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**Qualitative health psychology research**

**Qualitative health psychology research: diversity, power and impact**

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## Qualitative health psychology research

### Abstract

This special issue showcases a range of qualitative research projects conducted by health psychologists with a view to promoting greater uptake and development of qualitative research methods in the field. It is timely because qualitative methods have become prominent across psychology and health research, and because major health research funders are now inviting qualitative research to help give voice to patient experiences. The special issue features both established (e.g. interviews, thematic analysis) and contemporary (e.g. online data, visual methods) approaches to data collection and analysis while also demonstrating diverse 'experiential' and 'constructionist' methodologies. The first section presents papers in which qualitative studies illuminate different health behaviors (e.g. drinking, physical activity, screen time); the papers in the second section focus on illness experiences (e.g. forms of cancer, diabetes) from patient, partner and parental perspectives. As a whole, the papers demonstrate the diversity, power and impact of qualitative research conducted in health-related settings and show how traditional health psychology methods and concepts can be enriched in the process.

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### Qualitative health psychology research: diversity, power and impact

With some exceptions, health psychologists have favored experimental and questionnaire based studies of health phenomena where measurement, prediction and control are prioritized. Increasingly, health (and other) psychologists are turning to qualitative methods to complement or contest the more established approaches. This is not surprising in light of the increased recognition of qualitative research within and beyond psychology more generally, as evidenced by the boom in dedicated journals (e.g. *Qualitative Research in Psychology*; *Qualitative Psychology*), textbooks (e.g. Braun & Clarke, 2013; Camic, Rhodes & Yardley, 2003), conferences (dedicated qualitative events are now common for several major psychological associations, including APA) and articles in a wide variety of high profile psychology and health journals (e.g. Madill & Gough, 2008; Smith, 2011). It is also worth noting that qualitative methods are now promoted by major national health research funders as a means to give voice to patients (e.g. Patient-Centered Outcomes Research: <http://www.pcori.org/>), and that instruments in the Patient Reported Outcome Measurement System (PROMIS) must include qualitative methods in their development (<http://www.nihpromis.org/patients/measures>).

What can qualitative methods offer the health psychologist? A traditional answer is depth over breadth. While it is true that qualitative research largely deals with the intensive rather than extensive examination of a phenomenon, recent trends in methods and design (e.g. qualitative longitudinal research, large scale qualitative studies, and qualitative questionnaires) and philosophical perspectives (suggesting new boundaries for methods of knowledge generation), direct us to reconsider simple distinctions between qualitative and quantitative (see Shirani & Henwood, 2011). Not only are such distinctions difficult to sustain, but for a number of years mixed methods have been popular, which present an even wider range of research designs, methodological combinations and epistemological positions (see Todd, McKeown & Nerlich, 2004). The sheer diversity of qualitative methods for collecting and analysing data can be bewildering for those new to the field, but there are now numerous resources which can be easily accessed to help

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novices navigate through this complex terrain (see Madill & Gough, 2008; Camic, Rhodes & Yardley, 2003). For example, 'essentialist' and constructionist qualitative research might be differentiated with the former assuming a clear correspondence between participant words (e.g. in an interview) and personal experience, while the latter proposes that participant words actively construct rather than simply reflect 'reality' i.e. accounts will differ according to context (Madill, Jordan & Shirley, 2000). Another way of distinguishing between methods concerns a focus on an individual or social level of analysis; for example, phenomenological approaches tend to prioritize individual experience while discursive methodologies emphasise cultural representations and social interaction. Regardless of individual or social emphasis, most methodological brands would claim a 'psychosocial' position, that is, personal, interpersonal and societal elements (and their mutual influence) are taken into account in the design and analysis phases.

The issue of 'subjectivity' has proved to be a difficult one for psychologists reluctant to relinquish the perceived objectivity and security offered by quantitative methods. Scientists using qualitative methods, however, have developed various concepts and techniques for bolstering the validity (or quality) of their research, and these initiatives, including reflexivity, triangulation and transferability, are gradually being introduced to a general psychology audience (see Gough & Madill, 2013; Finlay & Gough, 2003). Although attempts have been made to develop generic guidelines, it is increasingly recognized that interpretations of qualitative (and quantitative!) data often vary depending on analytic perspective, methodological predilections, and research context; therefore, the definition of validity may well vary from project to project, involving negotiation, transparency and creativity (Parker, 2005).

