

Tape Recording and Transcription

It is necessary to decide whether to tape-record the interview or not. Our view is that it is not possible to do the form of interviewing required for JPA without tape recording. If one attempts to write down everything the participant is saying during the interview, one will only capture the gist, missing important nuances. It will also interfere with helping the interview to run smoothly and with establishing rapport.

Of course, the respondent may not like being taped and may even not agree to the interview if it is recorded. It is also important not to rely on the tape recording. While the record it produces is fuller, it is not a complete 'objective' record. Non-verbal behaviour is excluded, and the recording still requires a process of interpretation by the transcriber or any other listener.

If you do decide to tape and transcribe the interview, the normal convention is to transcribe the whole interview, including the interviewer's questions (see Box 4.4 for a sample). Leave a margin wide enough on both sides to make your analytic comments. For JPA, the level of transcription is generally at the semantic level: one needs to see all the words spoken including false starts; significant pauses, laughs and other features are also worth recording. However, for JPA, one does not need the more detailed transcription of prosodic features of the talk which are required in conversation analysis (see Chapter 7). Transcription of tapes takes a long time, depending on the clarity of the recording and one's typing proficiency. As a rough guide, one needs to allow between five and eight hours of transcription time per hour of interview.

Analysis

The assumption in JPA is that the analyst is interested in learning something about the respondent's psychological world. This may be in the form of beliefs and constructs that are made manifest or suggested by the respondent's talk, or it may be that the analyst holds that the respondent's story can itself be said to represent a piece of the respondent's identity (Smith, in press). Either way, meaning is central, and the aim is to try to understand the content and complexity of those meanings rather than measure their frequency. This involves the investigator engaging in an interpretative relationship with the transcript. While one is attempting to capture and do justice to the meanings of the respondents to learn about their mental and social world, those meanings are not transparently available – they must be obtained through a sustained engagement with the text and a process of interpretation.

Box 4.4 Sample of transcription from diathesis project

- Q Right, okay, em, so I would like to start with some questions about diathesis, okay? And a very basic one just to start with, can you tell me what you do, physically do, when you're dialysing?
- R What I actually do with myself while I'm sat there?
- Q Yeah.
- R Well, what I tend to do is, I always have a paper, or I watch TV, you mean actually just sat there?
- Q Yeah.
- R I read the papers, I always take two papers from work or a magazine and read those.
- Q Do you mean work papers or?
- R No, just normal everyday papers cos the problem I've got is because I'm right-handed and the Isitula (?) is on the right-hand side, which is the one annoyance but I can't write.
- Q Because you can't write, yeah.
- R Or else I would be able to, so I read the papers or take as many magazines as I can and I always keep myself busy or watch TV. If I'm getting a good enough sound from the television point I watch the news, I always do it the same way, get in, get on, read the news daily papers, any magazines I've got, then if I've got a good enough sound on the TV I watch the news from half 6 to half 7, that's during the week when I'm in there, on the Sunday now I do it on a morning, I just buy a Sunday paper and I always read the paper or read a magazine. Always the same, just so I can keep my mind occupied, I always need to do that.
- Q So you are able to concentrate enough to be able to do?
- R Yeah. And sometimes if I'm tired I can go to sleep for an hour.
- Q Right.
- R Or if I've run out of papers and sometimes I just shut me eyes for an hour, and I can fall asleep but normally if I can I always make sure I get a magazine or a paper and read that and do something.

continued

Q And that sounds as though you're, that's quite a delineated routine.

R Yeah.

Q Do you, what's behind that, what what why do you feel the necessity to be so methodical?

R I think what I try and do is, yeah, so that I treat it as part of normal routine, I think that's what I do it for. I'm sometimes, I always get a paper from work, the same papers, always try and borrow a magazine and read and keep myself, a way not thinking about it while I'm on, that is why I do it and watch TV, so I don't think about the machine or I get bored if I'm just sat there doing nothing, but mainly not so I don't think about it, so I can just think about reading the paper, and I read the paper from top to bottom even if I've, I just read everything, it's the same things in the same papers in the daily paper, but I always read the same things, even if it's just reading the same things again I read the papers from top to bottom all the way through, and any magazines I always read them and read it from the beginning to the end or watch the TV, always keep myself busy thinking about something rather than that, that's what I feel I do it for.

