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Commentary

Methodology in suicidological research – contribution to the debate

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***Abstract*:** Our paper *Why we need qualitative research in suicidology* published in *Suicide and Life-Threatening Behavior* in 2010 has sparked some reactions from Lester (2010) and Rogers and Apel (2010). We are happy our paper created some debate. In the present paper we respond to the commentaries from Lester as well as Rogers and Apel and outline further why it currently is necessary to promote also "pure" qualitative research in suicidology. We hope this long overdue debate will continue.

Keywords: qualitative research, Suicidology

We appreciate that our call for more qualitative research in suicidology (Hjelmeland & Knizek, 2010) seems to have sparked a much needed debate on the way forward in suicidological research (Lester, 2010; Rogers & Apel, 2010). Lester (2010) finds our article provocative, but also states that we make "a convincing case for the importance of qualitative research in suicidology" (p. 76). He then lists six bipolar constructs that he reads out of our article: 1) explaining versus understanding, 2) qualitative versus quantitative studies, 3) case studies versus large sample studies, 4) descriptive versus inferential statistics, 5) idiographic versus nomothetic approaches, and, 6) phenomenological versus interpretative approaches. We are not entirely sure what this list of dichotomies is meant to say, but in their response to both our paper as well as Lester's response to it, Rogers and Apel (2010) interpret this to mean that we have argued for an either/or approach; either qualitative *or* quantitative research. They support the need for more qualitative research although not in the form of "pure" qualitative studies, but rather mixed method research where quantitative and qualitative methodologies are employed in the same study in an integrated way. They are afraid that "pure" qualitative research will not contribute much since results from such studies cannot be generalised.

First of all, we do support the need for mixed method studies in suicidology and we find it a bit odd that Rogers and Apel site us in support of an either/or view since we in our paper explicitly state that "A combination of quantitative and qualitative methods is perhaps the most fruitful approach" (p. 78). There, we also outline three possible outcomes of such studies, namely that their results may be complementary (as also Rogers and Apel point out), convergent or contradictory; each result having different consequences (Hjelmeland & Knizek, 2010).

That said, we do think it also is important to now promote more "pure" qualitative research. There are a number of reasons for that:

1) We have documented that qualitative studies are few and far between and very few relative to quantitative studies; only about three percent of studies published in the three main international suicidological journals in the period(s) 2005-2007 (2008) have used some form of qualitative methodology (Hjelmeland & Knizek, 2010; Hjelmeland & Knizek, in press). Thus, we have an abundance of results from quantitative studies, for instance, on risk factors. However, we need

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qualitative follow-up studies to find out *how* and *for whom*, if at all, these statistically derived risk factors contribute to suicide. For instance, alcohol is found to be a common risk factor for suicide. However, not all alcohol users or abusers engage in suicidal behaviour. The question is then, how and for who is alcohol a risk factor? Here, qualitative studies can contribute with more detailed knowledge. For instance, our research group has in a qualitative study shown that alcohol can play different roles in the suicidal process for different people (Kizza et al., submitted). This is just one small example. There should be numerous others. Therefore, it would not hurt that the present extreme publication bias in favour of quantitative studies was somewhat evened out by increasing the proportion of qualitative studies. In fact, it is necessary in order to increase our *understanding* of suicidal behaviour (Hjelmeland & Knizek, 2010).

2) Albert Einstein allegedly has said that "Not everything that can be counted counts and not everything that counts can be counted". Thus, not all research questions can be studied quantitatively; some things can be counted, other things need to be understood. Suicide is by definition an intentional, purposeful act (Shneidman, 1985). And, an intentional act has meaning and is always situated in a cultural context (Bruner, 1990). Thus, a suicidal act can have different *meaning(s)* for different people in different (cultural) contexts (Hjelmeland, 2010). However, "The structure of meaning is not quantitative" (Michell, 2004, p. 316) and can thus not be studied quantitatively. Should *meaning(s)* of suicidal acts then not be studied? Of course, it both *can* and *should* be studied, and for this, we need qualitative research. Moreover, in the words of Brinkmann (2008): "Human living is an interpretative, situated, social, and dynamic affair, and we need qualitative forms of psychology in order to grasp these dimensions of our lives" (pp.185-186). By means of qualitative methodology we can study dynamic, contextual phenomena (and there is no doubt that suicide is such a phenomenon) differently and more in depth than what is possible in quantitative research. For instance, there is a limit to how many interaction variables you can enter into a quantitative analysis before the results get impossible to interpret, or even meaningless. Besides, you will need enormous samples to be able to study a high number of variables with their reciprocal interactions. And, the bigger the sample, the more heterogeneous it is likely to get, and, hence, the less meaningful is the research. You can get a completely different access to such interactions and relatedness between "variables" in qualitative studies of few informants. Complicated processes and experiences can only be studied, meaningfully, qualitatively.

