

## **CHAPTER 5 – CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

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### **5.1 INTRODUCTION**

This chapter presents the final conclusions made on the basis off my research. I shall briefly review the preceding chapters and revisit the purpose of my research study and the research questions that I set out to explore and describe, as mentioned in Chapter 1. I will also look at possible limitations of my study and make recommendations for future research.

### **5.2 OVERVIEW OF CHAPTERS**

Let us consider the chapters leading up to this point. Chapter 1 served as an introduction and explained the rationale and purpose of the study. Reference was made to the research question that would be guiding the research study, and the secondary research questions of the study, the research design that was selected for the purpose of this study, as well as the research process related to the various research questions. Data-gathering methods and authenticity and trustworthiness were also dealt with. I furthermore provided reference with regard to the informed conceptual framework and clarified the main concepts that relate to the study.

Chapter 2 comprised of a literature review and some of the most recent and authoritative theorising about the topics relating to my study were explored. This included the role played by community volunteers in supporting their communities struggling to cope with the effects of HIV and AIDS and Memory Box Making and the supportive value of this activity for people dealing with grief and/or loss due to a terminal illness or, as in this study, HIV and AIDS. I found a many resources dealing with the Memory Box Making process, but relatively little information on the role played by community volunteers in offering emotional support. Generally the available literature focuses more specifically on the volunteers' role in terms of physical support.

In Chapter 3, I reflected on the research process as a whole, considering the story behind my experiences (personal and professional), and describing the process and

methods that were utilised during the research project. Ethical considerations were also discussed and the trustworthiness of the research was confirmed.

Chapter 4 describes the context within which the results were obtained, as well as the resulting themes. It also includes a literature control relating to the uncovered themes and details the results of my study in the light of the available literature on the role of community volunteers in offering support to communities struggling to cope with the effects of HIV and AIDS, as well as literature on the value of using the Memory Box Making technique as a form of bereavement guidance.

### 5.3 PURPOSE AND RESEARCH QUESTIONS

Taking into account the research questions introduced in Chapter 1, I will now attempt to establish whether they have been answered through the results of research done. The research question that guided my study is: *How do community volunteers apply the Memory Box Making technique to support coping with HIV and AIDS?* In answering this question, I had to attend to the secondary research questions first. These are:

- 1) *What is the Memory Box Making technique?*
- 2) *What is the existing role of community volunteers?*
- 3) *How can community volunteers be trained in the Memory Box Making technique?*
- 4) *How did the community volunteers apply the Memory Box Making technique?*

By way of a comprehensive literature study I answered the first secondary research question and established what the Memory Box Making technique is. I determined that it is a technique used by community volunteers in supporting their communities to cope with the effects of HIV and AIDS. This technique can therefore be used to aid in the bereavement process, as well as for crafting a personal legacy to be left behind for loved ones after an individual has passed away. (Also refer back to Chapter 2 for a detailed discussion of the Memory Box Making technique.)

Through interviews and focus-group meetings held with the community volunteers in Acornhoek who participated in the study, I was able to establish the nature of the

existing role of community volunteers. The volunteers view their role as one of support and care, with the focus on physical rather than on emotional support and care. They did make reference to the fact that they experience themselves as being the eyes of the communities, i.e. that they represent their communities. (Refer back to Chapter 4, and to the transcriptions in Appendix F.) According to current literature, the most prominent current role retained by volunteers is that of offering communities physical support. (Refer to Chapter 2.)

I developed a programme for training the community volunteers in Memory Box Making and implemented the programme as a two-day workshop. This allowed sufficient time for the volunteers to become familiar with the techniques associated with making a memory box. During a presentation, I shared with the volunteers the theory behind Memory Box Making and explained how it can be used in the community. By providing them with this information and giving them an opportunity to make their own memory boxes, I enabled them to consider how they could implement this technique in their communities.

In following the process from exploring what Memory Box Making is to examining the existing role of community volunteers and how they could be trained in the Memory Box Making technique, I could, by way of a follow-up focus-group meeting, explore how the volunteers applied the Memory Box Making technique in their communities.

