

# Interpretative phenomenological analysis

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# Part II

# Methods

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# Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research

Michael Larkin and Andrew R. Thompson

# **Description of the Method**

Interpretative Phenomenological Analysis (IPA; Smith *et al.*, 2009) is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experience. IPA requires the researcher to collect detailed, reflective, first-person accounts from research participants. It provides an established, phenomenologically focused approach to the interpretation of these accounts. It draws on a similar body of philosophical influences to the existential approach outlined in the next chapter, but the analytic processes and outcomes are rather different.

The outcome of a successful IPA study is likely to include an element of 'giving voice' (capturing and reflecting upon the principal claims and concerns of the research participants) and 'making sense' (offering an interpretation of this material, which is grounded in the accounts, but may use psychological concepts to extend beyond them; see e.g., Larkin et al., 2006). IPA is a relatively accessible qualitative approach — and there are lots of published examples and methods articles to draw upon — but striking the right balance between these two key components takes considerable time and effort. This is often best conducted in the context of supervision and peer support, which can facilitate the development and discussion of these elements.

# **Origins and Influences**

Idiography and hermeneutic phenomenology and are the key conceptual touchstones for IPA. As with other qualitative approaches, IPA is concerned with meaning and processes, rather than with events and their causes. In the case of IPA, meaning-making is conceptualized at the level of the *person-in-context*. This means that we focus first on the meaning of an experience (e.g., an event, process or relationship) to a given participant, and recognize its significance *for that participant*. In this way, IPA has a commitment to an *idiographic* level of analysis – which implies a focus on the particular, rather than the general. This connects closely with IPA's engagement with hermeneutic phenomenology.

Phenomenology is the philosophical study of 'Being' (i.e., of existence and experience). It is often understood to have two important historical phases: the transcendental, and the hermeneutic or existential. Transcendental phenomenology – from Husserl – strives to identify the essential core structures of a given experience (through a process of methodological 'reductions'). For Husserl, phenomenology was about identifying and suspending our assumptions ('bracketing' off culture, context, history, etc.) in order to get at the universal essence of a given phenomenon, as it presents itself to consciousness. His phenomenology aimed to *transcend* our everyday assumptions. These ideas have been particularly influential on the more 'descriptive' forms of phenomenological psychology (see e.g., Giorgi & Giorgi, 2003).

IPA does not aim for transcendent knowledge. Instead, it draws upon the later rereadings of phenomenology developed by Husserl's successors. These writers – notably Heidegger and Merleau-Ponty – suggest that we can never make Husserl's 'reduction' to the abstract, because our observations are always made from *somewhere*. For Heidegger, persons (*Dasein*, 'there-being') are inextricably involved in the world, and in relationships with others. For Merleau-Ponty, persons are always embodied too. These facts shape our perception of the world. Such strong emphases on the *worldly* and *embodied* nature of our existence suggest that phenomenological inquiry is a *situated* enterprise. This position is often called *hermeneutic phenomenology*, to emphasize that, while phenomenology might be descriptive in its inclination, it can only ever be *interpretative* in its implementation.

# **Epistemological Assumptions**

IPA has an interpretative (aka hermeneutic) phenomenological epistemology. We are interested in understanding a person's *relatedness* to the world (and to the things in it which matter to them) through the meanings that they make. Thus, IPA proceeds on the following assumptions:

- An understanding of the world requires an understanding of experience.
- IPA researchers elicit and engage with the personal accounts of other people who are 'always-already' immersed in a linguistic, relational, cultural and physical world.
- We therefore need to take an idiographic approach to our work, in order to facilitate a detailed focus on the *particular*.

- Researchers do not access experience directly from these accounts, but through a process of intersubjective meaning-making.
- In order to engage with other people's experience, researchers need to be able to identify and reflect upon their own experiences and assumptions.
- We cannot escape interpretation at any stage, but we can reflect upon our role in producing these interpretations, and we can maintain a commitment to grounding them in our participants' views.

### What Kind of Research Questions Suit IPA?

The topic should be something that *matters* to the participants, who are usually selected purposively, precisely because they can offer a valuable perspective on the topic at hand. This means that samples in IPA are usually reasonably homogeneous; participants tend to have *understanding* of the topic at hand. Typically, this understanding is experiential – IPA is not usually used to study people's attitudes to issues that are of no direct relevance to their lives.

IPA requires open research questions, focused on the experiences, and/or understandings, of particular people in a particular context. The intent is exploratory rather than explanatory; for example:

- How do people seeking support through self-help programmes make sense of their experiences of addiction and recovery (e.g., Larkin, 2001)?
- How do members of a community mental health team communicate and make sense of complex clinical presentations like personality disorder (e.g., Donnison *et al.*, 2009)?

