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Doing Interpretative Phenomenological Analysis

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This chapter introduces one particular form of qualitative analysis, interpretative phenomenological analysis (IPA) and takes the reader through the stages of conducting studies employing IPA, with illustrations taken from the authors' own research in health psychology.[1] The main aim is to provide the reader with detailed descriptions of the analytic process, and therefore the theoretical orienting material is kept to a minimum. Readers interested in knowing more about the theoretical underpinning and rationale of IPA are referred to Smith (1996). After a brief introduction, the bulk of the chapter is taken up with two extended examples of IPA in practice. In the first, an idiographic, case-study approach is outlined, where the analysis slowly builds from the reading of individual cases to claims for a group. This procedure is illustrated with material from a project on patients' perceptions of chronic back pain. In the final section of the chapter, a more exploratory method is outlined; here the focus shifts to the theorizing of themes at the group level and is illustrated with data from a project concerned with health professionals' experiences of working with patients with anorexia nervosa.

What is Interpretative Phenomenological Analysis and why is it Useful to Health Psychology?

The aim of interpretative phenomenological analysis (IPA) is to explore in detail the participant's view of the topic under investigation. Thus the approach is phenomenological in that it is concerned with an individual's personal perception or account of an object or event as opposed to an attempt to produce an objective statement of the object or event itself. At the same time, IPA also recognizes that the research exercise is a dynamic process. One is trying to get close to the participant's personal world, to take, in Conrad's (1987) words, an 'insider's perspective' but one cannot do this directly or completely. Access depends on, and is complicated by, the researcher's own conceptions and indeed these are required in order to make sense of that other personal world through a process of interpretative activity. Hence the term interpretative phenomenological analysis is used to signal these two facets of the approach.

It is important to distinguish IPA from discourse analysis (for example Potter and Wetherell, 1987).[2] While IPA shares with discourse analysis (DA) a commitment to the importance of language and qualitative analysis, where IPA researchers would typically differ from discourse analysts is in their perception of the status of cognition. DA, as generally conceived of in contemporary social psychology, is sceptical of the possibility of mapping verbal reports on to underlying cognitions and is concerned with attempting to elucidate the interactive tasks being performed by verbal statements and the pre-existing discourses which speakers draw on in this process. Thus, Potter and Wetherell's DA regards verbal reports as behaviours in their own right which should be the focus of functional analyses. IPA by contrast *is* concerned with cognitions, that is, with understanding what the particular respondent thinks or believes about the topic under discussion. Thus, IPA, while recognizing that a person's thoughts are not transparently available from, for example, interview transcripts, engages in the analytic process in order, hopefully, to be able to say something about that thinking.

Why is IPA relevant to health psychology? It can be argued that health psychology is generally premised on the belief that people think about their bodies and that their talk about these bodies in some way relates to those thoughts. So for example if considering a questionnaire completed by a patient about their illness, a health psychologist usually assumes there is a chain of connection between verbal response, cognition and physical problem. Many of the assumptions underlying this approach draw directly from the social cognition paradigm in social psychology (Smith, 1996).

For IPA, the existence of real entities such as bodies and illnesses provides a useful backdrop against which to consider personal accounts of physical processes. So, for example, an IPA researcher may choose to explore how two patients diagnosed with the same illness may talk very differently about the condition, precisely because this may help to illuminate the subjective perceptual processes involved when an individual tries to make sense of his or her health condition. Thus a dialogue between IPA and health psychology seems possible. While IPA may see the nature of the links in a particular way, it shares with the social cognition paradigm a belief in, and concern with, the chain of connection between verbal report, cognition and physical state.

The aim of this chapter is to provide for the reader new to this way of working a detailed presentation of interpretative phenomenological analysis. Smith (1995) gives an overview of conducting a study in this way, from constructing an interview schedule through to writing it up. However, that chapter had only limited space to discuss analysis. We therefore decided to devote this whole chapter to the business of doing analysis once one is confronted with transcripts of semi-structured interviews with participants.[3] We give details of each stage involved in the process and

illustrate it with examples taken from health psychology. At the same time it should be recognized that there is no single definitive way to do qualitative analysis. We are offering suggestions, ways we have found have worked for us. We hope these will be useful in helping the newcomer to IPA to get under way with analysis, but remember that, as you proceed, it is likely that you will find yourself adapting the method to your own particular way of working. Moreover, qualitative analysis is inevitably a personal process and the analysis itself is the interpretative work which the investigator does at each of the stages.

An Idiographic, Case-study Approach

The next part of the chapter will give a basic outline of one form of such analysis using examples of its application to the study of people in chronic pain, as illustration. Chronic pain is particularly suitable for qualitative study as it is widely recognized that it is the meaning of the experience to the sufferer that mediates the relationship between their pain, distress and disability (Skevington, 1995).

A project may take the form of a single case design or involve a larger group of participants. Either way it is advisable to begin by looking in detail at the transcript of one interview before incorporating others. This follows an idiographic approach to analysis, beginning with particular examples and only slowly working up to more general categorization or theory (see Smith, Harré and Van Langenhove, 1995).

