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# Adaptation After Facial Surgery: Using the Diary as a Research Tool

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## Abstract

We conducted a small-scale qualitative diary study to gather accounts from five facial cancer surgery patients. Participants were asked to record their experiences, thoughts, and feelings for up to 1 year, as they underwent and recovered from their surgery and adapted to living with alterations in their appearance. In this article, we consider evidence relating to the diary as a research tool and discuss our experiences of issues arising with the qualitative diary method employed in this study. These include comparability with interview data, factors affecting the quantity and quality of data (novelty, personal significance, and individual writing styles), chronological storytelling, and barriers to writing (visual difficulties and depression).

## Keywords

cancer, psychosocial aspects; illness and disease, responses; journals (diaries); qualitative methods, general; recovery; surgery

The impetus for the research considered here came from an earlier interview study with facial surgery survivors (Furness, 2006; Furness, Garrud, Faulder, & Swift, 2006). People who undergo noncosmetic surgery to the face must cope with the trauma or disease necessitating surgery and the treatment itself, adjust to alterations in their appearance and capabilities, and deal with the reactions of loved ones and strangers. Evidence recounting psychosocial difficulties and outcomes associated with facial difference is accumulating (e.g., Kish & Lansdown, 2000; Lansdown, Rumsey, Bradbury, Carr, & Partridge, 1997; Rumsey & Harcourt, 2004).

In the earlier study we addressed the challenges, processes, and outcomes involved in adjusting to facial surgery. However, the retrospective and cross-sectional design limited our ability to capture the intricacies of the unfolding adaptation process. The present study was undertaken to triangulate with and expand on these findings using diaries as a longitudinal, prospective mode of data collection. We also aimed to consider more closely the individuals' lived experiences of the adaptation process as related chronologically in their narrative accounts. In this article we focus on the methodological findings relating to diaries as a research tool.

## Literature Review

### *Diaries as a Research Tool*

Diaries have been employed in a variety of ways for research purposes. Structured diaries, or logs, have been

used to monitor and measure daily activities, mood, and pain levels (Cruise, Broderick, Porter, Kaell, & Stone, 1996; Follick, A'Hern, & Laser-Wolston, 1984). They have recorded sexual behavior and patterns of alcohol or drug consumption (Coxon & McManus, 2000; Morrison, Leigh, & Rogers-Gilmore, 1999), and health or social activities among older adults (Hickey, Akiyama, & Rakowski, 1991; Milligan, Bingley, & Gattrell, 2005). Free-response or semistructured diaries have been employed to explore individual feelings, thoughts, opinions, and meanings relating to a variety of psychosocial and health-related phenomena. These include smoking cessation programs, pre- and postnatal care, diseases such as cystic fibrosis and cancer, and dying (e.g., Bingley et al., 2006; Clayton & Thorne, 2000; Gonzalez & Lengacher, 2007; Jones, 2000; McNeal, 2002). Nursing staff and caregivers have also participated in diary studies (Bingley et al., 2006; Roulin, Hurst, & Spirig, 2007).

### *Structured Logs*

Logs take the form of questionnaires or lists that participants complete regularly for a few days or weeks, the data from which are statistically analyzed. Sherliker and

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Steptoe (2000), for example, measured coping strategies used by 10 cancer patients for 4 weeks. Although structured diaries can only answer predetermined questions, their advantage lies in the prospective reporting of behaviors in a natural setting otherwise inaccessible to the researcher. Diary data are considered to have high social validity as a result (Follick et al., 1984). However, concerns about the potential for bias in diary data have been raised: Participants can forget, become demotivated and fatigued, or omit information perceived to reflect negatively on them (Jarrett, 2000; Kooiker, 1995; Milligan et al., 2005; Ross, Rideout, & Carson, 1994; Välimäki, Vehviläinen-Julkunen, & Pietilä, 2007). Researchers have tackled the potential for unreliable results in many ways. Follick et al. (1984) checked participant entries against those made by spouses, which also increased attentiveness and accuracy of the main participant. Regular telephone contact to support or remind the diary keeper is a common tool (e.g., Gonzalez & Lengacher, 2007; Keleher & Verrinder, 2003; Välimäki et al., 2007) that has been effective in reducing missing data (Keleher & Verrinder, 2003). Other studies have triangulated methods by following up completed diaries with in-depth interviews (Griffiths & Jordan, 1998; Jacelon & Imperio, 2005; Kooiker, 1995).

### *Unstructured or Free-Response Diaries*

Unstructured diaries are often kept as a personal response to times of change, upheaval, and exploration (Keeling, 1997; McNeal, 2002), and also provide interesting information about routine and trivial life experiences (Duck, 1991). Unsolicited journals have long been valued as a source of historical and cultural data (e.g., Keeling, 1997; Thomas & Znaniecki, 1919). They have recently been recognized as useful to health or social scientists and psychologists to gain insight into individuals' psychological, spiritual, interpersonal, and emotional lives (e.g., Duck, 1991; Jones, 2000; Malacrida, 2007; McNeal, 2002; Mendelson, 2006), although concerns have been expressed about the ethical issues involved in using a diary unintended for public view. Use of solicited unstructured or semistructured diaries, kept for the purpose of research (e.g., Gonzalez & Lengacher, 2007; Griffiths & Jordan, 1998; Keeling, 1997; Sharp & Tishelman, 2005), might be a better way of monitoring psychological phenomena than traditional checklist measures. In relation to coping, for example, checklists and questionnaires arguably limit the data obtained, and fail to capture participants' experience of coping and its meaning to them in terms of behaviors, intentions, and usefulness (Somerfield, 1996). Semistructured or unstructured diaries, in contrast, give far greater insight into the environmental context, determinants and consequences of coping, as well as the

emotional and cognitive processes involved (Cruise et al., 1996; Follick et al., 1984; Milligan et al., 2005; Ong & Jinks, 2006; Sharp & Tishelman, 2005; Stopka, Springer, Khoshnood, Shaw, & Singer, 2004).

