Emerging Professional Identity Formation: Exploring Coloniality in the Rehabilitation Professions

Kristen Abrahams[1], Aqueelah Abdullah[2], Mershen Pillay[3,4], & Harsha Kathard[1]

1. University of Cape Town, South Africa.
2. The Learning Initiative, South Africa.
3. Massey University, New Zealand.
4. University of KwaZulu-Natal, South Africa.

Contact: Kristen Abrahams, University of Cape Town, South Africa.
kristen.abrahams@uct.ac.za

Abstract

This paper explores professional identity formation in undergraduate education. The paper positions professional identity formation within coloniality. A qualitative case study was conducted using critical theory as a guiding conceptual framework. Data collection included document reviews, observations and arts-based research methodologies. We present a case study of a speech-language pathology student, Aqueelah, transitioning from a traditional clinical placement to a learning site which encourages the development of an emerging practice. The paper focuses on how Aqueelah forms her emerging professional identity through her learning. We foreground the concept of "centring the self" as essential in developing patient-centred care and challenge coloniality of being embedded in clinical education. The paper argues that liminal spaces are necessary to allow students to explore different ways of thinking and doing to support new ways of being. The paper

advocates for arts-based methodologies and critical reflection as essential pedagogic tools in shaping professional identity.

Keywords

Speech-language pathology, professional identity formation, coloniality of being, clinical education, decoloniality

Professional identity formation within health professions is an important aspect of professional learning in higher education (Matthews et al., 2019). There has been an increase in literature on professional identity across health professions including nursing (Maginnis, 2018), medical education (Cruess et al., 2015; Wald, 2015), and occupational therapy (Gray et al., 2020). Studies have begun to explore the key drivers of professional identity formation (Wald, 2015) and the processes of developing identity (Monrouxe, 2010). This paper asks the question: how is professional identity shaped in the context of developing an emerging practice in undergraduate clinical education? Emerging (professional) practice refers to that which is still developing, changing and adapting; the traditional professional practice model is used as a basis for reimagining practice; and is specifically characterised as practices which are just beginning to move away from traditional practices (Abrahams, 2019). The paper draws on the concept of social embeddedness to understand professional identity as shaped and influenced by many intersecting social identities such as race, ethnicity and gender (Lo, 2005). We argue that professional identity formation, in the health and/or rehabilitation professions like speech-language pathology (SLP), occurs relative to one's colonial positionality (Grosfoguel, 2011). The paper presents a narrative from a case study of Aqueelah, a SLP student, to illuminate the powerful impact of early professional undergraduate education (which allows one to practice in the profession) in shaping professional identity formation.

Understanding professional identity

Identities are the meanings that are attached to individuals by themselves or others (Caza & Creary, 2016). Identity is both personal and social—developing and changing over time (Gonzalez-Smith et al., 2014). People have multiple identities which exist individually, relationally, socially, and politically such as gender, religion, race, and nationality (Crenshaw, 1991). Intersectionality becomes a key conceptual tool in understanding how social categories such as race, class, gender, and sexuality interlink. In particular, the concept of intersectionality aims to grasp how categories of identity and structures of inequality are mutually constitutive. As such, intersectionality does not question difference but is grounded on the premise that different experiences of everyday events are to be expected (Dill & Kohlman, 2014). Intersectionality is not only concerned with individual identities but provides the foundation to understand the links between systems of power and privilege in which individual identities are shaped, developed and evolved (Wijeyesinghe & Jones,

2014). In other words, intersectionality acknowledges the societal systems of dominance, i.e. ableism, classism, racism, etc., that influence experience. One such identity that people form is their professional identity in which individuals attach meaning to themselves and others in the context of work (Wiles, 2013).

The nature of professional identity and the process of how it is formed is becoming a key focus for health professions education due to its influence on professional practice e.g., scope of practice and professionalism (Matthews et al., 2019). In health care settings, professional identity defines practice boundaries, values, knowledge, and beliefs linked to the profession (Matthews et al., 2019). Professional socialisation, the process of learning skills, attitudes, values, and behaviours of the profession, plays a key role in individuals acquiring the culture, norms and values of the profession (Gray et al., 2020; Maginnis, 2018). Integrating intersectionality within professional identity acknowledges and grounds our differences (Crenshaw, 1991)—allowing for nuanced considerations of how gender, race, religion, sexuality (and other social categories) are realised in professions and subsequently constructed in the image of "the professional".

Professional identity formation in education

In understanding professional identity formation in the rehabilitation and/or health professions, we draw on the work of Cruess et al. (2015) who explored professional identity formation in medical education. The authors argued that as students enter into medical education, their identity is already partially developed through their genetic inheritance (e.g., sex, personal characteristics), life experiences (including, culture, religion, education, etc.), and personal relationships. As they engage in a process of socialisation (i.e., transition from the lay public to a skilled professional), students begin to develop their professional identity. Professional socialisation occurs during training, mentoring, and clinical education placements and is strengthened by relationships with peers, patients, other professionals, and academic staff such as lecturers and clinical educators. We use the concept of the "patient" who is cast as the sick, needy person in this relationship (Pillay, 2003). Notably, while we are interested in how the "patient" biography has been dialogically constructed, we focus on the biography of the rehabilitation professional. Engagement and participation in such activities are essential for students to gain insight into the profession's attitudes, values, and motives (Gray et al., 2020). The process of socialisation requires a series of personal negotiations as the student begins to acquire their new identity. Such negotiations can lead to the acceptance of the new identity, in full or in part, compromising between identities or rejection of the new identity. Primarily through their social interactions, students move from the peripheral to full participation in the community of practice (Cruess et al., 2015).

