

CHAPTER 2

RESEARCH METHODOLOGY

2.1 RESEARCH DESIGN AND PROCEDURE

2.1.1 RESEARCH QUESTION

Based on the aims of the proposed study, specific research questions were posed:

- A) How do women suffering from vaginismus understand their condition, and its origins?
- B) How do women suffering from vaginismus perceive themselves?
(This question incorporates views about self which include emotions, personality, self-esteem and femininity).
- C) What are the perceptions of women suffering from vaginismus, concerning their relationships with significant others, in the course of their lives?
(This question incorporates romantic and sexual relationships experienced throughout their lives as well as relationships with parents).

2.1.2 SAMPLE

The sample consisted of four women who had previously been diagnosed with vaginismus by the sexologist at the Die Intensiewe Sorg Agenskap (DISA) health clinic. As the participants volunteered; the sampling strategy was non-probability convenience sampling. The population from which the sample was taken consists of South African women who have been diagnosed with vaginismus and are seeking professional treatment.

Three of the women were white, and one was black. English was the first language for three of the participants, and whilst the black woman spoke English very well, her first language was Zulu. The age of the sample ranged from 22 to 26, therefore the sample is

limited to a specific age group. There were others factors that may have characterised the sample. The fact that the women sought medical help may suggest psychological characteristics that differentiate them from the general population who suffer from vaginismus but do not seek medical advice. There are also characteristics that are suggested as being more prominent in a volunteer sample than in the general population, such as the tendency to be more sociable and have a higher need for social approval (Rosenthal & Rosnow, 1991). These sample characteristics are not, however, considered problematic as qualitative research is not concerned with making general claims about the phenomenon under investigation. Rather it aims to explore the perceptions and experiences of women suffering from vaginismus in an in-depth manner in order to better understand the condition. A sample size of four is believed to be sufficient for such detailed investigation.

2.1.3 PROCEDURE

The sexologist at the DISA women's clinic was approached. At the time, she was treating women at the clinic who had been diagnosed with the condition vaginismus. Following an explanation of the goals of the study, her assistance in the study was requested. The sexologist approached relevant clients and asked if they were willing to participate. They were given a brief explanation of the nature of the study, as well as a copy of the information sheet (Refer to Appendix II). Those who gave verbal consent were asked to contact the researcher. A meeting was then set up at the clinic, following the patients' regular appointment.

At this stage prospective participants were once again given an explanation of the study, and their agreement to participate was indicated by the signing of two informed consent forms (Refer to Appendix III). These comprised a consent form for participation as well one allowing the recording of the interview. The interviews were then conducted face-to-face by the interviewer, who is also the researcher.

The research is concerned with uncovering the subjective, experiential dimension of women suffering from vaginismus. Banister et al (1994) suggested that the investigation of complex phenomena is often best served by an interview process which provides access to subjective meaning (Banister et al, 1994). For this reason, the use of a semi-structured interview was believed to be advantageous in the proposed study. The data of the study therefore comprised written texts of recorded interviews.

The exploratory nature of the study dictated that an interview schedule be drawn up by the researcher, rather than utilising a standardised questionnaire. (The questions in the interview schedule can be found in Appendix I). However, questions emerged from the researcher's reading of relevant literature (Henwood, 1996). The interview schedule consisted of eight open-ended questions. The first section of the interview schedule explored the participant's understanding of their condition as well as questions concerning the origin and history of the condition. The second section of the interview schedule involved questions concerning participants' perceptions of themselves and their significant relationships.

Questions were first phrased broadly followed by probing questions aimed at eliciting further detail. The researcher had already elucidated the areas each question was expected to cover, therefore the probing questions were based on findings in the literature. For example, the question, 'Can you tell me a little about your relationship with your partner?' was asked (Refer to Appendix I). This question aimed to explore relationship dynamics, description of the partner, emotional closeness, infidelity etc. If these issues were not introduced by the participant or were not described in sufficient detail, further probing questions were asked. For example, when the issue of emotional closeness was not raised by one of the participants, she was asked, 'Do you discuss your deepest feelings, emotions and fears with your husband'.

The structure of the questions was uniform across the interviews. The schedule followed a logical progression. In addition, the researcher attempted to phrase the questions in a

manner that was not leading (Banister et al, 1994). Given the nature of the study, this was not always possible as illustrated in the above-mentioned question.

The focus of the interview was therefore predetermined. However, the semi-structured approach also allowed the interviewee to speak freely and in this way possibly introduce new or unexpected information. The semi-structured style therefore permitted a flexible exploration of the subject matter within the discussion. This was felt to allow for a more systematic and comprehensive interviewing of the topic (Banister et al, 1994).

The interviews were audio recorded on a dicta-phone. At the close of each interview the interviewer made detailed notes concerning the interactional aspects and observations during the interview (Banister, Burman, Parker, Taylor, & Tindal, 1994). The interviews were then transcribed by the researcher. Transcriptions were limited to the verbatim report of utterances as far as possible, including dimensions such as strong emphasis, significant pauses, interruptions and overlaps in speech exchange. This method is in accord with Banister et al's (1994) recommendation for typical psychological interview transcription. Both the interviewer's and interviewee's speech was recorded in written text (Refer to Appendix IV for an example of a complete transcript) (Banister et al, 1994).