Looking for Themes in the First Case

Read the transcript a number of times, using one side of the margin to note down anything that strikes you as interesting or significant about what the respondent is saying. It is important in the first stage of the analysis to read and re-read the transcript closely in order to become as intimate as possible with the account, as each reading is likely to throw up new insights. Some of your comments may be attempts at summarizing, some may be associations or connections that come to mind, others may be preliminary interpretations. In the following example the notes in the left margin focus on how the participant, who is identified as Linda,[4] struggled to understand the chronic nature of her pain, and how the implications for her self-concept began to emerge:

	I. Do you know why you have pain?
wants to know disbelief uncertain astonished needs an answer – but has none pain – unpredictable/unusual/ inexplicable	L. No. I just keep asking myself why the pain is there and I haven't got an answer. I don't know how I should feel really, it's just that I don't think it should be there. Why should I have it? I would have thought that after all this time it should have eased up and gone away but it hasn't.

	I. So how does that make you feel?
self-critical aggressive frustrated	L. I'm sort of mad at myself. I start banging things and getting so aerated with myself that it's there and I can't get it to go away.

The other margin is used to document emerging theme titles, that is, using key words to capture the essential quality of what you are finding in the text. At this preliminary stage the key words need not be definitive but should enable you to articulate something about the concept you have identified. From Linda's account, the following themes emerged and were noted:

I. Do you know why you have pain?	
L. No. I just keep asking myself why the pain is there and I haven't got an answer. I don't know how I should feel really, it's just that I don't think it should be there. Why should I have it? I would have thought that after all this time it should have eased up and gone away but it hasn't.	uncertainty trying to make sense searching for an explanation
I. So how does that make you feel?	
L. I'm sort of mad at myself. I start banging things and getting so aerated with myself that it's there and I can't get it to go away.	implications for the self

Generally one would go through the whole interview making preliminary notes in the left margin first, and then proceed to abstract theme titles afterwards. To illustrate further how this process works here is another section of the transcript, showing first initial notes and then the emergent themes:

	I. What's it like being in pain?
shoulds, ideals, expectations frustration, other people	L. I'm only 50, and I should be doing this and that and the other 'cos they say life begins at 40 but I can't and I suppose it does bother me. It's frustrating that people of my own age are, you can see them flying their kite and you feel as if you can't, well you can't.
mobility restriction trapped	I. You can't.
compared to sisters	L. No which is so stupid, I just think I'm the fittest because there are three girls [she and her sisters] and I'm the middle one and I thought well I'm the fittest and I used to work like a horse and I thought I was the strongest and then all of a sudden it's just been cut down and I can't do half of what I used to do.
compared to past when fit/strong ideal past/doubt, 'I thought' not 'I was' adjustment, shock loss/change	

The emergent themes noted in the right-hand margin were:

I. What's it like being in pain?	
L. I'm only 50, and I should be doing this and that and the other 'cos they say life begins at 40 but I can't and I suppose it does bother me. It's frustrating that people of my own age are, you can see them flying their kite and you feel as if you can't, well you can't.	loss social comparison – others
I. You can't.	
L. No which is so stupid, I just think I'm the fittest because there are three girls [she and her sisters] and I'm the middle one and I thought well I'm the fittest and I used to work like a horse and I thought I was the strongest and then all of a sudden it's just been cut down and I can't do half of what I used to do.	social comparison – family nostalgia – selective recall sense of self

Of course, as one moves through the transcript, some of the notes will reflect connections with previous sections of the interview – pointing to similarities and differences in what the participant is saying. At this stage all of the transcript is treated as potential data and no attempt is made to omit or select particular passages for special attention.

Looking for Connections

On a separate sheet, list the emerging themes and look for connections between them. Thus you may find that some of them cluster together and that some may be regarded as superordinate concepts. Do some of the themes act as a magnet, seeming to draw others towards them and helping to explain these others? You may also find that during this process you come up with a new superordinate theme that helps to pull together a number of the initial categories you had identified.

The preliminary list of themes which emerged from Linda's transcript and were noted in the right-hand margin was:

- trying to make sense
- searching for an explanation
- uncertainty

- lack of understanding
- frustration
- confusion and anger
- implications for the self-concept
- sense of self
- self-critical

- social comparisons with others
- social comparison within family
- social comparison with self before the pain
- loss
- bereavement and shock
- mobility/physical restrictions
- adjustment
- nostalgia/selective recall of the past
- planning activity

- self-doubt

- social problems
- social withdrawal

These were clustered in the following way:

- trying to make sense/searching for an explanation
- uncertainty/lack of understanding
- frustration
- confusion and anger

- implications for the self-concept
- self-critical/self-doubt
- loss and bereavement/shock/adjustment
- social comparison – with others
  – within family
  – with self before the pain
- nostalgia/selective recall of the past

- mobility/physical restrictions/planning activity
- social/identity problems and withdrawal

As new clusterings of themes emerge, check back to the transcript to make sure the connections work for the primary source material – what the person actually said. This form of analysis involves a close interaction between you and the text, attempting to understand what the person is saying but, as part of the process, drawing on your own interpretative resources. You are now attempting to create some order from the array of concepts and ideas you have extracted from the participant's responses.

A Table of Themes

The next stage is to produce a master list or table of the themes, ordered coherently. Thus the process outlined above may have identified a certain number of major themes which seem to capture most strongly the respondent's concerns on this particular topic. Care must be taken at this point to ensure that each theme is represented in the verbatim transcript and not to let the researcher's own bias distort the selective process. Where appropriate, the master list will also identify the sub-themes which go with each superordinate theme.