Through this process of socialisation, students engage in both clinical and non-clinical experiences i.e., students learn from both direct engagement with patients and through

theoretical case discussions. Cruess et al. (2015) stated that direct experience with patients and their caregivers is foundational to developing a professional identity. Within the health professions literature (Evén et al., 2019; Grenness et al., 2014), traditionally there has been a focus on understanding the relationship between the patient and the health professional with a focus on person-centred and patient-centred care (Eklund et al., 2019). This focus draws attention to the understanding of the uniqueness of each patient as a human being and places them at the centre of their own health care (Eklund et al., 2019). For this paper, we extend the literature and specifically shift the focus toward understanding the health care professional within that relationship as an internal reflection on who we are as health care professionals and how that identity shapes our engagements.

Clinical placements, where students are able to apply theoretical knowledge into clinical practice, are a key area of the curriculum for health professions education. As clinical placements play an integral role in identity formation in health professional students, clinical education should form a key site for understanding how identities begin to form and identity formation is supported (Bivall et al., 2021).

Assumptions underlying understanding of professional identity formation

Based on the work of Cruess et al. (2015), we highlight a few important assumptions underpinning our understanding and conceptualisation of professional identity formation. Firstly, we acknowledge the development of professional identity as an ongoing, dynamic process which continues to evolve through practice. Secondly, Nuttman-Schwartz (2017) argued that we are challenged to think about simultaneously occupying multiple identities. For the current article, we assume that individuals navigate multiple, intersecting (sometimes opposing) identities. While the focus of the article is on professional identity, we acknowledge that other identities continuously interact and influence each other. There is a need to acknowledge and extend that professional identity is not only dependent on the profession but also on the changing political, academic, social, societal, and professional contexts (Wiles, 2013) and systems of power and privilege that impact and influence how identity is shaped (Wijeyesinghe & Jones, 2014). Thirdly, we consider professional identity as a social construct, that is, professional identity is developed and maintained through social interactions. Lastly, we acknowledge that the origins of SLP as a profession has its roots in colonisation and subsequently colonial ideologies (Abrahams et al., 2019) and as such we understand professional and personal identities as a schism—in that the values the profession holds may serve to marginalise certain personal identities. In the sections that follow we explore these assumptions in more detail.

Social embeddedness, professional identity formation, and SLP

In considering how professional identities form, it is important to consider the social nature of professions themselves. In the sociology of professions, Lo (2005) puts forward the concept of social embeddedness—acknowledging the need for professions to consider how

their practices are "embedded" in specific social contexts. Bonnin and Ruggunan (2013, 2019) further this argument by emphasising the need for the sociology of professions to recognise the influences of colonisation, imperialism, globalisation and neo-liberalism in shaping the profession in both the Global North and South. Such an understanding situates the professions within a broader historical, economic, social, and political context. Within Southern Africa, the professions were further shaped by race and gender (Bonnin & Ruggunan, 2013, 2019). While there have been efforts toward transformation, the professions continue to be shaped by these factors within post-apartheid South Africa (Bonnin & Ruggunan, 2013). Such positioning highlights the social categories of race, gender, and ethnicity in the formation of professions.

Lo (2005) posits that professions should be considered as sites of identity formation where each professional comes to terms with their racial, ethnic, and gender identities in the context of their professional environment. With the acknowledgement of the influences of social categories on professional identity formation, it becomes necessary to consider that dominant ideologies have become internalised as part of the collective identity of professions. A student learning to become a professional is therefore influenced by the profession's hegemonic identity.

In relation to SLP, Abrahams et al. (2019) position the SLP profession as a project of coloniality. The authors traced the origins of the profession to its early development in South Africa illustrating how European/American ideals continue to be engrained in the way in which practices, values, and ideals are conceptualised in the profession. The scope of SLP is rooted in approaches designed, tested, and implemented in the Global North. With its European and American origins, the profession was superimposed onto the South African context with little consideration of its history, cultural diversity, income inequalities and prevailing racial tensions. Euro-/American-centrism, whiteness, classism, and patriarchy are embodied in the image of the profession (Abrahams et al., 2019). These colonising practices are realised in everyday teaching and learning and subsequently influence who the student is becoming. As such, we understand professional identity formation as occurring in relation to an individual's positioning to coloniality.

Coloniality is premised on three interlinking concepts, clarified by Mignolo (2007) as coloniality of power, knowledge, and being. For this study as it is concerned with a black student who is learning to become a therapist in a colonised context, the study of the concept of coloniality of being is particularly important. Maldonado-Torres (2007) argued that coloniality of being makes specific reference to the lived experiences of colonised people. Coloniality of being therefore draws attention to how the very humanity of colonised people was called into question and highlights the processes leading to the objectification of the colonised (Ndlovu-Gatsheni, 2013). We argue that if the dominant identity of the profession subscribes to dominant white, heteronormative, Western norms and values, those identities which fall outside of this image are othered (Spivak, 1985). This

is the premise of the paper which sought to explore how Aqueelah is making sense of her professional identity in relation to the "ideal" SLP.

