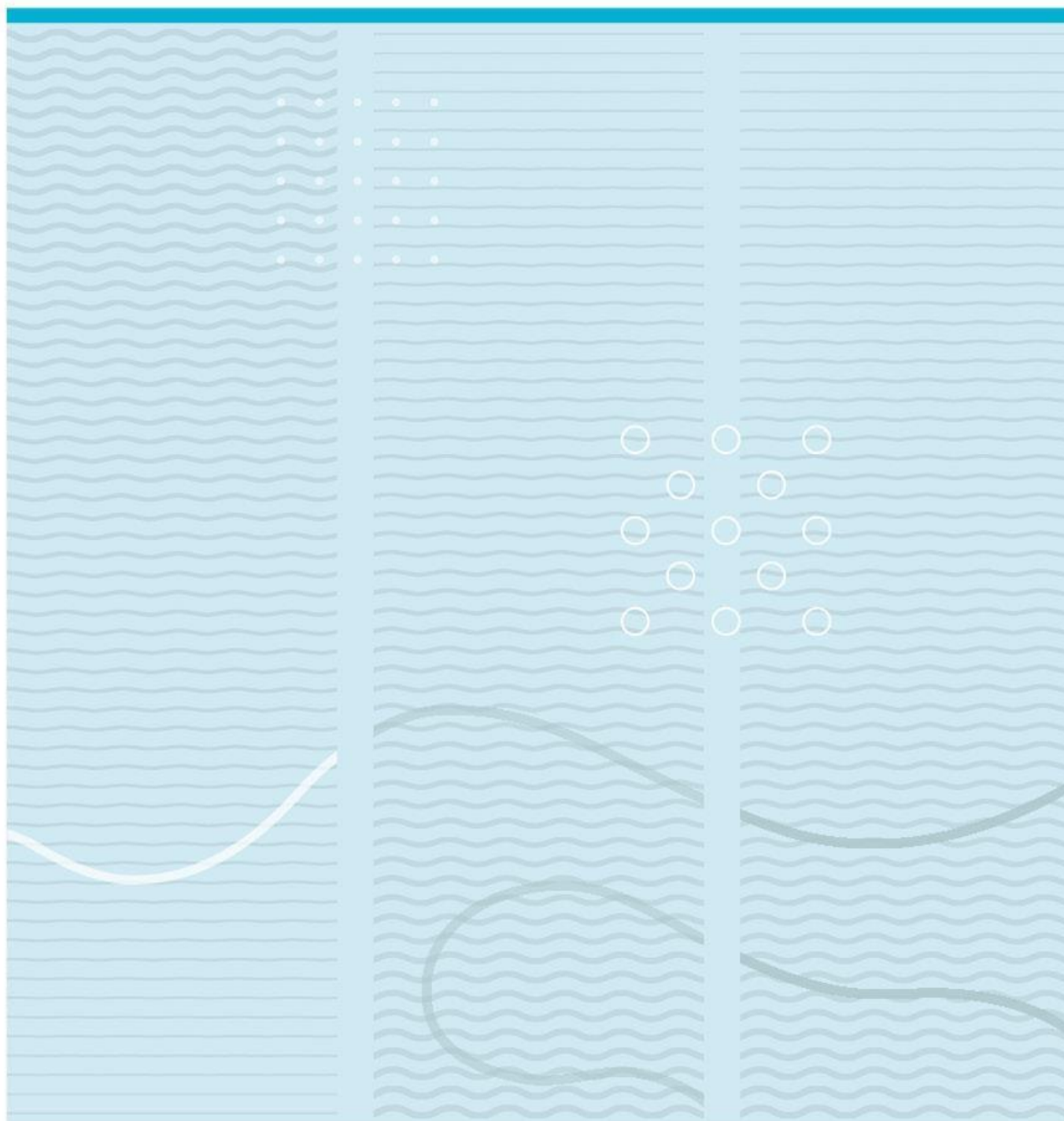


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The importance of orientation and mobility specialist's own practice with the long cane for mastering teaching skills



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This thesis is worth 30 study points

Abstract

The long cane is the tool the orientation and mobility [O&M] specialist teach people with visual impairment to move independently with. The specialist themselves needs to know how to use the cane for this task. Not enough attention has been given to explore the specialists' experiences of own practice with the cane. The objective is to take part of the specialists' experiences and opinions of own practice with the cane, find out how own practice contributes towards teaching skills and explore the specialists' own relation to the aid. This is of interest to gain more knowledge concerning the profession and for development of it. The theory *the lived body* and *embodied experience* developed by the French philosopher Merleau-Ponty has been used throughout the study to explore the topic. The study has been performed with a qualitative design with a phenomenological approach. Ten O&M specialists in Sweden have been interviewed. The analysis of the data has been done with reflexive thematic analysis. The analysis regarding the specialist relation towards the cane resulted into following themes: *The long cane associated with safety*, *The cane as an integrated tool*, *Feelings for the cane due to independence it gives*, and *Professional relationship*. Regarding their practice with the cane, main themes that was shown through the analysis were: *Practice during training*, *Practice with the cane in their profession*, *Knowledge and experience which contributes to teaching* and *the Practical knowledge of cane technique is embodied*. Own practice with the cane is seen as very important by the specialists. There is a desire for more practice with the cane which for almost a half of the participants is insufficient in their professional life. It appears among the specialists that the practical skill of cane technique is embodied within them and there is a need for it to be, to master their profession. The conclusion of the study is that there is a desire for continuously practice with the cane for learning and maintaining their practical embodied knowledge. This is needed for the specialist to feel competent with their teaching.

Keywords: Orientation and mobility specialist, long cane, own practice, lived body, embodied experience

Abstrakt

Teknikkäppen är det verktyg som orientering och förflyttning [O&F] specialisterna undervisar självständig förflyttning med till personer med en synnedsättning eller blindhet. Specialisterna måste själva kunna använda käppen för att kunna utföra denna arbetsuppgift. Inte nog med uppmärksamhet har riktats mot att undersöka specialisternas erfarenhet av egen träning med teknikväppen. Syftet med denna studie är att ta del av specialisternas egna åsikter och erfarenheter av träning med väppen, ta reda på hur detta bidrar till deras undervisning samt ta reda på deras egen relation till hjälpmedlet. Denna kunskap är av intresse för att erhålla mer kunskap av yrket samt för utveckling av det. Teorin, den levda kroppen och förkroppsligad erfarenhet som utvecklades av den franska filosofen Merleau-Ponty har använts i studien för att undersöka detta område. Studien är utförd genom en kvalitativ design med en fenomenologisk inriktning. Tio O&F specialister i Sverige har intervjuats. Analysen av insamlade data har gjorts via Reflexiv Tematisk Analys. Analys av insamlad data gällande specialisternas relation till väppen resulterade i följande teman: *Teknikväppen associerad med säkerhet, Väppen som ett integrerat verktyg, Känslor för väppen på grund av självständighet den ger* och *Professionell relation*. Teman som visade sig via analysen gällande deras egen träning med väppen var, *Träning under utbildningen, Träning med väppen i deras profession, Kunskap och erfarenheter vilket bidrar till undervisningen* och *Den praktiska kunskapen av väppeteknik är förkroppsligad*. Egen träning med väppen anses som väldigt viktigt för specialisterna. Det finns en önskan för mer träning med väppen som för nästan halva antalet av deltagarna är otillräcklig i deras yrkesliv. Det ter sig bland specialisterna att den praktiska kunskapen av väppeteknik är förkroppsligad i dem och det finns ett behov av att den bör vara det, för att bemästra sitt yrke. Slutsatsen av studien är att det finns en önskan om kontinuerlig träning med väppen för att lära sig samt bibehålla den praktiska förkroppsligade kunskap. Specialisterna är i behov av detta för att känna sig kompetenta med deras undervisning.

Nyckelord: Orientering och förflyttningsspecialist, teknikväpp, egen träning, levd kropp, förkroppsligad erfarenhet

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Stockholm 27/10/2022

/Eeva Widén

1. Background

1.1 Introduction

" You can't teach something you can't master yourself"

The long cane is the tool that orientation and mobility [O&M] specialist use in their profession to teach independent movement. The specialist have knowledge and skills for teaching people with visual impairment to travel in their everyday environment (Kaiser et al., 2018). For this task it is understood that the specialist themselves need to master the cane technique. How important is the specialist own practice with the cane to feel competent with their task of teaching skills and what is the specialists' own relationships the with the cane. In Sweden there is not a profession titled orientation and mobility specialists. O&M is included in the low vision therapists [LVT] work assignments. There are some LVT who work more with O&M and some less or not at all. The education in Sweden to become a Low Vision Therapist where O&M been included has varied through the years which will be explained in the first section. O&M can be a big part of the work duties as a LVT since support from transportation service and sighted guide is limited and not enough for what the everyday life expects and certainly not enough for an independent life. When a person with a visual impairment or blindness has skills within O&M, it gives a freedom to be a part of societies different aspects of life (Kaiser et al., 2018). In Sweden there is currently an active O&M course at University of Gothenburg, on 20 credits. This is an independent course as well as included in a master education, Vision rehabilitation. The course is on an advance level and people with various relevant bachelor's degree can apply to it. The requirement to attend the course is as well to have experience of working with people with visual impairment. Practice with the cane is included in the O&M course in Sweden which can be seen at the course descriptions. Practice at the course includes, exercises where the visual impairment is simulated, own practice with the long cane, auditive exercises and echolocalisation, orientation exercises and teaching a classmate in independently performing smaller routes (Göteborgs Universitet, 2020). Information regarding to what extent they practice with the cane is unknown.

In USA there are stricter requirements to work as an O&M specialist and an essential part of O&M coursework for students includes demonstrating skills being blindfolded and low vision simulation (Kaiser et al., 2018). A student in USA who participated in a two-year graduation program revealed that the specialist in training is required to spend on average 120 hours blindfolded (Perkins

school for the blind, 2014). Another example is, in the course *Blind and visually impaired – Orientation and mobility*, where O&M skills indoors were taught. In the course description it states that the requirements to pass the course is to have performed 50 hours of blindfolded simulations (Hunters College, n.d.).

