CHAPTER FOUR

Research methodology

4.1 INTRODUCTION

The understanding that developed through the literature study in the previous chapter motivates the decision to use the ecological understanding of resilience developed by Harvey (1996, 2007) and thetheoretical framework of Bronfenbrenner's (1994) PPCT model.This chapter also discusses the epistemological perspective of critical realism and the relevance of using the mixed-method approach.

The choice of strategies and instruments used to gather data is considered and the methods of data analysis to be used are outlined.Because of the intrusive, sensitive nature of the present research, the ethical considerations and implications are of paramount importance. The principles of ethical research in studies of this nature are very high because the population is vulnerable and can in no way be disadvantaged through the research.

4.2 RESEARCH PARADIGM: CRITICAL REALISM

Critical realism is a philosophical approach associated with Roy Bhaskar who combined a philosophy of science (transcendental realism) with a philosophy of social science (critical naturalism). His transcendental argument of realism proposes that things can be known without being experienced (Bhaskar, 1986). Bhaskar (1993, in Patomäki, 2000) states that science is not a supreme or an overriding value, that science only affords a particular angle or slant of reality selected specifically for its scope and ability to explain a possible reality. At the ontological level, critical realism purports that the world has depth and that the real cannot be reduced simply to experience (Clegg, 2005). According to Bhaskar (1978, in Clegg, 2005) distinguishes between the empirical, the actual and the real. The real includes mechanisms, events and experiences and when we are busy with social research, we are

interested in these mechanisms and understanding what produces the "messy outcomes" at the level of direct experiences in the everyday world of the empirical. The work of science (*and research*) is more than just an analysis of events (Clegg, 2005)(own insert).

From a critical realist perspective, the world exists independently of our knowledge of it or our ability to recognise phenomena. This perspective rejects the notion of causality where phenomena are regularly conjoined, that they are presumed to be causal (Martin, 2009). Bhaskar (1998a) argues that the causality lies in the independence of the generative mechanisms from the events they generate and that mechanisms endure even when not acting. A critical realist ontology acknowledges causality but does not reduce it to empirical regularities (Martin, 2009).

The primary motivation for adopting a critical-realist paradigm in the present study is that its definition of reality is that which can be experienced regardless of whether the external realities are completely known or understood (Patomäki, 2000). Resilience can therefore be experienced by the survivor regardless of whether the external realities are completely understood or defined. Looking at the research questions posed in this study, a paradigm is needed that encapsulates all the levels and dimensions of the complex structures of child sexual abuse, resilience, cognitive emotion regulation strategies and proactive coping. Bhaskar (1975, in Patomäki, 2000) defines critical realism as a paradigm in which the world is composed not only of events, states of affairs, experiences, impressions and discourses, but also of underlying structures, powers and tendencies that exist, whether or not detected or known through experience and/or discourse. For critical realists this underlying reality provides the conditions of possibility of actual events and perceived/experienced phenomena.

A critical-realist paradigm is suitable for studies, such as the present study, that support a range of research methods and that value both quantitative and qualitative research methodologies. The encompassing ontology of critical realism bridges the dichotomy associated with quantitative and qualitative research approaches and allows research to reach areas that were inaccessible within traditional approaches (Bergin, Wells & Owen, 2008). In the present study a critical-realist ontology is adopted because of the complexity of the phenomena in the study; different concepts and theories will be needed to understand these phenomena (Danermark, 2002).

Social structures do not exist independently of the agents' conceptions of what they are doing in their activity and therefore a hermeneutic dimension is intrinsic to social research in a critical realist paradigm (Bhaskar, 1979). In terms of the human development of resilience

that takes place in the family and social systems (structures), the actual patterns of events generated by these systems exist beyond our understanding, assumptions or empirical perceptions.

4.3   MIXED-METHOD APPROACH

As the ontology of critical realism allows both quantitative and qualitative methods, the mixed-method approach is regarded as a suitable methodological approach for the present study. According to Creswell, Plano Clark, Gutman and Hanson (2003), the mixed-method approach involves the collection and analysis of both quantitative and qualitative data and involves the integration of the data at one or more stages of the process of research.