The need for emerging practices

The traditional service delivery model, which is individual and influenced by the medical model, continues to be embedded in SLP education. However, the traditional practice has been challenged as SLP services are inaccessible, unattainable, and unaffordable for the majority of the South African population—particularly poor, Black, African language-speaking individuals (Abrahams et al., 2019). In the Global South, where South Africa is placed, the majority of people are underserved (Pillay & Kathard, 2018). Particularly in majority world contexts, there continues to be a lack of availability and access to SLP services (Staley & Hopf, 2016). Continued inequalities draw attention to the need to expand SLP practices beyond the traditional ways of knowing, doing, and being i.e., there is a need to shift away from the traditional and develop new and innovative practices—emerging practices. For the study, we understood that the traditional/colonial influences socialise the professional into valuing Westernised, individualised, monolingual practices. We were interested in understanding how disrupting the traditional, through engaging in an emerging practice, would shape professional identity.

Study context

The study was positioned in a post-colonial, post-1994, democratic South Africa. The apartheid government sought to maintain white supremacy, politically, socially and economically, through passing laws, perpetuating violence against Black African people and appropriating land and resources (Coovadia et al., 2009). Today, in a post-1994, democratic South Africa, the legacy of apartheid continues to be seen in the pervasive inequity.

The case study documented the story of Aqueelah, a 4th year SLP student, and her experience of transitioning from traditional professional practice to an emerging practice in 2017. The case specifically explored the process of learning to become a professional SLP through Aqueelah's experiences in her clinical education placement. These placements provided students with first-hand experience of being a part of the profession and play a fundamental role in socialising students into ways of thinking, doing, and acting as a SLP (Wayne et al., 2010).

Educational context

For their community clinical placement SLP students formed part of the Schools Improvement Initiative (SII), a partnership between the university, school, and community. The SII sought to use university-wide resources to support whole-school development (Silbert et al., 2018). The SII supported students from different disciplines (including occupational therapy, audiology, and social work students) who complete their placements at the schools (Silbert et al., 2018). Groups of four SLP students were placed at SII partner

schools in a peri-urban township in Cape Town, South Africa. While the students' work was based at the school sites, their focus was on community development. During the year, four cohorts of students completed their community placements at the school for three full days a week, over a six-week period. Once a week the students rotated to a community health clinic where they saw patients.

Learning supports

Learning was supported through a critical service-learning approach which is a social justice-orientated approach to community engagement which draws attention to the need for social change (Mitchell, 2008). This approach aimed to disrupt traditional service-learning models which do not consider systems of structure and power (Mitchell, 2008). As such, the learning context sought to create spaces for disciplines to disrupt their traditional ways of practicing and reimagine teaching, learning, practice, and research through interrogating the historical, social, political, and economic factors that impact the lived experiences of communities we engage with (Mitchell, 2008).

The emerging practice was supported through critical pedagogy. It was guided philosophically by the Occupation-based Community Development (ObCD) framework, which emphasises the importance of working with and through the community for goals to be achieved (Galvaan & Peters, 2017). The approach specifically focuses on building the capabilities of people while increasing choice and resources in the context of inequality (Galvaan & Peters, 2017). The ObCD framework is an iterative process of initiation, design, implementation, and monitoring, reflection and evaluation that guided the students' work. An integral part of the ObCD framework is the focus on reflection. Critical reflection facilitated a conscientising to each person's intersectional identity (i.e., to the position and privileges each person holds) and how that might influence their interpretation (Galvaan & Peters, 2017). A detailed explanation of the ObCD process is provided elsewhere (See Galvaan & Peters, 2017).

The curriculum supports were designed to challenge power relationships, develop critical thinking, and to support innovation. The supervisory relationship focused on shifting the power dynamic between the students and the clinical educator from replication to co-creation and collaboration. There was joint acknowledgement that learning was a mutual process for both students and educators. Critical conversations (Pillay, 2003) focused on asking difficult questions and creating awareness of inequity i.e., understanding the influence of cultural, social, linguistic, historical, and political factors which shape us as individuals, both personally and within our profession.

The assessment mark sheet focused on broad areas of engagement through the phases of the ObCD framework, without strict guidance on how outcomes should be achieved. The dynamism and flexibility of the assessment framework sought to provide a platform for

imaginative thinking about the possibilities for the emerging practice without the restrictions imposed by curriculum expectations.

Research methodology: Producing data for the study

In this study, a qualitative case study methodology was used using a critical theory lens. It was important that this methodology created opportunities for participants/students to share their experiences of generating an emerging practice. Aqueelah's personal narrative was developed using data generated from observations, photovoice, experiential drawings, critical conversations, and personal reflections. Initially participant observations were conducted with the researcher observing participants engaging in the emerging practice. Following which, the researcher engaged in a creative meaning making process with the participants using photovoice (Wang & Burris, 1997) where participants collect images and share within a group setting and experiential drawings (Kearney & Hyle, 2004) where participants were asked to draw their experience of engaging in an emerging practice. Throughout the process, the researcher engaged in critical conversations (Pillay, 2003) with the participants and collected their weekly written reflections. The data collected were in verbal, written and visual forms. The data were analysed using reflexive interpretation (Alvesson & Sköldberg, 2009) as a guiding frame. Reflexive interpretation follows multiple, overlapping levels of interpretation. The key principles of narrative analysis were used to develop a data analysis strategy suitable for the emerging data. The key actions and events were documented in chronological order to create a basis for the narrative. Similarly to Riessman (2005), the focus of the analysis used a thematic analysis (as a model of narrative analysis) as it places more emphasis on the content of what was being said (Riessman, 2005). The process was considered iterative and moved between interacting with the empirical evidence, interpretation, and critical interpretation (Alvesson & Sköldberg, 2009). Initially, engagement with the data through narrative analysis resulted in a case narrative of Aqueelah's experiences of the emerging practice. The narrative analysis involved an iterative process of engaging with the data, playing around with voicing, using fictional writing techniques, and making decisions on which events to highlight to draw attention to the key themes emerging. Narrative smoothing was used create a sense of coherence throughout the story (Kim, 2016). Aqueelah was consulted throughout the analysis process and approved of the final narrative. Using thematic analysis of the narrative, key themes around professional identity formation emerged, which laid the foundation for thesis building. For detailed methodology, refer to the main study findings (Abrahams, 2019).

