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PROFESSIONAL ETHOS OF MEDICAL STUDENTS: CONFLICT OF VIRTUAL AND REAL

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Abstract

The modern world implies a lot of dichotomies and contradictions, defined, on the one hand, by theses about digital society, the fourth industrial revolution, virtual space, cyber identity, and on the other, by the steady co-presence of physics, corporeality, psyche, existence. In other words, the ideal constantly collides with the material, steadily and often menacingly reminding of itself. The interiorization of such dichotomies, their inclusion in the thesaurus, the reflexive and self-reflective apparatus without sufficient comprehension prevents the formation of a stable identity and professional ethos. It is highly relevant to organize and conduct extensive and multifaceted research, the interpretation of which would make it possible to form a clear picture of what is happening. This is especially important for professions related to "nature" (nature, physics). One of these specializations is the profession of doctors, the training of which should be carried out both at the professional and at the general cultural levels. The coexistence of the material and the ideal can lead to a contradiction of models, mythologemes, ideals, idols of digital society and the possibility of their extrapolation in practice. A gap between discourse and dispositiveness can lead to such mental dysfunctions as alienation, loss of meaning, frustration, existential trauma. In order to confirm this hypothesis, a psychodiagnostic study was conducted, which showed that students show signs of an unstable identity. This, in turn, hinders the formation of their life-meaning orientations and stimulates an ever-growing social and existential alienation.

Keywords: Existential trauma, identity, loss of meaning, professional ethos, real, virtual

1. Introduction

Virtuality, virtual reality, digital society and other neologisms have become brand and trend simulacra, whose semantics and semiotics are rather blurred. The intensity of these concepts in economic, sociological, cultural, discursive practices creates the illusion of self-evidence, often introducing subjectivity of interpretations, a tendency to extreme forms of idealization or odiousness. As a starting point for our reasoning, we use, as it seems to us, the most clearly formulated definitions.

Lyotard (1998) writes: With a general change, the nature of knowledge cannot remain unchanged. Knowledge can pass through other channels and remain operational only if it is translated into certain amounts of information. Therefore, everything untranslatable in established knowledge will be discarded, and the directions of new research will obey the condition of translatability of possible results into the language of machines. (p. 17)

2. Problem Statement

Virtual reality, as artificially constructed with its laws and rules, forms, narratives, methods of communication and interaction, radically differs from the world around us in that it is determined by speculative axioms and computer technologies.

A modern person does not think of himself outside the framework of browsers, instant messengers, social networks, continuously being present in them through a variety of gadgets. The engagement, the interiorization of the subject into virtual reality leads to the participation of the Self projection to the ideal image of "I". However, if a person's activity is associated with a material, sensually-oriented sphere, aimed at interacting with the material, bodily world and affects the processes of his self-identification, a conflict between "I-real" and "I-ideal" is inevitable. Undoubtedly, medical activity is capable of generating the above-described antinomy, which negatively affects professional identity.

3. Research Questions

Steady improvement of the quality of life is a priority for the development of any modern society. Improvement of quantitative and qualitative exponents of healthcare is an integral element of this process. Thereby, in addition to the introduction of new methods, practices, technologies in the educational process of medical students, it is important to pay attention to the formation of a medical ethos. For example, one of the Carnegie Endowment reports indicates that the formation of professional identity is the foundation of medical education aimed at making students think, act and feel like doctors, focusing on understanding the nature of professional identity, the process of its formation and socialization (Cruess et al., 2015). In this regard, the synthesis of the best humanistic traditions of previous historical eras with new cultural, technological and practical effects of modernity looks very promising. Professional identity, in fact, is nothing more than a person's awareness of himself as a professional with a set of specific qualities, beliefs, values, motives, experience and skills in relation to a particular profession (Perinskaya, 2018). The degree of interiorization of professional identity depends on the understanding of "fitting" into this particular group

(Rees & Monrouxe, 2018). Professional identity can be compared to a double spiral in which the individual and the profession form intertwining threads. Thus, professional identity should be understood as "synthesizing such human characteristics as identity, integrity and certainty into a unique structure, the appropriation and change (re-structuring) of which occurs as a result of adaptation and subjective pragmatic reorientation in a constantly changing environment" (Shneider, 2016, p. 44-45). Therefore, by medical identity we mean a multilevel and interconnected process that determines the vectors of the professional and personal development of a person engaged in medical practice, during which self-identification occurs through self-realization with the chosen medical realities and the interiorization of deontological, unconditional medical and general humanitarian imperatives (Grigorieva et al., 2019).

