CHAPTER 3 – RESEARCH DESIGN

3.1 INTRODUCTION

This chapter contains my personal reflections on the research process, as experienced by a young, inspired researcher. It relates the story behind my experiences (personal and professional), as well as reflections on the process and methods that were utilised during the research project.

3.2 BACKGROUND TO THE PROJECT

I was first inspired to research this topic in 2003, when a project called 'The Memory Box Project' was born. In that year Liesel Ebersöhn and Irma Eloff determined that volunteers at Acornhoek required assistance to enable them to provide psychosocial support to families coping with HIV and AIDS. They decided to determine if volunteers could effectively use the Memory Box Making technique for this purpose. This created a lot of excitement and I, as the primary researcher, was particularly excited as I would be given a great opportunity to put my newly acquired research skills to the test.

The motivation behind my research was to explore the important role volunteers play in mitigating the impact of HIV and AIDS, particularly in three spheres. The first of these spheres is *prevention*, doing HIV and AIDS education and enhancing awareness. The second is *care*, where home-based care volunteers go out to families to provide them with the necessary medication or aid them to get to clinics for treatments. The third sphere is where my focus lies: *support*, with the emphasis on the emotional well-being of families in communities coping with HIV and AIDS, and in particular the role that volunteers play in giving such support.

From the researcher's pen:
Volunteers play a significant role in supporting people affected by HIV and AIDS. They give of themselves emotionally, spiritually, and physically to help people in their communities who are affected by this terminal illness. I cannot even begin to think what I might uncover during the period of research and the study that lies ahead of me. What I do realise is that where families are trying to cope with the loss that HIV and AIDS has brought into their lives, it is the volunteers

who are faced with the 'responsibility' of supporting their communities in such desperate times. From my current knowledge and from conversations with various individuals, I gathered that home-based care volunteers mainly support their communities with their physical needs. Not much is being done in connection with the emotional support needs of families coping with HIV and AIDS. Even though I do believe that through offering physical support the volunteers do, to some extent, support the families emotionally, I wonder if support concerning feelings of loss and grief, as well as coping with dying and death as a result of the disease, are being adequately covered. I am looking forward to the research process and applying my newly acquired research skills!

3.3   PARADIGMATIC PERSPECTIVE

According to Terre Blanche and Durrheim (2002: 36), a paradigm 'acts as a perspective that provides a rationale for the research and commits the researcher to particular methods of data collection, observation and interpretation'. In taking an interpretive stance to one's research, the aim is to understand the world of human experience by gaining a better understanding of the experiences of the participants of the study, as well as the subject matter (Cohen, Manion & Morrison, 2000; Denzin & Lincoln, 2000; Ferguson, 1993). Therefore, as Garrick (1999: ¶4) explains it, research is done *with* people, rather than *on* people.

I chose to work from an interpretive stance and found it to be of considerable value. In using this type of epistemology I am able, as a researcher, to gain insight into the volunteers' experiences surrounding Memory Box Making, that is, how they applied their knowledge, and used their skills regarding the Memory Box Making technique (Jansen in Eloff & Ebersöhn, 2004; Cohen *et al.*, 2000). According to Terre Blanche and Kelly in Terre Blanche and Durrheim (2002: 123), the interpretive approach presumes that 'people's subjective experiences are real, that we can understand others' experiences by interacting with them and listening to what they tell us, and that qualitative research techniques are best suited to this task'. They further conclude that interpretive research relies on first-hand accounts in which it attempts to portray what it sees in rich detail, and then presents its findings in engaging and sometimes indicative language. In using an interpretive paradigm, provision was made for thick and rich descriptions. As Patton (2002: 437) explains, thick and rich descriptions supply the foundation for qualitative

analysis and reporting, also providing for the reader, to be taken into the setting being described.

Since an interpretivist paradigm is being utilised for this study, the focus is on seeking to understand participants' experiences, not on the basis of my own perspectives and categories, but rather from those of the participants taking part in the study (Huberman & Miles, 2002: 48). The situation is therefore viewed from an *emic*, rather than an *etic* perspective. Throughout this study my role as the researcher and facilitator was to gain a better understanding of the perspectives of the Acornhoek community volunteers, to avoid viewing them from an 'outsider's' perspective and not to allow my different cultural background and my own personal interests in the study influence the results of the data obtained (Patton, 2002: 84). Denzin and Lincoln (2000: 194) explain this course as one where, in interpretive traditions, the researcher or interpreter should remain unaffected by and external to the interpretive process.

Garrick (1999: ¶2) states that interpretive research uses personal experience as its starting point. He further concludes that this starting point could be problematic as the researcher's subjective experiences are engrossed in and shaped by discourses, in other words, the researcher could be influenced by historically and contextually framed experiences. That is why, in my study, I chose to exercise an emic perspective, not letting my discourses influence the results of my study. Throughout the process I kept a researcher's journal that allowed me to reflect upon my own life story, and monitor my historically and contextually framed background. I did this because the interpretive argument, as outlined by Garrick (1999: ¶3), is that an individual's experience is best understood from the standpoint of the social world of *that* individual, the perspective of the volunteers.

