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Abstract

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Keywords

qualitative research

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Qualitative Data Analysis: Using NUD*IST 4 in a Preliminary Investigation of Postpartum Depression Among African-American Women^{*}

by
Linda Amankwaa[±]

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Abstract

The purpose of this paper was to discuss the processes that were used to collect and analyze data in a pilot project on postpartum depression among African-American women. NUD*IST 4 (Richards & Richards, [1997](#)), a computer program, was instrumental to the researcher in coding the preliminary data. Memos of the process and the thoughts of the researcher are sprinkled throughout the paper describing the processes used and decisions that were made during the data collection and analysis processes. Four interviews were conducted and the very first analysis of these these interviews are included in this paper. This paper is a student's journey during the beginning processes of qualitative data collection and analysis.

Context

In this paper, I wish to discuss a pilot study around postpartum depression (PPD) among African American women (AAW). I will also examine processes used in analyzing and interpreting the data pertaining to the first four interviews of this study. This report will focus on my data analysis process with some explanation of the results of the data collection process. **Memo's** of my thoughts, questions, and actions appear though out the paper.

The research question developed out of my concern for women of my own African American heritage whose stories, experience, and voice about PPD are not apparent in the literature today. Further, I could not identify any qualitative references depicting an account of what happens emotionally to AA mothers after the birth of their babies. AAW are often seen as a special population with special needs. If this is accurate, then, it is important to understand the context, circumstances, and situations that surround PPD in mothers with a cultural heritage similar to my own.

Why is it important for *me* to understand PPD as an experience through research? As the oldest daughter of four children, I am responsible for the care of a parent and sibling who both seemed to have changed after the delivery of their children. I too felt the pain of alienation and loneliness after my children's birth. No one in the medical community asked me how I was feeling; talk was always about *the babies* and how they were doing. As a researcher, I decided to explore the area of my passion and frustrations. Moreover, I decided to study a problem that had affected my family so dramatically. Professionally, I had learned little about PPD and rarely encountered women with PPD until I worked with a home visiting program in Florida.

Of the fellowships available, I successfully obtained the ANA Ethnic Minority Fellowship from the Division on Mental Health. This would allow me to investigate a concern that I was professionally and personally motivated to explore.

I began with the research question, "What is the nature of postpartum depression in African-American women?" I did not know what my final question would be but this "placeholder" would allow me the space that I needed to begin the project and then change as I developed my own awareness. My beginning thoughts were about surveying AAW and completing a quantitative dissertation. The only problem was that there were no instruments that had been used exclusively to address PPD in AAW. I could not convince my major professor, or myself, that PPD actually existed in AAW since there was no documentation in the literature. My graduate reading and discussion with colleagues pushed me in the direction of qualitative research--an exploratory emergent method that enables investigation of areas in which little is known.

I must admit that I had not planned to do a qualitative study, and did not come to this decision without a struggle--physically and mentally. I had heard horror stories about doctoral students who do not graduate for 10 years because they have chosen to use a qualitative methodology for their study. But the more I read, and the more familiar I became with Glaser and Strauss (1967), Strauss and Corbin (1990), Lincoln and Guba (1985), and other major thinkers in the qualitative paradigm, the more convinced I became that this was the best method to access the voices of AAW who had experienced postpartum depression.

I knew that it would not be an easy task to access the voices of AAW who had experienced PPD because I know that there are certain "rules" about my AA culture. The many rules of reservation and preservation brought memories of what I had been taught. I present these in a **memo**.

Do not tell all of your business--no matter how bad it is. Do not let anyone know that I am having a problem--you will appear weak and will not be respected. Certainly, do not let any one know that depression is in your family because that would mean shame to our family. Moreover, do not let anybody "outside" know that you need anything because "they" all think that we lack the resources to take care of our business anyway. I am not supposed to talk about other people in the family who have mental problems because that would make our families look weak or needy in public. I am not supposed to say anything that would make people think that I can not do what I am supposed to do--take care of my own baby--or they will take the baby away from me.

These "rules" of action or rather inaction dictate how some AAW handle situations and this is how some AAW are raised to be in the world. Therefore, I began this study thinking about and concerned about how I was going to capture the essence of something so private-- something that I knew AAW had been told not to talk about with others. I was not concerned about being able to gain access to AAW--my concern was about getting AAW to talk about stories that were often seen as taboo in our culture.

