



SOCIAL IDENTITY IN THE PERFORMANCE OF THE HEALTH PSYCHOLOGIST

ORIGINAL ARTICLE

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CHAGAS, André Felipe Lima das. *et al.* **Social identity in the performance of the health psychologist.** Revista Científica Multidisciplinar Núcleo do Conhecimento. Year. 07, Ed. 05, Vol. 01, pp. 189-202. May 2022. ISSN: 2448-0959, Access link: <https://www.nucleodoconhecimento.com.br/psychology/health-psychologist>

ABSTRACT

The psychologist in the health area is responsible for understanding the psychological aspects of a client in order to promote their well-being. Thus, based on the guiding question: Why should social identities be considered in the work of the health psychologist? This article aims to demonstrate why health psychologists should consider the social identities assumed by their clients in their work. Thus, based on the bibliographic review, it was possible to verify that the health psychologist should not see the patient only as an isolated individual, but who he is in his health and illness relationships and with the people with whom he relates in the environments, and how this affects their behavior, so that this professional can adjust his intervention, favoring the therapeutic process in terms of treatment and the hospital routine aimed at the client, in this case, the patient.

Keywords: Social identity, Health psychology, Health psychologist.

1. INTRODUÇÃO

Although the insertion of psychologists in the health context is still recent, their practice meets their social needs and historical contexts. We can, therefore, state that the role of Psychology in public health is to understand that there are different subjects in different contexts and that each one must be seen as unique, also considering their social identities.



In this context, for authors such as Akerlof and Kranton (2000), social identity is formed by self-images, constructed by social categories, and affects the behavior of individuals. Therefore, with that in mind, this article sought to answer the following guiding question: why should social identities be considered in the work of the health psychologist? In order to demonstrate why the health psychologist should consider the social identities assumed by their clients in their work.

Thus, based on a bibliographic review, the aim was to read the theories of different authors in the human sciences, such as Economics and Psychology, using the Heideggerian spectrum that "the whole is greater than the sum of the parts", to identify how much this aspect (social identity) is present in the development of health psychology and how this affects the performance of the psychology professional in this environment.

The choice of this research approach was also due to the ontological view of Davis (2009) and theoretical currents based on holistic knowledge, which uses different sources of knowledge to build knowledge on a given subject and the didactics of these theorists when discussing the subject.

Thus, as specific objectives, we sought to: analyze concepts of contemporary authors about what is Health Psychology; indicate how the insertion of the psychology professional in the field of health took place; demonstrate the precepts of the professional performance of the health psychologist; and, finally, to present the influence of social identities on the performance of the health psychologist.

In this context, although, currently, the psychologist's role is still confused or underestimated, leading to questions regarding their need by those who use or need this service, it is worth noting that there are numerous contributions and perspectives in the field of health psychology and this , as a whole.



2. HEALTH PSYCHOLOGY

For Matarazzo (1980), Health Psychology is understood as

[...] o conjunto de contribuições educacionais, científicas e profissionais específicas da Psicologia, utilizadas para a promoção e manutenção da saúde, prevenção e tratamento das doenças, identificação da etiologia e diagnóstico (de problemas) relacionados à saúde, doença e disfunções, para a análise do sistema de atenção à saúde e formação de políticas de saúde (MATARAZZO, 1980, p. 815).

This definition is one of the most used to this day.

However, Pires (2009) describes Health Psychology as an interdisciplinary field concerned with the application of psychological knowledge and techniques in hospitalized patients, families and multidisciplinary teams that assist them, with the aim of monitoring and promoting individual and community well-being, not only in physical aspects, but also mental ones, since both aspects cannot be understood separately from the subject (MARKS, 2000).

A Psicologia da Saúde é um campo multidisciplinar formado por ramos de ciências sociais e da saúde, incluindo antropologia médica, sociologia médica, ética médica, política social, economia, epidemiologia, medicina, cirurgia e odontologia. Essa abordagem traz conhecimento e teoria de disciplinas cognatas para um novo campo interdisciplinar entre a Psicologia e esses campos relacionados em processo de evolução (PIRES e BRAGA, 2009).

Thus, for Taylor (1999), Health Psychology seeks to understand the healthy psychological aspects of the person, why they get sick and how they react to the disease. Thus, Pires (2009) also relates health psychology to health promotion; the prevention and treatment of disease; the health-disease relationship and the behavior of individuals; and improving health care and policies.

Therefore, it is possible to state that Health Psychology is broad and the concepts that assign roles to it encompass the analysis of the public and private system regarding health policies for recovery, prevention and health promotion for those who are assisted by them, in primary, secondary or tertiary levels of health care, whether in



legal, social or civil processes, given its potential for individual and community well-being.