#### **5.4 FINDINGS**

In considering the research questions as set out above and addressed by way of the research conducted (refer to previous chapters), I have come to the following conclusions:

**Firstly**, I found that *the volunteers experienced the application (at an occupational level) of the Memory Box Making technique in their communities to be of great value.* Formerly they did not possess the means to offer emotional support their communities, as established during a previous visit to Acornhoek by my supervisors, Liesel Ebersohn and Irma Eloff (refer to Chapter 3). Therefore, the role played by the volunteers was focused on the provision of physical support to communities suffering from the effects of

HIV and AIDS by providing care in the form of medication and food packages. The volunteers then identified the need for more efficient means to support the people in the grieving process and provide some form of counselling. After being introduced to the Memory Box Making technique, the volunteers found that the support they were able to give to their communities became more emotional and spiritual and enabled them to cope better with the grieving related to HIV and AIDS. The outcome was that the volunteers reported that they are also now equipped to provide people in their communities with psychosocial support.

**Secondly**, through my research I found that, in terms of *learning acquisition*, the diverse group of volunteers working in the region of Acornhoek were able to acquire the necessary skills required for the application of the Memory Box Making technique. They succeeded in adapting these skills to suit their own working environment and developed the confidence needed to teach the technique to other volunteers and care workers with whom they come into contact.

**Thirdly**, I found that the Memory Box Making technique also *added value to the volunteers' personal lives*. They reported that, through acquiring and applying the technique, they experienced a sense of emotional and personal identity, as well as a feeling of pride and self-worth. In order to be trained in this skill, the volunteers had to make their own memory boxes to ensure that they would understand and be able to apply the technique in their communities. Because of this personal experience, they could attest to the value of Memory Box Making as a way to alleviate the trauma of grieving for a loved one who passed away, or even to bring families closer together. The volunteers were able to apply their learnt skills with confidence and enthusiasm. This process seemed to have a snowball effect in that the volunteers who had attended the original workshop subsequently trained some of their colleagues in the use and application of the Memory Box Making technique. The fact that they feel a need to pass on their knowledge and skill is a possible indication of the value the volunteers attach to the application of Memory Box Making technique as a means to help people to cope with the heartache and loss caused by HIV and AIDS in susceptible communities.

**Fourthly**, I found that the Memory Box Making technique is *an uncomplicated skill* that the volunteers could acquire and use without having to have the extensive knowledge of

the underlying theory that is required of people working as social workers and/or counsellors. This technique therefore provides the volunteers with a means of supporting people who have to cope with the effects of HIV and AIDS in an effective and *ongoing* manner, without having to overcome the obstacles associated with formal studying, for example the lack of financial resources, study material and time availability. The Memory Box Making technique encapsulates the theory behind death and dying, as well as the stages usually associated with the grieving process. Therefore, as mentioned in Chapter 1, Memory Box Making offers cathartic, restorative or curative support to a range of individuals who are infected with HIV and AIDS, who are already dying of AIDS, or have lost a love one to this dreaded disease.

**Lastly**, certain indications of pitfalls were found. These include some disadvantages, as described in more detail in Chapter 4. A first disadvantage is that the volunteers reported that some of the clients they worked with in their communities *did not have important documents in their possession*. As a result the use of the memory box as a safe place to store such documents could not be demonstrated. Many clients, especially orphaned children, did not have identity documents or copies of birth certificates. The volunteers reported that without such documents it is extremely difficult to obtain childcare grants for their clients. Another problem that was experienced was that some clients, especially the elderly, could not understand the purpose of making and keeping a memory box. Other clients, described by the volunteers as 'shy' or embarrassed understand the purpose of such a box and know how to make it, but show no interest in making one, maybe because they are afraid to disclose their HIV status, or because of a lack of knowledge.

