

## The Identity of Psychology in Argentina

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### ABSTRACT

This paper explores the Argentinean psychologists' perceptions about the objective and exclusive tasks of psychological intervention. In addition, those activities that can be shared with other professionals who are not psychologists are also investigated. This analysis aims to reveal whether psychologists share a clear position on this issue. The development of their field as a profession demands an introspective attitude towards current psychological practice. This will enable to establish precise guidelines and sustain the psychology professional identity. The research is based on the importance of building a strong identity that promotes the general public's trust in psychologists. To this end, a questionnaire with three open-ended questions was used, followed by a thematic categorical content analysis. The results show inconsistencies in the psychologists' answers to the three questions under study. In the end, the lack of consensus in defining an exclusive objective for psychological intervention is concluded.


*Keywords:* psychological intervention, professional identity, survey, content analysis


This paper is part of a larger research initiated in Portugal, whose object of study was to investigate the role of psychological intervention (PI) in nowadays society (Ricou et al., 2018). The fieldwork for this study was carried out in Argentina in 2019/2020 with the aim of understanding the phenomena associated with the professional identity of psychologists in this country. For this purpose, Argentinian psychology professionals were surveyed to reflect on the role of psychologists and the purpose of their intervention in society.


Professional identity is a dynamic process through which a subject defines him/herself in relation to a set of activities guided by values and principles, and peer-developed. Changes in relation to the labour market have an impact on the workplace, in terms of professional identity and labour relations. Leibovich de Figueroa (2006) states that the socio-economic crises that Argentina went through profoundly affected the general labor market and, therefore, the professions. In other words, the flexibilisation of the world of work and social relations had an impact on the professional identity of individuals. This instability opened up other demands, diversifying the training offer towards contents that transcend the idea of a specific science. Here we return to another constitutive point of professional identity. Although occupational socialization

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constitutes a structuring framework for identity processes, according to Balduzzi and Engle Corrado (2010), these begin to be constructed in the process of academic training. Throughout their training, students receive performance models and experiences that provide them with the tools to construct their professional identity, which will be modified or strengthened throughout their professional development.

Professional activity is distinguished in each context by the unique methods and practices that make it up. Based on the complexity and multidisciplinary existing in Argentina, it will be necessary to reflect on the identity of psychologists in order to identify the specific purposes of their professional activity. The development of psychology is associated with individual and social demands; this profession emerges to respond to new challenges that arise in society. Defined as the scientific study of behavior and mental processes (Atkinson et al., 2002; Eysenk, 1998; Pinto, 2001), its development is associated with the growing importance of these processes for the individual and social progression of each person. Leibovich de Figueroa (2006) refers to the fact that, in Argentina, psychology is a relatively new science in the history of the professions. From its beginnings, in 1956 in Rosario and 1957 in Buenos Aires, concern for the professional field began. Since the Faculty was made up of medical doctors and psychotherapy was the strongest task in their occupations, the clinical field was the best known. According to Courel and Talak (2001), the relevance of clinical psychology and psychoanalysis in this field is congruent with the image of the psychologist as a health professional. The existing literature (Hilgard, 1987; Ribeiro, 1989; Teixeira, 2004; Trindade & Teixeira, 2002) confirms these statements: the objective of the PI is to promote individual well-being, with a particular focus on the clinical dimension of this profession. Regarding the prevalence of the clinical dimension in the identity of the psychologist, in Argentina we have case studies that show it from a historical perspective (Dagfal, 2014; Klappenbach, 2000; Klappenbach, 2006). There is also international research on the therapeutic alliance between patient and therapist in clinical practice, as human beings mutually involved at a subjective level (Díaz Arroyave, 2022; Giraldo Abad, 2021). However, in Argentina there are not many previous studies about the identity of the psychologist and the features of psychological intervention from the professionals' perspective. The psychological intervention contributes to the awareness of the subject, from the application of psychological techniques implemented by an accredited professional. The objective of the intervention varies according to the problem that calls it, and allows the person to understand it, prevent it or improve the quality of interpersonal relationships (Bados López, 2008). The skills for intervention that are sought to be trained correspond to the areas of competence of the degree, but are diversified in practice, where guidance, assistance, assessment and diagnosis, rehabilitation, prognosis, counseling and psychological treatment predominate. Likewise, it is possible to group these psychological intervention skills into three central areas: clinical, educational, and social (work psychology is added to the latter) (Amador-Soriano et al., 2018).

