

# Lived Experiences Can Be a Strength. So Why the Bias Against “Me-Search”?

March 23, 2023



Questions often emerge when researchers tend to engage in research on topics that are personally relevant for them. For example, when someone with depression also studies it, should they disclose their personal interest? How is this type of self-relevant research—“me-search,” as it’s popularly known—perceived by the academic and scientific community?

In a recent study published in [Clinical Psychological Science](#), researchers found that more than 50% of participants had conducted self-relevant research. Those who had not engaged in self-relevant research made more stigmatizing judgments of it and its disclosure than did those who did engage in self-relevant research. We discuss these findings and their implications with the study’s lead author, Andrew Devendorf of the University of South Florida.

**Unedited transcript:**

**[00:00:13.170] – Ludmila Nunes**

Do researchers tend to engage in research on topics that are personally relevant for them? For example, might someone with depression tend to study it? If so, do they disclose their personal interests? And how is this type of self-relevant research or me search seen by the academic and scientific communities? This is under the cortex. I am Ludmila Nunes with the Association for Psychological Science to speak about a study that analyzed how prevalent research is in psychological science in the United States and the attitudes toward this type of research. I have with me Andrew Devendorf from University of South Florida, co-author of a recent article published in *Clinical Psychological Science*. Andrew, thank you so much for joining me today. Welcome to under the cortex.

**[00:01:06.330] – Andrew Devendorf**

Thanks so much for having me. It's great to be here.

**[00:01:09.750] – Ludmila Nunes**

So I've been following your research not just on me search, but on psychopathology and the outcomes of treatment. But today I want to focus on this article on me search. Would you like to share with us the main takeaway from this work?

**[00:01:29.390] – Andrew Devendorf**

Yeah. So in our study, we examined the construct of self-relevant research, also more popularly known as me search. One reason why we use the term self-relevant research is because it comes off as a more neutral term. Whereas in conversations with people I've had, research tends to be used a little bit more pejoratively. Like the research is all about the researcher can be selfish or more biased. And so self-relevant research is the pursuit of research by researchers with the lived experience with or close connection to the research topic. And in clinical psychology, many of our field's largest advancements have been made by people using their lived experiences as a strength. So one famous example is Marshall Inahan, who has talked openly about her experiences with suicidality self-harm, emotion dysregulation. And she's used her own mental health experiences to actually help with the development of dialectical behavior therapy, which is now a widely used and effective treatment for people with borderline personality disorder. And so aside from some select famous psychologists speaking openly about how their work connects to their own personal experiences, strangely, you don't really hear many others talk about their lived experiences in connection to their research.

**[00:02:49.240] – Andrew Devendorf**

And so I just think that's a little bit strange given that we're in such a clinical and applied field where I

personally know a lot of people who go into this field with their own connections. And so in our study, we asked three questions. The first was how common is self relevant research in clinical counseling school psychology? The second is what are the perceptions of self relevant research among psychologists? Is it viewed more negatively, like maybe more biased? Or is it viewed more positively as a strength? And lastly, do perceptions about self relevant research depend on the specific research topic at hand? For example, our researchers who have a history with mental illness, topics like depression, suicide, or schizophrenia are they viewed more negatively than researchers with the lived experience of cancer and who study cancer. And so that's what our study set out to discover.

**[00:03:41.270] – Ludmila Nunes**

And what did you find?

**[00:03:43.530] – Andrew Devendorf**

Yeah, so what we did was we surveyed a representative sample of faculty and graduate students in clinical counseling and school psychology. And we surveyed approximately 1700 participants who came from APA and CPA accredited programs. Those are the accrediting bodies for those clinical oriented programs. And we administered a survey, and the survey asked a few questions like providing a definition of self relevant research and asking people, have you ever conducted this type of research? Do you currently conduct it? Have you conducted in the past, or have you never done it? And that gave us an assessment of how common this type of research is to assess attitudes. What we did is we actually constructed these vignettes. So basically, it gave a brief summary of a researcher who maybe they have depression and they are interested in studying depression, or a researcher who's had a history of cancer and they study cancer. And we also had a condition with somebody who doesn't have a personal connection to the research. And we asked respondents to read those brief summaries. Everybody was assigned to one and then report on their attitudes about that researcher. So we developed three different scales.

**[00:05:02.780] – Andrew Devendorf**

The first skill assesses more negative attitudes people might have. So, for example, to what extent do you view this researcher as more biased, selfish, or irresponsible? And we viewed that as more stigmatizing attitudes. Also, to what extent do you view this researcher as having more insight or motivation in their work, some more strengths based attitudes? And lastly, to what extent do you think it's okay for a researcher to talk about why they're pursuing the research topic across different contexts, like a personal statement for graduate school, a job talk, or publicly on a platform like a podcast like this one?

