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Professions and Professionalisation

Introduction

The notion of 'The Professional' emerged in the mid 19th century, tied intimately to the rise of the middle classes (Friedson, 1970). In this entry, I will consider briefly the history and rise of the profession, and discuss critical perspectives on the constructs of professionalisation, professionalism and The Professional. I will explore the analysis of professions as social institutions, and will also consider critically the construction of professional identities and the production of the 'Professional Psychologist'.

Definition

Professions are a particular occupational category, involving a detailed and specialist education (Friedson, 1986), with a focus on providing a service of some kind to the rest of society (Russell, 1961; Vigilante, 1974; Grayling, 2004). The Merriam-Webster Medical Dictionary defines a profession as "a calling requiring specialized knowledge and often long and intensive academic preparation". This definition highlights the epistemological and educational elements of being a professional. However, in defining 'the professional', particularly from a psychological point of view, it is necessary to look a little beyond the mere credentials of the professional, to consider a further element – the notion of the professional *identity*. For example, Lewis and Maude (1953) suggested that "a moral code is the basis of professionalism" (p. 64). Being a 'professional' is usually associated with a high social status. This status depends on the perception of their career as being for the greater social good, as, to varying degrees necessary for the good functioning of society. Ideologically, the notion of 'being professional' is defined by two elements: professional competence (the capacity to wield the knowledge and skills associated with the profession effectively) and professional care (working with the best interests of the patient in mind) (e.g. Sethuraman, 2006).

The term 'professionalisation' refers to the process through which a particular occupational category obtains the status of 'profession' (rather than 'job' or 'occupation') (Friedson 1970; Vollmer and Mills, 1966). Willensky (1964) and Carr Saunders and Wilson (1944) both suggested that professionalisation occurs when an occupation acquires the characteristics of a profession – an ethical code, a set of established educational practices, a defined set of specialist skills, a professional body (or bodies) and a process of self-regulation. However, Friedson (1986) suggested that professionalisation is not a mere process of self-definition as a profession, but also requires that the occupation is *recognised* as a profession. Public perception of the special status of a particular form of work is what defines it as professionalised. In this sense professionalising processes must always

be seen as occurring within a broader social and political context. For example, Brownlie (2010) notes that, for the psyprofessions to become recognised as legitimate professionals required a shift in public perception that positioned *talking to a professional* as an acceptable social practice. Here, the status of the profession is clearly dependent on a cultural change that rendered its practices as worthwhile and socially acceptable.

Keywords

Professionalisation; professionals; professionalism; psychologist

History

Before the 19th century, there were really only three identifiable professions – all of which were reserved for ‘gentlemen’ of ‘good family’: medicine, the law and the church (Stuart, 1986; Perks, 1993; Sparkes, 2002). With growing urbanisation, and the emergence of a clear middle class, the range of professions began to proliferate (Butler and Savage, 1995).

The sociology of the professions locates the rise of the idea of professionalism in protectionism and ‘guild’ concerns – concerns about protecting the interest and practices of specific professional groups (Murphy, 1984). Johnson (1972) suggested that professional groups function by creating a market, a perceived need for a particular kind of skilled service, and then controlling and regulating the provision of that service in a manner that ensures that the particular profession gains status, privilege and legal protection.

Debates

Typically, professions are structured around a particular form of esoteric knowledge (MacDonald, 1995). The transmission of such knowledge requires lengthy training and close supervision (Etzioni, 1969). Professions involve a clear set of highly developed technical skills. This knowledge base is conferred within a degree structure, but typically also involves a substantial professional training, for example in the form of an internship. Without this education and training background, entry to the profession is closed (this is termed ‘occupational foreclosure’.) A key element in processes of professionalisation is the regulation of access to the professional sphere, which includes both this lengthy training process, and close monitoring of training procedures themselves. This regulative element of professionalism with regards to education and training is sometimes termed ‘credentialism’ (Olson, 1983; Friedson, 1986; Murphy, 1988). In contemporary professionalism, this is also achieved through systems of Continuing Professional Development, which involve the professional in a lifelong process of training and accreditation, which ensures that they are seen to be

‘up to date’ and ‘fit to practice’. In addition, professions are ‘institutionally autonomous’ - self-regulating entities, responsible for developing and enforcing their own codes of practice and standards of behaviour. Self regulation is achieved through the oversight of professional bodies, entities responsible for establishing and enforcing professional standards. These standards are enshrined in professional codes of conduct and regulations around ethical practice. The legitimacy of ‘professionals’ as a social class is established through their claim to both technical and moral superiority. Licensing guarantees the technical superiority, while codes of ethics and the emphasis on a ‘service ethic’ bolster claims to moral superiority (Carr-Saunders, 1928, Parsons, Friedson, 1968, Etzioni, 1969, and Gouldner, 1979).