Sample, Thoughts, and Plans

My major professor and I had agreed that three interviews would be a reasonable number for the pilot study. The sample would probably have to come from women who knew that they had PPD and were willing to be interviewed about their experiences with PPD. I planned to ask only those women who had been diagnosed with PPD. The problem would come in my locating a group of women with this specific diagnosis given that American Psychological Association only began using this diagnostic label in the last few years. I had my doubts whether or not it had been used at all in AAW. I called several practitioners during the summer of 1997 and asked if they had a group of women who might fit my study aims. I located a doctor whose practice was primarily PPD. He related that he had 19 AAW who had PPD in his practice. We met in October 1997 and we decided that I would interview the AAW in their homes--after he had a chance to speak with them and obtain their consent. I hope to work with this group of women from Georgia this summer.

I was given the opportunity to interview AAW who had been tested for PPD by a group in North Florida. The director saw my name in the paper as the recipient of a research award for my proposal on PPD in AAW and gave me permission to interview AAW in their project. She reminded me of the volunteer work that I had done with them four years ago. I had completed a literature review on maternal depression and instrumentation for the methodology section of the project, participated on boards, and given a presentation and completed home visits for them. She said that I would be able to interview AAW from their sample-- AAW who had scores on two instruments (EPDS and BDI) indicating that they had had an episode of PPD. I began interviewing the women without any prior knowledge of their scores on either EPDS (Edinburgh Postnatal Depression Scale; Cox, Holden, Sagovsky, [1987](#)) or the BDI (Beck Depression Inventory; Beck, Ward, Mendelson, Mock, & Erbaugh, [1961](#)). Nor did the AAW know their scores or that they may have had PPD.

I began interviewing this group of AAW from Florida in April 1998. I received approval in March from the Institutional Review Board of two universities. In the pilot study, I interviewed four AAW from this group in their homes for about an hour. I also contacted a court reporter to transcribe the interviews after talking with my previous qualitative professor, Dr. Patty Gray (Georgia State University, Atlanta, Georgia). After reading each transcript, I sent each participant-interviewee a copy so that she could verify if the transcript matched what she remembered sharing with me in the interview. I, subsequently sent each woman a gift certificate, after the interview, in appreciation of time shared with me.

I **memo** here because I think this information is critical to the study.

My first interview was with Judy. One of the first questions that I asked her was about her sadness after the birth of her baby. She denied having any depression. I was aghast and had a hard time continuing the interview. The tape recorder kept going on and off. I think it was a voice activated recorder. She talked more freely when the tape recorder was off. I thought maybe she didn't like being tape recorded. I tried to ask her the questions in a different way at the same time trying to maintain some consistency with what my committee had approved.. But after asking her in several different ways, she did not reveal any depression after the birth of her baby. My questions become: Why is she not telling me what I want to know? Why doesn't she

want to share with me? I do not feel good about this. I was worried that I had done something wrong.

Originally, I had planned to code the interviews and have peer reviewers discuss the interviews with me. My peer reviewers are female friends, doctoral students, or mothers who review the interviews and give their opinion, thoughts and suggestions. I had also planned to journal and write memos. I decided, after reading Miles and Huberman (1994) that I would make a few changes in the process. I added a *structured comment form* and a *case summary form* to be completed for all women and finally I added a *qualitative data analysis form* to be completed with the data analysis process. These changes would be significant for me because they plunged my forward and allowed me to focus on how to move the data analysis process to completion.

The first process that I added was the completion an interview comment form (Appendix A) by the peer reviewers. This meant that I would ask each reviewer to put her responses on the interview comment form and email the results to me. This change allowed me to import the comment into the computer program that I am using to analyze the data. Two changes were subsequently made in this step alone. One, the interview comment form from Miles and Huberman (1994, p. 53) gave me a condensed, focused version of my reviewers' thoughts and second, it would be sent to me in a format that would be easily managed and analyzed as another source of data for the pilot study.

I decided that the case summary form (Appendix B), as explained in Miles and Huberman (1994, p. 78) would be the next procedural change. Here, I put all of the information collected on each participant--*the memos, the journal entry, the comment forms, and the interview*--summarized into one focused presentation. This would also serve as an integrated source of data.