If PI should have universal guiding principles (Gauthier, 2005; Ricou et al., 2017), it is essential to reflect on the nature of the differences. In this sense, it will be necessary to identify specific characteristics that interfere with the professional image, status and autonomy of Argentinean psychologists. Considering the activities that derive from psychological science, it will be necessary to define the professional identity of the psychologist, as well as his or her field of action. This raises new questions about what distinguishes PI from other related interventions (Ricou et al, 2018). What are the main goals

and procedures that are exclusive to psychologists, and what are the activities they share with other professionals? For example, in Argentina, psychoanalytic therapy is common practice for psychologists (Daufgal, 2014; Londieu and Scaglia 2018; Eurasquin, 2000), but it is also a field of work for other professionals like psychiatrists.

It has been difficult to reach a consensus on the objective(s) of PI and what differentiates it from any other professional activity (Ricou et al., 2018). However, activities in the field of psychology are also linked to activities of professionals in other fields. For example, issues related to education, such as psycho-pedagogical support, vocational guidance, and career development. It is necessary to be aware of these exclusive and shared areas of work insertion and to set up discussion spaces to make clear differences and similarities with other disciplines, because if psychologists find it difficult to establish this difference, the general public will not be able to do so.

In the above-mentioned framework, it is important to define the fundamental and exclusive goals of PI, and thus, to contribute decisively to the debate around the definition of an identity for psychology. To do so, an initial study (Ricou et al., 2018) was conducted in Portugal, with the explicit purpose of replicating it in as many countries as possible in the near future; in this case, in Argentina. Our general aim, in line with the original research, is to discuss the importance of PI according to its exclusive goals and procedures, and to make it clear for professionals and, through them, for the general public. Moreover, it is also necessary to clarify what unites intervention variants in one same wider field called psychology. Specifically, this study, focused on the perspective of Argentinian psychologists, proposes on the one hand, to know the exclusive objective of psychological intervention and its function at a social level. On the other hand, to inquire about the professional activities, functions (competencies? scope?) that psychologists share with other professions.

## METHODS

### Participants

This study's sample is composed of 48 Argentinian psychologists, ranging in age from 20 (the lowest age that was proposed in the instrument to cover the respondents from 20 to 30 years old) to 71 years old ( $M = 45.23$ ,  $SD = 14.6$ ). Most of the sample was female (73%). Regarding professional experience, the psychologists who participated in this study have been in practice from 1 to 30 years ( $M = 18.04$ ,  $SD = 14.23$ ), with different specialties of psychology. The sample distributed by the dominant area of professional practice corresponds to 20 psychologists in clinical and psychotherapy, 14 in teaching and research, 10 in educational psychology, 5 in work or organizational psychology, 4 in health psychology and 1 in psychodiagnosis. It is worth mentioning that some participants in the sample are dedicated to more than one specialty in the field of psychology; therefore, there is no one-to-one relation between the number of respondents and specialties.

### Instruments

Participants responded to a questionnaire elaborated and submitted to all validation procedures by Ricou et al. (2018), then adapted according to Pozzo et al. (2019) for Argentina. It consists of demographic questions regarding age, gender, time of service, and specialty area, and three open-answer questions. The instrument did not elicit the city and university of origin of the respondents for two reasons. First of all, to keep the instrument identical to that of the

original research. Secondly, to keep the study exploratory, avoiding the complexity of correlating the answers with the characteristics of each place of origin, a task that would exceed the purposes of this article. The open questions were: (1) “What is the exclusive goal of psychological intervention that makes it unique when compared to any other profession or form of intervention?”; (2) “In your opinion, what functions are exclusively performed by psychologists?”; and (3) “In your opinion, what functions performed by psychologists may be performed by other professionals who are not psychologists?” (Ricou et al, 2018).

For this study translation and validation of the questionnaire for Spanish was carried out. Two independent bilingual translators, with Spanish as their native languages, performed two independent translations. The research team discussed the translations and identified differences, combining a consensual version of the two translations into one. The last translation was back-translated to English and compared to the original version to identify discrepancies in them.

## **Procedures**

The questionnaire was implemented totally online. The questionnaire was made available to participants by sharing a link through direct e-mail to a convenience sample of psychologists. The invitation of new referrals was done by participants themselves. The questionnaire was answered on-line through the Google forms app. This procedure was selected to increase participation, since a national dissemination of the questionnaire was intended. It is noteworthy that this procedure fits in the type of snowball sampling elected for this research study (Goodman, 1961). Data collection took place from November 2018 to November 2019. Informed consent was obtained from all participants and confidentiality and privacy principles were assured by collecting anonymous data.

