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CLINICAL PSYCHOLOGY AND RESEARCH: EPISTEMOLOGICAL NOTES

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Abstract: The paper proposes a reflection on the relationship between clinical psychology and research, highlighting the constant epistemological crossing of the two practices, empirical and professional. The paper warns against the pitfalls of reductionism that, in both cases, may impact the effectiveness of therapeutic results. In fact, both in clinical practice and in psychological research, the mere application of techniques contradicts the specificity of the object of study (the mind) which, rather, requires the constant attention to a complexity of variables and contextual elements essential to understand the psychic. Qualitative research has been a prolific space for dialogue and joint trials between research and clinical practice that has rehabilitated scientific dignity of affective and subjective for a long time confined to the ephemeral world of poetry and literature. It must be therefore a further extension of the convergence not only of qualitative and quantitative methods but also of training modules for researchers and practitioners who are able to stimulate, in daily practice, confidence in the utility of scientific monitoring and detection of inter-subjective variables in research devices.

Keywords: Clinical Psychology, Research, Epistemology.

INTRODUCTION

"Whatever the phenomenon studied, you must first studies that the observer himself, for the observer or disturbs the observed phenomenon, or there is projected to some extent. "

Edgard Morin

"Never psychology will tell the truth about the madness, because it is the madness that holds the truth of psychology. "

Michel Foucault

We begin this discussion by following a Freudian metaphor. *"When in the course of a scientific research, a problem is difficult to solve, it is often appropriate to pull over to the original, a second problem, as it is easier to crush two nuts against each other, rather than crush a single one"*. It is through this simple but subtle metaphor that Freud introduces an epistemological question central for modern scientific thought ("The Interpretation of Dreams," Freud, S., 1899),

Overcoming fragmentation which borders experimental knowledge into constituencies huddled in serial of limited problems, which often arise partial and unsatisfactory analysis, to reach a model capable of interpolating, join, compare different levels and issues involved in the definition of a specific domain of inquiry. When the object of study, as in the case of clinical psychology, is relationship and its power to give shape to the existential paths, structuring and describing them, it may be useful to use different perspectives that capture human specific manifestations.

An epistemological framework such as this, must be a complex matrix (Morin, 1984) capable of containing differing contributions, caught in their divergences and convergences, creating a synergistic framework. A challenge is neither simple nor impossible but that, even today, bogs down into the age-psychological science debate on the clinical utility of the research, divided professionals and researchers, each partisanship clinging to their memberships. The former are accused of lack of rigor in intervention procedures and insufficient monitoring of the clinician work. An ideological fracture that for a long time, has hindered the maturation of a methodology more careful and capable to satisfy the demands of rigor and transparency with those of complexity of human experience and sensitivity in the detection of emotional states and processes involved in the inter-clinical situation. Only in recent years, research in psychotherapy is

inaugurating a form of reconciliation of empirical and clinical needs, clarifying the indispensability of an assessment that would provide reliable measurements on both therapeutic process and outcome of treatment (Dazzi Lingiardi, Colli, 2006).

The outcome-process research has allowed to understand not only if a therapy works or not, but also "how" it works, that is what happens in the relationship between practitioner and patient and how this pathway correlates with the effectiveness of intervention. Although the current research in this field of study are more widely available than in the past, cooperation between research and clinical practice seems to be limited to certain entities specimens that overlook the national scene. In substance, in everyday life of their work, researchers and clinicians still seem to move on parallel tracks that hardly meet.

On this burden further an academic policy that does not allow the researcher to practice with ease and transparency clinical interventions and health policy that does not encourage the scientific evaluation of treatments carried out in the territorial structures.