At this point certain themes can be dropped – for example the theme related to 'planning activity' which was present in the first theme list was deleted as it neither fitted well into the structure of themes and sub-themes nor was it very rich in evidence within the transcript. It is useful to add an identifier to each instance. Alongside each theme you should indicate where in the transcript instances of it can be found. This can be done by giving key words from the particular extract plus the page and line number

of the transcript. It may also help to code the instances in the transcript itself in some way. For Linda, the final table of major themes becomes:

1. *Searching for an explanation*		
• lack of understanding	'no idea'	(2.9)[5]
• frustration	'can't do it'	(4.15)
• anger and self-criticism/doubt	'mad at myself'	(2.20)
2. *Self-evaluation and social comparison*		
• with others	'other people'	(10.12)
• within family	'fittest of all'	(11.3)
• nostalgic recall of self before the pain	'like a horse'	(11.7)
• as an index of loss and bereavement/shock	'used to be'	(16.20)
3. *Social problems*		
• withdrawal	'stay in'	(24.7)

Some of the themes you elicit will be governed by and follow closely the questions on your schedule, but others may be completely new. The respondent could well have tackled the subject in a way different from how you had anticipated. Other themes may be at a higher level, acting as pointers to the respondent's more general beliefs or style of thinking and talking. For example, in the chronic pain study the topic under discussion was the participants' attitudes toward their chronic pain. One theme, however, that emerged from the transcripts but was not anticipated as strongly was a broader exploration of the utility of social comparison in self-appraisal and evaluation. These emergent themes may force you to think about the focus of your project and take it in a slightly different direction. Again, remember analysis is a cyclical process – be prepared to go through the stages a number of times, dropping a superordinate theme if a more useful one emerges.

Continuing the Analysis with Other Cases

A single respondent's transcript may be written up as a case study in its own right, or you may move on to analyse interviews with a number of different individuals. If you do have a number of individuals' transcripts to analyse, then you can proceed in a number of ways.

One possibility is to use the master-theme list from the first interview to begin your analysis of the second one, looking for more instances of the themes you have identified from the first interview but being ready to identify new ones that arise. Or you can begin the process anew with the second interview, going through the stages outlined above and producing a master list for this second interview. If this alternative route is followed, the master lists for each interview could then be read together and a consolidated list of master themes for the group produced. Again, the

process is cyclical. If new themes emerge in subsequent interviews, they should be tested against earlier transcripts. Perhaps the new themes can enlighten, modify or become either subordinate or superordinate to a previously elicited one.

This system works well with studies which employ a small sample size of up to about ten participants, such as the one that has been presented here of women with chronic pain. The number of participants is small enough for one to retain an overall mental picture of each of the individual cases and the location of themes within them.

For this study the master list from Linda's account was used to inform the analysis of the other transcripts. By remaining aware of what had come before it was possible to identify what was new and different in the subsequent transcripts and at the same time to find responses which further articulated the extant themes.

Evidence of the themes 'searching for an explanation' and 'social comparison' emerged in each of the following participants' transcripts in ways which helped to illuminate them further. For example, other participants also used social comparison, but it was often employed in different ways and for different reasons. One participant, Dottie, compared herself with those whom she felt were in a worse situation than herself, not better off as in Linda's case:

	I. What kind of things do you think about?
social comparison nostalgia as compensation?	D. I've done heaps more things than other people have done, so I think well, I would, you always think well there's loads of people far far worse off than you, you know so you try to think of other people who are permanently in wheelchairs, and it's supposed to make you feel better, which in a way it does. But basically it's frightening.
downward comparison as coping strategy	
equivocal effect fear	

As the analytic process continued, a new theme emerged, 'being believed', which although it was implicit in Linda's account, was not as rich in evidence as in those of the subsequent participants and it was therefore added to the master list for the group. It was during the analysis of Alice's account that the difficulties of 'being believed and being judged' achieved prominence:

	I. What does it feel like?
frustration/anger	A. It's like anger building up in you. It's like if you're talking to people you're forever, it's as though you've got to try and convince them that there's something wrong with you, that gets you down. You feel as though no one believes you, unless people who have got bad backs, it's only them who'd believe you.
defensive re: credibility legitimacy being disbelieved pain identity	

A Master List of Themes for the Group

As you proceed through each transcript following the interpretative process, a final master list of themes should emerge. Deciding upon which themes to focus upon requires the analyst to be selective. The themes are not selected purely on the basis of their prevalence within the data. Other factors, including the richness of the particular passages which highlight the themes, and how the theme helps illuminate other aspects of the account, are also taken into account. From the analysis of this group of nine women who suffered chronic pain, four superordinate themes emerged. The master list below shows these four themes with identifiers from the first two women in the study. The full matrix for the study indicated the instances for each woman to support each theme:

	Linda	*Dottie*
1. *Searching for an explanation*		
• response to uncertainty	(2.9)	(3.15)
• participants' explanatory models	(3.8)	(5.9)
• biomedical dominance		(9.17)
• self-criticism	(2.20)	
2. *Comparing this self with other selves*		
• with others	(10.12)	(7.12)
• with self in the past		(7.15)
• with self in the future		(12.3)
• nostalgic recall of self	(11.7)	
• upward and downward comparison		(14.18)
• equivocal coping strategy	(12.11)	
• index of loss and threat	(16.20)	
3. *Not being believed*		
• invisibility of chronic pain		(31.15)
• assumptions of others about pain	(10.4)	
• understandings/expectations of others		(31.21)
• implications for identity/pain roles	(22.13)	(34.12)
• judgements of others		(33.2)
4. *Withdrawing from others*		
• private experience vs social appearance		(11.12)
• shame and embarrassment	(23.14)	(28.6)
• misunderstandings		(30.17)
• fear of rejection	(24.7)	
• stigma		(34.18)
• self-regard/concept	(26.12)	

Writing Up

This section is concerned with moving from the master themes to a write-up, in the form of a report for publication or submission for a degree. In one sense the division between analysis and writing up is a false one, in that the analysis continues during the writing phase.