In Sweden it is not mandatory for a finished O&M specialist to continue own practice with the long cane to maintain and develop skills and we know very little if this is occurring. Both among O&M students and O&M specialists, a need and desire for own practice with the long cane is often expressed. When searching on databases regarding the subject the attention is as speculated only directed towards the clients practice with the cane and knowledge regarding the specialist's own practice with the cane is absent. Jacobson (2012) writes about a need to overlearn a motor skill with the long cane. To overlearn the motor skill will contribute to a kinesthetic feeling. The overlearning can likewise be relevant for the O&M specialist regarding practice with the long cane and gives a motivation towards a larger amount of practice during their course. The importance of the specialist own practice with the cane has been overlooked and it's there for a need to take part of the specialist own experiences of their practice with the cane during their training but also in their professional life. What relationship has been formed between the specialist and the cane? How does the specialist own practical knowledge and experience with the cane come to hand when teaching people in need of instructions. To receive knowledge concerning this, interviews with ten O&M specialists in Sweden has been performed. The knowledge gained from the result will bring more understanding and insight towards the low vision therapist with a focus on O&M. This knowledge will be useful for planning educational programs for becoming O&M specialists as well as for employers to understand the need of their employees to be and feel competent within their profession. Me, the researcher am working within the field of O&M and have experienced a need for more knowledge and understanding towards the profession.

Teaching cannot be performed without knowledge (Oettingen, 2018). The O&M specialists need to have knowledge regarding the cane technique before teaching which they learn during their O&M course and from experience in their professional life. A big part of the O&M specialist work is as well to teach. The didactic is therefore as well brought up and discussed in this study.

Throughout the study the phenomenological theory of the lived body will be used to get an answer on the objective. Characteristics for the body theory which is developed by Merleau-Ponty

is that the body is an ambiguous existence of both an object and subject. The theory strive against the view of the body as a measurable object and the soul as a non-body substance (Merleau-Ponty

& Fredlund, 2004). By incorporation of tools, the lived body can change or widen (Bengtsson, 2015). Regarding the long cane for a blind person. When the person has learnt how to use the cane, it becomes an extension of the senses (Bengtsson, 2013a). In comparison with the blind person, does the long cane integrate with the O&M specialist if the specialist had adequate practice with the cane and learnt skills? While in their profession, does the acquired skills with the cane need to be maintained or updated for the cane to feel integrated or for the specialist to feel competent teaching?

In the study various concepts has been used that needs to clarify of. The LVT participating are called O&M specialists and also named participants in the study. The people in need of O&M instructions are named clients. The long cane is as well mentioned as aid, tool, or cane. It's only the long cane and not the identification cane that is brought up in this study.

1.2 Low vision therapists and the education through the years

Jacobson (2012) writes about orientation and mobility specialists as individuals who are formally educated to help persons with visual impairment attain their O&M goals. In Sweden LVT is not a protected professional title. People with different care profession or teacher background can be seen working as a LVT and be working within the field, O&M. Some have as well got a degree within the field, low vision therapist but since the education haven't been continuously active in Sweden and there is currently not one existing it is resulting in fewer staff with a LVT degree. The educational requirement to work as a low vision therapist and O&M specialist varies in different countries.

The education to become a LVT in Sweden has changed throughout the years. The education has had different titles through this period. The titles of the various education are not being mentioned in this section. The international title of the profession Low Vision Therapist is used in the study, as well in this section since all these mentioned courses are concerning vision habilitation and rehabilitation. This section is included since the participated specialist have different educations within the profession LVT.

Before the year 1967 the education to become a LVT was held at the boarding school Tomtebodaskolan, the only school for blind children in Sweden at the time. To be accepted the applicant needed to have a teaching degree background. The education then moved to Stockholm institute of education [Läraryhögskolan i Stockholm] and became a part of the special-educationalneeds-teacher branch. With this change they had now as well developed a branch for teachers who would care for adults with a visual impairment. The education was based there until year 1990 but has during this time gone through changes. Among these changes a diversity of professions could now attend the education to become a low vision therapist, at least for the branch training to care for adult's vision rehabilitation. Year 1990 there was a reform at the special educational needs' teacher education [Specialläraryutbildningen] and this also affected the education for LVT. An institution for special education [Specialpedagogik] was established at the college for teacher education.

The education for low vision therapists were now one of the special -educational needs teacher supplementary education [Specialpedagogisk påbyggnadsutbildning] and the education was taught under three terms instead of two. There were now four different specializations and after attending the first term together they were attending their own specialization where low vision therapist was one option. Another change was that earlier branches that existed, in the education was now combined which meant that this education would include rehabilitation for both adults and elderly with visual impairment and blindness. This education continued until 2003. Year 2004 the education moved and became a master degree, on 60 ECTS at Stockholm college for teachers [Läraryhögskolan i Stockholm] which various professions could apply to. Year 2009 the education became a master degree on 120 ECTS at the university of Stockholm and continued to involved vision rehabilitation for children, adults and elderly. This education was active until 2013. Year 2012 another program meant for teachers teaching children with visual impairment started due to a need of this expertise [Specialläraryprogrammet]. Year 2014 another revised master degree at 120 ECTS started at Stockholm's university which was quite similar to the previous one but this one had a cooperation with Norway in that way that some courses being held in Norway. In 2015 by a Nordic (Swedish, Norway and Denmark) cooperation a new master degree at 120 ECTS started which Gothenburg university was involved in. This master degree is still active today.

Year 2013 a two-term education at the polytechnic school started to quickly fill the gap of LVT that existed (Bäckman et al., 2015). The education was active for a couple of years. As when this study is written there is unfortunately no education to become as low vision therapist active in Sweden.

1.3 Orientation and mobility and the specialist

Jacobson, (2012) define orientation as the ability to use one's existing senses to know one's location in the environment. Mobility is defined as the ability as well as the facility of movement. Jacobson (2012) has as well got a combined definition of these concepts which is *orientation and mobility* as the teaching of the concepts, skills, and techniques necessary for a person with a visual impairment to travel safely, efficiently, and gracefully through any environments and under all environmental conditions and situations. When a person with visual impairment not having the support of another person when travelling, the long cane is the most used way of movement (Jacobson, 2012). Technical aids are also available to support with the orientation.

Orientation and mobility specialists are skilled professionals who teach people with visual impairments and blindness to travel in their natural environments. Teaching skills within O&M takes place in environments that are suitable for the individuals needs of the persons with visual impairment (Kaiser et al., 2018). The education to become an O&M specialist varies in different countries and so does the amount of practical experience with the long cane the student receive. In Sweden O&M specialist work in low vision clinics where people with visual impairment and blindness attend for their habilitation and rehabilitation. Other workplaces are the employment agency, special education school authority and in folk high schools. The working place can also vary between countries.

1.4 The long cane

The long cane is an aid for individuals with visual impairment and blindness. It is used to signal to the surroundings that the person has a visual impairment. It is also used to protect the body, notice pits or obstacles on the road as well as an aid for orientation. Through the use of the twopoint touch technique, the tapping with cane on difference surfaces also creates various sounds that can be used for echolocation (Holmberg & Svensson, 2012). Objects and surfaces can be detected through the reflecting sound or through the sound that are produced through an interaction with the cane. It is also a tool that extends the touch (Wiener et al., 2010).

2. Objective with research questions

The objective of this study is to find out O&M specialists' own relation to the long cane and take part of their opinions and experiences of own practice with the cane during training and in their professional life. Objective is as well to explore how specialists' own practical knowledge with the cane contributes to teaching O&M to people with visual impairment. To get an answer to these questions, interviews with O&M specialists in Sweden has been made.

Research questions to answer the main objective are:

- What is an orientation and mobility specialist's own relationship to the long cane?
- What is the specialist's point of view on own practice with the long cane during training and later in their professional life?
- How does the O&M specialists embodied experiences with the long cane come to use in teaching O&M skills to people with visual impairment?

3. Previous research and theoretical framework

3.1 Literature search

To see what current knowledge there is regarding O&M specialists' own practice with the cane a search at various databases has been made. To cover different areas, databases which are interdisciplinary, within medicine and pedagogic has been included in the search. Databases used in the search has been **Cochrane**, **Embase** (Ovid), **Medline** (Ebsco host), **Web of science**, **Pubmed** and **Scopus**. The search words have been *orientation and mobility AND long cane OR white cane, AND specialist OR instructor OR teacher AND own practice OR training OR experience*. The words with the same meaning have firstly been searched with OR and the result of combined searches has thereafter been joined in a searched. To summarize, its resulted in a few to no articles. None of the articles was aimed towards the specialists practice with the cane. One article on **Scopus** was noticed due to the content, parents support towards their children's O&M instructions and beforehand themselves needing to be aware of various aspect of instructions. The searched then followed on Eric database which is a database of education research and information. The search included all above-mentioned search words. It resulted in six articles but which none was relevant to the researched subject. After realizing that knowledge regarding this researched subject is

absence the search changed focus towards practical experience and knowledge within teaching for teachers and students.

The search continued with search words, *teacher OR student OR pupil AND education AND practice OR training AND learning AND “practical knowledge” OR “practical experience” OR “embodied experience” AND practical work*. It was performed on the databases with a pedagogical approach such as **Education collection** and **Eric**. The words that are synonyms have been searched with OR and forms a search block and have then been combined with AND, with the other search blocks. At **Education collection** there were 260 results. Two articles were chosen for these. On **Eric**, the search resulted in over a thousand hits. After looking through the articles on the first pages from the result, from the search, I’ve found one article that was related to the field within my study and was added to the study.

3.2 Previous research

After searching in databases concerning the researched subject, it became clear that previous research and knowledge regarding O&M specialists’ own practice with the cane is absence. Research is lacking on O&M specialists’ opinions and experiences of own practice with the long cane and on the specialist’s own relationship with it. The first database search regarding the specialist’s own practice with the cane resulted in only a few articles, one article from these was chosen. Even though not convincingly belonging to the subject, its regarding parents of blind childrens’ practice and regarding receiving the blindfold experience to be supportive towards the childrens’ learning process within O&M. The article title is *Parental assistance in orientation and mobility instruction* written by Wardell (1976) and is about how parents of blind children can give support to O&M specialist, especially after familiarizing themselves with the O&M instructions. To learn, occlusion viewed as helpful to give the parents the full experience. Wardell is stating that it is important that the parents know what skills are being taught. The parents are all encouraged to have a blindfold experience when doing a basic skill activity, within O&M. Having the experience of being blindfolded can help the parents to understand the concerns a blind traveler is facing. Wardell means that a good understanding will help the family members developing into better guides and teachers.

The search on the data bases continued with search words regarding practical experience and learning. Three articles were chosen. *Sources of science teachers’ practical knowledge of teaching*

with practical work is a study which been performed in Macau, in China. It has been done in hope to find out how science teachers have developed their practical knowledge of teaching with practical work and to support the development of the science teacher's professional development in the pedagogy of practical work. The data collection for the study has been through questionnaires with 280 science teachers participated. Through the questionnaires they found that the sources most imperative for developing their practical knowledge was *personal teaching practices and reflection* and *informal exchanges with colleagues*. This was not an unexpected result since practical knowledge is primarily based on teacher's personal experience in teaching situations (Chen & Chen, 2021).