Just as Freudian metaphor of the nuts, clinical practice and research have many points of convergence. Clinical intervention and psychotherapy pose the practitioner faced with a challenge exploratory, that is knowledge and understanding of the Other, that has nothing to envy, in terms of complexity and unanswered questions, to more intricated designs of research. Not only is now widely recognized limit nosographical approaches to the definition of mental suffering, but even more radically we could say that each patient forced to revise theoretical models, theories of technique, while undermining the constructs even more firmly anchored to the cultural background of the psychological Science. The suffering person is a stranger who opens his gates of homeland, which obliges us to redefine, rethink the readings on psychopathology and mental psychologist who accompanied him during his training. Moreover, the practice of psychotherapy requires an enduring question about difficulties presented by the patient as much as the social, anthropological, political and economic conditions that characterized his community. There is not a psychotherapy that is free from this constant unveiling of visions of the world which are stored in psychic pain. There is not a psychotherapy that is not animated by that epistemophilic drive, which, indeed, represent the vital core of every research. Each researcher who has the ambition to produce knowledge in the field of clinical psychology and psychotherapy can not ignore the complexity of the human mind and the incessant interrelations among the context of family, social

and cultural context in which it develops, even when this puts risk in the research design cleanliness. From this point of view, complexity theory proposes an epistemological pluralism that tolerates paradoxes, ambiguities, aporias of the cognitive (Ceruti, Lo Verso, 1998). Above all, it allows to support apparent imperfection of construct coming from the balance between different sciences. After all, it is the imperfection that triggers the progress of science. Each advance of human knowledge stems from a critical process to reopen the sense of true set up since there and opens the unpredictable. The disorganized state and imperfect following the dismantling of the equilibrium state and replicability legislation unearths a fermentation medium ideational giving rise to new cognitive paradigms. The crisis we are experiencing, semantically and conceptually, represents the moment of transition from one state to another, in reference both to mental processes, that to cellular, social organization etc.. The epistemological paradigm of complexity, in fact, is put into crisis and overcoming the classical neutrality disjunctive relationship among the observer, the observed object and the field of observation that is exceeded by process of reciprocal influences that exist among these three units of knowledge. In other words, the scientific principle coincides with the explanation of the complexity of the field of necessary links that define the sense of the relationship among the investigated phenomenon, the survey instruments and the researcher (Giannone, Lo Verso, 1998).

Clinical psychology, is the science of the intervention and prevention of hardship, whose essential precondition resides in the faculty of seeing the suffering and to welcome it with no cuts, no cover-ups. A clinic founded on the unsaid is not clinical. The clinical knowledge, in this sense, would be a happy exemplification of the epistemic accessibility circulate between research and intervention. In fact, to address some issues scientifically, investigate them without reductionism, in order to suggest possible intervention strategies should dissolve clinically emotional issues giving rise to the scientific simplifications: what you study can become truly usable only if you are truly gone through that cognitive experience (Quattropiani Coppola, 2013). Intellectual knowledge is such only when it is also affective knowledge (Spinoza, 1659). This is the greatest convergence between clinical psychology and research.

The plot of process that characterizes the occurrence produces clinical fields of investigation which in themselves are plural and multiperspective. The only way to unravel this tangle is to reveal, figure in the watermark, connective paths that cross it. It is sure, in this context, the awareness that

science is only what is communicable and can be modified. In other words, only what is mobile, not dogmatically given, shared and intersubjectively held, can become scientific (Ceruti, Lo Verso, 1998).

A substantial contribution in this direction was made by qualitative methodologies that have by now abandoned the self referential clinical role report wearing the robe of a systematic and verifiability maintaining balance its unique capacity to investigate the deep sense of human affairs.

Recently, qualitative research has undergone a profound redefinition, in terms of openness to other methodological strands, also favoring its widespread due, mainly, to the intensification of research on the study subjects such as emotions, relationships, the identity, the clinical efficacy of therapeutic interventions etc. (Charmaz, 2006; Dazzi, Colli, Lingiardi, 2002; Lo Coco, Prestano, Lo Verso, 2008). That all those aspects of human experience, to be studied, require the inclusion of the individual experience, which in turn, in its unfolding, interweaves the historical context of subjective experience and the current situation of the survey (setting research).

In this way, the origin and the investigation mix together and meet the context and previous experience of the researcher, in turn subjective. Indeed, it is now widely known, although researchers to experimental matrix, which is not possible to make scientific data collections to ensure the total separation between observer and observed object field of observation. The uncertainty principle of Heisenberg (1958) according to which it is impossible to study a subject without influence on it, has become an integral part of the heritage of all epistemological science, agreeing cross the need to understand the contextual variables, the relativistic and contingent aspects of scientific research in any device. In this direction, the paradigm of complexity, making a critical review of the criteria for the scientific classic, argued the decline of science understood as ontologically objective, thus accompanying the growth of the scientific quality (Morin, 1983; Ceruti, 1986; Giannone, Lo Verso, 1994), which enables to watch the emerging data from a study made not as "objective", but rather as a compromise formation between observers and the observed world. The same circularity that characterizes the relationship between researchers and research subjects emerges also among the various elements observed, as for example, in the field of projective methods (Settineri S., Mento C., 2010).