### *Methodological Issues Associated With Qualitative Diaries*

Qualitative diaries have been used within studies based on differing methodologies, including content or theme analysis (Löfgren, Ekholm, & Öhman, 2006; Roulin et al., 2007; Välimäki et al., 2007), grounded theory (Jacelon & Imperio, 2005; Löfgren et al., 2006; Milligan et al., 2005; Stopka et al., 2004), and phenomenology (Mackrill, 2007; Ross et al., 1994). As a means of gathering qualitative data, diaries provide information about phenomena as they happen (Griffiths & Jordan, 1998; Milligan et al., 2005; Ross et al., 1994; Stopka et al., 2004). They reduce the recall bias or telescoping effects associated with retrospective interviews and questionnaires (Bolger, Davis, & Rafaeli, 2003; Burton, Weller, & Sharpe, 2007; Milligan et al., 2005). Diaries allow data to be gathered in natural settings, so are less affected by contextual biases (Jarrett, 2000) and produce findings with greater face validity and relevance for participants (Somerfield, 1996). They are one of the few ways through which change, transition, and process can be observed (e.g., Griffiths & Jordan, 1998; Jones, 2000; Miller, Pinnington, & Stanley, 1999; Sherliker & Steptoe, 2000). Qualitative diaries maintained for a period of time can reveal patterns in the diary keeper's interpretations and perspectives on events; such inconsistencies and fluidity can be as theoretically interesting as the events themselves (Duck, 1991). However, diary studies—qualitative and quantitative—require considerable investment of time and effort by both participant and researcher (Ross et al., 1994; Stopka et al., 2004). Recruitment and retention problems are evident in some studies (Stopka et al., 2004), although others have reported high levels of commitment and low drop-out rates (Miller et al., 1999; Verbrugge, 1980). Certain sections of the population could be excluded by reliance on written data collection, such as those with severe debilitating illness, poor literacy or literary skills, visual impairments, and language differences (Griffiths & Jordan, 1998; Miller et al., 1999; Milligan et al., 2005; Stopka et al., 2004), meaning participant samples and results do not adequately represent these groups. Researchers have other methods open to them: audiotaped or electronic diaries have been used successfully (Jacelon & Imperio, 2005; Neaigus et al., 1994; Stopka et al., 2004); however, other groups might be disadvantaged by these methods, including those with auditory or communication difficulties and the less technologically minded.

Finally, it has been argued that regular recording of a phenomenon alters the phenomenon. These “reactive effects” (Patterson & Sechrest, 1983) could create concern about the validity of findings; however, Cruise et al. (1996) found that pain and mood remained stable in their participants during the study period. This suggests that, unless reactive effects were immediate and unchanged, their data were not biased by the act of recording. Similar findings have been noted elsewhere (VonBaeyer, 1994). The effect of diary keeping on more complex psychological phenomena is unclear (Somerfield, 1996). Morrison et al. (1999) reported that one third of their participants believed keeping a diary of sexual activity had affected their behavior. Some of Stopka et al.’s (2004) diarists recording drug-injecting behavior wrote that they were considering stopping their habit, one of whom later entered a program to achieve this end. Diary keeping encourages reflection, which can impact on thoughts, feelings, and behavior, effectively altering what might otherwise have occurred.

Diaries enable the keeper to reflect on, vent emotions about, and make sense of their experiences (Bingley et al., 2006; Keleher & Verrinder, 2003; Mackrill, 2007; Miller et al., 1999; Milligan et al., 2005). These processes are considered to have a beneficial effect on recovery, adaptation, and well-being (Esterling, L’Abate, Murray, & Pennebaker, 1999; Löfgren et al., 2006; Pennebaker & Seagal, 1999; Stopka et al., 2004), especially when the person lacks an effective social support network (Gonzalez & Lengacher, 2007). Godfrey and Townsend (2008) wrote that illness can disrupt a person’s normal routines and personal identity to the extent that integrating the event and its consequences into the individual’s life story and sense of self become a vital part of recovery. Writing a diary is a form of autobiography (or biography; see, for example, Roulin et al., 2007), in which the writer constructs and tells his or her story to him- or herself (Ong & Jinks, 2006). Ryan (2006) noted that as social beings, we also need to be able to tell our story to others: Composing an autobiographical account in written form allows us to organize and frame our experiences, developing a story that can then be verbalized coherently and meaningfully to others. When the diary is kept for research purposes, the participant might be motivated by using her or his own experiences to inform caregivers and benefit others suffering similar health challenges (e.g., Ryan, 2006). It seems likely, then, that diary keeping facilitates processing, making sense of and communicating experiences, with beneficial effects on adaptation. Therefore, the researcher should be mindful and acknowledge—which is arguably easier and more acceptable in a qualitative constructionist-orientated study—that intervening in a participant’s life and asking him or her to write about his or

her experiences has the potential to alter those experiences and his or her reactions to them.

## Aims and Methods

We wished to explore in detail the journeys of a small cohort of facial cancer surgery patients through surgery and the first postoperative year. We used semistructured diaries to (a) compare prospective, longitudinal findings with previous retrospective, cross-sectional study results, and (b) consider participants’ lived experiences through in-depth consideration of individual narratives.

Ethical considerations were paramount: We followed United Kingdom National Health Service (NHS) Research Guidelines and British Psychological Society (BPS) Ethical Principles for conducting psychological research in the NHS and with human participants (BPS, 2005). We sought agreement from relevant consultants and nurse managers and obtained ethical approval for the study from local NHS research ethics committees. Persons under the age of 18 years or those unable to complete diaries for linguistic or cognitive reasons were excluded. Eligible persons were introduced to the study by hospital staff during preoperative clinic appointments. We supplied interested persons with written and verbal information, obtained consent, and mailed diaries to them. Five participants awaiting surgery for facial tumors were recruited from relevant departments (including ophthalmology and maxillo-facial surgery) in NHS Hospital Trusts. Pseudonyms were used to maintain anonymity. The participants included Diane (age 53), Mavis (57), Amanda (57), Elizabeth (75), and Joseph (77), whose treatments varied from the excision of small eyelid tumors to the removal of soft tissue cancers and substantial facial reconstruction.

