

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### Introduction

This chapter elaborates on the research methodology that includes the information on the respondents, the pilot study, the procedures, the process of data collection, the data gathering instruments and the method of analysis.

A case study approach was used for this research. The reason being, the need to gain as much information as possible, as well as to probe deeply and analyze the triggering factors that lead to attempted suicide. As the subject matter is very personal and examines the person's cognitive as well as emotional state, using the questionnaire alone may only touch the surface level, not the core feelings and thoughts of the subjects, thus interview was selected as the medium. Interviewing provides the means to find out the perspective of the attempter. Interviewing was the principal means of gathering information as it provides access to what is "inside a person's head", finding out their motives, feelings and thoughts. Through interview a more comprehensive understanding of a phenomenon can be achieved compared to other methods of data collection (Woods, 1986).

## **Pilot Study**

In order to have a strong groundwork of the research; a pilot study was conducted before the actual research.

The purpose of the pilot study was; I) to test out the method of unstructured interview using the guidelines as per Appendix: 4, ii) to test out if there were any inadequate or irrelevant topics asked, iii) to ascertain the ability of the subjects to handle the data collection instrument; iv) to verify the validity of translation of the Suicide Intent Scale that was translated into Bahasa Melayu.

The samples were from those who have attempted suicide before. Three were interviewed in English and two in Bahasa Melayu, while for the Suicide Intent Scale, both languages were used.

The pilot study provided the researcher with a better sense and feel of those who had attempted suicide. This helped the researcher to make the final decision on the interview questions and the way to establish rapport with subjects. It was observed that relationship building was important and unstructured interviews seemed to allow subjects to express themselves freely.

## **Subjects**

A total of sixty-six patients were interviewed within the time frame of two months, from April to May 2000 from the Hospital Besar Kuala Lumpur. Out of these sixty-six patients, twenty-seven were young women within the ages of 14 to 30 years old. Out of the twenty-seven young women, eight subjects underwent

comprehensive interview sessions with the researcher. Subjects were selected based on certain criteria that they fulfilled. They were those who had scored medium to high in the Suicide Intent Scale Score (Pierce 1981) and they had satisfied the following criteria, which includes the willingness to give consent, the willingness to disclose information, approachable, well informed, able to communicate, articulate, expressive, available and is mentally and physically prepared to be interviewed.

### **Data Gathering Instrument**

Data of the study was obtained from two sources. 1) Preliminary Interview using the Preliminary Form, the Suicide Intent Scale (Pierce 1981) and Suicide Feeling/Thoughts Form 2) In-depth Interview.

The instrument used in the preliminary interview is a form that includes basic information about the patient. Example being, age, race, sex, education, occupation, marital status and whether they have attempted suicide prior to this attempt, and when was the last attempt. In addition, the Suicide Intent Scale Score (Pierce, 1981) was administered to determine their level of intent and they were also asked to indicate their thoughts and feelings based on a given list. Details of the forms and the Intent Scale Score (Pierce, 1981) can be found in Appendix: 2.

The Suicide Intent Scale is made up of 12 items comprising of three parts – the first of which covers the circumstances of the act (item 1-6), the second part deals with the attempter's self-report reflecting his/her state of mind (item 7-10), and the third part gauges the lethality of the act, i.e. the medical risk involved (item 11-12). According to Pierce "*the scale was designed bearing in mind the need to be as*

*objective as possible, yet not entirely excluding what the patient said about his intention*” (Pierce, 1977, p.379). It is a modified version of Beck, Herman and Schuyler (1974) “Development of Suicide Intent Scale” and has been shown by Pierce (1977, 1981) to be reliable and valid, with a high correlation ( $r = 0.9288$ ,  $P < 0.001$ ). The score could be divided into low intent scores (between 0 and 3) medium intent scores (between 4 and 10) and high intent scores (11 or more). In the local context, this Suicide Intent Scale was used and found to be reliable by Chia (1990), Hussain Habil, Ganesvaran and Suganthi (1992/193) and Nizam (1995), while Kok (1986) used it in Singapore.

The Suicide Intent Scale Score form is an interviewer rated scale to be based on a semi-structured interview, to measure the intention behind the act and the lethality of the act. No training is needed for its administration, as it is can be easily learnt, easy to administer as well as suitable for routine use. (Pierce, 1977). While physicians normally use the Suicide Intent Scale Score, for this research this was not possible. However, as suggested by Pierce (1981), with reference to the last two questions dealing with medical risk, which would need a person with medical background to administer, the medical doctor in charge of the patient assisted in determining the score to be given.

The Suicide Feelings /Thoughts Form provides a number of possible feelings, thoughts and reasons that respondents can select from to indicate their state of mind and emotions at the time of the attempt. In addition, question in terms of availability of support and counseling is also included in the form.

## **Procedures and Data Collection**

In order to gain access to the patients the researcher was attached and spend two months in the psychiatric unit at the General Hospital Kuala Lumpur for two months from April to May 2000.

The procedure to determine the patients was by referring to a reference book held in the psychiatric clinic, which registers all referred cases for psychiatric evaluation and assessment. As it is mandatory that all suicide attempters go through psychiatric evaluation and assessment the researcher obtained the names and status of the patients from the referral book. Whenever possible the researcher together with the psychiatric doctor met with the patients. Otherwise the researcher proceeded with interviewing the patients without the introduction from the psychiatric doctor. The researcher interviewed all patients within a day or two after their admission, depending on their medical status. This is because patients were only referred to the psychiatric unit once their medical condition had stabilized, which would on the average take one or two days.

With regard to the language used at the interview, quite a number of the population of suicide attempters at the hospital were Indian speaking with very basic understanding of Bahasa Melayu, although there were some who could speak in English. For convenience and understanding the language use was mainly Bahasa Melayu.

