

## The contributions of clinical sociology research to the socio-humanitarian sector

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In this article, the author invites us into her engaged and reflective personal journey as a researcher. When she began to measure the limits that she believes thwart the methods of traditional sociology, she determined to apply the methods of clinical sociology to her work with migrant Colombian women falling prey to domestic violence in France. Her scientific and empirical approach opens up new horizons for the case management of victims in humanitarian contexts.

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**T**he last fifty years have seen significant evolutions in social science methods, which have become more conducive to ethical and respectful dialogue, contrary to the rigid framework of persisting traditional – read positivistic – methods. The postulate underlying the latter is that there is a single scientifically valid course of action for approaching reality. This course of action is built upon two requisites: on the one hand, use of the prevailing physical and natural science model (observation, measurement, experimentation, analysis and revision of hypotheses) and, on the other hand, minimisation of researcher subjectivity influence upon research work<sup>1</sup>. As a result, participants in research projects, for example people responding to interviews or surveys, are perceived as information-providing objects. The application of such principles is prevalent in several research practice and training programmes in Latin America. Indeed, the positivistic perspective occupies a dominant position in sociology schools, particularly in Columbia, despite the efforts of several teachers to bolster alternative methods in order to counter this hegemonic bias. Several currents of sociological thought – including clinical sociology – have tweaked their research tools in order to recognise the capacity of subjects to produce knowledge, to encourage the personal implication of researchers in their own methods and to facilitate the emergence of an emancipatory interface conducive to dialogue between subject and researcher.

What contributions can clinical sociology offer to the humanitarian field and how can it contribute to building bridges to improve communication and collaboration between research and humanitarian action? In this article, I share ideas that have been shaped by my career and experience as a researcher, in partnership with two organisations providing assistance to Colombian migrant women.

### **A sociologist's journey and conviction**

As a sociologist in Columbia, I worked in the humanitarian sector, in particular with women victims of political and intimate partner violence. During my professional career, I have had to manage situations that were generating conflict between academia and humanitarian organisations. The use of a primarily positivistic method led to the application of what I considered mechanical, and often detrimental, practices on populations. In a number of researcher-targeted communities, I thus witnessed many people ultimately feeling dispossessed of a part of their lives or that they were being treated as objects of observation. These groups then lose their trust in, and sometimes openly oppose, researcher interventions. For example, in a deprived neighbourhood of south Bogotá (in which armed groups were recruiting youths), an activist shared her weariness at feeling “exploited” by young researchers whose

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<sup>1</sup> Anthony Giddens, *Positivism and Sociology*, Heinemann, 1974.

only reason for coming to the neighbourhood and collaborating with the non-governmental organisation (NGO) I was working for was to gather information. And her weariness was not even alleviated by the prospect of an exchange of information or interaction in return. A colleague of mine working with indigenous communities in southern Colombia also confided in me that “they felt like guinea pigs”. And I myself have also been confronted with the effects of such cold, almost scholastic, “data collection” practices. During the surveys that I conducted to evaluate the performance of aid programmes for women victims of political violence, some women sometimes seemed to format their answers as if they were sitting some kind of a test. At the end of our dialogue, one woman even asked me if she had “answered correctly”.

As my professional experience developed, I realised I found situations such as these increasingly challenging. I was applying the positivistic principles of scientific validity because these were the principles that I had learnt and because they concurred with the frameworks required by certain institutional bodies. However, this approach was compelling me to ignore my own subjectivity, despite my active involvement and the emotions that I felt during the research process: I was duty-bound to analyse information with neutrality. Furthermore, in most cases, the restitution of research results to participants was limited to rudimentary explanatory meetings during which informants were seldom given the opportunity to speak up. I sensed that I lacked the tools which would enable me to conduct my work more effectively and overcome these challenges. I wanted to develop a more open and critical method than the prevalent – at least in certain fields of research in Columbia – positivistic perspective. I therefore decided to pursue a clinical sociology training programme in France, in order to acquire new tools and discover theoretical and practical touchstones more conducive to my needs.