In Bengtsson (2013a) article, *Embodied experiences in educational practice and research* he clarifies what experience is in education and research practice. He found that there is a need to increase the understanding about experience within the areas. He is stating that though learning in school often is intellectual and cognitive to its character, in some educational programs experience is introduced as the basic principle for teaching and learning. Development is based on the persons embodied experiences gained from living in a human world and not from cognitive development. He is stating that professional activities in an occupation is to a large extent based on experience. This applies both to profession with manual work and those who include theoretical knowledge in their work. In the introduction scripts *Experience and education: introduction to the special issue* by Bengtsson (2013b), to the article mentioned above, he makes it clear that experience and education should not be seen as two separate issues but as an intertwinement. He means that experience is understood through education and education through experience.

A paper has been written by Thorburn (2020), *Embodied experiences: Critical insights from Dewey for contemporary education* with the focus on John Dewey's conceptualization of experience and habit and how school would benefit from an increased understanding of the body. The article is based and discussing around three specific scripts written by Dewey. *Reconstruction in philosophy, Human nature and conduct and Experience and Nature*. From these scripts we can see that Dewey believes that meaningful embodied experiences can contribute to nurturing personal growth. Dewey is seeing benefits of intensifying bodily experiences together with their related habits in school education. His view is that knowledge is not separate from action instead knowledge is part

of action. Thorburn also means that even if this was expressed from Dewey a century ago it is still very current with today's theory and practice related concerns.

After going through Dewey's three scripts in the article a discussion continues where it is brought up that it is needed to give attention towards theories which connects the body with socially inspired experiences where bodily movement is enhanced. Through this, rich habits can be developed which is beneficial towards the students. It is as well argued in the discussion that those who are interested in bringing in more experiential and habit related learning into the education should consider how they could bring it in in a more continuously way and not just for occasional learning situations. The conclusion that is drawn is by engaging more consistently with reflexive experiences it can benefit the education of the body in the modern schooling (Thorburn, 2020)

3.3 Theoretical framework

The theories which are being used to explore this area with objective is, the lived body and embodied experiences which is developed by the French phenomenologist Maurice MerleauPonty who lived between 1908-1961. According to the lived body and embodied experience tool at work needs to be integrated in the professional's body to master the profession (Bengtsson, 2015). This is as well a very relevant theory to discuss together with the researched subject since the cane is a tool that O&M specialists work with and need to know usage of.

A description about these theories will follow in this chapter.

The study involves teaching, since it handles O&M students in training and examine the effect specialists own training with the cane has on teaching people with visual impairment. Didactic is there for also naturally included in the study and will be presented in the part that follows.

3.3.1 Lived body

According to Descartes who lived between 1596-1650, the human consisted of two substances, the soul which essence is the thinking and the body which essence is the extension and can be

divided and is measurable. Merleau-Ponty strived against the view of the body as a measurable object and the soul as a non-body substance. According to the body theory, the lived body is an ambiguous existence of both an object and subject (Merleau-Ponty & Fredlund, 2004). The bodysubject theory as Merleau-Ponty calls it, avoids materialism, idealism, and the body-mind dualism. The person is mental as well as physical but it could not have a mental state without being physical (Priest, 2000). The body is always with us. We cannot leave our body as we can leave, and undress from our clothing (Bengtsson, 2013a).

The lived body is a subject cohabiting in a world along with other people and in this world, life of the lived body and the world are interdependent of each other (Bengtsson, 2013a). The subjects embodiment is not a barrier instead it's the presumption for knowledge to be created and gained (Merleau-Ponty & Fredlund, 2004). Instead of the body being an object of the world, the body is our means of communication with it (Merleau-Ponty, 2002). Merleau-Ponty gives different examples to explain the ambiguous relationship between the subject-object and here follows a very well-known and clear example:

When my right hand takes my left hand, it is the right hand who is the acting subject and the left hand the object. Yet as soon as the left hand feels the touch of the right hand it becomes a subject who feels the right hand as an object (Bengtsson, 2015).

(My own translation from Swedish).

With reference to the example, the body can be both seeing and visible, touching and has an ability to touch. There is an intertwining relation and it's not just between the persons experiences and the bodies different systems, but as well between the person and the other and importantly the world (Merleau-Ponty & Fredlund, 2004).

3.3.2 The long cane through a lived body perspective

According to the lived body theory, object can integrate with the person own body and become an extension of the body. The white cane which normally exist separate from the body is an example. When the person in need have acquired the skills how to use the white cane, it becomes a tool for

the tactile sense and the person's perception is extended by this integrated tool. Through this extension of the body, the world is experienced and the world of the person is widened (Bengtsson, 2015). The person's cane is no longer viewed as an object, the tip of the cane is instead an area of sensitivity, which has increased the area of touch. This can be seen as comparable to sight. The sense of touch doesn't any longer start at the outer skin of the hand, it now starts at the tip of the cane (Merleau-Ponty, 2002).

To be well known with the cane it must be transplanted into the person, in contrary it must be incorporated into our own body (Merleau-Ponty, 2002). By learning how to use the white cane the blind person has gained a practical knowledge which now is embodied. This knowledge does not exist within the body or soul but nor without the body or the soul. The knowledge is expressed through its use and have become habitual (Bengtsson, 2015).

3.3.3 Embodied experiences

Merleau-Ponty (2002) tells regarding the acquisition of a habit, that it is the body which catches and comprehends movement. The knowledge is in the body and come forwards only when bodily activity is made. The knowledge cannot be expressed in the absence of the bodily activity. He also means that every habit is both motor and perceptual. It is with our body we experience. When experiences are embodied it's the subject of the lived body who experience. Due to the lived body consisting of both a subject and object it can integrate various objects within the lived body. The object refrains from being an object and becomes a part of the lived body and with it, the person experience and exists in the world. By this integration of objects people extend their lives and worlds (Merleau-Ponty, 2002).

The theory, embodied experience and relevant to this study is regarding the integration of tools at work, to master one's profession (Bengtsson, 2013a). A practitioner needs to know what is required from their occupation. There are different tools at work that needs to be integrated with the practitioners own lived body. For example, the hammer needs to be integrated with the carpenter's body and become an extension of it (Bengtsson, 2013a). This is relevant regarding the long cane and its integration with the O&M specialist.

3.3.2 Didactic

Didactic can be defined with the theory and practice of teaching and learning (Uljen, 2011). It can also be translated as the art of teaching. When teaching, didactic is about what, how and why. What is the content and purpose with this teaching session? How shall it be taught? Why shall it be taught this way? This is regarding planning, implementing and assessment of the teaching (Morken, 2012) These questions is naturally thought of when planning, performing, and reflecting on teaching sessions within orientation and mobility. Teaching cannot be done without knowledge (Oettingen, 2018). The O&M specialist needs to have knowledge of what there are teaching. Among other factors that effects the teaching process, the institutional framework conditions are included (Uljen, 2011). The specialist's employer is thus partly responsible for their employee's professional development by giving the specialist a chance for own practice.

Practice on a skill is a part of the learning process. It is not something that happens in the end of the learning process but is always something central within the process. To learn something, starts with practicing on the skill. In some activities where you need to learn the body is included, a physical activity. To practice, often means repeating an activity. When repeating something it's not the same matter that is being repeated, something new is happening with the known. By try again, make mistakes, and repeat the student is taught new skills (Oettingen, 2018).

4. Method

Parts of this thesis has been presented in the project protocol as the final exam in MMET4001 Vitenskapsmetoder og etikk (or substitute with MRES019) (Widen, 2021) at USN (unpublished).

4.1 Study design

The study has a qualitative design with a phenomenological scientific theoretical approach. In qualitative studies phenomenology has an interest of understanding social phenomena from peoples own perspective. It wants to describe the world as it is experienced of the people since the reality is how people experiencing it (Kvale, 2014). In this study it's the O&M specialists

experiences and point of views that have been of interest. The study has mainly been performed with an inductive approach, but it also has deductive elements in the method.

The research design should be tailored to fit the research questions for the best results (Leseth & Tellman, 2018). Since the purpose of the study has been concerning O&M specialist experiences and opinions, a qualitative study with interviews as the method for the data collection has been the choice.

4.2 Phenomenological research approach

Phenomenology as a philosophy was founded by Edmund Husserl around 1900 century. The philosophy has since then been developed by follow philosophers. From the beginning the phenomenology was about the consciousness and the experience. It has by then expanded to as well include the human life-world including the human body with acting in a historical context (Kvale, 2014). With the thought of that me the researcher working within the field, I've been very carefully putting my opinions and experiences to the side to let the participants talk freely about their own experiences.

4.3 Interviews

It's through conversations we get to know other people. We also receive knowledge concerning their experiences, feeling, attitudes and knowledge about the world they inhabit. The researcher asks questions and then listens to what people tell us about their lived world (Kvale, 2014). To gain knowledge regarding O&M specialists experiences and opinions of own practice with the long cane, interviews was decided to be the most appropriate method for the data collection. An interview guide is an aid which lets you focus on what is being studied during the interview (Leseth & Tellman, 2018). In this study a semi structured interview guide was the right choice to receive descriptive and rich answers (appendix 2). A semi structured interview can be viewed as an everyday conversation but it's not, it's not either a closed questionnaire. The guide which has a purpose and involves a certain technique, has a focus on certain themes and can as well have suggestions on questions (Kvale, 2014).

A common structure with an interview guide is to start with some background questions and thereafter the guide being divided in the themes concerning the subjects in which researcher is looking for opinions, experiences about (Leseth & Tellman, 2018). The themes being explored in this study are the O&M own relationship to the cane, own practice with the cane and how their own embodied experience of using the cane will contribute to their own teaching within the field. The aim with the interviews is to reach a deepness and an understanding of the experiences and opinions of the persons being interviewed and importantly is as well to ask open questions which cannot be answered with a yes or no (Leseth & Tellman, 2018). Preferable the interviews would have been made in person but since the participants lives in different locations in Sweden and due to economic reasons, some interviews were done in person and some digital online. The digital interviews were performed through the platform Zoom, which was downloaded from University of South-Eastern Norway for a safe access. Due to encountering technical problems with Zoom before starting one interview, the interview had to be made through the phone. The interview was anyhow successful.

4.3.1 Study population

The study population consists of orientation and mobility specialists. The inclusion criteria to participate included to withhold a qualification within the field, O&M. Criteria was as well that during the study, the participant should be working within the field or recently have been within a year. Some participants had recently started their pension after a long working life with O&M and their opinions have as well been of interest.

The selection of participant can be strategical or random (Leseth & Tellman, 2018). The participants for this study were selected through a strategical method. To recruit participants an invitation letter was created with information about the study and what the participation means. A consent form was as well included. The invitation letter was sent to a low vision clinic in Sweden, and to past student on the O&M course at University of Gothenburg. At last, it was sent to colleagues working within the field and have a qualification of O&M. No further information needed to be spread since the aim of number of participations was quickly met. The aim was to have eight participants in the study to receive a good number of opinions and experiences from the participants. There was a great interest in participating and contribute to developing this area.