Now, because of these changes, I have 6 data sources for each AAW. I believe these changes strengthen the study because they help to "reduce, focus, and organize" (Miles & Huberman, 1994, p. 93) the data from the interviews. It is also a change that I will probably implement in the major study since this helps me focus on the similarities between the reviewers' thoughts and my own, and the differences as well. In addition, I think that this process will help me provide insight into questions and concerns that need to be followed up in the preceding interviews. I have placed a preliminary display of the sources of data for this pilot in Figure 1. This data display provides a brief explanation of each category (of the data sources); the number of these data sources for each interview; and the total number of data sources expected to be completed for the pilot study.

Figure 1
Sources of Data for the Pilot Study:
Postpartum Depression Among African American Women

Type of Data	Definition	Number per interview	Total number of this type of data
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Transcripts	Typed interviews of AAW	1	4
Interview comment form	Peer reviewer and researcher summarize major thoughts about each individual interview	3 (1-researcher) (2-reviewer)	12
Journal entry	Discussion of thoughts and feelings after each interview	1	4
Case Summary form	A summary of the main thoughts in all of the data sources	1	4
Totals		6 (total sources of data for each interview)	24 (total pieces of data for the pilot study)

In Figure 2, I display the four participants in this pilot study. This display is a summary table of the participants score on the either the BDI or the EPDS, whether or not they reported a postpartal depression, demographic data, and my thoughts about each interview.

Figure 2
Summary Table:
Pilot Study of AAW with PPD

Participant	Score on EPDS/BDI	Interview Result	Demographic Data	Researcher Thoughts
Judy	Scored 17 on BDI when the baby was 3-6 months old	Self reported: No depression after delivery Denies ever having sadness since the birth of the baby, except when partner did not come to delivery	20 y/o, G2P2, delivered boy vaginally, caring for two children, alone, in rural city	Frightened by interview (both). Did not disclose. Felt uncomfortable. Short answers. Need to re-interview using different method or process or procedure.
Tonya	Scored 14 EPDS when baby 3-6	Self reported: Severe depression	26 y/o, G3P3, delivered boy vaginally,	Disclosed an enormous amount of

	months old	after delivery to the point of suicide. Has not revealed to many. Sadness around helping partner and adoption of her previous child	living with father on plantation, caring for two children, with partner, rural city	information. Frightening to me. Wanted to stay longer. Be her friend. Have I asked the right questions? How can I help?
Trish	Scored 14 EPDS when baby was 3-6 months old	Self reported: Some depression after delivery Denies having sadness except around the baby not coming home after delivery and having to go to Gainesville to see her.	22 y/o G1P1 delivered girl c-section, birth complications, living with family, rural city	Concerns for her more around what she had been through and where she was going. Seemed to have strong support system.
Gent	Scored 13 BDI when the baby was 3-6 months old	Self reported: No depression after delivery Denies ever being sad. Denies having any problems. Denies having sadness after the birth of her baby except when she needed help	22 y/o, G3P2 delivered boy vaginally, living with family, rural city	No concerns. Distant from researcher. Appears to have it together. But situation shows otherwise. Is she pretending?

From the scores, all of the women should have had some form of PPD. The participants self-reported otherwise--two women reported no depression while two women reported that they had some depression after the birth of their babies. I **memo** here about the discrepancy in the test score results and the self-report from the AAW.

If the test was supposed to measure PPD, all of the women should self-report PPD. My questions then are: Why did only half of these participants self-report PPD? Is the test measuring what it is supposed to measure? Are the participants self-reporting the truth to me? If they are reporting the truth, why did they report otherwise on the instrument? If they are not self-reporting accurately to me, what has happened and why. What should I do next? Should I re-interview them and ask the same questions. Should I change the setting? Should I ask different questions? What are their fears of disclosing? Should I leave them alone because I know that they really do not want to disclose this information to me. Maybe they think that I have been sent to get information to take their babies or take them from their babies. And finally, are my results going to be trustworthy with this sample of AAW women?

Another **memo** around the participants is the use of code names. AAW in this study used code names or pseudonyms for confidential reasons.