We asked participants to keep a diary of significant events and experiences, and their associated thoughts, feelings, and actions, from the time of surgery and for the first year afterward, dating their entries. Suggestions and examples were offered; however, we emphasized that these were merely illustrative and encouraged participants to include anything they felt might be relevant or interesting to the study. Contact details were provided, and we arranged to telephone them 1, 6, and 12 months after their surgery to find out how the diaries were progressing and to respond to questions. Many researchers (e.g., Gonzalez & Lengacher, 2007; Keleher & Verrinder, 2003) have reported the positive impact of maintaining telephone contact with diary keepers on motivation and completion.

When telephoned, participants had opportunities to discuss any difficulties they were experiencing. Arrangements had been made to offer a range of supportive interventions if required (e.g., referral to a psychologist, information about relevant community-based supportive

agencies); one participant was supplied with the information sheet on request. During telephone calls, participants frequently discussed not only their progress with the diaries but also other thoughts and experiences relating to surgery and its consequences. This is not an unusual occurrence in prolonged diary studies. Keleher and Verrinder (2003) commented on the supportive relationship that can develop between researchers and participants in the context of diary completion and telephone contact. We asked participants to enter these experiences in their diaries, took brief notes of the valuable unanticipated data, and later sought participants' consent to include them in analysis. Participants mailed their completed diaries to us and in return all received a printed copy to keep.

Diaries were transcribed and stored in the NVivo 2.1 computer software program (QSR International Ltd., 2003). Data were analyzed in two ways: To facilitate triangulation with previous interview study findings, we used the same grounded theory-inspired constant comparative method (Pidgeon & Henwood, 1997) adopted in the earlier study (Furness, 2006; Furness et al., 2006). To generate a chronological narrative of each person's experience of the adaptation process, we adopted a descriptive phenomenological approach (Sokolowski, 2000). We sent participants a summary of overall results based on comparative analyses, and invited comments; none were received, so we assumed participants agreed with our findings.

## Results

Results relating to adaptation were similar to those obtained from the earlier study, reported elsewhere (Furness, 2006; Furness et al., 2006); however, our primary aim in this article is to identify the methodological issues, strengths, and weaknesses we experienced. These we have categorized as (a) comparability with qualitative interview data; (b) factors affecting data quantity and quality: novelty, personal significance, and individual writing style; (c) chronological storytelling; and (d) barriers to writing: visual problems and depression.

### *Comparability With Qualitative Interview Data*

One of the aims of the study was to triangulate data with in-depth interview findings. Diary entries were occasionally briefer than interview responses (in an interview the interviewer can probe for or prompt additional revelations); however, data quality was very similar, and it was quite possible to analyze the diary data for themes as we had done with previous interview data. Admittedly, similar topics were addressed in both studies, and previously generated categories were used to guide comparative analysis; therefore, it is not surprising that data were comparable. Nonetheless, diary data added new

categories such as *side effects*, because they offered detailed accounts of day-to-day experiences of and changes in, for example, treatment-related pain and sleep disturbance. Keleher and Verrinder (2003) commented that diaries are one of the best ways of capturing transient phenomena. The diaries also enriched preexisting categories such as *appraisal* and *expectations* because they allowed the recording of thoughts and feelings both before and after events. In their diaries, participants recorded anticipating events before they occurred, especially events that gave rise to concern. For example, Mavis stated, preoperatively, "I am waiting for the post everyday. I am very tense and worried about the operation." Some weeks after surgery, Amanda anticipated a social event, noting beforehand: "I have had an invitation to a friend's parents' anniversary celebration (in a hall—lots of people)," and afterward:

We went to the party. Awful. Awful. Worse than expected. The hall was brightly lit and the guests were all seated so I felt totally exposed and on show as we walked in. However, I knew a few people there. Some were kind, although obviously finding it difficult. One or two were quite relaxed and behaved much as they usually did. The incident of the evening for me was when a total stranger walked up to me. She stood in front of me, much too close, and asked me (loudly!) what on earth I had done to my face. My partner froze in horror and I briefly (probably abruptly) said that it was just an operation. I then turned away and really don't know whether she realized she had been too intrusive. Later, a relative suggested that I should have given her a few explicit details—but it was a friend's "do" so I didn't need any dramas. Also, part of me feels that at least she acknowledged me, however inappropriately. I am reasonably prepared for these hurtful behaviors now, but it was the first time my partner had shared it. I think he may now have more understanding of the different strains and tensions that situations produce.

The level of detail present in this single entry about one particular experience was unusual compared to our retrospective interview data, where months or years had sometimes elapsed, blunting detail and emotional impact (see Ong & Jinks, 2006). Describing her experiences soon after they occurred allowed Amanda to set the scene in considerable detail, painting a vivid image of what had happened. The entry illustrates how Amanda's immediate response of horror gave way to a more philosophical perspective following reflection. Writing so soon after her experience, though, meant the emotions remained high and their immediacy could be vividly expressed to the reader.

Furthermore, the entry demonstrated others' responses, seen through Amanda's eyes, and her own reactions to their comments and perceived feelings. Like other similar entries, it provided a rich source of information for analysis. This is just one example of the way the prospective, longitudinal diary entries gathered in this study allowed insight into the minutiae of unfolding experiences, cognitions, emotions, and actions.

### Factors Affecting Data Quantity and Quality

**Novelty.** There were clear differences in the number and intricacy of diary entries both within and between diaries. Within individual diaries it seemed that novelty, of both the diary itself and the events being recorded, ensured entries were numerous and detailed. Participants were asked to record events and thoughts relating to their recovery from surgery and these events were naturally more numerous closer to the surgery itself. However, the nature of the perioperative entries suggest that this period was particularly stressful; not only were diaries intensively used, but entries were lengthy and dense with emotive language during this period, indicative of the meaningfulness and impact of the events participants were experiencing. Entries detailed hour-to-hour emotional changes, coping strategies, and contextual influences. For example, one participant recounted the hours leading up to her surgery, and her use of the present tense is indicative of the immediacy of their emotional impact:

I go to work in the morning. I need to be busy! As 12 o'clock approaches I begin to feel a bit nervous, but resigned to the fact that I have no choice. I leave [workplace] with lots of GOOD LUCK! Thinking of you! The drive home is one of mixed feelings. At 2.45, I will set off to walk to the [hospital]. I keep thinking it's going to be done—you will be fine. Having arrived at the right department my calmness is seeping away and I can feel my hands getting sweaty. I was hoping to have only 10 minutes to wait but this turns into an hour and a quarter. I am called through. Because of unexpected delay my hand is shaking that much I can just about sign the consent form. (Diane, day of surgery)

There was a clear pattern of reduction, both in treatments and in the richness of diary entries during the year after surgery. Appraisals, initially very detailed, personal, and emotive, became briefer, more detached, and reflective as the months passed. This was suggestive of the lessening impact of ongoing surgery-related experiences:

I'm finding it interesting that hospital appointments, even including operations and treatments,

are no longer at the centre of my life. I didn't even stop to record these latest ones. (Amanda, 6 months)

Joseph and Mavis stopped making entries altogether after approximately 6 months, reporting having little to write about, and returned their diaries before the year ended. Many structured diary studies are conducted for periods from several days to 2 or 3 weeks (e.g., Jacelon & Imperio, 2005; Löfgren et al., 2006; Välimäki et al., 2007), and very few researchers, even those using unstructured diaries, have extended their study period beyond 6 months (although see McNeal, 2002; Mort, Convery, Baxter, & Bailey, 2005). It has been commented that 2 weeks is the optimal duration, beyond which fatigue sets in, resulting in missing and low-quality data (Burman, 1995). This might be true of quantitative approaches, requiring intensive symptom or mood monitoring; however, several researchers have carried out longer, less-intensive studies, in which drop-off and missing data rates were very low (Gonzalez & Lengacher, 2007; Mackrill, 2007; Milligan et al., 2005), suggesting that it is more the nature of the diary keeping than its length that can create fatigue. Nonetheless, given the focused nature of the diaries in this study, once participants felt there were no longer any new "events" associated with their facial surgery, it is unsurprising that they ceased making entries. If the length and frequency of diary entries could be taken as indicative of the impact on participants of the events they were recording, Josephs and Mavis's entries suggested that, after a recovery period of several months, the effects of the surgery on their lives were minimal. For the others though, surgery-related treatments and the threat of cancer recurrence remained a challenge throughout the period under study, and diary entries were maintained—admittedly less frequently, but of similar length.

**Personal significance.** Participants' entries were generally made in the context of specific incidents. Unsurprisingly, perhaps, in the context of facial surgery, many of these incidents were related to appearance change and others' actual or anticipated reactions. The first view of changes after surgery, applying makeup, or preparing for or reflecting on social events were typical foci for the diary accounts. Appearance-related and social experiences were generally reported at greater length, more intricately, and more emotionally than treatment-related experiences. This could be because the latter were of relatively short duration, and easier to compartmentalize as purely physical. The former, however, were arguably more meaningful: One's appearance and others' social feedback are central to self-concept and self-worth, and have lasting implications for the individual's quality of life and social relationships (Cole, 2001). When participants encountered a particularly challenging experience, they tended to report it quickly after the event, while details of what occurred and the

associated thoughts and feelings were clearly still very fresh in the mind, similar to previous studies (Välimäki et al., 2007). It is quite possible, in the light of previous evidence (e.g., Bingley et al., 2006), that putting their difficult experiences and feelings down in writing could have proved therapeutic for the participants. Indeed, two commented in telephone conversations that they were finding the diary “useful” as they came to terms with the changes in their lives.

*Individual differences in writing style.* One diary keeper did not make lengthy entries. Interpretation of the instructions was subjective, and Joseph chose to use his diary to make brief entries focused primarily on the specifics of his treatments and appointments. For example, his account of the day of surgery is in marked contrast to Diane’s (above): “Tumor removed. Everything went well.” Other researchers have commented on differences in data quantity and quality between participants—for example, ranging from “meager” diaries to “reflective” accounts (Välimäki et al., 2007), so the findings from this study are not unusual. Variations in emotional content between diaries could be a function of differences in a range of factors: participant gender (although Milligan et al., 2005, noted no significant differences in entry quality between men and women), educational background, cognitive abilities, interpretation of instructions, time available for writing, emotions experienced, or desire to share difficult experiences with us, to name but a few. During telephone conversations with Joseph, he reported himself to be cheerful and optimistic and appeared largely unaffected by his surgery: “I am not very concerned. I already have an artificial eye.” It seems likely that a significant factor in the brevity of Joseph’s entries was a relative unconcern about the surgery. However, gathering data in this way—at a distance, leaving the participant to make decisions about what he or she disclosed, and having little opportunity for exploration—meant that it was not possible to interpret differences with any degree of confidence. We were obliged to accept what was provided by the participants at face value (see Griffiths & Jordan, 1998; Välimäki et al., 2007). This is one of the risks of the diary method: the researcher has less power over the direction, nature, and quality of data than in other qualitative approaches. However, what participants produce with minimal direction, in terms of both content and style, can be highly informative. The diary method also has the benefit of generating data of greater validity to the participant and uncovering unanticipated gems.

### *Capturing the Broader Context*

Although the study focused on surgery-related experiences, participants often shared other life events, both in the diary and during telephone conversations. For example,

Elizabeth, along with 2 other participants, revealed at the 6-month interview that she had been diagnosed with and had begun treatment for depression. Elizabeth continued making detailed diary entries:

Things have become difficult; I’ve developed a nervous rash. The doctor encouraged me to talk and thought I was suffering with depression. He prescribed tablets, one per day for a few weeks or months. Things have been building up—my daughter died a long time ago; I was injured, had a bad fall and injured my shoulder five years ago; then I had cancer of the eye and the operation. I have also been a bit worried because, although I am sure she has cleared it all, I have noticed redness after exposure to sunlight. Also I am on my own 90% of the time. So it has been one thing after another.