The study placed value on the input from both the researcher and participants as equal contributors to knowledge production and as such the author of the narrative presented in the findings, Aqueelah, is also a co-author of the paper.

Findings

We present Aqueelah's story of professional identity formation through her education.

Finding myself in my profession: Aqueelah's story

I was born and raised in a coloured[1] community on the Cape Flats.[2] My parents' parenting building blocks were made up of faith, respect, determination, and embracing individuality. From those building blocks stemmed a focused, nervous and rigid-thinking 22-year-old SLP student starting her first clinical block[3] of her final year. The end goal was finally in sight and I had a rigid plan to finally touch, feel, and see that end goal. I had a type A personality and rarely enjoyed change of any sort! Looking back now, I realised my attributes were purely based on boxed ideas, influenced by the normal way of life. Until the first clinical block of final year wiped away all boxed expectations and cleansed with new thoughts and behaviours.

In the pictures (see Figure 1), you can see it's a box made up of four smaller boxes. I liked that the boxes were equal because that represented how I was before entering the block. Three years of being at university, we were taught to think and be a certain way. It was like equal. Everything was the same size and fit neatly into its box. I remember that, coming into the block, I wasn't happy and did not want to be at the school (or in the community working on projects). I just wanted to do therapy. I was boxed and stuck in this way that SLP could only be in hospitals and clinics and schools (as we had always done).
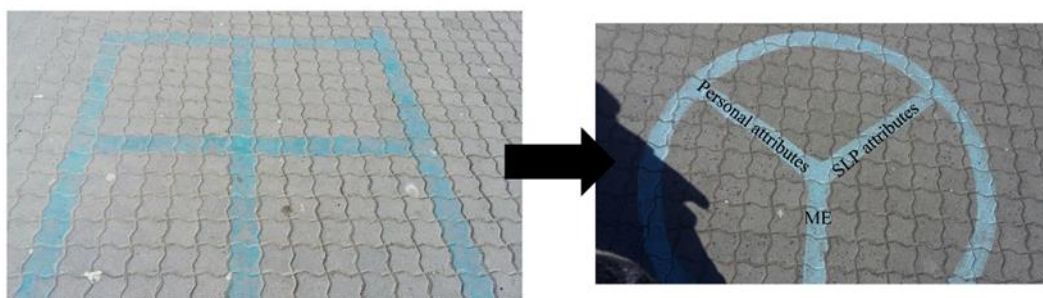

Figure 1. Aqueelah's depiction of her experience of the emerging practice in speech-language pathology (SLP) taken during photovoice. Wording on photograph included by the researcher to supplement student narrative.

I remember, in my third year, I was doing my first ever adult neurology block at a rehabilitation centre. It was a really scary prospect in and of itself. Just a few weeks before my grandfather passed away. He had had a stroke and had dysarthria. I was

---

[1] Coloured is a South African racial term used during the apartheid regime to classify individuals of "mix race".
[2] The Cape Flats is an area of land where people of colour were reallocated to during the apartheid under the Group Areas Act.
[3] Clinical block is a term used to describe the clinical practice placement whereby students are provided with facilitated opportunities to practically implement their learning by providing SLP services.

assigned my patient and he also had dysarthria. It was something close to home and took me by surprise. I told my clinical educator that I just needed five minutes outside of the ward and I would come back again. I needed time to compose myself. I came back into the ward and it was fine and I started my assessment session with the patient. But then the patient next to us was dying and I could still hear the family crying, but I had to close the curtain around my patient's bed and carry on. Throughout the session, I was so close to losing it, but I continued. I couldn't wait for the end of our clinic day. As soon as I walked out, I burst into tears. In that moment, when I was doing therapy, that's when I became that box, and then when the clinic was done, could I be me again. I could be Aqueelah.

Being placed in a community block required me to think differently. I think I became like this picture (see the photograph of a peace sign in Figure 1). On the one side of the circle, you can see my personal attributes and on the other side that's my SLP attributes. I realised that I kind of forgot who I was. I felt like it was just me as a SLP which excluded my personal attributes from the situation. I always thought that I only know how to give therapy, but throughout this block, I realised that I am important.

I remember one day at the clinic I was seeing a girl who stuttered. I was doing a case history and we were talking and stuff. We weren't talking about therapy strategies or anything about fluency, just talking. You can get so much information like that for your assessment. Before there was a whole structure laid out for you about how to conduct a case history. But just from talking to her, I got to know her. We even realised that we went to the same primary school! From that day on, she was more relaxed, laughing, wanting to do therapy. So that peace sign does work (See Figure 2). Bring yourself and SLP together and you can get results.

Figure 2. Aqueelah's drawing of her experience of the emerging practice.

