

Evaluating the contribution of interpretative phenomenological analysis to health psychology

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Literature search

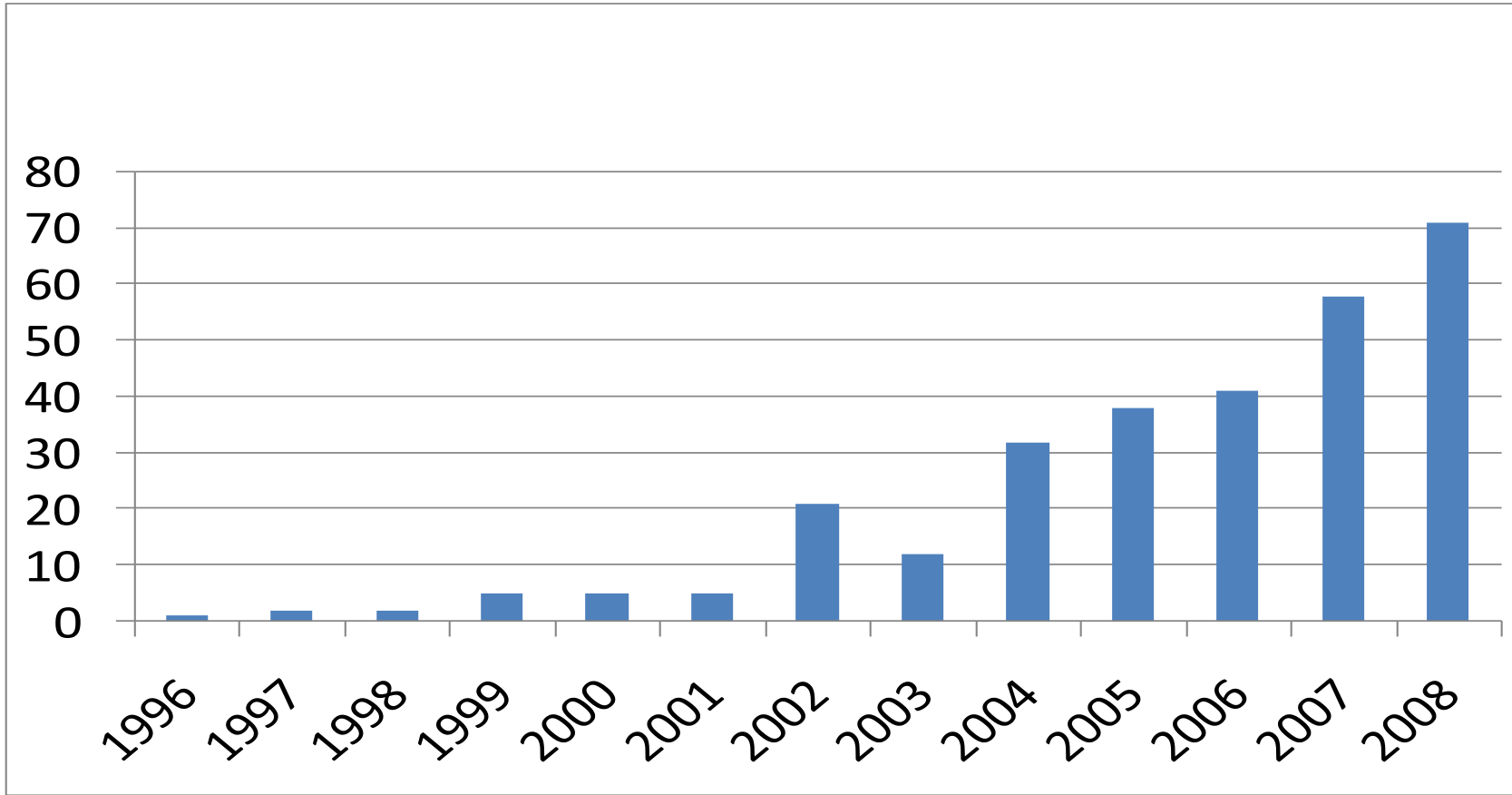
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- Databases and search terms
- 1996-2008
- Start unspecified: 1st one- Smith(1996) *Psych& Health*
- Rationale for search: high bar, refereed, trends
- Reminder: tip of the iceberg
- Hard copies obtained
- Papers not reporting empirical studies removed- few

- Total number empirical IPA papers from databases: 294

The trend

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From outside UK

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Papers	1	0	0	2	4	3	11
Year	02	03	04	05	06	07	08

IPA outside UK

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- Slower to take off
- Mainly English speaking world
- Heavily linguistically reliant

