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Lunov Vitalii Yevheniiiovych Academician of the Ukrainian Academy of Sciences, Candidate of Psychological Sciences, Associate Professor, Associate Professor of the Department of General and Medical Psychology, Bogomolets National Medical University, Kyiv, <https://orcid.org/0000-0002-7085-8454>

Rozhkova Inha Volodymyrivna Doctor of Science in Public Administration, Professor, Professor of the Department of General and Medical Psychology, Bogomolets National Medical University, Kyiv, <https://orcid.org/0000-0002-5621-2913>

THE HUMAN SUBJECT UNDER PROFESSIONAL PSYCHOLOGICAL INFLUENCE: THE EXPERT ROLE OF THE PSYCHOLOGIST IN ASSESSMENT, INTERVENTION, AND PROFESSIONAL SELECTION

Abstract. This article considers the broad and multifaceted impact that psychologists have on people placed in the roles of patients, research participants, or applicants to various profession-based settings. Far from acting as disinterested observers or passive administrators of standardised batteries of questions, psychologists play an active, and often a poorly recognised, role in the construction of psychological subjectivity. Their impact is exercised across three main areas: psychological examination, therapeutic or institutional intervention, and selection to the professions. Based on the latest empirical and theoretical literature, this article examines how psychological testing is not only a diagnostic technology but also a practice that shapes identity, with long-term consequences for the individual. The psychologist as intervener is also explored in terms of ethics codes, situational pressures, and community-based empowerment models. In the area of selection for the professions, psychologists have decision-making power that determines people's career paths and access to opportunities, frequently in circumstances where fairness, cultural bias, and procedural openness are paramount issues.

In organising the analysis, a comparative model is constructed, charting psychologist roles in different application domains and setting out commonality as well as challenges across domains. Special emphasis is placed on evidence-based interventions, digital technologies, and socio-political demands that condition psychological practice today. Recent research is synthesised to demonstrate that as psychological technologies have become more sophisticated, their deployment continues to depend upon the interpretive authority and ethical competence of the practitioner. The article concludes by calling for a more reflective and ethically grounded practice, in which psychologists recognise the inescapably interventionist





nature of their work and reflect upon the guidelines that underpin their actions. Through such reflexivity, coupled with research rigour and cultural sensitivity, psychological influence can remain constructive, fair, and respectful of human complexity.

Keywords: psychological assessment, intervention, professional selection, psychological influence, assessment, psychological tests, model, model verification, ethics, subjectivity, evidence-based practice, digital psychology, person under psychological assessment.

Луньов Віталій Євгенійович академік Української академії наук, кандидат психологічних наук, доцент, доцент кафедри загальної і медичної психології, Національний медичний університет імені О.О. Богомольця, м. Київ, <https://orcid.org/0000-0002-7085-8454>

Рожкова Інга Володимирівна докторка наук з державного управління, професорка, професорка кафедри загальної і медичної психології, Національний медичний університет імені О.О. Богомольця, м. Київ, <https://orcid.org/0000-0002-5621-2913>

ЛЮДИНА ЯК СУБ'ЄКТ ПРОФЕСІЙНОГО ПСИХОЛОГІЧНОГО ВПЛИВУ: ЕКСПЕРТНА РОЛЬ ПСИХОЛОГА В ДІАГНОСТИЦІ, ІНТЕРВЕНЦІЇ ТА ПРОФЕСІЙНОМУ ДОБОРІ

Анотація. У цій статті розглянуто широкий і багатовимірний вплив, який здійснюють психологи на осіб, що виступають у ролі пацієнтів, учасників досліджень або претендентів на професійні позиції. Психолог постає не як неупереджений спостерігач або пасивний адміністратор стандартизованих методик, а як активний суб'єкт, що бере участь у конструюванні психологічної суб'єктивності. Цей вплив реалізується у трьох основних напрямках: психологічна експертиза, терапевтична або інституційна інтервенція, а також професійний добір. Спираючись на сучасні емпіричні та теоретичні джерела, автори статті показують, що психологічне тестування є не лише діагностичним інструментом, а й практикою, яка формує ідентичність з довготривалими наслідками для особистості.

