In the last couple of decades, the social sciences have established talk, text and discourse as important objects of study. This movement – labelled the linguistic turn1,2 – has provided, among other things, new ways of thinking about the relationship between social reality, language and language use. This influence is now being seen in social psychology,3,4 feminist studies,5 communications studies,6,7 organization theory,8-10 and, more recently, medical education.11-13 In each case, scholars stress the importance of language and discourse for an adequate understanding of social processes.

In this paper we will examine the constructs of ‘discourse’ and ‘discourse analysis’, and how various understandings of discourse and discourse analysis may play out in empirical and analytical settings, with particular focus on the field of medical education. We claim that there is a strong case for the study of the level of text in medical education and that discourse analysis provides a productive way of studying this level. In general terms, this paper aims to highlight key dimensions to be considered when framing discourse analysis while suggesting a heuristic to support disciplined thought. This heuristic emphasizes the consideration of evidence on three levels: text, practice and meaning. We apply this perspective on a sample of recent applications of discourse analysis in medical education in order to highlight problems, pitfalls and potentials.

Elsewhere the first author (together with Mats Alvesson) has developed a framework,1 built on an analysis of frequently used versions of discourse analysis, which clarifies the set of options available in discourse analysis. The framework is most frequently used within the field of organization and management studies, but has also been applied in anthropology, communication studies, education, nursing studies, political science, social psychology and sociology. The framework is developed from a sociology of knowledge perspective, and its main focus is to highlight and organize the assumptions around discourse among those who claim to do discourse analysis.

We draw distinctions between what is assumed regarding the relation between discourse and meaning as well as about the formative range of discourse. Allow us to briefly recapitulate the key components of the framework, as expressed in the matrix below (see figure 1). The horizontal dimension in the matrix expresses the relation between discourse (discursive element) and meaning. To the left, the distinction between meaning and discourse virtually collapses, i.e. discourse is viewed as the dominant provider of meaning. Discourse determines meaning. To the right in this dimension, the relation between discourse and meaning is viewed as almost non-existent, or at least as transient, temporary, and highly problematic. From this point of view, discourse appears as an autonomous element, decoupled from any stable meaning content, with the possible exception of what is momentarily negotiated.

The vertical dimension expresses assumptions on the formative range of discourse. One option, expressed upwards in the matrix, is to assume that discourse first and foremost shapes and is shaped by local and situational context. Here, the specific process and context in which discourse is produced determines how language use is primarily understood. For example, racism is from this perspective something that is constituted and articulated in linguistic interaction in particular contexts of conversations.3 At the other end, discourse will be historically situated, but it is considered a universal language game reflective of a particular phenomenon. As examples, such discourses may frame expressions of Masculinity or Sexuality in the Western world or express and frame Consumption in affluent society.

<insert Fig 1 about here>

Although the model admits for several legitimate analytical positions, in actual practice two positions dominate: small d discourse (assuming that meaning is transient and the formative range is local and situational) and big D discourse (assuming that meaning is persistent and the formative range is universal)1,14. Small d discourse analysis – we are here drawing on the discursive psychology approach developed by Jonathan Potter and Margaret Wetherel3,4 – assumes that linguistic interactions between people create and construct the social world. Potter & Wetherell3 claim this to be a three-stage process through which people actively: (1) use previously existing linguistic resources as the basis from which to create accounts; (2) engage in continuous selection and rejection of the infinite number of words and meaning constructions available; and (3) deal with the consequences of the chosen construction. The mode of expression influences ideas and generates responses. As a result, discourse analysis means studying linguistic expressions within the context of the micro situations in which they were expressed. In other words, the context is the conversations themselves.