In the end, ten specialists participated in the study. A trial interview was as well performed prior for the researcher to be better prepared for when the collecting of data started. There was a good variation of the participants background and experience which contributed in a positive way towards the study. Information about the participants will be presented in the result chapter. The sound recording of the interviews was made by a recording application, *Dictaphone App* which was recommended by the University of South-Eastern Norway to use.

4.4 Analysis

Prints are constructions from an orally conversation to a written text (Kvale, 2014). The interviews have been recorded on an app on a mobile device and has from directly been saved on Nettskjema webpage. Nettskjema is a safe solution for storage of collected data online. It's also through Nettskjema, the mobile phone Dictaphone application been used for recording the interviews in a safe matter. Nettskjema is recommended to use of University of South-Eastern Norway for recording and storing data and has been used in this study (Universitetet i Oslo, 2022). The collected data has thereafter been transcribed by me, the researcher. In a qualitative method the analyses occurring simultaneous as the data collection. With field notes and interview reflections, the researcher is already on her way of adding something to the data material. When all data has been collected, the analytical work starts with a decontextualization where the material is being separated from its original context. Following a recontextualization where a holistic understanding of the data's meaning is captured (Leseth & Tellman, 2018). The decontextualization and recontextualization of the collected data has been done with help of the data analysis software, Nvivo which is a tool for organizing and managing data (Nvivo, 2022). Collected data from interviews has been analyzed with a phenomenological perspective.

The theory of the lived body has been used to tackle the collected data regarding the studied area. The chosen method for analysing the collected material was done by using reflexive thematic analysis. The analysis has been performed through Clark and Braun's (2020) six phase process as described in article, *One size fits all? What counts as quality practice in (reflexive) thematic analysis?* Clarke and Braun's article prior to last one, *using thematic analysis in psychology* has as well contributed to performing the analysis. With the method, thematic analysis you identify and report patterns within the data (Braun & Clarke, 2006). There is various way to perform a thematic

analysis [TA]. In reflexive thematic analysis coding framework is not used, coding is open and organic. The conclusion of the coding is the development of themes (Braun & Clarke, 2020) Reflexive TA suited the aim for the study. Braun and Clarke (2020) communicate in their article that reflexive TA emphasis the value of the researcher's subjectivity as a analytic resource, and their reflexive engagement with theory, data and interpretation.

The six phases described in the article, *One size fits all? What counts as quality practice in (reflexive) thematic analysis* (Braun & Clarke, 2020) and which are used in the analysis are, Phase 1 – *Data familiarization and writing familiarization notes*, Phase 2 – *Systematic data coding*, Phase 3 – *Generating initial Themes from coded and collated Data*, Phase 4 – *Developing and reviewing Themes*, Phase 5 – *Refining, Defining and Naming Themes* and finally Phase 6 - *Writing the report*. The phases don't have to be followed solidly and can after the researcher's analytic skills deepened blend together reasonably. This has as well been noted by my own actions through the analysis, that the phases haven't been followed solidly.

The transcribing and analysis have been conducted in Swedish since that's the language the interviews were held in. The result of the analyses has been translated to English. The study is written in English since the result then could reach a larger population.

With an inductive approach the research questions are created without the influence of a theory and the researcher should have an openness to all possible explanations regarding the researched subject. With a deductive approach the research questions are influenced by a theory and a purpose is often to confirm or deny it. It is imperative to explain which method being used for the reader to understand how the researcher is resonates between the theory and collected data (Leseth & Tellman, 2018). In this study, the first and second research questions has been inductive in the way the interview questions were put and through the analysis. The third research question have element of a deductive approach due to the way the questions were asked.

4.5 Reliability and validity

The research reliability and validity are of importance to consider and through the research process clarify the process. The research reliability is about the evaluation of the quality of the

data. In qualitative research the researcher's approach, and interpretations will have an impact on the produced data material and what the findings will be. It is important that the researcher clarify how the data material has been developed and the effect of its own role through the research process (Leseth & Tellman, 2018). The data materials validity is about if the researcher measured what the researcher intended to measure. It's about the conclusions the researcher can take from the collected data material (Leseth & Tellman, 2018). Me, the researcher will clearly explain throughout the study of my own part performing the study and explain about the research process to confirm the reliability in the study. The validity of the research will as well be thought of to achieve a study of good quality. By clearly documenting the process from research questions to the result with conclusion, the validity of the study will be visible. Me, the researcher has been very strict with not letting my own opinions and experiences in the matter affect the participants answers and how the result has been presented. According to the phenomenological approach, it wants to understand social phenomena from peoples own perspective and describe the world as it is experienced of the people (Kvale, 2014). This is something that has been pursued in the study.

4.6 Ethics

As Kvale & Brinkmann (2014) tells, ethical issues will occur throughout the research process with interview as a method and should from the right beginning be thought of. This is something that have been taken in consideration throughout the process. Norway's center for research data [NSD] making sure that data about humans and the community can be collected, treated, stored and to be shared safe and lawfully (NSD, n.d.-a). To reach the purpose of the study, interviews has been the method for the data collection. Since this study is a master assignment at University of South-Eastern Norway an application to NSD has been made and an approval has been received in forehand the interviews commenced.

To invite the specialists to participate, an invitation letter with a consent form included has been sent to the participants. The participants have via the invitation letter been informed that to take part in the study is voluntarily. It must be clear what the person is agreeing to and to withdraw from the participation should be as easy as agreeing to it. A signed consent form been needed for the participation to be documented (NSD, n.d.-b). Information regarding the interviews being

recorded by sound only was given in the invitation letter as well, as before the interview commenced as a reminder.

The interview was recorded through a Dictaphone app that allows you to record and store the audio recordings safely at the webpage Nettskjema. The interviews that were done online were performed through the platform Zoom which was downloaded from University of South-Eastern Norway since they could offer a safe connection for the digital meeting. The participants were anonymized as soon as the transcribing started and information that can give away the persons identify was instantly changed. I work within the field O&M and am a past student at the O&M course at University of Gothenburg. People who are eligible to participate could as well be colleges or previous classmates. This can result in a feeling of forced participation. This is something that has been taken in consideration of and it has been clearly on the invitation letter that participation is voluntary. To interview someone, you are familiar with can as well lead to ethical issues that have been considered of.

5. Result

The objective of this study is to explore O&M instructors' own relation to the long cane and to receive knowledge regarding their experiences of own practice with the cane during their course and in their professional life. Further, what affect does the specialists own practice with the cane have on teaching O&M skills to people with visual impairment.

The result from the data collection and analysis will be presented here. The result is presented according to the research questions and is therefore divided into three parts, with the research questions subject as a heading. Themes with subthemes have been developed through the analysis performed with reflexive thematic analysis of the collected data. Following each part, an analysis of the result will be presented, performed with the theory, *Lived body*. Before commencing of presenting the result, information about the participants will first be presented.

The criteria to be accepted to a low vision therapist education programme have been to withhold another degree where various professions been accepted, (see previous chapter, *Low vision therapist and the education through the years*). There is a mixture among the interviewed

specialist's professional background. Two have an optician degree and another participant hold both an optician and teacher degree. Two additional participants have got a teacher degree. There is also one special needs teacher and two afterschool teachers participating. There are two odd ones which are one with a physiotherapist degree and one with an ophthalmic nursing background. They have all after mastering their background degree attended a O&M course.

Four participants have got their O&M degree from University of Gothenburg (20 credits). Two participants have before this course attended another LVT course where O&M was included. Six of the other instructors have attended an older LVT education where the O&M course was included.

There is a large variation between the participants work experience. The specialists with the longest experience have worked as a low vision therapist for 37 years with O&M included in their working tasks and there are four further participants that have more than 20 years of experience and one with 16 years. The other participants experience ranges from 1,5 years to 8 years of working with O&M. The specialists are working with different age groups and one participant recently became a pensioner. O&M is not their only job task in their profession and it's varies how much they work with it.

5.1 The specialists' own relationship to the long cane

Various subject arises when participants were asked questions regarding their own relationship to the long cane. It has been sorted in to four themes. The main themes are, *the long cane associated with safety*, *The cane as an integrated tool*, *The specialists' feelings for cane due to the independence it gives* and finally *professional relationship*.

5.1.1 The long cane associated with safety

Half of the participants are expressing a feeling of safety when discussing around the topic, their own relationship to the cane. A feeling of security in their body when using the cane while being blindfolded is expressed and that they feel safe since the long cane will notice any obstacles in front of them when walking with it. There are a few statements that confirms this feeling.

“If a power-cut would happen, I would want a cane since then I know how to get out”

“ Yes, let’s say if I would get blindfolded, I would like to have the cane, like straight ahead”

A View that has come forward is that even when being guided by a sighted guide the specialist wants their cane. There is one different opinion among the participant and talks about being unsafe with the cane arises. The explanation is that the usage of the cane is not a hundred percent safe since you are still exposed to many other factors.

5.1.2 The cane as an integrated tool

According to the lived body theory, object can integrate with the person own body and can become an extension of it (Bengtsson, 2015). There is a variation among the participants regarding the point of view of the cane being an integrated part of body or not and if the integration of the aid is within themselves or only related towards to the person in need of using the cane in their daily life. Nearly half of the participants are mentioning the cane as an extension of the arm. There are specialists that are referring to their own body when discussing this theory. One specialist discussing the theory is relation to her client she teaches and not in relation to herself, she explains this is due to that the specialist is not using the cane in that certain way. Participants who are not talking of the cane as an extension of the arm are talking about the cane as being integrated or a part of the body. They are also making it clear that the cane is not integrated in their body. One argument for this statement is like the previous one, that the specialist doesn’t use the cane daily and is not dependent of it.

“Yes, it does feel natural to me since I’ve been practicing so much and knows how it should be used and how a person should use it, and which one is best, but it’s not incorporated in me since I don’t use the cane daily or am dependent of it”

Expressions that the cane feels natural to the specialist emerges as well during the interview. In connection with this statement, it is also expressed that if the cane is not with them when being outside working with O&M it feels like something is missing or a feeling of emptiness is described.

“Like I said before, I always bring it with me when I’m out, it feels naturally. It would feel empty if I didn’t have it with me on such teaching. It feels good “

5.1.3 Feelings for the cane due to the independence it gives

A pattern can be seen among the participant answers when being asked questions regarding their relationship towards the cane, a reply mentioning how great the aid is since it contributes towards independence for people. It can be interpreted with that the independence the aid gives contributes to a strong feeling within the specialists that are connected to the cane. Shown from the interviews are as well statements that they are positive towards the cane or mentioning the greatness with the aid. There are participants that associates their positively thoughts with the independence it creates when people learnt how to use it together with other skills in O&M.