The following section describes a step-by-step approach to the analysis in IPA, illustrated with a worked example from a study on the impact of chronic benign pain on the participant's self-concept. Chronic benign low back pain is a useful subject for IPA, as the context and personal meanings of the pain to the sufferers are critical to their experience. The example is taken from a project using IPA to try to understand the experience of chronic back pain by patients from one clinic in northern England. Participants were interviewed in the style outlined above and the transcripts subjected to IPA. For more on the study see Osborn and Smith (1998) and Osborn (2002).

This is not a prescriptive methodology. It is a way of doing IPA that has worked for us and our students, but it is there to be adapted by researchers, who will have their own personal way of working. It is also important to remember that qualitative analysis is inevitably a personal process, and the analysis itself is the interpretative work which the investigator does at each of the stages. The approach is both similar to different from phenomenology and grounded theory (Chapters 3 and 5) as, hopefully, will become apparent.

A project may take the form of a single case design or involve a number of participants. For the latter, it is advisable to begin by looking in detail at the transcript of one interview before moving on to examine the others, case by case. This follows the idiographic approach to analysis, beginning with particular examples and only slowly working up to more general categorization or claims (see Smith et al., 1995).

Looking for Themes in the First Case

The transcript is read a number of times, the left-hand margin being used to annotate what is interesting or significant about what the respondent said. It is important in the first stage of the analysis to read and reread the transcript closely in order to become as familiar as possible with the account. Each reading has the potential to throw up new insights. This is close to being a free textual analysis. There are no rules about what is commented upon, and there is no requirement, for example, to divide the text into meaning units and assign a comment for each unit. Some parts of the interview will be richer than others and so warrant more commentary. Some of the comments are attempts at summarizing or paraphrasing, some will be associations or connections that come to mind, and others may be preliminary interpretations. You may also find yourself commenting on the use of language by the participants and/or the sense of the persons themselves which is coming across. As you move through the transcript, you are likely to comment on similarities and differences, echoes, amplifications and contradictions in what a person is saying.

The extract which follows shows this first stage of analysis for a small section of the interview with Martha, who was the first participant in our study:

Int. How long has it been like that?

M. Since it started getting bad, I was always snappy with it but not like this, it's not who I am it's just who I am if you know what I mean, it's not really me, I get like that and I know like, you're being mean now but I can't help it. It's the pain, it's me, but it is me, me doing it but not me do you understand what I'm saying.

Int. I was to describe myself like you said, I'm a nice person, but then I'm not am I, and there's other stuff, stuff I haven't told you, if you knew you'd be disgusted I just get so hateful.

Int. When you talk about you and then sometimes not you, what do you mean?

M. Me vs nice
Shame, if you know - disgust
Fear of being known

Not always me, part of himself that is rejected - hateful, the 'not me'

M. I'm not me these days, I am sometimes, I am all right, but then I get this mean bit, the hateful bit, that's not me.

Int. What's that bit?

Not me = pain, defending against implications that it is 'me'
Helpless
Meant/sour - worse than the pain

M. I dunno, that's the pain bit, I know you're gonna say it's all me, but I can't help it even though I don't like it. It's the mean me, my mean head all sour and horrible, I can't cope with that bit, I cope with the pain better.

Int. How do you cope with it?

Tearful/stressed, avoidant/resistant
Unbearable, shocked at self

M. Get out the way, [hearthful] sit in my room, just get away, look do you mind if we stop now, I didn't think it would be like this, I don't want to talk any more.

This process is continued for the whole of the first transcript. Then one returns to the beginning of the transcript, and the other margin is used to document emerging theme titles. Here the initial notes are transformed into concise phrases which aim to capture the essential quality of what was found in the text. The themes move the response to a slightly higher level of abstraction and may invoke more psychological terminology. At the same time, the thread back to what the participant actually said and one's initial response should be apparent. So the skill at this stage is finding expressions which are high level enough to allow theoretical connections within and across cases but which are still grounded in the particularity of the specific thing said. From Martha's account, related above, the following themes emerged and were noted:

Int. How long has it been like that?