It wasn't just about being in the community, it was the talks with my peers, the researcher's probing questions, the meeting with vice principal, our conversations with our clinical educator who linked everything to our work in SLP, the photovoice, and the reflection reports. It allowed me to reflect and evaluate myself and alter myself to the person and therapist I want to be. I realised *I am Aqueelah first* and then I'm a student speech-language pathologist. It's not just about all of my SLP knowledge, I have my own knowledge and attributes that I bring into therapy with me. And that's important too. I learnt that you need to put a part of yourself into SLP and in doing so I found myself within the profession. That's what the picture of the peace sign represents. By focusing on myself in relation to my profession, it allowed me to reflect and evaluate myself and in so doing, it allowed me to rediscover myself and my strengths and abilities in relation to SLP. It taught me to never conform to a person or a curriculum. Before this community block, I would measure myself against our lecturers and strive to be them. Through this block I found myself again and now, the only person and therapist I want to be is myself.

Discussion

In the following section, we consider the role of assimilation to the normative image of a professional and the silencing of identity. We highlight the importance of the self within professional identity formation and explore liminality (Herman, 2005) as means to open spaces for supporting professional identity formation in educational settings.

The role of assimilation in identity formation

In her narrative, Aqueelah reflected: "Before this community block, I would measure myself against our lecturers and strive to be them". She described the ways in which she learned to assimilate to the normative values and practices of the profession. In particular, Aqueelah reflected on how clinical experience and the expectations of her clinical educator during her third year shaped how she conducted herself as a SLP in a clinical setting. She described the impact of the death of her grandfather and how she had to suppress her grieving in order to be a SLP. "In that moment, when I was doing therapy, that's when I became that box". Such learning experiences serve to socialise individuals into internalising the values, norms, behaviours, and attitudes of the profession (Caza & Creary, 2016).

Studies across professions (Cruess et al., 2015; Gonzalez-Smith et al., 2014) have argued that successful participation in professions not only requires the acquisition of a specialised body of knowledge, but also the assimilation to the principles, characteristics, values, and norms of the profession. Through a process of socialisation, students' professional identities begin to form (Webb, 2015). We acknowledge the movement between intersecting identities such as the professional and the personal as part of professional identity formation.

A collective professional identity is associated with common experiences, understandings and skills. It is produced and reproduced through socialisation in educational training, vocational experiences, and membership with professional organisations. As a result of this collective identity, professionals share similar ways of practising, understanding problems and their possible solutions, and ways of interacting with patients (Evetts, 2014). As students engage in social interactions, role models, experiential learning, and knowledge acquisition, they are socialised into starting to think, act, and feel like a professional (Webb, 2015).

The dangers of professional socialisation: The silencing of identity

In Aqueelah's story, what becomes clear is that socialisation allows for both assimilating and silencing of her personal identity. As Aqueelah began to internalise the values of the profession, she too began (unconsciously) to silence other aspects of her personal identity. Aqueelah reflected on the tension between her personal identity and her emerging identity she was acquiring: "I realised that I kind of forgot who I was. I felt like it was just me as a speech-language pathologist which excluded my personal attributes from the situation".

Professions adopt and normalise certain cultural, gender, and racial norms as part of their institutional culture (Lo, 2005). While adopting the collective identity of the profession can create a sense of belonging on the one hand (Maginnis, 2018), on the other there is a danger in that the values, norms, and cultural understandings which fall outside of the boundaries of collective of the profession are considered as "other" (Lo, 2005; Pillay & Kathard, 2015). For those professionals whose values are different to those of the profession, they are obliged to "reconcile, integrate and make choices about these competing sources of identity" (Lo, 2005, p. 395).

Identity dissonance occurs when the integrating of the new/emerging professional identity is incongruous with their personal identities. Such dissonance may require the individual to adopt an alternative perspective with different values (Joseph et al., 2017). We argue it is more than just a just an identity dissonance, but a site of identity contestation (Lo, 2005) oftentimes enforced by professions with mechanisms like professional competence evaluations.

Centring the self in professional identity formation: A process of be(com)ing

The disjuncture between personal and professional identity highlights how the professions negate the self (Behari-Leak & Mokou, 2019). Adopting a dominant professional identity can "minimise one's own subjectivities, rendering them invisible and silent" (Behari-Leak & Mokou, 2019, p. 142). The silencing of personal subjectivities denies the full humanity of people, a form of coloniality of being (Ndlovu-Gatsheni, 2013). As such, we argue that professional identity formation in its current form continues to perpetuate colonial ideals; that in order to be considered a legitimate professional, people considered Other are required to silence parts of their humanity. We link Other in this context to "class, sexual,

gender, spiritual, linguistic, geographical, … racial [and ableist] hierarchies" (Grosfoguel, 2011, p. 4). In other words, poor, homosexual, trans and gender diverse, women, disabled, black, non-English speaking individuals are positioned as Other.

Lo (2005) asserted that reconnecting relationality to the professions can work toward deepening notions of care. In order words, we need to consider how social relationships shape the way in which services are delivered. For SLP specifically, understanding the intricate link between social relationships and our work in communication is essential. By reinserting her personal identity (and emotion) into her work as a SLP, Aqueelah began to develop shared understanding with her patients through her own reflections on practice. In many helping professions, influenced by the medical model, objectivity and rationality are central competencies for professionals (Healy, 2017). Here, Aqueelah's learning, through her experiences, challenged the division between rationality and emotion. In this way, the colonial professional identity is challenged through connecting emotion with our work as SLPs. Such is an example of how the emotion within education practices can work towards creating a humanising educational experience (Pillay & Kathard, 2015). A person-centered professional identity formation process can allow for meaningful new identities to emerge— an identity that values the uniqueness of SLP professionals as human beings.