A sequential exploratory strategy has an initial phase of qualitative data collection and analysis, which is then followed by quantitative data collection and then the findings are integrated in the interpretation phase (Creswell *et al*., 2003). They also state that this strategy is useful to explore phenomena and to expand on the qualitative findings.Kinn and Curzio (2005) believe in combining the two approaches to meet the different needs at different stages of a project and the fact that one method can compensate for the shortcomings in any other. Kinn and Curzio (2005) quote many researchers who have realised that it is not possible to comment effectively on any research conducted on complex human issues by using a single-method approach.

In the data analysis the semi-structured MTRR-I was analysed thematically and the discussions will be based on the qualitative data generated by these interviews. The CERQ and the PCI act as baseline assessments and are short instruments that have simple scoring to identify which cognitive emotion regulation strategies are typically employed and to what extent a participant makes use of proactive coping methods, respectively.

4.4   DATA COLLECTION STRATEGIES

4.4.1   Ethical considerations

4.4.1.1 Introduction

At the core of the methodology, are the ethical requirements. Before any of the data could be gathered or analysed, the outline of the study and its methodology were subjected to peer-review and were granted clearance by the Faculty of Education Research Ethics Committee.

The present study required a high degree of intrusive and sensitive information from a very vulnerable population; however, the content of the interview and questionnaires never probes the actual abuse experience, but focuses on resilience, proactive coping and cognitive emotion regulation strategies. When the participants made the first contact and gave their details, a letter of information that described the rationale of the research was emailed to each participant and an informed consent form was also attached so that the participant could have time to go through the documents before the actual interview. These documents are included in Appendix C.

4.4.1.2 Voluntary participation

The participants had to volunteer to participate in this study by making the first contact with the researcher. Participants obtained the contact details of the researcher details through flyers (see Appendix B), advertisements or by word-of-mouth, but the onus rested on them to make the first contact.The Code of Ethics of the University of Pretoria clearly requires that a participant has to be informed that voluntary participation also entails voluntary withdrawal. It was explained to the participants that the data gathered from them remained their property and that if they did not feel comfortable to answer a specific question, they were not obliged to do so. They were asked to edit the narratives compiled from the interviews before the thematic analysis was done.

4.4.1.3 Informed consent

According to Denscombe (2002), informed consent must be based on giving information of such a nature that the participant can make a mature judgement. All the aspects of what was to occur were communicated to the participants and they were given ample time to decide whether they felt comfortable to take part in the study.

Each of the participants in the present research was given a copy of the informed consent letter together with a detailed document setting out the rationale, purpose and procedure of the research. The participants were specifically advised to ensure that they went through all the documents so that they knew what they were letting themselves in for from the start, before they even made a decision about the research. In this way the participants did not feel under pressure to sign an informed consent form while the researcher was waiting to start the interview. The information was communicated at such a level that each participant would comprehend the implications. Just before the commencement of the interview, each

aspect was reviewed and the participant signed the informed consent document, which allowed the recording of the interview and entitled the researcher to use the information for the purpose of a PhD dissertation.

The risks of any study have to be addressed before the participant gives consent and it was explained to the participants that if they felt the need for counselling or therapy after the interview, they should contact the researcher immediately so that suitable intervention can be arranged for them. Most of the participants told me before the interview took place that they were confident that they would not need such assistance and none has indicated such a need.

4.4.1.4 Anonymity, confidentiality and privacy

The participants had to be assured that their information, identity and dignity would be protected at all times. In the case of sensitive, intrusive research such as this, participants have to know that their participation is not known to anyone. This proved to be difficult because of the snowball sampling method. Only two of the participants requested the use of a pseudonym; the majority felt that they had dealt with their childhood sexual abuse in such a way that they did not feel the need for privacy or anonymity. Regardless of whether the participants felt it was necessary or not, I have used pseudonyms for all the participants in the analyses. One participant requested a great deal of privacy and confidentiality because her husband of over 30 years was not aware of the child sexual abuse she had experienced.