This entry provided rich data relating to the influences of social support and previous health experiences on well-being. It also demonstrated the relevance of contextual factors when monitoring adaptation. Ptacek and Pierce (2003) argued for the importance of gathering information about other events happening in participants’ lives. They commented that stressors do not operate in a vacuum, but typically occur alongside other major and minor challenges, referred to as “contextual stress load” (Ptacek, Smith, Leffingwell, Lengua, & Pierce, 2001). Because responses to one stressful life event are influenced by the degree to which a person is managing other stressors (Lepore & Evans, 1996), it is important to get a sense of the latter to properly understand the former. Diaries allowed an interesting and poignant insight into the fluctuating events, actions, feelings, thoughts, and reflections of these 5 participants during the year after surgery, which it would have been difficult to capture through any other means.

### *Chronological Storytelling: Amanda’s Story*

Another key aim of this study was to gain insight into participants’ lived experiences of adaptation to facial surgery. Because diary data are chronological and capture phenomena as they occur, they are arguably ideal for descriptive storytelling purposes. The story and extracts that follow were taken from Amanda’s diary and telephone data.

Amanda underwent substantial facial surgery and experienced physical and emotional aftereffects, including being unable to wear her reading glasses, difficulties eating because of the bulky dressing (bandaging), “panic” about seepage through her dressing, “dread” about biopsy results and future treatments, sleeping problems, and nightmares. However, there was also evidence within the first few weeks that her accumulating experience was making

some of the demands of surgery easier to manage. As she prepared for a second operation, Amanda wrote, "It is easier this time. . . . I've more idea of what I need. . . . I allow for it and it is getting better." Regarding support from professionals, Amanda commented that she was gradually finding it "easier to ask" and noted that "there is plenty of help and attention for a new patient like myself," but wondered if the information and support would still be available as time passed.

Amanda discussed her initial "distress" about her appearance without dressings, but rationalized the situation: "I realize it is still my face, however changed. Yes, there is a wound in the centre. No, I haven't got a nose anymore. My lip has changed BUT it really is still my face." After the first couple of weeks, she made the first tentative moves toward resuming a social life, "meeting up with a few friends," felt "nervous," but found these encounters went well. Amanda spoke of her ongoing "dreadful nightmares." That she also reported feeling anxious about soreness she was experiencing elsewhere than at the surgery site was perhaps indicative of recurrence concern, although Amanda later reported in her diary, "The operation results are good—seem to have successfully removed all of the tumor, as hoped." Amanda seemed to be considering the best way to cope with the demands on her at this time, deciding whether to contact a support network and postponing nonessential activities to avoid overtaxing herself.

From 2 months postsurgery, Amanda increasingly picked up her social life, enjoying visits from friends and relatives, going out with acquaintances, and attending parties. All social encounters were anticipated with some concern, and Amanda's perceptions of these experiences varied from "great" to "awful." She also described emotional ups and downs, such as feelings of panic, hope, hurt, relief, despair, delight, and worry:

The appointment went well . . . no radiotherapy has been planned. . . . Relieved. In fact, delighted.

Woke today in the depths of despair, still worn out and having the occasional panic over nothing in particular.

In her second month after surgery, Amanda began appointments to fit a prosthetic nose, which pleased her: "I'm looking forward to covering this with something less conspicuous than a white dressing." Amanda found this dressing "a nuisance," as it limited her activities. She had also developed an allergy to most adhesive tapes used to secure the dressing to her face, which resulted in skin irritation in addition to the pain and soreness resulting from the surgery and healing process. Even so, anxieties developed as the time approached for fitting the prosthesis:

I am so nervous about this appointment. It is all very well, knowing that there will be a false part of my face at some stage, but actually preparing for it, seeing it, etc. is nerve-wracking. Will I be able to accept it as part of me?

The unpredictability of the healing process and the need for more corrective surgery meant that Amanda did not first wear her prosthesis until 5 months after surgery, commenting, "It feels and looks too heavy, too big and too false. It feels strange and I don't know how I feel about it." However, reactions of "delight" from her family and her sense of "not being stared at as much" soon helped her to feel better about the new prosthesis.

At 6 months, thinking about a forthcoming scan to check for tumor recurrence generated anxiety, both about its results and about undergoing the scan with metal implants in situ. She was later assured that titanium would not cause problems in the scanner, and asked, "How was I supposed to know that!" Amanda commented that support from loved ones was "changing over time. . . . Some people are too distant, some are too close. There are other people, but they feel it with me, so they can't always cheer me up." Amanda was still having nightmares at this stage, feeling depressed and "inwardly very tense," but received help from her general practitioner with this.

Diary entries were fewer beginning at this time. Amanda might have passed through the most intense phase of her recovery from surgery, had little new to record, or found the novelty of writing down her thoughts and feelings wearing off. She might also have been tiring of the effort. Indeed, her depressed state probably impacted on the number and length of diary entries. At 6 months, Amanda said, "The diary has been one of the things that has been beyond me." We discussed diary return, but Amanda continued to record her hospital appointments and ongoing distressing incidents:

My prosthesis came off whilst I was out. Unfortunately my reaction was probably worse than was called for by what happened, in that I couldn't stop crying. It was more like howling, actually. I don't know where the sound came from or why, and I don't want to hear it again.

Despite a general recovery, occasional moments like these made life difficult for Amanda, and required considerable determination to continue:

I came out of it, shook myself down, sorted out my face as best I could, and went back in. It was so difficult to carry on, but more difficult to have run away then had to start again. I hate it all.



Amanda had another operation to replace a loose, painful metal implant 3 months after its initial fitting, which meant a return to wearing dressings, with their associated problems. She found this apparently retrograde step hard to accept, particularly because it made wearing glasses difficult and prevented her from partaking in her favorite pastime, reading. The negative impact of this development was compounded by continued pain and sleeping difficulties. Amanda also reported finding it harder to ask for help as time passed: "The support is there, I'm just less willing to take it now. It's tedious to still be needing help." Amanda continued to make entries until 10 months postoperatively and returned her diary at the end of the study period after the final telephone call.

