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Editorial: Before You Give Up on Research or Please Re-Search This

by Ronald J. Chenail

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Recently there have been some very interesting developments in the clinician--researcher debate (Efron, 1991; Markowitz, 1991). In Don Efron's piece, he questions the demands made by some researchers on clinicians and goes on to challenge the dog-wagging-tail imposed hierarchy of research in clinical fields. In response to this editorial, Laura Markowitz interviewed a number of well-known researching family therapists to re-present their reactions to Efron's "Why research" position. Except for an unnamed "noted family therapist," all of the notables quoted by Markowitz disagreed with Efron and reaffirmed clinicians' ethical duty to research. It is interesting to note that two out of the six named sources in Markowitz's article, Howard Liddle and Peter Steinglass, were members of the forum at last year's American Association for Marriage and Family Therapy (Anderson, Liddle, Steinglass, & Wynne, 1990, October) with which Efron had such concern in his editorial. And who says that there is no circularity in family therapy research or maybe, we are just going around in circles?

The argument is quite old and everyone seems to know their lines all too well, and like any stuck system, neither side seems to be willing or able to change. It would be a tragedy if this stalemate were to continue because I do think that a researching therapist is better off than a non-researching therapist. Although I have not researched that hypothesis, I have researched how clinicians "research," and I have found that therapists do have methods and systems of analyses which serve them quite well in their doing what they do and their knowing what they know. The only "problem" with these clinical researchers is that they practice a style of inquiry which is not usually recognized as research by "real" researchers. Of course, these clinicians contribute to this miscommunication/misconception because they do not re-present their work in such a way so that their methods and analyses become overt and recognizable as a type or style of research.

As a modest proposal to help with this situation, I have some suggestions and some questions for clinicians and researchers to contemplate. I have no guarantee that struggling with these questions will bring any swift conclusions to the debate, nor am I asking anyone to change. I only ask that before either clinicians or researchers throw up their hands in disgust and give up on the idea of clinical research, that you read the next essay in this issue, "Provocations for Researching Clinicians and Clinical Researchers," and give the questions and suggestions some consideration.

References

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