Therefore, the role of Psychology in public health is to understand that there are different subjects in different contexts and that each one must be seen as unique, with their own identities. It is an interdisciplinary practice that aims to ease the suffering of the population and overcome adverse situations (CONTINI, 2000):

Dessa forma, a Psicologia da Saúde busca compreender o papel das variáveis psicológicas sobre a manutenção da saúde, o desenvolvimento de doenças e seus comportamentos associados. Além de desenvolver pesquisas sobre cada um desses aspectos, os psicólogos da saúde realizam intervenções com o objetivo de prevenir doenças e auxiliar no manejo ou no enfrentamento das mesmas (ALMEIDA e MALAGRIS, 2011, p.185).

3. INSERTION OF THE PSYCHOLOGIST IN THE HEALTH AREA

Man has always been faced with existential questions that laid the foundation for sciences such as Philosophy, with the pre-Socratics and the great names of Philosophy: Socrates, Plato and Aristotle (MORAIS, 2010). Psychology was already born there, since they focused their studies on man and his ways of behaving, passing through other domains, which Psychology makes use of today (CAMBAÚVA; SILVA and FERREIRA, 1998).

However, this science was only emancipated from Philosophy and other sciences when Wundt created his laboratory in Leipzig in 1879, as an empirical-experimental science, assigning a new role to psychology, however, still without the status of a profession as an applied science (AZEVEDO, 2016).

In this context, it was only with Sigmund Freud (1890) and his studies on hysteria, which was present in Europe at the end of the 19th century, that this science assumed its identity as an applied science, in parallel with the development of the science of Freudian psychoanalysis, but with very close relationships between them (ROSAS, 2010).



After that, there was a long journey until Psychology gained its place in the scientific hall and professional practice, and became an area that acted in the basic care of public health services, assigning new roles and a new social identity to the psychologist. A process that required breaking paradigms and adaptation, in order to preserve its precepts and meet the current social demands in the world.

Thus, the identity of health psychologist could only be assumed by these professionals in the mid-1970s, with the aim of establishing parallel models to the psychiatric hospital, with a view to budget reduction and greater productivity, through multidisciplinary groups, according to Cantele ; Arpini and Roso (2012).

The end of the 1970s was marked by new public policies whose priority was to create multidisciplinary teams to improve the quality of care, in addition to making health professionals more valuable (MIOTO and NOGUEIRA, 2013).

In this context, some experiences were developed with psychologists who joined multidisciplinary teams in public and private hospitals linked to the health school in São Paulo and Rio de Janeiro with the aim of supporting hospitalizations or surgeries in cardiology, pediatrics and others.

So that the psychologist came to be identified as a professional capable of contributing to the promotion of mental health, assuming a relevant role in risk situations, that is, mental disorders, where they could intervene together with other health professionals in moments critics of life in society, developing a psychotherapy practice aimed at benefit and prevention in the community.

Thus, in Brazil, the recognition of the work of the health psychologist had its initial milestone, in the 1980s, in the face of a combination of proposals and claims that pointed to the need for important changes in the approach to health problems, emphasizing the participation of psychologists and their knowledge in multidisciplinary teams in health services (JIMENEZ, 2011).



It was in this context that the World Health Organization recognized the dimension and complexity of mental health problems and also the social role of Psychology as a health area.

This notable development, according to Sebastiani (2003), happened when, from 1980 onwards, there were several municipal, state and federal public tenders in the area of health, due to territorial evaluations finding a large number of people with mental disorders - a reason of order psychiatric, mainly -, requiring mental health professionals, such as the psychologist, who became part of the State's action strategies in its different levels of territorial administration (CANTELE; ARPINI and ROSO, 2012), with a proposal to change the culture of hospitalization and containment of the subject who had psychiatric problems that offered danger or discomfort to society.

Thus, psychologists were the professionals who most benefited from these changes, as it was this category that had the highest number of people hired to work in recent years. In 1976, there were 723 psychologists in the teams and, in 1984, this number reached 3,671 in professionals (MIOTO and NOGUEIRA, 2013).

The psychologist's entry into public health was also a strategy to escape the decline that the category had been experiencing. As psychologists lost their legitimacy in terms of social issues, these professionals had to look for new ways of entering the job market. Therefore, there were strong investments in the field of health by the Federal Council of Psychology (FCP), creating a professional health identity, "considered no longer as a specific area of interest of the psychologist, but as one of the most important reference spaces for dialogue between Psychology and society" (DIMENSTEIN and MACEDO, 2012).

In this context, currently, health institutions in Brazil present themselves as a new field of action for psychologists and they are increasingly interested in research and the labor market with the need to understand the health/disease process and the hospitalization process to intervene in the contexts of individuals or groups exposed to



different pathologies or in the way they deal with poor health conditions (ALMEIDA and MALAGRIS, 2011).