This is one of five narratives—which varied in length and detail—developed through descriptive analysis of the data. Interviews allow participants to present narratives of their experience; however, retrospective narratives tend to reflect not only the phenomena, but also any bias or omissions in memory, cognitive and emotional reappraisals, and the reworking of those phenomena into a coherent and meaningful part of their life story (Tedeschi & Calhoun, 1988). Diary-based narratives allow the researcher to access the person's experiences and immediate emotional and cognitive responses before too many of these processes have occurred. Clearly, the desirability of these reinterpretive processes depends on the researchers' aims; however, our objective was to describe our participants' lived experiences of adaptation, and chronological diaries proved a rich source of information. Amanda's diary entries spoke eloquently about the changing physical, psychological, personal, and social challenges she faced following her extensive facial cancer surgery, and the thoughts, feelings, and actions elicited thereby. From a clinical perspective, Amanda's diary allowed insight into her day-to-day experiences and difficulties with, for example, dressing tape, prostheses, professional and informal support, information she had or had not received (e.g., about the scan), side effects such as nightmares, and psychological problems such as depression. This information could be highly informative for health professionals working with similar client groups, and could contribute to enhancing care. Recovery journals, therefore, could prove both empirically and therapeutically useful.

### *Barriers to Writing: Visual Problems and Depression*

During the data collection process it became clear that certain participants were experiencing physical and psychological barriers to diary keeping. Two participants alluded to visual problems created by their surgery, one of whom stated that this had made it difficult for her to

record her thoughts and feelings in the first few days after surgery. Instead, she had jotted down brief notes, which she later elaborated for inclusion in the diary. It could be argued that important details might have been lost and that writing up notes could have introduced recall and reappraisal effects (Tedeschi & Calhoun, 1988). Jacelon and Imperio (2005) noted the importance of visual capabilities in diary study participants and visual difficulties have been cited by previous researchers as a factor impeding completion of diaries (Griffiths & Jordan, 1998; Milligan et al., 2005). A third participant observed that depression had prevented her from completing the diary for a time. It had been anticipated that emotional distress might be recorded in diaries, but not that distress might prevent entries being made. This experience appears to support Stroebe, Stroebe, Schut, Zech, and Van der Bout's (2002) comment that depressed individuals are among those less able to benefit psychologically from making written narratives of their experiences. Others have noted a tendency in diary studies for entries to cease or reduce at times of worsening physical or psychological symptoms or illness (Milligan et al., 2005; Sharp & Tishelman, 2005). Concern about failing to complete the diary for a time seemed to represent an extra burden, despite reassurance. Indeed, the potential for diary writing to become burdensome has been highlighted by several other researchers (Jacelon & Imperio, 2005; Sherliker & Steptoe, 2000), although primarily in the context of intensive daily logs rather than free-response diaries. In retrospect, we could have offered participants alternative modes of participation; however, as mentioned above, these are also prone to limitations.

## **Discussion**

The aims of the diary study were to explore facial cancer surgery survivors' experiences, thoughts, and feelings through their first postoperative year, to compare findings with those from a previous retrospective interview study, and to consider individual stories in detail. This was a small-scale study, and the 5 participants cannot be considered in any way representative of the facial surgery population as a whole. However, small samples are not unusual in phenomenological research (Morse, 2000), nor in qualitative diary studies. The literature contains research reports from studies focusing on between one (Chin, 2007; McNeal, 2002) and more than 1,000 journals (Coxon & McManus, 2000), and many qualitative studies are based on fewer than 10 participants (e.g., Clayton & Thorne, 2000; Gonzalez & Lengacher, 2007; Griffiths & Jordan, 1998; Roulin et al., 2007).

The findings reported here offer some useful insights into the strengths and weaknesses of the qualitative diary as a mode of data collection and its potential in health and

psychological research. In keeping with previous studies (e.g., Mackrill, 2007; Milligan et al., 2005; Sherliker & Steptoe, 2000), participants enjoyed keeping diaries; they reported that the experience had been a valuable one and hoped others would benefit from hearing their stories. Diary data were comparable with, if at times more detailed and emotionally charged than, those obtained through interview, so the diary method proved to be a useful means of methodological triangulation, as it has for previous researchers (e.g., Coxon & McManus, 2000; Verbrugge, 1980). The study findings also demonstrate that diaries can be used as a valuable stand-alone method to generate rich data about unfolding phenomena, day-to-day detail, and change processes (Griffiths & Jordan, 1998; Keleher & Verrinder, 2003; Miller et al., 1999; Ong & Jinks, 2006).

In conjunction with additional contextualizing and enriching telephone data, diaries were used to build up a narrative of participants' emotional and psychosocial journeys through the challenges of the first postsurgical year. This method has potential for health professionals and psychologists caring for client groups recovering from physically and psychologically traumatic life and health events, proving therapeutically useful in different ways (Stopka et al., 2004). First, a diary stays with the individual, and is available to record incidents, thoughts, and feelings before, as, or just after they occur. The diary can therefore reveal intricacies otherwise obscured from practitioners, who typically see clients briefly and occasionally (Mendelson, 2006). Clients' journals can help build a picture of the impact of their experiences on different aspects of their lives, facilitating deeper understanding and more effective intervention by the practitioner. Ryan (2006) argued that such narratives empower the client, promoting advocacy, awareness, education, and social change. Second, diaries provide an immediate outlet for difficult emotions, and can provoke reflections and facilitate recovery processes. Writing facilitates the expression, rather than the suppression, of emotional responses to trauma (Pennebaker & Traue, 1993). Writing might be easier for some people than verbalizing responses (Ryan, 2006), which can have social consequences such as upsetting, shocking, or, over time, wearying others.

It is possible that the thought processes undergone by participants in writing their diaries affected the adaptation process, creating "reactive effects" (Patterson & Sechrest, 1983). Translating experiences, feelings, and thoughts into written form could have unnaturally accelerated cognitive processing of events. Writing a diary can also act as a self-help tool. It can replace talking, if the individual has few supportive contacts or is fearful of the social consequences mentioned earlier; indeed, 2 of the participants mentioned feeling unsupported at times, or being reluctant to ask for emotional support from others, and might have

found comfort in completing their diaries. Comments from participants to the effect that talking to the researcher had helped them think things through could be regarded as evidence for an influence, albeit a positive one.