Privacy, especially with regard to the location of the interview, proved to be the most difficult problem because the participants declined to meet at a suitable venue at the universityand preferred private venues of their own choosing. The choice and decision of where they would be comfortablealways lay with the participants. Each interview venue is recorded in Table 4.1 on p. 62.

4.4.1.5 Safety in participation

Denscombe (2002) emphasises that social researchers must be sensitive to the *likely* impact of their work on those involved, realising that if there is a possibility that a person's life will be affected by the research in any way, there is potential risk. Participants may never be adversely affected as a consequence of engaging in research.

During the debriefing at the end of the interview the participants admitted that although it was emotionally draining, especially to those who had not spoken about the child sexual abuse much before and although in the time prior to the interview they had to deal with reappearing emotions that had been dealt with in the past to a lesser or greater extent, they reported that the interview was not at all as stressful as they had anticipated. There was also the risk that bringing the child sexual abuse to the surface could affect the participants' current relationships – especially if their significant others were not aware of the abuse, as was the case for one participant. The greatest potential risk would be if the participant felt the need for intervention or therapy if dealing with their experiences proved traumatic; however, assurance of assistance in this regard was given throughout.

In their research, DuMont, Widom and Czaja (2005) found that scientific research studies asking sensitive and intrusive questions to vulnerable individuals are not necessarily harmful, as other aspects of the research experience are often perceived as worthwhile by the participants and when they are treated with dignity and respect, the benefits of participating usually outweigh the cost thereof. The above-mentioned researchers also found that participants felt empowered by research that focused on strengths and solutions and avoided vulnerabilities and problems. All of the participants in this study mentioned that they were participating in the research because they wanted their painful past to have meaning and to help others in whatever possible way.

4.4.2 Participants

4.4.2.1 Sample selection

In order for participants to be included in the research, they had to be adult (25+ years) female survivors of severe child sexual abuse as discussed in Chapter 2 and they had to consider themselves resilient. Initially it was decided that no participant should have had any form of psychotherapy so that it would be possible to ascertain which cognitive emotion regulation strategies and coping skills were used by the participants without the help of formal psychotherapy. Harvey (2007) conceptualises resilience as an active process in which survivors learn to access strengths in certain domains in order to secure recovery in others and, recognising that most trauma survivors will not turn to psychotherapy, it would be ideal to learn from survivors who have not been assisted in recognising their resilient capacities. It proved very difficult, however, to find participants who had not had *any* form of therapy or counselling. As finding participants was such a difficult task, it would not have been wise to exclude willing participants just because they had had some form of therapy. In

the end it was decided that, if the participant had had therapy, the type of therapy would be indicated (see Table 4.1).

4.4.2.2 Sample recruitment

The main method of sample selection in the present study was snowball sampling; however, before the snowball sampling could take effect, a purposeful process of selection was used because participants were chosen according to specific sample criteria. In addition, flyers (see Appendix B) indicating the exact requirements for participation were distributed at community centres, hospital waiting rooms and pharmacies. There was no response to these flyers. The information on the flyer was also posted on my Facebook page. Ackland (2008) researched the use of social networks such as Facebook for data sources and he states that e-research can make a major contribution to social science by enabling access to new forms of data and research methods. Lewis, Kaufman, Gonzalez, Wimmer and Christakis (2008) admit that Facebook is a much underexploited data source yet, but both the above researchers refer to using the existing data on Facebook to do demographical research, which is not what the platform was used for in this study. Facebook was used as an advertisement platform and not a data collection tool; only one participant was recruited from this platform.

