisation' and 'the changing self'. However, it is also concluded that such Foucauldian analytical tools are inseparable from each other and from the discourses they are used to analyse. It was therefore decided to analyse the data from the 2014-2015 cohort through stories, that focussed on the students, whilst using each of the Foucauldian analytical tools of 'regimes of truth', 'normalisation' and 'the changing self' through the same identified discourses

- 1) Access to Medicine students should be hard working and intelligent
- 2) Collaborating with peers
- 3) Competing with peers

as upon inspection of the data from the main study these discourses were apparent in also running through the discursive events described by the students in the 2014-2015 cohort as well as those from the pilot study cohort of 2013-2014.

#### **4.4 The Course Leader's Story: Connecting Cohorts: Protecting Participants**

This chapter provides a link between analysis sections 4.1 and 4.2 focussing on the 2013-2014 cohort and the analytical stories of the students from the 2014-2015 cohort through sections 4.7-4.15. I emphasize this chapter as the course leader's story because it is here where I intend to make the links which entwine cohorts together, from my unique perspective as the teacher-researcher as course leader.

Later at the start of each analytical story chapter, through writing in my own voice, important ethically sensitive interpretations may be generalised about the 2014-2015 cohort from professional experience, yet not personalised and so protecting the rights of the participants who have consented to interview transcripts being used for the purpose of the research, but

have not consented to everything their course leader knows about them being published. This chapter therefore allows me to separate knowledge I hold as course leader from the knowledge I hold as the researcher, connecting individuals through cohorts whilst protecting participants.

I will also use this chapter to describe the students and explain why I chose to group certain students together in the analytical story chapters to follow. The intention was to write stories which may be of interest to a variety of readers as chapters on their own, whilst connecting together through discourses which intertwine through the chapters. The relevant analytical tools thus far demonstrated in sections 4.1 and 4.2 will next be applied to similar discourses also highlighted in sections 4.1 and 4.2 in the context of the 2014-2015 students' particular stories (4.7-4.15).

Through interpreting the stories in this way, I accept that different stories could have been told and that the stories I tell could be interpreted differently by other researchers. However, I hope that as the teacher-researcher, the course leader of both cohorts I am perhaps better positioned than anybody to tell their stories as an educationist albeit in the way I personally interpret the discourses.

#### **4.5 Recognising Ethically Sensitive Information Disclosed to The Researcher Who Is Also the Course-Leader or Pastoral Carer**

Analysing data from the transcriptions through telling the students' stories presented some ethical issues. Although consent had been gained from the participants to use excerpts of the interview transcripts in the thesis to be published, the participants were my own students, someone they entrusted with their pastoral care as course leader. As interviews unfolded the students opened up to discuss their personal experiences of the Access to Medicine course as well as other life experiences, they linked them to through conversation. Despite having emphasised that they should try to distinguish 'me' as the researcher from 'me' as their course leader it is unclear to what extent this was taken on board by the students and to what extent this was indeed possible.

#### **4.6 Protecting the Participants from The Disclosure of Sensitive Information**

Some of the information they disclosed in the interviews were of a sensitive nature. Some of this information was what I was already aware of as their course leader, yet some was elaborated upon further. For these reasons the boundary between where the research ends and pastoral care begins became murky. As some of this information was relevant to the research it was decided to write in a generalised way about some of the challenging social issues members of the cohort had encountered through their accounts of their life experiences so as to acknowledge the challenges Access students face, without branding individual participants with ethically sensitive labels.

#### **4.7 Academically Successful Women Students Monitoring Themselves and Others on The Course**

Walshaw (2007) extended Foucault's conceptualisation of surveillance (2.10) to operating between school children as they monitor each other against the standards expected of them. Through this section the operation of surveillance (2.10) by women students as they monitor each other and those around them will be undertaken in a similar way.

Holly, Mary and Olivia arrived for interview together so the opportunity was taken to run a group interview, whereby I as the researcher was able to withdraw to some extent and allow them to interview each other in a somewhat more naturally conversationalist manner. As their words weaved through their conversations in the context of the interviews and because discourse should be analysed in context, it made sense to keep these women's stories grouped as such in a chapter.

Holly, Mary and Olivia are three women in their twenties who can broadly be described as middle class and academically successful. All were graduates before starting the Access to medicine course.

Mary went to a unique state school that had boarders and day pupils and is ranked within the top 20 highest performing, non-selective state schools, nationally. She gained high grades in GCSEs and A levels before graduating with a 2(i) from a pre-1992 non-Russell Group University. She was still in her early twenties. Both her parents have master's degrees. Mary describes her socioeconomic status when a child as middle class and as an adult as middle class.

Olivia went to an all-girls', independent, boarding, school, promoted as academically one of the top schools in the UK. She got high grades in all subjects at GCSE and A level before graduating with a 2(i) from a Russell Group University. She was now in her mid-twenties. Olivia's parents are professionals. Her mother has a Master's Degree. Olivia describes her economic status as "*dependent*" as she "*relies absolutely on*" her "*parents still as they don't want*" her "*to have loans*". Olivia described herself as "*certainly a very lucky girl, and that's down to [her] parents working hard and setting a very good example in terms of work ethic.*"

Holly went to a state-funded day school, graded outstanding by the 'office for standards in education' (OFSTED) getting high-grade GCSEs and A-Levels before graduating with a 2(i) from a Russell Group University. She was now in her mid-twenties. Her father is an IT consultant with a diploma in computer engineering. Her mother is a private carer for the elderly with her highest qualifications being O levels and city & Guilds certificates. Holly describes her socioeconomic status as a child as middle class and as an adult as a skilled professional.

The following textbox presents the descriptions of the women's experiences of studying on the Access to medicine course and their studies before it. Foucault's conceptualisation of surveillance (2.10) will be applied to analyse the discourses operating through the social group. The extract from the interview transcript which follows will later be analysed in terms of how the three successful women described earlier monitor themselves and other students on the Access to medicine course. It is worth noting that the interviewer barely speaks as the unstructured nature of the interview was left to evolve into a three-way conversation between the women. Extracts from the interview transcript are presented in chronological sequence as they occurred in situ. The context of the conversations may be summarised as the women talking about how they behave as successful students. Before analysing their descriptions, it

is necessary to look out for and recognise in the following extract how these women describe acceptable behaviour.

1. *Holly: I think it's all about you have to set yourself goals don't you well personally for*
2. *me I have an idea about what I want to achieve and erm I'll have a little think about*
3. *perhaps what my shortfalls are what my weaknesses are and what I need to focus on*
4. *so I suppose in terms of organisation in that respect I would always be looking at OK*
5. *what are my strengths what are my weaknesses OK I need to plug a bit more time into*
6. *doing this*
7. *Olivia: It's the same way we looked at the Universities and we chose our choices*
8. *quite shrewdly we'd probably take that attitude and use it in work I would imagine I*
9. *can't speak for anyone else apart from myself I know but as you say it seems that*
10. *we're all kind of peas in a pod in that way and I think the feeling I get from you guys*
11. *as well we're very organised we know what we want and we'll just make it happen*
12. *actually so in the same way that was it universities I mean as you say we're all kind of*
13. *on track we work really hard and to be honest I think everyone left on the course now*
14. *does even people that maybe you know of the quirkiest characters on the course they*
15. *still work really hard and they still really want it but I think some particular people*
16. *that may be because they've been shocked into slightly erm and I know that I'm very*
17. *privileged to have my eyes open because of my education and because of my parents*
18. *are there for me and things like that but not everyone on the course has had what I've*
19. *had so it is not that they're any less switched on or anything but they just haven't*  
*known*
20. *and if haven't known how are you going to plan ahead*
21. *Mary: I think the keyword is attitude as well I think some people came onto this*
22. *course obviously I don't know everyone on this course as extremely well as I know*
23. *you two but I think that maybe at least one person must have come onto this course*
24. *with a slightly different attitude to what they have now so they may have come in*
25. *thinking I don't know I need this course to get into medicine and you know they're*
26. *probably not as organised as some of us are and then they've seen that they need this*
27. *they need this and they need it done by this time \_\_\_ suddenly it's a shock to the*
28. *system \_\_\_ suddenly change change the way they learn change the way they think you*
29. *know to get on*
30. *Olivia: You see we've had the shock we've done it once and we know it's bleeding*

31. awful if you don't do it first time around as you just hate yourself for it the one thing
32. that pushed me apart from wanting to be a doctor and everything else is that I just,
33. cannot bear myself I'm just so disgusted with myself when I don't do my best when I
34. know I could have done better it drives me to despair I hate it and I know I get it from
35. my parents and erm I'm my own harshest critic it just drives me nuts so that fear
36. that I'm going to kick myself afterwards if
37. Mary: It makes you check your exam papers like twice
38. Olivia: twice over exactly and I know that we are like always sitting the exam when
39. we've finished we rarely leave early erm and I think that is probably another exam
40. technique that we've all picked up
41. Holly: Yeah
42. Olivia: from A-Levels and uni whereas a couple of people who probably could do
43. with sitting and checking it over again walk out half way through and I know that's
44. horrible for me to say but you just learn exactly and for example in maths today it is
45. very easy to misread a table to misread a voltmeter or whatever it might be, but it's
46. that exam technique that I think actually has really messed up some people's results
47. that we're already very lucky to have on board erm we were talking about it back at
48. the house today people have dropped grades and it's just pure exam technique and I
49. was talking about it with [fellow student] earlier and it's just vital and what we have
50. in space ready we're very lucky for that I think
51. Mary: yeah in times past we may have had an exam where we can't be arsed to do
52. this and so you just left early or your exam mark was dropped maybe 10 or 20% or
53. even 30 and that was our shock
54. Olivia: erm
55. Mary: and you only get through by the skin of your teeth as I've done on more than
56. one occasion
57. Mary: or you forget to look at the back
58. Holly: or I don't remember that question that happened to me at A-level and I lost 10
59. marks for that and I kicked myself
60. Jim: I can relate to that too
61. Mary: university
62. Oliva: at that point although it was important for us in our career wise it wasn't as
63. important as it is now so we're lucky that it's not happening whereas for other people
64. where it's vital it is so

65. Holly: yeah I think as well I came onto this course knowing I had to get distinctions  
 66. knowing that I was going to have to work solidly make lots of sacrifices and not see  
 67. my friends for months on end and all the rest of it which I was really surprised that  
 68. there were quite a few people that didn't realise that they thought they could just get a  
 69. pass in this and that would be enough erm  
 70. Mary: you've had to you know cut back on your shifts that you do at work or quit your  
 71. job altogether you know you've had to you know in my case like  
 72. Holly: prepare  
 73. Mary: you know move back home or whatever you need to be here to do it because  
 74. this is what you want to do and that is where it all stems from so how far are you  
 75. prepared to go obviously not that far but you know what I mean hehe.

These discourses through the interview extract will now be analysed. Holly (lines 1-6) and Olivia (lines 7-20) refer to goal setting and needing to be highly organised respectively as they look inwardly towards themselves. However, Mary (lines 21-29) follows up looking outwardly to survey other students on the course. Mary places herself along with her friends Olivia and Holly with whom she is conversing as well established in how to behave as students appropriately. Mary positions the three friends within what Walshaw (2007, p. 134) describes as 'regimes of knowledgeable practice.' Mary marks the three friends (lines 21-26) as having the right attitude for studying on the Access to medicine course contrasting them with *"at least one person [who] must have come onto this course with a slightly different attitude"* due to not being as organised and not having ready developed study skills. Monitoring this 'other person' and differentiating him or her from the three friends Mary demonstrates a socially dividing practice (Foucault, 1965) through which the three friends are becoming prospective medicine students and 'the one person' is othered.

Mary highlights here how the three friends model the conditioned appropriate student behaviour which they have become accustomed to as A-Level and university students. Mary (lines 26-29) then refers to how the othered 'one person' when presented with the friends' example is shocked into changing their student behaviour.

With this, the three friends describe setting the standard of Access to medicine student behaviour such that the othered 'one person' may be disciplined into modifying their behaviour to that expected within the class. Like the pupils in Walshaw's (2007, p. 134)

study who had just made a move from primary to secondary school the students on the Access to medicine course are presented with “*a different network of political and social discursive practices.*” Extracts from the unfolding conversation highlights how these women position themselves as model Access to medicine students having already learnt how to study first at A-Level (Level 3) and then through university (Level 6) such that they need only now fine-tune the way they already know how to study for their second go at a Level 3 qualification, the Access to medicine course. They are highly positioned within the class as they need not preoccupy themselves with learning how to study, they need only apply their well-established study skills to learning subject matter to a lower level than the highest which they have previously achieved. Olivia highlights (lines 30-36) how she has learnt from prior experience how to study, which includes trying her best, being self-critical and self-motivated.

The middle of the primary extract follows the conversational interchange between the three friends whereby they emphasise the importance of learning from prior mistakes, checking work and remaining diligent as a student.

Prior exam experience according to Mary “*makes you check your exam papers like twice*”. “*Twice over exactly*” replies Olivia. Moreover “*when we've finished [the exam] we rarely leave early, and I think that is probably another exam technique that we've all picked up.*” Holly agrees “*Yeah*”.

Olivia then describes having recognised the inappropriate student behaviour in exams through prior experience “*from A-Levels and uni whereas a couple of people who probably could do with sitting and checking it over again walk out half way through and I know that's horrible for me to say, but you just learn*”. Olivia then justifies the importance of checking through the exam paper. “*For example, in maths today it is very easy to misread a table to misread a voltmeter or whatever it might be, but it's that exam technique.*” Furthermore, while in agreement with Olivia describing having learned appropriate exam technique from prior experience Mary (lines 51-57) highlights the frustration of leaving the examination early and not checking the paper. Holly concurs (lines 58-59).

This part of the discussion highlights not only the importance of learning from prior experience but also marks good students as diligent and hardworking. Moreover, through marking themselves as implementing these behaviours, the three women identify themselves as having already become prospective medicine students. Conversely through their lack of

behaving appropriately or only still learning the behaviours required of a good student those not like them become othered or positioned lowlier in the ranking of students as perceived through the peer gaze.

Through the final part of the extract, the women highlight the 'discourse of sacrifice' in becoming prospective medicine students. They describe having learnt to give up other parts of life such as not seeing friends, not doing paid work and moving back home with parents to avoid paying rent. Holly (lines 65-69) describes herself as having made the sacrifice so marks herself as having become a prospective medicine student while others who may settle for just enough have not proved themselves to be so. Mary supports this view (lines 70-74) underlining the importance of the hard work ethic in becoming successful.

Like Walshaw's girls, these women regulate "*minute details of inappropriate behaviours*" (2007, p. 138). So disciplinary power operates through surveillance in subtle and diffuse ways, covertly rather than through repressive force to produce self-governing individuals that regulate their own subjectivities. Hence "*the conforming individual*" becomes constituted through the ever persistent 'female gaze' (Walshaw, 2007, p. 135).

Walshaw (2007, p. 139) claims in Foucauldian terms "*that it is by naturalising particular constructions and excluding all others that do not comply, that regimes of female practice and constructions of identity were produced and reproduced.*" So like Walshaw's (2007, p. 140) school girls, the women in my study also survey others around them to normalise their behaviours. In so doing the students discipline each other.

These Access to medicine women categorise themselves as 'in-group members' as 'prospective medicine students' and outcast some unspecified others. Olivia (line 14) labels these unspecified others as "*the quirkiest characters on the course*".

Through lines, 14-20 Olivia portrays these othered quirkiest characters as never having experienced the shock of being unprepared as students. When Olivia concludes (line 19) "*so it is not that they're any less switched on or anything*", I argue that despite speaking tentatively, Olivia's emphasis is that she describes these quirkiest characters as indeed "*less switched on*". This is because she follows up (line 20) with not attributing blame for 'not being switched' on as "*if [they] haven't known how are [they] going to plan ahead*".

When Mary states (lines 23-24) “*at least one person must have come onto this course with a slightly different attitude to what they have now*” that one person is highlighted to be 'less organised at first' or 'having the wrong attitude initially', but is recognised for changing their behaviour and becoming a conforming student. Mary highlights (lines 27-28) the changing as “*a shock to the system*” through describing observing them recognise (lines 26-27) “*that they need this, they need this and they need it done by this time*” such that they (lines 28-29) “*suddenly change change the way they learn change the way they think [...] to get on*”.

While traditionalists may explain this as the “*one person*” learning to become self-disciplined, Foucault emphasises discipline acting through discourse to produce conformists who are normalised. What counts as normal through the discourse of hard work on the Access to medicine course is being organised, setting personal goals and ensuring that plenty of effort is put in in the present to avoid the possibility of failure in the future. The Access to medicine students become disciplined through the discourse they contribute to and are constituted by it.

The three women generally discuss having more advanced exam techniques, the expected characteristics of 'prospective medicine students'. Furthermore, Olivia highlights surveying others in the exam hall (lines 42-43) “*from A-Levels and uni whereas a couple of people who probably could do with sitting and checking [the exam paper] over again walk out halfway through*”. So discipline happens through surveillance and normalisation, whereby people are observed by peers and divided (Foucault, 1965) as 'in-group members' or outcast until they conform with the expectations of 'prospective medicine students'.

The three women elaborate on having made similar mistakes earlier in their lives but having learnt from them. Olivia then highlights (lines 62-64) making the most of a second chance, “*at that point although it was important for us in our career wise it wasn't as important as it is now so we're lucky that it's not happening whereas for other people where it's vital it is so*”. In contrast with Olivia (Mary and Holly) 'the others' are only realising the importance of exam techniques for the first time. Holly contributes to the culturally dividing practice (lines 68-69) (Foucault, 1965) through how she describes observing some others. “*There were quite a few people that didn't realise they thought they could just get a pass in this and that would be enough*”. Traditionalists may highlight that these others were ignorant of the grades required to progress from the Access course onto a degree in medicine. The situation can also be considered as these others not having yet accessed the discursive practices of proactively searching out the grades required to progress, setting personal targets to aim for and

doing whatever it takes to achieve them. Mary suggests (lines 74-75) doing whatever it takes, emphasising *“how far [you are] prepared to go”*.

Through this chapter (4.7) how three women graduates monitor themselves and other students on the Access to medicine course has been discussed. An emerging theme from this chapter was these academically successful women students referring to how they have had to sacrifice aspects of their personal lives to manage a disciplined study routine. From a Foucauldian perspective there is no such thing as self-discipline which can re-conceptualised instead through how power operates through discourses to survey and monitor activities so that the good student is constructed as someone who can study well independently. However, as self-discipline is constructed through dominating discourses to the extent that it is produced as ‘truth’ the following chapter aims to problematise the concepts of making sacrifices in personal lives to become self-disciplined. Through the following chapter not only is the main argument affirmed that graduates are the most successful students on the course, but also analyses how and why this happens as power operates through the discourse of hard work. Furthermore, the discourse of hard work and the conceptualisations of self-discipline and sacrifice are opened to Foucauldian scrutiny to show that they are ‘social classed’ and that not all sacrifices are equal or visible.

#### **4.8 Self-Discipline and Sacrifice.**

In the previous section (4.7), the spotlight was on academically successful women students monitoring themselves and others on the course. A theme which emerged from that chapter was how these women, Holly, Mary and Olivia spoke of the need to make sacrifices in their lives. These sacrifices were made to enable the students to develop a self-disciplined study routine to become academically successful on the Access to medicine course. This chapter will explore this theme further, through analysing more of what Holly and Mary had to say.

Through the extracts of the interview transcriptions which follow Holly and Mary rationally and objectively identify areas where they lack understanding before acting to address them. Holly describes, finding her

*“weakest [...] subject, how much time [she] should [...] allocate”* and in her opinion *“getting that right in the beginning was one of the key factors in how [she] changed [her] outlook to studying and how it [...] benefitted”* her.

What's more, Holly, like the other two women, has strategies for studying, which involves writing 'to do' lists and using a diary to ensure timely completion.

Kendall & Wickham (1999) suggest that when analysing discourse, it is essential to track what is 'sayable' within a text, what signifies the construction of a particular aspect of the social world through the discourse. Likewise, it is essential to look out for and identify things which can be seen or imagined to be seen, the 'visible'. These items of evidence show that the aspect of the social world under construction through the discourse exists. An extract from a transcript of an interview with Holly follows. Kendall & Wickham's archaeological approach (1999) is used to analyse through the discourse of 'hard work' (4.1).

*"I used a diary. I structured that by writing in what I would do on a particular day or how long I would allocate to it [...], I used the unit reference sheets as well. I kind of cross-checked with my lists mak[ing] sure I was covering all of the bases, that I wasn't missing anything. So yeah, I think just keeping a diary keeping focussed on setting myself goals, I'm a very goal orientated person."*

Within Holly's description 'the diary' and 'the lists' are 'visible' (Kendall & Wickham, 1999, p. 26) objects and using an 'objective strategy' and 'being a goal orientated person' are the 'sayable' (Kendall & Wickham, 1999, p. 26) (3.2) statements which constitute through discourses what is expected of successful Access to medicine students. Through referring to terms such as using an 'objective strategy' and 'being a goal orientated person' Holly positions herself to be recognised as a successful Access to medicine student and brings to our attention such evidence as 'the diary' and 'lists' to make her claim to this social world 'visible', apparent and acceptable to the listener-reader. Showing herself to be highly organised, affirms the dominant discourse that she like all on the course should be hard-working (4.1).

Next Holly also emphasises the importance of objectively planning for breaks and structuring them into the plan.

*"I'd give myself breaks, [...] to keep me sane, haha, like you know going for a walk with family, or, you know going out for dinner, or, something like that, so that was really important."*

It is a dominant discourse through western culture, that hard work and enjoying breaks go hand in hand, if the duration of the latter is less than the former. Through such a discourse, power operates productively allowing workers some autonomy or agency in their daily lives, while allowing for leisure time to be an incentive for working hard.

A dominant discourse in FE and Access is that 'education is a pathway to employment' (Hyland, 1999) (1.3, 2.1, 2.2). An alternative discourse is 'learning for learning's sake' (Panchamia, 2012) whereby studying is considered enjoyable and academically stimulating. Reay's (2010, p. 304) students evoked,

*"a love of learning as their reason for further study. Studying was seen as intrinsically worthwhile and interesting: It's basically an education in itself, not just about getting the qualifications. (Maggie) I'm not doing it for vocational reasons. I'm doing it for me. (Lesley, English, identifies as working-class although her partner is self-employed)." (Reay, 2010, p. 304)*

However, according to Burke et al. (2016, p. 27) the "aesthetic that emphasises a 'love of learning' can reinforce normative hierarchies that privilege middle class ways of being and knowing." This alternative discourse which Panchamia (2012) describes as 'learning for learning's sake' is also evident in Holly's accounts. Holly acknowledges the emotion of 'desiring intellectual stimulation' which seems 'sayable' within the constraints of more dominant discourses such as 'the need to become more employable'. Holly elaborates

*"One of the key factors in me deciding to go for medicine was that [...] I was lacking [...] intellectual stimulation [...] which is why I was so focused on [...] getting back into studying [...] that it has been really helpful in giving me [...] routine and structure".*

Furthermore, she describes enjoyment gained from achieving goals, which leads to improved confidence.

*"I get [...] enjoyment and happiness from [...] achieving my goals and getting good results [...] so I think in terms of working hard [...] you know [...] I've experienced lots of emotions in [...] seeing the results in achieving those goals [which] has given me the confidence to continue."*

However, despite being partly constituted through this alternative discourse, there is no escaping the more dominating discourse, 'the need to become more employable'. Holly, like Barbara (3.5.4.1) describes making temporary sacrifices in her personal life to build her career or "to become someone else [she was] not in the beginning" (Gutting, 2005, p. 6). They demonstrate their changing selves, becoming prospective medicine students. Holly's account of such sacrifices follows.

*"When you prioritise something, and you're giving it your full focus and your full attention then you [...] inevitably [...] have to make some sacrifices with your personal life. I knew [...] before I started this course that it would be demanding [...] having spoken to previous students [...]"*

Holly then implicates me in promoting the discourse of hard work (2.11).

*"You [said] that you need to be motivated you need to be self-directed, the amount of hours you spend in college, is the amount of hours outside of college that you need to be [...] working on your studies."*

Holly sacrifices more than just time. She becomes separated from loved ones and withdraws from sporting activities, both of which could have had implications for health and well-being.

*"I, I, I left [...] where I was living in order to move up here and so don't see my, my close friends as regularly any more. I was quite into my sport before I started the course and now, I've had to cut that right back because I don't have the time".*

However, Holly accepts these sacrifices (Connell, 2005, p. 233) for personal gain in the future.

*"I think that the sacrifices I am making are worthwhile because, in the long term [...], I will have a career that I really want."*

Holly emphasises the internalised dominant discourse to work hard (3.5.4.1), which I am partly responsible for instilling as she repeats what I have told her, almost exactly.

*"You need to be motivated; you need to be self-directed, the amount of hours you spend in college is the amount of hours outside of college that you need to be [...] working on your studies."*

Returning to studying after time out from it may always be challenging. However, Mary and Holly are perhaps less affected by absence from education than other Access students. They have spent a more significant proportion of their lives in education. Mary's description of returning to learning contrasts with a false dualism (Czarniawska, 2004, p. 97) that things in life are easy or hard.

*"It was quite hard getting back into the groove [of learning]. I'd been out of education for a year prior to this course and had been working. [It] is quite hard to knuckle back down and [...] redefining what self-discipline meant, which was quite hard for me, but yeah I've got back into it very well and yeah I've been in education since I was very young, so it's something that comes quite easily now, which is good."*

Mary's words,

*"I just went straight back into it without really feeling anything",*

even mirror how Foucault (1977) conceptualised discipline, where docile bodies operate mechanically without questioning directives.

Holly, Mary and Barbara's (3.5.4.1) accounts assert that making sacrifices in personal lives are necessary for developing self-disciplined study routines. Their accounts are not only 'sayable', through the discourse of hard work they are produced as 'truth'.

On the foundations of such 'truth', Holly and Mary layout their disciplined study routines to mark themselves as well-established learners, worthy of becoming prospective medicine students. Through describing her experiences, Holly shows her disciplined study routine laying out 'visible' objects such as a diary and unit reference sheets (which she speaks into existence) onto a desk which is merely imagined by me, the listener. In so doing Holly demonstrates that she is a well-established student and should be recognised as such.

Describing that it is hard to get back into a self-disciplined study routine after having been out of education for a year, yet it being relatively easy for someone like her to do so having been in education for most of her life, Mary positions herself as both a well-established and experienced student. Returning to learning may be challenging, but Mary is up for the challenge and as a graduate, she masters a self-disciplined study routine. Holly and Mary are becoming prospective medicine students.

Mary and Holly's accounts reinforce my argument that it is graduates like Barbara (3.5.4.1), Holly and Mary, already self-disciplined with highly developed study skills who are advantageously positioned above their peers to become prospective medicine students. It is not just that Barbara (3.5.4.1), Holly and Mary are experienced in acquiring qualifications, 'cultural capital' (Moore, 2008) which gives them such an advantage. Power (Foucault, 1977) operates through the descriptions of their experiences as the discourse of sacrifice and hard work, and it is this which positions them so highly. The discourse of sacrifice and hard work is so dominating because it produces truth, rarely questioned.

However, let us take a step out of the dominating discourse for a moment to question the conceptualisation of 'sacrifice'. Giving up aspects of one's personal life in the service of God is a Christian construct. Making sacrifices in life to work harder is the protestant work ethic. In the former, those who make sacrifices in their lives to serve God will be rewarded in heaven. In the latter, those who work diligently (and may be recognised by God) will reap the rewards of their toil and prosper. The latter combines with the emancipatory aspect of liberalism, such that those who work hard enough will set themselves free.

