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# Place-Identity in boundaryless careers: Narratives of medical students from lower socio-economic class backgrounds

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Medical schools are working to widen access to students from lower socio-economic backgrounds, particularly through targeted recruitment within under-doctored regions of the UK. Drawing upon recent research, this article explores ways that place-identity theory can be helpful to career professionals, particularly when thinking about the extent to which where individuals are from influences where they (can) go and what they might need to sacrifice to get there. Bounded student narratives expose the 'dark side' of the social mobility agenda and clash with the quasi-colonial 'world is your oyster' rhetoric of the boundaryless career. Implications for practice are discussed.

## Introduction

The term boundaryless career (Arthur, 1994) has evolved from its original conception to connote a sense of free-market quasi-colonial freedom which exists in reality only for the privileged few; access to the 'highest professions' being one such example. It has been critiqued on account of an assumed agency that individuals have over their career decisions, overlooking structural and other barriers to choice of occupation (Rodrigues & Guest, 2010). Fascinated with the opportunity structure vs. agency debate, the author led a research project relating to Widening Participation (WP) to medicine. The project sought to explore the barriers and enablers that medical students from lower socio-economic backgrounds encountered as they traversed boundaries in their journey into medicine. This article looks at one specific emergent theme in the light of the current policy context; that of place-identity and the extent to which where you are from interacts with where you go. Implications for careers practitioners are explored, and contextualised within policy agendas.

## Context and definition of key terms

'Widening Participation' is the policy drive to make opportunities to enter and successfully progress within higher education (HE) and graduate-level employment more equitable, especially when accounting for under-represented groups (Boeren & James, 2017). Historically, student cohorts studying medicine have not been representative of the wider population. Some groups have been over-represented and some groups under-represented when accounting for ethnicity, gender, disability, and socio-economic background (Medical School Council, 2016). Medical schools are under increasing pressure to do more to widen participation into medicine (Sutton Trust, 2016), with governmental funding for allocation of new medical places going to 'cold spot' regions in the country, where population needs are underserved, in an attempt to recruit more students from widening participation backgrounds (Medical Schools Council, 2016).

Warwick's graduate-entry only medical degree (MB ChB) maintains a strong success rate at attracting students from lower socio-economic backgrounds. The sole entry requirements are that a student possesses a 2:1 at degree level from any institution, in any discipline. School-level achievements are

not considered, which allows the widest range of applicants to apply, such as those who have gone into Allied Health Professions, or into HE via Access/ Foundation courses.

## The social mobility landscape: 'Where you are born […] directly affects where you get to in life'

At its most rudimentary level, the social mobility agenda is concerned with the 'extent to which more or less economic status is transmitted across generations' (Goldthorpe, 2013, p. 7), with 'mobility' here commonly referring to an upwards trajectory within socio-economic status. However, there is also a regional aspect to social mobility. Former Education Secretary Justine Greening contended that: 'In modern Britain, where you are born, where you live, where you go to school and where you work directly affects where you get to in life. […] Talent is spread evenly across this country; the problem is that opportunity isn't' (Government UK, 2017). Taken together, it is therefore assumed that social mobility (i.e. upwards trajectory) equals *talent + geographical opportunity*. In the light of place-identity, this article posits that talent is not in itself an independent variable, i.e. a 'genetic endowment'. Instead, it is the *sum of prior opportunity* or as Bourdieu (1985) asserts, the accumulation of capital; of latent knowledge passed on through generations, social networks and through profiting from economic resources that enrich these things.

The failure to recognise that talent is a function of opportunity perpetuates a system whereby 'outliers' can only beat the system by chance, as is explored later in this article. Importantly, one's place-identity can only be understood within the context of this accumulation.