## **Data analysis**

In order to achieve the goals that were set for this study, a qualitative methodology was used, since it enables the researcher to interpret and understand a phenomenon from participants’ personal meanings (Chizzotti, 2003; Hammel et al., 2000). Here, content analysis was selected as our methodological referential. Content analysis is a collection of techniques used to analyze discourse, in order to make the content of a message explicit, and also to systematize it (Bardin, 2009). To do so, the selected technique was categorical analysis, by placing our focus on the examination of underlying themes – thematic analysis. The selection of a theme as a coding unit is often done to analyze open-answers, with the aim of studying opinions (Bardin, 2009), which was the purpose of this research study.

Data analysis followed three chronological phases, as defined by Bardin (2009): pre-analysis, examination of the material, data processing and interpretation of results.

According to this approach, a skimming reading was performed to explore the collected answers, hence drawing a few first impressions and reflections from the data. After reading the material several times, emergent themes and categories were identified. In other words, from the analysis of each question, we identified the coding units grouped into thematic clusters. This originated a list of categories, making it possible to draw inferences. The option was to use semantics (to define the thematic clusters) and lexicon (to define the categories within each cluster) as coding criteria. For instance, at a semantic level, all

quotes with a meaning related to “well-being” were grouped in the category “well-being”; in turn, lexicon enabled us to code data according to its sense. The same respondent could have indicated more than one idea/unit. The categories were set bearing in mind the categories identified in the Portuguese Study and were adapted taking into consideration the answers of the participants in this study. In the process of naming categories, we considered the presence (or absence) of themes, and also their frequency.

The coding that emerged from this study is presented in Table 1. In the column referring to clusters, the three themes that were the focus of this study are presented. In each one, a set of categories emerged according to the content of answers, which were given a name according to the coding units (excerpts), which in turn are integrated in the context unit. In the coding of the data we take into account the results of the Portuguese study, the objectives of the study in Argentina and the conceptual framework that guided the collection process. Each thematic cluster answers a question in the data collection instrument; that is why it concentrates a unit of codes related at the semantic level. As a result of the coding, we obtained 11, 9 and 15 categories, linked respectively to cluster A, B and C (and to instrument 1, 2 and 3). In order to systematize the data, we identify each category with the letter of the cluster to which it belongs and, within these semantic units, we organize them ordinally. The categories were not mutually exclusive; therefore, the individual responses could correspond to more than one within the same cluster; that is, each participant's response could be fragmented and referred to different categories. In this sense, we collected 206 responses from the 48 participants, which we quantified and grouped into the previously mentioned clusters and categories.

The content analysis was performed and coded separately by two social researchers from the field of Educational Sciences (a senior and a novice one), and then compared. If in disagreement, the coding process was discussed with a third researcher.

## RESULTS

Results are presented according to the three clusters defined during the content analysis: perceptions about the exclusive goal of PI (A); perceptions about the activities that are exclusively performed by psychologists (B); and perceptions about the activities that are performed by psychologists yet may also be performed by other professionals (C). Of the total responses (206), 48 were grouped in cluster A, 67 in cluster B and 91 in cluster C.

### Perceptions about the exclusive goal of PI

According to the answers given by psychologists who participated in this study, there is apparently no consensus when it comes to defining the exclusive goal of PI. This can be observed from the number of categories that emerged in the cluster A, as presented in Table 2.

According to the category “understanding the individual” (A6), the exclusive goal of the psychologist is related to the study of the person in a singular context. The intervention requires recovering the subjective dimension of each situation that the subject goes through: “the work around subjectivity, its constitution, its historical and social production and the conditions of possibility for its transformation in order to reduce suffering”.