“ A fantastic tool and aid which is life changing for the quality of life and a possibility to be able to get out independently “

5.1.4 Professional relationship

One participant is talking about the importance of the specialist herself having a good relationship with the cane in their profession. There are as well some opinions that stands out from rest. One participant is making it clear that there is no relation to the cane as a person, its only in her profession she has a relationship to it.

5.1.5 Analysis of result

Feeling safe with the cane is one of the subjects that arises. Half of the participants have gained a relationship to cane in that way that they feel safe when using it. It is also shown that when being blindfolded and the visuals sense can’t any longer guide you or keep you on the right track, the cane gives a feeling of a security in their body. This could be understood as the O&M specialist has acquired the skills how to use the cane and the cane has become a tool for the tactile sense and the perception is extended (Bengtsson, 2015). Without the visual sense the cane will instead be used for the perception. The data collection reveals a feeling of emptiness without the cane when teaching. This displays a strong relation towards the cane in the profession since the emptiness is only associated to teaching and not in the specialist everyday life. A clear statement from a

participant is that the relationship towards the cane only exist within the profession. This is another example of having a relationship towards the cane in the profession but not otherwise.

More than half of the participants are viewing the cane as an extension of the arm, as integrated or a part of the body. This is in general their point of view of what the cane is for people with visual impairment or blindness. There is a couple of specialists that clearly stating that this does not apply to them as an O&M specialist. While we don't have the answers for all the participants mentioning this, one explanation for this is that the specialist is not using the cane daily and is not depended on it. With help of the theory the lived body, this can be understood as the cane is not being used to that extent in their daily life for the specialist to contain the feeling that the tool is integrated within them.

Positive thoughts that the specialists are expressing about the aid are often associated with the independence the long cane can gives. The independence can presumptively first be reached when the person has learned how to use the long cane. Merleau-Ponty (2002) tells us that to be well known with the cane it must be incorporated into our own body and then it becomes a tool for the tactile sense and the persons perception is extended by this integrated tool. By learning skills and through the integration of the cane the person's life and world is extended (Bengtsson, 2015). This description resembles with the specialists' point of view as they themselves are talking about the independence the person gets after they learnt to use the cane together with other skills in O&M.

5.2 Experiences of own practice with the long cane

The participants have been asked questions regarding their practice with the cane during their training and if they have continued their practice with the cane in their professional life. Do they consider continuous practice with the cane as needed as a specialist and irrelevant of the answer, for what reason? Important to remember is that the participated O&M specialist have attended different low vision therapist educations and therefor different O&M courses are being discussed in this section. When answering the interviews questions regarding own practice the specialists often bring in other areas within O&M into the conversation, for example the use of the senses.

The usage of other senses in O&M is a large part of it which the cane also contributes towards. It's therefore very understandable that the participants do bring it into the conversation, and it is as well brought up in this part of the result. The collected material after the analysis has been divided in to two themes with subthemes. The main themes are *practice during training* and *practice with the cane in their profession*.

5.2.1 Practice during training

The collected data shows that all the participated O&M specialists are pleased with the practice with the cane during the O&M course. They are all talking freely, describing the activities included with the cane. Three participants describing their training and even saying that they had a lot of practical training with the cane. When talking about practice with the cane they are almost all mentioning practicing cane technique in different environments, such as the stairs, escalators and on the public transportation. There are opinions that a lot of practice with the cane is needed within this profession.

" This is an area where you have to practice and walk, walk, walk with the cane"

Working in pairs, two and two is being mentioned. One being blindfolded and one being the specialist and then changing over. A few specialists are as well mentioning different things they were lacking at the course. One specialist is mentioning that she doesn't remember going through much about orientation on the course, it was more regarding the cane technique. Another specialist expressed the lack of information regarding different cane models and cane tips and at last one specialist doesn't remember learning about echolocation at the course she attended more than 15 years ago. In contrary from another specialist the view that the teaching included a lot of orientation training comes forward, and as well as a view from another that the activities in the course included learning about the difference between canes and tips. What is important to mention is that the specialists have attended different courses in different years, which means that the course content could vary. One participant wants to make it clear that own practice with the cane was a big part of the course and that the idea was that you need to be able to handle the cane yourself if you are going to teach it to someone.

" You can't teach something you can't master yourself"

Half of the participants have as well practiced on their own with the cane during their course, outside school hours.

Practice while being blindfolded

Practicing O&M activities while being blindfolded is included in the training to become an O&M specialist. All the participants in the study mention their practice with the cane while being blindfolded, often before the question has been asked. It is noticeable an important part in their training. It's therefore interesting to get the O&M specialists experiences and opinions why this is such an important part and what they get out of the practice.

When the specialists were asked if they were being blindfolded during a longer period during practice, the answer is yes. They are mentioning working in pairs and changing over, one being blindfolded. A few of the participants are saying that they had it on, for several hours.

"The goal was to have it on as much as possible and when being blindfolded, a break is not really a break just because you are not doing something, you then must concentrate listening to some instructions"

To the question what the specialists get out of own practice being blindfolded, a pattern can be seen in the participants reply. The answer is to get the experience and to keep the experience alive. A couple of things that emerges is an experience that she feels is often very scary and that you easily forget how it is not to be able to see. Other things that are mentioned is to get an understanding for the person you teach and to be able to put yourself in their situation. To get a humility towards the difficulty within this area is also mentioned, how much a person can take in during an exercise moment.

For planning routes, the experience of being without the visual sense is also mentioned. An edge or a kerb can be seen usable to follow when looking at it but when trying to feel it yourself

blindfolded, it can be very hard to feel that current edge. It's imperative to know that for planning routes. A few participants are talking about when being blindfolded, they receive more information from the surrounding and that it's good to be able to inform and teach the clients what they can be observative of.

"I have to think more about what's under my feet, is it a hill, grass, what material is it? I feel the sun, the wind and must be attentive to the traffic. It's imperative that I understand it to be able to prepare the student "

Knowledge of cane usage after the O&M course

More than half of the participants felt that they had a good knowledge of using the cane after their O&M course. Different explanations follow their reply, work experience and as well working at a low vision clinic while attending the course has been mentioned to have contributed for them to feel competent. One specialist is saying that she felt ready, but she didn't have the flexibility when teaching as she got now. Another thing that comes forward is that the specialist got more knowledge of the theory after the course and now knows the reason why you do certain techniques with the cane and not just doing them.

A few participants expressing a bit of uncertainty regarding their knowledge of handling the cane after the course. Information that follows their reply is that the specialist herself didn't feel safe with the cane as an aid but knew what support it can give to people in need. Another reply is that basic knowledge was gained but that she couldn't start prescribing canes to clients straight away after the course. One answer was as well that the specialist doesn't remember being very relaxed with the cane after the course not the way she is now. She explains it due to not practicing to that extent with the cane during the course. The participants mentioning these opinions have all attended O&M courses which is currently not active and there is no access to a course description with information of own practice during the course.

5.2.2 Practice with the cane in their profession

Do the specialist practice while in their profession? The data collection shows some mixed answers to this query. One participant says that she knows the technique and doesn't feel any need to practice but she uses the cane regularly since you must be able to convert the technique to the correct environment and to the person you teach. Almost half of the participants are saying that they unfortunately don't practice with the cane much. While one reason for this is that there is no time at work, a few are saying that no one at work said that they couldn't, but they haven't taken the time to do it. There is not always an explanation why the specialist is not taking the time to practice. They just don't.

"I shouldn't say that I don't have the time, but I don't do it often unfortunately, as I might have wanted "

There are as well specialists that do practice with the cane. From a participant it comes forward that practice happened all the time at work with her colleagues who were working with O&M as they were all motivated towards own practice. Another view from a specialist is that own practice is very important and to practice with the cane in this profession is a must. Even when saying this the specialist is still not content with the amount of practice she has with the cane. At least she is practicing in the corridor at work.

"But yes, I did walk with the cane in the corridor, I've done that quite a lot"

The specialists have as well explained why they think continuous practice with the cane is important. One explanation is that it gives more knowledge among different canes, which one is lighter and has the better handle. Another reason is to maintain the knowledge and to be reminded. An expression regarding the need for the knowledge to be embodied appears and associates this to need of continuously practice with the cane.

" I think you need to repeat and repeat for it to be embodied somehow "

Among the participations answers a desire can be seen to continuously practice with the cane while in their profession. One wish is to have time at work intended for own practice with the cane.

" We need to practice; we need to put time away for it at work and then it doesn't happen"

The data collection shows as well at work, between colleagues the desire and need of own practice is expressed to each other, but the practice still happens too seldom according to them.

" It was actually not long time ago I said that we should do it more "

" I mentioned to my colleague that we should go out again with the cane "

Fit in practice with the cane in or between teaching sessions

Own practice with the cane is fitted in between or during teaching sessions. Planning and preparing a route give the specialist a chance to practice with the cane. The cane is often brought with them to field visits and the specialist gets an opportunity to use the cane herself. A few specialist 's mentioning that they are closing their eyes when using the cane. One specialist saying that she is practicing a bit in secret with the cane when teaching routes outdoors. Another specialist means that if the student is independent, it is possible for the specialist to walk with the cane tip on the surface as well. New staff starting at the low vision clinic also gives an opportunity to practice with the cane blindfolded since new staff need to learn and you often take turn being blindfolded and being the sighted guide.

5.2.3 Analysis of result

The participants are in general pleased with the knowledge of cane usage after completing the course. In some of their explanations its due to practice during their course in combination with other reasons that increased their learning, for example work experience. Those who felt a bit unsecure working with the cane after finishing the course haven't mentioned any extra activity that affected their learning positively. This information could be interpreted as the O&M

specialists needing more practice and experience with the cane to feel competent of teaching skills. Considering the theory lived body with the embodied experience, within a profession there are tools at work which need to integrate with the person and become an extension of the body (Bengtsson, 2013a). In this study the cane is the tool. For the integration of the cane to happen the person needs to have acquired the skill how to use it cane (Bengtsson, 2013a). It can be interpreted that those specialists feeling a bit unsecure after their course haven't had the needed practice and experience with the cane for it to be integrated and the knowledge to be embodied.

Emerges from the result is that after the O&M course the specialist being aware of why the cane technique is the way it is. The knowledge of why things are being done and not just doing them now exists. This can be interpreted as skills that might have been embodied within the specialist and have been taught without thinking. The skills can now be understood through the connection with the theory. This will most likely contribute towards a higher standard of teaching. Merleau-Ponty (2002) tells about to be well known to the cane it needs to be incorporated in to your body. As one of the participants says, that this is an area where you must practice and walk, walk, walk with the cane. This can be interpreted as you need to practice until the cane is intergraded into your own body. When a person has learnt the usage of the cane, a practical knowledge is gained which now is embodied (Bengtsson, 2015). This can also be applied to the O&M specialists. The specialists have the opinion that they are content with the knowledge developed through the course and have practicing learning cane skills in different environments. Working in pairs and taking turns being blindfolded while using the cane gives the specialists a chance to focus on learning and feeling with the cane, while having a partner keeping them safe. This will presumptively greatly contribute towards learning skills and towards an embodied experience. Some participants have as well felt the need for practicing themselves outside school hours to learn skills with the cane.