Through educational and training practices, individual trainee members are inducted into professions, which are characterised by often rigid hierarchical and patriarchal structures (Witz, 1992). Conformity to the norms presumed within this hierarchy is prevalent. In some professions (e.g. medicine) this translates into intense competitiveness and a strong awareness of rank and its privileges. This can result in professions functioning in a patriarchal manner, with a vertical power structure that encourages relational aggression. This issue is entrenched by the tendency for professional organisations to establish an identity as an elite (though ‘caring’) group, set apart from the ordinary and every day, specialist and therefore special.

As well as establishing their own educational practices, professions are also in control of their own knowledge base. Knowledges of how to be a ‘good doctor’, a ‘good psychologist’ etc are built up within an internally regulated professional press of journals and peer reviewed books. In this sense professions have epistemological autonomy (Marshall, 1997).

Professionalisation is understood as the process whereby organisations or individuals lay claim to a particular form of recognition (that of expert knower) within a specific social and ideological context (Erant, 2000). The status of a profession is dependent upon its capacity to sustain its position as ‘expert’. Variance in the competencies and qualities of individual practitioners presents a challenge to the professional claim of ‘expert status’. Licensing and other structures of professional control stabilise this interpersonal variation, bolstering the *individual* claim to expert knowledge with *institutional* authority (Friedson, 1983).

The practices of licensing and legislation of a profession are typically determined by the profession itself, and regulation of the profession is conducted internally, by its own members. Typically, professionals operate with a degree of ‘legitimate’ autonomy, and the quality of their work is

guaranteed by regulatory and disciplinary processes of professional bodies. Professional bodies guard their capacity to self-regulate quite jealously.

One clear outcome of the regulative and separatist nature of professions is the way that the institutions function to stake out occupational territories, and to police the boundaries of professional activities. This can result in the kinds of 'border wars' that we see in, for example, British disputes around the relative skill set, specialisms and proper areas of practice for 'counsellors', 'psychotherapists' and 'psychologists' (e.g. Bondi, 2004). Professional organisations do function as protectionist agencies, and in addition to their inward facing regulative processes, they also have outward facing regulative practices oriented to monopolising and defending the occupational territory of the profession.

Critical debates

The more 'mainstream' debates outlined above rely heavily on a structural analysis of power relationships, which suggests that professions operate to monopolise sectors of the labour market through practices of occupational closure. (Friedson, 1970; Murphy, 1988). Witz (1992) has pointed out that the 'stitching up' of the labour market is never an absolute process, and that a series of countervailing practices can be identified amongst those who have been excluded from the dominant professional narrative. In South Africa, for instance, the notion of the construction of a 'relevant' and 'politicised' psychology has operated to deterritorialise professional expert claims, by disrupting the notion that western models of psychology are universal and applicable in all social and political contexts (e.g. Painter and Terre Blanche, 2004). However, such shifts towards deterritorialisation are in turn susceptible to re-territorialising dynamics (Deleuze and Guatarri, 2004), as movements to question the expert status of the psychological knower have given way to the establishment of alternative structures of professionalisation and regulation in the form of more identifiably 'African' professional bodies.

To engage appropriately with the notions of professionals and professionalisation requires a critical reflection on the discursive construction of the identity 'the professional', and the induction into the web of practices that constitute 'professionalism'. To this end theorists have explored professionalisation through a lens of governmentality, exploring professionalism as a technology of self (Bondi and Laurie, 2005; Miller and Rose, 1990; Osborne, 1993). Erant (2000) suggests there is a need to differentiate the ideological practice of 'professionalisation' from the process of 'professionalism' (a set of skills). The differentiation of professionalisation and professionalism hints at a key construct within the discourses of professionalisation: the polarisation of 'the personal' and 'the professional'. 'The professional' is a neutral figure, a reified, depoliticised individual, who *has*

professional skills (and through such 'ownership' is implicitly individualised). Those who engage in professional training must engage with this disingenuous but productive polarisation of personal and professional. Their professional identity is constituted as separate from the personal/political, with the latter marginalised most professions, and particularly in professional psychology. To become a Professional Psychologist, requires that we navigate a series of tensions between subject and object, professional and personal, professional and political. Psychologists are incorporated into the profession as students through a process of induction which constructs them both as neutral professionals and as depoliticised and depersonalised individuals (Callaghan, 2005; 2006). The process of professionalisation is one of becoming, of ongoing negotiation of the tension between professional and non-professional. The identity of 'the professional' is constructed discursively in the dualistic notion of professional vs. non-professional. In adopting the identity of 'professional' it becomes necessary to abandon a range of other subject positions (the 'non-professional'), which are regarded as incompatible with the requirements of professionalism. In this process, personal and political affiliations are relegated to the realm of the 'non-professional'. This produces The Professional as depoliticised and impersonal.