**Table 1**
*Content analysis: grid of clusters and categories*

Clusters	Categories
Perceptions about the exclusive goal of PI (A)	<p>Promotion of emotional balance (A1): To make unconscious emotions visible.</p> <p>Promotion of mental health (A2): It helps in the adoption of healthy habits.</p> <p>Promotion of change (A3): Personal growth and organization of one's own experience.</p> <p>Self-knowledge (A4): Work on yourself (self-esteem).</p> <p>Interpersonal relationship (A5): Work around social and affective bonds.</p> <p>Understanding the individual (A6): To attend to the singularity of the subject in the intervention.</p> <p>Promotion of development (A7): To promote skills aimed at the autonomy of the subject.</p> <p>Promotion of well-being (A8): To increase the degree of well-being (personal projects).</p> <p>Offer listening (A9): To evaluate the subject's speech.</p> <p>Psychotherapy (A10): Access to the psyche through language.</p> <p>Does not know/does not answer (A11).</p> <p>None (A12).</p>
Perceptions about the activities that are exclusively performed by psychologists (B)	<p>Psychological assessment (B1): Psychodiagnosis.</p> <p>Psychological intervention (B2): To promote the integral well-being of a person (not remedial).</p> <p>Psychotherapy (B3): Perform psychotherapeutic treatment after a diagnosis.</p> <p>Issues related to education (B4): vocational guidance, career development and learning problems.</p> <p>Specific techniques of intervention (B5): Interventions in specific disorders (family mediation, eating disorders, drug addiction, coaching, psychodiagnostics in the legal field, childhood).</p> <p>Management of psychological assessment tools (B6): Use of sociometric tests</p> <p>Psychological act (attending to contextualized subjective dimensions) (B7):</p> <p>Diagnosis of psychological disturbance and intervention.</p> <p>Clinical dimension of the profession (B8): Alleviation of individual human suffering and strengthening collective processes.</p> <p>Research (B9): academic conceptualization and analysis.</p> <p>Prevention (B10): Health promotion</p> <p>None (B11)</p>
Perceptions about the activities that are performed by psychologists yet may also be performed by other professionals (C)	<p>Issues related to education (C1): Psycho-pedagogical support/ Vocational guidance and career development.</p> <p>Human resources management (C2): personnel evaluation and selection and training of human resources</p> <p>Issues related to medicine (C3): psychological evaluation, neuropsychology, and cognitive rehabilitation.</p> <p>Social and community intervention (C4): socio-community work, helping communities recover their knowledge.</p> <p>Group work (C5): group coordination.</p> <p>Research (C6): academic conceptualization and analysis</p> <p>Prevention (C7): Health promotion</p> <p>Coaching (C8): Goal-oriented wellness promotion (informal relationship between professional and patient).</p> <p>Psychological assessment (C9): Practices linked to the medical dimension</p> <p>Personal development (C10): helping the subject to face a challenge and recover the identity of the subject.</p> <p>Psychotherapy (C11): Perform psychotherapeutic treatment after a diagnosis.</p> <p>Administrative services (C12): Inter-institutional articulations</p> <p>Other areas of intervention (C13): Sociocultural animation, grief situations, marketing and publicity, public health campaigns.</p> <p>Does not know/does not answer (C14)</p> <p>Therapeutic accompaniment (C15): daily psychological accompaniment.</p> <p>None (C16)</p>

**Table 2<sup>i</sup>**  
*Goals of PI (Cluster A): coding frequency according to category.*

Categories	Frequency <sup>ii</sup>	Context Unit (e.g. translated into English)	% of answers
Understanding the individual (A6)	13	"What distinguishes psychological intervention is the clinical gaze. This includes the way of approaching the singular and the articulations of the singular with particularities and the general".	27.08
Psychotherapy (A10)	12	"The specific thing about psychology is the order of the psyche. Different psychological theories have defined it and proposed therapies to access such a level".	25
Promotion of mental health (A2)	6	"The intervention in mental health considered as a process (not a specific moment) and necessarily based on the relationship between psychologist and consultant".	12.5
Interpersonal relationship (A5)	2	"Work on beliefs and interpersonal relationships".	4.1
Promotion of emotional balance (A1)	2	"From a place of objectivity be able to make visible what is not, in a situation that presents itself as problematic for those who consult. In that sense, to orient until they reach a healthy solution."	4.1
Promotion of change (A3)	2	"Promote changes in mental states and the organization of experience".	4.1
Promotion of development (A7)	2	"Promote personal development guided by patient desires and possibilities, providing tools to move efficiently around the world"	4.1
Promotion of well-being (A8)	2	"Increase degrees of well-being"	4.1
Offer listening (A9)	2	"Clinical listening, whose objective is to locate subjective and singular points in each intervention".	4.1
Self-knowledge (A4)	1	"Knowledge of oneself, contributing to the development of autonomy".	2.08
None (A12)	4	"I do not consider that there is a single exclusive objective of psychological intervention. Psychology is diverse in its modalities and fields of intervention so thinking of a single goal is impossible for me."	8.3
Total	48		99.56

On the other hand, the responses focus on stating that the specific objective of intervention is mental health. Alongside this point, others such as personal development, promotion of well-being, emotional balance and self-knowledge are also acknowledged.

