The relevance of Community Interaction Theory to 'Widening Participation': A role for the guidance practitioner as applied psychologist and sociologist?

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This essay reviews research I conducted through the lens of Law's Community Interaction Theory, and draws out its contextual relevance to widening participation in medicine. It discusses implications for practice, and suggests potential in Law's idea for the role of guidance practitioner as both applied psychologist and sociologist.

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Introduction

As a reflective practitioner, it seems only fitting to begin this piece with a personal reflection on how I arrived at undertaking research into widening participation, and how over the past decade I developed my fascination with the work of Dr Bill Law.

I grew up in Aston, a bustling multi-cultural area of Birmingham that was, and remains, one of the most deprived wards in the city, still characterised by low participation rates into higher education. My brother and I grew up in a cosy terraced house with my mother, Irish grandparents and many aunts & uncles, in a street where we were all first or second-generation diaspora, mostly from Ireland, Jamaica and Pakistan. Growing up with such rich cultural diversity, I was aware of what Law defined as 'modes of community influence' but without understanding the significance of this. I observed the expectations of my immediate community as prizing education and received different types of feedback and support to reinforce working hard at school; albeit without specific expectations, or precise knowledge about how this would translate into future career opportunities.

Fast forward in time, I have spent the last decade in the field of careers: the first half supporting long-term unemployed individuals into meaningful work, the latter half working in careers and widening participation (WP); helping students from low-participation backgrounds to access university education (specifically, in medicine). Through my work, I experienced first-hand what Law explained as the 'mid-range' focus of community interaction: the iterative, mutable and recursive relationship by which individuals within various groups imprint on each other, relating expectations of behaviour through social nudges (Law, 1981).

Researching WP in medicine

Recent policy imperatives are placing increasing pressure on higher education to widen participation from under-represented groups (Sutton Trust, 2016). This is compounded in the study of medicine, where stringent entry requirements make it harder to address systemic problems with regards to under-representation (Medical Schools Council, 2016).

I was curious to find out how students from WP backgrounds have overcome barriers to entry, and decided to conduct a piece of exploratory research by conducting semi-structured interviews (n=22) and focus groups (n=2). 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 in the light of Dr Bill Law's Community Interaction Theory.

Community Interaction Theory

Bill Law produced his Community Interaction Theory as a counterpoint to what had become a debate about 'self-concept' versus 'opportunity structure'. His theory encouraged readers to consider the spectrum of community influences as a mid-range intermediary between these two seemingly juxtaposed concepts, contending that 'whatever explanatory and predicative significance we may wish to assign to self-concept or to opportunity structure as influences upon career development, that significance will be modified by exchanges occurring between the individual and the groups within which he or she is a member' (Law, 1981, p.148). His theory broke ground in that it posed that not only do communities transmit 'the effects of "big-picture" sociological processes: they also *modify* these effects' (Law, 1981, p.149). The implication of this theory in the context of the aforementioned debate, is that communities can of themselves contribute sources of motivation that can constrain or liberate individuals, out with the position of these individuals' relative to their opportunity structure, and with a recursive relationship on self-concept.

This is particularly interesting in the light of the vocational choice that people make when they pursue a career in medicine. Compared to most occupations, medicine is pervasive, with most people visiting a doctor at some point in their life. There has been a historical prestige associated with this profession, which has been maintained over the course of centuries (Girasek et al., 2011). This prestige is, in part, upheld by the current admissions processes into the vocation, which in turn is a function of how well the profession is remunerated (Girasek et al., 2011). In and of itself, this very fact has implications for social justice, however it has particular resonance when viewed in the light of Law's Community Interaction Theory.

Law outlined fives modes of influence: expectations, feedback, support, modelling, and information. The term 'expectation' is used to refer to 'the cues, pressures, and enticements that are often embedded in membership of groups' (Law, 1981, p.150). In the context of this research an example of the influence of expectations might be family members indicating praise for the career choice of medicine, or suggesting

to the individual that this would be a desirable career for them e.g. 'wouldn't it be lovely to have a Doctor in the family!'. Law defines feedback as "the messages that people receive concerning their suitability for different sorts of social roles" (Law, 1981, p.150). For Law, the term 'support' refers to the 'reinforcements and encouragements that group membership can entail' (Law, 1981, p.150). Modelling, as referred to by Law, accounts for 'the flesh and blood examples which offer specific targets for identification to members of the group' (Law, 1981, p.150). And finally, he uses the term 'information-provision' to refer to 'the communication of impressions, images and data which people distil from conversation in the groups of which they are members' (Law, 1981, p.150).

