**Topic Summaries or Themes Exercise**

Read the following ‘theme’ titles and summaries based on five published TA papers and determine whether the ‘themes’ reported are topic summaries or fully realised, shared meaning-based themes. As a brief recap, topic summaries typically summarise and overview participants’ responses in relation to a particular topic area/data collection question – there is a shared topic, but not shared meaning. In contrast, *themes* in reflexive TA can capture data related to several different topics, but all the data are united around a central concept or idea. This can be something more overtly expressed and on the data surface or it can be something underlying or implicit; in the latter case, the data associated with the theme may on the surface appear disparate. Keep in mind that themes can be poorly named – so shared meaning themes can at first sight appear to be topic summaries because they have a topic summary-like name (e.g. a one-word name).

**Example 1: A study exploring the discussion of genetic testing for Huntington’s Disease in online forums**

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| “Three aspects of the HD testing process were examined as follows: deciding to be tested, preparing for the test and receiving the results” (Smedley & Coulson, 2019: 5). These ‘aspects’ were described as ‘themes’ in the abstract.  **Deciding to be tested** (things that prompted consideration of genetic testing) – covered two specific areas:  *Enquiring about symptoms*: at risk individuals posting to the forum described symptoms they were experiencing and enquired about whether these might indicate they have inherited the faulty gene; people replied by relating the query to their own symptoms or by providing factual information.  *Starting a new family*: starting a family was another reason for considering testing. People posting to the forum described unplanned pregnancies and sought advice; replies centred on the options available. Other posters discussed the dilemmas associated with considering having children; people responded with a range of suggestions including leaving things to chance.  **Preparing for the test** (after they had made the decision to be tested people sought information about the test and genetic counselling) covered two specific areas:  *Information seeking*: people posting to the forum sought a range of information and advice; others replied with supportive information and advice.  *Attending appointments*: people posting to the forum expressed their feelings about attending their first genetic counselling appointment; others responded with emotional support and reassurance.  **Receiving the results** (people expressed stress and anxiety about waiting for their test results and others responded with emotional support) covered two specific areas:  *Positive results*: people expressed a range of responses to receiving a positive result.  *Negative results*: people had a range of responses to receiving a negative result. |

**Example 2: A study exploring gender identity in internet memes**

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| The authors (Drakett et al., 2018) report two *overarching* themes – **Technological privilege** and **Others**.  **Technological privilege** constructed an elite, technologically privileged and skilled masculinity through three sub-themes: *Sexy geeks*; *Internet and technology*; and *Memes about memes*. **Others** captured how humour is used to construct marginalised groups in particular ways – women are positioned as other, along with members of other marginalised groups, and hegemonic masculinity is reinforced.  The analysis was reported under three (theme) headings:  *‘Maybe if I poke her with it…’* The memes reproduced heteronormative constructions of gender and sexuality through humour – women were presented as sexually ignorant and naïve and men sexually knowing; many of the memes referenced Internet pornography and assumed an audience familiar with the conventions of Internet pornography;  *‘You say all guys are the same…’* The memes relied on essentialising and binary discourses of femininity and masculinity, with women positioned as a rational and emotionally liable, and men constructed as rational and knowing, and entitled to occupy online spaces;  *‘Get back in the kitchen…’* Some of the memes reproduced gender dynamics of subordination by locating women in domestic spaces and constructing domestic violence as acceptable. |

**Example 3: A study exploring healthcare providers’ views of Māori patients’ uptake of medical advice and Māori health care users’ experiences of following medical advice**

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| The authors (Penney et al., 2011) reported on a key theme around treatment compliance for ischaemic heart disease. The analysis was reported under two headings.  *Service provider accounts*: Māori patients were seen as non-compliant, particularly compared to the wider population. There was a wide range of explanations for this non-compliance including ignorance, poverty and self-destructiveness. Instances of Māori compliance were attributed to wealth and education, among other things. This non-compliant behaviour was presented as challenging for health professionals trying to do the best for patients; Māori patients were presented as having a negative attitude to healthcare.  *Maori patient accounts*: the accounts of Māori patients provided a very different view to service providers. Patients spoke about the effort they put into complying with treatment regimes and making lifestyle changes, even though the latter was complex and difficult to navigate. The patients also spoke of numerous barriers to compliance, including practical barriers such as a lack of transport, the side effects of medication and patronising treatment by health professionals. |

**Example 4: A study of physical activity in people with Multiple Sclerosis**

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| The authors (Hall-McMaster et al., 2016) reported four themes, the first two each with sub-themes.  **Thoughts about purpose**: Participants discussed the reasons for engaging in physical activity, which was organised into three subthemes.  *Managing MS*: participants were motivated to engage in physical activity to prevent loss of function and regain their former functionality.  *Being independent*: for many participants, engaging in physical activity was a way for them to show they could do things for themselves, in a context of increasing physical dependence on others.  *Commitment to others*: for two participants, motivation to be physically active was strengthened by thinking about two groups – their dogs (and being responsible dog owners) and their physiotherapists.  **Thoughts about self-efficacy**: participants who were strongly motivated to engage in physical activity believed they could achieve their goals; this belief in turn increased their motivation to engage in physical activity.  *Developing self-efficacy*: three participants identified self-efficacy as important for motivation and thought that this could be developed in various ways.  *Being realistic*:self-efficacy beliefs were only motivating if they were realistic and focused on what was achievable.  **Thoughts about the past**: these thoughts could be encouraging or demotivating.  **Reinforcement through positive thinking**: physical activity generated positive thoughts and feelings, which enhanced their motivation to continue with physical activity. |

**Example 5: A study exploring men’s emotional experience of infertility through online forums**

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| The authors (Hanna & Gough, 2016) reported three themes:  **The emotional rollercoaster**: the men often framed their feelings around infertility in terms of peaks and troughs and rapidly changing emotions. The ‘emotional rollercoaster’ metaphor enabled men to convey the emotional upheaval of infertility and the impact it has had on their lives.  **The tyranny of infertility:** the men often portrayed infertility as an overwhelming force that had a far-reaching impact on their sense of self, their relationships and their lives. It was framed as a force that they had little control over, which left them feeling powerless and vulnerable, and uncertain as to whether to keep trying with IVF treatment. The men felt isolated and alone, while all around them friends were having children.  **Infertility paranoia**: the notion of ‘infertility paranoia’ highlighted the dread and anxiety the men felt. These strong feelings also created uncertainty about whether to share good news about conception. |

**References**

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