These findings add to theory as the existing literature has thus far not yet focused on the importance of community volunteers working in HIV and AIDS-susceptible communities. The research conducted for the purpose of this study confirms the pivotal role played by community volunteers in supporting communities coping with the effects of HIV and AIDS, especially with regard to their role in guiding the grieving process of affected families. The research findings regarding the use and application of the Memory Box Making technique by volunteers especially adds to the field of educational psychology, and specifically to the systems theory in terms of volunteers impacting on the groups

within the community, sharing and applying their knowledge to support those individuals suffering from the emotional effects of HIV and AIDS.

## **5.5 LIMITATIONS OF THE STUDY**

Under this heading I will be considering aspects that were experienced as barriers in my research study. Viljoen (2005: 113) states that, even though barriers are seen as negative influences in a research study, they could contribute to a better understanding of the research that has already been done. Aspects that influenced the research study are discussed below.

### **5.5.1 Limited scale of participants**

Even though 30 community volunteers participated in the two-day workshop, only a few volunteers returned for the follow-up focus-group meeting. Results are therefore based on the feedback received from only a small group. A larger group could have provided me with richer detail in terms of how volunteers apply the Memory Box Making technique in communities that are susceptible to HIV and AIDS. Possible reasons could be that the volunteers did not want to come, that they experienced transport problems, or that they were busy with their responsibilities as volunteers in the community. The fact that the reason for their absence could not be ascertained can be viewed as a limiting factor since this insight could have enriched the findings of the study.

### **5.5.2 Limited generalizability**

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). But, as mentioned in Chapter 3, other researchers disagree. Berg (2001: 232) states that when case studies are properly undertaken, they should not only fit the specific individual, group, or event studied, but should generally provide understanding about similar individuals, groups or events. In undertaking research related to the Memory Box Making technique, I could therefore say that my study is generalizable to *theoretical propositions*, even though the research conducted would not be generalizable to populations or universes. As stated in Chapter 3, I believe that in using an

*instrumental case study* in my research, I had an opportunity to do an in-depth and comprehensive investigation of the Acornhoek community volunteers, and gain insight into how they experienced the use and application of the Memory Box Making technique to help people in their communities to cope with the effects of HIV and AIDS. The fact that the case is not generalizable to groups in other areas of Southern Africa could be regarded as a limitation.

### **5.5.3 Observer/Researcher bias**

Another weakness in the design of my research study is that the study is susceptible to selectivity, biased, personal and subjective, as well as observer biased. Working from and interpretivist paradigm allowed me to acknowledge that my views and opinions as the primary researcher could impact on the themes uncovered through the research process. Throughout the study I found that it was imperative for me as the primary researcher to monitor personal views. In doing so, it was important to question my own predispositions as the research progressed. I did this by keeping a research diary. However, despite the fact that I continuously monitored myself as the researcher, I must admit that there were times when I realised that I was being subjective and had to remind myself to guard against being biased in the interpretation of results. This aspect proved to be a limitation in the study. However, I would also like to add that subjectivity in a study such as this one is still preferable to 'objectivity', as I believe that it is my subjectivity that provided me with the specific insights that were gained through this study.

## **5.6 RECOMMENDATIONS**

This study revealed that community volunteers have found the Memory Box Making technique to be of value for their practice of supporting their communities in coping with the effects of HIV and AIDS. The results therefore suggest that the volunteers have found a technique that they themselves can use and apply in their communities, be it with individuals who are dying from this or other diseases, or families grieving the loss of a loved one.

### **5.6.1 Recommendations for practice**

If we consider the findings, as mentioned above (5.4), one could say that being trained in the Memory Box Making technique and personally undergoing the process could create enthusiasm among volunteers who are experiencing difficulties in efficiently helping their communities to cope with HIV and AIDS. The sense of personal value that develops as a result of making a memory box could possibly provide volunteers with the confidence needed to apply the Memory Box Making technique, to adapt the skills they have acquired to suit specific needs, and to teach them to others in the community. Seeing that the Memory Box Making technique is uncomplicated, volunteers could quite easily apply the technique and could therefore offer ongoing and sustainable support to their communities. The Memory Box Making technique provides an alternative way for community volunteers to offer their communities the essential psychosocial support, whether emotional or spiritual, to guide them through the grieving process associated with HIV and AIDS.

