SOCIETY FOR A SCIENCE OF CLINICAL PSYCHOLOGY

DIVERSITY SPOTLIGHT:

Dr. Nicholas Eaton

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A rising star in clinical psychology, Dr. Nicholas Eaton's research on the conceptualization and classification of psychopathology, as well as individual and group-level differences in psychopathology has taken the field by storm. A St. Louis native, Dr. Eaton received his BA from Washington University in St. Louis and his PhD from the University of Minnesota, and is now an assistant professor at Stony Brook University. Besides his astounding publication record (which includes over 70 journal articles and book chapters published in many high-impact outlets) or his remarkable breadth of knowledge (including minoring in Islamic Studies and Arabic as an undergrad), Dr. Eaton stands out in another important way: he specifically examines issues related to diversity in clinical psychology research. In the face of growing national interest about mental health disparities Dr. Eaton tackles important questions such as, "From where do these disparities emerge?" and "Can a more accurate characterization of psychopathology help us understand these questions better?" We were lucky to sit down with Dr. Eaton to have him answer some of our questions about doing diversity-related research in clinical psychology…

HOW DO YOU DEFINE DIVERSITY?

My lab takes a very broad view of diversity, including race/ethnicity, gender identity, sexual orientation, religion, age, and so on. Much of our research involves characterizing mental health disparities between populations, with a particular focus on oppressed groups. A good deal of these studies investigate minority stress processes in conjunction with advances in mental disorder classification – for instance, how racial discrimination may have **negative associations with multiple mental disorders due to its link with core, transdiagnostic constructs of psychopathology**

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FROM YOUR RESEARCH, WHAT ARE SOME MAJOR THEMES OR LESSONS LEARNED ABOUT MINORITY POPULATIONS?

A major theme that cuts across different oppressed groups is how their treatment in society is associated with negative outcomes: mental disorder, substance use, suicide, and so on. Life for many of these individuals – and particularly for individuals who have multiple intersecting oppressed identities – can be extremely difficult across domains. **However, despite this adversity, oppressed individuals can also show remarkable resilience in the face of these inequities**, highlighting the sources of strength and support from which the oppressed often draw.

WHAT ARE SOME BARRIERS TO STUDYING MINORITY GROUPS & HOW DO YOU OVERCOME THEM?

Studying oppressed groups of individuals, particularly groups to which the researchers do not belong, requires a great deal of consultation and collaboration. Through much dialogue and reflection, I have come to realize how scientific investigations can themselves promote and maintain systems of oppression. Even the best-intentioned researcher can do a study that their participants would find stigmatizing and more harmful than beneficial. One solution to this is to **break down the artificial barriers and power differentials between the researcher and the community** and to recognize that researchers' communities of interest can provide critical guidance and extremely valuable perspectives. A second suggestion is to take negative feedback in an open and accepting way, rather than acting defensively. It seems that most people who want to study oppressed minority groups do so because of very admirable reasons (e.g., a strong orientation toward social justice); hearing that your work is off-track (or even could be taken as harmful by the populations you study) can be heartbreaking and prompt you to try to justify yourself. When someone criticizes your research efforts and you find yourself wanting to try to convince the person that they are wrong: Stop talking and listen very carefully to what they are saying. You will likely learn something very important.

HOW DO YOU THINK RESEARCH EXAMINING THE MENTAL HEALTH OF OPPRESSED MINORITIES BENEFITS THE FIELD OF CLINICAL PSYCHOLOGY?

On the most basic level, identification of these disparities is the necessary first step toward their amelioration. Characterizing disparities is critical. To quote the late LGBTQ research pioneer Judy Bradford and others,

"**If you're not counted, you don't count.**"

and this remains true of today: We are only now starting to get clear estimates of how many LGBTQ people there are, let alone fully documenting their health, wellbeing, and so on. On a deeper level, I believe it is critical to bring, and keep, these issues on the radar of clinical psychology.

While clinical psychology includes a good deal of this sort of research, other disciplines do much more, and I believe we should, too.

HOW CAN THE FIELD OF CLINICAL PSYCHOLOGY DO A BETTER JOB OF THINKING ABOUT ISSUES OF CULTURAL, RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, ETC. IN REGARD TO PSYCHOPATHOLOGY RESEARCH?

Clinical psychology tends to be insular in some ways, which is a great disadvantage for studying diversity. For instance, Black feminist writers, queer theorists, sociologists, and a multitude of others have identified many of the most critical issues in the study of the oppressed; however, clinical psychology is often quite divorced from these topics, for a number of reasons (with which I do not agree). I made it entirely through graduate school without once hearing the word "intersectionality," for instance. Psychopathologists need to read other perspectives, including those from non-scientific paradigms, to be able to understand the breadth of these issues and where their efforts can be most valuable to individuals and communities.