M. Since it started getting bad, I was always snappy with it but not like this, it's not who I am it's just who I am if you know what I mean, it's not really me, I get like that and I know

Anger and pain
Struggle to accept self and identity - unwanted self

Like, you're being mean now but I can't help it. It's the pain, it's me, but it is me, me doing it but not me do you understand what I'm saying, if I was to describe myself like you said, I'm a nice person, but then I'm not am I, and there's other stuff, stuff I haven't told you, if you knew you'd be disgusted I just get so hateful.

Shameful self - struggle with unwanted self
Fear of judgement

Int. When you talk about you and then sometimes not you, what do you mean?

M. I'm not me these days, I am sometimes, I am all right, but then I get this mean bit, the hateful bit, that's not me.

Unwanted self rejected as true self

Int. What's that bit?

M. I dunno, that's the pain bit, I know you're gonna say it's all me, but I can't help it even though I don't like it. It's the mean me, my mean head all sour and horrible, I can't cope with that bit, I cope with the pain better.

Attribution of unwanted self to the pain
Defence of original self
Ranking distress, self vs pain

Int. How do you cope with it?

M. Get out the way, [hearthful] sit in my room, just get away, look do you mind if we stop now, I didn't think it would be like this, I don't want to talk any more.

Stance of disclosure

This transformation of initial notes into themes is continued through the whole transcript. It may well be that similar themes emerge as you go through the transcript and where that happens the same theme title is therefore repeated.

We have presented the two stages for a small extract above to show the way in which the transformation into themes works. To illustrate this

process further, here is another section of the transcript, showing first the initial notes and then the emergent themes:

Resistance to change

Avoidance

*Struggle against being
'bad person', depression*

M. No, not really, well, you don't want to think you've changed at all, and I don't think about it, you've asked me and I'm trying to think and yeah, I don't want to, but I think I'm not a bad person, perhaps, yeah, it brings you down, and then you end up spoiling things.

Int. How do you mean?

*Fear of exposure/public
knowledge*

M. No one is going to hear this tape, right?

Int. Like we agreed, anonymous and confidential, you get the tape after I'm done.

*Mean, unsociable, undesirable
Schuldgefuehle*

Loss of care, bitter against will

Rejected as true self

Confusion, lack of control

M. Right, [pause] the pain makes me mean. I don't want to be, but I get like, mean, I don't care about other people, nothing's funny, and I get mad if they try to be nice, like pity. It's not really me, but it is me if you know what I mean, I don't like it but I do it, do you understand, and I end up saying sorry, if I've snapped like, it's the pain it's killing, it does that sometimes.

The emergent themes for this extract were noted in the right-hand margin.

M. No not really, well, you don't want to think you've changed at all, and I don't think about it, you've asked me and I'm trying to think

and yeah, I don't want to, but I think I'm not a bad person, perhaps,

yeah, it brings you down, and then you end up spoiling things.

Rejection of change

Avoidance of implications

Struggle to accept new self

Undesirable, destructive self

Int. How do you mean?

M. No one is going to hear this tape, right?

Int. Like we agreed, anonymous and confidential, you get the tape after I'm done.

M. Right, [pause] the pain makes me mean. I don't want to be, but I get like, mean, I don't care about other people, nothing's funny, and I get mad if they try to be nice, like pity.

It's not really me, but it is me if you know what I mean, I don't like it but I do it, do you understand, and I end up saying sorry, if I've snapped like,

it's the pain it's killing, it does that sometimes.

*Undesirable behaviour ascribed
to pain*

Lack of compassion

*Conflict of selves, me vs not me
Living with a new 'me'*

At this stage, the entire transcript is treated as data, and no attempt is made to omit or select particular passages for special attention. At the same time, there is no requirement for every turn to generate themes. The number of emerging themes reflects the richness of the particular passage.