These are first-tier questions. All IPA projects have these. Some projects will also have second-tier questions. These may be used to engage with theory. IPA does not test hypotheses, and is not usually used to build theory per se – but its analytic outcomes can be used to open up a dialogue with extant theory. It is useful to have a few more refined or theoretically informed questions, but to treat these as 'secondary' – because they can only be answered at the discussion stage. For example, we might have a primary research question which is very open (such as 'How do people make sense of their treatment decisions?'). More pointed questions (such as 'How do accounts of the decision-making process relate to the model described in theory Y?') can be secondary.

# What Kind of Data is Appropriate for IPA?

IPA usually requires a verbatim transcript of a first-person account, which has been generated by a research participant, usually in response to an invitation by a researcher. Most typically, this is in the form of a semi-structured, one-to-one interview (Smith *et al.*, 2009). Other forms of data that can sometimes be used for IPA include written accounts (Smith, 1999) and focus groups (Palmer *et al.*, 2010). In either case, the assumption is

that the researcher will aim to take a role that is as neutral and facilitative, and provides participants with an opportunity to tell their story. There is a recognition that one cannot be truly neutral, and that the interview situation comes with certain expectations. However, the researcher is aiming to capture an account that is rich, detailed and reflective. An IPA interview is not about collecting facts, it is about exploring meanings.

IPA studies require small sample sizes. It is the quality, rather than the quantity of data that permits insightful analyses to be developed. Appropriate numbers of participants will vary according to the aims, level and context of the research, and the time and resources of the researcher (for more detail see Smith *et al.*, 2009; Thompson *et al.*, in press). IPA also lends itself to single case study analysis – although this may be more suited to more experienced researchers.

Thinking about depth or range may be more helpful than thinking about numbers. For example, it can be helpful to interview participants twice, or to use diaries or other additional tools to facilitate understanding between the researcher and participant. Expanding the design, to include interviews with related respondents can also be helpful.

# How Can IPA Involve Service Users and People from the Research Population Under Study?

There are different levels and approaches to involvement. So far, few IPA studies have addressed the nuances of this, but it is not unusual for the research population to be involved in the early stages of an IPA project, in the 'piloting' of interview schedules, or in assisting the research team to consider ethical issues. Only one IPA mental health study to date has been commissioned and conducted by service users. Pitt *et al.* (2007) describe how a committee of service users had significant role in planning their study, and how service user researchers then led the data collection, analysis and write-up.

Few studies have been fully participatory. One exception is Martindale *et al.*'s (2009) study, which sought to explore experiences of confidentiality and consent for users of clinical psychology services. Their data were collected by service user researchers, and the analysis was conducted jointly by a service user researcher and a psychologist. The authors discuss some of the complexities involved in conducting their research, openly acknowledging that it led to 'lengthy debates' (Martindale *et al.*, 2009, p. 366).

# A Step-by-Step Approach to Using IPA

When you interpret qualitative data, you aim to develop an *organized*, *detailed*, *plausible* and *transparent* account of the *meaning* of the data. To do this, first, you need to identify *patterns of meaning* in the data. In IPA, these patterns are usually called '*themes*' and the themes are usually drawn from detailed, line-by-line commentary on the data, called '*codes*'. Eventually, you will want to be able to draw your themes together in to some kind of structure (this might be a table, a hierarchy, like a family tree, or a more circular

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diagrammatic representation) so that you can present your reader with an overview of the analysis. Secondly, you will need to produce a narrative account of this structure for the analysis section of your report. You will want to be able to steer the reader through your analytic work, giving examples of the things that matter to participants, highlighting your interpretations of their accounts, and taking time to explore any data that do not fit the prevailing patterns.

Remember in IPA we are interested in identifying what *matters* to participants, and then exploring what these things mean to participants. Once we have some understanding of this, we can develop an interpretative synthesis of the analytic work. The process for reaching that point in IPA is iterative and inductive, cycling and recycling through the strategies in Box 8.1.

# Box 8.1 Analytic Process in IPA

- IPA analysis begins at the level of the individual case, with close, line-by-line analysis (i.e., coding) of the experiential claims, concerns and understandings of each participant (see e.g., Larkin et al., 2006).
- Identification of the emergent patterns (i.e., themes) within this experiential material emphasizing both convergence and divergence, commonality and nuance (see e.g., Eatough & Smith, 2008); usually first for single cases, and then subsequently across multiple cases.
- Development of a 'dialogue' between the researchers, their coded data and their psychological knowledge, about what it might mean for participants to have these concerns in this context (see e.g., Larkin et al., 2006; Smith, 2004), leading in turn to the development of a more interpretative account.
- Development of a structure, frame or gestalt which illustrates the relationships between themes.
- Organization of all of this material in a format that allows for coded data to be traced right through the analysis - from initial codes on the transcript, through initial clustering and thematic development, into the final structure of themes.
- Use of supervision or collaboration, to audit, to help test and develop the coherence and plausibility of the interpretation and explore reflexivity.
- Development of a narrative, evidenced by detailed commentary on data extracts, which takes the reader through this interpretation, usually theme-bytheme, and often supported by some form of visual guide (simple heuristic diagram or table).
- Reflection on one's own perceptions, conceptions and processes should occur throughout the process and is usually captured in a systematic fashion by keeping a reflexive journal (see e.g., Smith, 2007).