Окрема увага приділяється ролі психолога як інтервента — з урахуванням етичних кодексів, ситуативного тиску та моделей залучення громад. У сфері професійного добору психологи володіють владою прийняття рішень, які визначають кар'єрні траєкторії особи й доступ до професійних можливостей — часто в умовах, де на перший план виходять питання справедливості, культурної упередженості та процедурної відкритості.

Для систематизації аналізу побудовано порівняльну модель, яка описує ролі психолога в різних сферах застосування, виокремлюючи як спільні



елементи, так і виклики. Особливий акцент зроблено на доказових інтервенціях, цифрових технологіях та соціально-політичних запитах, які визначають психологічну практику сьогодення. Огляд останніх досліджень демонструє, що, попри зростання складності психологічних технологій, їхнє застосування залишається залежним від інтерпретативної авторитетності та етичної компетентності практиків. Стаття завершується закликом до більш рефлексивної та етично вмотивованої практики, в якій психологи усвідомлюють інтервенційний характер своєї діяльності та критично оцінюють принципи, що регулюють їхні дії. Така рефлексивність, у поєднанні з науковою обґрунтованістю та культурною чутливістю, дозволяє зберігати психологічний вплив конструктивним, справедливим і поважливим до складності людської природи.

Ключові слова: психологічна експертиза та діагностика, інтервенція, професійний добір, психологічний вплив, оцінювання, психологічні тести, модель, верифікація моделі, етика, суб'єктивність, доказова практика, цифрова психологія, особистість досліджуваного.

Problem Statement. In current psychology, the work of psychologists is far more than passive witnessship or value-free evaluation. As examiners, interveners, and selectors, psychologists have enormous power to shape problems, construct identities, and shape life outcomes. But this power is generally exercised beneath the surface of method, role, and institutional position. There is still an urgent necessity for the investigation of the psychologist's power over the human subject — not only as a question of technique but as one of epistemology, ethics, and social practice.

The main issue this article concerns is the poorly understood but widespread power of the psychologist in the creation of psychological subjectivity in three key areas: testing, treatment, and hiring. This encompasses the difficulties of objectivity in the exercise of interpretive power, the hazards of unforeseen outcomes from categorisation or naming, and the ethics of shaping others' paths. As psychological technologies increasingly dominate clinical, school, and workplace life — and as electronic technologies extend this reach — the risks of this power continue to increase.

Analysis of Recent Studies and Publications. Current research in clinical, organisational, and applied psychology aligns with an expanding awareness of the active function of the psychologist in influencing outcomes, most immediately via the practices of assessment and diagnosis. Wright et al. (2017) [21] and Meyer et al. (2001) [8] illustrate that psychological testing continues to serve as a core practice, appreciated for their diagnostic value but also involved in the constitution of identity and accessing treatment. Bornstein (2017) calls for the utilisation of evidence-based psychological assessment (EBPA), arguing that best practice entails a balancing of empirical data with characteristics of the client and with the organisational context.





In the context of intervention, researchers such as Adelman and Taylor (1994) [1] and Balcazar et al. (2004) [2] point out that intervention is always value-laden, but constructed by the assumptions of the psychologist, institutional limitations, and socio-political conditions. Particularly in community psychology, intervention is an act of social action and advocacy, with the line between science and action becoming diffuse.

Psychological selection literature — Schmidt and Hunter (1998) [13], Patterson et al. (2017) [10], and Van Iddekinge et al. (2023) [16]— attests to how the psychologist's contribution to selection decisions can shape opportunities and create social hierarchies. The emergence of digital selection tools (Woods et al., 2020) [19] introduces additional complexity with decision-making embedded in algorithms, which necessitates new standards of ethics and methodology.

Collectively, these studies describe a uniform pattern: the psychologist is not only measuring or assisting — they are influencing, building, and intervening. This power is, in many cases, hidden by technical jargon or presumptions of neutrality. Increasingly, there is a necessity to interrogate the nature of the power of psychological influence, its limits, and its effects on both individual clients and larger systems.

Research Objectives. This study aims to examine how psychologists influence individuals through assessment, intervention, and professional selection. It seeks to highlight the ethical and practical implications of this influence and to propose a more reflective and context-sensitive approach to psychological practice.