> *From the researcher's pen:*
> *(Reflection on the workshop): My decision to work from an interpretive stance definitely did not let me down. I realise that I acquired so much more information, especially from the workshop, by taking note of the participants' experiences rather than posing specific questions. I also benefited from the fact that the volunteers actually wanted to share their experiences with me. They were quiet at times, but I think that the amount of information that they were expected to assimilate, especially during the workshop, was quite overwhelming. I was also amazed by the fact that the volunteers so readily shared with me their experiences concerning grief and loss, as*

well as their experiences concerning the communities they work in. I wondered whether I could possibly have obtained the same rich descriptions about how they view their own enablement in supporting their communities to cope with HIV and AIDS if I had chosen a paradigm other than interpretivism for my research.

(Reflection on the whole experience): I really feel that choosing an interpretive paradigm most certainly helped me to explore more widely, and not necessarily focus on just the specifics. I had an opportunity to be a researcher and a facilitator. Furthermore, I was able to obtain more detailed and enhanced descriptions of the participants' feelings and experiences. I would never have received so much information on their personal life experiences concerning grief and loss, as well as the impact of HIV and AIDS, if I had, for example, followed a more positivist mode of thinking.

3.4   RESEARCH DESIGN

According to Durrheim (Terre Blanche and Durrheim, 2002: 29), a research design is 'a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research'. In this study, research was done by way of a *qualitative approach*. Qualitative research is concerned with trying to understand meaning and impact in a more multifaceted way, as described by Parker, Dalrymple and Durden (2000: 82). Denzin and Lincoln, in De Vos (1998: 240), explains qualitative research as a multiperspective approach to social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it. Often unanticipated information can be identified through qualitative research, since the discussion is not limited by predetermined closed questions. Therefore, by using a qualitative approach in my study, information about how participants think, feel and act, as well as what they believe, could be collected.

As mentioned in Chapter 1, the **purpose of my research** was to explore and describe how community volunteers apply the Memory Box Making technique to support communities coping with HIV and AIDS. The focus therefore was on *explorative* and *descriptive* research. In conducting my research, this firstly implied an in-depth investigation of Memory Box Making and the use of this activity by community volunteers in their support of communities coping with HIV and AIDS, and secondly, obtaining a

detailed description of how community volunteers apply the Memory Box Making technique to support people who are learning to cope with HIV and AIDS.

Research in this study was done by means of an instrumental case study of volunteers who are supporting communities coping with HIV and AIDS in a township called Acornhoek, in the Limpopo Province.

3.4.1 Design

Bless and Higson-Smith (1995: 43) explain that an *instrumental case study* is a comprehensive in-depth investigation of a few cases. The purpose of such a study is to give greater insight into the subject matter (Cohen *et al.*, 2000). Stake, in Denzin and Lincoln (2000: 437), defines an instrumental case study as a particular case that is examined mainly to provide insight into an issue. It is further concluded that in an instrumental case study, the case is of secondary interest, playing a supportive role, facilitating our understanding of something else. Bergen & While (2000: ¶6) chose to define an instrumental case study as one that is chosen to answer a particular research question, which is the underlying issue that it epitomizes, rather than the case itself, which is important. Therefore, it involves dealing with the 'how' and 'why' questions. In my study I decided to use this design as it could provide a unique example of how the volunteers deal with HIV and AIDS in their everyday activities. By conducting an instrumental case study, I could explore and describe the current roles assumed by the Acornhoek community volunteers, as well as their application of the Memory Box Making technique in helping their communities to cope with the devastating consequences of HIV and AIDS.

A case may be defined as being simple or complex, a bounded or integrated system. Therefore, a case could involve an individual, a group, an organization, a city, and so forth (Berg, 2001; Denzin and Lincoln, 2000). Bergen and While (2000: ¶1) define a case as a unit of analysis. Berg (2001: 231) states that a unit of analysis defines the focus of the case study. In my study, the unit of analysis was the volunteer structure in Acornhoek. See 3.4.2.1 and 3.4.2.2 for the criteria applied for the selection of the case and of the participants.

Cohen *et al.* (2000) point out that the advantages of using an instrumental case study design are, firstly, that the participants are immediately intelligible (they can speak for themselves). There were, however, times when there was a gap in communication (understanding is in all probability always limited), but the whole group helped out in bringing across what needed to be said (as far as possible). Even though we had a scribe, he was not immediately available due to his other responsibilities. Nonetheless, gaps in communication were bridged (as far as possible). A second advantage of using an instrumental case study is that it offers opportunities to catch unique features that may otherwise be lost in larger-scale data. It was possible to interact with the group of 20 participants and allow them all to share their viewpoints and experiences concerning the required data. Much of this information might have been lost in working with a much larger group of people. A third advantage in using such a design is that it does not require the efforts of a full research team – it can be undertaken by a single researcher, as was the case in this study. Even though the research load was small enough for one person to handle, a team consisting of two co-facilitators was present during the data collection phases (as discussed in the section below). A final advantage would include that this design offers an opportunity for taking a strong stance on reality. By involving the volunteers in the whole process, making it one of close interaction, a greater sense of reality could be endorsed, enabling the researcher to gain insight into the real worlds of the participants.