We are now concerned with translating the themes into a narrative account. What are the interesting or essential things to tell our audience about the respondents and how can we present this in a compelling way? How does what we have found illuminate the existing work? There is more flexibility to writing up a qualitative study than a psychological experiment. This section points to some of the options within the analysis/results/discussion section.

The analysis section of a report is the most important part. This is where you will try to convince your reader of the importance of your respondents' stories and your interpretative analysis of them. What you are doing here is using the table or index of themes as the basis for an account of the participants' responses which should take the form of your argument interspersed with verbatim extracts from the transcripts to support your case. Good qualitative work clearly distinguishes between what the respondent said and the analyst's interpretation or account of it. Again the process is iterative. Keep thinking as you write, because your interpretation is likely to become richer as you look at the respondents' extracts again.

The type of results section you write will obviously be influenced by the level of analysis you have adopted. Thus the results may take the form of a presentation of the typology of responses that emerged during the analysis or may represent your attempt to theorize or explain your respondents' answers. The level of detail and structure of the results or analysis section can also vary. Usually the thematic account is prioritized and uses the verbatim extracts to elucidate or exemplify each theme, as part of a clearly constructed narrative argument. Sometimes, however, you may wish to present a closer textual reading of certain extracts. This may be particularly appropriate if the analysis is mainly concerned with complexity or ambiguity. In this case it may be that key extracts will be more foregrounded in the organization of the write-up and will be followed by sections of detailed interpretative reading.

Qualitative reports have considerable flexibility in the relationship between results and discussion. Sometimes the themes are presented together in one analysis section while a separate section is devoted to exploring their implications in relation to the existing literature. In other cases each theme is taken in turn and linked to the existing work at the same time.

The chronic pain study used as an example in this section was intended as a reconnaissance of the area. The final write-up employed a discrete analysis section followed by a discussion relating the findings to the extant literature. During the analysis a wide range of themes emerged which highlighted the multi-dimensional nature of the participants' experience. The write-up

focused on relating the breadth of the various theme typologies. One theme which was not anticipated was the tremendous variety and contradictory nature of the participants' use of social comparison, and it was this complexity that was the focus within that particular theme section.

To finish, here is the beginning of the analysis write-up from the back pain project, to illustrate how the narrative account unfolds. Clearly there is only space to provide a short passage here. See Osborn and Smith (1998) for the full account:

The first theme 'Searching for an Explanation' sets the scene for those which follow as it articulates the participants' attempts to understand what is happening to them and is a prerequisite for the subsequent self-reflection. Because such questioning recurs throughout the analysis, it is only presented briefly at the outset.

Participants were not asked specific, closed questions but simply to describe their pain and the various ways it had affected them. They showed a strong motivation to understand and explain their situation, to know 'why?':

> I just keep asking myself why the pain is there and I haven't got an answer. I don't know how I should feel really, it's just that I don't think it should be there. Why should I have it? I would have thought that after all this time it should have eased up and gone away but it hasn't. (Linda)

Participants regularly stated they simply could not 'believe' that nothing more could be done to relieve their pain. There was a marked contrast between their pre-occupation with their pain and their inability to account for its chronic presence. Despite their long history of pain and extensive contact with the health service they neither felt informed about their condition, nor able to influence it. Their pain was often felt to act of its own volition. 'It just comes and goes when it wants really' (Alice).

Linda's account of her situation suggested that despite wanting to understand why she had chronic pain, she could not; to her it was 'unbelievable really'. This was not a simple account of ignorance but a profound state of bewilderment as she failed consistently to understand why she should be suffering, or being punished despite not having done anything wrong. As the best efforts of others had failed, she felt she could only blame herself:

> I'm sort of mad at myself. I start banging things and getting so aerated with myself that it's there and I can't get it to go away.

Exploring and Theorizing Shared Experiences

The next part of this chapter illustrates how IPA was used in a study examining shared experiences of a larger number of participants, in this case fourteen paediatric nurses involved in caring for patients with

anorexia nervosa (though the method also lends itself to larger numbers). This example is considered particularly useful as it provides a focus on the health-care provider, rather than the patient or client, a focus which is still relatively rare in psychological health-related research.

In contrast to the previous section, which outlined a specific, sequential process for analysing individual cases, this section is providing a more exploratory account, and aims to illustrate *one* way in which IPA techniques have been used to facilitate the identification of shared experiences across a group of participants.

Initial Coding

When trying to identify shared experiences across a relatively large number of participants, a too detailed examination of one person's account would not be cost-effective. Therefore, although the primary concern was still with personal perceptions and understandings of phenomena, there was a need to distinguish one or more themes, mutually relevant to all participants, at an early stage so that these could form the focus of a subsequent, more detailed analysis, where personally distinct experiences could then be considered.