List from Smith et al., 2009, p. 79–80; our italics.

Within these strategies, there is considerable room for manoeuvre. The epistemological focus of IPA can be implemented with flexibility, and other authors offer additional guidance on further analytic strategies (e.g., Eatough & Smith, 2008; Smith et al., 2009).

In the next section, we describe some of the key features in more depth. In our experience, reflection, which is the last element listed above, makes a good place to start and finish.

## Reflection on one's own preconceptions through 'free' or 'open' coding

t can be helpful to start by working with a licence to be wrong, presumptive, wayward, biased, creative, self-absorbed and unsystematic. Take a clean copy of the transcript, read through it a couple of times and write all over it. You can write anything: your own emotional reactions to the participant and their story, as you now recall the interview; initial ideas about potential themes; metaphors and imagery that strike you as particularly powerful; psychological concepts that seem to leap out at you from the data, as though calling directly on your theoretical knowledge.

This 'free coding' is partly about getting your initial ideas down, so that you can then proceed with a more systematic and consistent focus (below). It is also partly about identifying and considering the influence of your preconceptions. We cannot seal these off in a vacuum, but we can aim to be open-minded, to reveal our biases where possible and to minimize their impact. This is an ongoing reflexive process, which runs right through the life of a project. It can help to keep a reflexive journal detailing the process. It is also helpful to talk through examples of your free coding and personal reflections in supervision or with peer researchers, as preparation for more systematic coding.

The close, line-by-line analysis (i.e., coding) of the experiential claims, concerns and understandings of each participant – 'phenomenological' coding

Remaining at the level of the first case, now set aside your free-coded transcript and start fresh, with a clean copy. Your core analysis will be developed through the detailed, line-by-line annotation of the transcript. In particular, you will find it helpful to identify 'objects of concern' (anything that matters to the participants; e.g., events, relationships, values, etc.) and then to look for 'experiential claims' (these are linguistic and narrative clues as to the *meaning* of those objects). For example, consider this short extract from an interview with a male stroke survivor.

There is clearly something that *matters* to the participant in this short narrative, something that is 'annoying'. We might call it 'face', 'social standing' or, more generally, 'identity.' Its meaning – the experiential claim that underpins both the story and the thing exemplified – seems to have something to do with 'disempowerment' or 'invisibility. The participant appears to feel that his identity – as an active able man who warrants recognition and attention from people that he knows, or from 'officials' - has been

Developing line-by-line coding, staying close to data; generating possible interpretations	Transcript excerpt	Checking/ clarifying core content
(Something is) annoying  I don't go out much (very occasionally)  I have to use the wheelchair  'The wife' pushes me (Loss of agency/mobility) – threat to masculinity?  People we know  Officials (important people?)  talk to my wife, not to me (Loss of face/status) – this is what's annoying	Well the annoying thing is, when I go out, very occasionally, it has to be in a wheelchair. Now, when the wife is pushing me, er, we may see someone that we know or possibly an official. That person talks to my wife rather than me'	Object of concern: Other people's lack of recognition of/respect for my status as a human being Experiential claim: This is 'annoying' (understate- ment?) Spoiled identity?

diminished, by the wheelchair, and possibly by the presence of his wife, pushing the wheelchair.

The process of identifying, and noting down these observations tends to involve some parallel processes. The analyst is developing line-by-line coding, and trying to stay close to the data, but will also be beginning to generate possible interpretations (see next subsection). As the level of annotation starts to 'thicken out', they may also be checking and clarifying the core experiential content of the work that they have completed so far. The cycle of engaging with the data should explore all possibilities in depth. It is important to record these codes, and to discuss and evaluate this work in supervision or with peer researchers, because it takes practice to develop rigour and sustain a consistent focus. Note that, as in the example above, you will also be generating some ideas about the data at this stage which may feel as though they are more explicitly 'interpretative', and which already seem to be stepping a little beyond the experiential claims and concerns which are your primary focus.

## Identification of emerging themes

Once a transcript has been coded in detail, with a primary focus on the experiential content, it can be helpful to do some preliminary organizing and summarizing of the work completed so far. This is likely to happen, first of all, at the level of individual cases. It is therefore important that these initial case-level themes are captured in a flexible manner, because later on, when you proceed to looking at the data in a more 'cross-sectional' manner (i.e., once you begin to look for common themes across the cases), you will need to be able to spot potential connections across multiple levels of conceptualization.