The first participant, Jolene, contacted me and asked me to be part of the research after she had heard me talking about the research to a group of friends at a function. She recruited Caron, who in turn recruited Christie, Jenny and Shelly. Bianca, who was a neighbour at a holiday home, asked me what I was busy with and after an explanation, at the end of the holiday she gave me her contact details indicating she wanted to be part of the research. Colleen heard about the study via a relative and then contacted me via e-mail indicating her willingness to take part. Lastly, Lindi was the only participant who responded to the advertisement I had placed on Facebook.

4.4.2.3 Sample structure

Because of the critical realist paradigm that underlies this study, having a small sample is acceptable. Panepinto (2004), Phanichrat and Townshend (2010), Radan (2007) and others have researched child sexual abuse and rape using samples of between three and 15 participants. Although these researchers did not state why they chose to use such small samples, the research methodology required intensive interviewing and a great deal of qualitative data to be thematically analysed. Radan (2007), for example, remunerated her participants for their participation in the research and that would be costly in a bigger sample. Another possible reason for the smaller samples is that finding participants to take part in such intrusive research and still meet the selection criteria is very challenging. Even if the sample is initially larger, participants have the right to withdraw from the study at any given point.

The sample is made up of four Afrikaans-speaking and four English-speaking participants. The average age of the sample is 37.7 years. All the participants had been abused for extended periods during their childhood; ranging from one to 15 years of sexual abuse. Table 4.1 contains some of the participants' biographical details.

When the venue for the interviews was being discussed, a meeting at the university was suggested for the interview,but the participants preferred to meet in venues that were more convenient and less intimidating for them. That the interviews could be very emotional and that privacy was necessary, was discussed; nevertheless, participants selected the venue most suitable to their own circumstances. Two of the participants preferred to meet me at their own homes because of transport problems. Another two suggested that they would prefer to meet at my home because they did not have alternative arrangements for their children. Those who preferred to meet in a relatively public area like a restaurantindicated beforehand that they were confident that they did not need more privacy but I requested a quiet, private table in the restaurant which the participant had chosen. All the participants had disclosed their child sexual abuse to at least one significant other previously, although Jenny has never disclosed it to her husband, only to her daughter. Jenny also preferred to receive no email communication because she uses her husband's email address.

Table 4.1
Participant Profiles

Pseudonym	Age	Marital Status	Tertiary Education	Current employment	Nature of counselling or therapy received	Venue for interview
Bianca	30	Married	Oral hygiene & Bookkeeping	Bookkeeper for husband	Pastoral counselling	Researcher's home
Caron	37	Unmarried	Diploma in Nursing	Theatre sister	Few sessions with psychologist regarding self-mutilation	Researcher's home
Christie	39	Married	B-Comm specialising in Industrial Psychology	Own business	No formal therapy	Her own office
Colleen	25	Married	Diploma in Tourism	Works at tourist bureau	No formal therapy	Her own home
Jenny	54	Married	Diploma in Nursing and Midwifery	Theatre sister	Few sessions with a psychologist regarding her marital conflict	Tea garden
Jolene	55	Married	First year college	Gospel singer	No formal therapy	Her own home
Lindy	25	Engaged	Hair-dressing diploma	Owner of own salon	No formal therapy	Restaurant
Shelly	37	Married	Diplomas in Marketing and Public Relations	Retention specialist in financial planning	Admitted to a clinic for PTSD after she almost lost a baby that was in hospital for four months	Tea garden

4.4.3   Instruments

4.4.3.1 Semi-structured interview (MTRR-I)

The MTRR-I is a semi-structured interview (see Appendix F) that elicits information concerning a trauma survivor's psychological functioning (Diagneault, Cyr, Tourigny, 2007) and gathers qualitative data of the eight recovery domains (Harvey 1996; Radan, 2007), including affect regulation and positive coping. The MTRR-I was developed to assess trauma impact, resilience, and recovery through open-ended questions regarding an individual's life history, including the trauma history (Radan, 2007).