## Place-identity, place attachment, regional identity

The study of place-identity (and related terms: sense of place, place attachment and regional identity) has been of particular interest in the fields of human geography, architecture and social science since 1970s (Paasi, 2002). Amid contested debate around definitions, place-identity essentially contends that a person's identity forms in relation to their environments. Further, that there is a recursive relationship between the places that people inhabit and their subsequent imprint on an individual's identity and vice versa, and thus the manner in which these incrementally inform socially-constructed identities of surrounding communities (Proshansky, Fabian & Kaminoff, 1983). That places have an 'identity' of their own is assumed, but on deeper analysis it is our (socially-formed) imprints on these which create and perpetuate this. Paasi contends that: "'Regional identity" is, in a way, an interpretation of the process through which a region becomes institutionalized, a process consisting of the production of territorial boundaries, symbolism and institutions' (2002, p. 478). How this occurs is contested; notably the degree to which this is a centralised process through structural engineering (i.e. the design of new buildings, cultural points of reference, community hubs) or whether this is, as Beck and Beck-Gernsheim contend, increasingly driven by people taking agency and independently shaping their environments (2001).

Relph defines places as 'significant centres of our immediate experiences of the world' (1976, p. 141) and proposed the terms 'insideness' and 'outsideness' to determine a person's relationship with their environment (1976). He contends that the more 'inside' of a place a person feels, the more safe, at ease, less stressed they will feel and they will assimilate their identity with that place. If a place feels more hostile, or alien, Relph articulates that a feeling of 'outsideness' will cause the person to disassociate with that place. Seamon and Sowers assert that the 'crucial phenomenological point is that outsideness and insideness constitute a fundamental dialectic in human life and that, through varying combinations and intensities of outsideness and insideness, different places take on different identities for different individuals and groups, and human experience takes on different qualities of feeling, meaning, ambience, and action' (2008, p.54). For those engaged in the field of careers, this work on place-identity resonates when considering the impact that a person's environment has on the development of their identity, and consequently, what career options are perceived to be 'in scope' or 'out of scope' for that person.

## Methods

This article presents one small extract from a large two-year exploratory research project looking at the career narratives of medical students from lower socio-economic backgrounds. The study consisted of two phases. Phase I gained benchmarking data via a quantitative survey with qualitative insight questions, which was completed by 46% of the student population (n=326). Phase II consisted of a series of in-depth semi-structured interviews (n=22) and two focus groups (participant n=13). Given the inherently complex phenomena under observation when considering identity construction, socio-economic background and career choice, the chosen epistemological basis for this exploratory research was one of social constructionism. The primary research question was underpinned by a theoretical framework foregrounded by key sociological texts, such as Bourdieu's 'Forms of Capital' as critical in understanding some of the issues that are prevalent in the Widening Participation arena, in addition to key career theories: Law's Community Interaction Theory and Hodkinson's Horizons for Action. However, during the course of data analysis which followed Braun and Clarke's six-point framework (2006), it was clear that a more data-centred and inductive approach to coding and analysis would be helpful in understanding some of the emergent themes. Interpretive phenomenological analysis was chosen as a means by which to do this, as it crucially acknowledges the researcher's role in 'making sense of people's making sense of phenomena' (ibid). Emergent findings also stimulated an iterative search back to the literature.

## Findings and discussion

### Feeling 'out of place'

The impact that the internalisation of place-identity can have on individuals appears to be borne out in one particular phenomenon that has been described by Relph as 'insideness and outsideness' (1976). One of the emergent themes was that students from lower socio-economic backgrounds felt 'out of place' at medical school. Not a single WP student in this study reported feelings of 'insideness' or feeling 'at home'.

In contrast, individual narratives explained the extent to which medical school felt alien to them, citing relationships with peers, finance, and self-efficacy belief as contributing factors to this. One student described his first encounter with this environment at a medical school interview:

> I've never felt so out of place in my life - the boy from the north east, from a council estate with people who had gone to all the top private schools in the country; different manner of speaking; different everything; different prep; different things that we would talk about; just didn't seem to have anything in common at all.
>
> (Male Participant, Interview)

The word 'different' repeated here emphasises for this student how stark the contrast was, and how 'outside' the environment was. Interestingly, for this student, it was clearly an environment within which he *wanted* to feel 'inside', and yet he struggles to reconcile what he is aspiring towards with his former identity:

> Even if you wanted to change to that, you couldn't depending on where you were from because you'd change to that to try and fit in where you want to go to but if you do that, you're not going to fit in where you are. It's difficult to escape I think.
>
> (ibid)

This raises the question: what does it take to become a doctor, in terms of one's own identity? What should it take? What must be left behind and is anything preserved? For students from lower socio-economic backgrounds, coming to medical school is essentially a 'crossing the Rubicon' moment, after which it appears that there is no turning back in terms of the implications for their own identity. In the light of the rhetoric of the social mobility agenda, the prevailing assumption that making opportunities available to people from underrepresented backgrounds will help nullify or counterbalance the system; where in fact what appears to be happening is that people compromise their own identity, including the element of where they come from, in order to fit in and conform to this system.

## People like me don't become doctors

Student narratives reveal the strain of having to reconcile their place-identity with what they believe to be the required identity of a doctor. The result presents as imposter syndrome, with all students (even those due to shortly graduate) feeling that they do not belong at medical school. When asked at what point medicine became a tangible career option for them, one respondent said, 'I'm still waiting for the "sorry we've made a mistake"'. The narratives portrayed a reality where students find it difficult to feel like they belong at medical school, nor are they able to assimilate with what they understood the 'identity of a doctor' to be:

> I think there is that attitude of – I don't know where this attitude came from – people like me don't become doctors. […] I do think it's probably just that I was the first person to go to uni, nobody else was particularly academic. All of the people had good jobs, like my mum was a nurse but back then you went to college, you didn't go to university to do it. I think as well – I can't remember if I brought family in to it very much but things like I was in a single parent family, not particularly well off. In my head at that point it was 'that's not the type of person that becomes a doctor'. That type of person could become a nurse, that type of person could become successful but not one of the higher professions that people think of like doctor, lawyer, architect, those were all still a little bit out of reach.
>
> (Female Participant, Interview)

In this narrative, the student is clearly trying to make sense of where that belief originated from, and fails to rationalise out what has essentially become embodied from a history of unconscious nudges to support this belief formation. The students' narratives reveal numerous such influences from concerned family members, teachers, careers advisors, and even tropes of what doctors are (or are not) as portrayed by TV. However, one concerning factor is that medicine is ubiquitous as a career choice; doctors are everywhere, but the perceived identity of what it is to be a doctor is not apparently something that feels open to everyone. More alarmingly, there appear to be socially-informed stereotypes as to what a doctor is 'like' which need critical revision.

## Accent

Recent research by Donnelly, Baratta & Gamsu (2019) demonstrates that those from lower socio-economic groups often feel the need to downplay their accents to be perceived as more successful and this was borne out within many of the student narratives. The desire to fit in at medical school causes them to purposefully choose to downplay or lose their regional accents, in favour of acquiring a more generic accent: 'I was state educated and not from the best area, although my accent doesn't show that these days.' One student reflected on the impact accent can have to how she was perceived within her peer group:

> I went on a rock climbing trip with some final years that graduated last year and I took along my best childhood friend from my town/village area, very strong northern accent, very working class, and we turned up to, like, go camping and climb together, and they just kept looking over, like, what's going on, and they were, like, how did you two meet?" I was, like, "We've been best friends since childhood," and they were, like, "What? What do you mean?" I was, "Yes, we grew up together," and they were, like, "But, you're posh," and I was, like, "No, I'm not," and it's that, sort of, like, difference. I don't know. Like, everyone there was just… yes. It was just different. Like, a lot of those expectations are, sort of, like, I don't know. People, like, interpret you differently depending on how you speak.
>
> (Female Participant, Interview)

It is interesting that she does not recognise herself as 'posh', and retains a piece of her place-identity in her strong association with where she was brought up, despite relinquishing its objectification in her accent. Her reaction to her peers referring to her as 'posh' is interesting, in that she clearly disassociates with that as not being part of her identity, however at some point, her disassociating with her accent was important enough a consideration. One is left wondering, was this out of desire or necessity? Another student observed a lack of role models 'like her':