Although this design has many advantages, it is not immune to weaknesses. Literature suggests that the most commonly heard objection to case study research is its low generalizability, the fact that only one or two cases are studied (Verschuren, 2003: 122; Cohen *et al.*, 2000:184). In other words, that general conclusions cannot be made of the results gathered. However, this is refuted by other literature: Berg (2001: 232) states that 'when case studies are properly undertaken, they should not only fit the specific individual, group, or event studied, but generally provide understanding about similar individuals, groups or events'. According to Verschuren (2003: 134), the critique of low generalizability of the results obtained in a case study is based on a *reductionistic* type of reasoning. Therefore, that the results of a case study 'are in principle generalizable to theoretical propositions, not to populations or universes' (Verschuren, 2003: 134). Yin (2003) supports this statement by asserting that the role of theory development, prior to data gathering, is a key difference between case studies and other related approaches.

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I agree with these authors in that if one has strong theory on which you can base your study, the results could be generalizable. In using an *instrumental case study* in my research, I was able to conduct a comprehensive, in-depth investigation of the Acornhoek community volunteers, and to gain insight into their experiences relating to the use and application of the Memory Box Making technique to support their communities in dealing with HIV and AIDS.

Another weakness of the design is that it is susceptible to being selective, biased, personal and subjective, as well as observer biased. From an interpretivist paradigm I acknowledge that my views and opinions as the primary researcher impacted on the themes uncovered through the research process. Therefore it was imperative for me to keep track of personal views throughout the whole process, questioning my own predispositions as the research progressed, by keeping a research diary.

However, despite the disadvantages, it would be of value to state that the aim of the *instrumental case study* is to report on and provide insight into a particular case, not the world. Furthermore that case studies, through their interpretive tradition, view situations through the eyes of participants, showing what it is like to be in a certain situation (Terre Blanche & Durrheim, 2002; Cohen *et al.*, 2000; Bless & Higson-Smith, 1995).

3.4.2 Methodology

3.4.2.1 Selection of case

In my study the unit of analysis was the existing volunteer structure in Acornhoek in the region of Bothlabela in the Limpopo Province. This case was selected on the basis of existing access (research had previously been done there and a relationship had been established with a contact person in the area). I got in touch with the contact person and arranged to do my research there. There was no objection, the idea was readily accepted and I started with the first steps in the research process. Therefore, the volunteer structure in Acornhoek was readily available for research purposes. A disadvantage in selecting the existing volunteer structure in Acornhoek as the case was the distance I had to travel. Acornhoek is a five-hour drive from Pretoria, which made instant availability, as well as the observation of the volunteers applying their newly

learnt skills in Memory Box Making, virtually impossible. I therefore had to rely on the follow-up focus group for information on their application of the Memory Box Making technique in supporting their communities to cope with HIV and AIDS. Telephone calls and e-mail messages were also alternatives as the volunteers have access to these facilities at their centre. The research team gave our telephone numbers and e-mail addresses to the volunteers and suggested they contact us to discuss any possible further questions. We also obtained their telephone numbers so that we could contact them if the need arose. However, our main contact with the Acornhoek volunteers was through the contact person with whom we had already previously established a relationship, and we worked mainly through him. The case however, had to meet the criteria as set out in the purpose of this study, namely to explore and describe how community volunteers can apply the Memory Box Making technique to support people trying to cope with the consequences of HIV and AIDS.

Training was done at the community youth centre, situated in the main street in Acornhoek, which meant that most of the participants had to travel a great distance to meet us at the centre. Different shops and entrepreneurial stands surround the centre. The centre was equipped with enough chairs for the research team and the participants, and the training room was spacious enough to allow the participants sufficient room to sit comfortably while making their own memory boxes. We were also provided with a table that was big enough for the equipment we had with us. The room had a door that led outside, which provided the opportunity for the volunteers to get some fresh air during break times. Access to kitchen facilities made it possible to prepare snacks and serve lunch for the participants.

3.4.2.2 Selection of participants

Community volunteers in this area were the source of the data I needed. Approximately 20 participants were purposively selected to participate in the research process. All of the participants were involved with organisations in Bothlabela. The ages of participants ranged from 18 to 42 years. The majority of participants were female, especially those involved in home-based care, and most of the youth volunteers were young male adults. These participants were chosen on account of their being the most representative for the purpose of this study. They all work in and support communities susceptible to the

effects of HIV and AIDS. Although availability played a role in the selection of the participants, the most important criterion for selection was their knowledge and experiences of working as volunteers in a community affected by HIV and AIDS. Selection took place by way of purposeful sampling, which means that this information-rich case was selected purposefully. De Vos (1998: 252) explains that in qualitative research, purposeful sampling methods are the best to use. I therefore identified a case where the participants could be reached fairly easily and selected participants who would be able to provide me with the information I needed.

Table 3.1 Particulars of participants involved in the study

GENDER	AGE	YOUTH VOLUNTEERS	HOME-BASED CARE VOLUNTEERS
Male	20 – 35	10	0
Female	18 – 42	4	16

Table 3.1 indicates the number, age and gender of the participants who were involved in my research study.