**[00:05:40.910] – Ludmila Nunes**

And this study was conducted in the United States. So there's a caveat here. It might be different in other countries. So regarding prevalence in the United States, what did you find about prevalence of this self relevant research?

**[00:05:56.610] – Andrew Devendorf**

Yes. So we found that more than half of clinical psychologists and graduate students have conducted this type of self relevant research. So the exact number is 55% of our respondents had previously or currently conduct self relevant research. And we actually saw that graduate students were more likely to report currently conducting doing self relevant research. Perhaps more interestingly and more for applied discussions about why this work is important, we found people from historically marginalized backgrounds were more likely to conduct self relevant research. So this includes people from sexual orientation, minority backgrounds, so people who are lesbian, gay, or bisexual, people who are nonwhite are more likely to do self relevant research, and people who have reported a history of mental health difficulties, are more likely to do self relevant research. And so when we consider self relevant research in that context and that many of these researchers might use their identities and be inspired to use their experiences, it kind of raises the question of why we might be more likely to view those people as more biased or negatively for doing that self relevant research.

**[00:07:10.730] – Ludmila Nunes**

And this takes us to your second research question. How is this type of research seen by others?

**[00:07:17.680] – Andrew Devendorf**

Yes. And so after giving these participants these vignettes and asking them to respond, we found that respondents who were clinical counseling and school psychologists, they were more likely to stigmatize a self relevant researcher who studies mental illness topics such as depression or suicide or schizophrenia. They were more likely to stigmatize those researchers compared to a researcher who studies physical illness topics like cancer. And so that kind of gives an indication that there's some paradoxical levels of stigma toward mental illness or the pursuit of that self relevant research in clinical psychology. And in our discussion, we kind of tackle why that's relevant and can have negative repercussions for our field.

**[00:08:08.350] – Ludmila Nunes**

I want to know more about those repercussions and those implications. But I'm also interested, you mentioned that you had different scales to measure attitudes towards this type of research. And so you found that negative attitudes were more prevalent for self relevant research and researchers. But did you find any differences regarding the positive attitudes? Did you find any differences?

**[00:08:35.950] – Andrew Devendorf**

Yes. So we basically segmented our analyses by looking at if you have done self relevant research before, how do you perceive somebody who does self relevant research? And so we actually found an interaction effect in the sense that people who have done self relevant research were actually more likely to view the pursuit of self relevant research more positively and view those researchers as having maybe more insight, motivation, passion compared to non self relevant researchers. On the flip side, people who have not done self relevant research, they were more likely to stigmatize that hypothetical self relevant researcher. So they were more likely to view those people as biased, irresponsible, selfish. It's more likely that they're not okay with them talking openly about their experiences. However, regardless of whether or not somebody has conducted self relevant research, we found that our full sample of clinical and counseling in school, graduate students and faculty, they viewed people who do self relevant research on mental illness topics. More negatively compared to physical illness topics, whereas they also viewed people who do self relevant research on topics like cancer more positively on that strength space item scale. So if you have a self relevant researcher on cancer, our sample was more likely to view those people more positively and they were more likely to approve of those researchers talking openly about how their research connects to their personal experiences.

**[00:10:12.490] – Ludmila Nunes**

So you mentioned talking openly about doing this type of research. And what I'm curious about is whether people disclose that they're doing this type of research. And if you have any information about the implications of disclosure, how people feel about disclosing this, definitely.

**[00:10:34.490] – Andrew Devendorf**

So in our study, we found that there are actually mixed attitudes about self relevant research in our field, and so there are risks and rewards to disclosing self relevant research. For example, professionally, if you're applying to graduate school, you might be asked to write a personal statement to discuss how you became interested in a research topic or for faculty positions or for grants. There are these diversity statements in Psychology Now which ask people to discuss how they can contribute to diversity in the field. And so if there are these mixed attitudes out there, there can be real professional repercussions if somebody discloses on one of those applications and it's viewed negatively. Similarly, if somebody doesn't disclose and somebody else discloses, and the committee has a positive reaction, maybe it's more likely that that person gets it. And so there's not really clear guidance, and it puts people who do

self relevant research in this precarious ambiguous situation. And so every year, when hundreds of people per graduate program apply, I think faculty reckon with these questions behind the scenes of how do you deal with this and how do you vet out applicants? And whether or not it's professional or not.

**[00:11:51.800] – Andrew Devendorf**

I think one recommendation I always have is when you're asking people to write a personal statement, kind of clarify what you're looking for in that statement, maybe not even using the word personal in the statement. Say it's like a professional statement. Because when you use the word personal, of course a lot of us think of a more personal story. So there are definitely concrete steps, and I don't have all the answers. I still just think we're at the step of people openly acknowledging that this topic is important and has relevance for who we're recruiting and keeping in our field. And I just hope that there's more research and open discussion about how to kind of reconcile that ambiguity.