One last group of responses should be mentioned: the one for which there is no single exclusive objective for Psychology.

### **Perceptions about the activities that are exclusively performed by psychologists**

Regarding the analysis of the activities that are exclusively performed by psychologists, participants' answers belong predominantly to the category referring to the clinical dimension of the profession (B8).

According to data analysis, the following categories concentrate a high number of answers: psychological intervention (B2), with 10 context units; psychological act (B7), with 9; psychological assessment (B1), referred 8 times.

The rest of the results are shown in Table 3: the categories shown earlier, their frequency (absolute values and percentage), and the context unit in which they appear.

**Table 3**  
*Exclusive activities of psychologists (Cluster B): coding frequency according to category.*

Categories	Frequency	Context Unit (e.g.)	% of answers
Clinical dimension of the profession (B8)	12	"Clinical practice has hegemony (...) the specific functions of professional psychologists refer to interventions in the field of subjectivity and human psychosynthesis, in terms of what involved in intrapsychical conflicts entails".	17.91 %
Psychological interventions (B2)	10	"Perform psychotherapeutic interventions aimed at psychological well-being and/or mental health".	14.92 %
Psychological act (attending to contextualized subjective dimensions) (B7)	9	"Therapeutic listening; subjective dimension accommodation, ethical position on proceeding in the direction of the cure".	13.43 %
Psychological assessment (B1)	8	"Only psychologists are empowered to perform psychodiagnostic tasks, evaluate the dynamics and structure of personality (...)"	11.94 %
Specific techniques of intervention (family mediation, eating disorders, drug addiction, coaching, psychodiagnostics in the legal field, childhood) (B5)	11	"Acting on people's subjectivity in different contexts".	16.41 %
Issues related to education (vocational guidance, career development and learning problems) (B4)	5	"The training received in the degree prepares us to work in (...) the educational field"	7.46 %
Prevention (B10)	3	"(...) to carry out prevention and/or psychoprophylaxis work".	4.47 %
Psychotherapy (B3)	3	"Psychotherapeutic interventions", "Performing psychotherapeutic treatments".	4.47 %
Research (B9)	2	"The study (research and conceptualization) of mental phenomena/cognitions, behaviors and emotions (...)"	2.98 %
Management of psychological assessment tools (B6)	1	"Differential analysis using a wide variety of tests"	1.49 %
None (B11)	3	"I believe that our field has become so diversified that there is no longer its own exclusive function (...)"	4.47 %
<b>Total</b>	<b>67</b>		<b>99.97 %</b>

### Perceptions about the activities that are performed by psychologists yet may also be performed by other professionals

Like previous themes, many categories emerged from the participants' answers regarding activities that are performed by psychologists yet may also be performed by other professionals (Table 4). In this particular cluster, the



number of categories is higher than in the other two clusters. The most frequent answer given by the participants was “Issues related to education” (C1) (n = 21). The other categories were “human resources management” (C2) (n = 9), “issues related to medicine” (C3), such as psychological evaluation, neuropsychology, and cognitive rehabilitation (n = 9), “social and community intervention” (C4) (n = 8) and “therapeutic accompaniment” (C15) (n = 8). It is noteworthy that 8 answers fit in the category “personal development” (C10). A few number of answers: group work (C5), with 6 references, as well as other areas of intervention (C13) (e.g. sociocultural animation, grief situations, marketing and publicity, and public health campaigns).

