CHAPTER FIVE

5. RESEARCH METHODOLOGY

5.1 INTRODUCTION

As described in the statement of problem (Chapter One, 1.2) there is a relative paucity of literature on the influence of context on complicated grief. Hence the purpose of this study is to gain an understanding of the influence of context on complicated grief in the South African situation. This purpose rendered the study exploratory in nature and the adoption of an exploratory research approach seemed an appropriate means of investigation.

Neumann (1997, p.19) points out that exploratory research addresses the "what" question. This suggests that exploratory research approaches tend to move away from predicting relations between variables. From this point of view, the purpose of exploratory research is to establish what is the nature of the problem under investigation.

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Stemming from the what question, Talbot (1995) identified three purposes of exploratory research including:

- Discovering and identifying relationships among dimensions of the phenomenon being studied;
- Unraveling significant variables underpinning the research phenomenon and
- Exploring new territory and in this way lay the groundwork for more systematic and rigorous testing of hypotheses. Stemming from this purpose is the recognition that exploratory studies facilitate the identification and development of methods that can be utilized in subsequent studies.

Extrapolating from Bickman and Rog (1998) exploratory studies serve the same function as pilot studies. From this point of view, exploratory research may become an important first step in a series of investigations or systemic studies. Joppe (2003) is

more comprehensive when stating that exploratory research determines the most suited research design, data collection method and selection of subjects. Moreover, exploratory research may even establish that a problem does not exist. Babbie (2001) adds that exploratory research may also be important in the development of grounded theory.

In terms of executing exploratory research, Neumann (1997) concedes that there are few guidelines. Steps are not well defined and the investigation may change direction frequently. As such, exploratory designs may be less structured and more flexible (Talbot, 1995). To the inexperienced researcher the absence of guidelines may create a sense of groping in the dark. For these reasons, exploratory research approaches draw significantly on the researcher's ability to be creative, systematic and cautious. As put by Neumann (1997) the exploratory researcher takes advantage of unexpected or change factors that contribute toward understanding the dimensions of the phenomenon being investigated, the manner in which these dimensions manifest and possible relationships between the identified dimensions.

In terms of limitations, Neumann (1997) clarifies that exploratory studies seldom yield definitive answers to research questions. Instead, tentative answers to research questions are more likely to be provided. A further difficulty relates to not being able to generalize exploratory research findings to larger populations – a factor which is attributed to sample representativeness. For this reason, exploratory research findings are best treated as preliminary. Having said this, exploratory research paves the way to proceed to studies that are more extensive and systematic.

5.2 RESEARCH METHOD

The research problem statement and purpose of the study (Chapter One, 1.2 & 1.3 respectively) determined the selection of an exploratory research approach. In other words, by employing an exploratory research approach an attempt is made to understand to what extent does context influence the experience of complicated grief. To this end, an exposition of the exploratory research process followed in this study is provided.

5.2.1 RESEARCH SAMPLE

The participants in this study comprised thirteen females with an age range of between 25 and 45 years. This was to ensure homogeneity of developmental needs. Furthermore, the participants have experienced the death related loss of a primary relationship. The latter included either a spouse, or a parent, or a child, or a sibling, or a grandparent, or a live-in partner. The time since the death to the interview ranged from 5½ months to 15 years.

The research sample derived from four Community Mental Health clinics located in the Boksburg, Brakpan, Springs and Nigel areas. It is also noted that previously disadvantaged communities are the primary users of the identified mental health clinics. Therefore, the participants largely comprised members of these groups. Race was nevertheless, not a criterion for inclusion in the study.

Furthermore, the participants were able to express themselves in English or Afrikaans, even though these may not have been their first languages. This criterion derived from Vaz (1997) who points out that it is not possible to do oral research through translators. The stance adopted is that even if translators are good they unknowingly edit out subtle nuances that are conveyed through tone of voice and body language.

Additionally, the participants were referred to the identified community mental health clinics for psychological intervention. There were instances when clients were referred specifically for grief counselling. At other times the clients presented with physical symptoms that could not be explained by organic causes. Alternately, clients presented with emotional symptoms, especially symptoms of depression. In the latter two groups, bereavement was not presented as part of the reason for referral. However, it is only during assessment at intake that the onset of symptoms were linked to the loss of a primary relationship.