The design in the research of Daigneault, Cyr and Tourigny (2007), Daigneault, Tourigny and Cyr (2004) and Radan (2007), was based on the ecological perspective of resilience operationalized by Harvey (1996) in the MTRR-I (see par. 3.2.2.3). The MTRR-I is used to determine the level of resilience and Daigneault, *et al.* (2007), Daigneault, *et al.*, (2004) and Radan (2007) combined the MTRR-I with other instruments to answer the specific research questions posed by the researchers.

The advantage of the MTRR-I is that it has been successfully used to measure levels of resilience in survivors who have never received any formal treatment (Radan, 2007). Radan selected a very vulnerable population; a group of women refugees in El Salvador and Guatemala who were survivors of war trauma. These women were mostly low-income and some illiterate. They were employed mainly as domestic cleaners, in childcare, cosmetology and as factory workers. They were not English speaking, but the MTRR-I was translated into Spanish.[1] All the research documented in which the MTRR-I was used, also made use of other instruments to determine relationships between certain variables.

Liang, Tummala-Nara, Bradley and Harvey (2007) conducted a study among 181 adult trauma survivors (86% female and 14% male) who were in treatment for sexual abuse or physical abuse in childhood, adolescence, or adulthood to determine the construct validity and internal reliability of the MTRR-99 which is a quantitative instrument that captures the same data as the MTRR-Interview used in this study. It was found that as a theory-based measure, the MTRR-99[2] can meet the standard scientific criteria for a valid psychometric instrument. In fact, an average internal reliability of the subscales of .85 was found. The scales of the MTRR-99 demonstrated reasonable reliability and validity in clinical and non-clinical samples, supporting the utility of the MTRR-99 in the detection and assessment of not only trauma symptoms, but also resiliency and recovery status.

In a study conducted by Lynch, Keasler, Reaves, Channer and Bukowski (2007), the narratives of 18 survivors of trauma were explored for elements of resilience. Eight participants reported child sexual abuse, 13 had been physically abused as children and all of them indicated sexual and physical assault as adults. In this study the MTRR-I was not used to confirm the existing domains of the MTRR-99, but rather an open-ended exploration of the elements of resilience included in their narratives. The interviews were coded line-by-line and thematic analyses were done. The MTRR-I proved to gather valuable information

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[1] Anastasia Maw from the Psychology Department of the University of Cape Town has translated the MTRR-I into Afrikaans for her study and I have already been in contact with her regarding the use of the instrument in either English or Afrikaans, depending on the participants.

[2] Because the MTRR-99 is to be used by a registered clinician, permission was obtained from the author of the instrument, Mary Harvey, to use the MTRR-I to obtain the data that will later be analysed thematically. Anastasia Maw and Sadia Edross, researching through the University of Cape Town, have both used the MTRR-I without the clinical scoring instrument, MTRR-99.

with which to do this exploration, thus this is also the approach that the present study will follow.

Radan (2007) made use of the MTRR-I in a study of the levels of recovery and resilience in 30 women refugees from El Salvador and Guatemala who had experienced serious trauma during the war. The results indicated generally high inter-rater reliability and consistency in measuring the levels of recovery and resilience. She states that when using this instrument it was surprising how accurate and sensitive the MTRR-I was in assessing the nature and degree of the traumatic exposure suffered by research participants. This same study also made use of the Harvard Trauma Questionnaire to ascertain the types and severity of the traumatic events they had experienced, but the MTRR-I gave a much more complete and complex understanding of what they had experienced. This was as a result of the open-ended questions that allow participants to relate in the form of free-flowing narrative what they experienced.

4.4.3.2 Cognitive Emotion Regulation Questionnaire

Garnefski *et al.* (2002) base their discussions of emotion regulation on Gross's (1998b, 1999) broad views and conceptualisations of emotion regulation, more specifically cognitive emotion regulation (see par. 3.4.1). However, Garnefski *et al.* (2002) felt it was necessary to narrow down these broad views and focus on certain constructs of cognitive emotion regulation.