Now a flaw in this post-Christian capitalist liberal discourse is that it assumes that everyone has an equal amount of 'free time' to give up in the pursuit of 'capital' (Moore, 2008). However, what about Rosie, the single mother who sacrificed the prime of her life to raise children. What about the young man who left school prematurely to work on a building site to provide the income to feed his family. These too are sacrifices. However, these sacrifices are made for the benefit of those one cares for rather than taking care of the self.

Moreover, people in these situations may sacrifice more than leisure time, and their toil may leave some too tired for attending evening classes if they can afford the childcare costs to attend. These are the sacrifices made by hard-workers which go unsaid. Their words go unspoken such that they become almost invisible, yet it is these people for which Access courses were intended.

Such sacrifices become hidden from view because through the discourse of the hard work ethic, Access students' sacrifices are not as valued, so are less speakable through the discourse which dominates and socially excludes them.

It is worth noting here that while Rosie was interviewed, fewer words were available through the transcriptions for discourse analysis. Chandran, also interviewed in his non-native language spoke less than many making discourse analysis challenging. Chandran gained the highest of grades from school before fleeing his country in civil war first becoming a refugee before find paid work caring for the elderly to earn an income. Chandran was more familiar than most with sacrifice, yet such are dominating discourses that those who speak less, even though a thesis aiming to redress social inequalities, Chandran and Rosie's voices mostly go unheard.

Through this chapter the dominating discourse of hard work has been analysed to show how neo-liberal constructs such as making sacrifices to discipline the self and get qualified to gain freedom has been opened to scrutiny. Through the following chapter the neo-liberal notion of 'free-choice' is opened to similar scrutiny.

#### **4.9 Olivia's Story/ 'Choosing' Medicine as A Career?**

Here the concept of career 'choice' will be problematized through analysing a transcript extract from an interview with Olivia. Olivia got distinctions across all six subjects on the Access to medicine diploma and was a graduate in a non-science subject before starting the course. The neo-liberal assumption that as 'free' agents we are so liberated to make independent 'choices' 'free' of the social constraints (2.11) will be challenged. How Olivia decides to study medicine (if she really does) will be analysed through discourses two new discourses not identified in previous chapters. This will include 'parents always wanting the best for their children' and 'medicine being a career for the elite.' Analysis will be undertaken using Foucault's tools of 'normalisation' and 'the changing self'. So, while these analytical tools have been used before in previous chapters, these tools are used to analyse new discourses through this chapter.

The career 'choices' which are available to us are blurred. As there are so many possible careers available; it is impossible ever to have an overview of them all. We focus in on those

we choose to investigate or those which may be presented to us by influential people in our lives. Our focus shifts partly due to what attracts our interests, but also due to influential people directing us to particular areas. Through our lives, we zoom in and out of focus on certain options while the vast majority of opportunities remain a blur and are unseen. How Olivia describes coming to terms with the prospect of studying medicine will be analysed through the discourses in this chapter. The influential person in Olivia's life is her mother. Olivia acknowledges her mother repeatedly through the interview transcriptions.

Another discourse (2.11) of being 'free to make career choices' intertwines with the discourse of 'mother wanting the best respectable career for her daughter'. Both these discourses relate to middle-classness. The former is so, because liberalism rose with capitalism and the industrial revolution which gave rise to the middle class. The latter is so because 'choosing' a career as opposed to getting a job positions Olivia to enter the middle class as an adult rather than the working class. Furthermore, medicine is a prestigious professional career traditionally marked as middle class. An example is apparent through lines 56-58 of the transcription of the interview with Olivia in the following textbox. "*I think my mum has always wanted me to be a doctor, but she's never pushed it, she's always wanted me to do, what I wanted to do*".

Madigan suggests "*it is [...] impossible to be outside of culture in any action in which we partake*" (1992, p. 268). Through cultural discourses (Foucault, 1980a) relating to middle-classness, how Olivia becomes produced by these discourses as a prospective medicine degree student, will be explored.

Here follows an extract of an interview transcription with Olivia. She had been asked to contrast applying to university first from school with applying to university again from the Access to medicine course. Pauses for thought through utterances such as 'erm' are removed and replaced with [...] for clarity or reading. Punctuation has been added for the same reason.

1. *Olivia: I think at school [...] it was abnormal if you didn't then go to university after*
2. *you took your A-levels. You were really choosing your A-levels because you wanted*
3. *to go to university. Whereas coming to the course, I've met and university when I*
4. *went before I've met a lot more people who maybe just went on to different things,*
5. *maybe didn't even do A-levels, were more hands-on skills. [...] That was quite a big*
6. *shock because I didn't think that going into medicine, that would even be like a*

7. realistic possibility to get in [...], but now seeing that people have got interviews and  
8. offers it's not, it's just a big change from what I was used to when I was at school.  
9. Jim: So you know when you described it saying that you didn't think that medicine  
10. was an option then (Olivia: yeah) the way you describe is that at that time you didn't  
11. think medicine was an option but you seemed to think that going to university was the  
12. thing to do (Olivia: yeah) can you contrast that?  
13. Olivia: [...] I think that was probably more to do with my school. So, it was really  
14. highly academic [...] and people I think, I didn't think, I was the type that did  
15. medicine. I think there were people in my school that did medicine that were  
16. fearlessly clever [...] and although I'm intelligent, I wasn't, I didn't see myself in their  
17. kind of league if you like. I was the dancer. I was head of dance and I did all that  
18. kind of stuff. So, I was more kind of the artsy girl and I think that's how I kind of  
19. programmed myself into seeing it. I also didn't know anything about medicine at that  
20. point, so I wasn't really thinking about it, but I automatically went via the humanities  
21. route instead of the sciences even though I had actually taken physics [...] A-level  
22. because I liked flying, so I will I've always loved sciences, but I never really saw it as  
23. a career for me. [...] Then it just took, when I left university [...] and I was still kind  
24. of debating what to do, I met doctors and then it was my mum said to me, there's  
25. actually no reason why you can't do medicine. So, I think my frame of mind just  
26. changed because it just took that one person to tell me that I could do it, instead of  
27. programming myself into thinking that I couldn't.  
28. Jim: I see yeah yeah that makes sense it was just making that decision really (Olivia:  
29. yeah, yeah) What kind of school did you go to? What was it like?  
30. Olivia: [...] The only way I could describe it is a female version of Eton. So, it was  
31. very, very, fiercely competitive [,] lots and lots of wealthy [...] students very  
32. privileged backgrounds [...] and it was almost embarrassing if you got Bs or Cs [.]  
33. Jim: So highly academic as you described  
34. Olivia: Yeah very very highly academic yeah  
35. Jim: Yeah yeah yeah  
36. Olivia: and it was a boarding school, so it was kind of my life for seven years but  
37. that's all I knew  
38. Jim: I see  
39. Olivia: and that's all I kind of appreciated  
40. Jim: So, there was that assumption of going to university but not necessarily,

41. *medicine people will go somewhere but not necessarily*  
42. *Olivia: Not necessarily, not that my school actively [...] discouraged me from*  
43. *pursuing medicine, but, I think because it was such hothouse of kind of brains there*  
44. *[...] I automatically assumed because I was in the lower dubs, just because I'd get my*  
45. *A stars, but I'd just take a shorter amount of time to do it. Whereas people who were*  
46. *16 were doing A-level Maths and Further Maths already, because they were so*  
47. *intelligent. [...] Me getting my A stars didn't actually seem like that good at my*  
48. *school [...] which is nuts when I look back now [...] but they were insane you know*  
49. *someone in my year took seven A-levels [.]*  
50. *Jim: So, do you think that this school that you were in was highly academic but you*  
51. *found that because you weren't as highly academic as others around you felt that*  
52. *medicine wasn't an option.*  
53. *Olivia: Yeah, I think probably I did yeah.*  
54. *Jim: And now you look back and think I was in an academic school I was actually an*  
55. *academic.*  
56. *Olivia: Exactly, exactly and it wasn't that I didn't have the support. I think my mum*  
57. *has always wanted me to be a doctor, but she's never pushed it, she's always wanted*  
58. *me to do, what I wanted to do [...] and she saw the opportunities of [my degree]. I*  
59. *mean I lived in [xxx] whilst doing my degree. So that was wonderful [...] and I got a*  
60. *lot out of university, but I think I did have the support there if I wanted it, but it just*  
61. *never popped into my head. You know none of my parents none of my family were*  
62. *doctors [...] and I just didn't really have any coverage to it if you like, or exposure to*  
63. *it. So [...] yeah, I think yeah now I look back and I wish I'd've done I wish I'd've done*  
64. *it then, [...] not that I'd take back [my degree] but it was just that the opportunities*  
65. *were phenomenal. You know, during sixth form or lower sixth, when people were*  
66. *applying to medicine, they'd have a couple of sessions per week to read through*  
67. *medical articles. And they'd have you know, people with Ph.D.s teaching them [...],*  
68. *that could analyse it with them and talk about interview practice and the*  
69. *opportunities there was just phenomenal [...] and so yeah in a way yeah definitely I*  
70. *kind of pigeon-holed myself, but yeah.*

The extract from the interview transcription in the textbox above raises the following question:

How does Olivia describe her schooling and potential career opportunities?

Olivia describes an alternative normality for her schooling. In contrast to that of most of the UK population, her school for most of the pupils studying at it is a route to university. In context, this is not surprising. She describes her school (lines 30-32) as a female version of Eton, a private fee-paying school often attended by members of the establishment.

What is striking is how Olivia describes 'knowing her place in school', 'medicine not being a viable option' for her who may not have been the most academic pupil in an academic school, due to the dominating discourse that 'medicine is a career for the Elite' (even within an Elitist school). This demonstrates Foucault's concept of normalisation operating through Olivia to position her low in an academic hierarchy with her peers at school. Moreover, Olivia describes herself at school as accepting, not resisting power operating this way to position her so, perhaps because the discourse of medicine being a 'career for the Elite' is so dominating. An alternative explanation is that Olivia preferred to pursue the Arts at school. Now, post-hoc she rationalises not choosing to follow the medical career pathway earlier in life through promoting the dominant discourse, as at the time of speaking it was convenient in telling her story of becoming an Access to medicine student. Later on, considering the possibility, Olivia describes being shocked that she might be suitable for medicine. *"That was quite a big shock because I didn't think that going into medicine, that would even be like a realistic possibility to get in."*

However, once on the Access to medicine course, Olivia meets with people who didn't even do A-Levels, who had more hands-on skills. So, while Olivia had already made the decision to do the Access course before she met these people without A levels, Olivia now affirms that *"going into medicine"* need not only be for the elite, so it is becoming a *"realistic possibility"* for her. Indeed, the title phrase 'becoming a prospective medicine students' is not simply about being on the Access course, it is about how the students describe the situations they perceive themselves in and how they subsequently describe being prepared to progress from the Access course to the degree course. 'Becoming a prospective medicine students' is the story of how the students on the Access course 'realise the possibility' of progressing onto a medicine degree course and how they describe becoming successful in doing so.

So, from a Foucauldian relativist perspective, the new situation in which Olivia finds herself on the Access course allows her to recognise her high academic qualifications (a 2:1 from a Russell Group university) as superior to the qualifications of those she now mixes who didn't even do A-levels. Within the context of the Access course, Olivia describes becoming part of an academic elite. This also discursively positions her more strongly as a potential doctor. This is because she now contributes to both the dominant and the alternative discourses and is becoming a prospective medicine student because she is being produced by both these discourses as well.

In the current situation, power operates productively through the dominant discourse to her advantage as well. In this context, power operates through both the dominant and alternative discourses to produce Olivia as a prospective medicine student. She seems set to progress to medical school, as opposed to others who may study on the Access course and not progress to medical school.

So, while the purpose of the Access course is to allow adults who never studied the appropriate A levels in the sciences a chance to progress to medicine, it seems to favour those who may have studied A levels and a degree in other subjects over those who have never studied at level 3 at all.

Olivia describes (lines 42-49) the competitiveness of her schooling as an academic 'hothouse' where fellow pupils would take their A-Levels two years early at the age of sixteen or sit exams for seven A-levels instead of the usual three. Through this discourse of competition (Burke, Bennett, Burgess, & Gray, 2016, p. 49) (2.3, 4.2), Olivia is positioned as academically inferior to the academic elite she describes around her. Not being positioned highly amongst them, she seems not to foresee the possibility of 'becoming a prospective medicine student'. In this paragraph, it is interesting to note how the meaning of words depends on context and changes with it and time. In the context of her elite school, Olivia describes herself as 'nuts' for not recognising her A\* grades at GCSE as good enough when contrasting herself with academic competitors whom she describes as 'insane'. Olivia is not to be taken literally here. She is not describing herself or her competitors as having mental illnesses, yet the abnormality of studying within her school is emphasised. So, through Olivia's description of being at school Olivia's subjectivity is constituted as not being

academic enough to study medicine as she is not part of the elite within her elitist school, yet having been exposed to intense academic competition through her school she has been prepared for the intense academic competition on the Access to medicine course.

Olivia describes (lines 56-70) the opportunities and support on offer at her school for those looking to study medicine. Reflecting on her past, she steers clear of not acknowledging regret in not deciding to study medicine at that time but implies that it may have been more rational to have chosen to study medicine at a time when extensive support was available. However, the assumption that Olivia had a free choice at that time to study medicine and that those opportunities were actually on offer to her remains in doubt. Indeed, from a Foucauldian perspective, no one has a free choice in anything. We are all caught up in a web of competing discourses which play for our attention at any particular moment. While Olivia acknowledges that she was not actively discouraged from studying medicine, she also does not refer ever having been encouraged by anyone at school to do so. It may be that those perceived as the academic elite were selected off to prep to study medicine and those in the school's authority did not perceive her as being amongst them. Olivia's subjectivity is shifting. No longer is she not highly academic enough.

Moreover, an influential person in Olivia's story (lines 22-27), her mother intervenes:

22. *"I've always loved sciences, but I never really saw it as*  
23. *a career for me. [...] Then it just took, when I left university [...] and I was still kind*  
24. *of debating what to do, I met doctors and then it was my mum said to me, there's*  
25. *actually no reason why you can't do medicine. So, I think my frame of mind just*  
26. *changed because it just took that one person to tell me that I could do it, instead of*  
27. *programming myself into thinking that I couldn't."*

Foucault may have argued that traditional historians would describe this as pivotal in Olivia's life story, a single moment when everything changed subject to the critical event of her mother expressing her opinion. However, Foucault (1972) urges us to recognise that traditional ways of viewing history as changes through events and causes are too simplistic as multiple discourses may be simultaneously competing for Olivia's attention for a multitude of possible futures for herself. Moreover, Foucault (1978) teaches us to be sceptical of symbolically divine figures, which intervene in stories to bring about change, in this case,

Olivia's mother, as discourses of destiny and divine intervention still dominate stories of western cultures in the post-Christian era. Through Olivia's 'internalised personal discourse' her mother, not a religious leader is the external authority figure she seeks for further guidance. Madigan (1992, p. 268) supports this.

*“Internalized personal discourse is viewed by Foucault as an action of self-control guided by set social standards (Foucault, 1982a). He suggests that people monitor and conduct themselves according to their interpretation of set cultural norms and may also seek out external authority figures such as a religious leader or psychoanalyst for further guidance (Foucault, 1982a). These culturally produced figureheads can only offer heavenly advice or transference interpretations that have also been solely shaped by cultural discourse.”*

It is not to say that Olivia's mother was not influential in Olivia's decisions, as removing her influence is as implausible as her heavenly advice in making all the difference. What shows us that Olivia's mother was so influential in Olivia's education and career pathway is her unprompted reference to what Olivia reports her as having said. We should not take Olivia's reference to *“that one person”* literally as any 'single person' the point is *“that one person”* is a person of crucial importance to Olivia and hence may be perceived to influence her. Again, unprompted Olivia (lines 56-58) makes her mother's influence more apparent.

56. *I think my mum*  
57. *has always wanted me to be a doctor, but she's never pushed it, she's always wanted*  
58. *me to do, what I wanted to do [...] and she saw the opportunities of [my degree].*

This statement is key. Contrasted with the previous reference to what her mother is reported to have said (lines 24-25)

24. *“it was my mum said to me, there's*  
25. *actually no reason why you can't do medicine.”*

These statements on initial inspection seem contradictory. In the one statement mother is described in generally passive terms *“she's never pushed it, she's always wanted me to do,*

*what I wanted to do*” yet assertive on the other “*it was my mum said to me, there’s actually no reason why you can’t do medicine*”.

The broader discourses within which Olivia is positioned are as follows:

- 1) parents always want the best for their children,
- 2) medicine is for the elite
- 3) you are free to choose whatever you wish to do
- 4) you can accomplish anything if you put your mind to it
- 5) medicine is a career for caring people with relevant prior work experience who can attain an acceptable academic standard in pre-university science.

Olivia describes her mum as always wanting the best for her daughter and becoming a doctor is seen by many as being particularly successful. This is discourse 1, evidenced by the statement “*I think my mum has always wanted me to be a doctor*”. Being also positioned by dominating neo-liberal discourses 3 and 4 emphasising ‘free choice’ and ‘individual liberty’ the discursive practice that ‘career decisions should not be forced upon anyone’ is apparent. This is evidenced by the statement, “*she’s always wanted me to do, what I wanted to do*”. Olivia’s mum studied on an Access course yet sent Olivia to an elite school described as the “*female equivalent of Eton*”. So, Olivia’s mum has been positioned through discourses 2 and 5. Olivia’s mum now draws on discourses 2 and 5 to position Olivia as a prospective medicine student, stating, “*there’s actually no reason why you can’t do medicine*”, as she steers Olivia towards an Access course, aware from personal experience of the career enhancing prospects of such courses. So, Olivia's mum was produced by all of the discourses 1-5 above, and now Olivia is drawing upon all these mixed cultural discourses to position herself as a prospective medicine degree student. It is particularly noteworthy that Olivia’s mum would have familiarity with discourse 5 having studied on an Access course herself, yet so dominating are discourses 1 and 2 that she decided to send Olivia to the “*female equivalent of Eton*”. Whatever Olivia's mum's reasons for doing this were what is apparent is that mother and daughter become constituted through various discourses 1-5 to become successful academic professionals. It may be that having been exposed to the dominating discourses 1-4 and the alternative discourse 5 that Olivia's career path becomes clear whereas for other people such a path may remain blurred. These discourses constitute Olivia’s shifting subjectivity as becoming a prospective medicine student.

To summarise this section of the analysis, we can take from Foucault that Olivia never had a 'free choice' to study medicine as her thinking and actions were influenced through competing discourses over which she had limited control. However, these discourses are productive. Olivia is described as becoming successful in following an academic and professional career pathway.

Being produced through discourses 1-5 above Olivia describes her changing subjectivity. At a highly academic school, Olivia describes herself relatively as an academic light-weight who could not perceive studying for a medicine degree as a possibility.

- |  |
|--|
| <p>6. "I didn't think that going into medicine, that would even be like a<br/>7. realistic possibility".</p> |
|--|

Later following a course to medicine because of her mother's influence Olivia has already partially realised this possibility and making a success of the Access course looks set to progress onto a medicine degree as well. Her subjectivity has changed. While she may accept that medicine need not just be for the elite, having been to an academically elite school has not harmed her chances. On the Access course as an adult, Olivia is more academically qualified than most of her peers so is positioned through discourse 5 as academically capable. All discourses pull together productively as Olivia becomes a prospective medicine student. So, although no one is ever wholly free to choose anything Olivia could also be described as being 'freer than most' because she extended her full-time education into her mid-twenties allowing her exposure to all these productive discourses which shape her into recognising medicine as 'a choice for her' whereas few others ever perceive studying medicine as a real choice.

A noteworthy point to take from Olivia's story is that while studying medicine remained one of many possible career options through Olivia's life, temporarily Olivia describes this option as being closed to her, not seeing studying medicine as a "*realistic possibility*" (line 7) when she compares herself with others around her whom she describes as "*fearlessly clever*" (line 16). As educators, we must recognise that learners become intimidated by those around them whom they perceive as more intelligent such that more academic career pathways may close. While for Olivia this closure was temporary as she had support from her mother in so many

ways, those from 'othered' social backgrounds may be less fortunate. Discourses may in other situations be such that the door of opportunity to study medicine does not re-open.

#### 4.10 Parental Influence?

Through the last section (4.9), the neo-liberal assumption that as 'free' agents we are so liberated to make independent 'choices' 'free' of the social constraints (2.11) was challenged. How Olivia decided to study medicine (if she did) was analysed through discourses. These included 'medicine being a career for the elite' and 'parents always wanting the best for their children'. As chapter (4.9) focussed more on 'medicine being a career for the elite' this chapter expands the analysis through the discourse of 'parents wanting the best for their children'. Extracts of interview transcriptions with Olivia, Mary and Winifred, will be drawn upon to explore how middle-class parents influence their daughters in aspiring to become prospective medicine students.

Mary positions herself with Olivia as daughters of middle-class mothers who want the best for their children. *"My mum, my mum's like that she is a professional herself. She's a pharmacist, amongst other things and she's always worked very hard to get where she is, and she wants all of us, all of the brothers and sisters to do really well"*. Here Mary marks her mum as middle-class, pointing out that she is 'a professional'. Moreover the emphasis on the latter part of the sentence *"she's always worked very hard to get where she is, and she wants all of us, all of the brothers and sisters to do really well"* could also be interpreted that 'mum's hard work' includes ensuring that her children do *"really well"*, perhaps also becoming professionals and re-generating the family as middle class (Crossley, 2008). However, while positioning herself with Olivia through the conversation, through the following extract of interview transcription, Mary explicitly refers to her mother pushing her to study medicine.

*"So obviously when you know she heard about the medicine thing, she pushed me, and she was like Mary you've got to do this, this, this and this and as you say I don't know I wouldn't say to her you know she's your mum, but you know you do get sometimes, you do get, that sense that you've been pushed and you really need to get your skates on."*

In contrast through lines 56-58 of the transcription of the interview with Olivia in the textbox of the last chapter (4.9) Olivia asserts the neo-liberal discourse of being free to choose her career,

*“I think my mum has always wanted me to be a doctor, but she’s never pushed it, she’s always wanted me to do, what I wanted to do”.*

Taken literally and in isolation, this statement reads as Olivia's mum never pushed Olivia to study medicine, which would seem in opposition to Mary's claim that Mary's mother pushed Mary to study medicine. However, returning to the transcription of the interview with Olivia (4.9) through lines 23-25 which precedes the statement above Olivia acknowledges her mother in pushing Olivia to study medicine,

*“Then it just took, when I left university [...], and I was still kind of debating what to do, I met doctors, and then it was my mum said to me, there's actually no reason why you can't do medicine.”*

What matters here is not whether one mother pushed her daughter to study medicine and whether another mother did not push her daughter to do likewise. Such interpretations are too simplistic. What the extracts analysed above show is that both Olivia and Mary's mothers 'wanted the best for their daughters' and that their influence was ever-present even if not continuously applied. At times Olivia and Mary's mothers pushed them to study medicine then at other times backed off so as not to be perceived as overly pushy.

Power operates productively (Foucault, 1978) as the women's mothers support, encourage and persuade their daughters to keep studying. As these young women contemplate their educational pathways, they may temporarily resist the power of persuasion to study medicine (Foucault, 1978), yet each mother continues to coach her daughter with educational choices while appearing to refrain from making their daughters choices for them. Just like going to university previously, potentially returning to university to study medicine is a non-choice for these middle-class young women as also described by Reay (2005). This resistance in the Foucauldian sense is not a struggle against an oppressor but merely the daughters delaying committing to a career in medicine before they feel ready themselves. The mothers support their daughters' educational pathways, recognising that the longer they stay in education, potentially the more academically successful they will be whatever course they 'choose'. So, when careers are considered, the mothers or the daughters re-present medicine as an option and power again operates productively through the discourse of 'parents always wanting the best for their children'. Obstacles may lie before them, but the daughters develop learning strategies to overcome them, which in turn help train them for medicine.

### Winifred

In her mid-twenties, Winifred describes herself as a child and as an adult as lower middle class. Both her parents are graduates. Holding an MPhil, her father studied naval architecture, but works in computing. Her mother holds a master's degree and is a social worker. Winifred "*went to a local comprehensive both primary school and secondary school*" her aunts, uncles and grandparents were medical doctors. She therefore had close family ties to the profession she is aspiring to join, a profession traditionally marked as middle class. Winifred had also commenced studies at university but determined to study medicine switched to the Access course instead.

What follows from Winifred on the first inspection, may seem as Winifred's parents discouraging Winifred from studying medicine. However, this may be viewed to the contrary. Binary assertions of being encouraged or discouraged are too simplistic. Analysis of the discourse constitutes Winifred as a prospective medicine student despite what is literally said.

Winifred was asked to describe being discouraged from studying medicine by her parents to elaborate on what she had claimed in a prior interview.

*"When I was quite young like say 12 or 13 [...] I wanted to study medicine and then later on again maybe during my GCSEs. They were definitely just being protective because they were just concerned, just about how competitive it was and then maybe the repercussions for me not getting in."*

Winifred acknowledges her parents emphasising the dominant discourses; of 'medicine being highly competitive' (4.2) and also 'the need to work hard' (4.1). In part, this may be her parents pointing out the potential demands of studying for medicine, through the perceived intense competition and the possibility for adverse effects on her mental well-being.

*"I remember them saying specifically to me, well you'll need to be working harder if that's what you want to do! But actually looking back, I know I was working hard then, so I remember thinking maybe I just can't do it then because actually if I'm working hard now I don't know if I can give much more [...] I think it certainly, it probably, made me less confident, which isn't the best, but then I also could see their perspective in a way. I've had those other members of my family like aunts and uncles and grandparents who were doctors [...], so I think maybe [they] saw how difficult it was for them and were concerned that maybe, I could just go into a different career, which might be less stressful."*

While Winifred acknowledges here that her parents' remarks about needing to study harder had knocked her confidence about applying to study medicine earlier in life, it is unclear what emphasis she places on this. Her stating, *"I think it certainly, it probably, made me less confident"*, the words 'certainly' and 'probably' upon the first inspection may appear a contradiction (Czarniawska, 2004, p. 97). Putting intensifiers and moderators aside assuming they cancel each other out we could interpret this statement as *"it made me less confident"*. However, her hesitation in deciding whether to 'emphasise her assertion' or use a 'hedge' or a 'qualifier' (Read et al., 2001) highlights that in the present, in the interview she is either lacking the confidence to assert her feelings, or merely acknowledging the impossibility of 'absolute' certainty. However, it may also be that while not wishing to deny feelings she had previously expressed, at this point in the interview, she may not wish to implicate her parents as behaving in a discouraging manner.

Taken in isolation, this may appear as her parents suspecting that medicine may be a too aspirational career to strive for and that they were trying to protect her from the potential emotional devastation of not achieving her dreams. However, situated within a family of doctors suggests that her parents may have been particularly aware of the efforts required to study to become a doctor and the impact it has on family life to challenge Winifred to be sure that she was committed. Winifred's parents, whose parents, brothers and sisters are medical doctors, initially emphasise that medicine is a challenging life choice only to be achieved through hard work (2.11, 4.1). Through operating power in what may seem at first glance to dissuade Winifred from pursuing medicine, her parents initiate a 'resistance' (Foucault, 1978) from Winifred that constitutes a determined and resolute subjectivity as a prospective medicine student. Moreover, Winifred's parents may be portraying her grandparents, aunts

and uncles as exemplary doctors, demonstrating that practising medicine is part of the family' habitus' (Lane, 2000; Maton, 2008) which the prospective medicine student, Winifred should aspire to.