### **A clinical sociology project and two organisations providing support to Colombian migrant women**

After over sixty years of bloodshed, Colombia’s internal armed conflict is still far from nearing resolution<sup>2</sup>. Despite the peace negotiations, violent acts continue to be perpetrated and to impact the country’s population. The Democratic Centre, the right-wing political party to which belongs Iván Duque, Colombia’s current president, is opposed to peace negotiations. The agreements concluded have encountered numerous obstacles, leading to a deterioration of the conflict and forcing populations to migrate towards the country’s largest cities<sup>3</sup>. Upon their arrival in these cities, the war-displaced struggle to find employment and more often than not fall into poverty. A large number of them choose to leave the country. Columbia thus ranks second within the Latin American countries in terms of people who migrate abroad (1,900,000 individuals in 2020<sup>4</sup>).

France – which has historically been perceived as receptive to political asylum requests, especially in the 1970s – has often been a preferred destination, in particular for students wishing to enrol in high-level education programmes or individuals hoping to find well-paid employment. Upon their arrival in France, the situation of many Colombian women begins to deteriorate once they move in with or marry their partners, be these Colombian or French. They find themselves in abusive relationships with intimate partners and, as they do not speak French or hold valid residence permits, they either do not know where to turn for help or are afraid of being deported if they contact official authorities. Their vulnerability as victims of domestic violence is worsened by the fact that they are also migrants and/or asylum seekers. As I had worked with victims of intimate partner violence in Columbia, the knowledge of these circumstances in my country of adoption could not leave me indifferent.

Violence inflicted upon women is an issue extensively studied in sociology, including by feminist currents of thought, yet very little clinical sociology research is devoted to this type of violence, and minimal attention is accorded to psychological abuse in particular. Indeed, psychological abuse is still quite

<sup>2</sup> Ariel Ávila, *Detrás de la guerra en Colombia*, Planeta, 2019; Yeny Serrano, *Nommer le conflit armé et ses acteurs en Colombie*, L’Harmattan, 2012.

<sup>3</sup> Observatoire Pharos, « Réfugiés, déplacés internes, un défi titanesque pour la Colombie », 20 juin 2019, <https://www.observatoirepharos.com/pays/colombie/refugiés-deplacés-internes-un-devis-titanesque-pour-la-colombie>

<sup>4</sup> South American migration data, 2019. Global migration data portal: <https://migrationdataportal.org/es/regional-data-overview/datos-migratorios-en-america-del-sur> (in Spanish, data updated in 2021).

## HUMANITARIAN ALTERNATIVES

predominantly managed by medical or, obviously, psychological fields. This is why I chose the topic “Understanding the experience of victims of psychological intimate partner violence amongst Colombian women immigrants in France” for my Master’s dissertation.

The women that I was able to meet were for the most part in illegal situations. They had children and were seeking support in order to express their distress, denounce their aggressors, leave their households and find housing or legal assistance. In some cases, these migrant women were also activists who had been forced to leave Columbia because of death threats.

Many organisations have been set up in France by Colombians wishing to welcome, orient, guide and offer material assistance to compatriots. As a migrant student, I too wanted to participate in actions of solidarity whilst I was conducting my research. This led me to contact two organisations that authorised me to work with them: the *Association de la Colonie colombienne (Assocol)* and *S.O.S Latinas en Francia*.

### **Clinical sociology research tools applied to the socio-humanitarian field**

Clinical sociology draws upon the field of psychoanalysis and is an approach that enables the mobilisation of various facets of human experience, including the subjective universes of researcher and interlocutor, the emotions experienced during the unfolding interaction between the two, the capacity of the informant to participate in the creation of knowledge and the impacts of research upon people and communities. The discreet involvement of the researcher in the circumstances experienced by both research subjects and the groups to which they might belong opens up space for potential co-interpretation of the complexity of the experience they share. Clinical interviews require one to “enter into a state receptive to the experience” as the experience is unfolding in a subject’s life, in other words, as elaboration of meaning is occurring<sup>5</sup>.