4. HEALTH PSYCHOLOGIST

This is the role that the Federal Council of Psychology (FCP) assigns to the health psychologist: “Vocation to promote well-being and increase the quality of life of individuals, groups and institutions” (CFP, 2006, p. 4). There is, then, the invention of a new professional in the area of public health, especially in mental care, the legitimacy and stability of this class of professionals, to expand the role of the psychologist in the health services of the Health Unic System (SUS)[5].

In this way, Psychology in public health represents an instrument of transformation, observing subjective, emotional, historical factors and living conditions. The objective of the health psychologist is to understand and analyze people, in order to solve problems, in addition to acting with prevention (healthy maintenance of these processes) and treatment of mental illnesses (intervention), both in the private and public sphere (ALMEIDA *et al.* MALAGRIS, 2011).

Thus, the performance of the health psychologist in health centers and hospitals must take into account a triple dimension of analysis: patient-family members-health professionals (ROMANO, 1999; ISMAEL, 2005), whether in the provision of health care in the basic care and in cases of medium complexity, in hospitalization units, mental health services, pain units, oncology, public health services, occupational health services, smoking suppression consultations, rehabilitation services (health services of high complexity) (TEIXEIRA, 2004).

Almeida and Malagris (2011) points out that most of these professionals who work in hospitals, clinics, in the academic sector, can provide direct and indirect help to students, researchers and patients (ALMEIDA and MALAGRIS, 2011).

Na atuação clínica, podem fornecer atendimento para pacientes com dificuldades de ajustamento à condição de doente, por exemplo, na redução de sentimentos de depressão no paciente internado. Podemos também ensinar aos pacientes métodos



psicológicos para ajudá-los a manejar ou gerir os problemas de saúde, como aprender a controlar as condições de dor. (ALMEIDA e MALAGRIS, 2011).

Therefore, the relevance of the performance of health psychologists in the construction of this science is noted, as part of the applied sciences and the health of the biopsychosocial, historical and cultural individual.

However, Pires and Braga (2009) points out that, as the insertion of the psychologist in the context of health is still recent, the psychologist is still not trained in a systematic way during graduation to perform the function(s) that are assigned to him(are) requested at the health service(s). In this line, the authors understand that the health psychologist must understand that his client is a mutable and dynamic being and that they have social identities.

5. SOCIAL IDENTITY AND THE PERFORMANCE OF THE HEALTH PSYCHOLOGIST

According to Akerlof and Kranton (2000), identities derive from beliefs originating from sources external to the individual. In this way, it is much more than merely a taste, a preference or a socially constituted category, it involves the study of who the individual is, how he deals with these roles and certain circumstances and how he identifies himself in that context. That said, it is necessary to emphasize that social rules, in the context in which individuals are inserted, affect their behavior, as is the case of hospital routines, where the health psychologist needs to adapt the therapeutic setting to the reality of the hospital.

In this way, Fine (2009) understands that social identity results from actions chosen and standardized by the individual and is a common characteristic among people, but there are situations in which one is not totally free to assume a specific role before a certain group, environment and/or person, as is the case of a hospitalization process, which is not planned or wanted, but requires the professionals involved to adapt to the condition imposed by the circumstances.



In this process, there is a rational component, where people are aware of the identity they may or may not assume, according to their will or not, in the face of a given social situation (MARCH, 1994) motivated by appropriate rules or exemplary behavior (limiting or reinforcers thereof) to better adapt to the new context.

Social identities make individuals learn socially stipulated rules and norms to adapt to practices instituted by a group and to act accordingly, giving an emulative character to the analysis of human behavior, that is, acting in favor of something.

In this context, for March (1994), individuals have several identities, which are affected by external and internal forces, rules, emotions, learning and experiences.

Thus, Sen (2007) also discusses the subject stating that the individual has multiple identities, agreeing with Bronfenbrenner (2005) and Akerlof and Kranton (2000), who say that they can change over time, being, still, linked to established categories by society. However, while there are several, one does not replace or cancel the other, being, therefore, derived from personal choices, explicitly or implicitly, according to the relevance attributed to each of these identities.

Therefore, Kirman and Teschl (2006) understand identities as social characteristics determined by the environment and with personal relevance for each person, which brings philosophical contributions to the study.

That is, social identities would be the result of the process of social representations that, according to Moscovici (1978), are heterogeneously established and shared by different social groups, but even if this process is collective, each one would assimilate, interpret, learn, would deal with and react to each role differently, according to their subjectivity, whether about others or about themselves, and the health psychologist and the entire multidisciplinary team that works in hospitals must be attentive and respect the individuality of each one when interact with this new condition of life.

The definition of identity is complex, given that it includes personal characteristics that come to change as a person matures and develops, as time passes and circumstances change, as well as memory and body, naturally or in reason for a pathology. Therefore,



the psychologist, as a health agent in different spaces, needs to understand this in order to be able to support the practical and affective demands that will arise according to the time that passes in the experience of his clients, taking into account subjective aspects that are perceived in these identity acquisition processes, which are multiple and dynamic, including cognitive processes, individual motivations and self-interest, linked to values accepted in that social environment (personal identity with social elements).