Conducting some initial case-level work will help you to see the benefits of your efforts, in attending to the detail of the account, and will also give you a useful platform for further interpretative work with this transcript, and further integration across multiple transcripts at the next stage.

One useful way of doing this is to cluster the work that you have done around 'things that matter' (objects of concern) and the meanings that are attached to them (experiential claims). These will be quite small units of meaning – so there will be a lot of them at this stage. They should also be seen as tentative, emerging ideas - and so it may not be so helpful to give them specific titles, which might 'fix' their meaning a little too narrowly. Identifying 'bundles' of terms or phrases which capture the complexity of the content can be a better strategy – see Box 8.2 for an example.

# Box 8.2 Keeping Track of the Emerging Themes

Diagnosis is . . .

1/41 – required as an end goal

2/16 - described as disreputable or sinful

2/24 - irrelevant, bears no relation to people's lives

2/32 – something that dictates treatment, removes thinking process, is functional but. . .

3/10 - insensitive/reductionist, might miss something meaningful

**3/11** – leads to stigma, discrimination, exclusion

3/33 – outdated, does not view the person

4/35 – requires interpretation of experiences

7/32 – unavoidable if you know criteria (trapped by the knowledge?) but does not need to be stated

7/35 – something that patients must be protected from

9/10 - a careless, even aggressive, act

**10/18** – polarized against meaning

10/24 - an easy way out, does not require thought

12/19 - 'by looking at symptoms you are missing the person' and that is more real/certain

Diagnosis as a necessary functional tool/object

- A damaging object, to be avoided to minimize harm
- A blunt implement (lazy, careless, insensitive, outdated)
- Meaningless (to the patient and also polarized against meaningfulness)

These are all of the meanings attached by one participant to one object of concern (in this case 'diagnosis' - the participant is a psychiatrist). They are all identified by page and line number so that the context of these claims and concerns can easily be checked against any developing

This is the analyst's summarizing work which identifies the cluster of meanings that characterize the content, above

interpretations

Example from De Boos (2008)

Development of a 'dialogue' between the researchers, their coded data and their psychological knowledge, about what it might mean for participants to have these concerns, in this context

Once you are happy that you have mapped out the 'phenomenological core' of the data in sufficient detail (probably for each of your transcripts), you will want to return to some of the more explicitly interpretative ideas that you have been documenting, and work on those. At this point, your analysis may start to develop a more speculative, questioning dimension. You will find that, as with the early stage of line-by-line coding, there are a number of parallel processes here, and that this work is closely linked with, and developed from, the work that you have already completed. For example, in the extract below, we can see several strategies illustrated in the interplay between the 'phenomenological coding' (on the left) and the more explicitly 'interpretative' coding (on the right). The participant is a woman in late middle-age, who takes part in bungee-jumping most weekends.

	T	
PROMPT: planning?	I: So are there specific things	Offering opportunity to
	that you kind of plan to do when	_
	you do the jump? Do you (think	(what does it mean to
serious =	R: There) are now, because I'm	plan?)
• progression from	more into the serious stage of	
earlier stages	it now.	Activity has value,
	I: Yeah.	requires experience,
• experienced (quantity	R: Where I've done, obviously,	skill and preparation –
of jumps)	quite a number of jumps.	like a sport, not 'pure'
or jumps)	I: Yeah.	hedonism?
• plan	R: And we do plan the jump	
	sometimes.	We: This is a process
	I: Yeah.	shared with – and
somersaults, rolls	R: You know like I'll do three	validated by - others
(versatility, variability,	somersaults, or three rolls or	
skill)	whatever.	
	I: Yeah.	Presents multiple
<ul> <li>backwards, forwards</li> </ul>	R: (pause) Or whether I'll get	opportunities for
	out backwards, forwards	variability of experience
	or/Yes, we do plan it more	to skilled jumper
	now, yes.	
• PROMPT:	I: And is there added	
satisfaction?	satisfaction in that [then, I	
	R: Well there is, if you do a	
good, splendid, lovely	really good jump and you've	Expression of agency
- 'like I did' - satisfied	done some splendid	and skills is rewarding
(warm, gentle)	somersaults, like I did one	in itself
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

a good job (performance, execution, achievement) if a bad one (not predictable) you just think (acceptable)	today that had some lovely somersaults in it (pause) yes, you are satisfied when you've made a really good job of it. <i>I: Yeah.</i> R: And if you've done a bad one you just think, you know – '(huf) – that was a mess' – you know? (laughs)  Emily, bungee, lines 57–75	Why so warm/gentle? (More 'flow' than 'buzz'?)  Experience is not entirely predictable – there are skills you can develop to allow you to maximize time, control the feeling, demonstrate experience  But sometimes you just have to accept a 'bad one'
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### Here the analyst can be seen to be:

- 1. *Identifying cumulative patterns within transcripts* (e.g., Emily's use of the collective voice, 'We do plan the jump'). Emily often speaks for her bungee-jumping community in the interview, and in other places she emphasizes the importance of the social support and the benefits of shared enterprise. When we see all of that information in one place, we begin to see a pattern for Emily, where *being part of a community* is a very positive aspect of bungee-jumping.
- 2. Engaging with imagery and metaphor. In this instance there is an underlying analogy between 'bungee-jumping' and 'sport' which connects various features of this extract (emphasizing skill, experience, performance) to features evident elsewhere in the interview (down-playing risk, emphasizing safety procedures and favourably comparing bungee-jumping with joyriding).
- 3. Synthesizing or collapsing the first-order coding to develop more abstract categories. When we consider the opportunities presented to Emily by the 'somersaults/rolls' and 'backwards/forwards' pairs, we gain some insight into the *multiple opportunities* for varying one's experience which are available to a the skilled jumper.
- 4. Taking a more interrogative approach to the coding. There may be aspects of the data that prompt us to ask questions. Why is Emily's language so strikingly warm and gentle ('good', 'splendid', 'lovely')? Perhaps it stands out for us because we are more accustomed to people drawing upon the prevailing language of 'risk' and 'adrenalin' to represent their experiences of activities like bungee-jumping.
- 5. Opening some cautious dialogue with theory. Emily's use of this counter-intuitive language, combined with the emphasis on performance and skill, are reminiscent of some of Csikszentmihalyi and Csikszentmihalyi's (1988) ideas about 'flow experiences' (the details of Csikszentmihalyi & Csikszentmihalyi's work are not that important here; it is simply that there is a resonance between an emerging interpretation and an existing psychological concept). Note that the theory is not being imported here to 'explain away' the data. It is being offered more cautiously, as a

concept that may prove to be useful at the discussion stage (i.e., it may be helpful to have 'flow' in mind as we try to understand Emily's point of view). This allows us to see the phenomenon from the perspective of conceptual resources which can lead us to a richer, more insightful and more psychological account.

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Identifying cumulative patterns across transcripts. This particular study explored notions of 'risk' and 'reward' as they were understood by both bungee-jumpers and recreational Ecstasy-users (Larkin & Griffiths, 2004). When we paraphrase Emily's account here at an abstract level, we can see some potential commonalities between the accounts of the two groups. To paraphrase: this experience is not entirely predictable – but there are skills you can develop which will allow you to demonstrate your expertise and experience to others, and to maximize the time where you are able control the shift in your experience of yourself (this is when you are weightless, for the bungee-jumpers, and when you are 'up' for the drug-users) ... but, despite all this, sometimes you just have to accept a 'bad one'.

These are not the only forms of interpretative work that may be used in IPA, but they are some of the key elements of most people's implementation of the approach. As we hope we have demonstrated, interpretative coding *should* develop from, or connect to, the core experiential material, but it need not be entirely constrained by it.

Note that, at some point during this stage of your analysis, you will be beginning to work across the data set, spotting connections between cases and identifying the concepts and labels for themes which capture what is important across the dataset as a whole. The next step, then, is to focus upon this more directly.

## Development of a structure that illustrates the relationships between themes

As your interpretative ideas develop, you will start to spot the different ways in which your long, previously-collated set of emerging themes could be organized into a more economical and evocative pattern. This process requires considerable time, reflection and discussion before you settle on a solution that best represents the patterns of meaning in your data set, and accommodates the convergence and divergence within it. This can be done by way of cutting-and-pasting or computer software. Excerpts can then be arranged and rearranged, until their relationships with one another are adequately expressed by way of a visible structure. You should find that you benefit from having retained open and flexible labels for the emerging themes at the previous stages. Once again, there will be considerable iterative movement until you settle on labels. The most effective theme labels are usually those that clearly evoke the content of the material within them, and the meanings that are attached to that content by the participants.

This final structure might be hierarchical or it may be in the form of table, or circular account. Note that the resulting structure is not explanatory and is not a model of what is 'out there' (although it will be a representation of your analysis and may still share some

similarities with the formulatory approach common to many psychological therapeutic approaches). Constructing this sort of heuristic should help you to understand and develop the relationships between themes. It should also be accessible to someone who does not know your data (see Table 8.1 for a fictional example, illustrating one theme from a study exploring experiences of hospitalization.

# **Quality Issues**

IPA is interpretative, so some validation strategies, such as 'member-checking,' may be less appropriate than others. Member-checking may be appropriate for single case designs, where the interpretation offered can be traced back to one person's account. For designs with multiple participants, the combined effects of amalgamation of accounts, interpretation by the researcher and the passage of time, can make member-checking counter-productive. It is often preferable to use sample validation (people eligible to participate, but who did not), peer validation (fellow researchers) or audit. Whether you intend to use audit, or other processes of credibility checking, to test the coherence and plausibility of your analysis, a document such as in Table 8.1 is likely to have a key role in facilitating the process.