Connecting the Themes

The emergent themes are listed on a sheet of paper, and one looks for connections between them. So, in the initial list, the order provided is chronological – it is based on the sequence with which they came up in the transcript. The next stage involves a more analytical or theoretical ordering, as the researcher tries to make sense of the connections between themes which are emerging. Some of the themes will cluster together, and some may emerge as superordinate concepts. Imagine a magnet with some of the themes pulling others in and helping to make sense of them.

The preliminary list of themes that emerged from Martha's transcript and were noted in the right-hand margin are shown in Box 4.5. These were clustered as shown in Box 4.6. In this particular case, it will be seen that all the themes listed were present in the two extracts selected. This is because, in this particular case, we have specifically chosen these two extracts for their richness. They encapsulate each of the important issues in our analysis. As the clustering of themes emerges, it is checked in the transcript to make sure the connections work for the primary source material – the actual

Box 4.5 Initial list of themes

Anger and pain
 Struggle to accept self and identity -- unwanted self
 Lack of control over self
 Responsibility, self vs pain
 Shameful self -- struggle with unwanted self
 Fear of judgement
 Unwanted self rejected as true self
 Attribution of unwanted self to the pain
 Defence of original self
 Ranking distress, self vs pain
 Shame of disclosure
 Rejection of change
 Avoidance of implications
 Struggle to accept new self
 Undesirable, destructive self
 Shame
 Undesirable behaviour ascribed to pain
 Lack of compassion
 Conflict of selves, me vs not me
 Living with a new 'me'

words of the participant. This form of analysis is iterative and involves a close interaction between reader and text. As a researcher one is drawing on one's interpretative resources to make sense of what the person is saying, but at the same time one is constantly checking one's own sense-making against what the person actually said. As an adjunct to the process of clustering, it may help to compile directories of the participant's phrases that support related themes. This can easily be done with the cut and paste functions on a standard word-processing package. The material can be printed to help with the clustering, and as the clustering develops, so the extract material can be moved, condensed and edited.

The next stage is to produce a table of the themes, ordered coherently. Thus, the above process will have identified some clusters of themes which capture most strongly the respondent's concerns on this particular topic. The clusters are themselves given a name and represent the superordinate themes. The table lists the themes which go with each superordinate theme, and an identifier is added to each instance to aid the organization of the analysis and facilitate finding the original source subsequently. The identifier indicates where in the transcript instances of each theme can be found by giving key words from the particular extract plus the page number of the transcript. During this process, certain themes may be dropped: those which

Box 4.6 Clustering of themes

Undesirable behaviour ascribed to pain
 Struggle to accept self and identity -- unwanted self
 Shameful self -- struggle with unwanted self, fear of judgement
 Shame of disclosure
 Struggle to accept new self
 Undesirable, destructive self
 Conflict of selves, me vs not me
 Living with a new 'me'
 Unwanted self rejected as true self
 Attribution of unwanted self to the pain
 Defence of original self
 Lack of control over self
 Rejection of change
 Avoidance of implications
 Responsibility, self vs pain
 Shame
 Lack of compassion
 Anger and pain
 Ranking distress, self vs pain
 Shame of disclosure

neither fit well in the emerging structure nor are very rich in evidence within the transcript. The final table of themes for Martha is presented in Box 4.7. Because most of the themes recur in this transcript, the identifier in this case points to a particularly good example of the relevant theme.

Continuing the Analysis with Other Cases

A single participant's transcript can be written up as a case study in its own right or, more often, the analysis can move on to incorporate interviews with a number of different individuals. One can either use the themes from the first case to help orient the subsequent analysis or put the table of themes for participant 1 aside and work on transcript 2 from scratch. Whichever approach is adopted, one needs to be disciplined to discern repeating patterns but also acknowledge new issues emerging as one works through the transcripts. Thus, one is aiming to respect convergences and divergences in the data -- recognizing ways in which accounts from participants are similar but also different.