Keeping in mind that the initial concern was the identification of shared themes across participants' accounts, the first step of the analytic process nevertheless involved spending some time analysing each individual transcript, in turn. The procedure was similar to that described for the case-study method illustrated earlier. The first transcript was read through a number of times, with initial thoughts, possible codes and anything of particular interest noted in the left-hand margin. Then, the interview was worked through more closely, the interviewer writing down themes, as they emerged, in the right-hand margin. However, this early coding was kept at a much broader level than in the case-study approach. Many codes related to large parts of the interview extracts, although some were more specific, referring to one or two sentences. An example of an extract with fairly specific coding, from an interview with a nurse we have called Pam, is given below. It can be seen that, at this early stage of analysis, the actual codes are at a fairly broad, unrefined level:

You grow very emotionally involved. You get to know this child so intimately that you grow close to the child and you know you despair, you're frustrated. You feel angry – I feel anger a lot of the time.	relationship involved emotions

When the whole transcript had been coded in this way, the codes were then examined to see if there were ways in which they could be meaningfully grouped together. As this process was going to be repeated for a relatively large number of accounts the aim was not to develop 'higher-order' themes as one would do with the case-study method, but rather to identify some groupings which collected together the codes generated in

meaningful ways. Themes emerging from the analysis of Pam's account were grouped into five clusters as follows:

- organizational issues
- ward/team
- information cascade
- hierarchy
- support

- trust
- responsibility
- barrier
- involvement

- emotional impact
- emotions
- anger
- distrust
- frustration

- partnership
- mothering

- manipulation
- disobedience

Once clusters of themes had been produced for the first interview, the coding process was then repeated for each interview in turn, until clusters of themes were generated for all the participants. During this process attempts were made to look at each interview afresh, and, in particular, to keep the coding emergent from the interview text. However, the sequential nature of this stage of the analytic process meant that when examining the latter transcripts the researcher was oriented or primed to certain aspects of the data.

Identifying Shared Themes

When this process had been completed for each transcript, the next stage of analysis moved to the search for themes reflecting shared aspects of experience for all the participants, which could then be intensively examined. As stated previously, there is no definitive or prescribed way in which the 'discovery' of shared themes will be achieved. What follows is a detailed outline of the process and techniques used to identify and intensively analyse shared themes across participants' accounts in the nursing study. What is important to keep in mind is that the aim of IPA is to develop an understanding of participants' experiences, with the themes that are identified considered to come from your *personal* interaction with, and interpretation of, the interview data, regardless of the particular strategy you choose to employ.

To begin the search for shared themes, all the clusters of themes previously identified for each of the participants were collected together and examined to see if any general categories could be created that aggregated seemingly disparate themes across the accounts. These general categories needed to be relatively broad as it was important that they were relevant to *all* the participants.

After some reflection it was determined that a substantial proportion of the themes identified could be subsumed within a general category of 'relationships'. For example, some themes related to *types* of relationships (mothering; partnership); others to *processes* of the relationships (involvement; trust), or to *emotional reactions* to relationships with anorexic patients (anger; frustration). In this instance, the theme of 'relationships' was

considered particularly important because although the interviews had covered various aspects of the nurses' experiences of working with the anorexic patient, the topic of relationships had not been a pre-determined area for specific exploration. Rather it had been identified as important through the analytic process. While you may similarly identify one salient theme across all the participants' accounts, you may alternatively find that it is possible to distinguish several different general themes. If you do identify a number of such themes it is probably best to select one for further analysis, at least in the first instance, as the interpretative work that follows can be both lengthy and demanding.

Analysing Shared Themes

Once the general theme of 'relationships' had been selected for more intensive analysis the next stage involved going back to the transcripts to make sure that a 'complete' corpus of data on relationships was available for further examination. Many extracts concerning relationships had already been identified through the previous coding process, but it was possible that other extracts could have been previously overlooked. Therefore the transcripts were examined again through a more focused 'lens', to produce a comprehensive collection of extracts concerning relationships.

To facilitate this process, a word-processed file of each transcript was searched on a computer screen and segments relating to relationships were 'copied' and 'pasted' into a new composite file. First, the transcript was carefully examined to make sure that all the extracts identified as being associated with the general category of 'relationships', through the previous coding process, were selected. Then, the remaining text was examined to try and identify any further examples of relationship-related extracts, not previously selected. When making decisions about whether or not an extract referred to the general category of relationships, it was important to keep in mind the diverse concepts that had come together to produce 'relationships' as the shared theme to be explored in the previous instance. Also, at this stage, one errs on the side of over- rather than under-inclusion to make sure all potentially relevant data is incorporated.

Once all the transcripts had been examined in this way, a new, more focused corpus of data was then available to be intensively examined. The next stages of analysis were all directed to the central aim of determining what exactly constituted the *shared* aspects of the participants' experience in relation to this general theme.

The first step involved coding the extracts that had been selected in more detail. A printed version of the text was used in this instance but this procedure could alternatively be undertaken on the computer screen. First the printed text was divided up into the individual extracts and each extract was labelled with the name of the participant. Most extracts were fairly short (one to two sentences long), though some extracts were longer (up to a page in length). Then, each extract was examined in turn and a provisional code was generated for each, for example:

Carol: I just feel frustrated I think. I just wish that I could help 'em more and you know sort out what's happened. I could become more involved actually if I let myself. — wanting to help

Once the extracts had been examined in this way, a list of all the provisional codes that had been generated was produced. This list was then examined to see if these codes in turn could be grouped together in meaningful ways (see Table 14.1).