> I remember when I used to go to my doctor's appointments when I was a kid I was in Liverpool and I was, like, why does no-one have a Liverpudlian or, like, northern accent. I wonder if they were northerners. […] when I was younger, I had a very strong northern accent but I changed it, because people, instead of listening to what I would say, would be, like, "Where are you from?" and people assume you're stupid, as well. Well, not assume you're absolutely stupid but, instead of actually listening to your words, they don't take you seriously as much, I found.
>
> (Female Participant, Interview)

Her observation 'I wonder if they were northerners' seems to imply how widespread this phenomenon is; and yet the fact that she has done the same is once more maintaining a status quo of doctors having felt the need to minimise their accents.

## Implications for practice

These student narratives reveal that although they have 'made it' into medicine, they have done so at considerable personal cost to themselves and their sense of place-identity, against the odds of a system which appears to have been stacked against them. Often acting as the interface for transitions, careers practitioners can assume the powerful role of helping individuals navigate their way around or within such systems. We often take for granted the value of giving practical information and giving labour market advice, but sometimes the messages that we give to our students/clients are so important *because* they run contrary to the potent super-narratives that script their career decisions, i.e. 'people like you *can and do* become doctors. Here's where you can find out more'. Furthermore, the unendingly powerful belief in our client's potential and the unconditional positive regard which we impart may help to annul the systemic negative feedback they gain from sources around them (i.e. a lack of observable role models from their own region, negative feedback from their communities and networks, contact with 'outsiders' e.g. peers from privileged backgrounds etc.). Understanding place-identity can help careers professionals enter a client's frame of reference, and enable them to understand how they relate to their environment; why they feel more at home in some environments, and more alien in others. Anticipating some of the feelings that students might face, careers professionals could enable individuals to reflect on their own place-identity, and how this interacts with their perceptions of careers being in or out of scope. A group session around the theme of 'insideness and outsideness' could effectively challenge students perceptions of outsideness through peer-dialogue, and equally serve to normalise some of the feelings that students may face (for instance, at medical school interviews as per narrative above), and begin to enable students to prepare for these.

It is becoming increasingly important for careers professionals to reflexively consider their response to social justice and weave this into their practice, as highlighted through the recent work of (*inter alia*) Hooley, Sultana & Thomsen (2019). Here, this might take the form of advocating on behalf of students either directly, or through developing their reflexivity so that they can take a more proactively planned response to considerations relating to their identity and subsequent responses (e.g. maintaining their accent), as one small step to attempt to destabilise old systems. It might also require careers practitioners to engage in more collective advocacy on behalf of under-represented groups to challenge the status quo (e.g. fairer admissions processes, more diverse portrayal of doctors in the media).

## Conclusion: Social mobility, 'A cold and broken Hallelujah'?

Place-identity can offer career practitioners a lens through which they can gain critical insight into the barriers that students from lower socio-economic backgrounds must overcome to enter higher education, and (here) the medical profession. Careers professionals have a powerful role to play, not only through the 'butterfly effect' impact that one small guidance intervention can have on affecting the wider system, but in advocating on behalf of our clients individually and collectively as a profession.

This article would like to conclude by stimulating debate relating to the 'dark side' of social mobility.

These students have 'succeeded' in the eyes of the social mobility agenda, but at what cost? If these students feel that they need to change who they are to fit in, it appears that widening access is currently serving to perpetuate and support the current system, which creates more of the same rather than celebrating the diversity that comes from place-identity. Furthermore, this comes at great cost to the individuals who feel that they cannot ever return, and do not fit in where they are.

In the words of Leonard Cohen, these narratives do not reflect a 'victory march', but a 'cold and broken hallelujah' (1984). This research only looked into students who were successfully admitted to medicine, however what about those who were 'left behind'? Further research is needed, in particular using the lens of place-identity to explore career decisions in regions where attainment is low, or the lens of place-identity using critical race theory. In conclusion, careers professionals are well positioned to take on the mantle of helping individuals to carefully navigate these systems, and have a valuable role to play in advocating social justice. It is crucial that they recognise this role and rise to this challenge.

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