The participants for this study were recruited from the above population. Criteria for inclusion in the study derived from operationalizing complicated grief as spelt out in Chapter One (1.6) Specifically, inclusion in the study required that participants present with a two-month history of depression and complicated grief, assessed at approximately six months after the death. Screening for both symptoms of depression and complicated grief was accomplished by means of the Beck Depression Inventory and the Diagnostic Criteria for Complicated Grief (Horowitz et al., 1997). An exposition of each of these screening instruments is provided below.

5.2.2 SCREENING INSTRUMENTS

5.2.2.1 THE BECK DEPRESSION INVENTORY

Assessment of depressive symptoms was achieved by administering the 21-item Beck Depression Inventory (BDI). According to Gotlib and Hammen (1992) the BDI focuses on depth or severity of depressive symptomatology that span across affective, cognitive, motivational and physiological domains. Each item consists of four statements that are ordinally scored from 0-absent, 1-mild, 2-moderate, to 3-severe. The participants were requested to respond to the statement that applied most to their condition during the past two months. Higher scores were suggestive of more intense symptoms in the participant. Cleiren (1991) reports the catergorization of scores as follows: 0-4 not or hardly depressed, 5-7 mildly depressed, 8-15 moderately depressed and 16+ severely depressed. Consistent with Cleiren (1991), this study included those participants whose BDI scores were in the severely depressed (16+) category. Cognizance was also taken of the fact that the BDI is a self-report scale (Gotlib & Hammen, 1992). However, as some participants were limited in terms of formal schooling, the researcher administered the inventory.

Psychometrically, the BDI is considered to be highly suitable as a measure of depression. Specifically, high levels of internal consistencies were obtained, including mean coefficient alpha 0.86 for psychiatric populations and 0.81 for non-psychiatric populations (Beck, Steer & Garbin, 1988). These researchers also report good concurrent validity correlations with other measures of depression.

5.2.2.2 THE DIAGNOSTIC CRITERIA FOR COMPLICATED GRIEF

Complicated grief on the other hand, was assessed by means of the Diagnostic Criteria for Complicated Grief proposed by Horowitz et al. (1997) (Appendix I). The latter comprises seven criteria including symptoms such as intrusive thoughts about the deceased, pangs of severe emotions, distressing yearning and feeling alone and empty. According to these researchers, the diagnosis of complicated grief is based on one months' experience of any three of the seven symptoms with a severity that interferes with daily functioning. Psychometrically, Horowitz et al. (1997) report sensitivity, specificity and predictive values of 0.80, 0.85 and 0.87 respectively, 6 months after the loss.

5.2.3 RESEARCH METHODOLOGY

From a symptomatic point of view, the participants' inclusion in the study involved the achievement of BDI scores in the severe depression (16+) category and the experience of at least three of the seven criteria for complicated grief disorder. Emphasis was placed on symptoms occurring in the last two months and assessments were done from approximately six months to as long as 15 years after the death.

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5.2.3.1 ETHICAL CONSIDERATIONS

The identification of the clients' suitability for inclusion in the study, based on the aforementioned screening instruments resulted in them being approached for participation in the study. In this process ethical issues were addressed. Specifically, the participants were informed that participation in the study is voluntary and that they could withdraw at any time. The clients were given the assurance of confidentiality and that, in writing up the interviews their real names will not be used. Additionally, the purpose of the study was clarified. Reference was made to the fact that the study is an attempt to understand in what way their social environment influenced their experience of bereavement and grief to the extent that help is sought from the health or mental health system. This was followed by an explanation of the interview inquiry and the fact that the initial data collection interview would be followed up with counselling sessions.

Having addressed these issues, written consent was obtained for participation in the study and for having the initial data collection interview recorded on audiotape.

5.2.3.2 DATA COLLECTION PROCESS

The data collection process commenced with the completion of a one-page intake form. The latter asked about variables such as socio-demographic data, nature of the death, biological relationship with the deceased, type of burial and whether visits to the clinic/doctor have increased or decreased. These questions were important in that they are considered to inform the severity of the grief reactions (Cleiren, 1991). Furthermore, the questions asked in the intake form were specific and structured. However, pertinent issues such as visits to the cemetery, mourning rituals and religious participation that were touched on at intake level were elaborated on in the interview. Completion of the intake form assumed a conversational style and occurred at an early stage in the data collection process. This was purposeful in that the intake form focused on neutral questions. The conversational style coupled with the neutral questions, were intended to put the participants at ease before more sensitive and emotive issues were addressed.