From the researcher's pen:

(On the location and the venue): When we approached Acornhoek I was astonished by the town's enthusiasm and entrepreneurial aspirations. Even the centre where we held the workshop had great potential. Initially, when the first arrangements were made, I was a bit worried that the chosen venue would be too small. I had never been to Acornhoek and had no idea of what to expect. We were privileged enough to be given access to the youth centre. It was fully equipped with enough space, as well as a photocopying machine, which we could use to make copies of the participants' ID documents, consent forms, and beneficiary forms (this was a great help, as I hadn't anticipated having to make copies of these documents!). We were allowed to use the training room, which was equipped with colourful chairs, a table-tennis table and a flipchart board that we were allowed to use. The staff at the centre were very helpful and welcoming to us as 'outsiders'. There was no running water, but water could be obtained from big containers on the premises.

(On the research team): What a joy to have co-facilitators when you have 20 people sitting in front of you! It was nice working in a team while presenting the two-day workshop and having a video camera to operate, forms to hand out and take in, etc. During the interviews especially, it

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was helpful to get input and feedback from a co-facilitator, and also having an extra pair of eyes and ears for observation purposes, as well as for debriefing afterwards. It would have been possible to handle the research load on my own, but I must confess that it was extremely helpful to be working together as a research team.

(On the participants): On arriving at the venue, I noticed only a handful of people, who turned out to be home-based care volunteers. This worried me, because we had planned the workshop specifically for these volunteers. In being flexible, we invited the youth volunteers to join the workshop, as we had enough materials for 20 people. The low attendance frustrated me at first, seeing that my specific goal had been to converse with the home-based care volunteers of this area. Surprisingly enough, what started as a disappointment turned out be quite beneficial to my study, as I decided to change the research questions from being aimed specifically at home-based-care volunteers, to include volunteers in general. I realised that with the limited resources in this area, all volunteers play an important role in supporting the community. It was very insightful to hear what both volunteer groups had to share. However, problems arose when it became apparent that the home-based care volunteers felt that it wasn't fair for the other volunteers to join, since the workshop was intended for them. We dealt with this by suggesting that the youth volunteers nominate four people to attend the second day of the workshop, because there were 16 home-based care volunteers and only enough materials for 20 participants. Everyone was satisfied with this solution and we could continue with the workshop with happy faces.
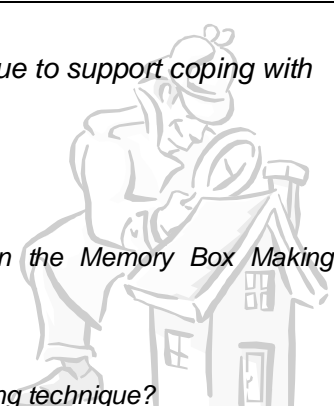
3.4.2.3 Data gathering

Mouton (2001: 108) states that data come in different formats and have different properties. In this particular study I made use of mainly textual data, described by Mouton (2001: 108) as 'data that are rich in meaning' and are difficult to capture in a brief and structured manner. I therefore applied a comprehensive data-capturing process that would ensure that the data gathered would be rich in meaning. De Vos (1998: 253) describes this as essential in qualitative research and emphasises the need for the collected data to be rich in description of people and places. To ensure that I would be able to collect such data, I did purposeful sampling (as explained in section above), which allowed me to identify a case that was especially informative. The methods employed by me to collect my data included a two-day workshop, focus-group interviews and field notes, as discussed in Table 3.2 and in the section below.

In capturing the data, I used audio-visual methods (a video camera and a dictaphone) and visual methods such as using a photo camera. De Vos (1998: 329) describes data capturing through these means as 'a way of direct observation in the study of behaviour and human experiences as they occur in daily life in a variety of settings and contexts'. Through the use of these means I was able to gain a better understanding of the participants' perspectives and experiences regarding their support of their communities coping with HIV and AIDS. The figure below illustrates the different methods used, as well as the disadvantages of using them (Creswell, 2003; Patton, 2002; Denzin & Lincoln, 2000), and the measures used to correct the disadvantages specific to this study.

Table 3.2 Methods of data collection and data capturing used during the research process

RESEARCH PROCESS:		
How do community volunteers apply the Memory Box Making technique to support coping with HIV and AIDS? ❖ *What is Memory Box Making?* ❖ *Exploring the existing role of community volunteers.* ❖ *Developing a programme for training community volunteers in the Memory Box Making technique.* ❖ *Implementation of the programme through a two-day workshop.* ❖ *How could the community volunteers apply the Memory Box Making technique?*		
Data collection methods	*Disadvantages*	*Corrective measures for this study*
• **Two-day workshop** Training in the Memory Box Making technique to establish what needed to be focused on in order for the volunteers to have the necessary means to enable their communities.	Time	Conducted a workshop focused on the most-needed information on Memory Box Making.
	Cultural differences	Remained sensitive to complexities surrounding diversity, used emic rather than etic perspective.
	Language issues	A translator was present.
• **Focus-group interviews** Collection of data by facilitating an open group discussion.	Provides information in a designated place rather than the natural field setting.	Interpretive research – gaining understanding from participants' experiences, their perspectives.
	Researcher's presence may bias responses.	I used an emic perspective, kept a reflective journal to monitor my own views.
	People are not equally articulate and perceptive.	The participants helped each other to bring their point across.
	Interview data are also subject to recall error.	Made field notes, kept a research journal and used a video.
• **Field notes** Recorded what occurred and kept a researcher's journal.	Possible distorted descriptive information, or distorted recollection of what has been said	Made use of informal discussions to clarify specific points.