Presentation of the main material. The treatment of the human subject in psychological research has also undergone systematic change, not only in response to changes in research methodology but also to developments in underlying notions of ethics. At the beginning of the development of experimental psychology in the late 19th century, the human subject (S) was largely treated as an instrument in the new scientific discourse, as were the mechanical and the physiological traditions upon which psychology adopted its empirical model. As Danziger (1994) [4] describes, the development of psychological experimentation owed a heavy debt to physiology, which refigured the aim of experimentation by transposing the emphasis from the study of anatomical structures to the study of abstract, functional processes. This figure encouraged psychologists, especially Wilhelm Wundt, to adopt experimentally based procedures in sensory physiology for the study of subjective experience, traditionally the province of philosophy (Danziger, 1994) [4]. But the collective decision to research the mind with procedures borrowed from the natural sciences put a functional and objectifying gloss on the human participant, usually making the subject a reacting stimulus-response mechanism.

This objectification was also extended by the research model that was developed in and around the psychological laboratory, wherein the subject was progressively disempowered in order to create the kind of data that was deemed trustworthy and reproducible. As Schultz (1969) [15] contended, psychology not





only took over techniques but also inherited an ideological model of the human subject — one in which the participant was conceived of as a passive data producer in place of the active, interpretive agent. This model disregarded major sources of bias in the selection of subjects, including the non-random and unrepresentative constitution of participant pools and their common suspicion or uneasiness of the laboratory setting. Such issues foreshadowed the subsequent ethics-related debates that would characterise psychological science in the middle of the 20th century.

The employment of deception in social psychological experiments, for instance, further highlights the conflict between control of the research process and ethical integrity. Kelman (2017) [6] cites the increased use of deception as a marker of creativity in psychological research, and especially of social psychology, but also notes the alarming consequences of this development. The psychological cost to participants, who are typically deceived as to the nature of the research in which they participate, is the subject of question as to the reconciliation of scientific progress and the rights of the subjects. The notorious Milgram obedience experiments nicely form the paradigm case, eliciting fervent ethical criticism, prominently by Baumrind, over the emotional harm caused to participants. Kelman thus positions the employment of deception as not so much an issue of technique but of a deep-seated ethical issue touching on the value commitments of psychological science (Kelman, 2017) [6].

In addition, the ethical guidelines of research with human subjects were established in the form of legal codes, but research has established that many researchers from the academy are only partially knowledgeable regarding such requirements. Tymchuk and Thompson (1986), for example, illustrated that academic senate members conducting research consistently comprehend the necessity of respecting the subjects, but are not fully knowledgeable concerning particular regulatory requirements. This gap calls for the evaluation of how formal codes of conduct are implemented and enforced in research psychology as sufficient to safeguard people, indicating that formal codes of conduct are not enough unless accompanied by corresponding education and institutional mechanisms.

At the same time, there also arose criticisms that dealt not only with the ethics of treatment of the human subject but also with the research design's underlying epistemological assumptions. Schultz (1969) [15] maintains that the conventional model of the subject as a stimulus-response machine is not merely ethically suspect but also insufficient from a scientific point of view, as such a model cannot accommodate the complexity as well as the reflectivity of human thought. Krout (1954) nuances this criticism by defending specific research designs, such as the projective techniques, that necessarily involve withholding some kind of information from the subjects. He feels that too much disclosure can itself contaminate data by adding affective as well as cognitive variables, thereby jeopardising the outcome. Although Krout is in favour of considering ethics, he advises against blanket restrictions that can inhibit the development of knowledge in unconscious as well as affect-laden processes (Krout, 1954).





Together, these theoretical and historical explanations reveal a central struggle in psychology: balancing the research demands of experimentally rigorous methodologies with the ethical challenge of respecting the dignity and safeguarding the well-being of research subjects. The psychological subject is not simply a source of data but a reflexive individual constructed by and responding to the research context. Danziger (1994) [4] advances further to contend that introspection, once an established method, is to be understood as a social and historical construction, indicative of larger institutional and cultural forces. Far from a neutral observational practice, introspection and other methodological procedures contribute to the joint construction of the object of inquiry as well as the inquiry process itself, serving to reinforce particular epistemological and ethical assumptions inherent in the discipline.

This identification of the subject as constructed and constructive in the research process undermines the objectivity that the original psychological science sought so assiduously. As experimentation developed, the chimaera of the neutral, decontextualised subject was replaced by an awareness of the subject as situated in the intricate web of social, historical, and methodological contexts. This development laid the groundwork for contemporary debates regarding informed consent, participant agency, and the collaborative nature of psychological research. Thus, the earlier evolution of the human subject in psychological research is not a catalogue of shifting techniques but a mirror to the science's progressively developing sense of how to study — and to be — a human in a scientific context.