3) As quantitatively oriented researchers normally are, also Rogers and Apel (2010) are concerned with concepts such as external validity, internal validity and generalisabilty, and the lack of such in qualitative research. However, in qualitative research concepts such as credibility, transferability, dependability and confirmability are more fruitful (Lincoln & Guba, 1985). Also, not everything is possible to generalise (statistically). Anna's experiences in life cannot be generalised to Billy or Catherine, or to a whole group. And, it is not possible to generalise what is found in a group to every single individual of that group. Although there are a number of commonalities, every suicide is unique (Shneidman, 1985). In-depth knowledge of such uniqueness can improve our understanding of suicide as a phenomenon which, in turn, will improve our ability to help people in suicidal crisis and to prevent suicide. Moreover, statistical generalisation is but one form of generalisation, and the only one Rogers and Apel (2010) seem concerned about. We do, however, have theoretical (Smith & Osborn, 2003) and analytical generalisation (Kvale, 1997) that come to the fore in qualitative research. We discuss these forms of generalisation in the paper (Hjelmeland & Knizek, 2010) that elicited the comments from Lester (2010) and Rogers and Apel (2010) which we are responding to here. However, neither Lester (2010) nor Rogers and Apel (2010) comment, let alone mention such types of generalisation. We discuss these issues even more in depth in a book chapter (Hjelmeland & Knizek, in press) in the upcoming new *Handbook of Suicide Prevention: Research, Policy and Practice*, edited by O'Connor, Platt and Gordon due to be published later this year, but to reiterate some of what is presented there: In theoretical generalisation we link findings from one study with what is found in the literature as well as with personal and professional experience (Smith and Osborn, 2003). In analytical generalisation, we look at to what degree a finding can be instructive or directive for another situation (Kvale, 1997). In other words, here it is the *users* of the knowledge, for instance, a psychiatrist or a psychologist, who decide what, if anything of the research findings is applicable for the client they are currently treating. These types of generalisation are therefore more relevant for clinical work than is statistical generalisation.

4) The most basic stance in philosophy of science is that the research question decides which method to employ to answer it. Sometimes it is, however, as if it is the other way around; quantitatively oriented researchers, and governments, starts with the method (quantitative). Take the current mantra of "evidence-based" practice. Normally, evidence here means results of randomised controlled trials. Period. Thus, "…there are the federal government demands for evidence-based practice, where experimental and quantified knowledge becomes the privileged form of scientific evidence…" (Kvale, 2006). The demands for

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productivity and efficiency are here in opposition to the duty of science, which is to search for the best possible knowledge with the best possible methods, and, to find out which research questions we need answers to. By such a stance, governments and influential professionals limit what types of research questions can be studied. It is, however, necessary to start with what kind of research questions we need answers to, and then decide on the appropriate methodological approach. Above, we have argued that some questions are impossible to answer by quantifications and statistical calculations. It is therefore a researcher's duty to find the best methodological approach to answer *all* relevant questions. Hence, we have a duty to *also* develop and employ qualitative methodology on its own premises where that is relevant, and not just as an appendix or skirmish to quantitative projects. Only then will it make sense to combine quantitative and qualitative methodology, for instance, in a mixed methods designed project. However, we often see that in studies claiming to have used both methods, what really is the case, is that the qualitative analysis is just a small appendix to a mainly quantitative study, and, the quantitative and qualitative data are not analysed in an integrated way. We must admit having done that a couple of times ourselves for strategic reasons when we discovered that this seemed to be the only way we could "sneak" something qualitative into a journal. We have learned to be happy with small steps. Which, by the way, also applies to the paper that sparked the current debate (Hjelmeland & Knizek, 2010); we had to reduce the length by at least 35% from its original version in order to get it accepted at all in *Suicide and Life-Threatening Behavior*. In our opinion, this reduced the quality of the paper since we had to cut some of the (substantiation of the) arguments, and therefore considered whether to accept that or try and submit it somewhere else. However, due to the present "climate" for qualitative research in suicidology, we decided to be "happy" with small steps and appreciate being able to get something like that published at all.

We are happy that at least some people (Lester, Rogers and Apel) are interested in discussing the way forward in suicidological research and we hope the debate continues, also with contributions from others. Two of the debaters in the current debate recently published their book *Understanding Suicide. Why We Don't and How We Might* (Rogers & Lester, 2010). In that book, Rogers and Lester list no less than 105 recommendations for the future research in suicidology. Even though it would have been the natural consequence of many of their arguments, qualitative research is, rather unfortunately, not mentioned once. How come?

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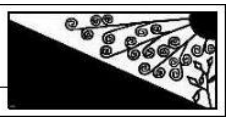

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