These brief premises immediately allow to define two characteristics of qualitative research: the first concerns the purpose of the qualitative method that is not to be understood as the isolation of variables but as explanation of

the relationships of all the elements involved in the search field aiming at the understanding of the processes and the identification of the causes; the second, closely related to the first, is the lack of control of intervening variables, unrelated to the object of research, the so-called noise: noise, trouble (Del Corno, Rizzi, 2010). This working model, in contrast to the experimental method, is based on the inclusion of external variables to the object of study: *"The noise is an integral part and component of the phenomenon and any attempt to exclude it means loss of substantial wealth of the subject's "* (Langdrige, 2004, p. 260).

Literature traditionally distinguishes qualitative research denominating intensive (deeper) and case oriented (non-oriented variables) while quantitative research is extensive (extended by inferential data from representative sample of the population) and expresses the characteristics of a phenomenon in the form of variables and frequency with which these occur (Borrione, Best, 2005). These distinctions are essential to clarify in a rigorous way the specificity of the two methods, which are often easily distorted in interpretative frameworks and define the two methods by virtue of their implicit opposition. This result is not reductionist agreement with the latest acquisitions of the methodological sciences (Kruglanski, Jost, 2000), which strongly dampen the radical opposition between quantitative methods and qualitative methods, preferring to put the two strategies of investigation along a continuum that sees the allied and interacting rather than enemy and clearly separated (Mazzara, 2002). It is not possible to separate the data layer from that of theoretical abstractions, as you cannot expect to make statistical generalizations starting from considerations strongly contextualized.

Qualitative research, not ancillary to the drawings quantities, can find a place before, during and after a statistical survey, that is, every time we are faced with complex objects of study in which an activity must be of conceptualization and interpretation that cannot be entrusted to the conventional measurement techniques. This secularism has greatly facilitated the advancement of scientific psychological knowledge, recalling once again the human being is a lesson that, despite efforts by the philosophy of science, struggles to learn: the assumptions dichotomous (either/or) that oppose truth absolute were partially useful to understand man, where the syntax of the conjunction (e/e) and the multiplication of truth in different spheres of reality have allowed the march, more aware, knowledge about the mind and existence (Giannone, the Verso, 1994).

The same tension notes that, today, seems to intensify the dialogue between

qualitative and quantitative methodologies would be desirable to be extended to the relationship between clinical psychology and research renewing the value of action clinical intrinsically heuristic. The qualitative-quantitative method is the prologue of the larger poem of clinical science, since announcing the possible investigation of all those elements (emotions, passions, dreams, fantasies, representations) involved in the relationship with the patient and contribute to a large extent to explain the outcome measures investigated empirically and used to attest the success of a treatment. Empirical research, which for excellence is the method that collects data through field experience transforming involved variables, reinsert psychotherapy in the domain of scientific knowledge as it is, without any doubt, an action-research that takes place through interpersonal relationships, with a scientific basis, a method and a device for monitoring intersubjective (supervisions, team discussions etc.).

It is clear that this heuristic potential of clinical psychology and psychotherapy must be, first, valued and pursued by all those who practice this profession every day, encouraging discussion and collaboration with the world of research. In this direction, it is also a rethinking of academic education and professional training in the field of clinical psychology and psychotherapy in order to cultivate an intellectual confidence in both the instruments of investigation and the sensitivity of the relational process that drives clinical settings. After all, Freud himself had understood, for some time, that *"the scientific gain was the trait most eminent and most joyful of the analytic work"* (Freud, 1927, p. 422). The hope with which we want to conclude this brief reflection, is that in future scientific and professional practices will become entrenched in the epistemological relationship between research and clinical psychology: an opened mind to discovery is essential for the therapist as well as a provision, not including components more evanescent and hardly measurable or replicable is fundamental in the work of clinical researcher.

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