	The researcher's own feelings own insights, interpretations, initial analyses and working hypotheses.	Focus on an emic perspective and keep the focus on interpretive research. See the world through the eyes of the volunteers, also keeping a research diary.
Data capturing methods	*Disadvantages*	*Corrective measures for this study*
• **Audio-visual methods** Provided visual and auditory presentation of what was missed though interaction with the participants.	May be difficult to interpret, the presence of a video camera may be disruptive and affect responses.	The participants' perspectives were taken into consideration when interpreting the audio-visual data. Employed member checking. Furthermore, participation was voluntary.
• **Visual data** Provided a visual representation of what was done.	The presence of a photo camera may be disruptive and affect responses	Participation was voluntary. Photos were also taken during breaks so that the participants could get used to the camera.

Table 3.2 illustrates the methods used during the research process. A discussion of these methods and a description of some of the disadvantages experienced and how these were addressed follows.

- **Memory Box Making training workshop**

From the exploration done by Liesel Ebersöhn and Irma Eloff in 2003, I gained better insight into the roles played by volunteers in their communities. I also conducted a literature review in order to be able to develop a workshop based on the Memory Box Making technique.

The research strategy entailed conducting a *two-day training workshop* to equip volunteers with the Memory Box Making technique. I had worked out a two-day programme with pre-established goals and outcomes (See Appendix C for a detailed layout of the programme). In short, the two-day workshop was aimed at training volunteers in the Memory Box Making technique in order to explore how the volunteers applied these skills in their work with people in communities affected by HIV and AIDS in order for them to be able to support their communities to cope with the effects of HIV

and AIDS. Even though there was a set structure to what we wanted to complete during the workshop, we remained flexible.

From the researcher's pen:

(On the first day of the workshop): We arrived at the venue in the morning, at about 09:10, to find that only a handful of home-based care volunteers had responded to our invitation. My first thought was, 'All this effort for so few people!', but then I thought, maybe it's a good thing, because now we can work more intensely, and there will be less pressure on me as a relatively inexperienced researcher! It was all very exciting though. We started the day off with an introduction, explaining the purpose of the research and the reasons for our decision to come to Bohlabela, Acornhoek. Then suddenly people from outside the training room in the centre (the youth volunteers) started joining the group, which was fine at first, but became quite overwhelming later.

The first discussion was somewhat disappointing, and I was particularly disappointed that the home-based care volunteers did not join in the discussion as much as I had hoped they would. The main participants were the youth volunteers. This was a disappointment to me because my research focused mainly on the roles played by home-based care volunteers in their communities and their involvement in the community. However, as the youth volunteers spoke and shared experiences, I came to a realisation that they play just as an important role as the home-based care volunteers. Even though they work mainly with the youth, they often deal with people infected and affected by HIV and AIDS.

Because I had no idea of what the roles of the home-based care volunteers was in their communities, it was interesting to listen as they explained how they approach their work. I found out that they mostly refer the households to social workers for emotional support. It was then that I realised (as they spoke) that they probably do this because they do not believe that they have the skills needed to offer emotional support. After the discussion the fun began. As I introduced the 'Lifeline' activity to them, it seemed as though they were somewhat intrigued. As part of the process I also disclosed my experience of losing my brother (three months before) to a terminal illness (leukaemia), and they seemed appreciative of the fact that I shared my loss with them. They seemed very into the whole experience, and we got some beautiful results. They were really so creative and emotionally in touch with who they were.

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I was also surprised at their willingness to participate and their acceptance of everything we had done up to this point. I realised that this is real life! That so many of the volunteers have been, and still are, affected by this awful illness called HIV and AIDS. This disease was like a creature at the back of a dark room for me, I always knew that he was there, but I never really acknowledged him, or saw his fangs. Today I saw (only a fraction) of the trail of destruction he leaves in wake, and could understand (only a fraction) of the pain the participants' experience – I had felt it through my own experience of the creature called Cancer.

It was pleasing to notice, with the other two activities we did, that everyone focused more on their positive experiences rather than on negative ones. This was an inspiration to me. I fall humbly at their feet, feet that have walked so many rocky paths, and yet they still manage to rise above it all with enriching experiences and positive recollections. They touch so many people's lives and inspire so many… and today they inspired yet another, a young researcher.

(On the second day of the workshop): Today's session produced a pleasant surprise: The participants offered so much positive feedback about yesterday's session. Their enthusiasm about the Memory Box is amazing, that they really are interested in using it in their communities where they work. Some of the volunteers even went home and shared their boxes with their families. One of the youth volunteers had asked his mother to share his history with him. He also mentioned that he never realised before how important the past is, and that it still influences our daily existence. Some of the home-based care volunteers brought pictures from home to put on their boxes. One even asked someone to take a picture of her child in her Grade 1 School uniform, which was something she felt she would really like to keep in her box!

- **Focus-group interviews**

Focus-group interviews were held on two occasions during the research process. The first was held on the second day of the Memory Box Making training workshop, and the second about four months later.