I wonder about this action. They (AAW) have been marginalized for so long, what would be wrong with identifying them with their own names? If something important would come out of this work where I have interviewed them, where and how would they received the credit? Would they want to see their names in print? How would they know that their stories helped other people? My thoughts were: It seems almost robbery to conceal their identities from those whom they might help. Would this be a work that they participated in, want their names revealed, and would be proud to share and say, "I made it through, so can you?"

In the end, I chose not to identify the women in the study because of the prevailing ethical reasons such as anonymity and confidentiality. I would not conceal their names, if they wanted to be known for the work that they have done.

Preliminary Methods, Processes, and Expectations

I encouraged the women to decide on a non-identifying code name because of the ethical considerations placed on the study. Code names of the women were Judy, Gent, Trish, and Tonya. Judy was the first interviewee followed by Tonya, Trish, and Gent. The amount of text per interview was 21, 38, 26, and 22 pages, respectively. Sample questions that I am asking the participants include, "Tell me about your happiest times after the birth of your baby," and "Tell me about the sad times after the birth of your baby." I also ask each woman demographic questions such as birth date of child, marital status, work status, educational status, living arrangements, and resources.

Coding, analysis, and interpretation of the data would have been a challenge if not for the computer. I am fortunate to live in this era of computers where qualitative data software can assist the researcher in coding, analysis, and interpretation of the data. After discussing the various software currently available with colleagues and reading the literature, I decided to use [NUD*IST 4](#) (Non-numerical Unstructured Data Indexing, Searching, and Theorizing) (Richards & Richards, 1997) to assist me with data analysis. I understood that NUD*IST 4 would allow me to not only aggregate the data but to go a step further and provide beginning displays for the theory production that I had planned to do in the study. It seemed the perfect fit for grounded theory research. In grounded theory, the researcher works with the data and allows the theory to

emerge from the data. I had hoped this would be possible with NUD*IST 4, and it was. I freely coded the transcripts via computer and used the free nodes for all of my initial codes. NUD*IST 4 was not easy to use at first but with the use of a audio-visual tape provided by my summer qualitative instructor, Dr. Carol Mullen (Florida State University, Tallahassee, Florida, 1998), I was able to move past my fears and misunderstanding of NUD*IST 4.

I printed my first set of codes on May 24, 1998. In keeping with the grounded theory approach, I coded the interviews with no specific set of codes in mind. Some of my reading suggested that I should decide on a coding plan and code accordingly. I decided early on that since I wanted the theory to emerge from the data, I could not, and would not, form the codes before I started. It is true that reviewing the literature did cause me to go into this process with preconceived thoughts about what I might find as themes in the data but I continued to code without a coding guide. For example, I had read that lack of support from partners might be one of the reasons that women would say that had sadness after the birth of a baby and I could hear myself asking about this in the interviews (Hall, 1996). Also, certain stressors such as money, clothes and others needs, I asked about and the women gave me feedback about their needs--but at my asking first since I had read this in the literature.

After coding for three days in June, 1998, I ended up with 164 codes and with no idea of the connectedness among these data. I knew at this point I would have to find a way to condense the list and believe that the connections would follow. Merging the codes (as this process is named) is tedious via computer. I decided I needed to merge the codes by hand without the computer. So, I printed out a copy of the codes, enlarged a copy of the codes as a visual aid, and printed this copy. Then, I cut out the codes and grouped them into categories. I ended up with seven themes. I present my first set of themes in a preliminary data display (Figure 6). It depicts the shape of a female and a woman's gender sign at her head. The shapes around her represent my themes that have emerged from my data.

Each open circle represents the seven themes that have emerged so far. I was surprised to find that there would be any connection at all given the differences among the women's profiles. The eight major codes so far are *problems, sadness, partner, getting through, changing, help, and advise*. In Figure 3, I display the meta-codes that I obtained from the data, a definition of each code, an example of each code, and researcher thoughts of each coding category.