Research data was generated by means of semi-structured interviews. Specifically, interviewing involved the use of a predetermined interview guide (Appendix II) comprising open-ended questions. The latter emanated from literature (Chapter Three) related to the contexts (socio-environmental, family and personal) dominating the study. The interview guide included questions that clustered around major themes. These themes included life before the death, meaning of the death, family influences, socio-cultural influences, living environment and community influences, larger societal influences, social support and quality of social support. These themes were explored in each interview even though the sequencing of the questions was flexible and was guided by the participants as they explained their responses and shared experiences that were important to them. This enabled the participants to share their experiences in their own manner. If a participant did not spontaneously address a theme or aspect of a theme she was asked about it. To this end, the researcher also employed probes. The latter firstly served the purpose of clarifying ambiguous statements and secondly, of obtaining richer descriptions of contextual dimensions. The interviews were however, largely

asymmetrical in that the researcher asked the majority of questions and the participants doing most of the talking. Opportunity was nevertheless provided for the participants to ask questions that concerned them about the death. Essentially, the semi-structured interview was not intended to restrict the participants' responses. On the contrary, the open-ended nature of the guide questions was intended to elicit a full range of meanings, reflections and interpretations that the participants have constructed about their loss and complicated grief.

Furthermore, use was also made of tracking techniques to follow-up important thoughts and emotions and to reflect on, the emotion or content of responses. These fostered the recognition and affirmation of the participants' experiences and feelings of loss. In this way, an environment in which the participants felt safe and supported was established.

Moreover, the death related loss of an attachment relationship is emotionally distressing and many participants became upset as they recalled their painful memories and experiences. Mindful of these feelings, the researcher used counselling skills both before and after the interview as a therapeutic way of supporting the bereaved participant. Additionally, attempts were made to document field notes during the interview. However, the sensitive nature of the subject required that the researcher attend to the participants with undivided attention. Therefore, the idea of taking field notes during the interview was abandoned. Instead, field notes coupled with clinical observations were documented at the end of each interview.

Practically, the interviews lasted between one and two hours and were conducted, recorded on audiotape by the researcher at the clinics where privacy was ensured. Formal consent to conduct interviews at the clinics was also obtained from the Ethics Committee, Gauteng Department of Health.

5.2.4 DATA ANALYSIS

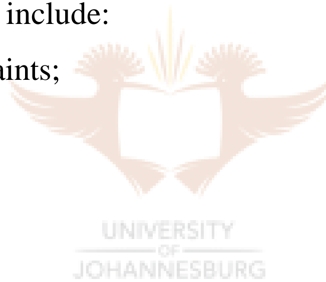
The researcher transcribed the interviews personally. While the task of transcribing the interviews was time consuming and labour-intensive, it nevertheless enhanced the researcher's familiarity with the research material and assisted in making sense of the participants' personal accounts.

The first step in the analytic process involved the repeated reading of the transcripts by the researcher. Next, the interview responses to the predetermined guide-questions and themes that clustered around them were translated into categories. The latter differed for each of the contexts informing this study as shown below.

THE SOCIO-ENVIRONMENTAL CONTEXT

With regard to the socio-environmental context, categories translated from the predetermined guide questions include:

- Living environment constraints;
- Community support;
- Economic factors;
- Socio-political climate and
- Experiences with the medical community.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THE FAMILY CONTEXT

In terms of the family context, categories translated from the predetermined guide questions include:

- Family patterns of interaction and relating;
- Family emotional integration and
- Family support.

THE PERSONAL CONTEXT OR RELATIONSHIP OF THE BEREAVED TO THE DECEASED

Categories translated from the predetermined guide questions in relation to the personal context include:

- The meaning of the death;
- Mode of death and
- Role of belief systems. The latter are represented by religious and cultural beliefs.

Having translated the predetermined guide questions and themes into the above categories, it became possible to do a frequency analysis of the responses contained in each category. The frequency of responses in each category is presented in percentage form.

5.3 SUMMARY

This chapter provided a theoretical outline of the exploratory research approach that is being adopted in this study. The statement of problem and purpose of the study determined the selection of this research approach.

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Interviews were guided by predetermined questions that emanated from the literature related to the contexts informing this study. Various themes clustered around these predetermined guide questions. Responses to the guide questions were translated into categories. The content of the categories were subjected to frequency analysis. The frequency of responses in each category was calculated and presented as percentages.

Essentially, the data analysis process endeavored to capture the experiences, perceptions and interpretations of the participants themselves. Against the background of the research aim and existing literature on the influence of context on complicated grief, principles pervasively borne in mind were to heighten opportunities for the participants' voices to be heard.

Chapter Six describes the analysis of data.