Smith (2010) has recently published a systematic review of IPA papers and described some of the general quality indicators that one might look for. We would also suggest that a 'good' piece of IPA research is likely to demonstrate most of the following features:

- Collecting appropriate data, from appropriately selected informants.
- Some degree of idiographic focus (attention to the particular) balanced against 'what is shared' within a sample.
- An analysis that:
  - transcends the structure of the data collection method (e.g., the schedule for a semi-structured interview)
  - focuses on 'how things are understood', rather than on 'what happened' incorporates and balances phenomenological detail (where appropriate) and interpretative work (where appropriate) to develop a psychologically relevant account of the participants' 'engagement-in-the-world'.
- Appropriate use of triangulation (can be via methods, perspectives, data, analysts, fieldwork) or audit and/or credibility-checking (can be via respondents, supervisors, peers, parallel sample) to achieve trustworthiness.
- Appropriate use of extracts and commentary to achieve transparency (claims should usually be referenced to data; data should not usually be left to 'speak for themselves'; there should be substantive engagement with, and commentary on some longer extracts of data).
- Appropriate level of contextual detail for the extracts, participants, researchers and study.
- Attention to process; including both analytic and reflexive components.
- Appropriate pitch and engagement with theory (in making sense of the analysis).

Table 8.1 Example of final structure showing one theme at the level of an across-transcripts analysis