However, while there may be many multiple interpretations of possible intentions of Winifred's parents speaking to Winifred in a certain way, my argument is that Olivia, Mary and Winifred were all encouraged to study medicine, though in Winifred's case this may seem to the contrary if read literally. What is clear is that the discourse of hard work is so dominating that the need to work hard if one wants to become a doctor has become an unquestionable truth. While Mary refers to "*that sense that you've been pushed and you really need to get your skates on,*" Winifred, in contrast, refers to the "*need to be working harder*" even though she knew she "*was working hard*". I am not suggesting that prospective medicine students should be lazy or lack commitment, but I am challenging that working hard or being seen to work hard is all that is required. I challenge the notion that a thirteen-year-old girl should feel the need to work harder five years before she could attend medical school at the earliest opportunity. I challenge the discourse of hard-work as it 'others' the socially disadvantaged as being responsible for 'dropping out of school' to get a job or have children as the discourse of hard work is socially middle-classed and gendered masculine such that anyone not studying intensely and continuously will not find a career and will take full responsibility for failing to do so regardless of being a committed worker or a committed mother.

Winifred progressed to study medicine at a Russell Group University.

#### **4.11 Panoptic Surveillance – The Shared Student House**

##### Introduction to theorisation

Foucault (1977) described 'disciplinary power' as the combination of ever present 'surveillance' with the rank ordering of every person's competencies through 'normalisation'. Foucault (1977) wrote much about the operation of disciplinary power through the civic institutions established through industrialising France. Examples include hospitals, schools, prisons, military academies and houses for the insane. These institutions are generally well bounded within buildings or groups of buildings confined within perimeter fencing. They would have been ideal for case study. The 'student house' was not an entity studied by Foucault (1977), though it will be my focus through this chapter. While the student house is

not a public institution, such a category would not have restricted Foucault. Foucault was interested in exploring how people are governed, so while he focussed on public places more than private ones, Foucault's techniques are useful in analysing discourses which occur amongst people irrespective of location.

*“While the word government today possesses solely a political meaning, Foucault is able to show that up until well into the 18th century the problem of government was placed in a more general context” (Lemke, 2000).*

Foucault's (1977, 1978, 1980a) concept of governing was not restricted to politics, but extended to philosophy, religion, medicine, pedagogy and even self-control, management of the household and the family. Through this chapter I intend to explore how the student-household or family is governed from within through consensual consensus.

Walshaw (2007, pp. 131–132) points out that Foucault's concept of disciplinary power has rarely been used in the context of analysing the interactions between pupils in schools, Walshaw herself does this through “girls monitoring boys in the classroom” (Walshaw, 2007, p. 134), and “girls monitoring girls in the classroom” (Walshaw, 2007, p. 137). In the previous chapter ‘successful women students monitoring themselves and others on the course’ I outlined an example of women students monitoring other adult learners on their FE course.

### Introduction to the students

Holly, Mary and Olivia were introduced and described at the start of section 4.7 and likewise Winifred in section 4.10. Here follow descriptions of the other students speaking or referred to in this chapter. These descriptions are enclosed in text boxes using italics to quote the students in their own words. My words, (not in italics), are used to paraphrase further description which the students provided me with through emails.

### Alistair

Out of education for many years, Alistair in his late twenties had made a successful career as a Corporal in the Royal Air Force (RAF). Alistair's mother is an optician's assistant and his step father is a Heavy Goods Vehicle driver. The highest qualifications of both parents are O levels. As a child he was raised in a working-class family but as an adult in the RAF jokes that his tastes and outlook have become middle class. The school he studied at was under performing and he was unable to achieve the requirements to study at A-level. He was coaxed down the apprenticeship route which wasn't for him.

### Tom

In his mid-twenties Tom had high grade GCSEs from one 11 – 16 comprehensive school and mid-range A-level grades in subjects that would not allow for progression to medicine from another comprehensive school. Tom describes his parents and himself as more middle class than working class. His grandparents and parents had always owned their own houses. Both his parents earned decent money despite not having many qualifications. His mum had 3 GCEs and did typing at college before working as a medical secretary ever since. His dad had some CSEs and worked in car sales for about 35 years. Neither of his grandmothers worked but one grandfather was an engineer and the other was a mental health nurse. His parents had a big mortgage in the early 1990s yet his family always had at least one holiday a year normally abroad.

Having worked part time since the age of 13 his parents taught him the value of money well. He decided against studying at university after A-Levels and decided to try and work his way up in a department store retail chain as he had a Saturday job there during sixth form. He got a trainee management job at 18 and then left to join the ambulance service at 20. With decent savings at 22 he started to invest in rental property. He lived at home with his parents so had very little outgoings. He wasn't given any money by his parents but worked extra hours and didn't spend much so he was rather entrepreneurial in his opinion.

### Bronwen

Bronwen self describes as being “*proud to be working class but [...] also [doesn't] want the stress or dependency that [she] had as a lower-working class child.*” As an adult, she self describes as working for what she has and otherwise going without. Both her parents studied to the equivalent of Level 3. Bronwen’s “*father worked as an accounts assistant and [her] mother worked various jobs but [worked] predominantly as a library assistant [before being] signed off as disabled*”. Bronwen describes her socioeconomic status as a child as unsustainable. Her mother rarely worked and lived off family hand-outs and her divorce settlement. Her stepfather was unable to retain a job and so as a family they relied heavily on benefits. Bronwen took humanities A-levels at school as she “*didn't have the confidence to pursue what [she] actually wanted. Science was also discouraged at home and [she] had been 'fed' [her] future at a young age.*” In her late-twenties, Bronwen had high grade GCSEs but no A Levels. Having worked as a nursing auxiliary and volunteered helping the disadvantaged in a less socio-economically developed country. Bronwen was experienced in caring for others.

### Sam

In his early twenties, Sam entered the workforce after leaving an outstanding comprehensive school in a county that still has the 11+ selection system, at age 16 with high grade GCSEs. Having worked his way through his parents’ transport company to become a manager, Sam was used to responsibility but desired intellectual stimulation. Changing from working to studying, Sam decided to temporarily move home, to concentrate on his studies and save time commuting. Both of Sam’s “*parents are managing directors of a Transport Company, which they founded in 1998.*” His mother holds only O-levels though his father holds O-Levels and “*a Level 3 Transport Managers Qualification.*” Sam finds it difficult to describe his socioeconomic status both as a child and as an adult. He can recall being very close to the poverty line. One Christmas they shared a small pre-cooked chicken from a supermarket between six people. Times were very difficult. That changed as his mother and father built what is now a multimillion-pound transport company. So, in more recent years he has been very fortunate, more so probably than most adults.

## Introduction to analysis

Foucault wrote much about how power operates through military training programmes as recruits strive and compete to meet the standards required of a soldier (1977). There are parallels here with the students on the Access to Medicine course striving to meet the assessment and grading criteria to gain a place at a university medical school. Unlike studying on an A-Level programme where people choose to study different combinations of subjects to progress to a wide variety of degree courses and jobs, everyone on the Access to Medicine course has the hope, if not the expectation, to progress to studying for a medicine degree. What's more, everyone else on the course knows this. This rather raises the stakes in what is already perceived by many as an intensely demanding course.

Moreover, within the boundaries of such an intense course, where many of the students have little spare time away from studying and some are living with fellow students on the course, in housing on the same street as the college, there seems to be no escaping the course. In a sense they become locked up in a panopticon (Foucault, 1977) (2.10, 3.1, 3.4), whereby their every move is observed by their fellow students such that their home and college life become almost inseparable, and from which there is no escape. Similar to military trainees (Foucault, 1977) it is as if these students are confined to base sometimes at home (like in barracks) otherwise still on base, the college campus, in the library studying, if not in timetabled lessons. The difference however is that the discipline of their studying is not only imposed by their leaders, the academic staff, as might be the case with officers (commissioned or otherwise) in the military, but also by themselves. The Access to Medicine students, particularly those living together, become caught up in monitoring the performance of each other as potential prospective medicine students (Foucault, 1977).

In a Foucauldian way this chapter will analyse how power operates to position these students through discourses. The 'panoptic' part of the term will be used to primarily emphasise the surveillance within the student houses. However, it will be used to convey the concept of looking outwards to 'othered students' on the course who are 'not in their house' so are 'not like them' or 'not in their team'.

Before analysing surveillance, it is necessary to consider how the students describe their experiences of studying in houses coinhabited by fellow students on their course. It will then be possible to recognise what counts as expected Access to medicine student behaviour in the

shared student house. Extracts from the interview transcripts are presented in the following textboxes.

### Analysing Winifred's descriptions

Winifred describes how fellow students encourage their peers to study hard, not just by what they say but also through what they do. As 'social actors' (Lawler, 2010), each student plays the role of how they perceive the ideal Access to Medicine student should study. As others mimic their behaviour, this consequently justifies the initialised behaviour, compounding how one is expected to perform the role. An extract of the interview transcription with Winifred (lines 1-17) will be presented in two halves. Lines 1-9 follow immediately and will subsequently be analysed. Lines 9-17 will then be presented with analysis to follow.

- 1) *"I live with five other people on the course it's erm it probably is a bit competitive*
- 2) *but I think we help each other in that aspect because I think everyone's*
- 3) *competitive in their own right and wanting to do well erm they're working hard*
- 4) *and it and it can it's kind of like a ripple effect everyone else in the house will*
- 5) *probably realise that they're doing some work so I'll do some work and erm it is*
- 6) *competitive but I think it's more try to help everyone like I certainly I know that at*
- 7) *the moment we've been doing loads of little revision sessions together which erm I*
- 8) *think's really handy you find out what you don't know through other people and*
- 9) *erm and I'm just trying to think I would think that sometimes it's a little bit ...*

Notice in line 1, Winifred's unprompted reference to living with 'other people', in relation to Access to medicine students being competitive. This happens in extracts from other interview transcripts which follow. This is why it was decided to analyse the discourses within these extracts within the same chapter using Foucault's concept of 'surveillance' and applying it to a definable place which has been termed the 'shared student house'. Winifred follows up (lines 4 -5) stating "*everyone else in the house will probably realise that they're doing some work so I'll do some work*". The dominant discourses of 'competition' and 'hard work' are apparent here. Notice how Winifred changes from referring to 'everyone else' to 'they' to 'I'. Winifred describes 'everyone' watching 'everyone else' but personalises the affect, to 'do some work' on herself. This is what Foucault (1977) described as panopticism whereby anyone can be observed at any time such that they modify their behaviour to that

which is expected of them. This is also Foucauldian discipline (1977) in action because it combines ever present observation, surveillance, with comparison to expected standards in performance or behaviour, the norm. Importantly, however it also provides an example of surveillance occurring while no teacher is watching over the students as they study at home. Hence it shows how Foucault's concept of discipline extends beyond the college the students attend through the discourse of hard work such that it operates through all times and places which the students inhabit.

Through line 6 Winifred again refers to living in the shared student house as 'competitive' before extending her description through lines 7-8 referring to 'helping everyone' whereby they "*do[] loads of little revision sessions together which [she] thinks [is] really handy [because] you find out what you don't know through other people.*" This highlights the discourses of 'competition' and 'collaboration' which intertwined. Like athletes within competitive sports teams Winifred describes disciplined students 'working together' to find out what each other knows or 'does not know', to help each other meet the standard required of prospective medicine students. The students, like athletes are competitive amongst themselves within their team, the student-house, but collectively aspire to the team reaching the standards required. However, such discipline is intense and like competitive athletes there is no let-up in the training. Winifred emphasises this in the last half of the extract (lines 9-17) which follows:

- 9) *"it's a little bit*
- 10) *negative too though er some people can get stressed if they notice you're working*
- 11) *or someone else is working and they think they should be working and if*
- 12) *everyone's not on the same timescale you maybe don't feel like to you deserve to*
- 13) *relax when everyone else around you is working then you start working and it*
- 14) *does actually end up quite often you go days where you haven't actually er had a*
- 15) *break kind of thing or just taken a whole day off just to relax so because I guess*
- 16) *there's that I guess it's competitive little edge there where everyone's feeling like*
- 17) *they should be working if someone else is"*

The panoptic surveillance through the shared student household intensifies the competition through continual observation and cross comparison such that the students' behaviours

become internalised, maintained, expected and intensified. The students become subjected to the continual scrutiny of their prospective medicine student peers (Foucault, 1977). The discourses of ‘being compelled to compete to meet the academic standard’ and ‘being required to be caring and collaborative professionals’ bump into each other (Walshaw, 2007) (4.2).

In the following extract Winifred describes (lines 1-4) how discipline is instilled in the students in the traditional sense from the expectations laid down by their teacher. However, Foucault’s key concept is that discipline is far more effective when ‘the disciplined’ take responsibility for their own behaviours and monitor themselves and accept the responsibility for doing so. This is evident through (lines 6-13). However not only do the students accept responsibility for monitoring themselves, they intensify the surveillance further, through monitoring each other’s studying so that they increase the pressure even further.

1. *“In biology we were certainly told in no uncertain terms that if you didn’t*
2. *achieve a certain amount, or, the whole point of these tests were to find out if*
3. *you weren’t going to do well for the rest of the course then you’d be better off*
4. *to leave and then I was thinking you know I’ve done so much to get here in*
5. *terms of leaving my job and moving down and you know making all these*
6. *sacrifice well kind of sacrifices so I was thinking I really can’t let this happen*
7. *erm so there was a was quite a bit of pressure to make sure I did well erm I*
8. *think everyone else felt that especially when you live in the house with*
9. *everyone there are five other people on the course and there is this kind of air*
10. *I don’t know everyone is working and you can’t I guess if you live somewhere*
11. *else with people who aren’t in the course you can maybe relax a bit more there*
12. *is always this is comparing yourself maybe with the, er, with your*
13. *housemates.”*

The discourses of ‘Medicine is for the elite’ (4.9) and being expected to be ‘hardworking’ (4.1) and ‘competitive’ (4.2) intertwine here. Note that the biology teacher highlights that there is a certain standard to be surpassed to continue as Access to medicine students and that those not making the grade will be cast out. Surveillance extends beyond the college campus through the shared student house whereby the students are described as watching each other. Moreover, in the absence of the teacher as Winifred describes fellow students comparing

themselves to check that they are each up to the expected standard for prospective medicine students, supporting each other to do more study.

In the following extract Winifred elaborates on how she monitors her housemates' studying and then how she compares herself with her peers.

- 1) *“Even if someone is in their room working then you're like what are you*
- 2) *working on and then you find out oh I should be doing that then and*
- 3) *everyone's constantly finding out if you done this work done or how much*
- 4) *detail have you gone into and erm and that can be quite stressful because*
- 5) *sometimes you really need to just let yourself relax and actually not be*
- 6) *worrying and not compare yourself and I think I've certainly learned that you*
- 7) *just don't compare yourself to what other people are doing because it is not*
- 8) *always very helpful and everyone's different so.”*

Through lines 1-2 Winifred describes checking what her housemates are working on. This describes surveillance. Having ascertained what her housemates are working on Winifred states (line 2) *“I should be doing that then”*. Here Winifred compares her behaviour with that of the 'standard' or 'norm' expected of her peer group, such that she describes being compelled to comply with the assumed expectation and act similarly. Having focussed initially on her own behaviour through lines 1-2, Winifred zooms out, describing through lines 3-4 everyone else doing the same. This highlights how surveillance occurs through those who inhabit the shared student house. As such, this provides an example of power acting productively through power relations to improve standards. This supports what distinguishes Foucault from others is his recognition that power can be productive and not just constraining. However, in this context power relations simultaneously produce stress to the point of the students fearing never to relax (lines 4-5). Through lines 5-8 in what may appear through the description as a contradiction, Winifred describes having learnt not to compare herself to her peers as it is not helpful.

Winifred suggests that you shouldn't compare yourselves, yet that is what she describes everyone as doing. This provides further evidence (4.2) that 'competing' and 'collaborating' are not binary. Her words *“I think I've certainly learned”* raise doubts first in so far as

whether she claims to have actually learnt anything as ‘thinking’ may suggest questioning the assertion of ‘certainty’ and second in what follows “*that you just don't compare yourself to what other people are doing*”. This doubt transcends not only how she describes what she perceives she is doing, not “*compar[ing] [her]self to what other people are doing*” but also through whether people more generally should or should not do this. So, ‘contradiction’ is too polar a term to be used in such analysis. Here Winifred is describing resistance to power acting to produce prospective medicine students because it is described as being experienced as stressful and unpleasant. It should not be taken literally that she has stopped comparing herself with her peers but that she recognises the need to attempt to take breaks from behaving this way for the benefit of her mental health. In line 8 Winifred’s last words “*everyone’s different so*” again shows resistance to power acting productively (Foucault, 1978) through drawing upon another dominant discourse in education that through which diversity is admired and promoted. Winifred’s assertion of resistance links more widely with the neo-liberal notion of everyone being free to make their own choices about how they should live their lives.

Winifred’s descriptions of her experiences show power acting productively through the shared student house. Furthermore, Winifred’s descriptions provide an example of resistance to power acting to produce her as a prospective medicine student, not because she does not want to become a prospective medicine student, but because temporarily she resists power inducing stress and anxieties. Winifred’s descriptions provide examples to counter criticisms of Foucault’s conceptualisation of power whereby it is questioned why anyone would resist power if power is productive (Sarup, 1993, p. 82) (2.10). Critics miss the point here, that according to Foucault power is productive and constraining and that through conceptualising power as acting through discursive relations (1978), it becomes impossible for power to act only productively or only repressively.

In the extract that follows Winifred describes not being able to escape and relax, yet continues to insist that she should do just that. Running as exercise is described as relieving stress and is implied as an activity which also provides a temporary break from it too.

- 1) *“I think there are times when I realised I haven't gone a single day now*
- 2) *without doing a good deal of work and actually I should make sure I get some*
- 3) *time off and I will go running I would go every day almost trying and that*
- 4) *does help relieve stress but, erm, I think there's, erm, I think there were*
- 5) *definitely times when I thought I ought to be able to work in a different way or*
- 6) *else this is going to get a bit too much and I won't be able to cope so [...] You*
- 7) *know you end up burning yourself out a little bit so I realised that actually I*
- 8) *need to try and put aside a day where I don't do any work and just relax.”*

Through lines 1-3 Winifred describes never having a day off yet through lines 3-4 describes running as a break within a busy day which relieves stress. Through lines 4-8 Winifred describes recognising the need to take the occasional day off. This provides an example of recognising that we are ‘freer than we think’ and ‘caring for the self’ – another two Foucauldian concepts.

In summary Winifred's descriptions of the shared-student house show discipline through the combination of surveillance and normalisation. Sam's descriptions which follow draw upon the discourse of ‘medicine being for the elite’ (4.9), though surveillance is not described here by Sam.

#### Analysing Sam's descriptions

Sam describes how he perceives the students on the ‘Access to Medicine’ course, who live together in shared houses establish an elite within the course cohort as a whole.

1. *“We've been quite fortunate in the house in that everybody in house I think is*
2. *probably at the upper end of the class in terms of academic achievement, erm,*
3. *I don't think that's unfair to say to be honest I think actually everybody who*
4. *was in our house has done really well throughout the year, erm, so nobody [in*
5. *the house] really struggled”.*

Through this extract Sam positions the students within his shared house as achieving more highly academically than the rest of the othered students on the course. In Sam's shared house the students are perceived by Sam to be ranked more highly in academic status. Unlike

in Winifred's descriptions above in this extract Sam makes no reference to surveillance within this shared student house.

Through the next extract Sam further divides the students within the household such that some are positioned more highly than others. Interestingly this positioning (Hermans & Hermans-Konopka, 2010), is both literal and post structural, with those perceived as more academically competent residing on the top floor of the house.

- 1) *"The person who lived to the left-hand side of me [...] basically she was*
- 2) *fantastic at biology. I was really good at chemistry, so I would be talked to as*
- 3) *the chemistry guru of the house. She would be the biology guru of the house*
- 4) *and then the other person on the other side of my room, was the physics guru*
- 5) *of the house. So, you know our floor was the guru floor if you like and then*
- 6) *we'd bounce off everyone else for other bits and bobs."*

Having joked with Sam whether the gurus were, on top, in their ivory tower, Sam confirmed *"they were yeah, they were in the ivory tower, in fact that is an expression that has been used many times in our house, you know we're up here in our ivory tower."* Sam describes a sense of fulfilment and pride in being a 'guru', positioning himself high in the hierarchy of students as regards academic achievement, and so lays claim to being powerful in the traditional sense with status and authority.

In summary, through Sam's descriptions positioning is apparent as he describes those in his shared student house as more academic than those not in the house and some those on the top floor of the house as more academic than those residing below. Winifred's descriptions provide evidence for surveillance taking place within the shared student house, Sam's descriptions do not. Tom's descriptions to follow provide further evidence for surveillance occurring together and how the students within the shared house discipline each other.

### Analysing Tom's descriptions

In a different house Tom describes how the ever-present peer gaze within the household and the acting upon advice from peers enables the Access to Medicine students to keep on track with their studies and keep working hard.

- 1) *“Everyone has an area that they were good at and an area they weren’t so*
- 2) *good at so if you got to a stage where you were tired or fed up you would find*
- 3) *someone who had a bit more of an idea than you did [...] he might have a*
- 4) *different idea or way to make interesting and also they would possibly remind*
- 5) *you of the reason you are doing it to give you a bit of a kick up the backside to*
- 6) *make you realise well I don’t know really I think mainly to just keep you on*
- 7) *track with everyone and sometimes it’s easier to hear it from someone else*
- 8) *rather than tell yourself. If I tell myself I need to study harder or study an*
- 9) *extra hour it’s quite easy to say no but if someone else says oh go on then do*
- 10) *one extra hour then we can both have a break you feel like you don’t want to*
- 11) *let them down either because if you’re studying together maybe as well if that*
- 12) *makes sense.”*

Like Sam through lines 1-2 Tom highlights that in his opinion some students are better at some subjects than others. However further to Sam’s descriptions and like Winifred’s Tom also describes surveillance within the shared student house. Through Tom’s descriptions he refers not to checking up on what his fellow student friend is doing but checking that she is continuing to study when Tom is tempted to stop for the day. This introduces a time element to the surveillance and discipline not shown through Winifred’s descriptions. Through lines 3-4 Tom refers to consulting his student friend in the shared house when he finds something, he is studying challenging. He describes how a peer who may know more about the subject being studied can make it more interesting so that academic discussions in themselves are described as motivating. Through lines 4-12 Tom describes how through discussion with his peer how he is persuaded and motivated to continue studying when tempted to give up for the day. In order to maintain the expected standard of an Access to medicine student Tom feels compelled to study for as long in the day as his peer in the shared student house. This instils discipline. Further it provides an example of disciplinary power working productively to induce pleasure. Studying together values and motivates the study buddy. It relieves isolation, loneliness, boredom and tiredness.

Notice how the peer monitoring is collaborative with fellow students assisting others with their learning, cooperating to support their collective academic progress. Continuously aware of the standard their fellow students acquire through surveillance, each student does not wish

to slip to inferior academic standards, when comparing their performance with their own, so they become conditioned to perform the expected behaviours of the group.

In the next extract Tom describes how a study timetable develops. As they study independently in the same house the friends agree to take breaks at the same time.

- 1) *“At home I tend to study on my own but we do tend to study for the same*
- 2) *period of time so if I was going to have my dinner at 7 PM my housemate*
- 3) *would probably work until 7 PM as well and vice versa if she was going to*
- 4) *have hers so we’d properly work the same length of time if I was going to give*
- 5) *up a little bit before I would probably push myself a bit extra to make sure the*
- 6) *same amount as she did.”*

In this way each housemate monitors the time each is allocating to studying through panoptic surveillance (Foucault, 1977), whilst also supporting each other through taking much needed breaks to socialise over dinner. This provides an example of power operating productively, (Foucault, 1978) inducing pleasure.

Furthermore, the socialisation of the students as housemates is such that in order to support each other each student requires useful academic expertise, like the gurus Sam describes above. This benefits each member of the shared house if each student perceives s/he has a sense of purpose to support others members with their studies. In the following extract Tom describes his mutually beneficial study relationship particularly with his housemate Mary, but also with Alistair, Holly and Bronwen.

1. *“I think with my housemate and within our little friendship group we have*
2. *probably the perfect balance of different knowledge between the group*
3. *members and none of the group members were overly needy but all of the*
4. *group members were happy to ask questions and happy to help as well [...]*
5. *Mary’s very good at maths. Alistair and I have had experience in emergency*
6. *medicine for a long time so a lot of that is biology and I suppose practical*
7. *medicine as well and just an all round idea of how things work within the body*
8. *but on a more practical level maybe rather than the scientific in depth level*
9. *and then Holly again had hands-on in NHS and Bronwen and Mary so we’d*
10. *all [...done...] our A-levels, a lot of us studied A-level biology, er, and some*
11. *had studied A-level maths, so the one that no-one [...] had really done was*
12. *chemistry.”*

Through lines 1-4 Tom identifies that different members of the group offer different expertise and that they complement each other. So, they are ‘collaborative’ as well as ‘competitive’ (4.2). The extract also shows Tom carrying out surveillance. Lines 5-9 specify the expertise each member has. Lines 10-12 summarise the subject areas the experts cover.

Notice through line 4 how collaboration marked through everyone being described as “*happy to ask questions and happy to help as well*” is not without limits. This is highlighted in line 3 where no member of the group is described to be ‘*too needy*’. Through the discipline instilled through the team each member is compared to the others in the standards expected of a prospective medicine student. While surveillance allows for checking performance against acceptable standards anyone falling outside the norm could potentially become seen as ‘*too needy*’ and could risk being ostracised from the group. So as long as efforts from each member compliments the academic advancement of the team, discipline is effective in training prospective medicine students. So, power acts productively.

1. *“I think that’s true because there was always times when someone wanted to*
2. *know something regardless of their backgrounds there were times when I*
3. *wanted to know something about physics or bio, physics or maths maybe*
4. *whereas there might be times when Mary might want to know something about*
5. *biology and yeah I don’t think there was any time when anyone was hugely*
6. *hugely needy so we did have quite a good balance and that was more luck*
7. *than judgement that was by chance sorry the way the group turned out to be.”*

Through lines 5-6 Tom’s statement *“I don’t think there was any time when anyone was hugely hugely needy so we did have quite a good balance”* suggests Tom not wanting to give up a disproportionate amount of time to help others who could be struggling, at the expense of his own studies. While Tom puts the success of these relationships down to ‘chance’ (line 7), I draw this into question. The discourses of ‘collaborating’ and ‘competing’ with peers (4.2) within the shared student house are so effective in getting everyone within it to study so hard and support each other in achieving the standards expected there is simply no room for a student to be *“too needy”*. *“Needy”* students are either disciplined into the regime of study and collectively accepted within the shared student house or would otherwise potentially be banished from it. So, power acts productively between the discourses of ‘hard work’, ‘collaborating and ‘competing’ to shift the subjectivities of Access to medicine students within the shared student house towards a certain standard, becoming prospective medicine students.

Tom’s descriptions of the shared student house like those of Winifred but not Sam, describe surveillance taking place. The surveillance differs in that the emphasis of Winifred’s descriptions are of checking ‘what’ each other is studying whereas Tom’s descriptions show checking if his housemate is continuing studying so focusses more on the time dedicated to the activity. What is common to the surveillance is that both students one female and one male both describe watching others or putting others under their ‘gaze’. While this provides limited evidence of one man gazing upon the activities of a woman in relation to studying, there is insufficient evidence here to dismiss gazing being gendered. While Walshaw (2007) used the term ‘female gaze’ I justify using my term ‘peer gaze’ in this study where any gendered aspect of the gaze is not so strongly asserted.