Box 4.7 Table of themes from first participant

1. <i>Living with an unwanted self</i>	
– Undesirable behaviour ascribed to pain	1.16 'it's the pain'
– Struggle to accept self and identity – unwanted self	24.11 'who I am'
– Unwanted to self rejected as true self	24.24 'thankful bit'
– Struggle to accept new self	1.8 'hard to believe'
– Undesirable, destructive self	5.14 'mean'
– Conflict of selves, me vs not me	7.11 'me not me'
– Living with a new self	9.6 'new me'
2. <i>A self that cannot be understood or controlled</i>	
– Lack of control over self	24.13 'can't help'
– Rejection of change	1.7 'still same'
– Avoidance of implications	10.3 'no different'
– Responsibility, self vs pain	25.15 'understand'
3. <i>Undesirable feelings</i>	
– Shame	5.15 'disgusting'
– Anger and pain	24.09 'snappy'
– Lack of compassion	6.29 'don't care'
– Confusion, lack of control	2.17 'no idea'
– Ranking distress, self vs pain	25.01 'cope'
– Shame of disclosure	25.06 'talk'

(1.16 = page 1, line 16)

In the study illustrated here, the superordinate list from Martha'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 find responses which further articulated the extant themes. Evidence of the superordinate themes 'living with an unwanted self' and 'undesirable feelings' emerged in other transcripts in ways which helped to illuminate them further. The first stage of the process with Tony's transcript follows:

T: Yeah, you know that *Desert Island Discs*?

Int: The radio show?

T: I'd love that, don't get me wrong I'd miss my kids and I don't mean it, *Withdrawal, relief*

Change in role, putting on an act
No people = bliss

but to be away from people and not have to be something else you're not, that would be bliss.

Int: You'd be happier that way?

T: Yeah, no, well, no I'd still be a miserable old git but it wouldn't matter, it's only when other people come around that it matters, if you can just be yourself it doesn't matter what you do, I'd probably shout and swear all day but it wouldn't matter I wouldn't have to put on that front so it'd be easier.

Int: So a lot of how you feel depends on who's around?

T: I suppose it does, but not the pain, that just happens. Dealing with the pain, I suppose, is different. You could say if I didn't have kids I wouldn't be like this.

These initial comments were transformed into the following themes.

T: Yeah, you know that *Desert Island Discs*?

Int: The radio show?

T: I'd love that, don't get me wrong I'd miss my kids and I don't mean it, but to be away from people and not have to be something else you're not, that would be bliss.

Pain and social context
Conflict in identity
Conforming to role despite pain

Int: You'd be happier that way?

T: Yeah, no, well, no I'd still be a miserable old git but it wouldn't matter, it's only when other people

Self in public domain

come around that it matters, if you can just be yourself it doesn't matter what you do, I'd probably shout and swear all day but it wouldn't matter I wouldn't have to put on that front so it'd be easier.

Int. So a lot of how you feel depends on who's around?

T: I suppose it does, but not the pain, that just happens. Dealing with the pain, I suppose, is different. You could say if I didn't have kids I wouldn't be like this.

Managing the self in public
Destructive social consequences of pain
Self independent of pain
Self/identity and relationships defines pain experience

One can see here how the analysis of pain and identity is evolving and, as the analytic process in this example continued, the theme of 'living with an unwanted self' and 'undesirable feelings' transmuted to become 'living with an unwanted self in private' and 'living with an unwanted self in public'.

Once each transcript has been analysed by the interpretative process, a final table of superordinate themes is constructed. Deciding upon which themes to focus upon requires the analyst to prioritize the data and begin to reduce them, which is challenging. The themes are not selected purely on the basis of their prevalence within the data. Other factors, including the richness of the particular passages that highlight the themes and how the theme helps illuminate other aspects of the account, are also taken into account. From the analysis of the cases in this study, four main superordinate themes were articulated. The fourth one, a body separate from the self, emerged late in the analysis. Consistent with the iterative process of IPA, as the analysis continued, earlier transcripts were reviewed in the light of this new superordinate theme, and instances from those earlier transcripts were included in the ongoing analysis. Box 4.8 shows the identifiers for the themes for the two participants looked at in the chapter. In practice, each of the seven participants in the study was represented for each superordinate theme.