The CERQ is a quantitative instrument (see Appendix D) used to measure the cognitive emotion regulation strategies that characterise the individual's style of responding to stressful events and situations as well as the relationships between the use of specific cognitive coping strategies, other personality variables, psychopathology and other problems (Garnefski *et al.*, 2002). It is a multidimensional questionnaire constructed in order to identify the cognitive coping strategies someone uses after having experienced negative events or situations. Contrary to other coping questionnaires that do not explicitly differentiate between an individual's thoughts and actual actions, the present questionnaire refers exclusively to an individual's thoughts after having experienced a negative event (Garnefski, Kraaij & Spinhoven, 2002).

It is not yet clear what degree of the cognitive coping strategies regulate emotions and how it will influence the emotional processing of the traumatic life event after it has happened. The CERQ has been designed to fill the gap between the cognitive coping strategies and

behavioural coping strategies and measures the cognitive coping strategies exclusively and separate them from the behavioural coping strategies (Garnefski, Kraaij & Spinhoven, 2002).

Greenglass*et al.* (1999) discuss the traditional coping theory of Lazarus (1991) where problem-focused coping is distinguished from emotion-focused coping. Although researchers agree that this is a very broad general approach, it still guides coping research. Where the Cognitive Emotion Regulation Questionnaire (CERQ) tends toward emotion-focused coping strategies, the Proactive Coping Inventory (PCI) inclines toward being problem-focused.

When the CERQ was initially constructed, cognitive coping strategies were found to play an important role between negative life events and the reporting of symptoms of depression and anxiety (Garnefski, Kraaij & Spinhoven, 2001). This instrument is often used when researching depression and anxiety and Martin and Dahlen (2005) conducted a study in which they tested and proved the validity of the CERQ with regards to anger and stress. In a study conducted by Garnefski*et al.*(2002) the relationship between cognitive emotion regulation strategies and emotional problems was explored. Using the Cognitive Emotion Regulation Questionnaire on 198 participants to determine what participants tend to think after the experiences of threatening or stressful life events, the Cronbach's alpha ranged from 0.72 to 0.86.

According to the Manual for the use of the Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij & Spinhoven, 2002), generally speaking, it can be concluded that the alpha coefficients of the various subscales across the diverse populations can be called good to very good (in most cases well over .70 and in many cases even over .80). These results confirm yet again that the scales are homogenous and no items within the scales can be pointed at that would not fit and/or had better be removed some clear relations have been found between a number of CERQ scales and various psychopathology indicators, which is an important finding from the point of intervention and/or treatment. The factor analyses in the various populations have already shown that, apart from a few exceptions the factor structure was almost invariant across the various subgroups. This finding points to factorial validity of the CERQ scales.

By using the MTRR-I in conjunction with the CERQ, I intend to determine the relationship between the cognitive emotion regulation strategies and the levels of resilience in the survivors of child sexual abuse selected for the sample.

4.4.3.3 The Proactive Coping Inventory

The PCI is based on the premise that coping is most effective when attitudes, emotions, cognitions and behaviour are consistent within a given framework. It reflects the importance of resource management in that the individual can recognise and apply information, advice and practical and emotional support from others. Proactive coping involves cognitive strategies that include envisioning success, anticipating challenges in the future, planning how to deal with them and preventing impending distress (Greenglass *et al.,* 1999). Thus, for proactive individuals, initiation, reflection, planning and prevention are all part of their coping strategies. The PCI is structured to identify whether individuals use these proactive coping strategies and to what extent they do so (see par. 3.3).

The proactive coping subscale, which is also a quantitative instrument, consists of 14 homogeneous items that form a uni-dimensional scale. It combines autonomous goal-setting with self-regulatory goal attainment cognitions and behaviour.

The scale has high internal consistency as seen in reliability measures (α) of .85 and .80 in the two samples studied by Schwarzer and Taubert (2002). In addition the scale shows good item-total correlations and acceptable skewness as an indicator of symmetry around the mean. A principal component analysis confirmed its factorial validity and homogeneity (Schwarzer & Taubert, 2002). See Appendix E.