## Section summary

Through this chapter it has been demonstrated how students on the Access to medicine course who live in shared houses with students on the same course survey each other's studying such that high standards are maintained. While this is effective in promoting studying as the highest of priorities is also described as particularly stressful. The shared student house provides an example of Foucauldian discipline occurring without the need for anyone in a traditional position of authority to watch over the students showing that they have become self-governing.

### **4.12 Alistair's Story**

Returning to learning can be a de-stabilising and uncomfortable experience particularly at the beginning. At the start of his second term at college, Alistair acknowledged that his biggest fear was getting a conditional offer for a place at university, but not attaining the required grades to take it up. Well spoken, he was convincing at interview, yet lacking academic qualifications he was relying on the Access course.

Since leaving school Alistair's education had been run by the military, which according to Foucault (1977) aims to produce docile, perfectionist, unquestioning individuals. Learning in the military becomes perceived as mastering skills which can be repeated without thinking, through an immaculate performance (Foucault, 1977). Alistair describes needing to know how *"to do it backwards upside down with a blindfold"* which implies the need to master skills entirely. Well-disciplined Alistair is determined to succeed. In contrast with his prior experiences however learning on the course is a new yet frustrating experience *"initially for me trying to keep up was frustrating because I hadn't mastered anything and I'm still learning more things so I suppose generally that's going to be medicine through and through"*. Notice here how Alistair implies his perception of learning changing. Well-disciplined through military training, he still expects to master everything he is learning, like drill. However, recognising the need to gain a thorough and holistic understanding of academic subjects is more challenging intellectually, he suggests that learning on the course is *"a completely different kettle of fish erm you have to constantly reinforce your learning and revise."* This perhaps goes part way to explaining his frustration and anxiety. Well-disciplined into perceiving the need to perfect everything he learns, he becomes overwhelmed

with academic studying, due to the complex and nuanced nature of what needs to be understood, which destabilises his sense of mastery.

Further through the year Alistair reflects upon the basic and repetitive nature of training in the military and contrasts it with learning on the Access course.

*“With military courses generally they catered to the lowest common denominator, basically they try and make it as simple as possible so that everybody can take the same amount of skills away and it is very, very, process driven, go from A to B to C to D and you never deviate, erm ,whereas here, erm, obviously you’ve got 5 subjects on the go at the same time, all have different avenues to explore, er and that’s great and I’ve really enjoyed it.”*

Studying for Alistair continues to be an uphill struggle, where he draws on a dominant discourse of competing with his peers. *“Maybe a lot of people on the course take for granted, the, the study skills that they’ve developed over previous either A-levels or university, erm and I’ve had to kind of learn on the job.”* However, despite this Alistair acknowledges what he needs to do. *“Now I’m comfortable, [...] I understand that I need to keep on top of things and my study skills have come up to the educational level.”* In order to progress further he asserts another dominant discourse that he like all others should study hard (4.1). *“I just need to maintain discipline really and put the work in for revision and erm, so I feel a lot better and a lot more confident about that now.”* Whilst it is not clear how Alistair conceptualises confidence, he avoids admitting lacking confidence in the past, through stating that he is more confident now.

However according to Llewellyn the *“willingness to learn”* (2009, p. 421) is often interpreted as being confident in a subject. So, the discourse of working hard (4.1) constitutes those performing a willingness to learn as confident students, yet paradoxically those acknowledging limitations in their understanding become constituted as weak through lacking competence. This is paradoxical because those willing to learn need to recognise their limitations in a subject if they are to address their learning needs. Part way through the course Alistair acknowledges his earlier, *“fear of the unknown”* and whether or not he would, *“be able to [...] complete the course, [...which] was a big worry, [...that] has kind of ebbed*

away, [so he] can focus on studies”. When questioned about his prior fear that he might not get the grades to be able to take up an offer which may be made, I pointed out that he was now in the position of having an offer of a place at university, but yet to complete the course. I asked him how he felt about that.

*“Erm, thinking about it sort of macro scale, you know that was always going to happen, people were always going to get offers before the end of the course and there was always going to be this this interim period, erm, [I] think it is still achievable, erm, I'd like to think I'll still complete the course to the standard, er, some subjects are going to be easier than others purely because of my interest and ability in different subjects differs for everybody so, erm, the thing is, I know now where the work lies and what I need to do to do that so hopefully everything will be fine”.*

As the course nears a close Alistair takes comfort, that his military training has at least prepared him well for managing his own self-study discipline and routine through consistently submitting his assignments on time. *“Other people weren't quite so lucky, erm, didn't quite make the deadline, [but], at least my organisational skills are affective, so I'm able to get work in on time, or, head of time, 90% of the time”.*

At the end of the year, assessments over, results pending, Alistair contrasts his major experiences on the course as, *“polar opposites”*, appealing to *scientific rationalism* (Sarup, 1993),

*“you know, erm, getting, getting a place at university, er, especially for medicine purely because of the statistical side of it, erm, it is an incredible feat really [ ...] then chemistry [...] you know walking out of it, thinking you know that's it, it's all over, it's you know devastating it changes everything, it changes careers, it changes lives”.*

Near to the end, Alistair contemplates his fate, *“I think as I say the results [...] are still pending, I'm pretty sure that the nightmare's come true as it were, erm, yeah, it's just a real shame really”.* Unfortunately, Alistair was right.

Alistair's story highlights the struggle Access students have in returning to education. Alistair's story demonstrates how through subscribing to the dominant discourse of 'choosing to study hard' allows educational progress to be made, though for students like Alistair, who have been out of education for so long, some simply may not make sufficient progress within one academic year (9 months), to Access Medicine.

#### 4.13 Tom's Story

Tom describes himself at school as *"the stereotypical teenager, [...] cocky [...] confident [...and...] proud"*. Repeatedly stating that he *"never wanted to fail at anything"* he *"hated failure"* and would get *"really angry if I failed at something"*. Tom attributes his lack of success at A-Level to attempting to avoid failure by not trying. For example he wouldn't do *"mocks and homework [...] because [...he...] didn't want to fail [them]*, not looking at the bigger picture. Acknowledging that he *"probably didn't get the A-levels [he] could've"* because he didn't try *"homework or mocks"* because he was *"afraid of failing"* this *"inevitably lead [him] to less good grades in the final exams which [...] was probably a failure"*.

Tom now subscribes to a new dominant discourse, of the Access to medicine course, the necessity to work hard (4.1). Circumstances have changed. The following demonstrates how the 'self' is constituted differently in different social circumstances. Whereas he had *"been quite fearful of failure in an academic sense"* at school and in his *"head if [he] didn't work very hard, [...if he] failed, [he] had an excuse [...], now [he has] really had to work hard, [... he has] noticed that the anxieties about failure have gone down, because [he has] put [in] the effort."* So being *"better prepared for the exam[s]"* [...] *the anxieties [...] go down"*. So if being *"prepared for the exams"* is interpreted as a student now performing *competence* and *anxieties going down* as a student gaining confidence, contrary to Hardy (2008, p. 3) who states that *"confidence is performed and a competence is presumed to follow"*, in Tom's case, competence is attained and confidence follows. Having decided to try, on the Access course Tom learns an important lesson.

*“You’re anxious because of the exam and you’re anxious because you don’t want to fail, but actually by pushing yourself working hard and maybe failing at mock tests or failing at certain questions throughout, actually accepting that failing is part of learning, I think is something that was difficult for me, that’s something I’d never really thought of before, but actually I’ve learnt that trying something getting it wrong and learning from it is probably, actually, the best way within this type of environment”.*

However, Tom also recognises that the anxiety associated with studying is inescapable. As time is running out, the stakes are higher. He becomes constituted through a discourse of perpetual anxiety and stress. Like Alistair, Tom appeals to scientific rationalism (Sarup, 1993) recognising that although “*the chances of [him] failing [...] lower[...] statistically*” as he becomes more successful with his studies, he acknowledges his emotions. “*I worry about failure may be a bit more because [...] if I don’t pass this course then I will lose my place at medical school, [...] I’m 25 [...], I can’t spend my whole life trying to become a doctor, if it doesn’t work out now and so what I risk to lose increases I suppose.*”

Fortunately for Tom, learning to study hard and live with his fears, paid off. He progressed to study medicine at a pre-1992 non-Russell Group University. At the time of writing he was studying his second year at medical school. Tom’s story demonstrates how a successful student accesses medicine. However, Tom had previously studied A-levels, so ‘Access to Medicine’ was a refresher level three course for him comparatively. As such it could be argued that Tom was not required to make as much progress through the 9-month Access to Medicine course (based upon his prior attainment of mid-range A-level grades) as Alistair (who had no A-Levels) to make the distinction standard required.

#### **4.14 Sam’s Story**

Through Sam’s descriptions of his experiences of the Access to Medicine course, which connect with his descriptions of his past, his perceived future and life experiences beyond the course whilst he was undertaking it, he constructs differing subjectivities, through different discourses in different contexts. These subjectivities include:

- 1) Recognising his changing self.
- 2) Being positioned by a competitor as inferior at a university interview
- 3) Positioning himself, as hegemonically masculine, in his previous job role
- 4) Reluctantly accepting softening at college

- 1) Recognising his changing self.

Through this section, Sam describes himself changing (Foucault, 1972).

According to Sam the UCAS personal statement is

*“probably one of the hardest things you'll ever write in your life, because it is quite important, erm, and I mean I don't know whether I'll get into university next year or not, but potentially that piece of text that took me a month to write **was, is** crucial.”*

As Sam considers an uncertain future, having submitted his application, the outcomes are still pending, so he struggles with which tense to speak in (Czarniawska, 2004, p. 97). His use of both the words ‘was’ and ‘is’ together suggests that the personal statement ‘was’ an important part of the application submitted in the past, yet ‘is’ still important in the opportunities it may help to deliver him in his future, hence showing Sam’s personal history unfolding in the present (Kendall & Wickham, 1999, p. 4) as he looks to the future.

Sam describes (in contrast with Bronwen to follow 4.15), that the writing of his personal statement, was enjoyable. *“It is quite daunting, but it was quite enjoyable in in a way to write the UCAS personal statement”*. According to Sam writing the UCAS personal statement,

*“lets you know that, you know, ‘you’, which at this point you should really be aware of who ‘you’ are as a person. You know to say that you’ve taken on a path in life and then you have a change of direction and you know what you want to do. It sort of solidified and kind of consolidated the idea that ‘I do know’ ‘who I am’ as a person and you’re able to express through your personal statement and its quite advantageous to do it at the age of a mature student, as opposed to being younger, I think, it gives you something to talk about.”*

This part of Sam’s story shows how as teachers we have the potential to operate power productively (Foucault, 1978) through highlighting to university applicants that the writing of the UCAS personal statement is an opportunity for self-reflection on the greater journey through one’s life, which in itself may be an enjoyable experience, whilst also potentially being educationally transformative through the ‘journey’ of the writing process as well as the possible destination of university. The following extract demonstrates how Sam describes this writing ‘journey’ at a point of change within the ‘journey’ of life (Flutter, 2016; J. E. Knowles, 2016).

His repeated references to *‘know[ing] you’* and *“be[ing] aware of ‘who you are’ as a person”* first of all highlights that at this moment in history it is acceptable to say that *‘you know who you are’*. The statement is sayable (Kendall & Wickham, 1999, pp. 26–27), it is neither silenced nor hidden, so it is acceptable to say it, in this context, at this time. Moreover because the statement is repeated (Kendall & Wickham, 1999, p. 26) several times over using different words to emphasise the same point, these sayable statements dominate the monologue in this extract, to constitute discourses which perform as truths. These truths are that ontologically speaking, ‘the self’, is considered to be something that can ultimately be known. So, I argue that through this discourse Sam performs the free and autonomous being able to control his own destiny (2.2.7).

More implicit however is that Sam may be considering himself to be changing as he acknowledges, *“you’ve taken on a path in life and then you have a change of direction”*. If Sam feels that he is changing as a person, through describing his writing of the personal statement, he does not state it in such terms. So, I argue that the concept of ‘the changing self’ at this point in Sam’s history is unsayable, though without having access to such a Foucauldian concept, it is perhaps unsayable for Sam, not because it is unspeakable, but

because it is inconceivable to Sam at this moment. While it is common in contemporary society to refer to going on a journey to describe changing through emotional experiences, explicitly claiming oneself to be in a process of changing is generally speaking a step too far for most people. So, Sam draws upon, the concept of the ‘journey’ (Dragovic, 2016; J. E. Knowles, 2016; G. Turner, 2016; Whalley, 2016) as part of ‘a life story’, which in contemporary western English speaking societies has become rather synonymous with implying ‘the changing self’ through emotional experiences, while such accounts usually fall short of making this explicit, such that ‘the self-changing’ goes *unsaid* and the *sayable* ‘journey’ is substituted in its place (Czarniawska, 2004, p. 96). Essentially this analytical technique is Deconstruction as used by Jacques Derrida to show that a text does not necessarily say what it means nor mean what it says. This shows that at this point in history it is acceptable through the writing of the personal statement for Sam to reflect on ‘where he has been’ and ‘where he is going’, yet not to reflect on ‘who he was’, ‘who he is’ and ‘who he will be’. This shows how the concept of ‘the changing-self’ is constituted through the discourse yet is not spoken of directly. The ‘journey’ is used as a metaphor to make the unthinkable ‘changing –self’, be spoken through using language that is more acceptable at this point in history.

## 2) Being positioned by a competitor as inferior at a university interview

The competition that Sam describes in the following extract highlights how Access is another(ed) alternative to A-Levels, where A Levels are perceived to be dominant. Sam describes how he as an ‘Access’ student is ‘positioned lowlier’ or ‘othered’ by an A-Level student through a competitive conflict arising at a university interview.

*“I’m going to university with a sense of confidence [...yet...] one chap said to me when I went to interview, are you not threatened by us as A-level students and actually to be honest this course has put me in the position where it’s quite the contrary, I feel more able than perhaps an A-level student, because [...] I’ve learnt how to independently study, which I’d never done before.”*

Here Sam draws on the dominant discourse of the course that Access students should study hard and take responsibility for their own learning. Through using the words “*are you not threatened by us as A-level students*” the A-Level student at the university interview with Sam firstly positions A-Level courses as superior to Access courses and consequently A-

Level students as superior to Access students. Furthermore, through using the words “*threatened by us*” the A-Level student assumes A-Level students to have the upper hand in a perceived competition. In contrast, Sam claims to not feel threatened, as his course has put him in the position to feel the contrary. However how we position or are positioned (Hermans & Hermans-Konopka, 2010) by each other is not always conscious and deliberate as according to Gonsalves & Seiler through discourse people become positioned amongst others, not necessarily intentionally (2012, p. 159). So, whether or not the A-Level student intended to intimidate Sam remains open to scrutiny. However, through his actions, within the context of competitors meeting at interview, the A level student draws on the traditional A-Level route to university as the established, tried and tested route, positions those students who follow it as superior to non-standard Access students who take the alternative route. However, Sam uses the idea of ‘independent study’ as a justification of why he is ‘stronger’ than a traditional A level student. Here he is drawing on dominant constructivist discourses of learning i.e. self-directed, autonomous as ‘ideal’. So, by drawing on a dominant discourse of learning he makes himself as convincing as possible in resisting being positioned inferior to a traditional student.

Through Sam’s description of the university interview; Sam and the A-level student become embroiled in competing. It is clear that the A-Level student has the upper hand, as the dominant discourse here is that there is a hierarchy of courses with A-Levels perceived as the best. This is supported by Burke (2002, p. 81) who cites others

*“ ‘A’ levels are still regarded as the gold standard and ‘the normal method of entry, the signifier of both individual and institutional worth, the predictor of quality output’ (Leonard, 1994, p. 174; Thompson, 1997, p. 114; Williams, 1997, p. 160)*

*It is against these standards that access students are judged as less worthy. They are automatically categorised as ‘non-standard’ because they have not taken the traditional ‘A’ level route at age 18 (Webb, 1997, p. 68). Terms such as ‘non-standard’ carry meanings relating to age, class, ethnicity, gender and race (Williams, 1997)”*.

Because there is clearly an academic and social hierarchy the A-level student is able to use this to explicitly position Sam. Such interpretations are not spoken by Sam, as if he were to speak of them, he may be accepting of his inferior positioning. So, what may seem on the

surface like Sam giving his competitor the benefit of this unspoken doubt, I interpret this interaction as Sam resisting his positioning, through painting an alternative impression that would be more to his favour. Sam elaborates on how this situation arose.

*“I got talking to a few of the guys, the ladies and gents that were there and this one gentleman he said to me, this one young man, I suppose he said to me, now are you not threatened by us and not at all really (sic), I mean it was quite funny, sort of looking back at it now. At the time it did make me think, should I be threatened? Maybe ‘threatened’ is the wrong word. It was his words that I’m using, not really the words that I’d use myself. The conversation was you know, what’s your background? What [are] you doing? What are you studying? Where have you applied? That sort of thing, that’s how it came about.”*

I interpret the A-level student eyeing up Sam, questioning Sam, to see if he can ascertain information from Sam, to claim superiority over Sam, and dominate Sam. Through the surveillance of Sam, the A level student seeks knowledge of Sam so as to operate power through the discourse of competition (4.2). This shows Foucault’s concept of power-knowledge whereby though acquiring knowledge of Sam the A-Level student operates power over Sam. To paraphrase Foucault, the knowledge which the A-Level student acquires of Sam is *“power over [Sam], the power to define [Sam]”* (Sarup, 1993, p. 67).

While the A-Level student portrays A-Levels as superior to Access courses the A-Level student gains the upper hand in the competition. However, Sam attempts to resist his positioning, through painting an alternative impression that would be more to his favour. Focussing on the detail of the extract sentence by sentence I interpret two young men performing battle moves through a discussion.

First the A-Level student asks, *“What’s your background?”* This allows him to seek a difference between them, knowledge providing power (Foucault, 1980a). When the A-Level student *“volunteered he was doing A-levels and [Sam] said [he] was doing Access to Medicine at [...] college [...]”*, a difference is ascertained. The A-Level student implies that Access courses are inferior to A-levels, operating power through new found knowledge (Foucault, 1980a). Following up with his next battle move, *“Are you not a bit threatened by us?”*, the A-level student holds Sam down, like in wrestling. Through suggesting, *“I feel quite the contrary to be honest”*, Sam resists, as *“where there is power there is resistance”*

(Foucault, 1978, p. 95), however he is still held down, positioned as inferior and fails to reposition himself through the fight. Realising that either in the eyes of A-Level student at the time of the conflict, or in the eyes of me, a male in a position of traditional authority over him as he re-represents the story, he is unsuccessful in re-positioning himself within the fight, Sam changes manoeuvre. Through acknowledging, *“It did make me think, should I be threatened?”* Sam again resists his positioning, this time attempting to be seen to laugh it off. *“I mean it was quite funny, sort of looking back at it now”*. Although Sam does not explicitly acknowledge ‘being threatened’ he demonstrates resistance in opposition to the power operated through the intimidation. Pointing out that he would not have used such words, Sam refuses to use the words of the dominator, implies being dominated, yet is unsuccessful in repositioning himself through his resistance. So despite the uplifting and inspiring words of Eleanor Roosevelt (n.d.), *“No one can make you feel inferior without your consent”*, from a post-structuralist perspective, because, *“where there is power there is resistance”* (Foucault, 1978, p. 95) Sam is constituted through the discourse as inferior, despite his resistance in holding back his consent. As Sam elaborates telling the story to his male course-leader through the confessional of the interview (Foucault, 1978), he begins to acknowledge the intimidation yet is reluctant initially to confess. *“Well I think it was, I don't whether it was to sort of, I don't know whether it was sort of, whether he was trying to belittle me.”* Notice how the key point, *“he was trying to belittle me,”* is shrouded in repetitive expressions of doubt, following hesitancy. This allows the unspeakable to be spoken (Czarniawska, 2004, p. 97), whilst allowing himself room to manoeuvre, should his confession be unacceptable to his teacher. Yet like the priests of old, his teacher does not respond, continuing to listen, allowing power to operate through silence. Uncertain how the confession now positions him in the eyes of his course-leader, Sam provides an alternative explanation should he feel the need to re-manoeuvre. However, this alternative explanation lacks coherency and plausibility. *“[Perhaps] he was just trying, oh well you haven't done A-Levels, will you be okay here?”* as it seems too false for someone, he has just met, to care so much about his competitor. So looking below the surface of what was said, within the context of how it was said, I interpret Sam's alternative explanation as an act of self-worth protection (Covington, 1992; Jackson, 2002), something he says in an attempt to retain his subject position, as viable candidate for medicine.

### 3) Positioning himself, as hegemonically masculine, in his previous job role

Recognising that through the description of his experience of the university interview as in section 2 above, I, his course-leader, another male, in a traditional position of authority over him, may perceive him, as being beaten, Sam draws on a memory from an alternative experience, which positions him as hegemonically masculine, in his previous job role. Sam describes himself as, “*Battleaxe*” at work and so performs hegemonic masculinity: the man in charge. “[If ...] *I come in [...] there might be a chopping board, you know if I come in, someone is losing their job.*” So, whilst in the context of being a student, Sam struggles to position himself with much authority, he portrays himself, to me, as strong through an alternative narrative, in order to assert masculinity. Yet in the context of being a student on the Access course, he may be compelled to behave more diplomatically, in order to enact power productively, as in the new context he is not positioned to wield the battle-axe and impose an absolute authority.

### 4) Reluctantly accepting softening at college

Whilst demonstrating that he ‘has been’ ‘a real man’ in his previous job role as discussed in section 3 above Sam realises that at college he is no longer in a position to have the last say on matters and in his words describes becoming softened as a person which I interpret as perhaps becoming compelled to behave more collaboratively.

*I think I've definitely maybe softened; I mean obviously I'm quite young anyway, but erm, this course has definitely softened me, because of the people that [I] have been living with, working with, studying with, it just has definitely softened me as a person.”*

In contrast to the previous discourses where Sam was positioned as inferior by a competitor at the university interview and where he positions himself as strong and in charge in his previous job role, through this discourse Sam constitutes a subjectivity for himself which is far from hegemonically masculine. Only in this context is “*softened*” sayable and through repetition of this key word (Kendall & Wickham, 1999, pp. 26–27) an alternative discourse is established to speak an alternative ‘regime of truth’ (Foucault, 1980a). It makes no sense to describe Sam more generally as a ‘soft tough man’, and it makes no sense to accept that he has “*definitely maybe softened*” either, as in both expressions there is a contradiction (Czarniawska, 2004, p. 97). All we can say is that in one context, through one particular

discourse Sam constitutes a subjectivity for himself which ‘tough’ and through another discourse he constitutes a subjectivity for himself which is ‘soft’. This shows that our subjectivities are constituted within the context of discourses. As discourses vary, subjectivities vary through them.

Contrasting how Sam constitutes different subjectivities for himself through these different discourses raises the question, as to whether or not Sam has changed. We could argue that he simply performs different subjectivities in different contexts. Sam recognises himself changing, which is recognised by fellow students with whom he shared a house.

*“I think my tolerance has definitely built up over the year and in fact they said at the end of the year [...] they all said, in fact I won't use the exact words they used but they basically said, erm, you went from not quite so pleasant at the beginning at times, to you know, you've really sort of grown as a person, they recognised that as well, because I'd become more tolerant and I think probably before I had no filter, no verbal filter, if I wanted to express something people would know it sort of thing and I'm a lot less like that now.”*

This shows that Sam learnt to behave differently to be accepted by the Access to Medicine group. He was positioned by them to be more tolerant and to think before he spoke. So, to some extent we may accept ‘Sam’s changing self’. He may now be described as more diplomatic in his interactions with others around him. He may be less assertive, yet he may now be in a position to assert himself to various extents, depending upon the context of new situations as they arise, recognising that he can now enact power productively and persuasively and not just oppressively (Foucault, 1977). This provides an example of how we learn informally through our social interactions through education, alongside the formal curriculum (Kolb et al., 2001).

Furthermore, Sam’s affirmation not to use “*the exact words they used*”, which to Sam may be *unspeakable* (Czarniawska, 2004, p. 97), may shroud an unpleasant experience of being told by his peers that his behaviour was perhaps unpleasant and intolerant. So, whilst accepting a changing of himself, not speaking such words shields him from recalling the unpleasant experience of being positioned by his peers to become more tolerant.

#### 4.15 Bronwen's Story

Bronwen provides an example of the category of student for which Access courses were established. Bronwen did not have A-levels or a degree and was relying upon the Access to medicine course to progress to medical school at university. Bronwen describes challenges on the course. Bronwen progressed to university but not to study medicine. This section explores three descriptions of Bronwen's experiences on the Access to medicine course in chronological sequence. Each extract from the interview transcriptions will be discussed to demonstrate Bronwen's vulnerable subjectivity throughout her year on the Access to medicine course.

Bronwen (in contrast with Sam 4.14) described anything to do with the Universities and Colleges Admissions Service (UCAS) as a low point in the course and the worst part of it as having to admit that she could not complete her personal statement without help. She described having had the passion and the drive but not the skill. In October near the start of the course, Bronwen had turned to Holly and me for help. She describes how it felt.

*"This was something that I was passionate about [...yet...] I didn't have the language skills to be able to condense it. [...It...]was hard to ask [...for...] help [...] but it was also a relief to ask for help, because it meant that I had some people around me who could take what I was saying and make it legible and [...] validate how what I felt about medicine as well, which really helped."*

[15/06/15, Phase 2 semi-structured interview]

This extract highlights that students for which Access courses were established do not have, as developed writing skills, as those on the same Access course who already have degrees as the graduates on the Access course have been through the university application process before so have had practice at it. Access course students are on a one-year course whereas students doing A-Levels are on a two-year course. This makes the writing of the UCAS personal statement challenging for most Access students as they have to complete writing the personal statement in their first term at college as opposed to the fourth term for A-Level students. This challenge is intensified for Access to medicine students like Bronwen, as their

personal statements have to be completed by October to meet the earlier deadline for medicine, dentistry and any courses at the universities of Oxford or Cambridge. Therefore, such applications must start immediately upon arrival at college in September. While it has been noted that graduates on the Access to medicine course may find writing personal statements less challenging than students for which Access courses were established, students on the Access to medicine course like Bronwen are presented with the additional time constraint of completing their university applications two months earlier than those on other Access courses who must submit their applications in December. This adds to the pressure.

Towards the end of the course, Bronwen describes her experiences of taking the exams in June. The following extract shows Bronwen comparing herself with peers on the course.

*“During the exams spending more time talking to other people and realising that actually even the most confident people in the class actually were struggling with whether or not they were fully capable of achieving what they needed to achieve, erm which whilst comforting to know that actually I wasn't the only person feeling those things, it didn't make me feel any better, because if they were struggling and they were more academically skilled than I was, then I realised that I would basically be stuffed so, erm I doubted myself and my abilities even further and my own mental health didn't help and the feeling that I really couldn't do this course, I wasn't actually cut out for it erm and even though I was supported very much in college, outside of college I wasn't and I was struggling to balance a lot of things all at once.”*

Bronwen compares how she perceives her capability and likely chances of success in the final exams with others in her peer group. If those she describes as more academically skilled than her are struggling, Bronwen describes 'being stuffed' and not 'cut out for it'.