The formation of a medical identity is a dynamic adaptive process of development, carried out simultaneously at the individual and collective levels, that includes psychological development and socialization, adaptation of a person to appropriate social roles, ways and forms of participation in social activities (Tagawa, 2019). The discrepancy between a person's internal reference points, social roles and professional expectations can cause an identity crisis, loss of meaning, existential trauma. How medical students develop their identities and subsequently conceptualize multiple identities has an impact on their future well-being and professional role (Goldie, 2012).

Virtual narratives have an increasingly significant impact on the processes of identity constitution. They predispose students to conceptualize their experiences in a range of digital, cultural and social expectations. Virtual reality is realized through a digital environment that includes technological tools that allow people to complement their offline life with digital technologies. At the same time, virtual narratives are realized through various modes of the digital environment: chats, blogs, tweets, forums, etc. The individual, in this connection, can rethink himself through mediated conversation, but not through action (Goldie, 2012).

Because stories are told from the perspective of a specific person, they provide unique information about the life-world and his interpretation of that world. A narrative may contain implicit knowledge. In healthcare organizations, it helps integrate explicit, codified and formal knowledge (such as job responsibilities, guidelines and protocols) and informal, uncodified knowledge (unrecorded knowledge of how something is done in a particular organization or group) (Greenhalgh, 2016). As a result of the opposition of virtual and real methods of identification, an intrapersonal conflict is formed between narratives and behavioral practices. Virtual reality alienates a person from his practical activity, transferring it into a hermeneutic and linguistic, semantic plane. As E. Fromm wrote, alienation is a way of perception that enables a person to feel himself as something alien. An alienated person loses connection not only with himself, but also with the rest of the world. (Fromm, 1995).

The activity of a doctor is always inevitably and a priori biophysical. The distinction between the biophysical nature of professional activity and digital methods of personal identification can lead to a loss of meaning in professional activity. In addition to the fact that alienation in all its forms generates existential trauma (Langle, 2018), identity virtualization creates additional alienation, where even self-reflection becomes a narrative. A kind of "mirror corridor" appears, in which, in the eternal pursuit of the self, a person stumbles only on digital reflections. Thus, psychological trauma is prolonged, becomes insoluble through the inability of a person to find himself. The search for meaning is especially relevant when a

person is faced with the problem of finding his own individual life path (Osin & Leontiev, 2019). At the same time, the process of identity formation is possible only under conditions of its qualitative transformation, which presupposes the presence of revolutionary stages leading to a rethinking of life values, the search for the meaning of life (Kuzmina, 2015).

The constitution of collective identity throughout the 20th century is inextricably linked to the study of trauma. The concept of trauma is one of the most significant and at the same time controversial elements of psychoanalytic discourse, history and critical theory (Tulchinsky, 2016). LaCapra (2009) points to the devastating experience that trauma has on memory, distorting it, making it vulnerable and erroneous. We can say that trauma blurs the boundaries of the material and the ideal, the apparent and the present, allowing the individual to immerse themselves in the phantasms of virtual reality. According to LaCapra (1998), acting out and working through are two interacting processes of experiencing trauma. Acting out is expressed in the desire for obsessive repetition, which can be expressed in the creation of a virtual avatar devoid of history and age. On the other hand, working through tends to rip the causal and consequent link between past, present and future (LaCapra, 1998).

LaCapra (1998) calls the form of working through grief, and that of action out - melancholy. LaCapra, like Freud, views melancholy as a suspended process in which a depressive and traumatized self-awareness, trapped in compulsive repetition, obsessed with the past, meets a stalemate and remains a lost object. Grief is not as self-evident as static melancholy, however, through the substitution of the real with the fictional, it is more dangerous, since it falsifies the pseudohistory of a person through ritual practices, simulacra. Melancholy or grief are the two main ways of embodying trauma of the virtual and the real. However, they equally cannot be positive in the formation of a medical ethos.

