Novel insights into patients' life-worlds: the value of qualitative research

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In *The Lancet Psychiatry*, Lucy Livingston and colleagues[1] amply demonstrate the rich potential of qualitative methods to provide insight into the life-worlds of patients and analysis of hitherto un(der) explored facets of mental and physical health conditions. The publication of their paper reflects increasing acknowledgment of the value of qualitative methods in medical research. At the same time as some medical publications have questioned the wider value and impact of qualitative research,[2] health and social policy[3] increasingly demand engagement with the voices and perspectives of patients—something only truly understood through qualitative inquiry. Through Livingston and colleagues' research, we gain a moving insight into the experiences of compensatory strategies for people on the autism spectrum, those with an autism spectrum diagnosis as well as those who might be on the spectrum, but do not have a diagnosis. Their study demonstrates the way in which successful use of deep compensatory strategies can obscure diagnosis and hinder access to reasonable adjustments in contexts such as the workplace.

Qualitative research not only gives entry to patient perspectives, but also offers a rich range of methods to explore anything from health policy to doctor–patient interactions. Good clinical practice, and indeed policy, depends on the sorts of knowledge generated through small, in-depth qualitative studies, as well as information generated through large-scale clinical trials. For example, patients and doctors can have quite different understandings of medical conditions, and these differences can lead to "ruptures in communication"[4] and thus impoverished medical care, patient and family dissatisfaction, and even distress. Livingston and colleagues' study[1] is a compelling example of how a small-scale qualitative study can produce insights that can inform diagnostic criteria, clinical assessment, and patient care.

Across the multidisciplinary field of health research, qualitative methods, and indeed thematic analysis,[5–7] are not novel, but well established, with a long and rich history. The theories and methodological writings that inform the practice are, however, sometimes at odds with the paradigms, values, and norms that dominate in medical research. As such, we are delighted to see *The Lancet Psychiatry* recognising the value of a thematic analysis approach. This clash of values can produce some tensions and publishing expectations at odds with what is seen as good practice by qualitative methodologists, recognising there are many and diverse views on this.[8] In Livingston and colleagues' Article, we see this tension in the discussion of generalisability—not usually a demonstration of the value of qualitative research,[9] the reporting of frequency counts for themes—something that we and others do not advocate, because frequency does not simply correspond to importance,[5] and concerns about the representativeness of the sample.[8] Furthermore, what is missing in their paper, for us, is a clear statement about the philosophical assumptions and values on which their research design and practice rest. Qualitative research needs to clearly identify the foundations for the claims that are made.[8] This concern is not trivial or minor; there are many different orientations to qualitative research and very different bases for claiming evidence in qualitative research[10]—patient experience and voices is just one approach. For the quality of the evidence presented to be meaningfully assessed, researchers need to be clear about why they can claim what they claim.

Medical journals generally have reporting structures firmly informed by the standards of quantitative positivist empiricism, and these structures do not work well for qualitative projects. For example, the third person, passive voice removes the active voice of the researcher, something much qualitative research values (as do *Lancet* journals). Strict word limits mean that participant data, which are vital for validity in qualitative research, are often extracted from the analytical narrative and relegated to tables, as we see in this Article. Such formatting style not only sidelines participant voices, it precludes the detailed analysis of particular extracts of data, which is common to much qualitative inquiry, and allows analysis to go beyond a fairly direct reporting of participant perspectives.

Journals that wish to embrace qualitative research need to develop more flexibility in how such research can be reported.

For medical researchers who might worry about the question of quality, there have been decades of lively discussion over quality criteria for qualitative research, which ranges from complex theoretical debates to the development of various appraisal tools. More recently, where a sizeable body of qualitative research has been done in a particular area, methods such as thematic synthesis have been developed to provide practitioners and policy makers with the evaluative equivalent of a systemic review.[11] But first the primary qualitative studies need to find publishing outlets in high-quality medical and health journals.

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Climate-driven Atlantic hurricanes pose rising threats for psychopathology

The 2019 Atlantic hurricane season is underway, heralding the prospect that extreme storms will bring psychological trauma and loss to island-based and coastal populations. Human activities are modifying the behaviour of hurricanes.[1] Increased Atlantic hurricane activity has been observed since around the mid-1990s. Climate drivers, such as anomalously warm ocean temperatures, have generated storms that are stronger and wetter than in previous years, and that are stalling as they pass over populated areas.[1,2] Here we describe the multiple pathways through which hurricanes produce increasingly harmful mental health consequences for storm-affected communities in the era of climate change.

The 2017 and 2018 seasons showcased the role of climate drivers in exacerbating hurricane hazards, such as peak wind speeds, storm intensification, precipitation, and flood risks. A robust body of scientific research shows how population exposures to powerful hurricanes produce mental health consequences.[3] Hurricanes disrupt health-care routines and access to psychiatric care and medications for people with pre-existing mental disorders. Direct encounters with hurricane wind and water hazards, coupled with resource losses and enduring adversities—including delayed building repairs, school closures, and financial hardships—increase risks for new-onset post-traumatic stress disorder and major depression in people without previous psychiatric history.[4] Worse hazards generate more stress, psychological distress, and psychiatric disorders.

Climate-related sea-level rise magnifies the vulnerability of island and coastal populations to storm surge and overtopping wave action. Stronger storms produce more severe structural damage. Wetter storms produce record freshwater flood events, expanding into areas not previously designated as flood plains, where homeowners have no flood insurance. Psychological


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