Thus far through this section, Bronwen's reluctance to ask for help, and her description of her perceived low positioning within the course peer group have been discussed. Next follows Bronwen's description of her experience at the end of the course realising that she cannot attain the necessary grades to progress to medical school.

As the Access to Medicine diploma is graded overall for each subject based upon continuous assessment, at the end of the course before overall grades are released, Bronwen, aware of her previous grades realises that overall she will not have the required grade in Chemistry to progress to medical school. She describes this as heart-breaking. However, in contrast with

Alistair, who also did not get the grades, but accepts not progressing to medical school, Bronwen will not accept failure to access medicine. Acknowledging that the Access course has helped her emotionally, she describes planning to eventually still progress to medical school in the future by alternative routes, as she always has a contingency plan.

*“I’ve come up with another contingency plan in order to get myself into medical school, [having] realised that actually I was I wasn’t going to be able to get the distinction in chemistry, it did break my heart, [...] actually even though staying in the course might have been the right thing for me emotionally because it was the only positive thing in my life, erm, [...] academically it was the worst decision I could have made and I just felt that actually what was the point, because no matter what I did from then on in, it was never gonna be good enough for medical schools.”*

The extract above shows Bronwen’s description of her acceptance of not progressing to medical school in the next term. The extract above also emphasises the high emotional stakes involved in aspiring for a career in medicine. However, through the extract which follows Bronwen elaborates on her contingency planning, which shows Bronwen’s description of her reluctance to accept not progressing to medical school ever.

*“Since then I have contacted medical schools and I have found one in the country that took the attitude well we liked you before we just wanted you to get the grades so go and do a chemistry A-level and then reapply, erm, I’ve also contacted other medical schools who said no, but if you came to us as a graduate we would accept you, so I have been looking at taking, erm, another course as a degree and then apply for medicine as a graduate.”*

Bronwen describes university admissions staff as stipulating attaining an A level in chemistry in addition to the Access to medicine diploma or a degree in order to progress to medical school. Unlike A-levels, individual subjects on Access courses, in Bronwen's case, chemistry cannot be retaken. This is because the remit of Access courses is to provide a one-off opportunity for adult learners to progress to university if they had either not studied A-levels at all or studied subjects at A-level which were inappropriate for the degree course they now wish to follow. Resitting exams is not viewed favourably by medical schools, so a minimum three-year gap is expected between completing A-Levels and starting the Access to medicine course. Ironically studying A-Level chemistry after completing the Access to medicine

course could be viewed as a resit (in the most crucial subject) not attained at distinction on the Access course, so how admissions staff would view Bronwen's application if she were to do as advised is open to interpretation.

Moreover, studying A-Level chemistry independently and entering for the exams as an external candidate is rare these days. This is in part due to exam board rules stipulating a compulsory practical element of such courses which must be assessed in controlled conditions within a school or college. Also, schools and colleges are reluctant to accept external candidates in case the candidate's grade reflects poorly on the school or college as they are judged on grades by OFSTED. Taking the usual two-year A-level course (or even a one-year evening class) would add considerably more time out of work to progress to medical school, a barrier to learning which Access courses were established to avoid. So Bronwen, a student for which Access courses were established is advised to study for an A-Level in chemistry in addition to the Access course even though Access courses were established as alternatives to A-levels. Bronwen's othered supposed choice is to study for a degree in a subject other than medicine before reapplying to medical schools. So, Bronwen describes being told to go and get the qualifications her peers, Olivia, Mary and Holly already had before starting the Access course. This instruction raises the serious question as to who or what kind of students the Access to medicine course provides university progression routes for. If the degree of choice were anything other than medicine (or dentistry or veterinary science or perhaps a small number of other options) stipulating getting a Level 6 bachelor's degree to progress to a Level 4 first year of a medicine degree would seem absurd. However, this truth is accepted because it is constituted through the dominant discourse of medicine being for the elite. In order to progress to study undergraduate medicine, students appear to need to show that they are qualified above and beyond the minimum academic requirements to be successful on the medicine degree. They must acquire additional A-levels or a degree to beat the competition for restricted places. It is not merely a matter of meeting standard entry requirements. If it were, students could resit subjects at level 3 (A-Levels or Access) until they attained the grades expected to progress to level 4 undergraduate medicine. Access courses were established to promote inclusivity of people from social backgrounds otherwise underrepresented at universities through the ethos of widening participation. So, while Access courses were established as alternative level 3 qualifications to A-levels, universities asking for an A-Level in addition to an Access course could be viewed as introducing additional barriers which prevent students like Bronwen from getting to medical school. So, if students like Bronwen for which Access courses were established are blocked from

entering medical school because their opportunities for retaking examinations in crucial subjects are restricted, I question whether the Access to medicine course is providing an alternative pathway to medical schools in practice.

In the penultimate extract above Bronwen refers to having contingency plans to get herself into medical school despite having not attained the crucial distinction in chemistry from the Access course such that as it stood, she was never going to be good enough for medical schools. These contingency plans are described in the final extract above. They have also already been discussed above as either acquiring an additional A-Level in chemistry or getting a degree before applying for medical school again. Through referring to contingency planning, Bronwen may well have been performing self-worth protection (Covington, 1992) in the interview with me as her course leader, not wishing to accept failure or defeat. It may also be that she struggles to perceive of her future, not including studying medicine. Alternatively, the dominant discourse of working hard to accomplish goals may have conditioned her never to give up. As course leader, I describe Bronwen, like Alistair, of having worked hard throughout the course. Both students would ask for help with the more challenging tasks, showing that they were fully engaged in the learning process and always completed summative assignments. However, the discourses of hard work and meritocracy position Alistair and Bronwen as responsible for their own failures because they must either not have worked hard enough or were simply not able enough. The dominant discourses of hard work and meritocracy ignore that Alistair and Bronwen are not competing fairly with Oliva, Mary and Holly on qualifications already attained and also Alistair and Bronwen not having developed the study skills which Oliva, Mary and Holly have well established.

Having reviewed her final results in entirety, Bronwen progressed to studying a degree in a medically related area at a post-1992 University.

## 5.0 SYNTHESIS OF ANALYSIS

The thesis has thus far explored the accounts of students' experiences of the one-year Access to medicine course. Through this chapter after re-presenting the research questions, the research questions will be answered in turn.

### Overarching research question

How do the students in the case study describe their experiences of the Access to medicine course?

### Subsidiary research question 1

What are the different *discourses* and *subjectivities* amongst Access to medicine students' accounts of their experiences of the course?

### Subsidiary research question 2

How does *power* operate amongst Access to medicine students to *position, enable* or *constrain* them?

The purposes of the research questions will be briefly discussed next. Conclusions of the research questions will follow.

## 5.1 The Purposes of The Research Questions

The purpose of the overarching research question was to ascertain how the students described their experiences of the course. It was necessary to attempt to address this question first, to gain an overview of how the students were describing their experiences of the course before delving deeper into analysing the discourses which became apparent only after immersing myself as the researcher in what the students had to say.

The analysis was undertaken in three phases, like Danielsson (2011, pp. 4–6) (3.5.4). The first stage was to read carefully through the transcriptions of the interviews in order to establish what common themes emerged from the data. This is what the overarching research

question, ‘How do the students in the case study describe their experiences of the Access to medicine course?’, set out to achieve.

The second stage was to identify discourses, which produced the students' subjectivities in specific ways. The first subsidiary research question, ‘What are the different *discourses* and *subjectivities* amongst Access to medicine students’ accounts of their experiences of the course?’ provided the focus for this stage of the analysis.

Once the discourses and subjectivities had been highlighted, the third stage was to apply the Foucauldian analytical tools 'regimes of truth', 'technologies of the self' and 'normalisation' to analyse how power operated through the identified discourses. This is what the second subsidiary question, ‘How does *power* operate amongst Access to medicine students to *position, enable* or *constrain* them?’ set out to achieve.

While the purposes of the research questions were to focus the analysis methodically such that the analytical method allowed the researcher to dig ever deeper to these three levels generally, the researcher, the participants and the research could not be removed from context. So, in practice, an even more in-depth analysis was achieved by writing and rewriting stories of the students’ experiences, somewhat like what Kamler and Thomson (2006) describe as chunks. It was through writing and rewriting these chunks that the researcher was able to dig ever deeper from initially describing the students’ descriptions of their experiences to analysing how power operated through the identified discourses to produce their subjectivities in specific ways.

Now the purposes of the research questions have been reconsidered conclusions to the research questions will follow in turn.

## **5.2 Overarching Research Question: How Do the Students in The Case Study Describe Their Experiences of The Access to Medicine Course?**

This question was set out to focus the researcher on how the students were describing their experiences of the course. Descriptions of their experiences were predominated through repeated references to ‘working hard’ though how ‘working hard’ was described varied between participants.

Descriptions of hardworking and intelligent Access to medicine students are frequent in the participants' accounts (4.1, 4.7, 4.10, 4.11). Clive describes 'working hard' as studying with Yas to move from having no understanding of the concept of moles through studying intensely for twelve hours together such that both of them got distinctions on the moles assessment (4.1).

Alistair describes recognising the need to work hard on the Access course but describes studying on it as frustrating. He describes familiarity with learning through rote and repetition in the military.

Alistair describes his perception of learning changing. Alistair describes his perception of learning in a state of transition, recognising that perfection is impossible to achieve in academic work, yet implies that a thorough and holistic understanding can be achieved through repetition and rote (4.12).

Tom, having studied A-levels but not having attained grades sufficient to study medicine at university, had not been to university (4.13). Tom's descriptions of prior learning experiences include not attempting homework or mock exam papers through fear of failure, a failure he could not contemplate bearing so as such he did not get good enough grades at A level so in a way failed (4.13). However, Tom's A-Level studies were not in vain. He recognised from prior missed opportunities through A-Level studies that he could advance his learning on the Access course by first identifying and acknowledging where he lacked in understanding to target areas to study further and improve. So, Tom describes having started the Access course committed to developing independent study skills which he acknowledged he had required while studying for A levels but had denied at the time (4.13).

In contrast with Alistair's descriptions of his learning experiences on the course, Tom had already identified needing to develop independent study skills before starting the Access course. However, Alistair had spent much of the Access course realising how much he needed to develop independent study skills. This difference may have given Tom (4.13) the edge to get to medical school when Alistair (4.12) did not.

At the end of the course, Bronwen (4.15) realises that overall, she does not have the required grade in chemistry to progress to medical school. She describes this as heart-breaking. However, in contrast with Alistair (4.12), who also did not get the grades, but accepts not

progressing to medical school, Bronwen (4.15) describes planning to eventually still progress to medical school in the future by alternative routes, as she always has a contingency plan.

Now conclusions to the overarching research question have been discussed conclusions from the first subsidiary research question will be discussed.

### **5.3 Subsidiary Research Question 1: What Are the Different *Discourses* and *Subjectivities* Amongst 'Access To Medicine' Students' Accounts Of Their Experiences Of The Course?**

This question delved deeper into the descriptions the students provided of their experiences of the course to ascertain what discourses were apparent amongst the students' descriptions to analyse how these discourses produced students' subjectivities in similar and different ways. Mirroring the second stage in Danielsson's (2011, pp. 4–6) (3.7) analytical method this question also allowed 'archaeological' discourse analysis to be undertaken as described by Kendall and Wickham (1999). This involved exploring the archive of what the students said to uncover discourses, not merely what was said, but how what was said permitted what it was possible to say as an Access to medicine student. Such discourses once identified, enabled the researcher to explore how the discourses produced students' subjectivities in specific ways. This question is described as 'archaeological' because it focuses the analysis on language to explore how people's subjectivities become constituted through language. 'Archaeological' also places the research question with a research approach adopted by Foucault in his earlier publications. (Subsidiary research question 2, which will follow later is more 'genealogical', thorough adopting Foucault's conceptualisation of 'power' it follows a research approach adopted by Foucault in his later publications).

Now the purpose of subsidiary research question 1 has been discussed, what has been concluded from it follows.

The dominating discourse that runs through the students' descriptions of their experiences is that 'Access to medicine students should be hardworking and intelligent' (4.1, 4.7, 4.10). Other discourses of 'collaborating' and 'competing' with peers' (4.2) were shown to be in tension. The former discourse, just introduced will be elaborated on further first, the latter will follow. Each of these discourses were analysed using the analytical tools the changing self, normalisation and regimes of truth.

#### **5.4 Access to Medicine Students Should Be Hardworking and Intelligent (4.1, 4.7, 4.10)**

The discourse that 'Access to medicine students should be hardworking and intelligent' (4.1, 4.7, 4.10) will now be considered through the analytical tool, 'the changing self' (4.1, 4.2). Foucault challenged the concept that an innate self exists at all. Researchers who follow Foucault apply the concept of a changing self through discourses. For example, Danielsson and Linder (2009, p. 136) refer to identity as a negotiated experience rather than a stable category. Walshaw (2007, p. xiv) suggests that everyone has multiple identities which are ever-changing depending on the discourses, which are most attractive to us in a particular context and at a particular time. As we are all members of different groups it is important however to recognise "*that no one has only one identity and indeed those identities may be in tension*" (Lawler, 2010, p. 3) as they compete within in ourselves for the different roles we play in our lives (2.6). So, the analytical tool, 'the changing self' (4.1, 4.2) was applied to investigate how different subjectivities were produced for the students on the Access to medicine course through different discourses in context.

Here follows a discussion of how the thesis provides additional evidence that Access to medicine students are compelled to give up certain things in their lives to study again and carry out practices on the self to paraphrase Foucault to become someone they were not in the beginning (Gutting, 2005) to become prospective medicine students.

Through using the analytical tool, 'the changing self' (4.1, 4.2) the expectation to work hard was related to the personal sacrifices, many of the students made in their lives in order to study again. Barbara (4.1) referred to "*giving things up*" to realign her life for a period of study, which concurs with the findings of Reay (2002, p. 412) and Mathers and Parry (2010, p. 1082). In Barbara's words (4.1):

*"every single one of my classmates on this course had varying levels of giving things up or making compromises or realigning their lives to allow for this period of study."*

Whereas Mathers and Parry (2010, p. 1082) found (2.4) that

*"For applicants committing to full-time access-to-medicine courses, deciding to change career is a 'risky business' which requires candidates to make commitments and sacrifices (e.g. giving up existing paid employment, moving home) without the certainty of a place at medical school at the end of it."*

In Reay's words,

*"Risk and reflexivity for working-class students choosing higher education is about being different people in different places, about who they might be and what they must give up."*  
(2002, p. 412)

So, through the discourse of hard work Access students make changes in their lifestyles and make sacrifices so they may become someone they were not in the beginning (Gutting, 2005) without any certainty that they will become prospective medicine students.

Correctly Lucy asserts that distinctions are essential to progress to medical school but resting on straight distinctions across all subjects after two out of three continuous assessment periods Lucy states that she must not be blinded *"to the work that still needs to be done"* (4.1). Lucy speaks of how much work she has to do and how hard she must work even though she could have settled for merits on the final assessments as she was already sitting on a straight distinction average across assessments over two out of three assessment periods of equal weighting. What goes unsaid here is that someone like Lucy could have eased off her efforts to get merits on the last third of her continuous assessments in June and still got distinctions for all subjects by the end of the course. Access to medicine students, like Lucy, are from my experience as course leader analytical and strategic in monitoring their progress on the course. So, in my professional opinion, I do not believe that Lucy was naïve to the scenario of easing off her efforts working just hard enough for merits towards the end of the course and still achieving distinctions for all subjects by the end of the course. I suspect that she may not have spoken of it as to do so would go against the dominant discourse of hard work. So, suggesting to work for merits may be unspeakable. Even if Lucy had thought that she could get distinctions on all units if she got merits on the finals so dominant is the discourse of hard work that Lucy may not have dared speak of this possibility as it could mark her in my mind as her course leader that she was not hardworking enough, did not want the distinctions badly enough so may not have been worthy of being awarded distinctions.

Moreover, through the discourse that 'Access to medicine students should be both hardworking and intelligent' (4.1) Lucy talking of not being blinded to the work that still needs to be done constitutes a resolute and determined subjectivity as a hard worker. Getting

the distinctions across all subject on the course proves her intelligence. Shown to be hardworking and intelligent, she is becoming a prospective medicine student.

Furthermore, through the discourse that 'Access to medicine students should be both hardworking and intelligent' (4.1) Cassandra also produces a narrative which constitutes her as becoming a prospective medicine student.

Cassandra (4.1) describes having been an undisciplined and lazy student as an undergraduate. Through her account (4.1), Cassandra marks out that she was already highly intelligent, having been able to get a degree without really trying. However, in order to be seen as a viable prospective medicine student, Cassandra describes on the Access course having now also developed the discipline of hard work, so positions herself as becoming a prospective medicine student (4.1) because she can be seen to be both intelligent and hardworking.

Barbara's descriptions provide further evidence of (4.1) how the subjectivities of prospective medicine students become constituted through the discourse of hard work (2.11). Barbara describes how her peers would describe having done their homework and prepared in advance for the class they were attending, but that she saw this as somewhat of a façade. Barbara (4.1) suggests that such claims to have done all the homework and studied in advance for the class were not exactly true. Barbara's description highlights the Foucauldian concept of a regime of truth.

Some regimes of truth, not an exhaustive list, are that:

1. some students sometimes do their homework from the previous lesson
2. some students prepare for the next lesson by reading ahead
3. some students do neither
4. some students do both

As in order to be constituted as becoming prospective medicine students Access to medicine students must show that they are both intelligent and hardworking, Barbara's description focusses on point 4 above. Through describing how other students would claim to have done all their homework and studied in advance of the next lesson, Barbara describes the hardest working of students. Barbara's description of students describing completing all homework and studying in advance of the next lesson gives a convincing performance that they are

becoming prospective medicine students. However, the description of such performances is merely one regime of truth. Those whom Barbara describes as saying these things may not be doing what they say.

The fellow Access to medicine students whom I have highlighted through Barbara's descriptions may have been describing what they wanted to be perceived as doing, socially acting as hard workers (2.11). Contrasting with descriptions of what it was like at school, Barbara (4.1) describes different subjectivities for students being constituted through different discourses. Barbara's descriptions (4.1) highlight how at school, the ideal student subjectivity was to perform being highly sociable and popular through not studying too hard but proving their high intelligence by passing their exams. However, now on the Access to medicine course, the discourse is such that those becoming prospective medicine students must perform the role of being intelligent and hardworking (4.1) because medicine is perceived as for an elite who must be both hardworking and intelligent. Barbara seems to recognise that what she describes her fellow Access to medicine students as saying (completing homework and studying in advance of lessons) is not absolutely true (4.1). In such circumstances, practitioners may be able to discuss Foucault's concept of regimes of truth with an aim to alleviating some anxiety for such students highlighting another significant implication for practice. Through the understanding, I have gained of Foucault's concept of regimes of truth I have become sensitised to recognising it in practice. So, if in future I were, for example, to notice students getting anxious because they do not feel that they are up to the expectations of the course because they are not doing all the conscientious things that their fellow students are describing themselves as doing I may be able to point out that all that they are describing doing may not be entirely true. In so doing, I would aim to put anxious students more at ease. I could also point out that this would not be suggesting that the fellow students are lying or being two-faced, it is just that we as people tend to highlight the behaviours that are expected of us in particular social contexts.

Now the discourse, Access to medicine students should be hardworking and intelligent (4.1, 4.7, 4.10) has been synthesised the focus for the synthesis to follow will be on the discourse, perpetual tension lies between the contradictory discourses of collaborating and competing with peers (4.2).

### **5.5 Perpetual Tension Lies Between the Contradictory Discourses of ‘Collaborating’ and ‘Competing’ With Peers (4.2).**

The contradictory discourses of collaborating and competing with peers (4.2), will now be discussed. Collaborating and competing with peers on the Access to medicine course is apparent (4.2). However, the extent to which different students' descriptions contribute to collaborating or competing vary in part because the discourses of collaborating and competing are in tension. Barbara and Cassandra were successful in securing places at medical school. They never referred to competition yet described surveillance of their peers as so far as whether or not they were working hard enough. So, while two successful students do not acknowledge competing directly through what they said in the interviews, they do describe checking out what their peers were doing, so may arguably be constituted as competing through the discourse. Competing may be the reason for surveying what their peers were doing. So, from interpreting the discourse, it is unclear whether Barbara and Cassandra were conscious of competition amongst members of the Access to medicine course. However, another interpretation may be that for those who are successful in the competition through already being graduates, competition between members of the Access to medicine course may not be spoken of, because competition may be perceived by non-graduates in negative terms. Rejected Yas, a non-graduate, was not becoming a prospective medicine student. Yas describes experiencing competition as negative energy from some people while describing herself in contrast as friendly, perhaps outside the competition (4.2). Access to medicine students rejected from universities, describe competition in negative or unpleasant terms. So, for Access to medicine, students like Yas the discourse of competition constitutes the subordinate subjectivity of not becoming a prospective medicine student.

Clive also describes the competition in negative terms. Clive describes getting along and working well with peers but then all of a sudden; they announce having got an interview at medical school (4.2), then the next time they have a conversation they back away from those not getting an interview like Clive. Clive describes being deflated not having got an interview and feels put out when others acknowledge having got them, such that they back away from him at their next conversation. Clive expresses frustration that such matters should not affect whom you speak to, but through the discourse of competition not getting interviews from medical schools, Clive is not becoming a prospective medicine student and as such is positioned lowly against his peers. His subjectivity is constituted through the discourse of competition as unsuccessful like Yas. Clive describes the next conversation with these same

peers as them not being on the same level (4.2). So, power operates through the discourse of competition to position those successful in securing an interview at medical school more highly than those like Yas and Clive who do not. Clive having asserted that such experiences should not change who you are; I challenged Clive as to whether or not he perceived of himself changing through the course. His response terminated further discussion on this point. Clive acknowledged the course having developed his confidence, in what may have been an attempt to resist being positioned as unsuccessful in getting an interview or being positioned as losing confidence in the process of Accessing medicine (4.2).

The neo-liberal discourse of competition stems from the hard work ethic (2.11) whereby all people, who work hard should prosper from their efforts. As such, those who demonstrate that they work hard reap the reward of their toil and are portrayed as worthy of success. Nevertheless, such neo-liberal discourses are flawed because they assume that the competition is fair, and fail to take into account that everyone does not have access to the same resources and ignores that many may have started with disadvantages. So, students for which Access courses were developed who had no prior level three qualifications in science are constituted through the discourse of hard work as not becoming prospective medicine students. However, what is more, is that the discourse of competition is a dividing practice which produces winners and losers, the successful and the unsuccessful. However so dominant is the discourse of competition that it fails to acknowledge the losers. Success through competition goes without saying while the unsuccessful become either hidden through being ignored or are portrayed as responsible for failures portrayed as their own through a competition portrayed as fair.

## **5.6 Other Discourses and Subjectivities**

Holly, Mary and Oliva's subjectivities are constituted through the discourses of needing to be 'hardworking and intelligent', as previously discussed, (4.1) and also to be 'self-disciplined yet influenced by parents' (4.10). Mary referred to her mum wanting all her children to do really well, pushing her, and needing to get her skates on, when Mary suggested studying medicine (4.10). Olivia referred to thinking that her mum had always wanted her to study medicine, though she never pushed it, allowing her to do what she wanted to do (4.10). Mary and Olivia's references to what their mothers said to them may seem contradictory if read literally in isolation. However, these parental influences in the students' lives, asserting the need to work hard, yet being free to choose what to study, are neo-liberal discourses which shift Mary's and

Olivia's subjectivities towards becoming prospective medicine students (4.10). Olivia's subjectivity is also constituted through the discourse of medicine being for the elite (4.9). Olivia describes a perspective shift (4.9). At an elitist school in the lower stream, medicine was never considered as an option for study at university (4.9), yet as a graduate from a Russell Group university, the elite profession of medicine is within her grasp.

Power operates productively through each of these discourses to enable Oliva, Holly and Mary to become prospective medicine students. As graduates, they have proved their high level of intelligence and through university studies have established a hard work ethic (2.11) and self-disciplined study regime. Furthermore, their parents are implicated in promoting the discourse of hard work through being described as asserting that their daughters need to perform well and be successful (4.10).

Holly (4.8), like Barbara (4.1), is constituted through the discourse of hard work (2.11) to become a self-directed learner. Holly referred to being a 'goal-orientated' person and writing 'to do' lists to ensure that she achieved the standard she was aiming for in her studies (4.8), hence showing her determination to work hard. Holly implicates me in promoting this discourse, pointing out that I had said that you need to spend as much time on independent study as in lessons (4.8). Barbara pointed out that many Access to medicine peers had described various things they had had to give up to take on studying the course (4.1) as discussed previously in this chapter. Holly describes giving up on sporting activities, seeing her friends less frequently and moving away from home (4.8). Mary refers to slipping back into a self-study routine without feeling anything (4.8). Showing that they are accustomed to such routines, they show that they are established students and are becoming prospective medicine students.

Olivia's subjectivity as a prospective medicine student is also constituted through the discourses of 'parents always wanting the best for their children' (4.10) and 'medicine being a career for the elite' (4.9). At an elitist fee-paying school, Olivia describes herself as not having been part of the elite who were set to study medicine, so at that time, she did not realise the possibility of studying medicine (4.9). Her mother 'wanting the best for her' persuades Olivia to take on the Access course. However, Olivia's mother does not explicitly tell Olivia what to do; the discursive practice that 'career decisions should not be forced upon anyone' is apparent. Olivia's subjectivity as a prospective medicine student is also constituted through the discourses of 'being free to choose whatever you wish to do' and being able to

'accomplish anything if you put your mind to it'. However, the dominant discourse of medicine being for the elite now also constitutes Olivia's subjectivity as a prospective medicine student because Olivia can demonstrate her superior intellect and superior study skills so that on the Access course, she is part of the elite to progress from the Access course to study medicine at university (4.9). These discourses constitute Olivia's shifting subjectivities towards becoming a prospective medicine student.

Winifred describes (4.10) as a child, her parents suggesting that Winifred was not working hard enough when Winifred suggested studying medicine. The discourses of 'medicine being highly competitive' (4.2) and 'the need to work hard' (4.1) flow through Winifred's descriptions of what her parents said to her to constitute Winifred's subjectivity as a schoolchild as not becoming a prospective medicine student. However, through the same discourses now on the Access to medicine course, Winifred asserts that she works exceptionally hard to show that she can beat the competition and is becoming a prospective medicine student (4.11). Again, the discourse of 'parents wanting the best for their children' is apparent (4.10). Winifred describes their influence through these same discourses as constituting Winifred's shift in subjectivity to becoming a prospective medicine student now that Winifred demonstrates the hard work ethic (4.1).

The discourses of hard work (4.1) and competition (4.2) constitute the subjectivities of those sharing a house to becoming prospective medicine students (4.11). Winifred highlights a discourse of 'helping each other through working together', which constitutes the subjectivity of the caring and collaborative Access to medicine student. It is as if the students are all working for the same team competing with others outside the team for places at medical schools. In contrast with the 'perpetual tension between 'collaborating' and 'competing' with peers' (4.2) as discussed earlier, there is no tension here. The students are collaborating as a team to support each other through their studies to potentially outcompete unknown others to places at medical schools (4.11). However, this competitive spirit is experienced negatively in that students like Winifred feel that there is no let-up in the pressure 'to perform at the highest of academic standards'. Here the discourses of 'medicine being for the elite' and it being 'necessary to be hardworking and competitive' pull together to constitute the subjectivity of the hardworking and highly academic prospective medicine student (4.9, 4.1, 4.2).