Superordinate contributing to contributing to contributing to to this steme sub-theme cross-references indicative quotes Notes  Expecting and contributing to to this sub-theme cross-references indicative quotes Notes as the doctors we counter-case in the sub-theme contributing to all a Sasha, Ali, Ellen, Note, L250, Sasha (L24, L20, really long and noisy, strange in smell, maze-like, 1220, Ali (L23, L42), filme, and the telly in the hospital stobe in smell, maze-like, 1220, Ali (L23, L42), filme, and the telly in the hospital probability of the smell maze-like, 1220, Ali (L23, L42), Charlie in general are in general are for adults)  Worrying about Sasha, Ali, Ellen, Nick, Sandi (L32, 183), it know I might have pain and/or sintursive Charlie (L47), Ali (L32, L83), it know I might have some concern interventions interventions in the rospital in the hospital and the reliable proposed intra some concern concern interventions interventions a bit worried about (i.e., what the hospital in the hospi							
ting and peter     Adapting to an sand; Nick, sand; L24,75), when we went to alien salts to be environment Charlie L250, Sasha (L5, noisy, strange noisy, strange for adults)     Sand; Nick, Sand; L120, sasha (L5, noish bactors we environment Charlie L250), Sasha (L5, noish bactors we noisy, strange noisy, strange smell, maze-like, weird; a place for adults)     L250, Sasha (L5, noish bactors we had to wait for a noisy, strange noisy, strange (L30, L42), Charlie don't know what the telly as adults)       If places     L220), Ali (L23, L40, time, and the telly was just showing—I weird; a place for adults)     L248, L212, Ellen was just showing—I was just showing about interventions       Worrying about Sandi, Nick, sandi (L32, 183), interventions     Sandi (L32, L83), remember it, so I am a bit worried about that (Sasha)       (L47), Ali (L33, L90), and I've had one interventions     Ellen (L101), Charlie before, but I don't remember it, so I am a bit worried about that (Sasha)	Superordinate theme	Participants contributing to this theme	Subthemes	Participants contributing to this sub-theme	Key cross-references	Indicative quotes	Notes
If places (frightening, charles L220), Sasha (L2, L40, L80, L20), sarial to a noisy, strange noisy, strange (L220), Ali (L23, L40, time, and the telly smell, maze-like, L220), Ali (L23, L42), time, and the telly L48, L212), Ellen was just showing—I weird; a place for adults) (L30, L42), Charlie don't know what robish—and the smell made me feel a bit sick (Nick) "Walking down the corridors is a bit like being lost underground or something" (Charlie) Worrying about Sandi, Nick, Sandi (L22, 183), 'I know I might have pain and/or Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, interventions (L101), Charlie before, but I don't (L19, L36, L305) remember it, so I am a bit worried about that (Sasha)	Expecting and experiencing	All except Peter	Adapting to an alien	Sandi, Nick, Sasha, Ali, Ellen,	Sandi (L24, 75), Nick (L55, L120,	When we went to see the doctors we	Peter is a counter-case
noisy, strange  L220), Ali (L23, L40, time, and the telly smell, maze-like,  weird; a place for adults)  (L8, L55)  weird; a place for adults)  (L8, L55)  weird; a place for adults)  (L8, L55)  worlying about Sandi, Nick, Sandi (L32, 183), I know I might have pain and/or Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, interventions  (L19, L36, L30, Hart' (Sasha)  that' (Sasha)  that' (Sasha)	hospitals to be difficult places		environment (frightening,	Charlie	L250), Sasha (L5, L10, L80, L200,	had to wait for a really really long	here, because his father is a nurse
L48, L212), Ellen was just showing – I (L30, L42), Charlie don't know what (L8, L55) smell made me feel a bit sick' (Nick) "Walking down the corridors is a bit like being lost underground or something' (Charlie) Sandi, Nick, Sandi (L32, 183), 'I know I might have Nick (L26), Sasha to have an injection, (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) a bit worried about that' (Sasha)	to be		noisy, strange		L220), Ali (L23, L40,	time, and the telly	in the hospital
ace (L30, L42), Charlie don't know what (L8, L55) smell made me feel a bit sick' (Nick) "Walking down the corridors is a bit like being lost underground or something' (Charlie) sabout Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, Charlie Ellen (L101), Charlie before, but I don't (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) remember it, so I am a bit worried about that' (Sasha)			smell, maze-like,		L48, L212), Ellen	was just showing – I	where he will be
smell made me feel a bit sick' (Nick)  'Walking down the corridors is a bit like being lost underground or something' (Charlie) or Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L365) a bit worried about that' (Sasha)			weird; a place for adults)		(L30, L42), Cnarlie (L8 155)	don't know what	treated; hospitals
a bit sick' (Nick)  'Walking down the corridors is a bit like being lost underground or something' (Charlie)  'Sandi, Nick, Sandi (L32, 183), 'I know I might have (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) a bit worried about that' (Sasha)					())	smell made me feel	relatively familiar
'Walking down the corridors is a bit like being lost underground or sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, Charlie (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) a bit worried about that' (Sasha)						a bit sick' (Nick)	to him, and he
corridors is a bit like being lost underground or something' (Charlie)  labout Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) a bit worried about that' (Sasha)						Walking down the	talks positively of
being lost underground or something' (Charlie)  /or Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, Charlie (L47), Ali (L33, L90), and I've had one lions Ellen (L101), Charlie before, but I don't (L19, L36, L305) a bit worried about that' (Sasha)						corridors is a bit like	going to visit
underground or something' (Charlie) sabout Sandi, Nick, Sandi (L32, 183), 'I know I might have for Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) a bit worried about that' (Sasha)						being lost	'Dad's work'
something' (Charlie) sabdi, Nick, Sandi (L32, 183), 'I know I might have for Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, Charlie (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) abit worried about that' (Sasha)						underground or	
l about Sandi, Nick, Sandi (L32, 183), 'I know I might have Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, (L47), Ali (L33, L90), and I've had one Ellen (L101), Charlie before, but I don't (L19, L36, L305) remember it, so I am a bit worried about that' (Sasha)						something' (Charlie)	
for Sasha, Ali, Ellen, Nick (L26), Sasha to have an injection, Charlie (L47), Ali (L33, L90), and I've had one ions Ellen (L101), Charlie before, but I don't (L19, L36, L305) remember it, so I am a bit worried about that' (Sasha)			Worrying about	Sandi, Nick,	Sandi (L32, 183),	'I know I might have	Most of the
Charlie (L47), Ali (L33, L90), and I've had one ions Ellen (L101), Charlie before, but I don't (L19, L36, L305) remember it, so I am a bit worried about that' (Sasha)			pain and/or	Sasha, Ali, Ellen,	Nick (L26), Sasha	to have an injection,	participants had
Ellen (L101), Charlie before, but I don't (L19, L36, L305) remember it, so I am a bit worried about that' (Sasha)			intrusive	Charlie	(L47), Ali (L33, L90),	and I've had one	some concerns
remember it, so I am a bit worried about that' (Sasha)			interventions		Ellen (L101), Charlie	before, but I don't	about this, largely
about					(L19, L36, L305)	remember it, so I am	in the short-term
						a bit worried about	(i.e., what the
when I go to the hosping the hosping to the hosping than the hosping the hosping the hosping than the						that' (Sasha)	doctors will do
in the hospi							when I go to stay
							in the hospital)

- Engagement with other IPA work and/or phenomenological theory.
- Appropriate understanding and implementation of transferability issues.

# How Might Studies Using This Method Relate to the **Development of Mental Health Policy?**

IPA studies can provide crucial insights into personal experiences and psychosocial processes. These insights can be valuable on a number of levels (Box 8.3). They may not tell us what causes x, or whether y works – but they can help us to understand what it is *like* to live with x, and how y works.

# Box 8.3 IPA Research May Help Us To:

- Understand the experiences of particular groups of people
- Develop and evaluate services, therapeutic interventions, and so on
- Interpret the associative findings from conventional quantitative research
- Situate and understand people in their socio-cultural contexts
- Evaluate and reflect upon the role played by therapeutic, institutional and legislative cultures
- Re-evaluate existing theory

### **Future Directions**

We hope this chapter has demonstrated how IPA can explore mental health issues. IPA studies have already made an important contribution to knowledge in the mental health field.