Foucault has had a strong influence on Big D discourse analysis by suggesting that discourses are expressions of power/knowledge-relations ‘that systematically form the object of which they speak’ because they are bodies of knowledge in their own right.16 Foucauldian discourse is more about historically developed systems of ideas than it is about everyday linguistic interaction. That is, it is about the ‘regimes of truth’ that form institutionalized and authoritative ways of addressing a topic. In this sense, discourse shapes the ways in which we talk about subject matter as well as creating an experiential understanding by informing us of what is “real”, “normal”, and “natural.” Therefore, the specific discourses available in any given era create and maintain both subjective and objective social reality in Berger & Luckmann’s17 sense.

While legitimate analytical positions, both small d discourse and big D discourse are problematic. Small d discourse seems to eliminate the speaker from the spoken. The intentions or cognition underlying what is said do not explain utterances so much as the effect of the utterances.14 Big D discourse, in contrast, stakes a claim to constituting reality both in terms of ideation on a practical-behavioural dimension without clearly articulating how that actually happens. In other words, big D discourse analysis does not indicate how discourses lead people to act in certain ways.14

discourse analysis in medical education studies

In the past few years, Medical Education has published discourse analysis studies and introductory papers representing a variety of approaches, from close-range explorations of locally situated discourses as they appear in local texts, interviews, audio diaries or observational data13,18-22 to investigations of more overarching, long- or mid-range Discourses as they manifest themselves in widespread authoritative texts and in local texts and interviews.11,12,23-32

Most studies can be located in the left hand side of our matrix (see figure 1), in the sense that they treat discourse as closely linked to and formative of meaning and meaning-related phenomena. For instance, Hodges et al.’s introductory article to Foucauldian approaches can be placed in the bottom left quadrant (long-range/muscular).12 It renders a powerful version of Discourses, which are said to systematically form the objects of which they speak and to make it possible to say certain things and not others, to act in certain ways and to have certain roles. It presents four previous studies that identified discourses in mainly textual materials,26,30,33,34 and these discourses are described as important shapers of how people think and act. An example of the top left quadrant (close-range/muscular) is Roberts and Sarangi’s study of medical encounters, which assumes that language is constitutive of everyday activities and investigates how meaning is negotiated in face-to-face interaction.13

A few studies can be located towards the right hand side of the matrix, given that they do not assume any particular relation between discourse and meaning. For instance, in the bottom right quadrant (long-range/transient) we find Park et al.’s performative narrative analysis of a policy document, which shows how the authors of the document draw on different global discourses to support their proposals for change.28 None of the medical education studies we have considered can be placed in the top right quadrant (close-range/transient), which indicates how dominant the assumption is that discourse and meaning are closely related.

An analytical strategy that appears to be quite common is to investigate how a topic of interest – such as equality, emotion, or reflection – is written or talked about in a set of texts or other empirical material, identify three or more prevalent discourses22,25,26,29,30,33,34 or trends27, and then discuss what the identified discourses imply for medical education. To exemplify, the prevalent discourses identified can be different ways of conceptualising science in medicine30, emotion in medical education,26 or equality in discussions about international graduates.25 There is also a common notion that identification of existing discourses is empowering and can help educators question them and so improve medical education.12,20,24-26,30,31,33-35 Following this general characterisation of recent discourse analysis work, we would like to point out some tendencies that strike us as problematic or laudable and which are, nota bene, sometimes found in the same papers.

**Problematic tendencies**

In several studies, we note an inclination to take what people say or write as directly indicative of such things as their values, attitudes, or emotions, and sometimes also as true accounts of things that have happened, such as what people have said or done.18,19,21-23,26,27,29 Taking what people say or write at face value is dubious from any methodological point of view – given that they may, for instance, be mistaken, lying, or trying to say or write what they believe is expected from them in a certain situation – but it is particularly unfortunate in studies of discursive aspects of social reality.