Such learning also acknowledges that identity is relational—that is identity is shaped by the similarities and differences between ourselves and others (Watson, 2006). Such thinking acknowledges the continuous process of identification. In her narrative, Aqueelah described how her professional identity continued to shift and change in accordance with her learning: "I always thought that I only know how to give therapy, but throughout this block, I realised that I am important as well." Aqueelah demonstrated the dynamic nature of professional identity as shifting and changing through learning and experiences. Be(com)ing denotes the continuous process of developing a sense of being within the profession.

Professional identity formation: Exploring liminal spaces

The learning environment (i.e., clinical education placement) created uncertainty for Aqueelah. She was required to work using a different model of service delivery (using the ObCD framework) and (as seen in her emotional reaction to the placement) the learning environment resulted in Aqueelah's uncertainty. The learning context challenged her to question her beliefs and understandings about her use of dominant practices. As she was unable to solely rely on her traditional practices and academic knowledge, the context required her to develop an openness to exploring other ways of doing. Not only does learning to think differently and reflect deeply require cognitive and metacognitive skills, it also required thinking spaces to which opened opportunities to experience differently (McKay & Sappa, 2020).

Pedagogic tools such as the reflections and artistic methods created liminal spaces—"space of engagement with the unexpected and surprising" (Herman, 2005, p. 471), outside of the

normative practices within clinical education. Aqueelah reflected: "It wasn't just about being in the community, it was the talks with my peers, the researcher's probing questions, the meeting with vice principal, our conversations with our clinical educator who linked everything to our work in SLP, the photovoice, and the reflection reports". Such spaces provided students with opportunities to think, feel, and act differently in those contexts and therefore provided the catalyst for possible change. Engaging in critical conversations is essential within liminal spaces where participants explicitly explore the social, political, historical, and cultural nature of knowledge and practice within the profession (Pillay, 2003). Such dialogue challenges the notion of a universal knowledge system and appreciates how each individual (i.e., their background, experiences, context, etc.) shapes knowing and subsequently being.

Mann et al. (2009) noted that professional identity formation requires learning about one's own beliefs, attitudes and values in relation to the profession. Critical reflection (the method used in the study and in teaching), the continuous re-examination of one's own assumptions about knowledge and understanding, and the implications and impact on practices (Liu & Ball, 2019), provides a platform for students to question, critique, rethink, and reimagine their work and future as professionals. For Aqueelah, a critical reflexive space allowed her to learn to appreciate her multiple identities and find harmony with her professional identity. Such learning facilitated a change in the way she interacted and engaged with patients toward a more person-centred approach.

Arts-based methodologies can open opportunities for thinking differently, developing new perspectives, and formulating germinating ideas. Such new ways of thinking can lead to transformation of ways of being (Abrahams et al., 2021; McKay & Sappa, 2020). A process of reflection can open a space for reimagining of professional identity—an expanding beyond the traditional image of an SLP. In her reflections, Aqueelah utilised multiple means and modalities (including the use of written and visual mediums of reflection) to explore her professional identity as an emerging SLP.

Implications for education

Liminal spaces where students are able to explore different ways of thinking and doing in SLP can encourage new ways of being. Supporting professional identity formation through pedagogically facilitated reflection may be one avenue of exploration toward developing skills for person-centred care. The study demonstrated the utility of pedagogic tools such as arts-based methodologies and critical reflection to support the development of emerging professional identities. Educators play a crucial role in developing curricula in which these spaces are afforded.

Learning is a personal-political process. It requires a curriculum that values all aspects of being, appreciating all which makes us unique. Allowing spaces for individuals to explore their personal identities in relation to their profession may provide opportunities to begin to

see their patients beyond disease/disability, rather as people. This challenges the notion of coloniality of being through acknowledging the value of personal identity in learning. Future research may consider how understanding student biographies can support professional identity formation and person-centred care.

Conclusion

> I am and will always be Aqueelah before I am a SLP. I bring my own my personal attributes in conjunction with my SLP skillset to help treat patients holistically. The grief I was/am going through helped me empathise with and understand my patient's concerns in a different light than before. Everything we go through has an underlying emotional component that will either help us or hinder progress. Understanding my patients and empathising on a different level helped reveal that emotional hurdle to improve the communication or swallowing problem.

Coloniality of being draws attention to the ways in which the oppression of the colonised served to marginalise and dehumanise their existence. This was achieved through delegitimising parts of their being. For curriculum, challenging coloniality of being means acknowledging, understanding, and valuing all which makes us human. Therefore, in order for health professionals to work toward developing patient-centred care, that is care which values each individual person, the centring of self within the process of be(com)ing in the profession and the curriculum is essential.

Funding details

Declaration of interest statement

The authors reported no potential conflict of interest.

Ethical approval

The PhD research on which this paper is based was approved by the University of Cape Town Human Research Ethics Committee (615/2015). The data used for the paper was from a PhD study by the author. The concepts discussed for this paper have been further developed.

Article history

References

Abrahams, K. (2019). *A case study of emerging practice in speech-language therapy in a community practice context* [Doctoral dissertation]. University of Cape Town. https://open.uct.ac.za/bitstream/handle/11427/31047/thesis_hsf_2019_abrahams_kristen.pdf?isAllowed=y&sequence=4

Abrahams, K., Kathard, H., Harty, M., & Pillay, M. (2019). Inequity and the professionalisation of speech-language pathology. *Professions & Professionalism*, *9*(3), Article e3285. https://doi.org/10.7577/pp.3285

Abrahams, K., Mallick, R., Pillay, D., & Kathard, H. (2021). Artful representations as productive resistance: Researcher learnings in expanding boundaries of critical methodology in speech-language pathology. *International Journal of Qualitative Methods, 20*, 1-9. https://doi.org/10.1177/16094069211047825

Alvesson, M., & Sköldberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). SAGE.