While psychology as a research practice has traditionally prioritised experimental control, objectivity, and replicability, current practice increasingly recognises the potent role of the psychologist in psychodiagnostics situations. The psychodiagnostic process is not a neutral accumulation of facts but a complex interpersonal transaction, where the psychologist's interpretive power, institutional authority, and procedural choice affect the subject's self-image and results. Relational and epistemic power is most evident in the context of applications where testing produces clinical, forensic, or occupational judgments, and where the tested individual perceives the process as one of exposure, testing, or categorising.

Current surveys of professionals in psychology point to the continuing centrality of assessment, but one that is shaped not only by the needs of clients but also by institutional and fiscal pressures. Wright et al. (2017) [21], in their national survey, reported that while psychological testing holds a smaller place in standard practice as a result of managed care restrictions, in specialised domains such as forensic and inpatient work, its profile is more established. In these domains, testing is used as a gatekeeping function — directing diagnoses, legal conclusions, and entry to treatment or services — and thus exercising profound influence over the life course of the subject. Notably, the majority of psychologists see testing as not only diagnostically valuable but as a way of refining treatment decisions, thereby legitimating their positions as clinical authorities whose evaluative judgments carry heavy consequences (Wright et al., 2017) [21].





Such evaluative authority is also deepened with the proliferation of evidence-based psychological assessment (EBPA), which grafts the canons of evidence-based practice — hitherto the preserve of treatment — onto the testing arena. According to Bornstein (2017), EBPA incorporates empirical evidence, the assessor's expertise, and the patient's characteristics, thus reasserting the psychologist's role of interpretation as not merely technical but clinical and contextual. The testing is a location in which meaning is co-constructed, mediated through the assessor's and the assessed's respective value systems, identities, and interests. Far from an abstraction, psychodiagnosis is thereby a situated activity conditioned by cultural, interpersonal, and epistemological contingencies (Bornstein, 2017).

Highly robust empirical support exists for the accuracy of psychological testing, which supports its perceived legitimacy. Meyer et al. (2001) [8] conducted a review of more than 125 meta-analyses and 800 studies and concluded that psychological testing is as valid as medical diagnostic testing. Importantly, they stress that multimethod testing is more diagnostic of the person as a whole than interview testing is — a conclusion that highlights the value of testing not as an add-on but as core to psychological knowledge. This supports the psychologist as a data-integrator and interpretive specialist whose findings go beyond symptom listing to inform a person's identity, prognosis, and even their legal status (Meyer et al., 2001) [8].

Nonetheless, this power is accompanied by ethical responsibility, particularly where the tested individual is made available as a source of data for research as well as clinical purposes. Kewley (2013) [7] considers the dual function of psychologist-researcher and the resulting ethical tensions where assessments are redesignated for purposes of empirical research. Questions of informed consent, confidentiality, and dual allegiance arise, especially where participants can remain unaware of the degree to which their disclosures become subject to investigation. Ambiguity of therapeutic versus scientific intent may therefore undermine the integrity of the psychologist-subject relationship, reaffirming the necessity of strong ethical controls and critical self-awareness in practice.

The psychologist's powerful role is also apparent in high-stakes situations like capacity evaluations, whose outcome can dictate a person's legal capacity. Schaefer and Farrer (2022) [12] propose that psychologists have to reconcile objectivity with clinical sensitivity in the process of evaluating decisional capacity, especially as such activity confronts people with medical susceptibility or loss of function. The conclusions of the evaluator can shape guardianship determinations, treatment refusals, or the capacity to make a will, putting the psychologist in a quasi-judicial position. In this state, the diagnostic act is not only a determination of mental condition but also of civil rights, and the psychologist, a key figure within the subject's life story.

In other applied scenarios, such as the preoperative evaluation of patients for bariatric surgery, the psychologist's diagnostic evaluation typically mediates access to life-modifying medical interventions. As Ayad and Martin (2007) discuss, the





increasingly active role of psychologists in surgery is indicative of the expanding recognition of the role of behavioural and affective factors in treatment compliance and outcome. But, in so doing, also positions the psychologist as a behavioural gatekeeper, whose decision to delay or withhold interventions deemed necessary to medical well-being can reproduce hierarchical power relations in which the subject's agentic self-understanding is overruled by specialised categorisation.