Through the first focus-group interview I was able to establish the volunteers' current roles in their communities, that is, what they were currently doing to support their communities to cope with HIV and AIDS. The follow-up focus-group interview (four months later) gave me an opportunity to determine how the volunteers had been using the Memory Box Making technique to support communities struggling to cope with HIV and AIDS. Patton (2003: 385) describes a focus-group interview as 'an interview with a small group of people on a specific topic'. He recommends groups of six to ten people with similar backgrounds who participate in an interview lasting one to two hours. Seeing that focus groups are a form of qualitative interviewing, Herbert and Irene Rubin, in Babbie and Mouton (2001: 289), explain that focus groups are characteristically 'flexible, iterative, and continuous, rather than prepared in advance'. They describe this type of qualitative interviewing as iterative, because every time the basic process of gathering information, analysing the information, and testing it is repeated, one comes closer to a clear and compelling model of the phenomenon being studied. Therefore, the questioning is redesigned throughout the project.

My choice of focus-group interviewing above participant observation gave me the advantage of being able to observe the interaction on the topics being discussed in a limited timeframe. One disadvantage of using this type of interviewing method though is the level of control, as this means that the focus group was in a sense in an unnatural social setting, and not in the natural or 'real-life' setting, which is generally preferable (Babbie & Mouton, 1998: 292). An advantage attached to using focus groups, as Patton (2003: 385) explains, is that it is not a problem-solving session or a decision-making group; it is, first and foremost, an interview. The participants get to listen to each other's responses and make additional comments beyond their own original responses as they hear what other participants have to say. There need not be any agreement or consensus about any response. The objective, specifically within the context of this study, was to obtain high-quality data in the volunteers' social context where they could consider their own views in the context of the views of others.

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From the researcher's pen:

In reading up on focus groups before attempting one, I came across some useful information. I read that this type of interviewing should be carefully planned to get perceptions on a defined area of interest in a non-threatening environment, by a skilled interviewer. For me this was a major challenge, as I had never conducted a focus-group interview and could therefore not be regarded as a skilled interviewer. I then decided to rely upon the reading I had done, and on my skills as a psychologist. I figured that would be suitable for the challenge that lay ahead.

(On the follow-up focus group): Yet again, what an experience! I didn't really know what to expect from today. All I knew was that I would be asking some questions and they would be sharing their experiences. But it ended up being so much more than that. I once again joined with a group of people who have such passion for their work, people who truly give of themselves as if it is the easiest thing in the world to do. During the past four months I wondered how the volunteers were doing, if they were applying the Memory Box Making technique, or rather, if it was working for them. I got the impression from our previous visit that they were really eager to go out and use this technique ...and they were! Their enthusiasm during this visit was once again truly inspiring.

One of the volunteers had lost her sister to AIDS during this period. She told us how the Memory Box helped her and her family to be able to give her sister a proper burial. She had told her sister about Memory Box Making, never thinking that she would actually do it, but she did, and it had helped her family to obtain the documentation that was needed for the funeral. It was amazing listening to her story, realising how the Memory Box had made such a difference in her life. I could 'feel' with the volunteer, after having lost my brother to a terminal illness, and I have wondered how this experience would influence my study. I remember the emotions and hurt that came out when I made my own Memory Box for demonstration purposes – it was really difficult. I came to understand how precious and healing the making of the Memory Box is. I laughed, cried, reminisced and shared experiences while making my own Memory Box. It became like a little treasure of the heart.

The volunteers (I believed) had the same experience in making and using their Memory Boxes in their communities. They shared how, where and with whom they used it. It seemed as though the use of the Memory Box as a 'keepsake' was a great issue for them. They wanted to make it a 'sure thing', for example by involving social workers. The functional aspect, in particular, was of great help to them because they work so closely with the families and stand by them in times of loss and death. One thing I am quite disappointed about is that the second interview was attended by only about half of the volunteers that had attended the workshop. One positive

though is that two new volunteers joined us and were trained in Memory Box Making by our first group of volunteers. How wonderful! It seems this could in some instances become a snowball effect. Nonetheless I would have liked hearing from the rest of the volunteers, hearing their stories and finding out what they had done. I realised though that the volunteers' stories were quite similar … they were all stories of hope, stories that inspire. I was touched by their empathic nature and moved by their dedication.

A pitfall in this focus group was definitely the language barrier. It was quite frustrating as we (volunteers and facilitators) at times found it difficulty to understand each other. Sometimes our questions were phrased in a way that hampered understanding because of the volunteers' poor knowledge of English, and sometimes they could simply not find the right English words to express themselves effectively. We helped each other though, the volunteers translated for each other and the facilitators helped to make the questions less complicated (using more widely known terms – no jargon!). In the end the effort paid off, but I still wonder if what the participants shared was always interpreted correctly. I aim to find the answer to this by doing member checking – and in interpretive research this implies, as Garrick (1999: ¶8) explains, that by telling the participants' stories back to them with additional perspectives, I become an explorer of the subjects through re-telling their stories. This will add to the validity of my study. Member checking also allows for determining the accuracy of the qualitative findings through taking the specific descriptions or themes back to the participants and determining whether they agree that they are accurate (Creswell, 2003:196).

