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THE SPECIFICITY OF A MEDICAL PSYCHOLOGIST'S PROFESSIONAL IDENTITY

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The article emphasizes that every profession has its own specificity depicted in peculiarities of professional identity formation. The author gives a review of the specificity of a medical psychologist's professional identity.

Keywords: professional identity, medical psychologist, specificity, medicine, psychology.

СПЕЦИФИКА ПРОФЕССИОНАЛЬНОЙ ЛИЧНОСТИ МЕДИЦИНСКОГО ПСИХОЛОГА

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В статье акцентируется внимание на том, что каждая специальность диктует собственную специфику, которая закономерно отображается в особенностях становления профессиональной идентичности. Рассмотрена специфика профессиональной идентичности специалиста – медицинского психолога.

Ключевые слова: профессиональная идентичность, медицинский психолог, специфика, медицина, психология.

It is well known that the formation of professional identity is, on the one hand, the result of professional work, mastery of professional role, passing through various professional tests. On the other hand, it is a necessary condition for professional success, career achievements and more.

In general, the process of professional identity formation for people of various professions involves passing around the same stages with more or less equal result for each of them. Along with this, every profession dictates its own characteristics, its own specificity, which is naturally reflected in the features of the formation and the resulting characteristics of professional identity [1].

Speaking about the specifics of a medical psychologist's professional identity it should first be noted that it has not been the subject of profound research so far. Among not quantitative but however existing publications about the features of professional identity of psychologists, physicians, social workers and representatives of other professions we have not found researches on the subject that we are interested in.

This is due to several reasons. The objective one – and the most important, in our opinion – is that the specialty „Medical Psychology” is brand new for Ukraine. This shows not only a lack of domestic professional traditions of this profession, but also an objective lack of information, inability to conduct full-scale study so far.

The leading subjective cause in our opinion is poor differentiation of medical psychology as a profession compared to other social professions, including practical psychology and medicine. This poor differentiation is represented at different levels.

Firstly, in the public consciousness Medical Psychology has not been entrenched as a separate profession yet, there are no clear ideas about the nature of the task and a medical psychologist's professional competence. Ordinary citizens often confuse a medical psychologist with a psychiatrist, a psychologist or even a social worker. Objectively, the need for specialists in Medical Psychology in Ukrainian society was formed long ago, but it turned out that the health system is not ready for restructuring and formal separation of this profession [2].

Let consider the amount provided for application of psychological and psychotherapeutic effects as a professional activity of a psychologist, a doctor-psychologist and a psychotherapist in health care settings.

For a psychologist there are such activities: determination, correction, rehabilitation, preventing violation of relations with a person's social environment (social and psychological correction, prevention, rehabilitation); psychological support of the educational process (definition of children's mental and physical development, psychological and pedagogical correction, prevention, rehabilitation) [3].

For a doctor-psychologist they are: diagnostics, correction a person's mental state, their personality, rehabilitation, prevention of mental disorders (medical and psychological diagnosis, correction, prevention, rehabilitation).

For a psychotherapist such activities are: diagnosis, treatment, prevention, rehabilitation of mental and behaviour, crisis, somatic disorders whose origin and leading factor is psychological.

Even a cursory analysis of the content of the proposed activities shows that the above mentioned experts' professional tools do not just overlap, but often duplicate, not even to mention the possibility of a different interpretation of them.

Secondly, the professionals, students, and, even more, applicant students do not have clear ideas about their professional niche, what they will have to deal with, which problem to solve and what the limit of their professional competence is, and therefore their expectations of training, its content and form are blurred.

We can assume that over time, the accumulation of experience and experimentation with the distribution of functions, duties and responsibilities, the specialty "Medical Psychology" will find accurate and meaningful formal borders according to the logics of historic development, establishment and modification of professions as it happened with many occupations in other fields. However, the situation today is significantly complicated by the formation of professional identity and thus becoming a successful professional – medical psychologist.

Particularly important, in our view, is the fact that the complicated course of professional identity is often caused by disharmonious personality development at a certain stage in general. Professional identity is an extremely important part of an individual's identity, it is often considered as the basis for a mature person's meaning of life, as a part of the image of the world structure, as the key to effectively resolving everyday problems and achieving a certain lifestyle.

There are many interpersonal, purely psychological reasons for the complicated course of professional identity formation. However, analysing the existing situation now in training medical psychologists, we can see that the main problems arise from objective reasons caused by the society, state circumstances. So these problems in

professional identity development do not affect specific individuals but the entire community of newly experts, and are common to them, even universal. If we still remember that professional identity has a number of features in common with social identity, especially with the knowledge of membership to a particular social group, emotive and personally meaningful experiences of this membership, giving themselves certain psychological characteristics, the risk of social functioning becomes obvious because of difficulties in establishing a professional identity.

Addressing the defined functions of professional identity, we will try to consider which deformation they undergo in the case of such professionals as medical psychologists.

The function of social status is defined as need to belong to a particular group (a professional community). It provides a higher social status than in members of other communities (groups). Ideally, the professional community would promote self-esteem, confidence and reduce anxiety levels.

Analysing the course of a medical psychologist's professional identity formation at the present stage, it must be noted that this feature is not implemented in full. This is primarily due to the immaturity of medical psychologists' professional community as such in Ukraine: training of these professionals has recently started, their number is still objectively small and they are constantly at risk of being absorbed by "related" professional community of physicians and psychologists.

As for the next function – self-esteem – the situation for medical psychologists also appears ambiguous. We know that at the time of introduction of the specialty and the beginning of training, medical psychology positioned (and therefore advertise) as an elite profession, possession of which requires from a student an outstanding starting capacity and effort because it combines both general medical and purely psychological preparation.