Once this coding scheme had been created, each extract was then relabelled, giving it a numerical code. Most extracts tended to retain their original codes; however many were also given additional codes because of their association with more than one category. For example:

Carol: I just feel frustrated I think. I just wish that I could help 'em more and you know sort out what's happened. I could become more involved actually if I let myself.

emotions 1.3.5.
wanting to help 1.2.5.
involvement 1.3.3
resistance 1.3.2

The next stage of the analysis was to group the extracts according to these new coding categories to produce collections of extracts all relating to similar concepts. Again, this could have been be done on the computer or with a hard copy. In this case the latter was considered advantageous, enabling groups of extracts to be collected together in quick succession. As many of the extracts had multiple labels, a system had to be developed to enable cross-category coding. In this instance, a fairly complex grouping system was developed, creating many new cross-category groups. An alternative strategy would have been to make photocopies of extracts with multiple labels and then have copies of the same extracts in different groupings.

Searching for Patterns, Connections and Tensions

While it would be possible to write up an account of the separate clusters of themes, and the sub-themes of which they are comprised, the approach outlined here is concerned with exploring patterns and relationships within and between the conceptual groups, thinking about how different themes come together to help us understand further the participants' experiences. Exploring the relationships between the different conceptual groupings involves a sustained interaction with the text, and a number of techniques, commonly associated with grounded theory (Strauss and Corbin, 1990), can assist the process of moving from the fragmented text to a more holistic perspective on the data.

One option is to use diagrams to capture the relationships between emergent themes. Diagrams are useful as they enable the temporary movement away from the data to more abstract thinking, and because they facilitate the identification of new, implicit or undeveloped relationships

Table 14.1 *Coding scheme for the nursing study*

1.1 Types of Nurse–patient Relationship		1.2 The Nursing Role		1.3 Features of Relationship		1.4 Relationship process		1.5 Aspects of Anorexic Patient Affecting Relationship	
1.1.1	parental	1.2.1	caring – loving	1.3.1	trust	1.4.1	forming a relationships	1.5.1	age
1.1.2	partnership	1.2.2	responsibility	1.3.2	resistance	1.4.2	getting involved	1.5.2	psychological vs. physical problem
1.1.3	supervisory	1.2.3	human – nursing	1.3.3	involvement	1.4.3	changes in relationship over time	1.5.3	manipulative
1.1.4	friendship	1.2.4	demanding – tiring	1.3.4	distance	1.4.4	ending the relationship	1.5.4	disobedient
		1.2.5	wanting to help	1.3.5	emotions			1.5.5	deceitful
				1.3.6	anger			1.5.6	secretive
								1.5.7	clever

between thematic categories. Other useful techniques include keeping notes or memos to yourself about your thoughts and interpretations of the data. This provides a useful way of recording how the analysis develops over time. Another useful strategy is to discuss your emerging analytic ideas with another researcher. Once you verbally articulate your ideas about the data it may then be easier to identify the relationships between the various themes. Audio-taping the conversation may be useful so that you have a complete record of your ideas which can be written up later as a memo.

Before moving to diagrammatic representations of the relationships between concepts, some time was spent exploring the inter-relationships between the categories that had emerged through the analysis. This involved a process of taking different categories in turn and reflecting on how they related to other categories. This comparison process indicated that a number of the most salient relationships between categories were signalling conflicts. For example, the themes of 'involvement' (1.3.3.) and 'wanting to help' (1.2.5.) both conflicted with those of 'distance' (1.3.4.), and 'resistance' (1.3.2.).

A closer examination of the extracts within the categories linked by 'conflicts' was then undertaken to enable the inter-relationships between them to be explored further. For example, the two extracts below were seen as illustrating the conflicts nurses experienced regarding their wanting to trust the anorexic patient and the perception of the anorexic patient as dishonest and untrustworthy. However, the second extract also captured a connection between the categories of 'trust' and distrust' and those of 'involvement' and 'distance':

Anna: And she used to promise me these things, and perhaps I were taken in. You know were I taken in or? But I wanted to trust her whereas nobody else did. Perhaps I'm too soft. But I'd say 'why have you lost weight?' 'I haven't been doing 'owt I promise you.' And she sort of pleads, you know. She can, you can really feel sorry for 'em, you can. But they're manipulative aren't they, kids. But of course you want to give them benefit of the doubt.	trust distrust
Emma: It's difficult sort of like er you build a relationship with them because you're closely involved with them and, but yet you know you can't get that close to them if you like. You couldn't get that close to them because you knew you weren't on the same wavelengths 'cos most of the time I knew that they weren't actually honest with me, telling the truth type of thing.	involved distance distrust

The salience of these and other conflicts in the data resulted in 'conflicts in relationships' becoming the central organizing construct for building up the analysis. Three particularly salient conflicts were identified in the nurses' accounts, relating to: (a) emotional involvement versus emotional distance in the nurse–patient relationship; (b) trusting versus distrusting the anorexic patient; and (c) nurses' feelings of anger toward the anorexic patient being viewed as either appropriate or inappropriate. Each conflict linked together different conceptual categories which had been identified earlier, and diagrams were used to illustrate these conflicts. See Figure 14.1 for an example.

Further reflection on these conflicts suggested that they were all underpinned by an ongoing tension of maintaining simultaneous connection and separation in the nurse-patient relationship. 'Conflicts of connection and separation in the nurse-patient relationship' subsequently became the superordinate, organizing device of the analysis, with this considered to be an important 'shared-experience' of the nurses in this study. This was then illustrated in a final diagram (Figure 14.2).