Another barrier was time. We started approximately two hours later than scheduled, and that added to the pressure to fit everything in. We therefore had very little time to really discuss everything. This especially frustrated me. I knew what I wanted to focus on, but I also kept on thinking 'We're going to run out of time!'. There were also a lot of interruptions, like noise and people passing through the room we were in. This caused general frustration.

- **Field notes and research diary**

An additional method used for data collection was making *field notes* and keeping a *research diary.* Lofland, in Patton (2002: 302), states that field notes are 'the most important determinant of later bringing off a qualitative analysis. Field notes provide the observer's *raison d'être.* If…not doing them, [the researcher] might as well not be in the setting'. Descriptions of what has been observed are included in the field notes. It contains what the researcher, as the observer, believes to be of worth noting.

As Patton (2002: 303) further explains, field notes firstly contain *descriptive information* that will permit one to return to an observation later during analysis, in other words, the recording of basic information, such as where observation took place, who was present, what the physical setting was like, what social interactions occurred, and what activities took place. Secondly, field notes contain *what was said* during the data collection phase. If possible, they should include direct quotations of what was said during observed activities and responses obtained during interviews. Thirdly, *the researcher's own feelings*, reactions to the experience, and reflections about the personal meaning and importance of what has been observed. This entails recording feelings and reactions at the time they are experienced while in the field, as well as the intensity and nature of the researcher's own experiences (as part of the data). Finally, making field notes on your own *insights, interpretations, beginning analyses, and working hypotheses* about what is happening in the setting and what it means. (Appendix D contains examples of which of the above-mentioned methods I used when making field notes in the course of my study.)

In making field notes during this study, a detailed reproduction of what occurred during the two-day workshop and the follow-up focus group, as well as during the research process, was obtained. I preferred making notes after a session ended. In doing this, it also provided time for writing a research diary in which I could record personal experiences and evaluate the experiences of the past day. It gave me time to reflect on the meaning ascribed to the participants' experiences concerning their support of communities affected by HIV and AIDS. In making field notes, I was also monitoring my evolving assumptions and my own views in relation to my study.

- **Audio-visual methods and visual data**

Audio-visual methods and *visual data* were also used as part of the data collection process, but were mainly used as means of data capturing. De Vos (1998: 326) explains that these methods of qualitative research provide visual records of the daily life of the group under study and that they are creative in that they capture attention visually. According to Bottorff, in De Vos (1998: 329), videotape recording is 'a way of direct observation in the study of behaviour and human experiences as they occur in daily life in a variety of settings and contexts'. He further concludes that the key technical requirements for the recording of data for research purposes are a clear picture and

clear sound. There should also be a back-up videotape recorder, as the researcher cannot risk losing data on account of faulty equipment.

Data collection through audio-visual methods, such as taking photographs of the participants while they are making their own Memory Boxes and using a video camera, and a dictaphone to record the focus-group interviews, helped me to collect data that would not have been collected otherwise. It provided visual and auditory presentations of what might have been missed though interaction with the participants. Photos provided a visual representation of what had been done, and served as another means of interpretation. (Refer to Appendix E for examples of alternative interpretations.)

From the researcher's pen:

I think using audio-visual methods to record the data was the best choice. In transcribing the data I realised how much information came across without me even realising it. It was almost like opening a treasure chest. An example of a barrier we experienced concerning the use of this method was the noise factor. The room we were in did not allow for a 100% noise-free zone. We especially had a lot of interruptions, people coming in and leaving the room, people making a noise in the corridors, as well as cellular phones ringing. It was a source of irritation for facilitators and volunteers alike. All of these distractions worried me as I knew that it would hamper the sound quality on the dictaphone as well as the video camera recordings. I evened the score by taking notes while the volunteers spoke and hoped that having the dictaphone and the video camera as well would ensure that no data would be lost. In using a camera to take pictures, the essence of the workshop could be recorded. Therefore the volunteers' boxes and their contents could be recorded, which was very useful during the data analysis phase of this study.

3.5   DATA ANALYSIS

As mentioned in Chapter 1, *thematic analysis* was used for data analysis. In identifying specific themes during the research process, I could establish the extent to which the community volunteers apply the Memory Box Making technique to support communities coping with HIV and AIDS.

Terre Blanche and Durrheim (2002) discuss the analytic steps to be followed in doing thematic analysis. I followed these steps to analyse my findings. The above-mentioned

authors explain that one *first* needs to develop ideas and theories, make notes, draw diagrams, and brainstorm to become familiar with the data. *Second*, one should induce themes that will play a big role in the process of data analysis, thus inferring general findings or rules from specific findings or instances. The *third* step involves coding*. Coding is necessary for deriving themes from the data for interpretation later on. During the *fourth* step, is that of elaboration, the themes are explored more closely. The *final* step in doing thematic analysis includes interpretation and checking, making thematic categories based on the analysis.

Once the data has been analysed, the entire procedure leading up to analysis must be thoroughly reviewed to detect any errors relating to, for example bias (such as the beliefs and attitudes of the researcher) and mistakes that could have distorted the description of the aspect of social reality under study (Bless & Higson-Smith, 1995: 143). In dealing with this, as the researcher, I kept field notes and a research diary to reflect upon my own views and personal attitudes, which helped to guide me towards self-awareness. This enabled me to remain focused and keep in mind the main goals, as well as the purpose of my study.

