Behind closed doors, many of us in psychology have witnessed—and possibly engaged in—banter about whether certain psychologists conduct “me-search,” or research that is personally relevant to the researcher. Examples might include a scholar who is transgender and studies transgender populations, or a cancer researcher who lost a loved one to cancer (Gardner et al., 2017). Some of us even poke fun at ourselves for conducting me-search. As a depression researcher with a family history of depression, I identify as one of those researchers myself (Devendorf, 2019).
Although conversations about who is and who isn’t a me-searcher tend to be playful, more often than not, me-search is used as a pejorative label, even when we apply the term to ourselves. To favor a more descriptive and less self-deprecating term, I refer to me-search as “self-relevant research” (Devendorf, 2020). It would benefit us all as psychological scientists to step back and ask how undervaluing this research might be harmful to both self-relevant researchers and psychology as a field.

I’ve been in many situations where students and faculty gossip about possible self-relevant researchers with statements like “There’s no doubt that Dr. So-and-so [a substance-use researcher] is a recovering alcoholic,” “Ahh, that explains why Dr. X [a workplace-rivalry researcher] is so competitive,” and “I saw Dr. Whatchername’s talk [about racial health disparities]—of course she’s Black.” Statements like these suggest that self-relevant research cannot be trusted because the researchers are biased by their personal history. It’s also been said that people who conduct self-relevant research are self-involved and interested only in learning about themselves, rather than contributing to science. No empirical evidence exists to support or refute these claims, and other scholars have noted similar observations about prejudice toward self-relevant research (e.g., Gardner et al., 2017; Victor et al., in press). So where do these negative stereotypes originate?

Screening for Self-Relevant Researchers

These stereotypes may begin to manifest before psychology students even enter graduate school. Application resources for clinical psychology students advise them not to disclose a personal history related to their mental health research area, as this may cause admissions committees to reject otherwise strong applicants. One renowned graduate school guide states that clinical psychology applicants are “often screened out” for disclosing their own psychopathology (Prinstein, 2017, p. 24). While the guide’s author, Mitch Prinstein, does not necessarily agree with this practice, his candid observations appear to generalize across programs. A survey of 457 psychology graduate programs reached the following conclusion:
“A [kiss of death] may occur ‘when students highlight how they were drawn to graduate study because of significant personal problems or trauma. Graduate school is an academic/career path, not a personal treatment or intervention for problems.’” (Appleby & Appleby, 2006, p. 20)

Acknowledging that stigma against self-relevant researchers appears to exist in psychological science, with real professional repercussions (e.g., rejection from graduate school), we should next examine whether such negative assumptions about self-relevant research are warranted.

**Does Self-Relevant Research Cloud Objectivity?**

Bias against self-relevant research may result from the assumption that lived experience with a research topic might obscure a researcher’s objectivity. The rationale is that the pursuit of self-relevant topics may interfere with someone’s ability to remain impartial when evaluating findings. To my knowledge, there is no study that has evaluated these claims. But even if a study did conclude that self-relevant researchers’ interpretations were influenced by their experience, this bias isn’t unique to self-relevant research, nor does it prevent self-relevant researchers from conducting ethical and rigorous research. How is conducting self-relevant research so different from testing any other theory? All research is shaped, to some extent, by a researcher’s identity, intentions, and values. Researchers attempt to mitigate these biases through openness, transparency, and use of the scientific method (Patton, 2002). Our field should question whether stigmatizing the disclosure of relevant lived experiences aligns with this goal.

If psychology stigmatized everyone who is suspected of self-relevant research, our field would lose many important figures. In clinical psychology, we would lose Marsha Linehan, the founder of dialectical behavior therapy, the gold-standard treatment for borderline personality disorder (BPD). At age 68, Dr. Linehan disclosed her experience living with BPD (Carey, 2011). We would lose Thomas Joiner, a leader in suicide research, who disclosed that he had lost his father to suicide (Joiner, 2007). We would lose Stephen Hinshaw, a leader in the fight against mental health stigma, who has chronicled his father’s recurring mental illness and the stigma surrounding it (Hinshaw, 2017).

These individuals are not exceptions. While its prevalence is unknown, possibly because there are few incentives for people to disclose their experiences, self-relevant research is likely more common than we acknowledge.

**A Strengths-Based View**

To be clear, self-relevant research is not always viewed negatively; some researchers acknowledge its potential benefits (Victor et al., in press). In favor of a more balanced view, consider how the pursuit of self-relevant research can strengthen the field (Devendorf, 2020).

**Intrinsic motivation and passion.** Scholars frequently endure distress and delayed gratification from endless hours of data collection, grant writing, and jumping through the hurdles of publishing. The brunt of these obstacles may be offset in individuals who find meaning, passion, and intrinsic motivation in their work, which may be more common in people who conduct self-relevant research. To quote Linehan on her experience with BPD, “I was in hell. And I made a vow: When I get out, I’m going to come back and get others out of here” (Carey, 2011).
Insight and creativity. People with lived experience may be in a unique position to develop out-of-the-box research questions, since research is often removed from real-world settings. Linehan, for instance, developed the therapeutic concept of radical acceptance from her own treatment experiences (Carey, 2011).

Promote diverse perspectives on important, but underrepresented, research. Unfortunately, not all research is given equal attention. For most of psychology’s history, research was conducted by White men who may not have had the interest, curiosity, or knowledge necessary to pursue research on topics with which they had no lived experience. This history has disproportionately affected members of minority groups and others who are underrepresented in positions of power. Only recently, for instance, have psychological scientists begun to study gender as a continuum, as opposed to a man/woman binary. If members of minority groups are judged for conducting “me-search,” then who should tackle these topics?

A Different Response

This article is not arguing that self-relevant research is superior to non-self-relevant research, and I’m certainly not advocating that everyone who does self-relevant research start disclosing their lived experiences in every situation. Rather, it’s time for us, as professionals in psychological science, to reconsider how embracing self-relevant research can benefit the field.

The next time a graduate admissions committee reads a personal statement and feels distaste when the applicant suggests they’re pursuing self-relevant research, members of the committee should ask, “Why am I having this reaction?” Instead of stigmatizing the applicant, why not appraise them, and their future self-relevant work, on more meaningful, objective criteria? After all, acceptance of self-relevant research and the disclosure of lived experience can be a boon for all of psychological science.

References


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