Writing Up

Once overall diagrams had been created, the final stage was to translate the analytic themes into a narrative account. Although the emphasis was on conveying the shared experiences across the participants, it was at this stage that the unique nature of each participant's experience could re-emerge. The shared themes across the participants' accounts became the structure to the write-up, with the conflicts summarized in the diagrams forming the three sections of the results; the different participants' experiences in relation to these themes formed the basis of the narrative account.

The section of analysis below is from the write-up, focusing on the conflicts that nurses experience in relation to issues of trust and distrust in their relationships with the anorexic patient, illustrating the link between this conflict and the ongoing tension around issues of separation and connection in the nurse–patient relationship. The full account can be seen in Jarman, Smith and Walsh (submitted for publication) from which this extract is taken. A related paper employing IPA is Jarman, Smith and Walsh (1997):

Neil's account indicated the conflict he experienced in relation to issues of trust and distrust in his encounters with the anorexic patients on the ward. Neil had established a close relationship with a young male anorexic (Stuart) during the course of his stay on the ward, but after some time an incident occurred which challenged Neil's perception of the relationship he had formed with Stuart:

> It were an incident over this paper towel thing. Well up to this point I'd been really close to him, I'd really trusted him etc., or so I thought.

Neil relates how his discovery of Stuart trying to hide a paper towel into which he had vomited challenged the trusting aspect of their relationship. Although Stuart's behaviour could have been viewed as an aspect of his 'disorder' or 'eating problem', signifying distress and a

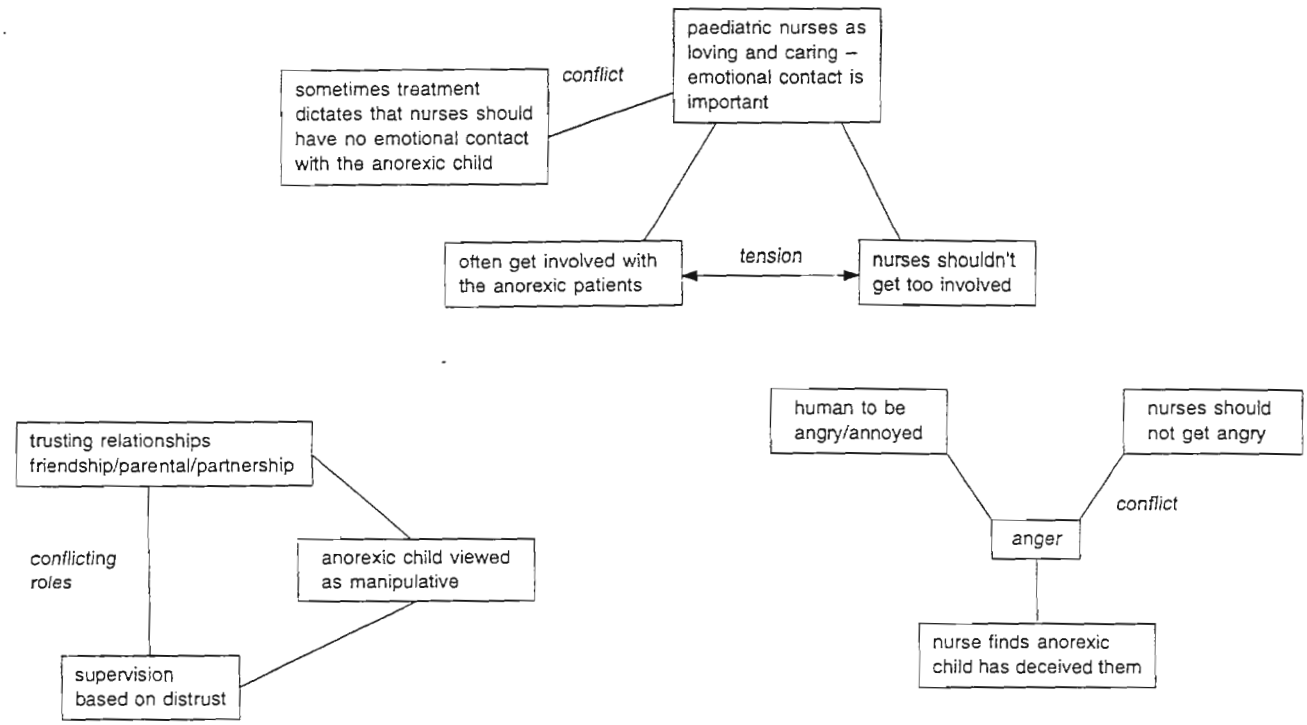

Figure 14.1 *Examples of Conflicts in Nurses' Relationships with Patients with Anorexia Nervosa*