For example, Cheng and Yang18 analyse medical students’ gender-related postings in online forums and take them as expressions of posters’ ‘undisguised views and values’, which, among male students, turn out to be engrained gender stereotypes, negative views of homosexuals, and hostile sexism. Posters’ stories of what teachers have said are taken to demonstrate faculty’s paternalism, benevolent sexism and homophobia, and the conclusion is that students and teachers co-produce norms of heterosexual masculinity. The analysis does not consider alternative readings, such as interpreting postings as tactical enunciations through which students try to become liked by others or to shape online discussions to their own advantage. Neither does it consider that students’ accounts of what teachers have said may be selective and self-serving. This somewhat credulous analysis is backed up by a commentary stating that the study shows how a hegemonic discourse of heterosexual masculinity pervaded not only students’ interactions within online discussions but also their understanding of the roles of men and women and of acceptable behaviours in clinical settings.35

Another example is Zwet et al.’s analysis of audio diaries and interviews from clerkship students and their supervising doctors regarding their mutual interactions.22 What participants say is taken to show not only the discourses they use but also important things about their actual interaction. Moments of interaction are claimed to form chains of events that afford developmental space or developmental vacuum for students and doctors. In a section on strengths and limitations of the study, the authors explain that while observation of interactions might add another dimension, their approach was deliberately chosen to establish how participants ‘discursively shape the way they interact with one another’. But how can we learn anything about how interactions are shaped by discourse if our only empirical access to the interactions is what participants say about them?

Another at least potentially problematic tendency is to conduct discourse analysis at the group level, for example students versus teachers, with little attention to variations within groups.18-23,25,29 This can be a sensible analytic choice; all studies need to have a focus, and digging out discursive patterns of and between groups can shed new light on social life. However, interesting nuances may get lost, such as varying degrees of adherence to seemingly dominant discourses, imaginative and idiosyncratic uses of discourse, or incongruities in what people say or in what they say and do. Such nuances suggest existing loopholes to established ways of thinking and acting, which would be helpful towards the goal of improving medical education.

An example of analysis conducted at the group level is Lingard et al.’s observational and interview study of clerkship case presentations.20 The main finding is that teachers gave feedback according to a workplace genre aiming to construct shared knowledge while students enacted a more defensive school genre of case presentations, creating a gap in which important feedback may get lost. It is not stated whether there were any differences that mattered within groups or whether the analysis looked for them. Yet it would have been interesting if, for instance, some students appeared more attuned than others to the workplace genre, which would point to ways of narrowing the gap. Another example is Dornan et al.’s discourse analysis of interviews and audio-diaries with clerkship students regarding emotionally salient events.19 The principal finding is that students experienced positive emotions when they were granted a position in the world of medicine and when they encountered health professionals they could identify with, and negative emotions under reverse conditions. The authors suggest that helping students to express emotions might help them to develop caring identities. It is not stated whether there was any significant variation between students. If there were, a closer look at individual cases could have informed a discussion of more intricate aspects of emotions and identity formation. If not, the apparent conformity is in itself interesting. Perhaps students followed an implicit script when they talked about their emotions, leaving out feelings that might be seen as inappropriate, which recalls our earlier warning not to take what people say at face value. Perhaps there is something in medical training and selection that promotes a streamlined emotional posture, which would tie in to the authors’ reasoning about how to reform the medical curriculum.

**Laudable tendencies**

Many studies pay close attention to discursive phenomena, such as how things are said, details of specific conversations, use of rhetorical devices, or ways of reasoning and constituting the social world in different types of text.13,20,22,25,26,28,30-32 This is obviously a laudable tendency relating to the very point of conducting discourse analysis. One example is Ho et al.’s 25 analysis of Taiwan’s debate over international medical graduates. What students write in online forums is interpreted as rhetorical use of language and categorised according to the underlying conceptualisations of equality. Students’ arguments displayed two kinds of equality, that of opportunity and that of outcome. While most international graduates framed them globally, most domestic students and their supporters framed them locally and managed to push policymaking in that direction. The authors conclude that ‘equality’ can be mobilised in various terms to advance disparate group interests and urge policymakers and stakeholders to be mindful of unintended consequences of discourse.