Writing Up

The final section is concerned with moving from the final themes to a write-up and final statement outlining the meanings inherent in the participants' experience. The division between analysis and writing up is, to a

Box 4.8 Master table of themes for the group

1. Living with an unwanted self in private	Martha	Tony
Undesirable behaviour ascribed to pain	1.16	3.27
Struggle to accept self and identity – unwanted self	24.11	2.13
Rejected as true self	6.3	7.15
Undesirable, destructive self	5.14	2.17
Conflict of selves	7.11	12.13
Living with a new self	9.6	2.14
2. Living with an unwanted self in public		
Shame	5.15	10.3
Lack of compassion	6.29	3.7
Destructive social consequences of pain	8.16	10.9
3. A self that cannot be understood		
Lack of control over self	24.13	11.8
Rejection of change	1.7	4.16
Responsibility, self vs pain	25.15	13.22
4. A body separate from the self		
Taken for granted	21.15	15.14
Body excluded from the self	23.5	16.23
Body presence vs absence	18.12	19.1

certain extent, a false one, in that the analysis will be expanded during the writing phase.

This stage is concerned with translating the themes into a narrative account. Here the analysis becomes expansive again, as the themes are explained, illustrated and nuanced. The table of themes is the basis for the account of the participants' responses, which takes the form of the narrative argument interspersed with verbatim extracts from the transcripts to support the case. Care is taken to distinguish clearly between what the respondent said and the analyst's interpretation or account of it.

Two broad presentation strategies are possible. In the first, the 'results' section contains the emergent thematic analysis, and the separate 'discussion' links that analysis to the extant literature. An alternative strategy is to discuss the links to the literature as one presents each superordinate theme in a single 'results and discussion' section. In the back pain study, the themes are presented together in one analysis section while a separate literature is devoted to exploring their implications in relation to the existing literature. A brief extract is shown in Box 4.9.

Box 4.9 Extract from final write-up of the back pain study

Participants were asked to talk as widely as possible about the different ways their pain had affected or influenced their feelings, attitudes or beliefs about themselves. The participants' accounts clustered around four superordinate themes: living with an unwanted self, in private; living with an unwanted self, in public; living with a self that cannot be understood; and living with a body separate from the self.

Living with an unwanted self, in private

All of the participants related how, as a consequence of living with their chronic pain, they had experienced a deterioration in their sense of self, and were engaged in a struggle to manage that process. The phrase 'self-concept' was not used by the interviewer; the participants were asked to describe in their own words how they felt living with their chronic pain had affected the way they saw or felt about themselves, as a person. None of the participants reported any problems understanding this concept, referring to it as 'me' and 'who I am'.

Martha's account captured much of the participants' despair in relation to the deterioration in their self-regard, and their struggle to assimilate that aspect of their experience of living with pain into their self-concept. The changes Martha reported were associated with significant distress that, at times, outweighed that caused by the pain sensation, and prompted her to withdraw from social contact for fear of harsh judgement:

Int. How long has it been like that?

Martha Since it started getting bad, I was always snappy with it but not like this, it's not who I am it's just who I am if you know what I mean, it's not really me, I get like that and I know like, you're being mean now but I can't help it, it's the pain, it's me, but it is me, me doing it but not me do you understand what I'm saying, if I was to describe myself like you said, I'm a nice person, but then I not am I, and there's, other stuff, stuff I haven't told you, if you knew you'd be disgusted I just get so hateful.

Int. When you talk about you and then sometimes not you, what do you mean?

Martha I'm not me these days, I am sometimes, I am all right, but then I get this mean bit, the hateful bit, that's not me.

Int. What's that bit?

Martha I dunno, that's the pain bit, I know you're gonna say it's all me, but I can't help it even though I don't like it, it's the mean me, my mean head all sour and horrible, I can't cope with that bit, I cope with the pain better.

Int. How do you cope with it?