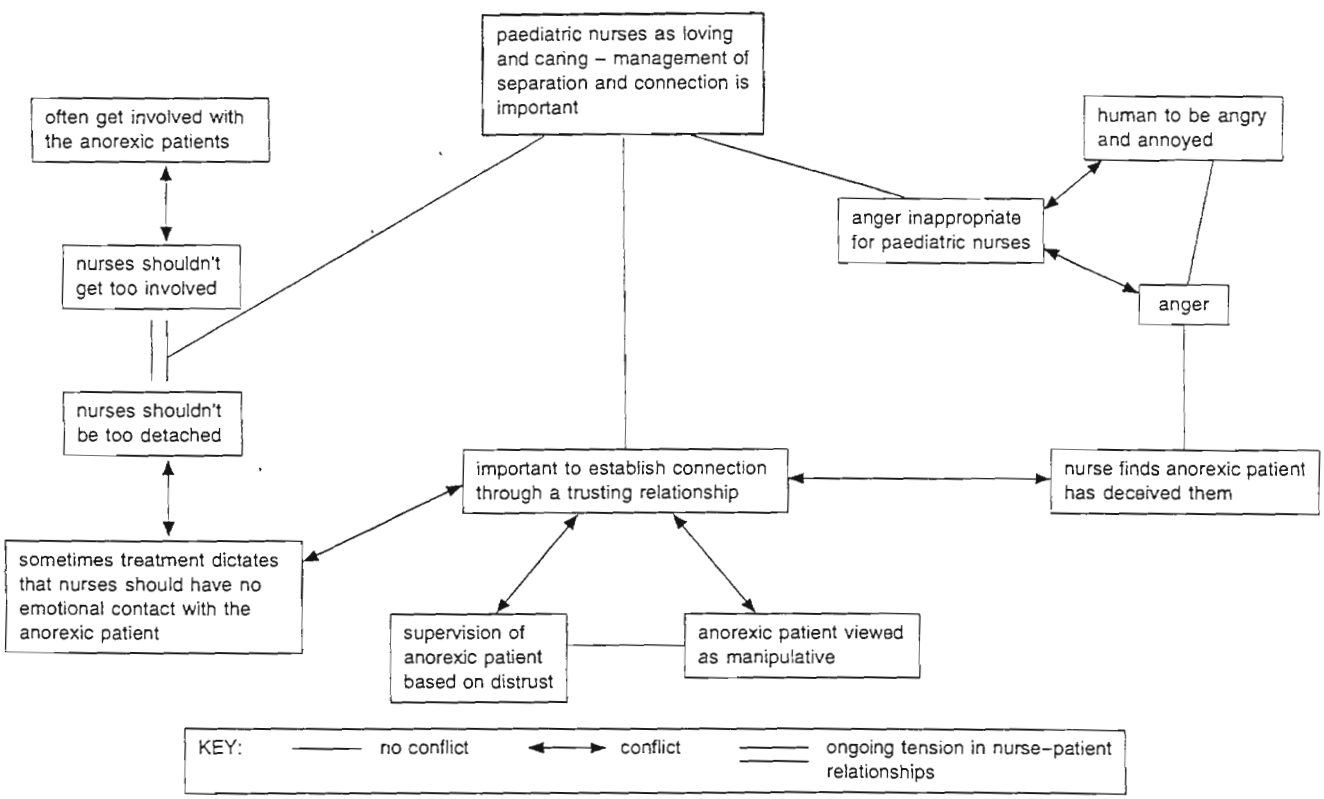

Figure 14.2 *Conflicts of Connection and Separation in Nurses' Relationships with Patients with Anorexia Nervosa*

problematic relationship with eating (Garfinkel et al., 1985), Neil took Stuart's behaviour more personally, interpreting it in terms of the lack of closeness and trust, on the part of Stuart, in their relationship.

Neil illustrates the centrality of trust to maintaining a close, connected relationship with the anorexic patient, and goes on to describe how the loss of trust impacted on his experience:

> I sat down that night, er, I were still thinking about it. So I had a drink and I phoned the staff nurse that were with me, that went in. And she said 'I'm glad you phoned me' 'cos she couldn't get it off her mind that I'd been conned. I said 'What's he playing at, how could he, how could he con me when he's taken me into his trust like this.' And you want, and you're thinking all bad things like, well that's it, totally cut myself off, don't want any more trust. I want to get on with my job. But it's so difficult when you come back to work.

Neil's continuing to dwell on what happened into the evening, his contacting of another colleague to discuss the incident, and his considering keeping more 'detached' in his relationships despite regarding 'separation' as a 'bad thing', all signify the personal impact of this encounter on Neil. However, the last of these illustrates how the 'betrayal' of trust by the anorexic leads Neil to reconsider the close aspect of their relationship and contemplate a distanced one, despite his view that this would be a 'bad' and difficult thing to do.

Concluding Word

Increasing numbers of health psychologists are interested in qualitative approaches. It is important therefore that guides are provided to help encourage them to translate their interest into action by carrying out qualitative research studies. In this chapter we have outlined one particular qualitative approach, IPA, and given a detailed description of how it works in practice.[6] We hope this will indeed encourage readers who are enthusiastic but new to the approach to have a go at conducting projects using this method. At the same time we would hope it is apparent that this is not a prescriptive methodology. However systematically a qualitative method is presented, the crucial part of the analysis remains the particular interpretative analysis the investigator brings to the text. That makes doing qualitative research difficult and demanding. It is also what makes it creative, exciting and, ultimately, marks its potential to make a significant and distinctive contribution to health psychology.

Notes

1. While this chapter is concerned with IPA and health psychology, IPA can also be employed in other areas of psychology.

2. DA is not a unitary phenomenon. See Parker (1992) for another account of DA. The purpose of this section is not to describe DA in detail but merely to help position IPA in contrast to a different qualitative approach.

3. While the main form of data collection for IPA studies so far has been semi-structured interviews, there is no reason why other sources, for example diaries or personal accounts, cannot be employed in IPA studies.

4. Names of all participants in this chapter have been changed to protect confidentiality.

5. (2.9) = page 2, line 9 of the interview transcript.

6. At appropriate points in this chapter, reference has been made to further IPA papers. Additional examples of studies employing IPA can be found in Flowers et al. (1997); Smith (1994); and Smith, Flowers and Osborn (1997).

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