The medical student is in the process of interiorizing professional dogmas and transforming them into existential meanings, which should ultimately lead to their structuring into a single system with which he will be able to solve specific practical problems. Ethos is dynamic and able to change due to changes in conditions affecting it. Due to the presence of multidirectional elements, the medical ethos can be unstable, however, in order to make effective decisions, the habitual structures must have minimal contradictions and be in dynamic equilibrium (Vdovina, 2017). In the era of a digital society, a "consumer society" and syncretism of values, the doctor loses his priority orientation and does not reflexively perceive the values that come into view. This turns him from an active, creative subject, only into an artificially constructed object of consumption, syncretically accepting the rules of mass culture.

4. Purpose of the Study

Purpose of the research is to study the process of formation of the professional ethos of medical students in the conditions of antinomies of the virtual and the real in the modern world.

5. Research Methods

The study was conducted on the basis of the Center for Psychological Support of the Federal State Budgetary Educational Institution of Higher Education of Tver State Medical University, Ministry of Health of Russia. The basis of psychodiagnostic techniques was made up of the test "Life-meaning

orientations" by D.A. Leontiev (Leontiev, 2000), developed by the authors, based on the theory of striving for meaning and logotherapy by V. Frankl (Frankl, 1985); differential questionnaire of feelings of loneliness (DOPO) (Osin & Leontiev, 2013); test of statuses and structure of ego-identity (SEI-test by E.L. Soldatova) (Soldatova & Benko, 2013).

The research sample is fairly homogeneous and includes 116 students of Tver State Medical University aged 19 to 22. Data processing was carried out on the basis of quantitative methods. To process and interpret the data obtained, we used descriptive statistics data, Pearson's nonparametric chi-squared test implemented in the SPSS 22.0 software.

6. Findings

The study conducted among medical students allows, on the one hand, to determine their personal qualities that characterize their semantic, existential and value constructs, and on the other hand, it allows analyzing the presence and absence of a conflict between virtual and real existence in the structure of their emerging professional medical ethos.

Statistical analysis showed that there is a moderate negative correlation between the life-meaning orientations of the individual and the subjective experience of loneliness (General indicator of the meaningfulness of life (OPO)) - Isolation ($r=-351$, for $p \leqslant 00,1$), OPO - Self-Feeling ($r=-417$, for $p \leqslant 00,1$), OPO - Alienation ($r=-337$, for $p \leqslant 00,1$)). Thus, the isolation of the digital society from direct communication and practical activity, i.e. self-alienation leads to the inability to formulate clear goals in life, enjoy the present and negatively assess the past and future.

Average negative and moderate positive correlations were revealed between the life-meaning orientations of the personality and the SEI-test (OPO - Doubt ($r=-633$, for $p \leqslant 00,1$), (OPO - Autonomy ($r=430$, for $p \leqslant 00,1$), (OPO - Fixation ($r=475$, for $p \leqslant 00,1$). Based on three stages of identity formation, medical students position themselves with their virtual counterparts, projections, shadows, non-reflectively, uncritically moving from the level of fixation to the stage of autonomy, jumping over the stage of qualitative changes, changing one number of simulacra to another.

A moderate positive correlation was also revealed between the indicators of the DOPO and SEI-test methods (Isolation - Doubt ($r=504$, for $p \leqslant 00,1$), (Self-Feeling - Doubt ($r=343$, for $p \leqslant 00,1$), (Alienation - Doubt ($r=504$, for $p \leqslant 00,1$). Consequently, a medical student, being in the process of age formation and the formation of a professional ethos, moves to a new qualitative level of his worldview, and, like any person, feels the need for live, friendly support, sympathy, empathy. Communication virtualization creates phantom narratives of "loneliness on the web". Unable to go beyond them, the student is not able to fully communicate with others, believe, befriend, love.

7. Conclusion

In conclusion, we can say that in the eternal antagonism of the material and the ideal in the modern modes of the virtual and the real, the practices of alienation are formed through the loss of meaning and existential trauma. The loss of concreteness in the process of self-determination and self-identification undoubtedly negatively affects the formation of the professional ethos of students.

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