Other positive examples include studies we have already cited to illustrate more problematic tendencies. In their study of clerkship case presentations, Lingard et al. analyse actual talk during case presentations and uncover rhetorical strategies as well as genre understandings.20 In their study about doctor-student interaction, Zwet et al. pay attention to the distinctive dynamics of asking and answering questions and consider how participants talk about it, how they position themselves and others, and how they and the discourses they draw on construct the interaction.22

Several studies systematically explore different ways of reasoning about some important topic in a large, carefully selected set of written materials and then discuss how these ways of reasoning may impact on medical education and what medical educators and researchers should therefore consider next.12,25,26,29-34 The strength of this strand of research is the combined empirical thrust, methodological rigour, and attentiveness to practical relevance. For example, Whitehead examines decades of medical education publications and unearths the main discourses of science and knowledge.30 What is most remarkable is how little has changed. Ever since the implementation of Flexner’s landmark reform proposal from 1910, science is primarily understood as biomedical content to be stuffed into the curriculum, which is quite different from Flexner’s ideal of fostering scientist-doctors. In addition, there are persistent discourses of science as overwhelmingly vast and of biomedicine’s insufficiency, which have been positioned as new phenomena by successive generations. The conclusion is that these discourses have reinforced the centrality of biomedicine in medical education and that educators need to be aware of them when contemplating curricular reform.

As Park et al. point out,36 it is important to remember that conceptualisations as identified in texts do not equal actual practices, which need to be investigated through ethnographic or observational methods. However, even if studies of this kind typically construe Discourse as very powerful and thus risk overestimating its impact on educational practice, we believe that most of them, and certainly Whitehead,30 engage in thoughtful discussions of the practical implications of their findings.

Finally, several studies display sensitivity to nuances, contradictions, and tensions in the empirical material, which helps generate interesting observations and conclusions.13,20,23,29-32 For instance, Roberts and Sarangi’s close-range discourse analysis of audio- and video-recorded medical encounters is methodologically impeccable.13 Taking note of such things as gestures, silences, and tones of voice, the study identifies subtle aspects of interaction. The scrutiny of extracts from encounters with immigrant clients evinces missed cues, misunderstandings, and apparent misinterpretations. Since models for shared decision making assume that doctor and patient tune into each other’s way of thinking through talk, the authors raise the question of what happens when talk itself is the problem.

Another example is Burford et al.’s study23 of how students and educators from three health professions understand professionalism. What participants say about professionalism in group discussions is related to three discourses of professionalism that were identified in the academic literature by a previous review. Students’ and educators’ subjective accounts can largely be fitted into the three discourses but are found to be much more complex, the three views overlapping and combining within and between the professional groups. The conclusion is that the uncovered complexity challenges the usefulness of ‘professionalism’ in educational applications, which should rather focus on specific skills and the organizational requirements that support them. A bolder yet warranted conclusion would have been to question the notion that discourses set forth in authoritative texts fundamentally shape how people think and reason.

a heuristic for the study of discourses in Empirical contexts

Drawing on our engagement with texts on discourse analysis in the context of medical education, it is clear that discourses are typically understood to suggest clues about extra-linguistic issues. This provides an opportunity to learn about symbolic and institutional aspects of medical education realities (epistemic cultures, communities of practice), structural aspects of educational programs (curricula, pedagogical initiatives) and interactive aspects of the construction and reproduction of particular selves (professional identity) through the study of verbal interactions or written accounts. However, as vital as such clues may be, we believe that students of discourse should avoid jumping too easily from analysis of texts and interview materials to inferences about related, non-linguistic phenomena of interest. We suggest that it is helpful to distinguish heuristically between text (including written and spoken text), practices and meaning; and to pay close attention to what kind of empirical material it takes to make well-founded claims about each. We will, adapting Alvesson & Kärreman1 and Kärreman37 henceforth talk about the *levels* of text, practice, and meaning.