Figure 3
Major Codes, Definitions, and Examples

Major Codes / Theme	Definition	Example from the Data	Researcher Thoughts
Problems	Problems and concerns that the AAW had to deal with	Trish Free node F (81) Tonya Free	Trish's baby had a birth problem. Tonya lacked transportation and couldn't get out of the house

		node F (113)	
Getting through	This is the way the AAW got through this time of sadness	Free node (38)	Used different methods of getting through; prayer, help
Changing	These are the things that changed during this time	Node (4)	Many AAW spoke of change in habits, self or other aspects
Help	These are the things and people that helped the AAW during this time	Node 3 (5)	Most of the AAW got help from partner, sister, mother, & friends
Advise	This is what the AAW would tell other women to do	Free Node (42 & 73)	Participants suggest staying calm, prayer, doing the best you can do.
Partner	The baby's Father	Free Nodes F (127 & 60)	In most cases partner was helpful. In others partner caused sadness because did not want the pregnancy
Sadness	These are the sad feelings after the birth of the baby	Free Node (103)	Two of the four AAW spoke of some depression. The other two denied ever having an episode

My preliminary thoughts and concerns are not about connections or theory. I think right now that my thoughts are concerned with the process of collecting data from the interviews. It seems the first set of interviews only got at the surface data, superficial information--such as age, who the women are, where they live, the baby and some of the circumstances about the delivery--and very little about their sadness after the delivery of a baby. I think that I need deeper, richer responses. I **memo** here because of my preliminary concerns about continuing the interview with this group of women.

How can the women tell me about something that has not been revealed to them? Something that she herself does not own. Pulling a story out of her was not what I thought would happen or wanted to do. I thought that AA women would be glad to talk about the process that they had been through and would disclose readily with me. Maybe this was why I had only gotten surface data. They were really unwilling to disclose. The question becomes: How do I position myself so that AAW do want to disclose or should I change samples. On the one hand, I think it would be beneficial to interview all (as many as would allow me to) of the women in the Florida group who have cut-off scores that indicate PPD and report those findings. This would give us data about the test and its ability to capture PPD among AAW. On the other hand, it may just be that the tests were accurate but the interview did not reveal a true depression.

I then considered that I should be interviewing women who had had PPD, who remember it, and who were willing to disclose in order to get rich stories about PPD among AAW. Of course, this would be easier.

After reading the interviews, my major professor could see that at least one woman did not know that she had had PPD. We decided that participants from this sample who did not know that they had an episode of depression, after the birth of their baby, would not be able to tell me their stories nor could they tell me a story about depression after delivery. This also meant that the codes from this pilot study may not represent codes that might be seen in a major study on AAW with PPD where all women have the same diagnosis. Further, it was decided, at this point, that the understanding and testing of the process were paramount over production of themes from the participants.

Findings from the Pilot Study

Participants

The four participants were all in their early twenties. Three of the participants finished high school while only one of them had not. None of the participants worked out side of the home. Three of the participants had more than one child at home.

Themes from the Pilot Participants

In this section, I describe the themes that were obtained from the data, I outline a brief explanation of each theme, and I provide sample quotes from each participant's interview to substantiate my decision on the theme pattern. I **memo** here because of my concerns about writing a heading related to postpartum depression among AAW.

I want to write the heading PPD among AAW but that is not what I think is happening here with this group of women. My research question was--What is the nature of PPD among AAW. Since the participants did not know that they had PPD, is this pilot study about PPD among AAW? I do not think that it is. A better title might be "The Disclosure of Sadness After the Birth of a Baby Among African American Women". I think this is more reflective of what really happened in these pilot interviews.

Themes from this pilot study are *problems, sadness, partner, getting through, changing, help, and advise*. I have changed these themes twice in an effort to capture the nature of PPD among AAW. The first set of themes were baby, partner, sadness, coping, change, stressors, advise, and demographics (5/23/98). I decided that demographics was not a category that AAW in my group would espouse, therefore I discarded that one. In early June I changed the codes again and added women and family. These two codes were not representative either. I reviewed my data again and began merging the codes and decided that the final codes would be *problems, sadness, partner, getting through, changing, help, and advise*. I discuss how each of these themes was important in my understanding of their sadness after the birth of a baby.

Sadness

I define sadness after the birth of the baby as the time that the women self report as the unhappy time that lasted for a period of time. It is the term I used in the interviews with this group of AAW rather than mentioning the words postpartum depression.

Sadness for **Judy**, the first interviewee, existed when her partner did not come to the hospital after the baby was born. From her interview, this action by her partner made her feel betrayed. She spoke of this feeling when the tape recorder was off. Judy denies depression after the birth of her baby or any sadness. Her test scores reveal otherwise.