The same dynamics occur in end-of-life care, where psychological evaluation plays a key role in confronting suffering, shaping interventions, and informing how people are related to their prognosis. In a big study of early palliative care patients, Iannizzi et al. (2024) [5] illustrated how organised self-assessment tools like the Edmonton Symptom Assessment System (ESAS) allow psychologists to target and address psychological symptoms (e.g., depression, anxiety) as a priority. Oncologists were found to overestimate distress relative to patient self-reports, which indicates that the psychologist, as an empathetic and systematic assessor, can provide a more valid and patient-focused appreciation. Notably, awareness of diagnosis was not related to higher distress, countering common assumptions that psychological distress can and ought to be minimised through withholding of information (Iannizzi et al., 2024) [5].

These results point to the constructive and consequential character of psychodiagnostic practice. The psychologist is not simply identifying mental states but determining how they are constructed, understood, and reacted to. This performative and epistemic function places the psychologist in the position of not only a witness but an active participant in the very construction of psychological reality. Thus, in this way, assessment is a form of subtle power — constraining identity, directing attention, authorising some behaviours and concerns and excluding others. The subject of psychological testing, then, is not so much tested as reconstituted through the process of testing itself.

In particular, psychodiagnosis is therefore best understood as a kind of structured interpersonal influence, grounded in methodological rigour but permeated with ethical ambivalence. The authority of the psychologist is established through expertise and empirical research, but is exercised within a framework of social power, institutional imperatives, and systems of meaning. To see the process of assessment as neutral is to exclude its effects on subjectivity, agency, and social categorisation. By contrast, acknowledging the psychologist's role in shaping both process and outcome of the process of assessment opens the way to a more reflective, ethical, and contextual practice — one which engages the subject as not only the object of knowledge, but as a person entangled in a nexus of meaning, fragility, and possibility.

In spite of sporadic criticism and shifting paradigms in the practice of mental health care, psychological testing has remained at the core of clinical psychology, not only as a pragmatic instrument but as an identifying component of the profession. Watkins et al. (1995) [18], in their longitudinal comparison of practice over decades,





concluded that practices in psychological testing remained strikingly stable. A select number of testing tools continued to dominate, reflecting both professional agreement and resistance to change. In contrast to the scepticism of academics over projective techniques, practising clinicians continue to make use of them, which indicates that clinical experience and contextual discrimination generally prevail over theoretical debates (Watkins et al., 1995) [18]. It is this persistence that is rooted in a more profound reality: psychological diagnosis is not altogether a function of superior empirical evidence, but also of the operability, training heritage, and clinical awareness that shape a psychologist's selection of tools.

Such decisions are heavily shaped by training paradigms, which in turn influence the way psychologists learn to measure, interpret, and approach subjects. Ready and Veague (2014) [11] surveyed American graduate programs and detected stability in the training in psychological testing, but the prominence of some areas, including treatment efficacy and neuropsychology, rose to the forefront. Importantly, while the main training models (Clinical-Science, Scientist-Practitioner, and Practitioner-Scholar) provide generally the same kind of testing curricula, variations occur in the priority given to projective techniques, gerontological testing, and multicultural competence. This indicates that the influence of professions starts well before the psychologist begins interacting with a client; it is developed through particular learning agendas that subtly steer the practitioner's subsequent direction and faith in specific diagnostic approaches (Ready & Veague, 2014) [11].

Yet the development towards evidence-based clinical psychological assessment (EBCPA) is an ongoing enterprise to integrate these disparate traditions in a more standardised, outcomes-focused model. Wright et al. (2022) [20] recognise the absence of agreement in specifying what qualifies as evidence-based assessment. But they suggest that best practice entails systematic data synthesis, methodologically varied test batteries, and clinical attunement to context, culture, and client preference. The EBCPA model does not aim to exclude the psychologist's interpretive function but to standardise it within evidence-informed parameters, thus to increase the reliability, transparency, and usefulness of assessments (Wright et al., 2022) [20].