The participants have all been practicing blindfolded during a longer period. It is noticeable in the specialists' answers during the interview that they feel very strongly regarding practicing blindfolded. Being blindfolded will give them the experience, an understanding and they are being put in the blind persons everyday life. A situation which is important to experience as a O&M specialist. A situation where the person's cane is no longer viewed as an object and the tip of the

cane is instead an area of sensitivity, and with it the area of touch has increased (Merleau-Ponty, 2002). The O&M specialist receive more information from the surrounding when being blindfolded, information that can be passed on to their clients in a teaching session. The specialist sees this information necessary to be a competent teacher.

Continued practice with the cane is not always happening among the O&M specialist even if they wished it did. Absence of time at work for practice is not always the reason. There is also an opinion that no more practice is needed since she knows it like the back of her hand. This can be interpreted as the knowledge and experience with the cane is embodied and can as well be one example of what Bengtsson (2013a) state, regarding tools within a profession that needs to be integrated with the practitioners own lived body and to be an extension of it. The cane is the tool O&M specialists work with and is the tool that needs to be integrated in the specialist's body. There are as well participants that do practicing with the cane while in their profession, but attention should be given to that almost a half of the participants is not practicing with the cane even if they almost all expressing a desire to do so. The specialists have expressed that they do think continues practice with the cane is important and that you need to repeat until the knowledge is embodied. Other reasons for the desire to continuously practice is to maintain the knowledge and to be reminded of the difficulty within his area.

The desire to have time intended at work for practice with the cane strengthens the evident of their desire and need to practice themselves and it might be the solution for practice with the cane to happen and be a reality. The specialists are currently taking any chance to practice with the cane and practice is fitted in during or between teaching sessions. This is yet another proof that shows the need to get your own practice as a specialist to master the profession.

5.3 The embodied experiences contributions to teaching skills

After receiving knowledge regarding the specialist relation towards the cane and of own practice with the tool, information on how the specialist embodied experiences contributes to teaching skills with the cane will in this section be presented. The analysis resulted in two main themes with a couple of subthemes. The main themes are *Knowledge and experience which contributes to teaching* and *the practical knowledge of cane technique is embodied*.

5.3.1 Knowledge and experience which contributes to teaching

The experience the specialist has of practicing and teaching with the cane contributes positively to their teaching. One thing that is mentioned a few times is how the experience contributes to a better planning of goals and planning of the teaching session. A more thorough and realistic planning is mentioned that comes with experience. A greater flexibility during the teaching session is as well mentioned, a basic plan is at hand, but things can be taught in a different order. The main thing is that everything is being taught.

" I think that it affects a lot, I mean I got my basic plan in my head and what activities we should do, and I can now see that when you work that the main thing is that they are doing it, in the end"

One last matter is the planning of routes. Most of the specialists are bringing the cane with them when planning routes to be able to use the tactile or auditory senses when finding the best and safest route. If there is not enough time to plan the route in advance the cane is brought with them to the teaching session as a support. An experience expressed by a few is that visual sense is not always good enough to trust in this situation, the visual information received when looking at tactile marking might not be so accurate. The planning of the route might need to be changed when the specialist trying the route out with the cane and realising that tactile markings is not going to work. The experience the specialist gets when she has walked with the cane herself helps to consider which route is best for the client. A view regarding this come forward which is, if that experience is lacking, it would be very hard to explain to the client why this route is best and how to do it.

" Things I have had as characteristics when I use the sight is maybe not so good as I thought, I might need to change it a bit after I used the cane and feel"

There are as well some opinions regarding experience and teaching cane technique. One thing mentioned was the importance to do it yourself and make mistakes to know what mistakes can be made. Example is when walking with a too short cane. You can get a backache and you don't

receive as much information as the right length- cane can give you. Another matter is feeling secure to adjust the cane technique when needed, for example when a person having trouble holding the cane in that certain way when walking up the stairs.

" In the beginning I thought let's do what the book says, but it doesn't work out for everyone"

Feeling more secure within their profession which affects the teaching positively is another thing that is mentioned. Emerges is as well that own experiences help to know where in the learning process her client is and the more people you meet who uses a cane and the more chances you get to practice with the cane at work, the more secure you get in the usage of the cane yourself. With experience you can both show and talk about the cane and the person who listens know that this is not just something you read or heard about. One participant means that the experience and knowledge keep coming and adding on, but it has changed a bit through the years, so it's important to string along.

"Experience means a lot, but you are never finished, it always more to add, depending on who I meet and work with"

Master a technique before teaching it

The participants greatly agree that yourself as a specialist need to be able to perform a technique before you are teaching it. Reasons expressed for this opinion are stated below:

- To teach a technique the specialist hasn't learned would be very hard, it wouldn't be possible.
- To feel secure with the technique that are being taught is important, otherwise it can mediate an uncertainty towards the client.
- The clients should get the information regarding why they are using this certain technique and what they will get out of it.

- There is a need to know how to do it yourself to be able to look at client's technique.
- Having read the theory and then inform about it, is hard without showing the skill as well.

Here follows two statements that demonstrates the strength in their point of view in this matter:

"I think this is super important. I don't think you can teach something you don't know yourself. No then you must practice"

" Yes, but definitely for me to have it myself in my muscle memory how I do, for me to be able to look at the technique and like that"

5.3.2 The practical knowledge of cane technique is embodied

The expression, the knowledge is embodied or is in the muscle memory is not rarely used among the specialists. One participant is saying that she is bringing the cane with her to field visits since it makes her more comfortable due to the knowledge exist in the body. Her explanation is that it might be the muscle memory, but she clearly states that it exists in the body what to do with the cane.

" The knowledge does exist a bit in the body"

An opinion is that it's hard just to learn the theoretical part in this practical activity. It is important to have the cane technique in the muscle memory as well to be able to teach. Using the cane without thinking and performing the movement with the cane even when the specialist is not holding a cane is as well mentioned. As the interview is happening one specialist is saying that as we speak, that she is sitting and making movements with her hand, as she is walking with the cane.

The need of using the cane while teaching

A greater number of the specialists are using the cane themselves when teaching a client. More than half of the participants are expressing that they need to do the movement themselves with the cane to be able to know what's not right or how to guide the student with instructions in different environments. One explanation is that since the cane technique is a very practical skill even if there is theoretical knowledge on how to do it, the knowledge exist in the body once you learnt it properly.

“The cane technique is a pretty practical thing, even if there is theory which describes how to do, it's a very practical skill. And then it exists in the body, if it exists in the body properly, if you know it properly it exists in the body, then you don't have to think when doing it “

When the specialists are using the cane themselves in a teaching session, is not just due to show the person with visual impairment. A large part of the participant is as well using the cane when the student is blind and doesn't get helped by visual information. The specialist is using the cane for their own sake. One specialist says:

“I'm not standing there are holding the cane vertical and says now hold the cane forward and then you have to..... no, then I'll do it too. Whether the person can see or not”

Further reasons why the cane is used by the specialists during teaching sessions are that the specialist sometimes needs to use the cane herself to be able to know what's right and works when a query from the client arises. Performing the cane technique together with the student might make it less strict and the need of performing the technique yourself to be able to explain in words or to find words in different ways is as well mentioned as reason.

One specialist clearly states that her experience and knowledge of using the cane is deep rooted since working with O&M a long time and the need to use the cane while teaching skills is not necessary since she can explain it with words. A quote to show this opinion is:

“ You can wake me up at two am at night and ask me to walk with the cane, and then I’ll know how to “

5.3.3 Analysis of result

Evident from the result is that the experience of own cane usage is important for planning teaching sessions and goals, and it contributes to a more flexibility when teaching and planning. This can be understood as the experience of cane usage is embodied. The O&M specialist can more freely teach and not according to a schedule or order. The same applies for being comfortable adjusting cane techniques and not strictly needing to follow a book which is being mentioned. Their own experience is leading to a feeling of being more secure within the profession and to more freely way of teaching. Even if the knowledge would be embodied it is also mentioned that the knowledge never stops adding on. It always more to learn and new experiences. These statements give a reason to continue practice working with the cane and other skills within O&M even if you are comfortable with your current knowledge.

There are different cane skills to learn for a new cane user. The O&M specialist all agree that you should master the skill yourself before teaching it. They all give various reasons why but are all clear with that it’s hard to teach something you can’t master yourself. The result is leading to a mindset that the practical knowledge of cane skills needs to be embodied for the O&M specialist to be comfortable teaching. This is relevant to the theory embodied experience. In occupations there is a need to integrate with the tool for mastering the profession (Bengtsson, 2013a). When planning routes before teaching session, there is a need by most of them to feel the tactile guidance path themselves with the cane, to know in their body if its usable or not. With this knowledge a better and safer route can be chosen. This is yet another example where the O&M specialists embodied experience will come to hand within teaching.

Many of the participants are having the mindset that the knowledge of cane technique is embodied, or that it exists in the muscle memory and express that they often need to perform the cane technique themselves when giving instructions or when needing to correct the technique. When describing different teaching situations its evident that the embodied knowledge also shows in their action when teaching. As well as showing the cane technique to the ones who can

receive visual information, they explain that the cane is as well being used for specialist themselves to be able to find the right words for the instructions. To be able in words express their practical knowledge that is embodied you first need to perform the action to find the word. This coincides with the theory that the practical knowledge is expressed through its performance (Bengtsson, 2015). The matter that the cane is being used by the specialist, in teaching sessions without thinking is also being said more than once. This is possible yet another proof that their practical skill is embodied since in the practical knowledge is shown through performing the skills and using the cane.

6. Discussion

In this section discussions of the result from the study will take place. It will be discussed together with the choice of method, previous literature, didactic and the theory the lived body.

Recommendations for future studies will as well be mentioned.

6.1 Discussion of method

Important to clarify is that I, the researcher has recently been a student in a O&M course and been working a great deal with O&M, I feel very strongly for the long cane. Writing the research questions have potentially without thinking been shaped thereafter. I am aware of that and been very strict with not bringing my own thoughts and opinion into the conversation with the participants. The strength of the study is to have had ten O&M specialists participating. The interest of participating in this study has been big and that shows a strong relation towards the cane and to the field of work. Limitations in the study is not being able to perform the interviews in person with all the participants. This is due to the participants living in different location in Sweden and it has not been economical possible to travel to these locations. While saying this I'm also very grateful what the digital solutions has made possible. Due to not having a long experience of interviewing I could have missed to ask a follow-up question to an answer to receive more information regarding different matters. Interviews as a method has been the right choice for the data collection since due to meeting each other and having a conversation with support of the semi structured interview guide, rich information were gained which has answered the

objective of the study. Another possible idea for a method, for data collection is to combine data from interviews together with observing the specialist in action teaching skills with the cane. With this method further knowledge will be gained.