**[00:12:32.110] – Ludmila Nunes**

And it makes sense, if we think about the type of research we all do, that we have to feel some personal motivation to pursue it, because that's part of what creates curiosity about a topic.

**[00:12:45.270] – Andrew Devendorf**

Exactly. And I like how you said that, because there are some experiences that are so rare that you don't have a lot of people studying those topics because they don't have those personal connections. I mentioned Marshall Inahan as a key example. Marshall Inahan, in her book *Building a Life Worth Living*, talks about how nobody in research really knew how to deal with the mental health difficulties that she was experiencing, the urge to attempt suicide or to self harm or the emotional dysregulation and the patterns of those things. And it was because she had those personal experiences that she became more invested to help others get out of that very same situation and she could provide those very same insights. I want to go into one other example of another person I'm a fan of. I don't believe she's a clinical psychologist, but Nev Jones studies schizophrenia and she's talked about how she will get frustrated when she sits in rooms with people talking about what a symptom of psychosis or hallucination looks like. And they don't have those personal experiences to kind of inform their definitions of them or people incorporating those people with lived experience.

**[00:13:52.860] – Andrew Devendorf**

And so we can learn a lot by cultivating acceptance around researchers with lived experience in our field to tackle those questions that maybe aren't as popular or people just aren't able to identify with in the

first place.

**[00:14:11.470] – Ludmila Nunes**

And specifically about mental health problems. I would like to tie this with other of your research in which you show that optimal well being and optimal functioning is possible after psychopathology. So to show that people can be perfectly functional after a diagnosis of mental health issue, definitely.

**[00:14:33.540] – Andrew Devendorf**

So I'm really happy that you kind of connected this thread on my work because my broader work seeks to reduce stigma towards mental health difficulties. And one way we can do that is combating messages or negative stereotypes. And so there are these stereotypes out there that if you have mental illness like depression, anxiety or even a personality disorder, you're not able to function or succeed either in academia. But in this other line of research that you bring up, we actually find that there's a substantial segment of people who have a history of a mental health problem like depression, anxiety or substance use disorder. And they can go on not just to recover from that mental health difficulty, but exhibit really high levels of thriving.

**[00:15:19.360] – Ludmila Nunes**

So the presence of a mental health issue should not be a stigmatizing factor for judging any researcher.

**[00:15:28.180] – Andrew Devendorf**

Obviously, I think it's a dialectic in the sense that two things can be true. I think mental illness can be impairing and it is impairing. That's how we define it. And that's why people suffer and they seek help for it. And also just because somebody has that experience doesn't mean that they can't function professionally or they can't get the help to eventually be able to function. But when we stigmatize mental illness, especially in academia, then people don't talk about mental illness, then they can't seek help for it, and then they can't thrive in the long term. And so one reason why I'm really passionate about this work is because I'm trying to ignite these conversations that nobody is having. And I think it's really hurting the well being of our field and who's able to sustain and succeed in our field. That's very competitive. It's associated with high levels of burnout. And so I think silence begets silence, which begets stigma. And I think if we just have more open conversations, we can reduce the stigma and we can help people function and hopefully flourish long term.

**[00:16:32.990] – Ludmila Nunes**

Yeah, I completely agree. So you basically summarized the practical implications of this research that you're conducting and its importance for the entire field.

**[00:16:43.250] – Andrew Devendorf**

I just hope people that if they have a negative association with me search, I just ask them to reflect on that bias and to ask themselves, what is the implication of having this bias and viewing these researchers so negatively? And I want people to imagine what clinical psychology would look like if we did stigmatize researchers with lived experience. We wouldn't have people like Marsha Linnahan developing DBT. Thomas Joyner, a famous, renowned suicide prevention researcher, he's talked openly about losing his dad to suicide. Or Steven Hinshaw has talked about how his own mental health experiences with stigma motivated him to want to study stigma. And so if we're stigmatizing people with mental health difficulties or who do self relevant research, we are excluding very important voices who offer a lot of unique perspectives in our field. I want to caveat that by saying I'm not saying that we need to require people to have a lived experience. I'm just saying right now the pendulum seems to be on the side of stigmatizing this type of experience. And I think there just needs to be more balance that we get that true diversity of people with lived experiences and people without lived experiences tackling these important phenomena.

**[00:18:01.130] – Ludmila Nunes**

This is Ludmila Nunes with APS, and I've been speaking to Andrew Devendorf from the University of South Florida. Andrew, it was a pleasure speaking with you.

**[00:18:11.880] – Andrew Devendorf**

Thank you so much for having me. It was great.

**[00:18:14.970] – Ludmila Nunes**

If you want to know more about this research, visit [psychologicalscience.org](http://psychologicalscience.org).