Behari-Leak, K., & Mokou, G. (2019). Disrupting metaphors of coloniality to mediate social inclusion in the global south. *International Journal for Academic Development, 24*(2), 135-147. https://doi.org/10.1080/1360144X.2019.1594236

Bivall, A., Falk, A. L., & Gustavsson, M. (2021). Students' interprofessional workplace learning in clinical placement. *Professions & Professionalism, 11*(3), Article e4140. https://doi.org/10.7577/pp.4140

Bonnin, D., & Ruggunan, S. (2013). Toward a South African sociology of professions. *South African Review of Sociology, 44*(2), 1-6. https://doi.org/10.1080/21528586.2013.802533

Bonnin, D., & Ruggunan, S. (2019). Editorial: A southern African dialogue. *Professions & Professionalism, 9*(3), Article e3598. https://doi.org/10.7577/pp.3598

Caza, B. B., & Creary, S. J. (2016). The construction of professional identity. In A. Wilkinson, D. Hislop, & C. Coupland (Eds.), *Perspectives on contemporary professional work: Challenges and experiences* (p. 259-285). Edward Elgar Publishing. https://doi.org/10.4337/9781783475582.00022

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: Historical roots of current public health challenges. *The Lancet, 374*(9692), 817-834. https://doi.org/10.1016/S0140-6736(09)60951-X

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics and violence against women of color. *Stanford Law Review, 43*(6), 1241-1299. https://doi.org/10.2307/1229039

Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2015). A schematic representation of the professional identity formation and socialization of medical students and residents: A guide for medical educators. *Academic Medicine, 90*(6), 718-725. https://doi.org/10.1097/ACM.0000000000000700

Dill, B. T., & Kohlman, M. H. (2014). Intersectionality: A transformative paradigm in feminist theory and social justice. In S. N. Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (p. 154-174). SAGE. https://doi.org/10.4135/9781483384740.n8

Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A. J., Condén, E., & Meranius, M. S. (2019). "Same same or different?": A review of reviews of person-centered and patient-centered care. *Patient Education and Counselling, 102*(1), 3-11. https://doi.org/10.1016/j.pec.2018.08.029

Evén, G., Spaak, J., von Arbin, M., Franzén-Dahlin, Å., & Stenfors, T. (2019). Health care professionals' experiences and enactment of person-centered care at a multidisciplinary outpatient specialty clinic. *Journal of Multidisciplinary Healthcare, 12*,137-148. https://doi.org/10.2147/JMDH.S186388

Evetts, J. (2014). The concept of professionalism: Professional work, professional practice and learning. In S. Billett, C. Harteis, & H. Gruber (Eds.), *International handbook of research in professional and practice-based learning* (p. 29-56). Springer. https://doi.org/10.1007/978-94-017-8902-8_2

Galvaan, R., & Peters, L. (2017). Occupation-based community development: Confronting the politics of occupation. In D. Sakellariou & N. Pollard (Eds.), *Occupational therapies without borders: Integrating justice with practice* (2nd ed., p. 283-291). Elsevier.

Gonzalez-Smith, I., Swanson, J., & Tanaka, A. (2014). Unpacking identity: Racial, ethnic and professional identity and academic librarians of colour. In N. Pagowsky & M. Rigby (Eds.), *The librarian stereotype: Deconstructing perceptions and presentations of information work* (p. 149-173). Association of College and Research Libraries.

Gray, H., Colthorpe, K., Ernst, H., & Ainscough, L. (2020). Professional identity of undergraduate occupational therapy students. *Journal of Occupational Therapy Education, 4*(1), 1-19. https://doi.org/10.26681/jote.2020.040102

Grenness, C., Hickson, L., Laplante-Lévesque, A., & Davidson B. (2014). Patient-centred care: A review for rehabilitative audiologists. *International Journal of Audiology, 53*, 60-67. https://doi.org/10.3109/14992027.2013.847286

Grosfoguel, R. (2011). Decolonizing post-colonial studies and paradigms of political-economy: Transmodernity, decolonial thinking, and global coloniality. *Transmodernity: Journal of Peripheral Cultural Production of the Luso-Hispanic World, 1*(1), 1-38. https://doi.org/10.5070/T411000004

Healy, K. (2017). The (re)discovery of emotion: Implications for social work practice and research. In C. G. Vicianco & A. F. Zubillag (Eds.), *Trabajo social: Arte para generar vínculos* [Social work: The art of creating bonds] (p. 167-180). DeustoDigital. http://www.deusto-publicaciones.es/deusto/pdfs/otraspub/otraspub12.pdf

Herman, L. (2005). Researching the images of evil events: An arts-based methodology in liminal space. *Qualitative Inquiry, 11*(3), 468-480. https://doi.org/10.1177/1077800404269424

Joseph, K., Bader, K., Wilson, S., Walker, M., Stephens, M., & Varpio, L. (2017). Unmasking identity dissonance: Exploring medical students' professional identity formation through mask making. *Perspectives on Medical Education, 6*, 99-107. https://doi.org/10.1007/s40037-017-0339-z

Kearney, K. S., & Hyle, A. E. (2004). Drawing out emotions: The use of participant-produced drawings in qualitative inquiry. *Qualitative Research, 4*(3), 361-382. https://doi.org/10.1177/1468794104047234

Kim, J. (2016). *Understanding narrative inquiry: The crafting and analysis of stories as research*. SAGE. https://doi.org/10.4135/9781071802861