As the issues discussed with the patients could be sensitive and embarrassing, confidentiality was stressed throughout the procedure and dealings with them. In fact, the researcher spends time building rapport and allowed patients to ventilate and talk

about the emotional turmoil that they were experiencing. Moreover, they were informed of the purpose of the study, which helped to secure co-operation and participation.

Most interviews were carried out in the medical doctor's room which provided some amount of privacy, although at times there were occasions where by the sessions were interrupted by the movings and goings of the doctors and nurses. At those times, caution was made to ensure that the confidence and the sense of trust of the subjects were still maintained.

### **Preliminary interview**

A preliminary interview was conducted with each of the patients of the hospital who had made suicide attempt. Interviews were carried out with each patient upon confirmation and permission being given by the Medical Officer in charge. In addition verbal consent was obtained from the patients. Those who declined consent were excluded. Although interviewing was time consuming compared to distributing the forms, and collecting their responses, it was felt that this is necessary because of the state of mind of the patients, and to ensure an honest and accurate feedback was obtained. Schweigert in his book "Research Methods and Statistics in Psychology" affirmed the advantage of this method (1994).

The objective of the preliminary interview was to find out the suicidal intent and the lethality of the suicidal act while at the same time securing the demographics of the attempters. Also to be determined was the total number of attempters within a time frame of two months, which was the research period.

After securing information on the preliminary form, patients were interviewed using Suicide Intent Scale Score (Pierce 1981). Responses to the questions indicated those having a higher suicide intent (scoring 11 or more) compared to those with lower intent score (between 0 and 3) or those with medium suicide intent (between 4 and 10). They were also interviewed using the Feelings/Thoughts Form.

### **In- depth interview**

Depending on the on the results of the Suicide Intent Scale score, eight female subjects between the ages of 14 to 30 years old were selected from those who were found to have scored medium/high in the Suicide Intent Scale Score (Pierce 1981) for an in-depth interview. The selection of the eight subjects was based on the following criteria, namely; willingness to give consent, willingness to disclose information, approachable, well informed, able to communicate, articulate, expressive, available and mentally and physically prepared to be interviewed. The selection was guided by the definition of key informants (in this case the eight subjects) by Wolcott (1988) an anthropologist, who defined it as those “individuals whom one invests a disproportionate amount of time because that individual appears to be particularly well informed, articulate, approachable or available” (in Wiersma, 1991, p.230).

Before commencement of the in-depth interview sessions, a request was made and obtained for the permission to tape record the interview sessions, as this would ensure that pertinent information was not missed, while at the same time one hundred percent concentration could be focused on the interview.

All the interviews were unstructured informal conversation, using open-ended questions allowing for a flow in the conversation, flexibility and freedom of

expression. A relaxed, non-confrontational atmosphere was maintained during the sessions. This helped the subjects to be “themselves”. Throughout the interviews the researcher was tactful, showing care, empathy and having positive regard toward the subjects. Thus this encouraged them to speak and express themselves in an uninhibited manner and allowing for honesty, frankness, and willingness on their part. This ensured that information provided was complete, while maintaining accuracy. However, the researcher had the research questions in mind while interviewing.

The interview sessions were carried out to get a comprehensive knowledge and understanding of each of the subjects, from the basics of understanding childhood background to the circumstances and state of mind which drove her to suicide. The interviews were conducted using open-ended unstructured format although the researcher was guided by the topic guidelines that were to be covered. Details of the guideline that was used during the interview is found in Appendix: 5.

In addition, whenever relevant and possible, confidential records of the subjects were obtained for cross- reference. Records were also made in a logbook with regard to the attitude and mannerisms of the subjects, and the impressions of the researcher.

## **Method of Data Analysis**

### **Analysis of qualitative data**

The first task in the data analysis was to transcribe all the tape-recorded data. The transcribed notes were kept in two copies. The first copy was kept in its original form, as a master copy on the management of all work executed for the research. It



can also be used as evidence and reaffirmation of the interview if there are doubts or queries in a later date.

The data from the transcribed notes, from the logbook, and confidential records, was interpreted in order to analyze it. These compilations of data were sorted out to identify those that are salient to the research purpose. The first step was to develop a set of criteria in terms of which data can be separated or included within a set of categories. The interview guidelines and the research questions were used as a guide in defining the criteria. Care was taken to ensure that categories that were set up reflect the available data so that a meaningful analysis of the data was achieved. The objective of developing categories was to allow data to be organized through a variety of different distinctions and placed into the different categories. Once the categories were determined and the data sorted into the categories, the data within each category was compared. Where necessary, further distinctions were made within each set of categories to allow for a more detailed comparison of data.

Upon determining the themes and categories, the information collected was then presented in eight case studies. Each case described the story of the eight interviewees. Each case had its own flow, yet shared some common themes. The purpose of presenting the case study is to allow readers to know and understand the persona of the interviewee with little interpretation of the researcher. So, the researcher's role was to organize the information collected and present it in a clear and methodical manner. Then, a compilation and summary of the cases were made bearing in mind the similarities and differences found. Where ever possible charts were used. This summary was formulated based specifically on the research questions so as to present a total picture of the make up of the person who is suicidal.

The final part was to summarize and conclude the research findings and explore its implications to educators, counselors and researchers.

### **Anaylsis of quantitative data**

In addition, with the aid of the statistical package SPSS, a descriptive statistical analysis, using percentages and frequencies were used in analyzing the information obtained form the Preliminary Form, Suicide intent Scale Score and the Suicide Feelings/Thoughts Form. The analysis was done for the total sixty-six subjects that was interviewed.