

Growing Edges: Thoughts on Research and Clinical Practice

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Abstract

In the conventional research paradigm, the stance of the investigator is that of a separate, distanced "objective" observer who strives to be as uninvolved as possible with the research participants and with what is being studied, in an effort to eliminate or avoid contamination by his or her own biases or expectations. There is an attempt to remove the investigator from judgmental and decisional responsibilities through the use of automatic, impersonal decision tools provided by research designs themselves and by statistical outcomes. Such conventions of subject matter, method, and investigator stance tend to distance research from clinical practice, which involves more meaningful and more complex issues and processes, a greater reliance upon experiential, subjective factors, and a greater involvement of the practitioner. These same conventions tend also to separate research from what is happening in the investigator's own personal and psychospiritual experiences, growth, and development. In the transpersonal paradigm, research is complemented by what is missing in the conventional paradigm. Methods of disciplined inquiry are expanded to include qualitative methods that can more appropriately and faithfully address rich, meaningful, and complex human experiences. Full description and understanding are valued as much as prediction and control. Emphasis may be placed upon understanding how processes and issues interact complexly and dynamically in the everyday life circumstances and life journeys of individuals. In this transpersonal paradigm—with its more qualitative and idiographic emphases—research, clinical practice, and the investigator's own psychospiritual growth and development become much more similar, much more hospitable toward each another, and may occur simultaneously, with minimal conflict.

Article

Research and clinical practice may be different things or the same thing depending upon what is studied, the methods used, and the stance of the investigator/practitioner.

The Conventional Paradigm

In the conventional research paradigm, topics are frequently chosen for their tractability to reigning quantitative, experimental methods devoted to the discovery of universal laws (a nomothetic aim). The chief purposes of research - and the criteria for determining the research's success and importance - are prediction and control. The topics must, necessarily, be relatively simple ones involving variables that can be readily isolated and controlled. In the service of such simplification and isolation, the research setting often becomes de-contextualized, artificialized, and, unfortunately, frequently trivialized. For example, studies of perception, learning, memory, and cognition involve straightforward

materials and tasks that can be presented, responded to, and mastered in relatively brief time periods in simple, isolated settings that are estranged from the rich and complex dynamics and ambiguities that accompany these same processes in everyday life. Motivation, personality, and individual differences are limited to and reduced to scoring patterns on standardized assessments. The study of social interactions and relationship processes is restricted to those that can be easily simulated or modeled in a research setting.

The stance of the investigator is that of a separate, distanced "objective" observer who strives to be as uninvolved as possible with the research participants and with what is being studied, in an effort to eliminate or avoid contamination by his or her own biases or expectations. There is an attempt to remove the investigator from judgmental and decisional responsibilities through the use of automatic, impersonal decision tools provided by research designs themselves and by statistical outcomes. Subject matter, evidence, and conclusions are limited to what can be observed "from the outside," rationally processed, and communicated to others in straightforward, linear prose.

Such conventions of subject matter, method, and investigator stance do, in fact, tend to distance research from clinical practice, which involves more meaningful and more complex issues and processes, a greater reliance upon experiential, subjective factors, and a greater involvement of the practitioner. Persons working in one of the two areas--research and clinical practice--tend not to use or be familiar with what is done or known in the other area. These same conventions (of subject matter, method, and stance) tend also to separate research from what is happening in the investigator's own personal and psychospiritual experiences, growth, and development.

The Transpersonal Paradigm

In the transpersonal paradigm, research is complemented by what is missing in the conventional paradigm. Methods of disciplined inquiry are expanded to include qualitative methods that can more appropriately and faithfully address rich, meaningful, and complex human experiences. Full description and understanding are valued as much as, or more than, prediction and control. Emphasis may be placed upon understanding how processes and issues interact complexly and dynamically in the everyday life circumstances and life journeys of individuals (an idiographic aim).

The researcher is more interested in learning the laws (relevant factors and the patterns and interactions of these factors) of individual lives than in learning the laws of the world at large. However, because the themes and variations of individual lives do reflect, mirror, and instantiate more general, universal principles and laws, a nomothetic end is reached nonetheless. In this case, the universal becomes known through the deep and intensive study of the particular and through a holographic process whereby even small but carefully chosen research samples reveal knowledge and principles that can be generalized validly to the population at large.