Nonetheless, in both EBCPA and more conventional approaches, the psychologist still has significant control over the subject's diagnostic process and outcome. By the selection of tools, the phrasing of questions, the management of ambiguity, and the communicative act of feedback, the psychologist not only influences the conceptualisation of the disorder but also the subject's self-perception. This psychodiagnostic power is as often subtle but powerful: affirming distress as legitimate, reframing maladaptive behaviour as adaptive in the face of strain, or labelling normal experiences as pathological in context. The authority granted to the psychologist by both social role and training is thus a powerful force in shaping the narrative and therapeutic course of the subject.



Finally, the work of the psychologist in the context of assessments must be seen not only as that of a technician and disinterested spectator, but as an active collaborator in the co-construction of psychological meaning. This power is also accompanied by the duty of self-awareness, transparency of process, and ethical sensitivity. The act of diagnosis is always clinical and also always cultural — an intersection where scientific accuracy and human interpretation occur.

If diagnosis particularises the subject in a psychological framework, intervention shapes their experience and possible trajectories. In clinical, community, educational, and online spaces, psychologists not only interpret but also act, and their influence is most apparent and contested through conscious acts of intervention. Passive observing is the opposite of intervention: intervention entails responsibility, strategy, and affective impact; it locates the psychologist as a co-participant in the subject's transformation, not only as a recorder of it.

Adelman and Taylor (1994) [1] contend that intervention is ubiquitous yet undertheorized. It is not limited to formal clinical treatment but is a pervasive phenomenon in educational counselling, behavioural cues, family guidance, and institutional policies. Even though interventions take many different forms and extend to varying degrees, they are all based on some assumptions regarding the nature of problems, ends of change, and means found suitable to attain such ends. These assumptions lie in the "underlying rationale" of intervention and remain implicit but with far-reaching consequences. Prevailing models overemphasise reductionist approaches focused on the pathology of the individual, downplaying environmental factors and neglecting systemic or structural causes of distress. This results in interventions geared to adjust the individual, often to the neglect of larger social change (Adelman & Taylor, 1994) [1].

In contrast, community psychology overtly espouses intervention as both empowerment and social action. Balcazar, Garate-Serafini, and Keys (2004) [2] outline how community psychologists, especially in working with marginal social groups, become agents of change. Their intervention dissolves the research/advocacy border, requiring the psychologist to mediate, negotiate, and confront bureaucratic obstacles face-to-face. The researchers, in their intervention with ethnic minority students with disabilities over several years, learned that fostering empowerment entailed not only the development of skills but also moving through — and sometimes in resistance to — the opposing agendas of school systems, parents, and authorities. The psychologist in this model is an ethical agent in the midst of a multifaceted web of social processes, responsible for listening as well as leadership (Balcazar et al., 2004) [2].

Intervention also entails the subtle practice of categorisation — of naming people in ways that enable and restrict. Adelman and Taylor (1994) [1] note how diagnostic categories have scientific and administrative purposes but also have the potential to stigmatise, misinterpret, and personalise. Classifications tend to reproduce ideological decisions: to select some behaviours as problematic, to



attribute cause to the person, and to reinforce medicalised explanations of mental health. Labelling is thus never a neutral act: it constructs how the subjects think and how others treat them. Psychologists need to remain vigilant to the fact that their labels — of "resistance", "compliance", or "non-engagement" — are not merely descriptive but performative.

This is particularly significant in healthcare and digital settings, where interventions are brokered through new modes of delivery. According to Wahass (2005) [17], in the biopsychosocial model of health, psychologists are an active part of fostering not only recovery but also resilience and a good-quality life. They extend their interventions to prevention, early identification, behaviour change, and sustained support. Moreover, these interventions tend to accompany or conflict with medical approaches, so the psychologist is both an ally and a disruptor in multidisciplinary collaborations. In this extended role, psychologists shape the understanding of, experience of, and treatment of illness by patients and caregivers alike (Wahass, 2005) [17].