**Table 4**

*Activities performed by other professionals besides psychologists: coding frequency according to Category.*

Categories	Frequency	Context Unit (e.g.)	% of answers
Issues related to education (Psycho-pedagogical support/ Vocational guidance and career development) (C1)	21	"I understand that the confluence occurs in the educational field: psycho-pedagogues and special teachers, for example, are empowered to intervene in the school context".	23.07 %
Human resources management (C2)	9	"The work in the field of so-called human resources comes to mind very clearly" "Neurologists and psychiatrists with specific training can participate in neurocognitive evaluations".	9.89 %
Issues related to medicine (psychological evaluation, neuropsychology, and cognitive rehabilitation) (C3)	9	"Clinical performance, which is usually the most closely related to the professional performance of a psychologist, may well be carried out by a medical psychiatrist and in many cases is carried out by psychopedagogues. Psycho-diagnosis, cognitive rehabilitation"	9.89 %
Social and community intervention (C4)	8	"social and community work".	8.79 %
Therapeutic accompaniment (C15)	8	"therapeutic accompaniments".	8.79 %
Personal development (C10)	8	"change management support (...) installing hope, understanding and problem solving, behavioural and cognitive modifications, inspiration"	8.79 %
Group work (C5)	6	"coordination of group spaces", "group management"	6.59 %
Other areas of intervention (Sociocultural animation, grief situations, marketing and publicity, public health campaigns) (C13)	5	"(...) In marketing and advertising, market studies. The area of state and/or government communication. Campaigns for the promotion of public health, etc."	5.49 %
Prevention (C7)	3	"(...) prevention tasks such as workshops".	3.29 %
Psychotherapy (C11)	2	"Psychotherapy (psychiatrists with training in psychotherapy)".	2.19 %
Administrative services (C12)	3	"(...) interventions in institutions of various kinds".	3.29 %
Research (C6)	1	"Other aspects such as transmission, teaching and research that are part of the functions of a professional psychologist, are developed by professionals from different disciplines".	1.09 %
Coaching (C8)	2	"coaching"	2.19 %
None (C16)	6	"I assume the specificity of each profession, so this question is difficult to answer".	6.59 %
<b>Total</b>	<b>91</b>		<b>99.94 %</b>

## DISCUSSION

Starting with the first goal of our study, about the specific goal(s) of PI, our results seem to show that there is no consensus among psychologists in concern to the exclusive goal of PI. Such a finding is congruent with the reasons that originated this study, which concern the difficulty in finding a common underlying perception about the goals of PI. In fact, the identification of multiple categories could suggest that Argentinian psychologists may hold different concepts about the goals of psychology. The same results were obtained in a study with Portuguese psychologists (Ricou et al., 2018).

The most frequent answers associate the exclusive goal of PI to understanding the individual (A6) and with psychotherapy (A10). These points are closely linked to the clinical dimension of psychological intervention (B8). In this sense, research carried out in Argentina (Londieu & Scaglia, 2018; Dagfal, 2014; Eurasquin, 2000) shows the predominance of clinical orientation as an area of professional intervention in psychology. Psychology was originally developed in the mental health field (e.g., Goodwin, 2015; Leal et al., 2012). From 1960 onwards, the graduation of the first psychologists in Argentina brought about the creation of a new professional figure who adopted psychoanalysis as a privileged theoretical framework, model of practice and identity reference.

According to García and Fantín (2010), psychotherapy is widely accepted in Argentina. These authors express that people experience benefits from attending this type of psychological consultation. Other studies (Atkinson et al., 2003; Smith et al., 2003) state that the aim of psychotherapy is to alleviate human problems; they consider the relationship, both professional and interpersonal, between psychologist and patient to be of fundamental importance. Although the psychologist is a well-prepared professional for psychotherapeutic training, other professionals can also practice psychotherapy. And psychotherapy is a technique, not an objective. A study at the University of Buenos Aires (UBA) shows that 85% of psychologists practicing are dedicated to the clinic (Londieu & Scaglia, 2018). The strong prevalence of this approach determines that the perspective with which professional activity in Argentina is approached is clinical, even considering the existence of areas outside this approach, such as education and social-community.

Such a high percentage of clinical psychologists in our sample may help to explain why our results stress understanding the individual as a goal of PI, since clinical psychologists may feel very strongly about this role. According to the data collected, the category "understanding the individual" (A6, Cluster A) is closely related to the "clinical dimension of the profession" (B8, Cluster B). When referring to A6, the interviewed psychologists refer to the subject of desire as the main object of professional interventions, which requires considering cognitive, affective, and social aspects of the patient in tune with a specific situation (causing the psychic trauma). The clinical view (B8) is based on this: address the articulations of a specific fact, considering the environment in which that subject is inserted, and, at the same time, maintaining openness and presumptive value of each working hypothesis.

It is striking that more than 8% of psychologists' answers didn't recognize an exclusive goal for PI, hence somehow underestimating the existence of their own profession. This cannot go unnoticed and requires reflection.