Martha Get out the way, [hearing] sit in my room, just get away, look do you mind if we stop now, I didn't think it would be like this, I don't want to talk any more.

continued

Martha's account emphasized the distress she felt as she struggled to manage or comprehend her situation, Martha referred to behaviours and feelings she had about herself since having pain, of being 'hateful', that she found disturbing and alarming. They gave her feelings of self-disgust, and a tear that if others were aware of them, they, too, would share that disgust:

M: There's other stuff, stuff I haven't told you, if you knew you'd be disgusted I just get so hateful.

Martha was not explicit about what she does that is so 'hateful', but showed that it was sufficiently threatening to warrant its concealment. Her use of the term 'hateful' was not explicit, but implied that she felt that, in being 'mean', she was both full of feelings of hate toward others, and also worthy of hate by others.

She showed a need to see herself in a positive light, as a 'nice person', but struggled to do so. This was reflected in her confusion about her sense of self, and her attempts to separate the undesirable behaviour from her self-concept, and attribute it to the pain:

M: It's not who I am it's just who I am if you know what I mean, it's not really me . . . it's the pain, it's me, but it is me, me doing it but not me.

Martha appeared to be engaged in an ongoing process of defending her self-concept to retain a sense of self-worth, but she could not reject completely the implication that her 'disgusting' behaviour was not just a function of her pain but also related to herself, 'I know you're gonna say it's all me'. The battle to retain a sense of self-worth in the face of her confusing experience of her deteriorating physical and emotional state, and disability, was more difficult to bear than the sensation of pain itself:

M: It's the mean me, my mean head all sour and horrible, I can't cope with that bit, I cope with the pain better.

Conclusion

This chapter has aimed to present the reader with an accessible introduction to IPA. We have outlined a series of steps for conducting a research study using the approach. Doing qualitative research may seem daunting at first, but, ultimately, it is extremely rewarding. We hope you may be encouraged by what we have written to attempt a project using IPA yourself.

Further Reading

Smith, J.A. (1996) 'Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology', *Psychology and Health*, 11: 261-71.

This paper provides a summary of the theoretical basis for IPA.

Smith, J.A., Flowers, P. and Osborn, M. (1997) 'Interpretative phenomenological analysis and health psychology', in L. Yardley (ed.), *Material Discourses and Health*. London: Routledge. pp. 68-91.

This chapter illustrates IPA applied to three different areas in the psychology of health.

Smith, J.A. and Dunworth, F. (2003) 'Qualitative methodology', in J. Valsiner and K. Connolly (eds), *Handbook of Developmental Psychology*. London: Sage. pp. 603-21.

This chapter gives an alternative discussion of the IPA method illustrated with material from a project in clinical developmental psychology.

See Box 4.1 for examples of particular studies employing IPA.

Chapter 5

Grounded theory

Kathy Charmaz

Consider the following statement from an interview of a 47-year-old woman, Susan Nelson, who has diabetes, depression, vision loss, and congenital myopathy (a disease affecting her muscles).¹ In response to the first question about her health, Susan explained what this kind of myopathy meant:

Mine was adult onset, so it's milder – it's most common in children. But they don't live to adulthood because it eventually affects the muscles of the respiratory system and – and so then they die because they can't keep breathing. Mine just affects basically my extremities. Extreme muscle pain, extreme fatigue. Any repetitive use of any set of muscles just causes almost instant pain and fatiguing. Now I have managed to work around it – working and resting and working and resting and working and resting – um, but I couldn't get on an exercise bike and pedal it for 30 seconds. Just, it's – I never understood why when I would go on walks with my friends, you know, you're supposed to increase your endurance, you know, and I never got to feeling better. I always hurt so hard after I got home, I'd have to lie down and the next day I was, you know, just real, you know I wasn't able to do a whole lot of anything, and I thought this is really weird, you know. I don't understand this, and I complained about a lot of symptoms for a lot of years and it took me a long time for the doctors to take me seriously. Because I'm a Lab Tech, all my conditions, I've discovered on my own by running my own blood tests.

Susan's short statement contains detailed information, reveals feelings, implies a perspective on self and situation, and offers insights about her illness history. Note her clarity when she first explains her condition and her bewilderment as she later describes experiencing symptoms. Susan's words foretell an interview filled with detailed information and clear ideas.