Another reason for the current popularity of qualitative health research concerns the increasing policy and practitioner emphasis on patient/client experiences and practices pertaining to prevention, illness, and service use. It is now standard for health-related funders to stipulate a high

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degree of patient and public involvement in research projects, as this quote from a UK NIHR funding partner (INVOLVE) makes clear:

‘There is now a greater commitment to the importance and contribution public involvement can make to research and there are far more organisations and individuals supporting public involvement. There are also many more researchers and research commissioners working alongside the public for the first time, while the ‘real world’ impact of research more generally has become important for state funders making difficult decisions during times of austerity’. <http://www.invo.org.uk/posttypesresource/introduction-to-the-briefing-notes/>

In addition, in the United States two federally funded initiatives now demand the use of qualitative methods. First, Patient-Centered Outcomes Research (PCORI) calls for research that helps people make informed healthcare decisions, and improves healthcare delivery and outcomes that comes from research guided by patients, caregivers, and the broader healthcare community using participatory methods. <http://www.pcori.org/> Second, instruments in the Patient Reported Outcome Measurement System (PROMIS) must include detailed qualitative methods (qualitative item review, focus groups, and cognitive interviews) in the iterative process of their development. <http://www.nihpromis.org/patients/measures>.

This special issue is timely then. One of the key aims is to introduce health psychologists to a wide repertoire of qualitative methodologies, including some which have not featured much within this Journal before, such as discursive (e.g. Seymour-Smith), narrative (e.g. Hammond, Reese & Teucher), and phenomenological (e.g. Willig) analyses. In going through the special issue, the strengths and distinctiveness of the different methodologies can be appreciated as they incorporate different types of research question, analytic practices and reporting conventions. The issue also showcases a repertoire of established and more innovative forms of qualitative data collection, ranging from semi-structured interviews (e.g. Larkin, et al.) and focus groups (e.g. Bowleg et al.) to online data (e.g. Lyons et al.), visual materials (e.g. Kirkham, Smith, & Havsteen-Franklin) and

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naturalistic conversation (e.g. Finlay et al.). Qualitative methods deployed in the service of interventions are also included – in the context of physical activity promotion (e.g. Smith, B. et al.), alcohol restraint (deVisser et al), sexual health education (Finlay et al.) and health professional coping strategies (Shaw et al).

Within this special issue a range of health-related topics are covered, from chronic illness (e.g. various forms of cancer), disabilities (e.g. spinal cord injury; intellectual disability), and health behaviours (e.g. alcohol consumption, condom use, screen time). In the illness papers the focus is mainly on patient experiences and accounts, although the perspectives of caregivers (Horrell, Stephens & Breheny), parents (Kars et al) and partners (Larkin et al) are also featured, reinforcing the fact that illness affects significant others as well as the individual patient. Profound, existential issues relating to mortality, pain and suffering are explicated in papers covering patient experiences, illuminating their struggles to derive meaning from extremely challenging situations. The papers focusing on more mundane but important health practices cover a range of populations, including young adults, intellectually disabled persons and Black men, and highlight how local, 'insider' rationalities, moralities and identities conspire to promote and maintain behaviors that may be regarded as health-defeating from the outside.

The special issue is organised into two sections, the first covering health-related practices, including some reporting on interventions, while the second focuses on illness experiences, particularly cancer. The first paper on health-related practices describes a fascinating study of young people and alcohol use from New Zealand, using multiple, multi-modal qualitative methods (focus groups, interviews using images from social media, and online materials) to highlight the diverse meanings associated with alcohol and the influence of corporate marketing on young people's drinking behaviors (Lyons et al.). Next, the power of narrative methods is evidenced in the context of encouraging disabled sportsmen in the UK to undertake physical activity as part of their recovery programme – both health professionals and patients were exposed to a story based on previous in-

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depth interview research, which was evaluated in very positive ways by both parties (Smith, B. et al.). The third paper relates to sexual attitudes and behavior, specifically around condom use, and reports on a study using semi-structured interviews and focus groups with Black men in the USA which highlights issues of responsibility, gender and power within negotiations around safe sex (Bowleg et al.). On the subject of sex, the next paper by Finlay et al. focuses on sex education with intellectually disabled adults in the UK; their analysis of actual video-recorded sessions along with interviews with educators identifies key issues around comprehension and ideas for improving delivery to this vulnerable group. The next paper concentrates on the perspective of carers in New Zealand who posted their accounts of caring and wellbeing on dedicated online discussion boards, and although caring for loved ones was valued, the authors note many instances of self-sacrifice and compromised health (Horrell, Stephens & Breheny).