For **Tonya**, sadness was about the lost of her previous child in adoption. She worried about this child and wanted to be with this child. She was also worried that she was going to have another child when she had just gotten this partner and they few resources. She said she even thought of killing herself (not revealed on her EPDS).

Both **Trish** and **Gent** seemed to have limited resources although both had large families to help them. Trish had some sadness after the birth of her baby it seems because of the baby's health and condition. Gent had no self-reported sadness and relayed the message that she only wanted to participate in the on-going project in Florida.

Problems

Many of the concerns or problems were similar among the AAW in this pilot study. Lack of transportation to get to the doctor, to get to the hospital and to just get out of the house seemed to be problematic for the participants. Problems are defined as those situations or things that were of concern for the AAW participants.

MS. AMANKWAA: Okay. Did you have any stresses after the baby was born?

"GENT": Yeah. I was stressed out because I had another child to take care of.

MS. AMANKWAA: ..."And what [was your] biggest stress...during this time after the baby was born, your biggest stressor?

"JUDY": Having to get up and fix the bottles.

Other problems centered around not being able to get the things that were needed to care for the baby.

Partner

Judy, Tonya, Trish, and Gent spent a great deal of time speaking about their partners. I define partner as the male father of the baby that was born in the last year. Judy spoke of the not having her partner. Tonya talked of how her partner helped her and the children she already had. Trish's partner was in jail. They had a good relationship and never argued. She said that he help her with what he could. She was waiting for him to get out of jail to get married. Gent talked about her partner and helping her with the baby.

Getting Through

For Trish it meant prayer and following a highly religious plan of action. For Gent it meant taking it day by day. Tonya said her son and her kids helped her get through--she had to do it for them. She had not been to church since her mother died. I define getting through as what the women did to help them make it through this period. It could have been people or things. Judy said that her mother helped her to get through this period.

Changing

Changing seemed to happen to all of the AAW in some form or another. I defined this as the behaviors or habits that were different for them after the birth of the baby. For example, I asked the participants about the change in the way they cared for themselves, the baby, and their household. I also asked them if their eating, sleeping or daily care changed. I received mixed answers to this question. Although there was no real consensus, most participants revealed that there had been a change. Gent changed her dressing habits--she didn't get "dressed" as much. Judy's eating and sleeping habits changed--she ate less and slept more. Tonya's sex habits changed--she didn't want to have relations with her partner as often. Her eating habits also changed--she said she ate more. Trish's habit of "going places and saying bad words that she shouldn't say" changed. She said she had more responsibility and had to stay home. Again no real consensus but some similarities.

Help

Help was defined as the supportive measures that the AAW received during this time after the birth of the baby. Most described some form of help. Trish had the most different help. Her help came from her baby's father's mother-- who was a minister. Trish notes that the woman was like a mother to her and helped her with many of the things that she needed for the baby. Judy's mother helped her as well as her sisters. Tonya's boyfriend helped her the most. Gent lived in a neighborhood with all of her immediate family. She talked about all of the help that she got except at 5 am in the morning.

Advise

I asked the participants what advise they would give other AAW after having the problems and concerns that they themselves had had. I defined this term as the helpful hints that AAW were willing to share with other AAW about this passage event. Gent notes that women should "stay calm" . Trish suggested that women "pray and be obedient". One participant did not understand what I meant by advise even though I repeated in a different way.

Since this is the pilot study, I only wish to display the main themes of the women whom I have interviewed. I think that after the major study, I may refer back to these women to see if there were any connections. But at this point, I will only note that their responses were interesting and informative at best.

Discussion of the Pilot Processes

I believe the displays helped to categorize the data so that writing was purposeful and directed. I believe that this made the process of analyzing qualitative data an easier task than I had envisioned. For example, making the data display with the participants' demographic information enabled me to, at glance, write the age, marital status, education and work history of the participants-- a less time consuming task than I might have experienced with the constant comparative method of analyzing qualitative data.

Another simplification of the process was the display of the themes and my definitions. Having data about the themes in one place, made it easy to compare and contrast thoughts about the themes and see overlap as well.

The displays required time and concentration but I believe the effort used to focus my thoughts about the data and make decisions about the data, allowed me to make distinctions, comparisons, and contrasts. I believe the processes that were instituted in this pilot study are valuable to the major study and will move the study to completion expeditiously.