Digital interventions add another level of complexity. Nahum-Shani et al. (2022) [9] discuss the notion of "engagement" — a key but poorly specified variable in dictating the success of digital psychology. Attention, emotion, motivation, and context shape engagement, mediated in turn by the intervention design and the responsiveness of the system. In these systems, the influence of the psychologist is partially embedded in algorithms and user flow, and intervention is thus a function of interface as well as interaction. The authors put forth a neurocognitive model (AIM–ACT) to better understand how digital engagement materialises and provide recommendations to design psychologically meaningful interventions in real-world applications. The psychologist here becomes an experience designer, guiding users subtly through technological affordances (Nahum-Shani et al., 2022) [9]. As opposed to remedial models, positive psychology interventions (PPIs) seek to enhance well-being directly, providing an alternative angle of intervention. Bolier et al.'s (2013) [3] meta-analysis of PPIs detected small but significant subjective and psychological well-being and depression symptom reduction. These were more effective where interventions were of a larger duration, more specified to the individual, and targeted at clinical populations. The psychologist's role in PPIs is in the intentional reframing of attention — from deficit to strength, from pathology to potential. This reframing changes the subject's story and the role of the psychologist alike: from corrector to facilitator, from evaluator to collaborator (Bolier et al., 2013) [3].

In these diverse arenas, the only consistency is that intervention is not neutral. By way of diagnostic suggestion, therapeutic discussion, group work, or a digital platform, the psychologist exercises real power over the trajectory of the subject. And with that power comes attendant ethical, theoretical, and methodological concerns that cannot be wished away. As intervention increasingly pervades everything from the classroom to the clinic, from the app to the community, the psychologist is and ought to be increasingly vigilant in their role as helper and as a





shaper. Psychologists have a central role in the realm of personnel and professional selection, not as testing evaluators but as judges of potential, guardians of opportunity, and mediators of institutional value. Selection processes form one of the most salient and far-reaching expressions of psychological power with direct impacts on the career paths of people, organisational functioning, and social justice. Psychologists are nominally responsible for ensuring fairness and accuracy, but the instruments they use — and the underlying assumptions — can construct judgments of merit, ability, and aptness. From a scientific point of view, selection practices have become more sophisticated, supported by a sound empirical literature. Schmidt and Hunter's (1998) [13] seminal meta-analysis illustrated how the most useful combinations of selection tools are general mental ability (GMA) combined with structured interviews, integrity testing, or work sample testing — each with validity levels above .60. These tools not only have high predictive accuracy but also generalizability across occupational situations and experience levels to make their continued use in evidence-based selection systems justified (Schmidt & Hunter, 1998) [13]. But the psychologist's impact does not end with the selection of good tools. Selection is interwoven with decisions as to which attributes are to be given priority and how to reconcile different goals, such as predicting performance, applicant experience, and diversity. Van Iddekinge, Lievens, and Sackett (2023) [16] assert that procedural decisions — such as the use of multiple measures, contextualised assessments, and transparency regarding targeted traits — influence not only correctness but also fairness and perception. Psychologists have to make compromises between rigour and representation, especially in the face of increased demands to diversify workforces and tackle structural disadvantage (Van Iddekinge et al., 2023) [16].

This balancing is further complicated in high-stakes professions like healthcare, law, and education. As Patterson, Cleland, and Cousans (2017) [10] point out, selection to the professions of healthcare is politicised, resource-intensive, and legally complex. There is the dilemma of balancing the need to ensure a rigorous and defensible selection process with the need to address wider societal demands for access, equity, and transparency. Not only do the involved psychologists measure the individual traits, but they also need to see to it that their processes are defensible against the scrutiny of stakeholders, policymakers, as well as the general public. What they have power over is coming up with a selection system that, in the same measure, optimises for public accountability, institutional outcomes, and the fit of the individual (Patterson et al., 2017) [10]. Selection also takes place in an organisational and cultural framework, in which informal norms of practice and social dynamics influence outcomes as much as formal criteria. Scholarios and Lockyer (1999) [14] concluded that in medium and small-scale professional firms, selection is determined in part through informal interviews, personality impressions, and social networks. These conclusions serve to reinforce the social embeddedness of psychological judgment, with the implication that even where formal tools are





being used, the psychologist (or the selector) is always interpreting data in the light of the subtleties of context, culture, and client expectation. Informality can make responsiveness and flexibility more likely, but also introduces the issues of implicit bias and inconsistency (Scholarios & Lockyer, 1999) [14].