#### **5.6.2 Recommendations for training**

On the basis of the results obtained, I recommend that more people be educated in the use of the Memory Box Making technique in order to satisfy a need identified by the community volunteers in Acomhoek. The volunteers indicated that, in their opinion, it would be more beneficial if the technique were taught in community establishments such as faith-based organisations or schools, and/or in groups. The volunteers also mentioned that the functional aspect related to the memory box is helpful in that the box provides for the safekeeping of important documents. More emphasis could be placed on this essential aspect of the use and application of the memory box. The community volunteers could also, after being trained in the Memory Box Making technique, serve as guides in creating a culture of acceptance of individuals coping with the effects of HIV and AIDS through the use of this technique.

#### **5.6.3 Recommendations for future research**

This study describes the application of the Memory Box Making technique by community volunteers in supporting their communities coping with HIV and AIDS. Other qualitative research with an interpretive stance could include questions such as the following:



- How does the Memory Box Making technique sufficiently support individuals in the grieving process?
- How could using the memory box as an official tool benefit community volunteers in helping communities to cope with HIV and AIDS?
- How could communities benefit from volunteers' involvement in training other institutions in the use and application of the Memory Box Making technique?

It is also recommended that in future quantitative research more participants be chosen. Since only 30 volunteers participated in the original workshop and only about ten attended the follow-up focus-group meeting, future research involving a greater number of participants could enrich the findings of a potential study.

## **5.7 QUALITY CRITERIA**

### **5.7.1 Credibility**

Credibility in my study was ensured through the multiple perspectives I considered (crystallisation), as well as by way of member checking. By way of crystallisation I considered the results obtained from not only one, but many angles of incidence. I thus did not rely only on my own interpretation of the results, but also on various professional inputs, as well as the meaning the participants brought to the research and the results. After the themes had been uncovered, member checking was done by way of contact with the contact person, Mr Sedibe. This process of member checking was done via e-mail and telephone calls as explained earlier in this chapter. Finally, professional peers<sup>1</sup> at the 2004 Research Indaba reviewed my research proposal, which also added to the credibility of this study.

### **5.7.2 Transferability**

In terms of transferability, I provided a detailed description of volunteers, and of the setting and context in which my study was implemented (refer to Chapter 4). By using

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<sup>1</sup> I was awarded the prize for "Best Research Proposal by a Master's Student" at the 2004 Research Indaba, Faculty of Education, University of Pretoria.

interpretivism as a backdrop to my research study, I could obtain different inferences of the data collected and was therefore able to provide rich descriptions of the data (see Appendix F for examples of transcripts).

### **5.7.3 Dependability**

A chain of evidence related to the process of my study is evident, as I included various documents outlined in the Appendix. The reader will therefore be able to accept my work and research as being true. Member checking also adds to the dependability of my study in that the actual participants could clarify that my descriptions and interpretations are accurate, based on the information provided (as mentioned previously in Chapter 3).

### **5.7.4 Confirmability**

Throughout the research process I kept a research diary in which I recorded my thoughts and experiences, as well as detailed accounts of the process. This provides a self-critical account of the methodology used. My aim was therefore to understand and interpret the meanings and intentions that underlie the different actions, recognising the role of my internal frame of reference during the research process (refer to Chapter 3).

## **5.8 CONCLUSION**

The memory box is not only a physical object for safekeeping of important and exclusive artefacts, but holds the spirit of hope and anticipation for the future, especially after the passing of a loved one. In reflecting upon this research study done on Memory Box Making and its supportive value to volunteers in their quest to support their communities in their struggle to cope with HIV and AIDS, one could say that this skill has added to the volunteers' ability to offer emotional support to their communities. Therefore, the volunteers now not only have the means to offer physical support to families and individuals, but are able, through using a supportive technique such as Memory Box Making, to also offer emotional and spiritual support.