Methods

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). The chosen epistemological basis was social constructionism, as matters such as identity, place in society, and socialisation are foregrounded, which has particular resonance for this research when hearing the voices of an under-represented minority (Berger & Luckmann, 1991; Burr, 2003). The primary research question was underpinned by a theoretical framework of key sociological texts and career theories. This essay explicitly chooses to focus on Law's Community Interaction Theory. I followed Braun and Clarke's six-point framework (2006), where I coded both deductively to the pre-determined theoretical framework, and inductively in order to interpret some of the emergent themes. This essay focuses only on deductive coding to the five modes of community influence drawn from 'Community Interaction Theory'.

I took on board Braun and Clarke's argument that prevalence is only one factor that should indicate the 'presence' of a theme (2006: 82). I decided that the qualities which were also important in determining what constituted a theme included: consistency across the data (i.e. emerging in the same way in the data) and salience (i.e. how important this is in the case of the individual to their career choice). I have therefore used

Phase	Process	Mapped to theoretical framework
Phase 1: **Familiarise yourself with the data**	"Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas" (Braun and Clarke, 2006: 87).	I approached the data, reading and re-reading with Community Interaction Theory in mind.
Phase 2: **Generate initial codes**	"Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code" (Braun and Clarke, 2006: 87). "In deductive thematic analysis, you might approach the data with specific questions in mind that you wish to code around" (Braun and Clarke, 2006: 88-9).	After immersing myself in the data, I decided to apply the following 'initial codes' drawn from the theoretical framework to both the interviews and the focus groups: Expectations, Feedback, Support, Information, Modelling.
Phase 3 **Searching for themes**	"Collating codes into potential themes, gathering all data relevant to each potential theme" (Braun and Clarke, 2006: 87).	I completed a deductive coding of the data against the concepts drawn out from the theoretical framework.
Phase 4 **Reviewing themes**	"Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis" (Braun and Clarke, 2006: 87).	I mapped the themes across the data and began to recognise patterns across the entire data.
Phase 5 **Defining and naming themes**	"Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme" (Braun and Clarke, 2006: 87).	I mapped the specifics of these themes to provide a comprehensive analysis of what these themes contributed to our understanding of the data.
Phase 6 **Producing the report**	"The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis" (Braun and Clarke, 2006: 87).	In the final phase, I chose compelling extracts which I felt encapsulated the sense drawn from the data as a whole.

Table 1: Application of Braun and Clarke's six-point framework (2006, p. 87-89)

these criteria when reporting back on findings. When reporting on findings, I chose to use synonyms protect participants' identities.

Findings and discussion

Community Interaction Theory as a whole was highly prevalent in all 24 of the sources, with 601 references across the five modes of influence, which appeared consistently across the data-set, although 'Expectations', 'Feedback and 'Information' appeared to be more salient to these narratives than 'Modelling' and 'Support'.

Expectations

For the most part, the expectations placed upon these individuals were mostly perceived as positive sources of motivation, and emerged in 23 of the 24 sources, with 107 references. Expectations of teachers appeared critical, even more so than family members.

There seemed to be a juxtaposition between those who were identified as being academically capable of 'getting into medicine' and those who weren't, which appeared in this data as the graduate-entry nature of this course meant that we heard different school-age experiences. These two narratives succinctly highlight this effect:

> I think there'd always been a lot expected of me [at school], because I'd always done fairly well, academically, and, particularly for the school that I went to. I was Deputy Head Boy at the school, and they expected their prefects, and all this sort of stuff, they expected them to do, you know, fantastically.
>
> (Rob, Interview)

> 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.
>
> (Daria, Interview)

Taking these together, it is possible to consider the vast extent to which the 'social contract' of the 'prestige of medicine' has a bearing on community perceptions of medicine as a career choice. As mentioned above, the longstanding history of medicine as an 'elite' career makes it more likely for some groups, notably those from lower socio-economic backgrounds and their communities to *expect* that this is out of reach for them. And yet in other instances, those high expectations set by school communities have seemingly modified the social functioning in these respects, and have provided a new source of motivation to these individuals.

In these narratives, expectations appeared to emanate most strongly from the school community, rather that parental or family expectations. Drawing from the work of Hodkinson (Hodkinson & Sparkes, 1997), if communities career 'horizons' are bounded by career options that are in view (i.e. those of family or from their immediate networks), they would not necessarily be best positioned to raise pupils' expectations.