Other limitations included limited control over the data and reliance on participants to make decisions about what and how to write; however, we maintained telephone contact with all participants through the study, which arguably encouraged continued participation and prevented withdrawal or nonreturn (Gonzalez & Lengacher, 2007; Jacelon & Imperio, 2005; Ross et al., 1994; Välimäki et al., 2007). As in other similar studies (Jacelon & Imperio, 2005; Milligan et al., 2005; Ong & Jinks, 2006), the relative lack of control generated differences in data quantity and quality. Our qualitative approach meant that these differences were less limitations than extra factors to consider and discuss when analyzing the data and evaluating the method. Differences in the quantity and quality of diary entries can tell a researcher much about individual differences between participants and can be as informative about the phenomenon under study as the explicit content of the entries themselves. For example, Joseph's short, unemotional entries entirely complemented his comments suggesting the surgery had little impact on him.

## Conclusion

In conclusion, this small diary study yielded rich data relating to the experiences and responses to facial surgery of 5 participants, which facilitated prospective evaluation of retrospective interview data; generated intricate, holistic accounts of the postoperative journey; and identified some interesting strengths, weaknesses, and possibilities of the diary method in health and psychology research. Those insights might be useful, not only to qualitative researchers, but also to clinicians working with vulnerable, recovering individuals as they consider how best to support their clients.

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## References

- Bingley, A. F., McDermott, E., Thomas, C., Payne, S., Seymour, J. E., & Clark, D. (2006). Making sense of dying: A review of narratives written since 1950 by people facing death from cancer and other diseases. *Palliative Medicine*, *20*, 183-195.
- Bolger, N., Davis, A., & Rafaeli, E. (2003). Diary methods: Capturing life as it is lived. *Annual Review of Psychology*, *54*, 579-616.
- British Psychological Society. (2005). *Good practice guidelines for the conduct of psychological research within the NHS*. Leicester, UK: Author.
- Burman, M. (1995). Health diaries in nursing research and practice. *Image: The Journal of Nursing Scholarship*, *27*, 147-152.
- Burton, C., Weller, D., & Sharpe, M. (2007). Are electronic diaries useful for symptoms research? A systematic review. *Journal of Psychosomatic Research*, *62*, 553-561.
- Chin, E. (2007). The consumer diaries, or autoethnography in the inverted world. *Journal of Consumer Culture*, *7*(3), 335-353.
- Clayton, A. M., & Thorne, T. (2000). Diary data enhancing rigour: Analysis framework and verification tool. *Journal of Advanced Nursing*, *32*(6), 1514-1521.
- Cole, J. (2001). Empathy needs a face. *Journal of Consciousness Studies*, *8*(5-7), 51-68.
- Coxon, A. P. M., & McManus, T. J. (2000). How many account for how much? Concentration of high-risk sexual behavior among gay men. *The Journal of Sex Research*, *37*(1), 1-7.
- Cruise, C. E., Broderick, J., Porter, L., Kaell, A., & Stone, A. A. (1996). Reactive effects of diary self-assessment in chronic pain patients. *Pain*, *67*, 253-258.
- Duck, S. (1991). Diaries and logs. In B. M. Montgomery & S. Duck (Eds.), *Studying interpersonal interaction* (pp. 141-161). London: Guildford Press.
- Esterling, B. A., L'Abate, L., Murray, E. J., & Pennebaker, J. W. (1999). Empirical foundations for writing in prevention and psychotherapy: Mental and physical health outcomes. *Clinical Psychology Review*, *19*, 79-96.
- Follick, M. J., A'Hern, D. K., & Laser-Wolston, N. (1984). Evaluation of a daily activity diary for chronic pain patients. *Pain*, *19*, 373-382.
- Furness, P. J. (2006). *A qualitative study of psychological adaptation to facially disfiguring injury and surgery in adulthood*. Unpublished doctoral dissertation, University of Nottingham, Nottingham, UK.
- Furness, P. J., Garrud, P., Faulder, A., & Swift, J. (2006). Coming to terms: A grounded theory of adaptation to facial surgery in adulthood. *Journal of Health Psychology*, *11*(3), 453-466.
- Godfrey, M., & Townsend, J. (2008). Older people in transition from illness to health: Trajectories of recovery. *Qualitative Health Research*, *18*, 939-951.
- Gonzalez, L. O., & Lengacher, C. A. (2007). Coping with breast cancer: A qualitative analysis of reflective journals. *Issues in Mental Health Nursing*, *28*, 489-510.
- Griffiths, H., & Jordan, S. (1998). Thinking of the future and walking back to normal: An exploratory study of patients' experiences during recovery from lower limb fracture. *Journal of Advanced Nursing*, *28*(6), 1276-1288.
- Hickey, T., Akiyama, H., & Rakowski, W. (1991). Daily illness characteristics and health care decisions of older people. *Journal of Applied Gerontology*, *10*(2), 169-184.
- Jacelon, C. S., & Imperio, K. (2005). Participant diaries as a source of data in research with older adults. *Qualitative Health Research*, *15*, 991-997.
- Jarrett, M. (2000). Diaries as a data collection strategy. *Journal of Wound, Ostomy and Continence Nursing*, *27*(2), 92.
- Jones, R. K. (2000). The unsolicited diary as a qualitative research tool for advanced research capacity in the field of health and illness. *Qualitative Health Research*, *10*, 555-567.
- Keeling, A. W. (1997). The use of diaries and journals in researching nursing history: Lessons from the field. *Windows in Time*, *5*(2), 4-6.
- Keleher, H. M., & Verrinder, G. K. (2003). Health diaries in a rural Australian study. *Qualitative Health Research*, *13*, 435-443.
- Kish, V., & Lansdown, R. (2000). Meeting the psychosocial impact of facial disfigurement: Developing a clinical service for children and families. *Clinical Child Psychology and Psychiatry*, *5*(4), 497-512.
- Kooiker, S. E. (1995). Exploring the iceberg of morbidity: A comparison of different survey methods for assessing the occurrence of everyday illness. *Social Science & Medicine*, *41*(3), 317-332.
- Lansdown, R., Rumsey, N., Bradbury, E., Carr, T., & Partridge, J. (Eds.). (1997). *Visibly different: Coping with disfigurement*. Oxford, UK: Butterworth-Heinemann.
- Lepore, S. J., & Evans, G. W. (1996). Coping with multiple stressors in the environment. In M. Zeidner & N. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 350-380). New York: Plenum.
- Löfgren, M., Ekholm, J., & Öhman, A. (2006). "A constant struggle": Successful strategies of women in work despite fibromyalgia. *Disability and Rehabilitation*, *28*(7), 447-455.
- Mackrill, T. (2007). Using a cross-contextual qualitative diary design to explore client experiences of psychotherapy. *Counselling and Psychotherapy Research*, *7*(4), 233-239.
- Malacrida, C. (2007). Reflexive journaling on emotional research topics: Ethical issues for team researchers. *Qualitative Health Research*, *17*, 1329-1339.
- McNeal, G. J. (2002). End of life issues in a palliative care framework for a critically ill adult African American with cystic fibrosis: A case study. *Journal of Cultural Diversity*, *9*(4), 118-127.
- Mendelson, C. (2006). Managing a medically and socially complex life: Women living with lupus. *Qualitative Health Research*, *16*, 982-997.
- Miller, J. S., Pinnington, M. A., & Stanley, I. M. (1999). The early stages of low back pain: A pilot study of patient diaries as a source of data. *Family Practice*, *16*(4), 395-401.