The next two papers on health-related practices report interventions based on qualitative methods in different contexts: young people's health behaviors (deVisser et al) and the coping strategies of nurses confronting life threatening events (Shaw et al.). DeVisser and colleagues describe the four phase process of developing, refining, and evaluating health psychology interventions of behavior change regarding responsible drinking and highlight the value of using diverse qualitative and quantitative methods. Shaw and colleagues used mixed methods based on Interpretative Phenomenological Analysis to explicate the importance of education that exposes nurses to acute life threatening events. The final two papers in this section provide reviews of different sorts – one a consideration of the utility of discourse analysis for health psychology research (Seymour-Smith), the other a metasynthesis of the qualitative literature on screen time (Minges et al). Seymour-Smith summarises two forms of discourse analysis and illustrates how both can be applied to further understanding of diet-related practices in the context of obesity, focusing respectively on wider cultural discourses around food and gender, and the identity work involved in social interactions. Minges and colleagues created empirically-based implications for practice and research for youth and parents regarding mutually-agreed rules, limits, and parental monitoring of



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screen time through used of qualitative metasynthesis of 15 studies with samples of 6-270 participants from six countries.

The second section focuses on illness and begins with a study by Kirkham, Smith, & Havsteen-Franklin who explore experiences of chronic pain through interviews which discuss patient paintings. The images and accounts provide a powerful insight into the world of the pain and argue for the potential of the methodology for other health conditions. The next paper by Gomersall & Madill reports on an interview study with diabetes patients and usefully contrasts their orientation to emotionality, embodiment, and reflection with the typical health psychology emphasis on rationality, cognition and prediction. The third paper by Willig is also based on an interview study, this time with advanced cancer patients who reflect on their mortality and strive to make sense of their situation. With a focus on three cases, the author advocates a thoroughgoing idiographic approach to illness experiences wherein unique personal accounts are prioritised. The next paper by Larkin et al. is another phenomenological examination of cancer accounts, here using a dyadic design to focus on the perspectives of women with breast cancer and their partners to illuminate ways in which gendered coping styles and normative sexual scripts may shape couples' negotiations of intimacy around 'altered embodiment' as well as the importance of reciprocal communication styles.

The final three papers in this section concern childhood illness and death. The first of this trio uses narrative methods to illustrate the power of a 'trickster' figure in voicing the experiences of young cancer patients, pointing to themes of uncertainty, subversion and possibility as central to interview accounts within this group (Hammond, Reese & Teucher). The next two papers attend to parental standpoints in the context of incurable childhood cancer (Kars, et al.) and death (Meert, et al.). Kars and colleagues interviewed parents whose children with incurable cancer were being cared for at home in order to ascertain the direct and indirect strategies they use to discern the perspective of their children. They found that even if parents show an intense involvement in the care and support of their children they can still have difficulty acknowledging the child's perspective

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largely due to their own struggle to cope with loss. Meert and colleagues identified and described four major meaning-making processes that occur among parents' during bereavement meetings with their child's intensive care physician after their child's death in a pediatric intensive care unit, noting that meaning making may influence parents' health outcomes.

The diversity, power, and impact of qualitative methods are illustrated across these extraordinary studies, and together they promote best practice in doing qualitative health psychology research. While this special issue cannot contain examples of all types of studies, perhaps the clear methodological procedures and high quality designs outlined in the papers will encourage colleagues to explore the world of qualitative research further and then use different methods in future health research projects. More generally, perhaps these papers will promote an appreciation of knowledge as constructed by various perspectives, investments and agendas, and it is hoped that more health psychologists will take up the challenge of explicating multiple realities using diverse qualitative methods.

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