But today the issue of the practical application of profession and employment of specialists are still not resolved definitively. This significantly reduces the self-esteem of students and graduates of this specialty, leading to what they feel uncompetitive, feel supremacy by representatives of other medical specialties.

The complex of effects associated with these emotions, on the lack of implementation of the following functions – personal safety and reduce of anxiety. Absence of a clear vision of professional prospects, uncertainty in future lead to professional anxiety.

The function of self-improvement, professional and personal growth is directly related to the influence of motivating and supporting professional identity. Identifying themselves as a specialist of a certain type, a person seeks to reach a professional level, consolidate it, improving and expanding their professional opportunities and personal qualities. In a situation of instability, uncertainty and not too high scores of chosen profession the motivation for professional self-improvement and self-development inevitably reduces.

The function of structuring the life time and space also is not fully realized because all of the above difficulties and contradictions regarding their chosen profession produce a disorganizing and disorienting effect on the future of professional, complicating selection, decision making, strategic and tactical planning activities and life in general.

Thus, we see that for future medical psychologists the professional identity formation process is much more difficult due to the specifics of the profession and the objective circumstances and conditions that accompany its introduction.

We can assume that during a psychologist's undergraduate medical training the status of dominated diffusion or moratorium is observed in most students. As you know, the status of diffusion occurs when there is insufficient focus and weak motivation. It is characteristic for young professionals, who have an identity crisis, and so they have some strategies to avoid liability. The moratorium – is the identity status of those who are at the heart of an identity crisis. At this stage the problem of finding excellence strategies, professional roles and ethical values is the most topical.

Remarkably, for future medical psychologists an identity crisis is often associated not with his own doubts about the correctness of professional choice and their own professional matches, but with the objective features of the profession and

its ambivalent assessments by the society and related professional societies of psychologists and doctors.

Because of the lack of experience and confidence, students are not very independent. In fact they are dependent on external perceptions and attitudes. Information is substituted by stereotypes, the true nature of the profession – by own fantasies, analysis of real prospects – by anxiety, fear, and sometimes even shame. Last in this case can be associated with painful change of ideas about the chosen profession as an elite to experience its marginality.

The experience of marginality of profession and professional community and, consequently, his own marginality is a typical complication in the development of professional identity of future medical psychologists. As we know, the marginalized individuals and communities are characterized by a lack of their own value system, functioning in two or more dimensions simultaneously, not feeling of belonging to one of them.

Obviously, along with the communities of physicians and psychologists, the professional community of medical psychologists currently appears marginal. The result is a “jam” of the identity development on the stage of taking “other” identities, which in practice turns into difficulties of self-identification. Future medical psychologists often aren't willing to give a clear answer to the question of who they are – doctors, psychologists or representatives of other professions. The situation can be considered even as a conflict of identities when person at the same time considers himself to two professional communities.

Despite the fact that the purpose of a doctor and a medical psychologist is human well-being, the subject of their work, the basic principles and methods differ significantly. To compare at least a fundamental point: for a successful medical practice it is necessary to develop “nosological thinking” and main “ideology” of psychological care is a holistic approach to the individual and focus on health. In addition, a physician's interaction with the patient is characterized by the so-called “paternalistic” approach, and the interaction of a medical psychologist with their patients / clients should be built on the principles of parity partnership.

Tangent to the problems of our study is the issue of a social worker's professional identity. Despite the fact that the purpose of a doctor and a social worker is human well-being, a doctor's subject is the complex of physical and chemical disorder of the body, while a social worker's subject is a person's public relations. At the stage of intervention a doctor provides a ready model of the desired result, and a set of recommendations to achieve it. A social worker tries to realize the desired outcome model based on the customer's needs [4].

A doctor should always be on the side of the client, regardless of their gender, class, attitudes, beliefs, and at any time of day or night, under any circumstances, should be ready to help. A social worker has more differentiated approaches to the customer's needs and is not always forced to be on their side, as well as performs control functions of the society. In addition, a social worker's values should not go against those of the client.

The doctor is not always forced to explain to the patient. This is facilitated by the use of Latin in the practice of medicine. Argument of the selective provision of information is the undesirability to scare the patient with the details of their condition. But this is also an element of mystery, divinity. Unlike the doctor, the social worker should not hide from the client any information, should stay normal, accessible to the client language, demonstrate their professional records, which places a great responsibility on their content and provides active client's position. The social worker's main task is to show all mechanisms to solve problems, to reveal all the "secrets", to cause the client's self-confidence in order to overcome future difficulties on their own.

Unclear understanding of social work often leads to exaggeration by students of measures of social worker's necessary commitment to clients. The majority of students and graduates recognize that have differently imagined the social worker's role and the nature of social work before they joined the School of Social Work.

Some students even before accession had an idea of social work and considered it imperfect. Several students realize that on their destiny fell the creation of the concept of the profession and its development. They are ready to develop new areas

of work. Many people are attracted to social work by its values, principles and opportunity to help.

Students need great attention in terms of professional identity formation. In addition to the educational process, which is critical to master the necessary professional knowledge, skills and values, the process of students' identification should be adjusted by allowing to reflect, providing professional support and helping overcome the confusion, frustration, disappointment.

So the specificity of Medical Psychology representatives' professional identity is related to the lack of domestic professional traditions for this profession, poor differentiation of medical psychology as a profession compared to other professions, blurred ideas about the nature of the task and a medical psychologist's professional competence.

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