4.4.4 Data collection process

Once the participant had responded to the advert and been briefed on what the research entailed, a meeting was set up at a venue selected by the participant (see Table 4.1). Directly after the informed consent form had been discussed and signed, the participant completed the CERQ and the PCI. All the instruments were completed during the course of one meeting with the participant that lasted between 90-120 minutes; each one completing two short questionnaires which was then followed by the semi-structured interview. The two questionnaires expanded on the qualitative data collected in the semi-structured interview.

Before the actual interview questions started, the participant was asked a few biographical questions that helped to construct a profile of each individual. In the initial contact discussion and at the start of the interview it was made very clear that it was not necessary to divulge the detail of the actual sexual abuse because the focus of the interview was resilience, emotion regulation and coping, however, the participants were also informedthat they were free to discuss it if they wanted to. It was significant that they all discussed large parts of their child sexual abuse in varying degrees of detail. The participants seemed very comfortable during their interviews because of their openness and willingness to share and the fact that the participants so willingly shared much more detail than was actually required, emphasised the great ethical responsibility of the researcher. The participant was informed that the research is focused on her life history and she was invited to tell her story with relevant prompts to facilitate the participant's free-flowing narrative (Lynch *et al*., 2007).

The advantage of a semi-structured interview with open-ended questions is that it allows the researcher to obtain additional or more elaborate details. It also allows the participant to answer freely without being limited to a strict format. In many instances the participant was so absorbed with a question that much more information was given than needed at the time but that was relevant to questions later in the interview. Obviously then the remainder of the interview needed to be adjusted.

When the narratives had been written the participants were asked whether they would like to validate their information. As in the research of Phanichrat and Townshend (2010), some of the participants indicated that the researchers could continue without their editing anything. The interview remains the possession of the participant and they have the right to change, add or remove any information from the narrative.

4.4.5   Data Analysis

4.4.5.1 Semi-structured interview (MTRR-I)

In the present research, each recorded interview was transcribed verbatim (see Appendix G for transcribed interviews on disc). Although the MTRR-I is structured to provide information in a relatively chronological order, the participants in the present study often digressed from the question and added information that was not relevant to the question at the time. After

the transcriptions had been done, each interview was rewritten in a narrative including only the information given by the participant; these are presented in Chapter 5.

The transcribed interviews were coded linebyline (see Appendix A for a summary of the thematic analysis), identifying the emotions, events or actions in each line of text.Even though the bulk of the data is contained in the MTRR-Interview, themes from the CERQ and PCI were also used on the MTRR-I.

In some cases several concepts could be linked in a single sentence. After reviewing the initial codes derived from the line-by-line analysis, a list of about 50 codes was generated. Then the codes were grouped into several general conceptual categories and as in the case of the Lynch et al., (2007) research, some of the codes they generated were creativity, insight, anger, setting boundaries, positive connections, seeking help, paid work, psychological distress, control, identity, vulnerability, humour and taking responsibility. When a new experience or comment did not seem to be captured by the existing list, additional codes were added.

4.4.5.2 The Cognitive Emotion Regulation Questionnaire

The CERQ is very simple to score because items are easily added in a simple straight count. So the scores can range from 4 (never-used cognitive strategy) to 20 (often-used cognitive strategy). Each of the eight cognitive emotion regulation strategies included in the CERQ will have a score out of 20 and it will thus be possible to identify which strategies are employed most and least often by the participant.

4.4.5.3 The Proactive Coping Inventory

The PCI gives a single score only, which indicates to which extent an individual is using proactive coping methods. The highest score that can be attained on this inventory is 41, so the closer an individual's score is to this number, the more the individual is using proactive coping skills.

4.5 SUMMARY

The research methodology was carefully chosen so that the maximum amount of data could be gathered in order to answer the questions posed by the study in the most comprehensive ways possible. As the data were processed and prepared for analysis, the focus remained

on cognitive emotion regulation strategies, proactive coping skills and the ways in which these influenced the domains of resilience in the context of positive psychology.