Therefore, the role of teachers, career professionals and the school community takes on a vital role in expectation setting. Guidance practitioners could be ideally positioned to enable individuals to reflect on these expectations. For example, undertaking narrative-approach group work with students who are making career decisions (i.e. choosing subjects for GCSE/ A Level), where students are encouraged to story-board the expectations being placed upon them. Drawing from the work of Law (2015), this could enable new insights and wider horizons to be explored, and challenge unhelpful or negative self-limiting beliefs. Guidance practitioners would then be well-positioned to occupy the role of 'applied psychologist and sociologist' that Law had envisaged for them (1981, p.158), where they are able to interpret and debrief these with individuals in 1-1 guidance, where the result could be that in students where negative expectations are reinforcing negative career stereotypes, these could potentially be critically reviewed.

Feedback

Feedback emerged as prevalent, consistent and highly salient in the data; coded 72 times across 21 sources. Students received feedback around their suitability for a medical career, which appeared to have had a lasting impact:

> They used to say: 'I've got a cut, what do you think I should do?' really childish stuff but I really liked it and I've always been the person in my friendship groups, since really little, the advice giver. Most people see doctors as advice givers so a lot of my friends were like: 'you'd make a really good doctor, you're really caring, etc.', I guess I was always known as someone who was clever but not necessarily sciency, I was just a clever person who happened to be caring and gave advice willingly.
>
> (Sunita, Interview)

Another strong presence in the data were the narratives of students identified as academically 'gifted and talented', who appeared to gain feedback to the effect that this was considered shorthand for them pursuing medicine as a career choice. Tom summarises this effect succinctly:

> I was always generally quite a high achiever at school. [Medicine] was *always* the thing that was talked about.
>
> (Tom, Focus Group 2 Participant. Italics added for emphasis)

These narratives give examples of how these young individuals have integrated certain qualities into their self-concept, however (and crucially) this is as a result of the community interaction. Presumably, it is also the affective aspect that each of these examples evidences that has created these as associative learning experienced; for example, the esteem through which friends impart their own admiration on their friends first aid skills, or the confidence boost from being identified as a high achiever.

Examples of negative feedback were not especially present in this study. The very fact that this study only reviews narratives from students who successfully got into medicine is significant for this reason. Guidance practitioners are perhaps uniquely placed in being able to offer students a source of independent 'feedback', and could also occupy a unique space at meta-level, through supporting teachers to realise the true impact that the feedback they give can have on individuals.

Support

Support was consistent and prevalent in all 24 of 24 sources (127 references), however did not appear to be especially salient in this data as a whole. This support seems to overthrow some of the challenges that students from WP backgrounds have in believing that the medical profession is in fact a tangible career option for them:

> If you have people on your side who completely believe in you even on your lowest day, when you don't believe in yourself and you have those people, I think that's a big help.
>
> (Jade, Focus Group)

Despite the fact that in the rest of the narratives, it appeared that students clearly had sources of support from their family and friends, in their reflections these sources of support were not perceived as the most relevant influences on their career decisions. The relative position of the person giving the support seems to be important (i.e. the support of someone with latent knowledge about the process is likely to have more valence than someone without this). Perhaps this indicates that students from WP backgrounds were less likely to get the forms of support that were useful to them in their journey to medicine. Given the important role that support can have on rendering a career decision possible or impossible as evidenced here, it is important that guidance practitioners consider ways in which they can expose students to sources of support that are likely to increase their social capital. For example, exposing young people to what they are likely to perceive as sources of support for them (e.g. successful returning students) or hosting career networking-events which have been evidenced to have lasting career effects on pay and job prospects (Percy & Kashefpakdel, 2019; Kashefpakdel & Percy, 2016).

Modelling

The impact of role-models on medical career decision-making is well documented (Gibson, 2004). Modelling was reasonably prevalent (42 references across 17 sources), however surprisingly did not appear to be very consistent in the data overall. In these narratives, role-models appeared to be most salient for the students that came to medicine as a career choice later in their lives, and served to help prospective students identify medicine as a tangible goal:

> I happened to be living next door to [a medical student]. In my first year of my degree, I was in a student house. On my first day, I was emptying the bin or something and she was mopping, we started talking and she happened to be a medical student. Because of that I met some of her friends who were also medical students and ended up living with some of them in the final year of my degree.
>
> (Joe, Interview)