In line with the second goal of our study, we can say, again, that psychologists identify themselves with their speciality (clinical) more than with

the profession. Most of the psychologists identify clinical (B8) orientation as an exclusive activity of its profession.

In the same way, following the psychologists' responses, analytical and therapeutic listening (A9) is a function of their profession. Eight psychologists identify psychological assessment (B1) as one of their exclusive tasks. In fact, psychological assessment is the only specific task for psychologists (Gonçalves et al., 2017; Ricou 2014), and just a minority of Argentinian psychologists are aware of it. Moreover, we must consider one more answer referring to the administration of psychological assessment instruments, which again stresses this technical dimension of the profession.

The cluster C under study relates to the psychologists' perceptions concerning their activities that can be performed by other professionals. In this point, many of the collected answers appear, again, to be associated with the specific practice of everyone. Here the responses made visible the convergence of psychology and other professional fields, such as education (C1), human resources (C2) and medicine (C3).

To sum up, psychologists seem to define their professional identity according to their specialty area, ignoring psychology as a whole. The observed trend in such results is in tune with the assumptions defended by Ciampa (1986), who suggests that identity modes are determined by the historical and social context in which an individual is placed. Also Schein (1996) considers that it is through professional development that identity is affirmed, as a result of a person's knowledge and professional vocations.

As regards the initial research study, the Portuguese results showed that the psychologists' opinions differ among them regarding the three questions under study. The authors found no consensus regarding the exclusive purpose of psychological intervention, as well as regarding the exclusive functions of psychologists. In this way, in Portugal, psychologists seem to have different concepts about the goals of psychology. It seems, psychologists tend to identify the goals of Psychology Practice with their own specialties. Besides Argentina, this study is being replicated in other countries such as Spain, France, Germany, Slovenia, and Latvia. However, the results are not published yet. The aim is to understand, from country to country, how psychologists' opinions about these three issues differ, to contribute to a broader identity for psychology.

## Conclusion

If the performance of a profession demands a certain training or specialization, supported by a set of principles and beliefs with the purpose of attaining a certain goal (Ricou, 2014), and considering the results from the present study, it becomes necessary to delimit the exclusive goal of PI. Indeed, psychology has a clear set of professional principles (Ricou et al., 2017), and, to become a psychologist, it is necessary to accomplish a set of well-defined conditions, according to the Portuguese Psychology Association, for example (Ordem dos Psicólogos Portugueses, 2016). Nonetheless, the goal of psychology does not seem to be clear enough.

As acknowledged in this study, and despite its limitations concerning external validity, namely due to its sampling method, understanding the individual (n= 13) is a goal of PI. In spite of existing other weighted goals of psychology, these tasks are the most frequent in the responses of participants. The same happens when we analyze the answers related to the exclusive tasks performed by psychologists. According to the results obtained from the second

objective in our study, the clinical dimension of the profession is the most important task exclusively performed by psychologists ( $n = 12$ ).

Psychologists seem to define their professional identity according to the field of activity in which they work and the institution where they attended their higher education. Although the clinical dimension is hegemonic in Argentina, there is a wide variety of areas of professional insertion. Such an observation is an indicator that psychologists identify first and foremost with their specialty, instead of identifying primarily with psychology, which can result in a devaluating process of psychology as a profession, resulting in a numerous set of activities with a lack of theoretical body.

Bearing the in mind, this study supports the arguments of Ricou et al (2018) about the urgency to define clearly what is the exclusive and unique goal of PI, the one that gives it identity. If psychologists themselves cannot answer these questions, or if this professional class lacks agreement, other professionals, and people in general surely will not be able to do so. In the same way, we risk that psychology as a profession disappears, transforming itself in several different disciplines, lacking professional principles and responsibility. These inferences are conditioned to the limited number of professionals in our study sample. Therefore, future studies from quantitative approaches could expand the sample of respondents in the direction presented here. Furthermore, information on the city and institution of origin could be included in the instrument to analyze the results according to the different orientations and profiles.

<sup>i</sup> Rather than focusing on the individual response of the participants (48), the coding focused on the recurrence of the categories in the professionals discourse. Therefore, their answers could refer to more than one category. This explains why the total number does not coincide with the selected sample. This criterion also applies to Tables 3 and

<sup>ii</sup> Frequency with which the category was mentioned. A participant could guide their response to more than one category or, on the contrary, not respond to this classification. This criterion is also considered in Tables 3 and 4.

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