Liu, L., & Ball, A. F. (2019). Critical reflection and generativity: Toward a framework for transformative teacher education for diverse learners. *Review of Research in Education, 43(*1), 68-105. https://doi.org/10.3102/0091732X18822806

Lo, M. M. (2005). The professions: Prodigal daughters of modernity. In J. Adams, E. S. Clemens, & A. S. Orloff (Eds.), *Remaking modernity: Politics, history and sociology* (p. 381-406). Duke University Press. https://doi.org/10.2307/j.ctv11smmq3.16

Maginnis, C. (2018). A discussion of professional identity development in nursing students. *Journal of Perspectives in Applied Academic Practice, 6*(1), 91-97. https://doi.org/10.14297/jpaap.v6i1.302

Maldonado-Torres, N. (2007). On the coloniality of being. *Cultural Studies, 21*(2-3), 240-270. https://doi.org/10.1080/09502380601162548

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Science Education: Theory and Practice, 14*, 595-621. https://doi.org/10.1007/s10459-007-9090-2

Matthews, J., Bialocerkowski, A., & Molineux, M. (2019). Professional identity measures for student health professionals: A systematic review of psychometric properties. *BMC Medical Education, 19(*1), Article 308. https://doi.org/10.1186/s12909-019-1660-5

McKay, L., & Sappa, V. (2020). Harnessing creativity through arts-based research to support teachers' identity development. *Journal of Adult and Continuing Education, 26*(1), 25-42. https://doi.org/10.1177/1477971419841068

Mignolo, W. D. (2007). Introduction. *Cultural Studies, 21*(2-3), 155-167. https://doi.org/10.1080/09502380601162498

Mitchell, T. D. (2008). Traditional vs. critical service-learning: Engaging the literature to differentiate two models. *Michigan Journal of Community Service Learning, 14*(2), 50-65. https://quod.lib.umich.edu/cgi/p/pod/dod-idx/traditional-vs-critical-service-learning-engaging.pdf?c=mjcsl;idno=3239521.0014.205;format=pdf

Monrouxe, L. V. (2010). Identity, identification and medical education: Why should we care? *Medical Education, 44*, 40-49. https://doi.org/10.1111/j.1365-2923.2009.03440.x

Ndlovu-Gatsheni, S. (2013). Why decoloniality in the 21st century? *The Thinker, 48*, 10-15.

Nuttman-Schwartz, O. (2017). Rethinking professional identity in a globalized world. *Clinical Social Work Journal, 45*, 1-9. https://doi.org/10.1007/s10615-016-0588-z

Pillay, M. (2003). *(Re)positioning the powerful expert and the sick person: The case of communication pathology* [Doctoral dissertation]. University of Durban-Westville.

Pillay, M., & Kathard, H. (2015). Decolonizing health professionals' education: Audiology & speech therapy in South Africa. *African Journal of Rhetoric, 7*(1), 193-227. https://journals.co.za/doi/abs/10.10520/EJC172807

Pillay, M., & Kathard, H. (2018). Renewing our cultural borderlands: Equitable population innovations for communication (EPIC). *Topics in Language Disorders, 38*(2), 143-160. https://doi.org/10.1097/TLD.0000000000000151

Riessman, C. K. (2005). Narrative analysis. In N. Kelly, C. Horrocks, K. Milnes, & B. Roberts (Eds.), *Narrative, memory and everyday life* (p. 1-7). University of Huddersfield.

Silbert, P., Clark, J., & Parker, F. (2018). Activating partnerships: The schools improvement initiative at the University of Cape Town. In P. Silbert, R. Galvaan, & J. Clark (Eds.), *Partnerships in action: University-school-community* (p. 1-20). HSRC.

Spivak, G. C. (1985). The Rani of Sirmur: An essay in reading the archives. *History and Theory, 24*(3), 247-272. https://doi.org/10.2307/2505169

Staley, B., & Hopf, S. C. (2016). A diverse global network of speech-language pathologists. *Journal of Clinical Practice in Speech-Language Pathology, 18*(3), 106-107. https://cld.bz/bookdata/ryBmlhe/basic-html/page-108.html

Wald, H. S. (2015). Professional identity (trans)formation in medical education: Reflection, relationship, resilience. *Academic Medicine, 90*(6), 701-706. https://doi.org/10.1097/ACM.0000000000000731

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behaviour, 24*(3), 369-387. https://doi.org/10.1177/109019819702400309

Watson, C. (2006). Narratives of practice and the construction of identity in teaching. *Teachers and Teaching: Theory and Practice, 12*(5), 509-526. https://doi.org/10.1080/13540600600832213

Wayne, J., Bogo, M., & Raskin, M. (2010). Field education as the signature pedagogy of social work education. *Journal of Social Work Education, 46*(3), 327-339. https://doi.org/10.5175/JSWE.2010.200900043

Webb, S. A. (2015, August 26-27). *Professional identity and social work* [Conference presentation]. New directions in critical sociology and social work: Identity, narratives and praxis, Chester, England. http://www.chester.ac.uk/newdirections

Wijeyesinghe, C. L., & Jones, S. R. (2014). Intersectionality, identity, and systems of power and inequality. In D. Mitchell, C. Y. Simmons & L. A. Greyerbiehl (Eds.), *Intersectionality and higher education: Theory, research, and praxis* (p. 9-19). Peter Lang.

Wiles, F. (2013). "Not easily put into a box": Constructing professional identity. *Social Work Education, 32*(7), 854-866. https://doi.org/10.1080/02615479.2012.705273