- Milligan, C., Bingley, A., & Gatrell, A. (2005). Digging deep: Using diary techniques to explore the place of health and well-being amongst older people. *Social Science & Medicine*, 61(9), 1882-1892.
- Morrison, D. M., Leigh, B. C., & Rogers-Gilmore, M. (1999). Daily data collection: A comparison for three methods. *Journal of Sex Research*, 36(1), 76-81.
- Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, 10, 3-5.
- Mort, M., Convery, I., Baxter, J., & Bailey, C. (2005). Psychosocial effects of the 2001 UK foot and mouth disease epidemic in a rural population: Qualitative diary based study. *British Medical Journal*, 331, 1234-1238.
- Neaigus, A., Friedman, S. R., Curtis, R., Des Jarlais, D. C., Furst T. R., Jose, B., et al. (1994). The relevance of drug injectors' social and risk networks for understanding and preventing HIV infection. *Social Science & Medicine*, 38(1), 67-78.
- Ong, B. N., & Jinks, C. (2006). "Walking like John Wayne": Open-format diaries of people with knee pain and disability. *Chronic Illness*, 2, 21-26.
- Patterson, D., & Sechrest, L. B. (1983). Non-reactive measures in psychotherapy outcome research. *Clinical Psychological Review*, 3, 391-416.
- Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology*, 55, 1243-1254.
- Pennebaker, J. W., & Traue, H. C. (1993). Inhibition and psychosomatic processes. In H. C. Traue and J. W. Pennebaker (Eds.), *Emotion, inhibition and health* (pp. 146-163). Seattle, WA: Hogrefe & Huber.
- Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology* (pp. 245-273). Hove, UK: Psychology Press.
- Ptacek, J. T., & Pierce, G. R. (2003). Commentary: Issues in the study of stress and coping in rehabilitation settings. *Rehabilitation Psychology*, 48(2), 113-124.
- Ptacek, J. T., Smith, R. E., Leffingwell, T. R., Lengua, L. J., & Pierce, G. R. (2001). *Coping with the context: Contextual stress load influences coping with a discrete stressor*. Unpublished manuscript, Bucknell University, Lewisburg, PA.
- QSR International Ltd. (2003). *NVivo 2.0* [computer software]. Retrieved February 7, 2006, from <http://www.qsrinternational.com>
- Ross, M., Rideout, E., & Carson, M. (1994). The use of the diary as a data collection technique. *Western Journal of Nursing Research*, 16, 414-425.
- Roulin, M. J., Hurst, S., & Spirig, R. (2007). Diaries written for ICU patients. *Qualitative Health Research*, 17, 893-901.
- Rumsey, N., & Harcourt, D. (2004). Body image and disfigurement: Issues and interventions. *Body Image*, 1, 83-97.
- Ryan, E. B. (2006). Finding a new voice: Writing through health adversity. *Journal of Language and Social Psychology*, 25(4), 423-436.
- Sharp, L., & Tishelman, C. (2005). Smoking cessation for patients with head and neck cancer. *Cancer Nursing*, 28(3), 226-234.
- Sherliker, L., & Steptoe, A. (2000). Coping with new treatments for cancer: A feasibility study of daily diary measures. *Patient Education and Counseling*, 40, 11-19.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge, UK: Cambridge University Press.
- Somerfield, M. R. (1996). On the use of checklist measures of coping in studies of adaptation to cancer. *Journal of Psychosocial Oncology*, 14(1), 21-40.
- Stopka, T. J., Springer, K. W., Khoshnood, K., Shaw, S., & Singer, M. (2004). Writing about risk: Use of daily diaries in understanding drug-user risk behaviors. *AIDS and Behavior*, 8(1), 73-85.
- Stroebe, M., Stroebe, W., Schut, H., Zech, E., & Van der Bout, J. (2002). Does disclosure of emotions facilitate recovery from bereavement? Evidence from two prospective studies. *Journal of Consulting and Clinical Psychology*, 70(1), 169-178.
- Tedeschi, R. G., & Calhoun, L. G. (1988, August). *Perceived benefits in coping with physical handicaps*. Paper presented at the annual meeting of the American Psychological Association, Atlanta, GA.
- Thomas, W. I., & Znaniecki, F. (1919). *The Polish peasant in Europe and America. Monograph of an immigrant group*. Volume 3: Life record of an immigrant. Boston: Badger.
- Välimäki, T., Vehviläinen-Julkunen, K., & Pietilä, A. M. (2007). Diaries and research data in a study on family caregivers of people with Alzheimer's disease: Methodological issues. *Journal of Advanced Nursing*, 59(1), 68-76.
- Verbrugge, L. (1980). Health diaries. *Medical Care*, 18, 73-95.
- VonBaeyer, C. L. (1994). Reactive effects of measurement of pain. *Clinical Journal of Pain*, 10, 18-21.

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