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Social networking, identity and professionalism in clinical psychology

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Abstract

The paper discusses some of the issues faced by clinical psychology trainees when integrating their ‘personal’ ‘student’ and ‘professional’ images. This is in the context of the increasing use of social networking sites for both personal and educational processes.
Introduction

Behaving in a professional manner is fundamental to being a clinical psychologist (British Psychological Society, 2009). Professionalism has a number of aspects, including acting in an ethical and respectful way, acting with integrity and within the sphere of our competence and ensuring that our behaviour does not bring the profession into disrepute (BPS, 2009). Trainee clinical psychologists develop their professional identity in a number of ways, including formal teaching, clinical supervision, reflective practice and belonging to the community of practice of clinical psychologists (Wenger, 1998). A community of practice embodies the formal and informal practices, culture and rules of a given group of people. Learning involves moving from being an observer of a community of practice to a legitimate member of the group by increasingly adopting the group practices (Wenger, 1998).

The process of undergoing training, is, therefore viewed, by its very nature, as changing the identity of the trainees (Piaget, 1970, Wenger, 1998). This can occur at different stages and to a differing extent depending on a range of factors including the previous knowledge and experiences of the trainee, the extent to which they engage with the educational process in its broadest sense and the extent to which they see the community of practice of their profession as being valued and relevant to them. It would be expected, however, that at the end of the training process that the majority of trainees would have undergone a major shift in their identity from novice to competent, confident and professional clinical psychologist. Effective training, therefore, makes a link between the
knowledge base and the clinical context in which it will be applied (de Freitas, 2006; Steadman et al., 2006).

Trainee clinical psychologists are simultaneously exposed to two influential communities of practice: that of the professional clinical psychologist and that of the student and the increasing use of the internet within education can exacerbate this conflict of identities. Online education can be powerful in facilitating the identity shift that is essential for learning (McKenzie & Murray, in press), however, the increasing use of social networking sites as part of the education process (Boon & Sinclair, 2009, Mack et al., 2007) also has implications for the development of a professional identity.

Social networking sites, such as Facebook and MySpace allow users to create a profile, exchange messages with and make new friends, join and create groups and post photographs and other information. Many students use social networking sites routinely (Arrington, 2005, Beetham et al., 2009) and the growing legitimisation of these sites within education makes it more likely they will be seen as part of the community of practice of ‘student’ (Crook & Light, 2002) and that the ‘personal’, ‘student’ and ‘professional’ identities will be blurred (Thompson et al., 2008).

This raises the need for online professionalism, i.e. maintaining integrity in an online environment. Research has indicated that this is not always an easy task. Even relatively basic social networking entries by medical students have been found to include easily accessible personal information which would not normally be shared in a professional capacity. This includes sexual orientation, relationship status and political viewpoint.
More worryingly, medical students (Thompson et al., 2008), prospective teachers (Coutts et al., 2007) and law students (Green, 2006 cited in Dixon, 2008) have been found to use social networking sites in ways that are unprofessional. This includes sexist or racist comments, depictions of drunkenness, abusive language and violations of patient confidentiality (Green, 2006 cited in Dixon, 2008, Thompson et al., 2008).

Even when there is no blatant unprofessional behaviour, it is important to remember that we are relatively adept at picking up both ‘identity claims’ and ‘behavioural residue’ online (Vazire & Gosling, 2004, Gosling et al., 2002), and that a lack of professionalism can be communicated indirectly. Identity claims are symbolic projections of our image, such as a photograph of us in a pub surrounded by a group of drunken people. In this case, our online affiliations may present a poor image of us. Behavioural residue is the physical traces that we leave behind by mistake e.g. our spelling mistakes or particular use of language. Use of sexist, disparaging or discriminatory language, even in a joking way can likewise present an unprofessional image. This suggests that we may be communicating information about our professional identity indirectly as well as directly.

Many people appear unaware of the extent to which personal information is accessible online or that this information may be accessed by their lecturers or potential employers (Mack et al., 2008). A recent US survey (Career Builder Survey, 2009) found that 35% of employers did not hire a candidate due to information they found on social networking sites. The most common reasons were content that included: inappropriate images or information, information about drug or alcohol use; criticism of previous employers,
fellow employees or clients, poor communication skills and making discriminatory comments.

This lack of awareness may arise from the belief that sites such as Facebook are social sites and are not/should not be used for other purposes (Hewitt & Forte, 2006) or from a lack of understanding about the extent to which information is shared across different sites. Increasingly social networking services are inter-connecting, making it harder to track where information ends up (e.g. changing your Facebook status can update your Twitter account). Similarly, ‘people’ search engines, such as http://pipl.com/ are designed to find out as much about you as possible. They will scan the web for anything connected to you and then compile it for their users.

Trainees may believe that their privacy settings will ensure that access to their site is restricted to those they select, however, services such as Facebook can change their privacy policies and settings, which means that even if we were confident about the security of our information at the time of publishing, the situation may change long after we have forgotten we put it there. Likewise, information may be accessed by hackers or moved from a private forum to a public one by a fellow group member, without our knowledge or permission. All of this means that once something is published on the internet, it can be very difficult to remove it completely because it may exist in a number of sites which differ from the one it was originally posted to.

As Thompson et al. (2008) note, there is nothing inherently unprofessional about using social networking sites. The problem lies in the fact that some students appear unaware
that the information they post online portrays them in an unprofessional light. How might this be addressed? Thompson et al. (2008) advocate that trainers should be proactive in using these sites to promote professionalism, although Boon & Sinclair (2009) suggest that the overlap in boundaries between teacher and student in a social networking setting can cause disquiet and discomfort.

At a practical level, the best rule to follow might be to avoid posting anything online that we would not wish employers, colleagues, supervisors, lecturers, clients or those connected to clients to see. Instead our online image can be used proactively and positively to promote our professionalism, as it is increasingly likely that this will be the means by which employers, colleagues and clients will obtain information about us. It may also be worth considering creating an alternate identity to provide anonymity when using personal sites. This may include creating a different name for personal accounts and avoiding mention of profession, employer or institution in this context. This can help separate the professional self from personal content, but be aware that increasingly sophisticated software (or old fashioned human error) may result in the two identities being linked.

Privacy controls allow us to determine who sees the information posted to a social networking site, which is an important way of protecting our online professionalism. However, as was noted above, these controls can be changed without warning by the company who owns the site. For example, in December 2009, Facebook changed its privacy controls to allow people to set privacy on a greater range of individual elements. At the same time, however, they set information such as names and profile pictures to be
publicly available to everyone on the Internet. When we use these services, our professional reputation is entrusted to organisations which we are likely to have only limited information about.

Clinical psychology training courses also have an important part to play. The issue is already being addressed by many programmes, through the inclusion of the subject within professional practice teaching, issuing specific guidance on the use of social networking sites and highlighting the issue at trainee induction. As social networking is unlikely to disappear, trainees and trainers alike must ensure that the misuse of such sites by a few does not damage the reputation of the profession as a whole.
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