Digitalisation also introduces a new dimension to this complex landscape. Woods et al. (2020) [19] considered new digital selection procedures (DSPs) such as online psychometric assessments, automatic interviewing, gamified exercises, and social media analysis. Although these tools provide scalability and efficiency, they also raise new issues of validity and ethics. The impersonality of DSPs can result in lower applicant motivation, suspicion of bias, and inability to contextualise subtle competencies such as empathy or cultural alignment. In addition, the widespread adoption of AI-based assessments can mask the accountability of the psychologist as decision-making becomes dispersed across algorithms and systems (Woods et al., 2020) [19]. Even with the increased application of automation, psychologists are still at the centre of the interpretation and combination of the data from assessments, particularly in intricate or uncertain selection judgments. They are not a technical function but an interpretive one — reconciling empirical fact with contextual knowledge and ethical sense. Both as guardians of fairness and function, psychologists need to ensure selection processes serve organisational ends as well as the dignity and autonomy of the applicants.

Ultimately, professional selection is a psychological act of definition — of who is regarded as suitable, promising, or ready. In forming that act, psychologists shape not only outcomes but ambitions, not only people but the contours of professional identity. The above analysis has underscored the multi-faceted nature of the psychologist's impact in diagnostic, intervention, and selection situations. In an attempt to synthesise these findings and to more clearly describe how this kind of influence is realised in practice, Table 1 summarises the psychologist's central roles, their main processes of influence, and the contextual fields in which these roles are performed. This integrative overview is a conceptual map to orient discussion of the common themes and varied difficulties across these different functions.

Table 1.

Core Roles and Domains of Psychological Influence

Role of the Psychologist	Domain of Application	Primary Mechanism of Influence	Key Challenges and Considerations
Diagnostician	Clinical, forensic, educational	Psychological assessment, test interpretation	Risk of misclassification, cultural bias, test validity
Intervener	Clinical, community, digital health	Therapeutic techniques, behavioural intervention, advocacy	Ethical ambiguity, patient autonomy, goal alignment
Evaluator in Professional Selection	Occupational, organisational, academic	Psychometric testing, structured interviews, AI assessment	Fairness, diversity, applicant experience, legal defensibility





Role of the Psychologist	Domain of Application	Primary Mechanism of Influence	Key Challenges and Considerations
Researcher-Practitioner	Academic, clinical, applied settings	Data collection from human subjects, dual-role navigation	Informed consent, confidentiality, conflict of interest
Health Promoter	Primary and behavioural healthcare	Psychoeducation, prevention programmes, resilience building	Engagement, cultural sensitivity, resource limitations

As evidenced in Table 1, psychologists act in varied and sometimes intersecting roles. Such variation across domains is not in the technology itself, however, but in the psychologist's interpretive and relational power. Whether choosing to apply a diagnostic term, shaping behaviour change, or making judgments on fitness for practice, the psychologist is active in meaning-generating processes with a resulting impact on outcomes and identities. It underscores the necessity of reflexivity and ethical openness, especially where influence is exercised in unequal relations, as in clinical evaluation or employment screening. Of special concern is the conflict between standardisation and contextual sensitivity. In selection and diagnostic situations, the need for psychometric reliability typically clashes with the ability to acknowledge individual and cultural subtlety. Systematic interviews and tested measures provide rigour but can neglect aspects of lived experience which fall outside of normed frameworks. In contrast, interventions emphasising flexibility and empowerment — particularly in community and digital arenas — sacrifice reproducibility and become vulnerable to bias. Psychologists thereby face issues of methodological cost-benefit trade-offs, selecting how to go for structure and how to emphasise responsiveness. With the growing digitalisation and interdisciplinarity, the work of the psychologist will become more systems-oriented and hybrid in nature. From promotion of health to digital mental health, success will increasingly rely not on single interventions but on sustained contact, technological competence, and networking with wider circles of care or evaluation. The practice of the future will require more flexibility, as well as more competencies in the responsible use of technology, attunement to different cultures, and systems thinking.

Conclusion. The work of the psychologist these days stretches well beyond classical treatment and diagnosis applications. In every arena — from psychometric testing to digital intervention and personnel selection — the psychologist plays a role of definition, categorisation, and change. These processes carry a profound and yet often unnoticed power over people's lives, communities, and institutions. This power has to be exercised with ethical transparency, carefully considered methodology, and a sensitivity to the social and cultural milieus in which the work of psychology is carried out. As digital technologies extend their reach and interdisciplinarity deepens, the power of the psychologist to shape subjectivity will



only augment. The research and the education of the future would need to put at its core reflexivity, diversity, and systems awareness as key competences. Psychology must continue to develop not only as a science of the mind and conduct, but as a science of humanity based on responsibility and relationship.

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