Sam asserts that students should study hard and take responsibility for their learning. Sam uses the idea of 'independent study' as a justification of why he is 'stronger' than a traditional

A level student. Sam draws on the dominant neo-liberal discourse (2.11, (Connell, 2005, p. 186) of learning being self-directed and autonomous as ideal (4.14). So, by drawing on a dominant discourse of learning, he makes himself as convincing as possible in resisting being positioned inferior by a traditional A level student at a university interview.

Possibly recognising that he has disclosed losing the battle with the A level student to me, his course leader, a person in traditional authority over him, Sam (4.14) switches through the interview to describe his previous role at work where he had the traditional power to hire or fire people within the company. In so doing Sam repositions himself, weak in one context, tough in another.

Later in the interview (4.14), perhaps not wanting to be perceived as harsh and intolerant Sam describes how through studying on the Access course at college he does not always behave so fiercely like “*battleaxe*” in his previous job role and through another discourse associated with studying at college, he constitutes a subjectivity for himself which is softer or more tolerant of others. So, Sam's story (4.14) demonstrates that our subjectivities are constituted through discourses within context. As discourses vary, subjectivities morph.

### **5.7 Subsidiary Research Question 2: How Does *Power* Operate Amongst Access to Medicine Students to *Position, Enable or Constrain* Them?**

Through the discourse of Access to medicine students being hardworking and intelligent, those students who position themselves through discourse as hardworking and intelligent (4.1) shift their subjectivities towards becoming prospective medicine students. However, power operates through this hard work ethic discourse (2.11) to constrain others who struggle to assert their high intelligence such that they are marked as incapable of becoming prospective medicine students.

Through the accounts of their experiences on the course, the Access to medicine students position themselves and position their peers in a hierarchy of academic credentials. Joe makes this explicit with himself and Elizabeth at the top having studied at postgraduate level, followed by the graduates, then those who have studied A-Levels and then those like Kirsty who only had GCSEs (4.1). This shows normalisation (Foucault, 1977, 1978).

For those sharing a house with students on the same Access to medicine course, power operates through surveillance (Foucault, 1977) to intensify working hard. Cassandra described that when you are feeling like not working and your friends are all working you, might as well do some work and go for a drink afterwards (4.1). Tom referred to if your housemate is working until dinner at seven, and you feel like stopping work; you might as well work till seven and have dinner together (4.11).

As such peer surveillance amongst those sharing houses together allows power to operate productively, so each student raises their efforts and standards of work. So, these in-group house-sharing members become prospective medicine students as they are accepted as performing the role expected of them. However, those who do not subscribe to the expected behaviour of such an intense study regime become outcast from the group. They become constituted as unworthy of associating with as they are not working hard enough to become prospective medicine students. Cassandra identified an 'unnamed man' in this situation (4.1). Through not naming him, she may have been protecting him from me, the teacher-course leader, the one holding power in the traditional non-Foucauldian sense, so he was not reprimanded for lack of effort. Alternatively, it could be that through not naming him, Cassandra and the in-group members could not be judged by me, their course leader for not caring for him. Either way, this highlights that some members of the course get isolated from their peers through not fitting in. It is therefore worth considering that pro-active interventions may help ascertain whether students showing signs of not making the required grades to progress to medical school require additional support or to check that they are content to follow alternative career paths. Mentoring in this way is an ethical implication for practice. It is also worth recognising that as a teacher-researcher, it is impossible to separate the roles of teacher and course leader from that of researching the course. While the reason for Cassandra not naming the man, who became socially outcast from the group remain unknown, the possible reasons include avoiding the man being reprimanded by me for lack of effort and the in-group members being reprimanded by me for socially excluding him. If either of these possible reasons were confirmed, it implies to me that Cassandra was cautious not to disclose too much information to the course-leader.

Olivia, Mary and Holly positioned themselves as becoming prospective medicine students through highlighting how they demonstrated advanced study skills as university graduates (4.7, 4.8). Power operated through surveillance of themselves and those peers around them who were also positioned by them accordingly. Describing themselves as hardworking,

intelligent (4.1), self-motivated and disciplined (4.8) through highly developed study skills Mary, Olivia and Holly arguably pushed by their parents (4.10) showed that they had all that it took and had become prospective medicine students. Holly, Mary and Olivia were positioned highly through the hierarchy of Access to medicine students, enabled through the Access to medicine course. However, through the discourse of hard work those not described as intelligent (4.1), self-motivated and disciplined (4.8) and hardworking, with highly developed study skills are positioned lowlier in the hierarchy of Access to medicine students and are constrained realising or denying that they may not access medicine.

Power operates through the discourse of hard work (4.1) and sacrifice (4.8) to constitute the subjectivities of the graduates Joe, Elizabeth, Barbara, Cassandra, Holly, Mary and Olivia as well-established students, enabling them to become prospective medicine students.

Power operates initially through Winifred's description of her parents dissuading Winifred from pursuing medicine when at school, yet her parents over the longer-term initiate a resistance (Foucault, 1978) from Winifred that constitutes a determined and resolute subjectivity as a prospective medicine student.

For those sharing houses who live and study together power operates through surveillance of others checking what they are studying and determining whether or not they have gone into enough detail in their reports. Within a shared student house, Winifred describes recognising that everyone else in the house is doing some work, so she decides it is best to do some work (4.11). Like in Bentham's panopticon so vividly described by Foucault (1977) Winifred watches what her peers are doing such that her peers study as is expected of them. However, Winifred is not merely the observer, like her peers; she is also the observed. Recognising that her peers are working, she decides that she had better study too (4.11). So, power operates through the student house through panoptic surveillance where each member of the house is the observer, and everyone is the observed. Power operates productively, as everyone is motivated to keep studying and peer support is offered and provided. Through the surveillance of the panoptic student house power acts productively to improve standards yet is simultaneously stressful to the point of fearing never to relax (4.11). While I did not obtain a definitive list of those students living in shared houses and those who did not, those who speak of living in shared housing and those they speak of as doing so are summarised in 4.11. It is my impression as course-leader researcher that those living in shared housing tend to perform better on the course than those who did not. Further research may clarify.

Power operates in the traditional non-Foucauldian sense through fearing the person in authority, the biology teacher making it explicit that students had better perform at the standard expected of them or else they may as well leave the course (4.11).

Through Sam's description, Sam makes a claim to the position of guru proficient in chemistry (4.11) within the shared house. Through Sam's follow up description of Sam being consulted by his peers for his specialist knowledge, Sam asserts and grounds his self-positioning as chemistry guru.

Power operates productively through studying collaboratively. If a student like Tom gets stuck, he is enabled to seek support from a peer, which enables the helpful peer, Mary, to be positioned more highly academically (4.11). Tom and Mary motivate each other, making studying exciting and maintaining each other's concentration. They encourage each other to study a little longer when they may be tired and could otherwise stop studying earlier. Teaching, Mary acquires a more profound understanding. So, power induces pleasure (Foucault, 1978).

When power operates through surveillance in the shared student house (4.11), students not only check what each other are studying but also check that each other continue to study. So, power operates through surveillance to instil and regulate an informal study timetable. Further, it provides an example of disciplinary power working productively to induce pleasure. Studying together values and motivates peers. It relieves isolation, loneliness, boredom and tiredness.

In the shared student house, power operates to regulate what each student is doing. Through such surveillance, a standard is maintained (4.11). Keeping up with expectations can be stressful. However, the stress experienced, within acceptable limits optimises productivity. So, through the peer-surveillance of the shared student house power acts productively.

Through studying collaboratively with peers in the shared student house, power acts productively to assist every member of the group with learning. However, there are limits to collaboration. No member should be 'too needy' as described by Tom (4.11). Although it is not said, the implication is that Tom was not willing to support another student excessively at the expense of his studies. So, power acts productively between students studying

collaboratively within limits. While Tom suggests that no one being too needy in his friendship group was down to chance, I suspect that Tom's peers were cautious not to present themselves as too needy so exercised restraint. They likely wished to remain as in friendship group members. Presenting as overly needy may have risked them being outcast from the group as Cassandra described in 4.1. Power acts through the discourses of 'hard work' and 'collaborating' and 'competing' to shift the subjectivity of a prospective medicine student towards a certain standard. This standard may be academic, but it also encompasses expected behaviours.

Sam describes an A-Level student at a university interview positioning Sam subordinately through the dominant discourse that there is a hierarchy of courses with A-Levels perceived as the best (4.14).

Power operates through Sam's description of this interview by the A level student asking Sam a list of questions as if to judge and categorise him so that through their conversation, he can dominate Sam through the discourse. Having lost the battle through the discourse associated with the university interview Sam re-positions himself through the discourse of being the man in charge in his previous role at work someone with the traditional power to hire or fire within the company (4.14).

The discourses of hard work positions students like Kirsty, Alistair and Bronwen for whom Access courses were established as responsible for failures portrayed as their own because they must either not have worked hard enough or were not able enough. The dominant discourse of hard work ignores that students like Kirsty, Alistair and Bronwen are not competing fairly with those like Oliva, Mary and Holly who have already attained superior qualifications and have well-established study skills before starting the Access course.

### 5.7 Summary

It is apparent from the Access to medicine students' accounts of their experiences of the course that for the subjectivity of becoming a prospective medicine student to be constituted, Access to medicine students must show through discourse that they are highly intelligent and hardworking. Demonstrating both intelligence and the hard-work ethic are crucial. If Access to medicine students cannot show either their high intelligence or a hard-work ethic, they are not becoming prospective medicine students.

Medicine being an elite profession for which there is intense competition to secure a place at medical school to start the career is evident. Competition for places at medical school is experienced negatively by applicants not securing interviews at medical schools such that they describe it adversely changing their relationships with peers who are successful in securing such places. Competition at a university medical school interview is also described in negative terms through the conflict encountered with an A level student such that a subordinate subjectivity is produced for an Access to medicine student.

Competition for places at medical school is, however, not spoken of by those who are successful in securing interviews and places at medical schools in the same way. From experience as course-leader, Access to medicine students who share houses with peers are usually successful in securing places at medical schools. Studying within such shared student housing is described as collaborative in so far as helping each other, yet competitive in order to maintain the hard-work ethic. Disciplining each other through ever-present surveillance allows the successful Access to medicine team to outcompete other outsiders from other courses and secure places at medical schools. So, power operates productively in enabling Access to medicine students within shared houses to secure the standard of becoming prospective medicine students through securing places at university medical schools. However, power also acts oppressively in raising levels of anxiety for students within the shared houses. It may also be that through dividing discursive practices, those not within the shared houses are left outside, do not feel part of the group of becoming prospective medicine students and are less likely to secure places at medical schools.

## **6.0 DISCUSSION**

This discussion chapter aims to shed light on understandings developed through the synthesis of analysis chapter and relate them to the literature previously reviewed. The discussion will include the following sections:

- 1) Summarising the understandings synthesised from the analysis
- 2) Explaining what the analysis highlights and why it matters
- 3) Discussing how these understandings relate to previous studies
- 4) Presenting alternative explanations
- 5) Suggestions for further research
- 6) How the thesis is an original contribution to the literature
- 7) Unveiling political discourses which disguise inequalities

Each of these sections will be discussed in turn.

### **6.1 Summarising the Understandings Synthesised from the Analysis**

A summary of the discourses synthesised through the analysis will be discussed here. Access to medicine students need to contend with a dominant discourse that there is a hierarchy of courses with A-Levels perceived as the best (4.14). Descriptions of hardworking and intelligent Access to medicine students are frequent in the participants' accounts (4.1, 4.7, 4.10, 4.11) though how 'working hard' was described varied between participants. The dominating discourse that runs through the students' descriptions of their experiences is that 'Access to medicine students should be hardworking and intelligent' (4.1, 4.7, 4.10). The discourses of 'competing' and 'collaborating' with peers (4.2) which were shown to be in tension, put the Access to medicine students under stress. Middle-class mothers are described as recognising the competition for places in the elite medical profession and highlighting this to their daughters when they consider studying medicine (4.10). Now an overview of the discourses synthesised through the analysis have been stated understandings synthesised from analysing each discourse will be discussed in turn.

Access to medicine students must show through discourse that they are highly intelligent and hardworking to be recognised as becoming prospective medicine students. Demonstrating both intelligence and the hard-work ethic is crucial. If Access to medicine students cannot

constitute through discourse either high intelligence or a hard-work ethic, they are not recognised as becoming prospective medicine students.

Some Access to medicine students were described as having done all their homework and having studied ahead in advance of the lessons they attend. While doubt is raised as to whether they always do this, what is essential is that the Access to medicine students perform the role of doing so because the discourse of hard work constitutes them in this way. So, dominating is the discourse of hard work that suggesting easing off efforts or taking it easy with studies for a while is unspeakable. A resolute and determined subjectivity as a hard worker is required for becoming a prospective medicine student.

Students who are recognised as hardworking and intelligent shift their subjectivities through discourse towards becoming prospective medicine students. However, the discourse of hard work operates as a dividing practice which constrains others who struggle to assert their high intelligence such that they are marked as incapable of becoming prospective medicine students because they have not worked hard enough or are not able enough. Through the discourse of hard work, the graduates on the Access to medicine course demonstrate having highly developed study skills so shift their subjectivities towards becoming prospective medicine students. However, those for whom Access courses were designed, those who do not yet have a level three qualification do not demonstrate the study skills they have yet to develop so through the discourse of hard work are constituted as not becoming prospective medicine students.

Middle-class Access to medicine women students refer to parental influence in deciding to pursue studying medicine. Parents are described as allowing the students to choose what they want to do, so not forcing medicine upon them. However, while the parents may be gentle, they remain persistent in asserting the need to work hard and be aware that medicine is highly competitive. As such, through the discourse of hard work and competition over the years, these parents develop disciplined, hardworking and resolute subjectivities for their daughters, determined to study medicine. Middle-class mothers for Access to medicine students are described as persuading their daughters to study medicine, though this happens subtly through the discourse of 'parents wanting the best for their children' because the neoliberal discourse of 'being free to choose what you want to do' partially counters parental assertions.

Moreover, the parents assert the need to study hard and so become implicated in promoting the discourse of hard work (4.10). These parents are not alone. So dominant is the discourse of hard work that I who challenge it, through this thesis, am also implicated in promoting it. The discourse of 'medicine being highly competitive' (4.2) and the discourse of 'parents wanting the best for their children' (4.10) pull together to shift the subjectivity of middle-class women students over many years to become Access to medicine students and then become prospective medicine students so long as the students accept the responsibility to endure 'the need to work hard' (4.1).

The discourses of 'medicine being for the elite' and it being necessary to be 'hardworking' and 'competitive' pull together to constitute the subjectivity of the hardworking and highly academic prospective medicine student (4.9, 4.1, 4.2). However, there is no let-up in the pressure to perform at the highest of academic standards, so the Access to medicine course is described as stressful by the students following the course.

Now the discourses which constitute becoming and not becoming prospective medicine students have been reviewed, how power operates through these discourses to constitute these subjectivities will be evaluated. Power operates in the traditional non-Foucauldian sense through fearing the person in authority, for example, the biology teacher making it explicit that students had better perform at the standard expected of them or else they may as well leave the course (4.11). However, power operates in Foucauldian ways as well.

Through ascertaining each other's prior qualifications Access to medicine students normalise themselves into a hierarchy with postgraduates on top, followed by graduates, next those holding A levels and at the bottom those who only have GCSEs. This positions those for whom Access courses were established as inferior intellectually from the outset of the course so that the disadvantaged are disadvantaged again.

Power operates through surveillance (Foucault, 1977) in students' shared houses to intensify working hard. Those adopting the hard work ethic shift their subjectivities towards becoming prospective medicine students. However, those who do not accept being disciplined so, become side-lined, such that their subjectivities become stuck as not becoming prospective medicine students. Through mutual surveillance in the panoptic student house power acts productively to keep motivated and keep studying to improve standards yet is simultaneously stressful to the point that the students fear never to relax (4.11). Through helping others studying Access to medicine, students assist each other towards becoming prospective

medicine students. Through consulting expert peers, Access to medicine students develop more in-depth understandings of what they are studying. Through being consulted to help others understand the expert peers gain status within the group, becoming prospective medicine students. Mutual surveillance in the shared student house (4.11) not only ensures that students study the subject they need to study, but mutual surveillance also ensures through the discourse of competition that the Access to medicine students spur each other on to keep studying through the day. As such, an informal disciplined private study timetable is established within the shared student houses. So, while pupils at schools in Britain are divided into groups called houses to promote competition, these Access to medicine students are literally working hard for their house, determined as a collective to become prospective medicine students.

## **6.2 Explaining What the Analysis Highlights and Why It Matters**

An explanation of what the analysis highlights and why it matters will now follow.

Access students come to college to acquire a level three diploma so that they can progress to university because they did not study the required A levels or did not attain the required grades in the required subjects when they stayed on at school if they stayed on at school. Through discourses associated with the widening participation in HE (2.3) Access students are marked as non-standard. Access students need to contend with the dominant discourse that there is a hierarchy of courses with A-Levels perceived as the best (4.14). Already disadvantaged through not having stayed on at school to do the right A-levels Access students are disadvantaged again through the dominating discourse which marks them as non-standard. So, discourses associated with the widening participation in HE (2.3) reproduce the inequalities which Access courses were established to redress.

The discourses of hard work and competition produce dividing practices which constitutes those who have already developed the required study skills and academic credentials as becoming prospective medicine students and those who do not have the study skills and prior academic experiences as not becoming prospective medicine students. So, the discourses work hard against those Access to medicine students for whom Access courses were established. So, the discourses of hard work and competition reproduce inequalities amongst Access to medicine students which Access courses were established to redress.

Furthermore, the discourses of hard work and competition position students for whom Access courses were established as responsible for failures portrayed as their own because they must either not have worked hard enough or were not able enough. The dominant discourses of hard work and competition ignore that such students are not competing fairly with those who have already attained superior qualifications and have well-established study skills before starting the Access course.

The middle-class mothers of the graduate women Access to medicine students are implicated in persuading their daughters to study medicine through the discourse of 'parents wanting the best for their children'. A middle-class mother is described as promoting the neoliberal discourse of 'being free to choose what you want to do' while also presenting medicine as an option for a career. Through the dominating discourse of medicine being for the elite, the middle-class mothers of the graduate women Access to medicine students are implicated in promoting the discourses of hard work and competition. These parents are not alone. So dominant is the discourses of hard work and competition that I who challenge them, through this thesis, am also implicated in promoting them. As parents and teachers, there is nothing wrong with encouraging the best for our children or students. However, it is essential to recognise that if we as teachers and parents are implicated in promoting the discourses of hard work and competition, we are implicated in reproducing the inequalities which Access courses were established to redress.

Teachers and course leaders should, therefore, challenge the dominating discourses of hard work and competition that constitute Access students as responsible for their own failures through not having worked hard enough or not being able enough.

While we cannot escape the discourses, we are implicated in promoting unintentionally; we are in a position to reframe these discourses. The dominating discourses of hard work and competition hide that students for whom Access courses were established are not competing fairly with graduate Access to medicine students who have already attained superior qualifications and have well-established study skills before starting the Access course.

For the sake of promoting equal opportunities, teachers and course leaders should highlight to other teachers and course leaders that students are all different but are not all equal. Through highlighting that disparities in prior academic attainment and socioeconomic status make

competition in the further education sector unfair, we can encourage teachers and course leaders to support the more disadvantaged students in society.

As power operates through what the Access to medicine students say about their prior qualifications to normalise the students into an academic hierarchy teachers and course leaders could bring this to the fore at the start of the course. By emphasising, that there is a hierarchy of prior qualifications on the Access to medicine course and emphasising that only GCSEs are prerequisite qualifications for entry onto the course, students for whom Access courses were established may be put more at ease through acknowledging that students with less developed study skills will be supported in developing such skills.

It may be worth highlighting to future Access to medicine students that power operates productively through the shared panoptic student houses to produce an informal private study timetable through which members of the house ensure that everyone is studying what needs to be studied and that they continue studying through the evenings. Through emphasising that such housing arrangements benefit learning beyond just saving study time through eliminating commuting to the college by car other Access to medicine students may be encouraged to take up this opportunity. However, course leaders and teachers should be aware that opting to live in shared student housing is not a free choice open to students who have families and need to work in distant places part-time. Course leaders and teachers should also be cautious not to be seen to be abdicating responsibility for helping those students most in need of their support through encouraging independent and peer studying too much.

### **6.3 Discussing How These Understandings Relate to Previous Studies**

A discussion of how these understandings relate to previous studies now follows.

The thesis highlights that the ‘learning market’ (Hyland, 1999) (2.1) approach to Further Education (FE) which has in my opinion dominated since the rise of Thatcherism in 1979 is based upon a political philosophy which undermines the principle of Access courses which were established in 1988 to provide educational opportunities for the socially disadvantaged. The emphasis of ‘learning market’ (Hyland, 1999) (2.1) approach is to improve economic competitiveness within the country so that the UK can compete in business and enterprise on a global scale and provide learning opportunities through a market so that learners progress into a workforce which further supports such capitalist endeavours. However, in agreement

with Burke (2002, pp. 19–21) (2.2) I argue that the competitive culture of FE works against the promotion of Access courses because promoting competition between learners through dominant discourses undermines collective ‘student empowerment’ and ‘social transformation’. Furthermore, while Burke (2002, p. 21) recommended the redistribution of public resources “*towards those with less success in earlier learning*” (1997). However, FE colleges receive revenue for the number of students they sign up for courses as part of ‘the learning market’ (Hyland, 1999, p. 6) (6). So as course leader I am obliged to offer places on the Access to medicine course to as many applicants who apply and meet the entry requirements. FE colleges are also judged by OFSTED on the grades which students achieve. Each of these facts rule out course leaders from offering places on Access courses only to the more socially or academically disadvantaged. So, learners are recruited onto the Access to medicine course who have a range of prior qualifications. Some have only the essential entry requirements of GCSE grade Bs in English, maths and science, but many have additional qualifications. For some, the Access course is the first level three qualification for which they are studying. Others embark on the course already holding degrees of a higher academic level than the Access course, albeit in other subjects. Having students with so different prior academic experiences studying together on the same Access to medicine course leads to social tension. Those students for whom Access to medicine is their first level three course describe frustration and anxiety associated with trying to maintain the intense study regime, which is primarily set by the graduates on the course. Through the discourses of hard work and competition students for whom Access courses were established who struggle to demonstrate the hard work ethic and study skills are positioned inferior to the graduates who demonstrate the hard work ethic and study skills with greater ease.

The tension is also experienced by teachers like me who are torn between striving for equity for more academically disadvantaged students and excellence to ensure progression to medical school through supporting students to attain distinctions in all six subjects on the Access to medicine course. Such tension is supported by Burke et al. (2016, p. 49) (2.3) who found that “*teaching staff perceived competing discourses of collaboration and competition to have an effect on student capability*”.

Fundamentally the ‘learning market’ (Hyland, 1999) (2.1) approach to Further Education (FE) conflicts with the aim of Access courses. The neoliberal discourse associated with the ‘learning market’ which encourages as many learners as possible onto courses assumes that the competition promoted between applicants for places on courses is fair. However in

agreement with Burke (2002) (2.1), such neoliberal discourses construct the disadvantaged learner as responsible for failing in education because broader social and political processes are obscured by a supposed competition which is portrayed as equally available to all as “*the old safety net of the welfare state is stripped away*” (Reay, 2010, p. 312) (2.11). Such failings are internalised as “*personal inadequacies, guilt, anxiety, conflict and neuroses*” (Reay, 2010, p. 313) (2.11) by those students for whom Access courses are supposed to support.

On a broader scale beyond just Access courses widening participation (WP) in higher education (HE) “*largely concerned with redressing the under-representation of certain social groups in higher education*” (Burke, 2012, p. 12) (2.3) is a “*highly contested*” (Burke, 2012, p. 12) (2.3) concept because “*there is no one agreed definition*” (Burke, 2012, p. 12) (2.1.4). The intention to support people from underrepresented social groups to access higher education is relatively clear and politically uncontroversial. However, the strategies for implementing such an aim lack coherency from policymakers. As such the ‘learning market’ (Hyland, 1999) (2.1) approach to further and higher education results in more students from disadvantaged social groups attending universities because more people go to university while the reproduction of inequalities through following the ‘learning market’ (Hyland, 1999) (2.1) approach remain hidden from view.

Having explored older mature students’ experiences of applying to study medicine in England Mathers and Parry (2010, p. 1084) (2.4) highlighted that “*their experiences of applying to study medicine and related decision-making processes have not been examined in detail to date*”. The research has explored the experiences of Access to medicine students’ experiences of their time on the course, which has included applying to study medicine. This contributes in part to fill the gap in the literature identified by Mathers and Parry (2010, p. 1084) (2.4) that Access to medicine students’ “*experiences of applying to study medicine and related decision-making processes have not been examined in detail to date*”.

Access to medicine students described needing to *give things up* in order to take on the course, which supports the findings of Reay (2002, p. 412) and Mathers and Parry (2010, p. 1082) (2.4). Data was presented in section 4.1 and chapter 5 Synthesis of Analysis to clarify this point.

The thesis contributes to knowledge through reporting on the same Access to medicine course at the College of West Anglia as Holmes’ (2002). Moreover, the thesis furthers our

understandings because it is the first research report to analyse the students' experiences of the Access to medicine course at the College of West Anglia using their words transcribed from interviews undertaken while the students were still studying on the Access to medicine course.

The thesis supports McLachlan's finding that "*for access to higher education in general, social class is the main predictor of academic achievement*" (2005, p. 872). It was the middle-class graduates who were more successful in becoming prospective medicine students and the working-class access to medicine students without prior level three qualifications in science were less successful in becoming prospective medicine students.

The research (2.4) set out to investigate if the Access to medicine course is inclusive and if not to inform how to make such courses more inclusive for working-class students and other underrepresented groups. While the aim of the Access to medicine course is to be inclusive because graduates on the course tend to be the most successful in becoming prospective medicine students, the course could be seen to be reproducing inequalities, so those students for which Access courses were established are less successful in progressing to medical schools. This relates to the 'learning market' (Hyland, 1999) (2.1) approach which dominates through FE in so far as course leaders are compelled to sign up students to courses as long as they meet the minimum entry requirements. As the Cambridge Access Validating Agency (CAVA) stipulates that Access courses can only be studied over one academic year this forces course leaders to take on students with a wide range of prior academic experiences and aspire to get them all to the same six distinctions standard by the end of one academic year. Through the conclusions, chapter 7 recommendations will be made as to how the Access to medicine course could be made more inclusive.

The Access to medicine course acts as a graduate-entry programme in the sense that it admits graduates onto the course with a view to them progressing to study medicine. The Access to medicine course acts like a Foundation programme in the sense that it admits students from under-represented groups onto the course with a view to them progressing to study medicine.

The thesis supports the findings of Mathers, Sitch, Marsh, and Parry's (2011, p. 1) that

*"graduate-entry programmes do not seem to have led to extensive changes to the socioeconomic profile of the UK medical student population. Foundation programmes have increased the proportion of students from under-represented groups, but numbers entering these courses are small".*

This is because while both graduates and students from under-represented groups make up the cohorts on the Access to medicine course. The course, to some extent, meets the needs of both these groups. However, the thesis has shown that through dominating discourses, the students from under-represented groups are those students less likely to become prospective medicine students whereas the graduates are the group most likely to become prospective medicine students. So, the Access to medicine course widens participation in medicine in the broadest sense of the term through getting more people to medical school who may otherwise not have gone, but it is advantaging the already advantaged graduates more than those who come from more socially disadvantaged backgrounds. The Access to medicine course could become a two-year course, year two as is currently the one year course which graduates could do and year one putting in place modules which would support the students Access courses were established for by providing ungraded units in a new first-year to develop study skills to attempt to level the playing field to some extent. Further will follow in conclusions chapter 7.