IPA researchers may wish to consider when and how to better involve service users. The balance between phenomenological and interpretative elements in IPA means that there will be some dilemmas involved in doing this, but IPA's overarching commitment to understanding experience means that these can be addressed. Good IPA often comes about as a joint venture.

Systemic or multi-perspectival designs offer another potentially fruitful future development of IPA in the field of mental health. Given that the needs of service users, carers, families and service providers are often overlapping but also quite distinct, designs that look at a phenomenon from a number of inter-related perspectives (e.g., foster carers, looked-after children and social workers; Rostill et al., 2010) can offer powerful new insights.

Lastly, we would encourage people who wish to use IPA to be creative, and to think carefully about data collection, taking great care to engage with participants on terms

that are amenable and meaningful to them, and giving careful consideration to the use of case study analysis, and to triangulation of data collection between interviews and other forms, such as diaries or group discussions.

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## References

- Csikszentmihalyi, M. & Csikszentmihalyi, I.S. (1988). Optimal experience: Psychological studies of flow in consciousness. Cambridge, UK: Cambridge University Press.
- De Boos, D. (2008). A qualitative exploration of the process of diagnosing black and minority ethnic men. Doctoral thesis, University of Birmingham.
- Donnison, J., Thompson, A.R. & Turpin, G. (2009). A qualitative study of the conceptual models employed by community mental health team staff. International Journal of Mental Health Nursing, 18, 310-317.
- Dreyfus, H. (2007). Philosophy 185: Heidegger's Being and Time. University of California, Berkeley. Webcasts available at: http://webcast.berkeley.edu/course\_details.php?seriesid= 1906978475.
- Eatough, V. & Smith, J.A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton Rogers (Eds.) Handbook of qualitative psychology (pp. 179–194). London: Sage.
- Giorgi, A. & Giorgi, B. (2003). Phenomenology. In J.A. Smith (Ed.) Qualitative psychology: A practical guide to research methods (pp. 25–50). London: Sage.
- Langdridge, D. (2007). Phenomenological psychology. Harlow: Pearson.
- Larkin, M. (2001). Understandings and experiences: A post-constructionist cultural psychology of addiction and recovery in the 12-step tradition. Doctoral dissertation, Nottingham Trent University, Nottingham, UK.
- Larkin, M. & Griffiths, M.D. (2004). Dangerous sports and recreational drug-use: rationalizing and contextualizing risk. Journal of Community and Applied Social Psychology, 14, 215–232.
- Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in Interpretative Phenomenological Analysis. Qualitative Research in Psychology, 3, 102–120.
- Martindale, S.J., Chambers, E. & Thompson, A.R. (2009). Clinical psychology service users' experiences of confidentiality and informed consent: a qualitative analysis. Psychology and Psychotherapy: Theory, Research and Practice, 82, 355–368.
- Moran, D. (2000). Introduction to phenomenology. London: Routledge.
- Palmer, M., Larkin, M., De Visser, R. & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. Qualitative Research in Psychology, 7, 99–121.
- Pitt, L., Kilbride, M., Nothard, S., Welford, M. & Morrison, A.P. (2007). Researching recovery from psychosis: A user-led project. Psychiatric Bulletin, 31, 55–60.
- Rostill, H., Larkin, M., Toms, A. & Churchman, C. (2010). A shared experience of fragmentation: Making sense of foster placement breakdown. Clinical Child Psychology and Psychiatry, doi:10.1177/1359104509352894.
- Smith, J.A. (1999). Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood. British Journal of Social Psychology, 38, 409–426.
- Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. Qualitative Research in Psychology, 1,39-54.
- Smith, J.A. 2007). Hermeneutics, human sciences and health: linking theory and practice. *Inter*national Journal of Qualitative Studies on Health and Well-being, 2, 3–11.

- Smith, J.A. (2010). Evaluating the contribution of Interpretative Phenomenological Analysis. *Health Psychology Review*.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, research, practice*. London: Sage.
- Thompson, A.R., Smith, J.A. & Larkin, M. (in press). Interpretative phenomenological analysis and clinical psychology training: Results from a survey of the group of trainers in clinical psychology. *Clinical Psychology Forum*.

## Further reading and useful website

Web

www.ipa.bbk.ac.uk. Home page for IPA with information on further reading, events and access to a discussion group.

Phenomenology

There is an introduction to the phenomenological background of IPA in Smith et al. (2009) but also see Langdridge (2007). For doctoral-level research, it can be advisable to engage with this material in more detail; Moran (2000) and then Dreyfus (2007) can be helpful resources.

*IPA* 

Smith et al. (2009) provides more detailed exposition on most of the issues discussed here.