By applying such an approach to the experience that I shared with the women that I interviewed, both they and I became active participants in this moment of exchange. I remained a researcher yet did not position myself as an expert. The informants provided information yet also went further, empowering themselves to become agents of their own lives. Through our unfolding discussions, we shared moments of reflexive thinking and emerging awareness, which influenced both their lives and mine.

Naturally, at the start of my research study, I had to consider the importance of “epistemic vigilance”, meaning that I had to reflect – from a new perspective – upon my own involvement as a researcher. I had to conduct an explicit process upon myself in order to identify my personal associations, prejudices and experiences relating to the selected area of study. Verbalising the reasons that led me to select this particular issue required that I engage in a reflective process far more rigorous and comprehensive than any that I had ever engaged in before. Yet this process contributed to a more transparent consideration of my involvement. The reflective consideration of my own history as a woman, a Colombian and a migrant student in France enabled me to cultivate a level of detachment, which was ultimately more honest on my part.

However, reflection in the clinical sociology process goes beyond the beginning of the research process. It is there each step of the way, at each moment and in particular during encounters with participants. I used the feelings that arose in me during dialogues as additional sources of information that I needed to analyse in order to be completely sincere in my involvement – in other words, in order to discern when it was I who was speaking and not the women interviewees. This type of practice creates a space for the emotions that surface within the researcher during the interviews: emotions such as empathy, solidarity or sadness, as well as anger and identification, were no longer perceived as obstacles to be avoided but as material to be used. This learning process began from the outset of my research, during one of the first, particularly complex, interviews that I conducted. The participant continuously interrupted me to ask my opinion and inquire about my personal experiences, despite the fact that the purpose of the interview was that I listen to hers. The discomfort that this generated became the object

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<sup>5</sup> Florence Giust-Desprairies, *Le Désir de penser. Construction d'un savoir clinique*, Tétrahèdre, 2004.

## HUMANITARIAN ALTERNATIVES

of an exploration that ultimately enabled me to identify where this emotion was emerging from in me and why this participant had adopted such an attitude. Obviously, this process proved valuable for enriching my method during the following interviews.

### **What the clinical sociology method can teach us**

All of the tools described above enabled me to approach the Colombian women participating in my research within a respectful ethical and stimulating framework while the implementation of the research enabled the migrants to gain awareness of what they represented in their new context. Subsequently, this method enabled the emergence of emotions, contradictions, reactions and to formulate associations that had until then been unknown to them, while in addition providing participants with a forum for self-expression and co-construction of knowledge for their own use.

This confers an obvious emancipatory power upon clinical interviews, as migrants participate in the co-elaboration of meaning of their history in both Columbia and France. Guided by researcher questions, with which they sometimes disagreed, this co-elaboration enabled participants to claim their own share of responsibility for their life path. This is not merely a data collection process but a process of active communication.

For the women who needed to speak of their journeys, distress or aspirations, we were able to organise multiple interview sessions, while remaining within the confines of the research study. This also enabled us to “hear what seeks to express itself”<sup>6</sup>. And, to some degree, the isolation some women had found themselves in when they arrived in France was broken. The interviews in effect then became forums of emancipation for these women, who took the opportunity to verbally express feelings that they had held in for a considerably long time – a process of externalisation that can sometimes be very difficult. As these women engaged in a process of verbalisation, they became progressively aware of the violence to which they had been subjected through seemingly minor intimate partner behaviours, considered normal until this point. In fact, some women, not having until then considered themselves as victims of psychological abuse, realised that this psychological abuse had begun well before the initial physical aggression. And, most importantly, some women vowed to stop accepting this type of behaviour. By making the connection with the pain inflicted by war, several participants ceased to see themselves as victims, and began to consider themselves survivors, a change in outlook that enabled them to envisage a new life.