Because qualitative methods can address a greater and more complex range of experiences, research topics can be extended to include the very same issues that are subjects of clinical practice: rich personal experiences (common as well as uncommon); important challenges and triumphs; complex interpersonal interactions; issues of meaning, purpose, and identity; and issues of personal and transpersonal growth, development, and transformation. The researcher can use wider lenses and a greater variety of lenses, and the researcher and the participant, together, may explore much wider and deeper windows of inquiry—emphasizing depths of experience and breadths of outcomes and aftereffects that could not be addressed through the more limited time frames and approaches of the conventional paradigm.

Any and all sources of evidence, ways of knowing, and ways of working with and expressing one's knowledge, findings, and conclusions can be brought to bear upon the issues being researched. Both etic and emic, both subjective/experiential and objective/observational modes of knowing, are recognized and honored. There is an epistemological stance of what William James called radical empiricism - a stance that excludes anything that is not directly experienced but includes everything that is directly experienced, by anyone involved in the research effort. Thus, the research participants' subjective experiences and self-perceptions are treated as valid data, as are the experiences and perceptions of the investigator. There is an important place for intuitive, tacit, and direct knowing; for various a-rational ways of processing information; and for a variety of forms of creative expression in conducting and communicating one's research.

The investigator becomes intimately involved in the research effort, realizing that both obvious and subtle communications, interactions, and interconnections with the research participants make a stance of objective detachment unrealistic and illusory. The participants, the investigators, and the readers of the eventual research reports themselves become the real research instruments. Because there are no longer only automatic decisional tools—those provided by formal research designs and statistical indicators—the investigator bears increased responsibility for evaluating and weighing evidence, making judgments and decisions, and reaching conclusions based upon her or his own experience, sensitivities, and skills.

How Clinical Practice Can Be Research, and How Research Can Be Clinical Practice

Clinical practice and research can be combined, or can become one and the same thing, if a clinical intervention becomes the object of the research, as in outcome or efficacy studies or in action research in which one evaluates a clinical method or program that is already in place or is being tested. If one uses standardized assessment instruments in one's clinical practice, one can quantify these and study them systematically and formally. In one's clinical practice, one is always doing research more informally—observing relevant factors, finding patterns, noting what works or doesn't work with particular clients, forming ideas on the basis of interactions with clients and testing these ideas with subsequent clients. So, clinical practice already contains many research components, and these could be augmented or emphasized more fully.

At its best, research can contain clinical components, as well. In the transpersonal paradigm, research and clinical practice are more similar than they are different. Because of the changes in topics studied, methods used, and investigator stance, it no longer makes sense to think of research, clinical practice, and the investigator's psychospiritual development as three distinct areas separated from one another by firm boundaries. These boundaries dissolve and melt away. A research session remains that, but also becomes an opportunity for clinical application and for transformation of the researcher. It is a clinical application because meaningful and highly relevant issues may be chosen as research topics and because qualitative methods (and even special additions to and variations of quantitative methods) can provide research participants with opportunities to work on personal issues and tell their stories, allowing opportunities for assimilating new understandings and new ways of knowing, doing, and being. The research is an opportunity for change and transformation in the investigator when the latter chooses topics that are personally meaningful and heart-felt, and when she or he engages more fully in the research project. Additionally, all of these choices and processes provide opportunities for change and transformation in the readers of the research reports that eventually issue from the work. Research, clinical practice, and personal transformation exist in synergistic interrelationship, with each contributing to, drawing from, and informing the other.

The key processes for making progress and for avoiding delusions in life, in clinical practice, and in research are identical ones. They involve a fullness of attention (presence, awareness, mindfulness) to all that is happening and a careful discrimination and discernment of differences, similarities, sources, patterns, concomitants, outcomes, facilitating and interfering factors, and being mindful of when one is or is not confusing one's own wishes, expectations, desires, fears, apprehensions, and projections with what one is attempting to know as it is in itself. We are always doing research - in the sense of circling around issues, exploring more deeply, and finding out what is going on - but with different degrees of formality and care. The tools we use have different names and are directed toward different purposes in research, clinical practice, and personal growth. We use these tools for re-searching , for looking again, looking more carefully and thoughtfully, looking from several angles and perspectives, at something of great interest to us. Research has much in common with re-spect - in which we also look again, look more fully and appreciatively at who or what is before us, honoring that person, thing, or event for what it is in itself and for what we may learn from this interaction.

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