The stringent recruitment processes in medicine, which involve the securing of work experience, undertaking and passing an aptitude test in addition to successfully passing a multiple mini interview are significant barriers for students to cross, not least as appears from this research, in students from lower socio-economic groups who are less likely to have the accumulation of cultural capital needed to navigate these processes. It seemed especially important in

these narratives that these students were 'near-peers' and who were equipped with the knowledge and expertise of navigating the processes, but also from similar communities such that they are relatable to the individual. The role models in these instances weren't just people who had succeeded in getting into medicine, they were people *like them*. To situate this in the self-concept *vs* opportunity structure debate, these narratives reveal how important Law's work was in developing understanding of the mid-range effects that community interaction plays; and that if it were not for the 'chance' element to these individuals being exposed to these role models, it is possible that they would never have considered medicine as a career (showing the unpredictable results that can occur as a result of community interaction). Again, this highlights the crucial role that career guidance practitioners can have in widening participation, purely through hosting events where a range of role models can be showcased, and in order to help students to widen their own networks of contacts.

In addition to face-to-face role models, media role-models were mentioned in 21 of the 24 sources (36 references):

> Well, at the end of the day, being a doctor is a cool job. I mean, I think Scrubs is just a really, really good TV show. I quite enjoy it. One of the things I liked about it, actually, was that the people in it are quite down to earth and quite, sort of, nice, and give you quite a nice view of medicine.
>
> (Phil, Interview)

Nearly all medical TV programmes were named in the recording of the research! These narratives illustrated ways in which students were using these role-models to triangulate, and work out if medicine is suited to their personality etc. Given the increasing and demonstrable influence that media (including social media) now has, further research could explore this rich arena to ascertain the extent to which digital role-models are having an influence on individuals' perceptions of certain careers. This is considered to be pertinent particularly in the light of social justice where there is a clear need to demonstrate a representative range of role models and voices from different backgrounds. Innovative ideas should foreground more diversity in role modelling, especially when it comes to TV and media portrayal, in addition to social media campaigns.

Information

Information was one of the most prevalent themes in all (n=24) sources, it appeared consistently, and presented as highly salient as a sub-theme in 22 of 24 sources. These student narratives revealed a patchy provision of careers services and access to advice, showing in practice the well-documented effect that governmental policy on devolution of funding for careers provision to schools has had on this generation (Hughes, 2017; Houghton, Armstrong and Okeke, 2020; Lewis, and Tolgensbakk, 2019). This appears to be causing an uneven playing field when it comes to provision of accurate information, with students from WP backgrounds most likely to be at a disadvantage (Hughes, 2017; Houghton, Armstrong & Okeke, 2020; Lewis, & Tolgensbakk, 2019). Where career advisors were present in student narratives, they were regarded as a helpful source of information, and a vehicle for which students were able to move towards their career:

> There was this fantastic careers advisor and I owe a lot to them […] I got three out of my five offers, so amazing results for what I applied with.
>
> (Sunita, Interview)

It is therefore important for guidance practitioners to remember the role they play in the provision of information, and the salient role this has particularly for WP students. Perhaps as a profession, we could be bolder in our collective use of social media as a source of information, working more collaboratively in teams to share resources and promote equality of access.

Conclusion

This research remembers the significant contribution by Dr Bill Law, and contends that Community Interaction Theory holds its ground as one of the most relevant career development theories of our time. It is particularly useful in the current climate where there is an increased focus for guidance practitioners to take an active role in promoting social justice (Hooley et al., 2019). Implications for practice have been discussed

throughout, however the unequivocal thread that permeates this work is that guidance practitioners have a significant role to play in helping students from WP backgrounds to conceptualise the range of community influences that are acting upon them, and in so doing can take an emancipatory role towards social justice and crucially, help these individuals to achieve their ambitions.

In the last line of his seminal work, Law suggested a follow-up publication proposing a role for guidance practitioners as 'applied psychologists and sociologists'; a promise which remained unfulfilled. This research finds merit in this idea, and calls for further research to take up this mantel, giving the increased complexity in the task at hand for the guidance practitioner. It also calls upon our community to consider the re-imagination of the role of guidance practitioner, particularly in the manner within which this role is communicated outwardly in terms of a 'social contract' for what we do. This and other research has established that the existing societal social contract of careers work has been damaged as a result of a decade worth of cuts in funding (Reid, 2018). Therefore, an inward reflection on what it is we *do* and *should be doing* is necessary, and could bring us closer to what Law had conceptualised.

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