*The level of text* While notdenying that utterances may represent external realities, discourse analysts rightly point out that this may be a fairly uninteresting dimension of language use. For one thing, it may be exceedingly difficult to establish representational validity. Things like memories and mental states are, after all, only accessible through their verbal representation. There is no way to check them out without asking people to use representations to convey them. More importantly, a focus on representational validity also suppresses and marginalizes the constructive and contextual character of language use. As shown by Potter & Wetherell3 and numerous others, language use is a worthy object of study in its own right. The point is to take an interest in the various ways people use language, not only in the accounts they describe, but also in the realities their accounts attempt to produce (or reproduce). At the level of text, effects and consequences of language use matter, and not necessarily what the utterances are supposed to represent. Insight about social phenomena can be facilitated and enriched by using discourse to focus on talk and text. Discourse also shine light on underdeveloped domains of research such as examining individual’s speech across different situations and what is gained by assuming such forms of speech.

*The level of practice* Study this level means to take interest in what people do and how they do it. It demands participant observation and/or longitudinal contact to provide some evidence of first-hand experience with people performing the described practices. Observation is also perhaps the most direct and economical way to provide evidence on the difference between what people say they do (or espoused values) and what they actually do (values in use). Some would argue that the insistence on observation is misguided, since observations necessarily have to be conveyed through language use in the form of representations. Ergo, we cannot escape the level of text. There is some merit in this argument. It is clear that findings are always communicated though language use. However, we argue that language use also includes the possibility of a limited (and problematic) capacity to represent reality, and thus not only to produce and create it. The problems around representation in language are not solved by giving up the possibility of representations wholesale. They are best dealt with by reflexivity and sensitivity to the complex and nuanced capacities of language use.14,38 In consequence, we think that researchers’ reflective representations of observations can convey valuable insights into observed practices.

*The level of meaning* Because we cannot see something without seeing it *as* something, 39 the level of meaning is irreducible from attempts to figure out what people are doing or saying. One is already interpreting when seeing people engaged in verbal exchange as talking to each other. The sense made by the researcher, however, is only one aspect of the level of meaning as the meanings made by research participants may be of even greater significance when conducting empirical research. To consider the level of meaning implies to learn the meanings used by the people under study: to become fluent in the specific vernacular used by the group of people you follow and try to understand. In Geertz formulation, it means to engage in thick, rather than thin, descriptions: unpacking the many layers of meaning in cultural material tapped, deployed and played with by the insiders.39

Since meaning can be ephemeral as well as persistent, there is a need to attempt to make the distinction. Both types of meaning give clues to how the people under study make sense and understand the world they inhabit. As for the practices engaged in by the inhabitants, researching the level of meaning deals with the issue of figuring out what these practices mean for the people that are actually engaging in them. From the researcher’s perspective, extensive study of the practices employed in medical education may reveal what people actually do and how they accomplish things, but provides little indication of what counts as significant in the setting examined. One might learn what the investigator considers to be significant, but not what the practices mean to inhabitants or the consequences they deem to arise from those practices.

Conclusion

In this article we have argued that discourse analysis provides better supported argument when it is possible to defend claims on three levels: *Practice* (with observational evidence), *Meaning* (with ethnographic evidence), and *Text* (with conversational and textual evidence). Such data allow better defense of claims of interrelations between talk, meanings, and practices in the area of study at hand. By supporting claims in this way the researcher arguably is able to say something revealing also about matters beyond the situation at hand. In a sense, the heuristic model we suggest may limit the possibility to make claims on general and broad patterns. However, it can be argued that our heuristics provide a *stronger and more well-founded* foundation for broader patterns since the approach encourages systematic comparisons *within* the setting where field work has been carried out.

The trend within social science towards refined understanding of the meaning of talk undoubtedly unsettles the conventional wisdom that language is complicated philosophically, but unproblematic methodologically. Discourse analysis provides fruitful and worthwhile tools and ideas to help us understand the role of text in social realities. However, as pointed out above, discourse analysis may mean many different things. This is not necessarily a problem, but it makes it imperative to be clear on how you as a researcher will use the term and how the claims you make on the levels of text, meaning and practice are supported by the empirical material at hand.

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