By performing this research, my own knowledge starting from planning the study, through all the different stages, to the result has increased considerably. Even if this is a small study on a master level, it has brought new valuable knowledge within the field which will be useful within the education system, for specialists' workplaces for planning professional development and for the specialist themselves.

6.2 Previous research confirms the importance of own practice within learning and teaching

The literature search didn't result in any articles regarding the specialist own practice with the cane or practicing other skills within O&M. One article regarding parent's experience and practice of basic skills within O&M were found that has been brought up in the study. Articles regarding using experience, practice and bodily activity within learning has been found during the search and is discussed below together with the result of the study.

In the article, *Parental assistance in orientation and mobility instructions* written by Wardell (1976) parents are familiarizing themselves with O&M instructions to be able to supports the specialist in teaching their children. The parents are all encouraged to themselves practice basic skills being blindfolded. Being blindfolded will give them the full experience and an understanding which contributes towards being better teachers. From the result of this study being performed we get similar information, that being blindfolded practicing skills with the cane gives them the experience and an understanding. It's hard to be without that experience. The experience of being blindfolded, in the specialist opinion contributes to being a more competent within teaching. In another article, *Sources of science teachers' practical knowledge of teaching with practical work* written by Chen & Chen (2021), it was found that sources of importance for developing their practical knowledge within their practical work was *personal teaching practice and reflection* and *exchanges with colleagues*. This is another indication for the benefit of increased practice within

the profession. The O&M specialist need their own personal practice within the field to develop their practical knowledge needed when teaching practical skills with the cane.

Bengtsson (2013a) is in his article, *embodied experience and education and research* tells that while learning in school often is intellectual and cognitive to its nature, in some educational programs experience is presented as being the principle for learning. In the O&M course, practical experience with the cane is a large part of it and so is the theoretical part. Bengtsson also states that activities in an occupation to a large extent is based on experience. This is very relevant statement within this currently researched subject, and it is important not to forget the experience contribution within learning. Naturally the specialist as well get experience from working and teaching clients over the years which will of no doubt contribute towards their competence. But there is also an expressed need to have their own embodied experience with the cane to be competent within teaching skills with the cane. Experience is understood through education and education through experience is one of the conclusions Bengtsson (2013c) is making from one of his articles, *Experience and education: introduction to the special issue* which was served as an introduction to Bengtsson's article mentioned above. With this statement he is making it clear that they should not be seen as two separate issues but instead joined. As a O&M specialist you need to connect the theory with the practical skills. This is something that will start while in education and will continue in the professional life when developing and learning further skills.

Some interesting information were also received from Thorburn's (2020) article where he is discussing around Dewey's written work regarding experience and habit and how the school would benefit from increased understanding of the body. Dewey is seeing benefits with increasing bodily experiences in school and asks for theories that are being used should connect the body with socially inspired experiences where the bodily movement is enhanced. He also states that experiential learning in the education should be planned into the education continuously and not just for occasional learning moments. Dewey also connects action with knowledge and means that knowledge is part of action. The information from this article can be applicated both while doing their O&M course and during employment within professional development. The use of theories which increase the bodily activity within learning at the O&M course would be beneficial and

would possibly lead towards an increased practical knowledge. O&M specialists at work could as well within their professional development, increase their bodily activity and practice skills with the cane. The experiential learning with bodily activity is already included and planned in the O&M course content but more bodily activity, by practicing with the cane should as well according to the need of the specialist be scheduled at work to maintain and develop skills within their profession. The result and the literature show that occasional practice moments are not enough, they are suggested to be scheduled. Does the employer have enough knowledge regarding the employees' need of own practice with the cane for professional development, to be competent within their profession?

The articles that been discussed in this section shows the value of bringing in bodily activities, practical practice, and experience into the education and in learning in general. Information from the result together with knowledge from the literature search has indicated what the O&M specialist need in their profession to be and feel competent in their role. From the literature and the result, it becomes clearer what the specialist needs to master their profession. These needs are theory, scheduled time for own practice with the cane, blindfolding experience, exchange of colleagues and teaching experience.

6.3 The didactic and the benefits with practicing on skills

One of the research questions were regarding the specialist's own practice with the cane during their course and while in their profession, while another research question was regarding how the specialist own knowledge and experience with the cane will contribute towards their teaching. Oettingen (2018) writes that practicing on something is a part of the learning process. To practice on something often means repeating an activity and that repeating something it's not the same matter that is being repeated, since something new is happening with the known. Through this information advantages can be seen by practicing and repeating skills with the cane both for students and for specialists in their profession, to learn a skill but also to add something new to the known. Certainly, practicing cane skills will lead towards feeling and being more competent with teaching skills in their profession? This is probably yet another reason why most of the specialists feel the need of own practice with the cane. The statement from a specialist that the

knowledge never stops coming, it always adds on, has now got a clearer understanding together with this information regarding repeating an activity means adding something new to the known.

Regarding the didactics concepts, *What*, *How* and *Why*. When planning teaching sessions and goals, the result shows that the specialist's own practice with the cane contributes to more knowledge and experience and leads towards a better planning and presumptively a higher quality on the teaching. From their own experience with the cane and learning skills themselves in various environments, the specialist has the knowledge of *What* needs to be taught. *How* it should be taught they know from themselves learning skills and from practicing teaching each other during training. There is also shown in the result that experience leads towards increased flexibility in the teaching session and everything must not be done in a special order as long as everything is done in the end. *Why* it shall be taught in a certain way develops as well from their own experience, with the cane and from experience teaching. Feeling more secure to adjust the technique after individual needs is one example and a feeling in their own body what works or not is also expressed among the specialists.

Institutional framework conditions are included of what affects the teaching process (Uljen, 2011). From the result we receive information that more own practice with the cane is desired and needed even if a few did practice with the cane already while in their profession. There was as well a wish for time to be scheduled at work for the specialist own practice. Own practice with the cane is important for the specialist professional development and as well for maintaining their skills.

6.4 The use of the Lived body for a greater understanding of the result

The use of the theory *the lived body* together with *embodied experience* has contributed to an understanding of the specialists' expressed experiences, opinions, and actions when teaching. The theory is as well known by most of the specialist in that way that they are expressing that the knowledge exist in the body or the cane as being integrated or is an extension of the arm. Even though the theory is not explicitly named in words. Even when the specialist is not mentioning integrated tool or embodied knowledge in words, it is shown in their descriptions of a teaching

situation that the practical knowledge is embodied. The cane is needed in teaching situations for the specialist to use, to be able to find words for instructions, to know what the correct technique is or its just being used without them thinking of it. It can be interpreted with that the practical knowledge which is embodied within them is expressed through performing the skill (Bengtsson, 2015). Other examples when their embodied experience with the cane comes to use is when planning or teaching a route. The specialist has expressed a need to feel with the cane and know in their own body if the edges which are being used for tactile guidance is usable or not. When the visual sense is removed from the specialist by being blindfolded, the relationship seems to deepen, and the cane seems to be acting more like an integrated part of the body since its then expressed by the specialist that they want the cane straight away. The cane is at that point not any longer viewed as an object but as an integrated tool that is used for perception (Bengtsson, 2013a). As Bengtsson (2013a) is writing regarding embodied experiences, that tools within profession need to be integrated in the profession own body to master ones profession. This is as well connected to the result. The specialists are describing the skills with the cane as being embodied and are expressing a need for the knowledge of cane technique to be embodied, to master their profession and be a competent specialist.

6.5 Future studies

Ideas for future studies regarding O&M specialists' own practice with the cane is to include observation of O&M specialists when teaching with the cane to see their interaction with the tool. Due to this assignment being on a master level there was not enough time for further data collection.

7. Conclusion

New valuable knowledge has been gained through this study, which has earlier been an untouched research area. The result displays a strong relation between the specialist and the cane while in the profession. The specialists are in most cases referring to their work when talking about the cane and not their everyday life. The specialist associates the cane with being safe and there are views that the cane is integrated in the body, some participants referring to themselves and some towards the person with visual impairment. There is a positivity feeling towards the

cane since they are working with a tool that contributes to independence. The specialists are pleased with their practice during their course, and they can give good descriptions of their practice even if some specialists attended the course a long time ago. Practicing cane skills while blindfolded is viewed as a very important part of skills they need practice on. It gives them the experience and they are learning how to move and orientate themselves without the visual sense. By doing this they learn and discover the usage of other senses that they can pass on to their clients.

There were a few specialists that didn't feel very secure after the course, of working with the cane, in different activities it includes. Previous research and literature show the importance of bodily activities, practice, and experience within the education and learning. Even though a big part of the O&M course is practical it could find ways for increasing the practical practice with the cane, for the skills with the cane to become embodied.

A large part of the participated specialist doesn't practice as much with the cane as desired while in their profession. There is an expressed need from almost all participated of continuous practice, to maintain and develop their practical knowledge with the cane. Even if there is no scheduled time at work for own practice with the cane, the specialist finds ways for practice. Practice with the cane can happen between client visits or during the visit. Most of the specialists are bringing the cane with them to field visits and are using the cane while teaching skills. This is due to the skills being embodied and the cane is used by the specialist for the knowledge to be expressed. The expression that the practical knowledge is embodied or sits in their body is often used among the participants. The experience of their own cane usage is needed for various teaching activities, as well for planning goals and sessions. Own practice with the cane is needed for the specialists, during their course as well as continuously practice for maintaining their practical knowledge. From the didactics we received knowledge that practicing something means adding something new to the known. Practices contributes to feeling more secure about the cane technique and affects teaching positively. There is a desire for the practical knowledge to be embodied for the specialist to master their profession. It's important that the employer understands the specialists need to be a competent specialist within the field. Own practice with the cane is therefore

suggested to be scheduled within their time for professional development within work. Hopefully this will take away the current stress from O&M specialist of not having their practice they need.

The result and knowledge gained from this study can be used for planning O&M courses and for professional development while in their profession. The result will most likely as well be valued for other specialist, since it's an untouched research area and its pleasant to know that the specialists are not alone in their thoughts and actions when working within the field of O&M.

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Annexes

Annex 1: Invitation letter to the study (Swe: Inbjudan till studien)	s.47
Annex 2: Semi structured interview guide	s.51
Annex 3: Halv strukturerad intervjuguide (Eng: Semi structured interview guide)	s.53

Är du intresserad av att delta i en studie som handlar om, Orientering och förflyttningsinstruktörers egen träning med teknikkäppen samt vilken påverkan instruktörens egen träning och erfarenhet vid käppanvändning har på den undervisning som ges till personer med synnedsättning eller blindhet?