The interviews also enabled the identification of strategies used by the women to understand their situation and to protect themselves as migrants. Some of the women were members of self-help groups on social media, an effective way to weave connections with other Colombian women having lived in France for longer than they. Sometimes, these virtual groups were their only opportunity for socialisation, given the barriers imposed by language. At the time of the interviews, at least one migrant woman expressed her desire to do more and help other women migrants, in particular those seeking refugee status. She had become aware of the extent and value of the knowledge that she had gathered during her own asylum-seeking process: no longer simply a witness telling her story, she became an actor within it.

At the end of this research process, the use of clinical sociology methodology was mentioned in the final report and discussed with the coordinators of both NGOs in order to share the benefits and contributions of the research to their work. We agreed that this type of interview was in effect a procedural and listening tool capable of simplifying the support and integration of migrant women. One of the disadvantages highlighted was that its implementation can take some time. Indeed, interviews sometimes require several sessions, which demands that material conditions be adapted while simultaneously addressing the urgent needs of certain women.

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<sup>6</sup> *Ibid.*, p. 48.

**HUMANITARIAN ALTERNATIVES**

As already mentioned, the co-construction and co-interpretation of knowledge gave women a more active and respectful role. They became participants and, thanks to the emancipatory dimension of the clinical sociology interviews, they were able to discover ideas and initiatives and subsequently share them with their communities. This is exactly what occurred with the participant who wanted to transform her Facebook profile into a forum for disseminating relevant information to other women in distress.

For my part, I still regret that the restitution of research results to participants was not brought to completion. Especially as this was one of my criticisms towards the type of traditional sociology research that I had participated in in Columbia. With *S.O.S Latinas en Francia*, for example, complete restitution was not possible. With Assocol, the coordinators and I were able to conduct a restitution of sorts of my dissertation work and to answer some of the participants' questions. However, it is the question of epistemic vigilance, particularly emphasised by the NGO coordinators, which I would like to address, in conclusion. This tool establishes ethical criteria that enable participant experiences to be respected, in this instance the experiences of migrant women. Cultivating the detachment required in order to initiate a research process can sometimes be extremely challenging when confronted with humanitarian emergencies. Sometimes these challenges can lead to personal conflicts and divergences in points of view with some organisations. During discussions addressing the development of this research, the issue of the subjectivity of engaged persons was problematised, in particular by the women coordinators responsible for providing emergency assistance to women migrants. They too questioned the requirement of maintaining a form of detachment from their beneficiaries. Some of them requested more decisive interventions in order to address the violence experienced by the women migrants – interventions which were not feasible in the context of the research exercise as I had envisaged it. However, maintaining such epistemic vigilance and analysing my emotions enabled me to maintain the appropriate detachment and required rigour for this research. Furthermore, we agreed with these NGOs' coordinators that emotional processing through written reflection was an effective way to keep a check on these emotions. As far as I am concerned, this experience enabled me to overcome my initial feeling of powerlessness in the face of the situations endured by participants, thanks to the certainty that I was contributing constructively to NGO work through the use of clinical sociology research tools. This type of research contributes to the socio-humanitarian field through the adoption of a rigorous approach while, on the part of the researcher, its application is a form of active engagement.

*Translated from the French by Naomi Walker*

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**Biography • Maritza Pedreros**

Sociologist and independent researcher. She is a graduate in sociology of the National University of Columbia and she has worked with the Peace Observatory (<https://www.obserpaz.org>) and with the Secretariat on the Municipality of Bogotá for social integration. Maritza grew her professional experience by working with women, children and the elderly as well as with the victims of armed conflict in Columbia, within the framework of AVP International's violence prevention programmes (<https://avp.international>) and with the Christian Mennonite Church of Columbia. She also holds Master's degrees in Clinical Sociology and Psychosociology Research from the Université Paris 7.

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