What does gathering and analysing rich qualitative data entail? After collecting a stack of transcripts and field notes, what do you do with them? How can you make sense of them? How can you give all your data a fair

reading, rather than selecting only what interests you? How can you recognize multiple frames of reference and avoid misinterpreting data which flow from a frame of reference different from your own? As a novice researcher, how can you make analytic sense of your participants' experiences without either trivializing them or producing superficial reports? What guidelines can you use to analyse your material?

This chapter answers these questions. Grounded theory methods offer you a flexible set of inductive strategies for collecting and analysing qualitative data. These methods emphasize building inductive theories through data analysis. Hence, you create theoretical categories that are directly 'grounded' in your data. A grounded theorist starts with gathering focused data and stays close to the data, while developing concepts that synthesize and explain the collected data. You study research participants' meanings, intentions, and actions – whether you observe your study participants directly, construct life histories with them, engage them in intensive interviewing, or use other materials such as clinical case histories or autobiographies. Thus, you build levels of abstraction directly from the data and, subsequently, check and refine them by gathering further data. You gain a dense conceptual analysis about the empirical problem that you study. Grounded theory methods demystify the conduct of qualitative inquiry – and expedite your research and enhance your excitement about it.

Throughout this introduction to grounded theory, I provide examples from my social psychological studies of experiencing chronic illness. I begin by outlining the basic premises of grounded theory, the strategies it includes, and its history within qualitative research. Next, I introduce data-collection strategies for generating useful data. Then I describe coding qualitative data, a technique for pinpointing what you see in each bit of data, making comparisons with other data, and providing short-hand labels for segments of data. I explain how early data analysis shapes subsequent data collection. Next, I describe memo-writing, the crucial intermediate step between data collection and writing drafts of papers. Last, I comment on how scholars have used grounded methods and outline criteria for evaluating studies conducted with them.

What Is Grounded Theory?

These methods consist of systematic inductive guidelines for gathering, synthesizing, analysing, and conceptualizing qualitative data to construct theory (Charmaz, 2001). You start with individual cases, incidents, or experiences and progressively create more abstract conceptual categories that explain what these data indicate. Thus, your categories synthesize data and, moreover, interpret them and identify patterned relationships within them. Begin with a topic or general research questions to explore. Then, build a

theoretical analysis from what you discover through your research. In my study, I started with general questions about what life was like for people with serious chronic illness and how they experienced time. I moved on to develop more refined ideas about self, identity, time, and suffering.

The distinguishing characteristics of grounded theory methods (see Glaser, 1992; Glaser and Strauss, 1967) include:

- simultaneous involvement in data collection and analysis phases of research
- developing analytic codes and categories from the data, not from preconceived hypotheses
- constructing middle-range theories to explain behaviour and processes
- memo-writing, that is, analytic notes to explicate and fill out categories
- making comparisons between data and data, data and concept, concept and concept
- theoretical sampling, that is, sampling for theory construction to check and refine conceptual categories, not for representativeness of a given population
- delaying the literature review until after forming the analysis.

What kinds of research questions can grounded theory methods address? Barney G. Glaser and Anselm L. Strauss, the creators of grounded theory (1967), might answer, 'every kind'. They contend that researchers can adopt grounded theory to study diverse processes. Psychologists can use grounded theory methods to study individual processes, interpersonal relations, and the reciprocal effects between individuals and larger social processes. For example, you can study typical psychological topics such as motivation, personal experience, emotions, identity, attraction, prejudice, and interpersonal cooperation and conflict.

A Brief History of Grounded Theory Methods

Grounded theory methods emerged from the sociologists Glaser and Strauss's (1965, 1967) collaboration during the 1960s. Sociology has had a long tradition of ethnographic fieldwork, interview, and case studies from its beginnings (see, for example, Alahyari, 2000; Fine, 1986; Glaser and Strauss, 1965; Goffman, 1959; Thomas and Znaniecki, 1918; Whyte, 1943/1955). However, that tradition had eroded by the 1960s, as sophisticated quantitative methods gained dominance. These methods were rooted in positivism,