2.1.4 METHOD OF ANALYSIS

The data was analysed using thematic content analysis. Content analysis has become a commonly accepted qualitative technique within the social sciences and has been utilised in numerous psychological studies (Henwood, 1996, Holsti, 1969, Krippendorf, 1980). Thematic content analysis was therefore used to reduce and categorise the large volume of material into more meaningful units from which interpretations could be made.

The first stage of analysis was directed by a number of commonly accepted procedural steps, which were applied to the manifest content of the text. The data analysis was based on the full interview texts (Krippendorf, 1980). Analysis comprised the following steps:

- A) The analysis was based upon the identification of thematic units, comprising a sentence, statement or group of statements about a particular topic. Thematic units were defined in terms of their logical coherence around a specific topic based on the literature, as outlined previously. For example, the evaluation of perceptions of self incorporated an exploration of femininity. This topic was broken down, based on the literature and information volunteered by the participants, into the thematic units of overt expressions of femininity, feminine role identity, independence as a woman, etc (Krippendorf, 1980).
- B) The categories of analysis were defined prior to the interviews being conducted. The analytic categories of this study were initially guided by the theory covered in the literature, which provided a conceptual base for the identification of thematic categories. For example, the broad topic of self-esteem was considered a category (Krippendorf, 1980).
- C) In addition, the elucidation of categories also involved close reading of transcripts in order to identify aspects of the text that have not been encompassed in the literature. It is accepted that analytic categories can be both theory and data derived. Considering the explorative nature of the study, it was felt that a combination of deductive and inductive analysis was appropriate and therefore the establishment of categories remained open to the possibility that the data might generate new insights and theory (Banister et al, 1994). For example, the category of 'social isolation' was included following information suggested in the transcripts. This category was, however, not established in the literature.
- D) The interviews were therefore coded in their entirety, identifying any thematic recording units that had relevance for the subject matter of the study. New generic categories were created where necessary. An attempt was made to ensure the analysis was as comprehensive as possible. Once a new category was discovered, all scripts were re-examined for evidence of relevant themes. This

process continued until no further information could be gleaned (Krippendorff, 1980).

- E) Each interview text was systematically coded according to this framework
- F) The interpretation of the data was guided by discussion with the research supervisor.

Thematic data was then analysed at a higher level of abstraction. Trends were highlighted, and comparisons made with pre-existing findings. To a limited extent, the latent content was also examined. It is generally agreed that it is permissible for the investigator to rely upon insight and intuition to draw inferences about the latent content as well as to draw conclusions about the meaning of manifest content (Guba and Lincoln, 1985). Latent content was identified through use of language that may have been revealing. For example, participant 1 described herself as being a 'small girl' which is suggestive of feelings of being childlike and vulnerable. This was implied but not verbalised directly. In addition, tensions and contradictions over the course of the interview were used to reveal possible latent meanings. This impacted on how data was interpreted.

2.2 ETHICAL CONSIDERATIONS

Participants were approached by the sexologist rather than the researcher. She was requested to reassure her patients that participation was voluntary. Those willing to partake were asked to contact the researcher, ensuring that their participation was in fact voluntary. In addition, only at the point of interview were participants requested to give consent. Participants were advised that they could terminate the interview process at any time without negative consequences. In addition, they were informed that they were entitled to refuse to answer any questions if they so chose.

Participants were advised as to the nature of the study prior to the interview so that they would be able to make an informed decision about participating. The sexologist provided them with a brief explanation of the nature of the study, as well as an information sheet (Refer to Appendix II) which outlined the process involved as well as the topics that the interview would cover. Upon arrival at the interview participants were once again given an explanation of the study and informed as to the personal nature of some of the questions. All those asked agreed to participate, and signed two informed consent forms viz consent to participate as well as to record the interview.

The confidentiality of the interview was stressed to the participants. The interviews were recorded on audio tapes. Only the researcher and supervisor, a clinical psychologist, had access to the recordings. The tapes were destroyed upon completion of the study. In addition, participants were informed that the research report would use pseudonyms rather than participants' names. Any identifying details were omitted or disguised. Participants were also informed that the report may be published and would contain a copy of one original transcript for the purposes of academic scrutiny.

The researcher recognised the delicate nature of the study and, for this reason, the interviews were handled in an extremely sensitive manner. During the interview the researcher worded probing questions spontaneously. However, the process of effective interviewing was thoroughly researched, in order to ensure that the questions were appropriately phrased. For example, the questions were not double-barrelled or leading and did not include complex jargon. Interviewing skills were also guided by the researcher's supervisor. This was felt important due to the potentially sensitive nature of the questionnaire, which explores personal and potentially embarrassing or upsetting topics.

It was nevertheless possible that participants could have felt emotionally unsettled by the interviews. They were therefore asked whether they experienced the interview as upsetting in any way. None of the participants suggested undue discomfort. In addition,

the participants had support from professionals at the clinic where they were already receiving treatment.

Lastly, participants were informed that a general summary of the results would be made available upon request.