This changing notion of personal identities is affected by the way in which the individual identifies with other social groups, causing changes in individual characteristics and in the way he would like to be, which would occur in places where health services are provided, where there is not a single patient, but several who are in this condition in which their family members interact and witness each other's conditions.

Thus, within the focus of Davis' studies (2009), there is the personal identity ("I"), the person's subjectivity, their own characteristics, seen as a singular subject with their identities and potential for change, which must be developed when he is vulnerable for some reason, be it social or biological, as it happens in hospitals of fundamental importance for the performance of the health psychologist.

In addition to representing individual determinations and not completely ignoring social factors, the individual is not exempt from external forces, with self-identification and self-reflection occurring, processes facilitated by the therapist, which contribute to the institution of the personality of each human being and this is not socially imposed (based on the idea of self-recognition) (DAVIS, 2009).

Furthermore, there is the individual identity ("he"), formed in the social environment and instituted by it (DAVIS, 2009). It composes different perceptions about an individual, based on categories and social relationships, considering the way most of society perceives the individual, which determines him and creates stereotypes that are difficult to change, thus, if the patient is treated as a poor person and if there is the identification of this person as: "the sick person", "powerless", this could bring



psychological damage to their need to adapt to the new condition imposed by the pathology, which is why the importance of the health psychologist's work.

And by uniting these two identities, we have the social identity (“we”), an ontological construction of a socialized individual constituted in his subjectivity by cognitive, institutional and social aspects, from an evolutionary and historical perspective. At this moment, the individual is understood in his/her biopsychosocial range, which is extremely relevant for psychologists and health professionals. Davis characterizes this perspective in two ways:

I) a identificação do indivíduo com outro (exemplo: identificar-se com um amigo); II) a identificação do indivíduo com grupos de pessoas (exemplo: identificar-se com um grupo cultural de linguagem semelhante); III) a identificação do indivíduo com outro por terceiros (exemplo: agentes sociais identificam o indivíduo com base na sua composição familiar); IV) a identificação do indivíduo, por terceiros, com grupos de pessoas (exemplo: estatísticos identificam o indivíduo em categorias de idade, gênero, cor, etc.) (DAVIS e MARIN, 2007, p. 6).

These aspects are also of extreme relevance for the health service in accordance with the principles established by the SUS and sought by the currents of humanization in this sector.

With regard to Granovetter's notes (1985), his ideas contribute to the understanding that behavior and institutions must be understood based on social relations, as there is no way to dissociate these elements.

People do not present themselves separately from an institutional or social environment; they do not behave like “atoms” and do not act exclusively limited to cultural (social) definitions (GRANOVETTER, 1985). Therefore, the health psychologist should not see the patient just as a symptom or an isolated individual, but who he is in his health and illness relationships and with the people he relates to in the environments, the roles he occupies (whether at home, in society, in the hospital) and how this affects you so that this professional can adjust his intervention in order to favor the therapeutic process in the relationship that they will establish and make him



understand what his role is, so that his health is promoted, adjusting to the treatment, the hospital routine and in their relationships with caregivers and professionals.

In general, social identities determine roles that individuals assume in society, in their relationships, which affects their behavior, cognition and feelings. They are produced in the development of social interactions, ideas and behaviors, identification with others or with the environment, self-image, beliefs and perceptions, subjective and affective aspects, grouping a set of norms, rules and duties of each individual in the social structure, the which will determine different patterns of relationship. In this way, the performance of the health psychologist cannot be focused only on the individual's conceptions, without considering the historical context of social formation in which he finds himself (ALHEIT and DAUSIEN, 2006).

6. FINAL CONSIDERATIONS

From this, it was possible to notice how much this variable is relevant for the health psychologist and how it can become an ally in the service to the communities, since psychology appropriates these attributes, this social variable (social identity), to understand better the context surrounding the client and what he presents, whether in the clinic or in any other space, so that he can intervene professionally.

Thus, the resulting analysis of this research is the fact that social identities must be considered as a variable of social relations, subject to changes and adaptations, meanings and rereadings as time goes by, in order to understand how the individual reacts to certain questions to help the performance of health agents, especially the health psychologist. Therefore, this professional must pay attention to words, actions, feelings, places and ideas that form social identities to better understand and intervene professionally.

Thus, it is understood that with the results of this research, these studies could be extended to other areas of Psychology, social sciences and humanities, since social identities would be in all of them, implicated in greater or lesser extent to a lesser degree, its practical and subjective effects on people.



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APPENDIX - FOOTNOTE

5. Sistema Único de Saúde (SUS).

Sent: January, 2022.

Approved: May, 2022.

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