Implications for the Major Study

One of the changes for the major study will be to give the participants a choice of taping the interview or sitting and talking with me as I write with pad and pencil. I **memo** here because I spoke to an AAW who has been diagnosed with PPD on the phone today (6/14/98) and asked her about participating in my study. Her sister recommended her to me.

It occurred to me that may be it was the tape-recorder. I asked her if she would like to sit and talk or could I interview her using the tape-recorder. She said that I would prefer that we just talk. I said ok. She said she would feel more comfortable. I also asked her about other women with PPD and whether or not she was in a support group. She said no and that her family had been a big support for her. I told her that I had been having a hard time finding women for my study. She said, "We don't want to admit that we have it." I said you are probably right. I will have my interview with the first woman who has been diagnosed with PPD this evening because she will be going back to Miami and is not from here. I hope to see her again.

I am also contemplating second interviews in my major study for several other reasons. Such as, getting more pertinent data, answering questions that I believe have not been answered in the first interview, and allowing the women to know who I am and how I got through the period that they are going through now. This may help establish a deeper relationship and one that helps the women feel more comfortable about speaking to me. Also, I will compile suggestions from the reviewer comment forms and make some decisions about how to proceed in a data display.

Two processes that might be used to gain more information from the participants are *safe place pictures* and a suggestion by one of my classmates--*an emotion grid*. The first of these two processes came about as a result of a lack of depth in the first interview. I thought perhaps by taking a picture of a safe place where the participant might go to think or be alone and feel safe; this might bring about a more in-depth interview with her. The latter, an emotional grid, was suggested by one of my classmates during the summer of 1998. He suggested that I used the grid to allow the participants to display their highs and lows during the prenatal period and the

postpartal period. During the low period on the grid, I would ask the respondent an open ended question such as, "Tell about this low period." Of the two processes, the grid seems less expensive and cumbersome. I **memo** here about my first use of the grid with a respondent.

The interview was complete and I thought I might try the idea from class about using an emotional grid to allow[her] to show me the highs and lows during her prenatal and postpartal period. I just turned the note pad on its side and drew the grid. She explained to me the ups and downs and I plotted them on the paper. She showed me the highest time and the lowest time. I asked her about those times. She explained what happened and the incident with her husband that had thrown her into a depression. She talked about the high point before her 4th month of pregnancy and the lowest point after the birth of her baby which was within the first month after the baby was born. She commented that she had never gotten back to that high point since before the baby was born. The baby is now almost one year old.

Conclusion

I began this journey with only four interviews and a yearning for a compass to help me decipher these data. I have learned to code, to use NUD*IST 4, to memo, to use Inspiration, and Illustrator. I have added three data forms to my data analysis plan. I have coded my pilot interviews and decided to change samples. I was given the idea of the emotional grid from my classmate. I have gained new insight and excitement about the process of analyzing qualitative data.

Although my data might not be exemplary of the themes I will find in the sample for the major study, the processes used to come to this conclusion are invaluable to me as a researcher. Foremost, I am humbled by the power of the pilot study. The major decisions that I have made based on the interviews and the new processes, I believe, will transform the major study into a more meaningful experience for myself and the participants. I believe any fears that I had around trying to "get it all" in the first interview have now disappeared. Since one participant wanted no tape recorder during her interview, I no longer fear "getting it all" for the transcriptionist. My last **memo** is about the transcription process.

All four of my interviews had been transcribed by a court reporter. I paid several hundred dollars for the tapes to be transcribed. When I received the written documents back from the transcriptionist, there were a lot of places that she wrote "inaudible". I had to go back and listen to the tapes and fill in the spaces. This took time. Also, she had typed in words that participants did not say. I could understand what was said but the transcriptionist did not understand the some of the words that the participant used or the phrases. I am wondering if I should even get the tapes transcribed or use a tape recorder. I am wondering if the transcriptionist understood the slang words. When I took notes on my first interview, transcribing was not so hard and I could fill in the blanks without a problem. My fear of "getting it all" (everything that the participant says) was over.

I have ended my pilot project with a map and processes that will allow me complete the last phase of my journey.

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Editor Note

*In order to view Figure 6 in this paper you will need the Adobe Acrobat Reader.



Author Note

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