The status of 'professional' offers certainty, power, knowledge and competence (Rose, 1989). Being a professional is set up as the 'end product' of a professional training, guaranteeing students' ascension to the elevated rank of The Professional. Throughout their training, students are also expected to take on the characteristics of the professional, whilst maintaining an awareness of their apprenticeship to a 'Master Professional' (Lave and Wenger, 1991). Professionalisation is often understood in the literature on professionalisation as a process of socialisation. For example, Becker et al, (1961), in their study of medical students suggested that students' behaviours did not reflect long term values (by which the authors appeared to mean political views, religious beliefs, ethical values, and a sense of affiliation), if they were either unacceptable to, or inappropriate for the immediate medical setting. Students are seen as 'modelling' professional socialisation (through mentoring and supervision (Howe, 2002). These training practices produce a conceptual uncoupling of the 'person' (as a social and political being) from the 'professional'. In the medical setting, much of this is seen as achieved through a 'hidden curriculum' the 'processes, pressures and constraints which fall outside ... the formal curriculum and which are often unarticulated or unexplored' (Cribb et al, 1999, p. 196). For example, students must acquire an understanding of power relationships and hierarchies within the medical establishment, 'appropriate' ways of relating to patients and other professionals, and expected ways of behaving both at work and in other social settings. In psychology, I suggest, the content of this 'hidden curriculum' involves a presumption that psychologists should embody the qualities of the idealised subject of psychology – the independent, adult 'individual' (Callaghan, 2005).

In his Foucauldian analysis of the practices of a career in accountancy, Grey (1994) explores the ways in which professionalism becomes a project of self management. Rose (1989) demonstrated that, through webs of knowledge and expertise, the subject is identified and produced as autonomous, not only free to choose, but required to choose, and to be responsible for those choices. Thus through the processes of professionalisation and the practices of professionalism, students construct themselves as individual professionals, with the associated rights and responsibilities as constructed by professional codes of practice.

Becoming a 'professional' is not 'a professional thing', but a personal one. It involves conformity to an image of professionalism that goes beyond mere adherence to a code of professional ethics, to the entire range of self-presentation. It is necessary not just to act professionally, but to *be* a professional. In their analysis of the process of professionalisation of nurses and teachers in the UK, Stronach et al (2002) describe the way in which surveillance and governmentality serve to construct an image of 'the authentic' teacher or nurse. They suggest that by universalising the definition of the professional and inflating its importance, the practices of the profession, a 'collective individual' emerges: no longer 'a psychologist', but 'The Psychologist' someone who does not just *act* professionally, but *is* a professional (Callaghan, 2005; 2006).

The case presentation setting is a context that is set up to assist students in performing the role of 'The Professional'. It is in itself a piece of theatre. Pomerantz, Ende and Erikson (1995) suggest that the case study is a discursive exchange in which 'educators get novices to discover for themselves precisely what the professionals hold should be discovered' (p. 45). It is not a straightforward exercise in socialisation: rather through the process of presentation, and question and answer, students are encouraged to acquire for themselves the patterns of professional thought and behaviour.

International Relevance

The character of professions shifts with the changing configuration of political and institutional forces, and within a framework of professional dynamics (Abbot, 1988, Light, 1993). Patterns of globalisation, and the shift to viewing professionals as a commodity for exchange on global markets, mean that national forms of self-regulation are increasingly being challenged, making way for greater standardisation, external monitoring and assessment. The response by many professional bodies to this pressure has been to introduce further layers of internal monitoring and regulation to produce standardised and internationally portable knowledge and skill sets (Evetts, 1999). Global structures demand increased accountability and standardisation of professional training and accreditation. This

produces a clear pressure for professions to develop standardised curricula and highly regulated sets of professional competencies. This actively militates against a view that professions should restructure their knowledge base and practice to more appropriately reflect local concerns. This produces paradoxical demands between on the one hand a demand for local, contextualised practices, and on the other, a portability of professional identity rooted in presumably universal knowledges and skills.

Practice relevance

Challenges to professionalisation and to the logic of the profession take a range of forms in contemporary society. The notion of 'clients' and 'consumers' has functioned to shift the balance of power within relationships between professionals and those that they serve, in many professional contexts (Calman and Gabe, 2001). In addition, the contemporary emphasis on interprofessional partnership working and multiagency teams contributes to some challenges to the hierarchical structuring of relationships between professions, and enables some boundary crossing to take place (Hudson, 2002). For example, as the expressed ideological commitment in medicine has shifted from disease management to client centred care, the focus on 'empowering clients' with consumer choice has, the dominant professional voice would suggest, tipped the power balance towards the consumer. Of course such a perspective relies on a notion that choice is itself an unquestioned good – an assumption that has attracted considerable critique in critical accounts of 21st century life (e.g. McRobbie, 2010)

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