The concept of the 'innate self' has been challenged through the thesis. Danielsson and Linder's (2009, p. 136) suggestion that "*identity is first of all seen as a negotiated experience, not a stable category*" (2.6) prompted me to inquire how who we are is due to social interaction and led to this investigation. If identity can be considered as something we do rather than something we are then we can be considered to be *social actors* (Carlone, 2012, p. 13) (2.6) behaving in specific ways to be accepted as such by the social group or in Lawler's (2010) words "*masquerading as ourselves*" (2.6). Understandings synthesised from the analysis (5) within the thesis supported such an idea. Barbara described access to medicine students as suggesting that when they attend lessons, they have done all their homework and read ahead to prepare in advance for that class. As *social actors* (Carlone, 2012, p. 13) (2.6) Access to medicine students needed to make "*convincing performances*" (Paechter, 2003b, p. 74, 2007, p. 23) (2.6) of working hard and behaving as idealised students to be recognised by their peers as becoming prospective medicine students. Taking a

Foucauldian discourse approach to analysis allowed for the reservation of scepticism as to whether or not the Access to medicine students were doing what they are described as saying they were doing, recognising that this is merely one regime of truth (Walshaw, 2007).

When Sam referred to being the chemistry 'guru' in the shared student house, he claimed a particular identity, but if it were the case that his peers were turning to him in this role he could have been described as having been accepted by the social group. This supports Rivera Malucci (2012, p. 124) who claimed that *verification* is required when taking on a *role identity* as well as Paechter (2003b, p. 74) who claimed that “*it becomes not sufficient to claim a particular identity; that identity has to be recognised by group members, which in turn reflects back on one’s understanding of oneself*” (2.6).

The discourses analysed in Sam's story constituted multiple subjectivities for Sam. When positioned as inferior to an A-Level student at a medical school interview, Sam asserted an alternative subjectivity as a tough man in a previous job role and then as a more tolerant person on the Access to medicine course. This supports Walshaw’s (2007, p. xiv) suggestion that everyone has multiple identities which are ever-changing depending on the discourses which are most attractive to us in a particular context and at a particular time. This part of the thesis also supports the findings of Lawler “*that no one has only one identity, and indeed those identities may be in tension*” (2010, p. 3) (2.6).

The thesis has challenged neoliberal discourses, including those of hard work and competition because they assume that everyone has equal and fair access to available resources. This includes all the time out of college lessons being available to all students for study. Those who study with fellow students in shared housing across the road from the college have this time. This time is not so plentiful for students who are parents and commuters. The thesis supports the findings of Burke (2002, p. 104) that a significant flaw of the neo-liberal discourse is that it “*ignores all differences between and within families.*” The thesis also supports Reay (2010, p. 312) who highlighted how the dominant discourse of ‘individualisation’ puts demands on members of the working class that “*the normative, nuclear two-parent, middle-class family avoid by delegating childcare and housework to cleaners, nannies, childminders and tutors*”. Working-class students do not always have the income to delegate childcare or housework to others or to rent a room in a shared house with other students across the road from the college.

The thesis has contributed to knowledge by providing a methodological example of applying Kendall & Wickham's (1999) Foucauldian research methods by selecting archaeological and genealogical research questions (3.1). The archaeological questions analysed (4, 5) what subjectivities were constituted through identified discourses and the genealogical research question analysed how power operated through the identified discourses. The research took advantage of Foucault's conceptual frameworks of both the earlier and later parts of his career archaeology and genealogy, respectively. The thesis has "*analyse[d] the positions which are established between subjects (human beings)*" (Kendall & Wickham, 1999), Access to medicine students. The thesis has "*describe[d] 'surfaces of emergence' – places within which objects are designated and acted upon*" (Kendall & Wickham, 1999), the Access to medicine course at the College of West Anglia. So the thesis provides an example of how to frame similar research questions in other research projects using Foucault's methods (Kendall & Wickham, 1999).

The thesis contributes in part to the literature on Narrative enquiry (3.3). While much of the interview transcriptions were not narratives, some were, because they included emplotment, which according to Lawler (2002, pp. 245–246) makes an account a narrative. Examples include Joe's story (4.1) of how he became immersed in academia as it was something he could identify with when not being any good a sport at school and not fitting in with other people socially. Joe uses such emplotment to convey that the university was a safer haven than the secondary school to come out as a gay man eventually. When his partner died, this is portrayed through Joe's story like a 'calling' to study medicine. This is emplotment because "*significance [is] conferred on earlier events by what comes later*" (2002, p. 246).

Cassandra's tells the story (4.1) of developing from being an intelligent but lazy undergraduate at university to become a hardworking and intelligent Access to medicine student. Olivia's (4.9) responses through the interviews produced a narrative of her not perceiving herself as able enough to study medicine when she was at an elite fee-paying private school because she was in the lower stream where Olivia perceived medicine as a career for the elite within an elite school. Olivia uses emplotment to highlight how her mother intervened to tell her that there is no reason why she could not study medicine. Olivia completes the narrative by suggesting that it just took that one person to tell her she could study medicine to get over telling herself that she could not. So, through such narratives, what may seem to others as independent events through time are linked together through the person's story to give a sense of purpose to what they did or whom they became.

This case study may be useful to others intending to research the students' experiences of other courses in other educational institutions. The extent to which this study is useful to other researchers will depend upon how similar the other cases are.

#### **6.4 Presenting Alternative Explanations**

A presentation of alternative explanations will now be considered.

The thesis is just one way of looking at things. Different interpretations of the same data could have occurred. Other researchers taking a poststructuralist perspective could have developed alternative understandings.

However while another external researcher could have investigated the Access to medicine students' experiences of the course and may have maintained greater objectivity, an external researcher would not have been immersed in the context of the course to the same extent as I was as the course leader so the external researcher may not have acquired as in-depth insight. So, while it is impossible to escape my personal biases, a unique insight has been gained from researching the students' experiences from the position as their course leader to develop understandings of how to better lead similar cohorts of students in future years.

Other theoretical perspectives could have been taken. For example, a constructivist approach focussing on *perspective transformation* where new experiences of learning are integrated with older ones (Mezirow, 1981, p. 5) (2.1) could have been undertaken. However, this approach may have been limited through the assumption that we are autonomous to free the way we see ourselves and our relationships. It would also have made a distinction between the individual and external reality (Walshaw, 2007, p. 18).

Other studies taking different perspectives have produced similar findings. For example Reay (2002, p. 412) and Mathers and Parry (2010, p. 1082) (2.4) neither of whom followed a poststructuralist approach or used the tools provided by Foucault both found from alternative sociological inquiries that Access students described needing to “*give things up*” in their lives to take on the course of study.

Taking a poststructuralist approach benefitted the research through not disconnecting the student from an external world but instead allowed me to focus in on what the students had to say first before branching out to highlight discourses which were producing the students'

subjectivities in specific ways. Using the tools provided by Foucault meant that the students' experiences could be described in their words while allowing me to analyse the discourses and make connections with broader society so that the research may have meaning and usefulness for other researchers undertaking similar case studies.

## **6.5 Suggestions for Further Research**

Suggestions for further research will now be considered.

The analytical chapter on the panoptic shared student houses (4.11) highlighted that power acts productively to regulate disciplined study regimes amongst students living together and also studying on the same course. While students living together is not uncommon between undergraduates at the older universities, this may be less common amongst students at newer universities or those from lower socioeconomic backgrounds who need to stay home to avoid paying additional rent or maintain part-time paid employment to fund their studies. The Access to medicine course is also quite a unique case in that all the students living together in the shared student houses were studying on the same course, not just studying at the same institution which usually occurs in undergraduate halls of residences.

Further research could investigate the students' experiences of living together and studying together to analyse if power operates productively in similar ways mainly if cases to study can be found where all the students living together in shared housing are studying on the same course. If cases are studied where the students living together are not studying on the same course but are just studying at the same institution does power operate as productively or do these students experience the same anxieties of fearing never to relax?

## **6.6 How the Thesis Is an Original Contribution to The Literature.**

'Becoming prospective medicine students' is only the second piece of research to study an Access to medicine course. The first piece of research to study an Access to medicine course was that of Holmes (2002). Holmes (2002) researched the same Access to medicine course as I have, that at the College of West Anglia in King's Lynn, Norfolk. Holmes (2002), like me, was the course leader for Access to medicine, and we have both researched this aspect of our professional practise (2.4). Holmes' (2002) report evaluated the success of the Access to medicine course in terms of what it was established for, which stakeholders were involved in

setting it up, how the course structure changed and what the university destinations of students progressing from the Access to medicine course were. Holmes (2002) reported percentages of progression in terms of socioeconomic status, though his primary focus was on the establishment of a curriculum and objectively evaluating the success of the course in its early years. This thesis focusses on the students' subjective descriptions of their experiences of the same Access to medicine course many years on while the students were still studying on it. Becoming prospective medicine students is the first research to use Foucauldian discourse analysis to explore the experiences of students on an Access to medicine course.

The overarching research question and the first subsidiary research question in the thesis are *archaeological* (Foucault, 1972) because they focus on analysing discourses to ascertain how things were at a specific time within a specified historical context (2.12, 3.1, 5). The second subsidiary research question is *genealogical* (Foucault, 1977, 1978, 1980b) because it focuses on how power operates through such discourses to make things so (2.12, 3.1, 5). So, the thesis provides a strategy for applying Foucauldian discourse analysis techniques (Kendall & Wickham, 1999) (3.1). First, apply Foucault's *archaeological* tool (Foucault, 1972), developed earlier in Foucault's career to uncover the discourses at play, to allow the researcher to use language spoken at the time to construct a 'history of the present' (Kendall & Wickham, 1999, p. 29) (3.1). Second, make the research more *genealogical* to benefit from the tool developed later in Foucault's career using the concept of *power* (Foucault, 1977, 1978, 1980b) to analyse the micro-political processes which make the history what it was. The research provides future researchers with an exemplar strategy to dig progressively deeper analysing at different levels. The theorised analytical techniques are discussed in section 3.1 whereas examples of how these techniques can be applied are in the analysis chapter 4.

This research is also unique in being a doctoral thesis of eighty-thousand words, Holmes (2002) published a few thousand-word in an article for the journal Medical Education. So, this research is more in-depth and more significant in scale. This research makes more extensive links to the sociological theory that may be of use to a wider variety of researchers while like Holmes (2002) study this thesis provides a useful case study for those wanting to investigate similar cases. The thesis is a unique case study (3.2) of an Access to medicine course using Foucauldian discourse analysis and narrative enquiry (3.3). It contributes to knowledge in being the first such study to research an Access to medicine course. The case

may also be a useful reference for anyone researching similar contexts, such as students' experiences of other courses. Following the "*thick description*" (Geertz, 1973 in (Stake, 2000, p. 444)) of the case in this study other teachers researching their own classes may find this case study useful to their research, if they consider their case to be similar enough. Moreover future researchers "*can [...] select [other] cases on the basis of the same theories, then test [...] the theories through pattern matching*" (Demetriou, 2010, p. 206).

The thesis is a useful reference for those exploring how students speak of their experiences of studying on a course and concerning how they discuss their prior life experiences. This research contributes to the archive of testimonies of how students experienced studying on a particular course at a particular place and at a particular time. It contributes to the archive (Kendall & Wickham, 1999) of students' descriptions of how they conceptualise learning and how they conceptualise interactions with peers on the course. The contribution is worthwhile because it provides a case study of the students' experiences which other researchers may find relevant where there are similarities with other courses. However, it is more than a case study (3.2). 'Becoming prospective medicine students' contributes to an understanding of students' experiences of a course using their words transcribed from interviews undertaken at the time they were studying on the course. So, 'Becoming prospective medicine students' contributes to knowledge by providing what Kendall & Wickham (1999) call a 'history of the present'.

Although the thesis is one interpretation of the descriptions of those experiences, it is the interpretation of the students' course leader and teacher who was residential at the college so was uniquely situated to investigate the case. Being situated in the context and grounded in the poststructuralist discourse analysis allowed me to produce an account available to any future researcher wanting to explore how subjectivities become constituted through discourses in a historical context through social interactions expressed through language that was spoken at the time.

The thesis contributes to the literature on Narrative enquiry (3.3). Through the interviews, at times, the participants would talk freely to tell parts of their life stories. The participants would attribute "*significance [to] earlier events by what [came] later*" (Lawler, 2002, p. 246), which Lawler (2002) defines as emplotment. It is through such emplotment where the students described how they made specified decisions or how they became a certain kind of

person that some of the extracts from the interviews presented in the thesis became narratives. These include the stories of how Joe (4.1) and Olivia (4.9) for example came to their decisions to wish to study medicine and the story of how Joe (4.1) came out as a gay man. So the thesis contributes snapshots of people's life stories as they study at college, like 'the Young Worker at College' (Venables, 1967).

## **6.7 Unveiling Political Discourses Which Disguise Inequalities**

Regarding the alternative perspectives of life-long learning discussed in 2.1 'the learning market' (Hyland, 1999, p. 6) approach has dominated throughout FE since 1979, in my opinion. Moreover 'the learning market' (Hyland, 1999, p. 6) view is out of sync with the aspirations of most Access to medicine students, in my opinion. Their main aims are to become medical doctors and work for one government employer, the National Health Service (NHS), so seek an 'Adult Education' more in line with 'active citizenship' (Hyland, 1999, p. 6). The thesis provides an example of differing views of life-long learning conflicting because they are based upon disparate political philosophies, the 'learning market' (Hyland, 1999, p. 6) neo-liberal or conservative, 'active citizenship' (Hyland, 1999, p. 6) socialist or socially democratic (2.1). The 'learning market' compels FE colleges to provide individuals with learning opportunities to bolster the nation's economic competitiveness on a global scale supporting capitalism. 'Active citizenship' promotes 'equal opportunities' within a cohesive society supporting social democracy. This in part helps to explain the frustration of FE teachers who fail to see the purpose and relevance of many of the directives set out by college managers who are to some extent implementing government policies which "*are quite some way from the philosophy of adult education espoused by mainstream practitioners*" (Hyland, 1999, p. 2), like me (2.2). Considering power acting through discourses, associated with different political philosophies, shines a light on why teachers feel pulled in different directions through trying to do the best for students from their perspectives while being obligated to comply with managerial directives which seem too often disconnected from the aims of teaching and learning. The thesis supports the finding of Burke et al. that "*pressure on teachers to meet expectations of excellence and equity was described as highly challenging within existing structures*" (Burke, Bennett, Burgess, & Gray, 2016, p. 49).

In agreement with Burke (2002, p. 25) I also assert that competition between colleges undermines socially transformative Access courses (2.2). So, I too would welcome more

substantial state funding for Access courses to help support the socially disadvantaged through education. However, the thesis makes clear that that collaboration and competition (4.2) are not binary but when experienced together lead to tension within and amongst students who may fail to realise what is happening, become disorientated and begin to doubt their potential for succeeding with their studies (4.15). So, a finding from the analysis of the discourse ‘perpetual tension lies between competing and collaborating’ (4.2) supports that of Burke et al. that “*teaching staff perceived competing discourses of collaboration and competition to have an effect on student capability*” (Burke, Bennett, Burgess, & Gray, 2016, p. 49).

## **7.0 CONCLUSIONS (IMPLICATIONS AND RECOMMENDATIONS)**

I conclude that FE:

- 1) students experience courses in diverse ways
- 2) discourses constitute students’ subjectivities
- 3) power is operationalised through student discourses.

I also conclude that the Access to medicine course is experienced as intense and stressful as the students continually aspire for excellence (4.1, 4.7, 4.8, 4.11, 4.12, 4.13, 4.15, 5, 6).

### **7.1 Promoting Equity and Inclusion of Students from Disadvantaged Backgrounds.**

The thesis has explored Access to medicine students’ descriptions of their experiences of the course. The thesis has identified the different discourses which run through the students’ descriptions to show how different subjectivities become constituted through these discourses. How power operates through these discourses to enable and constrain students has been considered. The aim has been to promote equity and inclusion of students from disadvantaged backgrounds (1.6) in Access courses by scrutinising whether or not the aims of Access providing an alternative qualification to progress to universities (1.4) are being met in the context of an Access to medicine course. This has been investigated through how power acts through discourses to subordinate such students so that recommendations for practice can be made to improve educational opportunities for such students across courses.

## **7.2 Recommendations for College Managers, Course-Leaders and Teachers.**

The research has shown that the Access to medicine course is successful in enabling its students to progress from college to university medical schools. However, the types of students for which Access courses were developed, primarily those with inadequate or no prior level three qualifications do not describe the Access to medicine course as enabling as those who have previously studied A-Levels or acquired degrees. While the Access to medicine course widens participation in medicine in its broadest sense because it allows students who do not have the highest grades in science subject A-levels to progress to medical schools, the thesis shows that it is the graduates, in particular, who take the greatest advantage of the Access to medicine course to attain the required distinctions and offers from medical schools to become prospective medicine students. Students with inadequate or no prior level 3 qualifications describe the constraints of underdeveloped study skills, struggling to write personal statements for university applications. This draws into question whether or not these struggles are due to a lack of what Burke et al. (2016), describe as capability or whether more robust study skills support is required for these learners. It is not that one group of students sets out to dominate the other through achieving success. It is not the intention of the successful. It is not noticed by the successful as oppression. However, the research has uncovered the disadvantages. As teachers, we must commit to helping students understand that if their study skills are less developed than those of peers holding more advanced qualifications, this does not mean that they lack capability (Burke, Bennett, Burgess, & Gray, 2016). Teachers should challenge notions of fixed intelligence. We can even go further, emphasising that ‘the self’ is not innate but a social construct, which, within constraints, we are in a position to reconstitute amongst alternative discourses. As teachers, we are uniquely placed and privileged to challenge dominating discourses, to highlight through interactions with students that they are more capable than they may realise and offer appropriate support and challenge. The thesis presents teachers with the theoretical tools to address student equity in practice because it concentrates on the here and now, the real subjective experiences too often missed by objective equality policies.

So dominant is the concept of the innate self that it may require persistent and subtle persuasion to convince teachers and students to reconceptualise ‘the self’ as multiple subjectivities constituted through ever-changing discourses. Furthermore if the conceptualisation of subjectivities being constituted through discourses can be accepted, it remains possible that many students and teachers will not go so far as to accept Foucault’s

premise that the main aim in life should be “*to become someone else [you were] not in the beginning*” (Foucault, 1982b; Gutting, 2005, p. 6). ‘The self’, being innate is so dominant that to challenge it welcomes the accusation of betraying ‘the self’ or even annihilating it.

The Access to medicine course puts high expectations on students and most describe it as challenging and stressful, some frustrating and overwhelming. Access to medicine students must demonstrate excellence in their academic performances which is measured in comparison to peers while also showing that they are caring for others around them. Such competing discourses pull and push Access to medicine students in different ways. Hence, the thesis highlights that how student subjectivities become constructed through courses in further education should be carefully considered.

College managers, course leaders and teachers need to carefully consider how curricula are implemented and continually ask the questions:

- How are we best serving the interests of the most disadvantaged students?
- Are our current practices adversely impacting upon the more disadvantaged students and if so, how may we operate differently to avoid reproducing inequalities?

While we cannot avoid our complicities in dominating discourses in their entirety, college managers should acknowledge that they are in league with OFSTED through implementing the government’s political propaganda.

As course-leader to future Access to medicine cohorts, it is worth highlighting to the students that the course upon which they have embarked is one through which they may experience personal and professional transformation. Through striving to become someone they were not in the beginning, they may undertake ‘practices of the self’ to re-position themselves within social groups, culture and general society. Moreover, as others within their social groups, culture and society will also position them through discourses, positioning themselves in their preferred way is merely the reasonable thing to do. I am not suggesting teaching the theories of Foucault to Access to medicine students but to become reflexive in responding to discussions with the students that there is nothing unusual or out of the ordinary about how they might be feeling. As such, in a small way, this should help put them more at ease. As so many students describe such a stressful course, accepting that we are all positioned through discourses may reduce students' anxieties.

Through the way people speak, people are positioned, privileged or subordinated through categorisations often hidden. Such positioning through discourse cannot be prevented entirely, but it can be challenged by those educated and in positions of traditional authority such as a teacher. Teachers should challenge particular views if they are being expressed to subordinate. Teachers may challenge views by questioning the legitimacy of statements. Teachers should refrain from asking students simply to ‘work harder’ without qualifying what they should do, as this supports the dominating discourse of the hard work ethic which I have shown to reproduce social and educational inequalities. Moreover, through highlighting the ways that power circulates and through which subjectivities are produced, teachers may challenge notions such as innate intelligence and a pure and fixed self to encourage all students regardless of background to continually and actively re-position themselves within social groups, and society and grow wiser.

Our subjectivities become constituted through discourses amongst which we position ourselves and are positioned by others. Positioning occurs through being compared to others around us and through discourses which legitimise some and not others. It is therefore essential to recognise that learners on courses are often intimidated by other learners on the same course whom they perceive as being more intelligent or more academically able than they perceive themselves. So, barriers lay before some students who may perceive that they are not capable of achieving on a course or progressing into a particular career. Teachers should seek out the more vulnerable students who may be considering giving up and assure them of their potential as long as this is realistic. It would be wrong to offer false hope. At school, students have form tutors, at college course-leaders; someone to speak to, with whom they have developed a working relationship through regularly meeting. Through such regular contact and conversation, tutors and course leaders maintain the well-being of students and learners through connecting within professional limits on a personal level. Tutors and course-leaders can check what may be bothering students and learners and reassuring them where possible that they need not worry. It is through such informal meetings that academic intimidation can be addressed, alleviating anxieties, reassuring and praising. Tutors and course-leaders also make contact with parents or students if attendance drops to support them and retain them. Moving from school or college to university students go from classrooms of about twenty people to lecture theatres of over a hundred. University personal tutors may be someone the student barely knows if they have met, someone to contact when in difficulty. Starting university, students may feel intimidated by a large

number of other students around them, some of whom may position them as less able or less intelligent. When positioned this way the idea of turning to someone they may consider to be more intelligent personal tutor to discuss feeling positioned academically inferior may be uncomfortable, particularly if also wanting to discuss other social reasons for difficulties encountered with studies. Such equity issues could be addressed in HE by expanding the personal tutor provision and making pastoral tutor meetings more regular, where attendance is expected if not compulsory. These meetings need not take long, just enough time to check the students are all right and have a chance to express how they feel they are positioned. Those not attending the pastoral tutor meetings should be contacted by a non-academic member of staff to limit additional duties for academic staff. As such, the university can show its students that they care about students' subjective experiences, ease anxieties and redress positionings of academic inferiority or inadequacy. Student retention may improve this way.

Bronwen's description of her experience with UCAS (4.15) suggests to me, as course leader, that solely advising Access to medicine students to write their personal statements as soon as possible even before starting college so that they may take up the offer of support in tutorials may be too passive. As course leader, I should consider taking more decisive action such as insisting that non-graduate Access to medicine students complete a draft of the personal statement within the first tutorial session in controlled conditions with a fixed time frame. Insisting that these students must write something to hand in immediately may help students to get over writer's block and delay. It would also allow me as course leader to provide support through my feedback as early as possible so that they who require the support most can benefit from it as soon as possible. An alternative may be to request that applicants to the course bring a completed draft personal statement to hand in at interview. This would not be used for selection; it would be used to offer prompt support.

### **7.3 Acknowledging the Tensions and Complicities That Challenge Course Leaders and Colleges in Relation to Equity Issues, Seeking Compromises.**

A major aim of the Access to medicine course is to enable all students to achieve *excellence*, distinctions in all six graded units on the diploma. This supports Burke et al.'s (2016, p. 49) finding 1 (2.3). However, the fact that teachers must strive for *excellence* for all students on the course regardless of prior qualifications or academic experience puts the aim in tension. If teachers are to promote equity and inclusion for students from disadvantaged backgrounds, such as those with no prior level three qualifications and get them to the same six distinctions standard as graduates on the same course, this implies that teachers should provide a more significant proportion of time, effort and attention to those for which Access courses were established. Getting everyone to the same standard could be considered as equity, but allocating resources disproportionately to one group may not be considered as equity. Policy makers, colleges, course leaders and teachers may have different views on this matter, but what is clear is that the *expectations* to achieve *excellence and equity*, conflict.

Perpetual tension lying between 'competing' and 'collaborating' as discussed (4.2) supports Burke et al.'s (2016, p. 49) finding 2 (2.3). Course-leaders and teachers could encourage students to collaborate and support each other through their studies, and this has been noted to occur amongst those students in shared houses (4.11) and between Clive and Yas (4.1). However, there are limits. No-one should be 'too needy' (4.11, 5). In order for Access to medicine students to secure places at medical schools, they must ensure they achieve six distinctions. In doing so, they may need to take a place at medical school from someone else by outcompeting them. While supporting others students on the Access course is honourable there is a reluctance to support the 'too needy' if it risks 'the helping student' dropping grades to make themselves less competitive and not secure a place at medical school for themselves.

The *expectations* for teachers to promote *collaboration and competition* amongst students to achieve *excellence and equity*, conflict. Teachers and course-leaders should therefore take solace in recognising that such objectives are impossible to achieve and should use their professional judgement to make compromises that best serve the students.

Furthermore, as colleges receive revenue for the number of students they sign up for courses as part of 'the learning market' (Hyland, 1999, p. 6) (1.3, 6) as course leader I am obliged to offer places on the Access to medicine course to as many applicants who apply and meet the entry requirements. Moreover, colleges are judged by OFSTED on the grades which students

achieve. Each of these facts rule out the course leader from offering places only to the more socially or academically disadvantaged.

A key finding from the thesis is to challenge dominating discourses associated with the hard work ethic (2.11), so that disadvantaged students do not unfairly assume that limited success in education is solely their fault. However, few course leaders, teachers or parents would advocate the contrary, not working hard! I am no exception. Holly (4.8) implicated me as course leader in promoting the discourse of hard work (2.2.8) quoting back to me that students must spend at least as much time on their studies when not in class as they do in class. We are all complicit in promoting dominating discourses even when we seek to challenge them. There are no indisputable solutions, only considered compromises for practice. Compromises follow.

#### **7.4 Compromises for Practice Which Follow Discussions of Challenges and Complicity.**

Some disadvantaged students, usually those with no prior level three qualification do not make sufficient progress within one academic year, despite their hard work, to progress to studying medicine at university. The teachers, the course leader, the programme manager and the head of faculty work with Cambridge Access Validating Agency (CAVA) who awards the Access to HE diplomas to students to design the curriculum for Access courses. The teachers, the course leader, the programme manager and the head of faculty should consider setting out alternative pathways for the Access to medicine course. The Access to medicine course could be stretched over two academic years (as opposed to the usual one year) for students with no prior level three qualifications so that they have the opportunity to delay graded summative assessments until the second year and develop study skills and grounding in the academic subjects in the first year. This compromise for practice could help redress Burke et al.'s (2016, p. 49) finding 1 and ease the pressure on teachers aiming to achieve excellence and equity for students while also targeting extra teaching support to those students the thesis shows as most needing it. A compromise could be to make the two-year course part-time rather than full time. The advantage which could be gained may be that students more gradually develop essential study skills and delay taking summative assessments until they are more prepared for them. Another option could be to introduce a Pre-Access to medicine course to be taken the year before the usual Access to medicine course. The Pre-Access to medicine course could incorporate the ungraded level three units

from the Access to Science course so that the emphasis becomes developing the study skills through the Pre-Access to medicine year to achieve passes across a broad range of subjects. Students who pass could then progress onto the Access to medicine course the year after when more grounded in studying to aim for the excellence of six distinctions across the graded units.