De Vos (1998: 203) states that there is no right or wrong approach to data analysis in qualitative research. He does, however, give general guidelines for data analysis. I followed certain guidelines during the whole research process, one of them being to consider participants' responses during the workshop and the follow-up focus group. I gave special attention to specific words or phrases in their vocabularies to capture the meaning of what they said or did. This was helpful during the initial phase of the task of category integration.

The *methods of data analysis that* I used included those suggested by Tesch (in De Vos 1998: 345) and involved 1) Reading carefully through all the transcripts to get a sense of the whole; 2) Picking any transcript file and reading through it, jotting down ideas as they come to mind, asking yourself what the interview was about, while writing thoughts in the margin and identifying the major categories represented in the whole; 3) Re-reading the entire transcript file and underlining units of meaning related to the identified major categories; 4) Putting the units of meaning into major categories while at the same time identifying subcategories within the major categories, and 5) Identifying relationships

between major and subcategories and reflecting these as theories. (Also see Appendix F for examples of the transcribed text as well as data analysis.)

By taking into account interpretivist ways of thinking, the participants' meaning of the themes uncovered was explored. This was done by using member checking. I also started exploring the participants' meaning they ascribed to the information during the two-day training workshop, as well as during and after both focus-group interview sessions by keeping a diary of the events and comments made by participants. The follow-up visit also formed part of the member checking. This enabled me to check both the data and my interpretations, as it gave the participants an opportunity to confirm whether my descriptions and interpretations were accurate, based on the information provided. Subsequently, correspondence between themes was explored.

All of the above led to findings by way of interpretation, which will be discussed fully in Chapter 4.

3.6   ETHICAL CONSIDERATIONS

3.6.1   Informed consent

Information about the purpose of the study, as well as the details surrounding the workshop and the follow-up focus group were communicated to the participants. They were also given information in the form of a hard copy at the onset of the two-day workshop. Furthermore, they were informed that the proceedings would be recorded. No objections were raised. Each participant personally signed a copy of the consent form handed and explained to him/her (see Appendix G for an example of the consent form). Participants were never deceived with regard to the purpose, process and consequences of the study.

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3.6.2   Privacy

The identities of the participants who took part in the two-day workshop and focus group interviews are *not* disclosed in this study. All information obtained from them, through the audio and video recordings and/or field notes, was managed in confidence and with their consent.

3.6.3   Ethical statement

As mentioned in Chapter 1, working with human beings necessitates the consideration of other specific ethical aspects. For the purpose of this study, specific ethical principles were applied during the research process, and strict adherence to the Ethics and Research Statement of the Faculty of Education, University of Pretoria as referred to in Appendix A., was maintained throughout.

3.7   VALIDATION OF RESEARCH

3.7.1   Trustworthiness

The basic issue of trustworthiness relates to the inquirer's ability to persuade his/her audiences that the findings of the inquiry are worth paying attention to, or worth talking about (Babbie & Mouton, 2001: 276).   An outline of how I aim to maximise trustworthiness in my study follows below.

3.7.1.1 Credibility

Credibility is related to whether the research findings capture what is really occurring in the context and whether the researcher is learning what he/she intended to learn (Pitney, 2004; Babbie & Mouton, 2001).   Strong credibility in my study is ensured through the method of data analysis applied, in which multiple perspectives (by means of crystallisation) will be considered, including member checking. Member checking will be done after the themes have been uncovered by way of the process of data analysis. The process of member checking will be done via e-mail during a meeting with the volunteers who were involved in the research, organised by the contact person. Lastly,

findings will be interrelated with and supported by means of literature control, as well as a discussion with selected participants.

3.7.1.2 Transferability

This implies providing rich, descriptive information on the context or participants (Pitney, 2004). Since the paradigmatic stance is that of interpretivism, I will obtain all the different inferences of each data source, therefore providing a rich description of the data obtained (see Appendix F for examples of the transcripts). Each piece of information obtained will have its own interpretation of what has been discovered. I aim to understand and interpret the meanings and intentions that underlie these different actions.

3.7.1.3 Dependability

This depends on whether the findings would be the same if the study was replicated with the same participants or in a similar context (Pitney, 2004; Babbie & Mouton, 2001). By using 'member checks' I could check both the data and my interpretations. This allows the actual participants to clarify that my descriptions and interpretations are accurate, based on the information provided.

3.7.1.4 Confirmability

Babbie and Mouton (2001: 278) define confirmability as the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher. Freedom from bias, however, goes against the interpretive approach where the motives and values of the researcher do play an integral part in the research process. I aim to understand and interpret the meanings and intentions that underlie different actions, recognising the role of my internal frame of reference during the research process.

3.8   CONCLUSION

In this chapter I reflected upon the research process, the story behind my experiences, as well as reflections on the process and methods that were utilised during the research

project. Ethical considerations and the trustworthiness of the research were also discussed.   In the following chapters I aim to give you, the reader, a better understanding of the research project by presenting you with the results obtained during the comprehensive research described above, and finally presenting you with findings, conclusions, implications and recommendations.