Detta är en förfrågan om du vill delta i en studie som ingår i en masteruppgift. Masteruppgiften behandlar mastern synpedagogik och synrehabilitering. I detta brev kommer information om studien ges, vad ditt deltagande kommer innebära samt hur den information du ger kommer behandlas och förvaras.

Syftet med studien

Syftet med studien är att genom intervjuer med orientering och förflyttnings instruktörer ta reda på instruktörens åsikter om egen träning med käppen samt instruktörens egen relation till den. I syftet ingår även att ta reda på vilket sätt instruktörens egen träning samt erfarenhet vid käppanvändning påverkar den undervisning som ges till personer med en synnedsättning eller blindhet.

Ansvarig för studien

Jag heter Eva Widen och är student på mastern synpedagogik och synrehabilitering. Jag är den som utför denna studie som är en masteruppsats. Universitetet Sørøst Norge är den institution som är ansvarig över studien.

Varför du blivit tillfrågad att delta i studien

För att få svar på syftet behöver orientering och förflyttnings instruktörers åsikter tas del av. Ca 8–10 instruktörer planeras intervjuas. Kriterium för att delta i studien är att instruktören ska ha en utbildning inom orientering och förflyttning eller att orientering och förflyttning ingått i ett utbildningsprogram. Kriterium är även att man under studien arbetar inom fältet eller nyligen ha gjort det. Du har blivit tillfrågad eftersom du uppfyller dessa kriterier och dina åsikter inom detta område önskas.

Vad deltagandet innebär för dig

Om du väljer att delta i studien kommer du att kontaktas för att boka in en tid för intervjun. Intervjun kan ske vid ett möte med mig i person eller digitalt. Intervjun kommer ta maximalt en timme.

Intervjufrågorna kommer handla om:

- Din egen syn på käppen som hjälpmedel.
- Din åsikt om egen träning med teknikkäppen som instruktör under utbildningen samt i ditt yrkesliv.
- Hur din egen erfarenhet vid käppanvändning kommer till bruk i undervisningen.

Intervjusamtalet kommer att spelas in. Då intervjun sker digitalt kommer endast ljudet spelas in och inte videon.

Deltagandet är frivilligt

Deltagandet i studien är frivilligt. Om du väljer att delta kan du ta tillbaka ditt samtycke till deltagandet när som helst då studien pågår. Om samtycket tas tillbaka kommer det redan insamlade material inte användas i studien och kommer att raderas. Det kommer inte förekomma några negativa konsekvenser om du inte väljer att delta eller senare väljer att ta tillbaka samtycke till deltagandet.

Hur din personliga information kommer förvaras

Din personliga information kommer endast användas för det syfte som getts i detta informationsbrev. Din personliga data kommer hanteras konfidentiellt och i överensstämmelse med dataskyddslagstiftningen (The General Data Protection Regulation and Personal Data Act).

- Det är endast jag som utför intervjuerna samt min handledare Inger Berndtsson som kommer hantera det insamlade materialet.
- Intervjun kommer att spelas in på en diktafonapp där inspelningen omedelbart krypteras. Materialet kommer lagras på en nätverksplats på ansvarig institution, Universitet Sørøst Norge.

- Så fort det inspelade materialet skrivs ut kommer ditt namn bytas ut till ett figurerat namn. Detaljer som kan avslöja din identitet kommer inte tas med i studien. Dina kontaktuppgifter kommer att förvaras separat från the nedskrivna materialet.

Vad som kommer att hända med din personliga information i slutet av studien. Studien är planerat att vara klar, 29/04/2022. Det insamlade datamaterialet kommer efter det arkiveras på ansvarig institutions nätverksplats. Endast anställda på Universitetet Sørøst Norge har tillgång till denna nätverksplats. Det insamlade materialet kommer att arkiveras efter denna studies avslut för att eventuellt användas vid skrivandet av en artikel.

Dina rättigheter

Om du kan bli identifierad i den insamlade datamaterialet har du rätt till att:

- Få tillgång till den data som gäller dig
- Begära att din personliga data raderas
- Begära att den inkorreakta personliga data om dig blir rättad
- Få en kopia av din personliga data samt att kunna sända ett klagomål till

Data Protection Officer or The Norwegian Data Protection Authority gällande hantering av din personliga data.

Vad ger mig rättigheten att hantera din personliga data?

Jag kommer hantera din personliga data baserat på ditt samtycke.

Baserat på en överenskommelse med Universitetet Sørøst Norge, Har **NSD – The Norwegian Centre for Research Data AS** bedömt att hantering av personlig data i denna studie är i enlighet med dataskyddslagstiftningen.

Om du har frågor angående studien, kan du kontakta:

- Den som utför studien, Eva Widen på e-post: eeva.widen@hotmail.com eller Universitetet Sørøst Norge via handledare, Inger Berndtsson. E-post: Inger.Berndtsson@usn.no
- Dataskyddsombud på Universitetet Sørøst Norge: Paal Are Solberg. E-post: Paal.a.solberg@usn.no
- NSD – The Norwegian Centre for Research Data AS, via E-post:

personverntjenester@nsd.no eller via telefon: +47 55 58 21 17.

Om du önskar delta i studien kan du meddela mig på E-post: eeva.widen@hotmail.com

Jag kommer därefter ta kontakt med dig för att boka in en intervju. Samtyckeblanketten som finns på sista sidan behöver returneras innan intervjun sker och senast 30/11.

Om det inte finns möjlighet att ge denna blankett i person, vänligen sänd denna samtyckesblankett till:

Eva Widen, Östrandsvägen 60, 122 43 Enskede, alternativt inskannad på E-post:

eeva.widen@hotmail.com

Med vänliga hälsningar,

Student: Eva Widen Handledare: Inger Berndtsson

Jag har mottagit och förstått informationen om studien som hanterar, ***Orientering och förflyttningsinstruktörers egen träning med käppen och hur det påverkar den undervisning som ges till personer med synnedsättning och blindhet.*** Jag har fått möjlighet att ställa frågor. Jag ger samtycke till:

- Till att delta i en intervju samt att intervjusamtalet kommer att spelas in.
- Till att min personliga data kan komma att arkiveras efter avslutande av denna studie för eventuellt skrivandet av en artikel.

(Signatur av deltagare och datum)

Semi-structured interview guide

Background questions:

- Have you got a degree before you started working as a low vision therapist?
- Which education of O&M have you got and when were you finished with it?
- For how long have you worked with O&M?
- How much, during this period have you worked with O&M?
- How many people at your work or in your team working with O&M?

The specialist opinion of own practice with the cane during their course and later in their professional life

- Can you tell me about your own practice with the cane during your course within O&M?
- How much practice took place on your own initiative?
- In which environments did you practice in?
- Did you practice while being blindfolded?
- Did you practice while being blindfolded during a longer period?

- What knowledge did you have of cane usage after finishing the course?
- What is your opinion regarding continue own practice with the cane as a specialist? -
Have you continued practice with the cane?
- What is the reason for you to continue your own practice/or haven't been continued practice?
- How often are you practicing with the cane?
- When you are practicing with the cane, while being blindfolded, what do you get out of that practice?

The specialist own relationship towards the cane

- What are your thoughts/what do you feel for the cane?

- What are your thoughts about the cane as an aid for people in need of it?
- Can you describe what you feel when you are using the cane?
- How do you feel/what do you think about the cane in relation to your own body?
- Do you think your own relation towards the cane has changed over time?
- In what way?
- Why do you think that is?

How does the specialist embodied experience with the cane contribute to teaching skills?

- How do you think your own relation towards the cane effect the teaching?
- What does the own experience mean towards the planning and performing teaching sessions?
- What your opinion regarding yourselves being comfortable and master a skill before teaching it?
- What are your views regarding, in a teaching session yourself having to handle the cane to be able to explain the technique in words, why do you think it is this way?
- Is there any theory which you are using when teaching?

Final questions

- Do you feel a need to continue learning and develop within the field?
- Have you participated at conferences or at a continuing education course where O&M was included?
- Have you yourself been active presenting at conferences?
- Is there something else you would like to add?

Halv strukturerad intervjuguide

Bakgrundsfrågor:

- Har du någon grundutbildning innan du börjat arbeta som synpedagog?
- Vilken utbildning inom orientering och förflyttning [O&F] har du och när blev du klar med den?
- Hur länge har du arbetat med O&F?
- Hur mycket, under denna tid har du arbetat med O&F?
- Hur många på din arbetsplats eller i ditt team arbetar med O&F?

Specialistens åsikt om egen träning med teknikkäppen under utbildningen och senare i deras yrkesliv

- Kan du berätta om din egen träning med käppen under din utbildning inom O&F?
- Hur mycket egen träning skedde på ditt eget initiativ?
- I vilka olika miljöer tränade ni?
- Tränade ni även med ögonbindel?
- Hade ni på ögonbindeln på under längre perioder?

- Vilken kunskap av käppanvändning tycker du att du hade efter utbildningen?
- Vad anser du om fortsatt egen träning med käppen som instruktör?
- Är det något som du fortsatt med?
- Vad är orsaken till att du själv fortsatt träna med käppen/eller varför gör du inte det?
- Hur ofta sker din egen träning med käppen?
- När du själv tränar med käppen, med ögonbindel. Vad får du ut av den träningen?

O&F specialistens egen relation till käppen

- Vad har du för tankar kring/vad känner du för teknikkäppen?
- Hur tänker du kring käppen som ett hjälpmedel för personer som är i behov av den?
- Kan du beskriva vad du känner när du själv använder käppen?
- Hur tänker du kring käppen i relation till din egen kropp?
- Tycker du att din egen relation till käppen har förändrats något över tid?
- På vilket sätt i så fall?
- Varför tror du att det är så?

Hur bidrar specialistens kroppsliga erfarenhet med käppen undervisning

- Hur tror du att din egen relation till käppen påverkar den undervisning du ger?
- Vilken betydelse har den egna erfarenheten inför planeringen samt genomförande av undervisningen?
- Hur tänker du kring att själv vara bekväm och hantera en viss teknik innan man lär ut den?
- Hur tänker du kring att man i ett undervisningstillfälle ibland själv måste greppa och använda käppen för att kunna sätta ord på det man lär ut, varför tror du att det är så?
- Finns det någon specifik teori som du arbetar utifrån när du lär ut O&F?

Avslutande frågor

- Känner du ett behov av fortsatt lärande och utvecklandet inom O&F?
- Har du deltagit på konferenser eller fortbildningskurser där detta område hanterats?

- Har du själv presenterat på någon konferens inom O&F?
- Är det något mer du vill tillägga?