Once a skills base has been achieved the type of students which the thesis highlights as needing more support could then take the opportunity to follow the established Access to medicine course the next year with a higher chance of getting distinctions and progressing to medical schools. In so doing college staff can aim to meet the conflicting expectations between excellence and equity for students, addressing both Burke et al.'s (2016) finding 1 and the finding from the thesis that graduates on the Access to medicine course are more successful in getting six distinctions than those students for which Access courses are designed.

It is paramount to be aware that the hard work ethic (2.11) permeates almost unseen through everything we do in our lives on an almost daily basis. Of course, teachers should encourage students to commit to their studies, but perhaps teachers should not overplay the hard work ethic to the extent that teachers become complicit in the covering up of the social constraints which may be conveniently ignored by policy makers. Course leaders should proactively set out to find what teachers can do to support students before they seek help. For example, through introductory tutorials course leaders could seek to ascertain the social barriers each student may encounter e.g. if they are mother of young children, a carer for a parent, working in paid employment for long hours, if they have an illness, if they struggle to afford transport to college so that we can be ready to react when these challenges arise. This may help improve student engagement, attendance and success.

### **7.5 Recommendations for Policy Makers.**

Through the thesis I have argued that the dominant 'learning market' approach to further education (FE) undermines the aims of Access to HE courses because the 'learning market' approach and the aims of Access represent conflicting political discourses. I have demonstrated that 'widening participation in medicine' is complex. Although widening participation "*is largely concerned with redressing the under-representation of certain social groups in higher education*" (Burke, 2012, p. 12) (2.3, 2.4) it is a contested concept for policy making because there is no agreement on which social groups should be encouraged

and supported to study medicine or for what reasons. However, policy makers should promote widening participation in medicine for the following reasons.

- To grow the National Health Service (NHS) for an ageing population by encouraging more people from all social backgrounds to become doctors.
- To make the NHS more socially representative of the communities the NHS serves.
- To grow the state, gradually increasing the number of doctors to raise more taxation to pay for the growth of the state and redistribute wealth.

Expanding the number of Access to medicine courses and providing funding for them are some ways of widening participation in medicine for any of the reasons so far raised.

Teachers, managers and OFSTED are complicit in the promotion of dominating discourses that serve the government's economic policy and disguise the government's lack of social and educational policy. While we cannot wholly escape our complicities in dominating discourses, I argue that policymakers should commit to attempting to take politics out of education. A way forward is to establish a National Education Service, which, while funded by the central government, should be independent of it. The National Education Service should be run by teachers and educationalists for students. Separating education policy from the government would help, albeit to a limited extent to protect public servants working in education from their complicity in the promotion of dominating political discourses or at least to allow them to position themselves to make a call to counter them where they are not seen to be in the best interests of the students.

#### Elaboration of recommendations for Policy Makers

To redress the 'learning market' approach to FE working against the aims of Access education, the government should subsidise places on a part-time level 3 Pre-Access to medicine year for non-graduate students at an approximate cost of £900 per student per year. This would enable non-graduate students to develop independent study skills via ungraded units before embarking on the existing Access to medicine year, where distinction grades are essential to progress to medical schools. In summary, the government subsidise the first year of an Access to medicine course extended to 2 years for all non-graduate students who meet the entry requirements.

## 8.0 REFERENCES

- Alderton, J. (2020). Kelly's story: Transformative identity work in primary mathematics teacher education. *Gender and Education*, 32(2), 145–160.  
<https://doi.org/10.1080/09540253.2017.1336204>
- Allan, J. (2013). Foucault and his Acolytes: Discourse, Power and Ethics. In *Social Theory and Education Research Understanding Foucault, Habermas, Bourdieu and Derrida* (1st ed., pp. 21–34). Routledge. Abingdon, Oxfordshire.
- Arnot, M. (2002). *Reproducing Gender? Essays on Educational Theory and Feminist Politics* (1st ed.). Routledge Falmer. Abingdon, Oxfordshire.
- Beck, U. (1992). *The Risk Society*. Sage. London.
- Bell, J. (1997). *Doing Your Research Project A Guide for First-Time Researchers in Education and Social Science* (2nd ed.). Open University Press. Maidenhead, Berkshire.
- Blades, D. W. (1997). *Procedures of Power & Curriculum Change Foucault and the Quest for Possibilities in Science Education* (1st ed., Vol. 35). Peter Lang Publishing. Oxford.
- Brickhouse, N. (2012). Meanings of Success in Science. In *Identity Construction and Science Education Research Learning, Teaching, and Being in Multiple Contexts* (pp. 94–98). Sense. Rotterdam.
- Burke, P. J. (2002). *Accessing Education Effectively Widening Participation* (1st ed.). Trentham Books Limited. Stoke-on-Trent, Staffordshire.
- Burke, P. J. (2012). *The Right to Higher Education: Beyond Widening Participation*. Routledge. Abingdon, Oxfordshire.

- Burke, P. J., Bennett, A., Burgess, C., Gray, K., & Southgate, E. (2016). *Capability, Belonging and Equity in Higher Education: The University of Newcastle, Australia, Centre of Excellence for Equity in Higher Education*
- [https://www.researchgate.net/profile/Penny\\_Burke/publication/283617924\\_Capability\\_Belonging\\_and\\_Equity\\_in\\_Higher\\_Education\\_Developing\\_Inclusive\\_Approaches\\_Burke\\_P\\_J\\_Bennett\\_A\\_Burgess\\_C\\_Gray\\_K\\_Southgate\\_E/links/57117d3c08ae4ef74524b3e1.pdf](https://www.researchgate.net/profile/Penny_Burke/publication/283617924_Capability_Belonging_and_Equity_in_Higher_Education_Developing_Inclusive_Approaches_Burke_P_J_Bennett_A_Burgess_C_Gray_K_Southgate_E/links/57117d3c08ae4ef74524b3e1.pdf)
- Carlone, H. B. (2012). Methodological Considerations for Studying Identities in School Science: An Anthropological Approach. In *Identity Construction and Science Education Research Learning, Teaching, and Being in Multiple Contexts* (pp. 8–24). Sense. Rotterdam.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry Experience and Story in Qualitative Research* (1st ed.). Jossey-Bass. San Francisco.
- Cohen, L., & Manion, L. (1994). *Research Methods in Education* (4th ed.). Routledge. Abingdon, Oxfordshire.
- Connell, R. W. (2005). *Masculinities* (2nd ed.). Polity Press. Cambridge.
- Covington, M. V. (1992). *Making the Grade A Self-Worth Perspective on Motivation and School Reform* (1st ed.). Cambridge University Press. Cambridge.
- <http://libsta28.lib.cam.ac.uk:2060/ebook.jsf?bid=CBO9781139173582>
- Crossley, N. (2008). Social Class. In *Pierre Bourdieu Key Concepts* (p. 248). Acumen Publishing Limited. Slough, Buckinghamshire.
- Czarniawska, B. (2004). *Narratives in Social Science Research* (1st ed.). Sage Publications Ltd. London.
- Danielsson, A. T. (2011). Exploring Women University Physics Students ‘Doing Gender’ and ‘Doing Physics.’ *Gender and Education*, 1–15.

- Danielsson, A. T., & Linder, C. (2009). Learning in Physics by Doing Laboratory Work: Towards a New Conceptual Framework. *Gender and Education, Vol. 21*(No. 2), 129–144.
- Demetriou, H. (2010). The Case Study. In *School-based Research A guide for education students* (pp. 203–215). Sage. London.
- Descartes, R. (1968). *Discourse on Method and the Meditations*. Penguin. London.
- Dragovic, T. (2016). The Art and Craft of Professional Doctorates. In P. Burnard, T. Dragovic, J. Flutter, & J. Alderton (Eds.), *Transformative Doctoral Research Practices for Professionals* (1st ed., Vol. 12, pp. 63–74). Sense. Rotterdam.
- Driver, R., Squires, A., Rushworth, P., & Wood-Robinson, V. (1994). *Making Sense of Secondary Science: Research into Children's Ideas* (1st ed.). Routledge. London.
- Elias, N. (1994). *The Civilizing Process*. Blackwell. Oxford.
- Flutter, J. (2016). Connecting the Voices, Journeyings and Practices of the Doctorate for Professionals. In *Transformative Doctoral Research Practices for Professionals* (1st ed., Vol. 12, pp. 157–161). Sense. Rotterdam.
- Fontana, A., & Frey, J. H. (2000). The Interview. In *Handbook of Qualitative Research* (2nd ed., pp. 645–672). Sage. London.
- Foucault, M. (1965). *Madness and Civilization: A History of Insanity in the Age of Reason*. Random House. New York.
- Foucault, M. (1970). *The Order of Things* (1st ed.). Routledge. Abingdon, Oxfordshire.
- Foucault, M. (1972). *The Archaeology of Knowledge* (1st ed.). Routledge. Abingdon, Oxfordshire.
- Foucault, M. (1977). *Discipline and Punish* (1st ed.). Penguin. London.
- Foucault, M. (1978). *The History of Sexuality: I The Will to Knowledge* (1st ed., Vol. 1). Penguin. London.

- Foucault, M. (1980). *Power/Knowledge Selected Interviews and Other Writings 1972-1977* by Michel Foucault (C. Gordon, Ed.; 1st ed.). The Harvester Press Limited. Harlow, Essex.
- Foucault, M. (1982a). The Subject and Power. In H. Dreyfus & P. Rabinow (Eds.), *Michel Foucault: Beyond Structuralism and Hermeneutics*. University of Chicago Press. Chicago.
- Foucault, M. (1982b, October 25). *The main interest in life and work is to become someone else that you were not in the beginning*. [Interview]. [http://www.notable-quotes.com/f/foucault\\_michel.html](http://www.notable-quotes.com/f/foucault_michel.html)
- Foucault, M. (1991). *Remarks on Marx* (J. R. Goldstein & J. Cascaito, Trans.). Semiotext(e). Los Angeles.
- Foundation Courses*. (n.d.). The Medic Portal. Retrieved October 20, 2019, from <https://www.themedicportal.com/application-guide/choosing-a-medical-school/foundation-courses/>
- Gerson, K., & Horowitz, R. (2002). Observation and Interviewing: Options and Choices in Qualitative research. In T. May (Ed.), *Qualitative Research in Action* (1st ed., p. 402). Sage. London.
- Gonsalves, A. J., & Seiler, G. (2012). 11. Recognising “Smart Super-Physicists”: Gendering Competence in Doctoral Physics. In *Identity Construction and Science Education Research Learning, Teaching, and Being in Multiple Contexts* (p. 189). Sense. Rotterdam.
- Graduate Entry Medicine*. (n.d.). The Medic Portal. Retrieved October 20, 2019, from <https://www.themedicportal.com/application-guide/graduate-entry-medicine/>
- Gutting, G. (2005). *Foucault: A Very Short Introduction*. Oxford University Press.

- Hardy, T. (2008). Subjectivity and Confidence in Mathematics Education. *Symposium on the Occasion of the 100th Anniversary of ICMI, Rome, Italy. Anais... Rome. Disponible En: [Http://Www. Unige. Ch/Math/Ensmath/Rome2008/Wg3/Wg3. Html](http://www.unige.ch/math/Ensmath/Rome2008/Wg3/Wg3.Html).*  
<http://www.unige.ch/math/Ensmath/Rome2008/WG3/Papers/HARDY.pdf>
- Hermans, H., & Hermans-Konopka, A. (2010). *Dialogical Self Theory: Positioning and Counter-Positioning in a Globalizing Society* (1st ed.). Cambridge University Press. Cambridge. <http://ebooks.cambridge.org/ref/id/CBO9780511712142>
- Holmes, D. (2002). Eight Years' Experience of Widening Access to Medical Education. *Medical Education*, 36(10), 979–984.  
<https://www.gov.uk/advanced-learning-loans/overview>. (2014, May 21). 24+ Advanced Learning Loans. 24+ *Advanced Learning Loans*. <https://www.gov.uk/advanced-learning-loans/overview>
- Hyland, T. (1999). *Vocational Studies, Lifelong Learning and Social Values: Investigating Education, Training and NVQs Under the New Deal* (1st ed.). Ashgate Arena. Aldershot.
- Jackson, C. (2002). “Laddishness” as a Self-worth Protection Strategy. *Gender and Education*, 14(1), 37–50. <https://doi.org/10.1080/09540250120098870>
- Jarvis, P. (1995). *Adult & Continuing Education Theory and Practice* (2nd ed.). Routledge. London.
- Jaye, C., Egan, T., & Parker, S. (2006). “Do as I say, not as I do”: Medical Education and Foucault’s Normalising Technologies of Self. *Anthropology & Medicine*, 13(2), 141–155.
- Kamler, B., & Thomson, P. (2006). *Helping Doctoral Students Write: Pedagogies for Supervision*. Routledge. London.

- Kelly, G. J. (2012). Developing Critical Conversations About Identity Research in Science Education. In *Identity Construction and Science Education Research Learning, Teaching, and Being in Multiple Contexts* (pp. 189–196). Sense. Rotterdam.
- Kendall, G., & Wickham, G. (1999). *Using Foucault's Methods* (1st ed.). Sage Publications. London. Thousand Oaks. New Delhi.
- Knowles, J. E. (2016). Professional Doctorate Researching and the Changing 'Self': A Personal and Professional Journey. In P. Burnard, T. Dragovic, J. Flutter, & J. Alderton (Eds.), *Transformative Doctoral Research Practices for Professionals* (1st ed., Vol. 12, pp. 91–101). Sense. Rotterdam.
- Knowles, M. S. (1986). *Using Learning Contracts* (1st ed.). Jossey-Bass Publishers. London.
- Kolb, D. A., Boyatzis, R. E., Mainemelis, C., & others. (2001). Experiential Learning Theory: Previous Research and New Directions. *Perspectives on Thinking, Learning, and Cognitive Styles, 1*, 227–247.
- Lane, J. F. (2000). *Pierre Bourdieu A Critical Introduction* (1st ed.). Pluto Press. London.
- Lawler, S. (2002). Narrative in Social Research. In T. May (Ed.), *Qualitative Research in Action* (1st ed., pp. 242–258). Sage. London.
- Lawler, S. (2010). *Identity Sociological Perspectives*. Polity Press. Cambridge.
- Lemke, T. (2000). *Foucault, Governmentality, and Critique*. 17.
- Leonard, M. (1994). Transforming the Household: Mature Women Students and Access to Higher Education. In S. Davies, C. Lubelska, & J. Quinn (Eds.), *Changing the Subject; Women in Higher Education*. Taylor and Francis.
- Llewellyn, A. (2009). 'Gender Games': A Post-Structural Exploration of the Prospective Teacher, Mathematics and Identity. *Journal of Mathematics Teacher Education, 12*(6), 411–426. <https://doi.org/10.1007/s10857-009-9109-0>

- Madigan, S. P. (1992). The Application of Michel Foucault's Philosophy in the Problem Externalizing Discourse of Michael White. *Journal of Family Therapy*, 14(3), 265–279. <https://doi.org/10.1046/j..1992.00458.x>
- Martin, L., Gutman, L., & Hutton, P. (1988). *Technologies of the Self: A Seminar with Michel Foucault*. Amhurst: University of Massachusetts Press. Boston.
- Mason, J. (2002). Qualitative Interviewing: Asking, Listening and Interpreting. In T. May (Ed.), *Qualitative Research in Action* (1st ed., p. 402). Sage. London.
- Mathers, J., Sitch, A., Marsh, J. L., & Parry, J. (2011). Widening access to medical education for under-represented socioeconomic groups: Population based cross sectional analysis of UK data, 2002-6. *BMJ*, 342(feb22 1), d918–d918. <https://doi.org/10.1136/bmj.d918>
- Mathers, Jonathan, & Parry, J. (2009). Why are there so few working-class applicants to medical schools? Learning from the success stories. *Medical Education*, 43(3), 219–228. <https://doi.org/10.1111/j.1365-2923.2008.03274.x>
- Mathers, Jonathan, & Parry, J. (2010). Older mature students' experiences of applying to study medicine in England: An interview study: Older students' experiences of applying to study medicine. *Medical Education*, 44(11), 1084–1094. <https://doi.org/10.1111/j.1365-2923.2010.03731.x>
- Maton, K. (2008). Habitus. In M. Grenfell (Ed.), *Pierre Bourdieu Key Concepts* (1st ed., pp. 49–65). Acumen. Stocksfield.
- Matthews, C. C. (2008). *The Power of the Group: A Critical Investigation into the Processes and Effects of Group Learning on Access Students*. City College.
- Mavelli, L. (2014). Widening participation, the instrumentalization of knowledge and the reproduction of inequality. *Teaching in Higher Education*, 19(8), 860–869. <https://doi.org/10.1080/13562517.2014.934352>

- McLachlan, J. C. (2005). Outreach is better than selection for increasing diversity. *Medical Education*, 39(9), 872–875. <https://doi.org/10.1111/j.1365-2929.2005.02257.x>
- Mezirow, J. (1981). A critical theory of adult learning and education. *Adult Education*, 32(1).
- Moore, R. (2008). Capital. In *Pierre Bourdieu* (1st ed., pp. 101–117). Acumen. Stocksfield.
- Murphy, M. (2013). *Social Theory and Education Research, Understanding Foucault, Habermas, Bourdieu and Derrida* (1st ed.). Routledge. London.
- Paechter, C. (2003a). Power/Knowledge, Gender and Curriculum Change. *Journal of Educational Change*, 4(2), 129–148.
- Paechter, C. (2003b). Masculinities and femininities as communities of practice. *Women's Studies International Forum*, 26(1), 69–77. [https://doi.org/10.1016/S0277-5395\(02\)00356-4](https://doi.org/10.1016/S0277-5395(02)00356-4)
- Paechter, C. (2003c). Power, Bodies and Identity: How different forms of physical education construct varying masculinities and femininities in secondary schools. *Sex Education*, 3(1), 47–59. <https://doi.org/10.1080/1468181032000052153>
- Paechter, C. (2006). Power, bodies and identity: How different forms of physical education construct varying masculinities and femininities in secondary schools. In *The Routledge Falmer Reader in Gender and Education* (1st ed., p. 287). Routledge. London.
- Paechter, C. (2007). *Being Boys Being Girls Learning masculinities and femininities* (1st ed.). Open University Press. Maidenhead. Berkshire.
- Panchamia, N. (2012). *Choice and competition in further education*. 9. <http://www.instituteforgovernment.org.uk/sites/default/files/publications/FE%20Briefing%20final.pdf>
- Pring, R. (2005). *Philosophy of Educational Research* (Second). Continuum. London.

- Read, B., Francis, B., & Robson, J. (2001). *'Who am I to question all these established writers?'* *Gender and confidence in student essay writing*. Changing Contexts for Teaching and Learning: Proceedings of the 'Writing Development in Higher Education (WDHE)' Annual Conference.
- Reay, D. (2000). A useful extension of Bourdieu's conceptual framework? Emotional capital as a way of understanding mothers' involvement in their children's education. *Sociological Review*, 48, 568–585.
- Reay, D. (2002). Class, Authenticity and the Transition to Higher Education for Mature Students. *The Sociological Review*, 50(3), 398–418. <https://doi.org/10.1111/1467-954X.00389>
- Reay, D. (2010). A Risky Business? Mature Working-class Women Students and Access to Higher Education. *Gender and Education*, 15(3), 301–317. <https://doi.org/September2003>
- Reay, D., David, M. E., & Ball, S. (2005). *Degrees of Choice* (1st ed.). Trentham Books Limited. Oakhill. Stoke-on-Trent, Staffordshire.
- Reed-Danahay, D. (2005). *Locating Bourdieu*. Indiana University Press. Bloomington. Indianapolis.
- Rivera Malucci, M. (2012). Exploring Linkages Between Identity and Emotions in Teaching for Social Justice in Science Teacher Education. In *Identity Construction and Science Education Research Learning, Teaching, and Being in Multiple Contexts* (pp. 117–133). Sense. Rotterdam.
- Roosevelt, E. (n.d.). No one can make you feel inferior without your consent. In *Google*. [https://www.google.co.uk/?gws\\_rd=ssl#q=eleanor+roosevelt+quotes](https://www.google.co.uk/?gws_rd=ssl#q=eleanor+roosevelt+quotes)
- Sarup, M. (1993). *An Introductory Guide to Post-Structuralism and Postmodernism* (2nd ed.). Harvester Wheatsheaf. London.

- Scaife, J. (1996). Learning and Teaching Science. In *Secondary Science: Contemporary Issues and Practical Approaches* (1st ed., p. 297). Routledge. London.
- Schuller, T., & Watson, D. (2009). *FE Colleges in a New Culture of Adult and Lifelong Learning* (No. 7; p. 79). Inquiry into the Future for Lifelong Learning.  
<http://www.niace.org.uk/lifelonglearninginquiry/docs/IFLL-Sector-paper7.pdf>
- Silverman, D. (2000). Analyzing Talk and Text. In *Handbook of Qualitative Research* (2nd ed., pp. 821–834). Sage. London.
- Stake, R. E. (2000). Case Studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 435–454). Sage. London.
- Taber, K. (2010). Beyond Positivism: 'Scientific Research into Education. In E. Wilson (Ed.), *School-based Research A guide for Education Students* (pp. 233–250). Sage. London.
- Thomas, G. (2011). *How to Do Your Case Study A Guide for Students & Researchers* (1st ed.). Sage. London.
- Thompson, A. (1997). Gatekeeping: Inclusionary and Exclusionary Discourses and Practices. In J. Williams (Ed.), *Negotiating Access to Higher Education: The Discourse of Selectivity and Equity*. The Society for Research into Higher Education and Open University Press. Buckingham.
- Turner, G. (2016). The Teacher as a Learner: Theorising a Shift in Mindset at the Start of My Professional Doctorate Journey. In P. Burnard, T. Dragovic, J. Flutter, & J. Alderton (Eds.), *Transformative Doctoral Research Practices for Professionals* (1st ed., Vol. 12, pp. 75–90). Sense. Rotterdam.
- Turner, J. C. (1999). Some Current Issues in Research on Social Identity and Self-categorisation Theories. In *Social Identity Context, Commitment, Content* (1st ed., p. 273). Blackwell. Oxford.

- Vaughan-Jenkins, D. (2013). *Learning and Skills inspection report* Date published: 22 February 2013 Inspection Number: 408429 URN: 130763 The College of West Anglia General further education college (OFSTED Unique Reference Number (URN): 130763; p. 17). The College of West Anglia. <http://www.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/130763>
- Venables, E. (1967). *The Young Worker at College A Study of a Local Tech* (1st ed.). Faber and Faber Ltd. London.
- Walshaw, M. (2007). *Working with Foucault in Education* (1st ed.). Sense Publishers. Rotterdam.
- Webb, S. (1997). "Alternative Students? Conceptualizations of Difference." In J. Williams (Ed.), *Negotiating Access to Higher Education; the Discourse of Selectivity and Equity*. The Society for Research into Higher Education and Open University Press. Buckingham.
- Whalley, D. (2016). Moving from Practitioner to Researching Professional: Shifts of Identity. In P. Burnard, T. Dragovic, J. Flutter, & J. Alderton (Eds.), *Transformative Doctoral Research Practices for Professionals* (1st ed., Vol. 12, pp. 101–114). Sense. Rotterdam.
- Williams, J. (1997). Institutional Rhetorics and Realities. In J. Williams (Ed.), *Negotiating Access to Higher Education: The Discourse of Selectivity and Equity*. The Society for Research into Higher Education and Open University Press. Buckingham.
- www.oxforddictionaries.com. (2014). Discourse. In *Oxforddictionaries.com*. Oxford University Press.
- <http://www.oxforddictionaries.com/definition/english/discourse?q=discourse>
- Yin, R. K. (2003). *Applications of Case Study Research* (2nd ed., Vol. 34). Sage. London.

## 9.0 APPENDICES

### 9.1 Appendix 1: Doctorate of Education (EdD) Research Informed Consent Form

You are studying on the Access to Medicine course for which I am your Course Director at the College of West Anglia. As part of an educational research project I am interested in finding out how the course is experienced by the students through a Case Study. I hope to learn of ways to evaluate and improve the course and also promote it, whilst also allowing other researchers to learn more about the processes of learning in context, from the final thesis.

If you were to have any concerns about the research, particularly as regards my dual role as Course Director and Teacher–Researcher please feel free to contact Richard Bradley (Head of Faculty) who has agreed to act as gatekeeper for the research.

You are being asked if you will take part in the pilot study for the research. The main focus is to try out and improve data collection methods to put into the research proposal for the main project, although data may possibly become included in the final thesis.

Pseudonyms will be used in all research reports to protect anonymity whilst allowing for descriptions to be made. You are asked to choose your own pseudonym so that one is not imposed upon you. No student's actual name will be used in the research report although as the researcher I require your actual name so as to match it to your pseudonym.

The intention is to ask you to take part in any of the following activities:

- 1) Writing an essay to describe your personal experiences of the course
- 2) Record you own video yearbook to describe your personal experiences of the course
- 3) Video and audio recorded discussion groups
- 4) Video and audio recorded 1:1 interviews with me

Due to the nature of the data to be gathered it may be necessary to share it with my supervisors at the University of Cambridge in order to develop the research analysis. By this I mean that I may seek advice from my supervisors as to my interpretation of audio-video as well as written accounts. For this reason it may be difficult to guarantee absolute anonymity, though I have no intention of releasing your real names to the public. Similarly if the College of West Anglia were to be named in the final EdD thesis, a public document, it may be possible for people at the college to deduce your pseudonym by process of elimination.

In the unlikely event that information was to be disclosed to me as the researcher, I may be duty bound to disclose that information to others within the College of West Anglia, particularly in relation to issues of Health and Safety, Child Protection or Safeguarding. Findings from this research may be published in education journals.

You may decline to take part in any activity related to this research at any stage and need give no reason why. Be aware however that deciding to withdraw from the research after you have been recorded in a discussion group may introduce the dilemma of whether or not to use the group video as a data source, so if you are in doubt at this stage it may be wise for you not to take part in the discussion groups.

Thank you.

James Edward Knowles

I agree to take part in this study under the conditions explained above, and I am aware that it is not a requirement of the Access to Medicine course.

Pseudonym (PRINT).....

Actual name (PRINT).....

Signature .....

Date .....

## 9.2 Appendix 2: Open Ended Chronological Question Schedule

- 1) How did you feel when you were offered a place on the course?
- 2) How did you feel on your first day of the course?
- 3) Had you made friends?
- 4) Describe your experiences of the first month of the course.
- 5) What was it like writing your UCAS personal statement?
- 6) How did you feel immediately before the October assessments?
- 7) How did you feel after you got the results of the October assessments?
- 8) Describe your experiences through the second half of the term (November and December).
- 9) How did you feel immediately before the December assessments?
- 10) How did you feel after receiving the results?
- 11) Describe your experiences through the second term.  
University offers?  
March assessments?  
Personal relationships?  
Confidence? Hopes? Fears?
- 12) How did you feel immediately before the March assessments?
- 13) How did you feel after you got the results of the March assessments?
- 14) How did you feel immediately before the June assessments?
- 15) How did you feel after you got the results of the June assessments?
- 16) How have you found the other students?
- 17) How have you found the lessons?
- 18) What were the  
high points?  
low points?  
pressure points?