- Trend increasing
- Inquiries, training, postgraduates
- 2009 (up to Aug) 12 non-UK papers, 25% of total

Subject areas

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- Biggest domain: health
- Second biggest: mental health

- Categorize each paper with one or two keywords
- Wide range: e.g. genetics, music, sport, carers

- Biggest category: patient's illness experience
- 69 papers, 23% of whole IPA corpus
- Strict criterion: primary symptoms physical not mental
- Dementia, addictions, eating disorders not included

Illness experience

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- Perhaps not surprising it's biggest category
- IPA established itself first in health psychology
- Concern with lived experience raison d'être of IPA
- For IPA, usually experience of existential import
- Illness can play significant part in person's life
- Reviewed conditions with 4 or more papers
- Total papers reviewed: 51

The conditions

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Illness cluster	Number of papers
Chronic pain	11
Neurological	10
Heart disease	8
Cancer	5
Chronic fatigue syndrome	5
Arthritis	4
Urinary problems	4
Dermatology	4

Quality & qualitative research

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- What type of criteria?
- Do different methods need different criteria?
- When judge validity?
- Who does the judging?

- My view
- Important to judge quality of work
- General principles operationalizing for specific methods
- However explicit, always requires judgement

Assessing quality of IPA

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- Primary task to judge quality of published papers
- Research already done, can't be undone
- But also some inference about research process

The assessment

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- Developed criteria to assess quality
- With another IPA researcher, Virginia Eatough
- Tested against 4 batches of 8-10 papers each time
- Iterative development
- Close agreement at end
- Three categories:
- Unacceptable Acceptable Good

Unacceptable

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- ❑ Not consistent with principles of IPA
- ❑ Lacks detail of method
- ❑ Poor evidence base- this is usually the problem
- ❑ Large no descriptive themes from large no participants
- ❑ Analysis is crude, lacks nuance
- ❑ Insufficient extracts from participants to support themes
- ❑ Each with short summary & 1 or 2 extract without interp
- ❑ No explanation how prevalence determined

Acceptable

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- Consistent with IPA theory; Transparency of method
- Coherent, plausible analysis
- Sufficient sampling from corpus for each theme
- Ideal: prevalence, representativeness, variability
- Safe: always by extracts from half corpus per theme
- Borderline: enough data to show variability
- Trade: prevalence, strength of data, interpret'n

Good

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- Must clearly meet all the criteria for acceptable
- Corpus well sampled: clearly satisfies prevalence, representativeness, variability
- Offers something extra, point to degree of excellence:
 - Well focused, learned in depth about specific thing
 - Strong data or interpretation or integration
 - Reader engaged and finds it enlightening
 - Actually usually find it has all of these!
- Could recommend to novice as a good exemplar

The quality of IPA work

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- **Good** 15 30%
- **Acceptable** 26 50
- **Unacceptable** 10 20

- Interpretation/explanation?

- Within the acceptable:
- **Acceptable (safe)** 16
- **Acceptable (borderline)** 10

Quality by area

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	G	A	U
Pain	4	7	0
Neurology	2	7	1
Heart disease	3	1	4
CFS	3	2	0
Cancer	1	3	1
Dermatology	1	2	1
Arthritis	1	1	2
Urinary	0	3	1
	15	26	10

Examples of Unacceptable

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- Experience of cancer
 - 21 participants, 14 themes
 - Each theme has short summary and 1 extract
 - No indication of prevalence or representativeness

- Dealing with arthritis
 - 7 participants , 10 themes
 - Each theme has short summary and 1 or 2 extracts
 - No indication of prevalence or representativeness

The Good

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- 15 papers graded as good
- 11 in three high ranking health psychology journals:
 - *Psychology & Health, Brit Journal of Health Psychology, Journal of Health Psychology*
- Show examples of **three** good papers

1. Impact of CFS on identity

Dickson et al. (2008) *Psychology & Health*

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- Interviews with 14 people with CFS
- Research question well framed, method described
- Explicit criteria for inclusion of theme- in half the cases
- Each theme illustrated with data from many cases

- Important/interesting themes:
 - Identity crisis: agency and embodiment
 - Scepticism and the self
 - Acceptance, adjustment and coping

“Identity crisis: agency and embodiment”

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- Sustained, interpretative, insightful account of diminished self & loss of agency with very strong data
- “I could have been robbed by a 5 year old child & I would have been too fatigued to do anything about it”(B)
- “CFS is a dictator. It dictates my everyday life. It determines what I can and cannot do” (Anne)
- “It was like a deathtrap. There was no life going on

2. Technology in heart disease

Chapman et al. (2007) *Amer J of Critical Care*

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- 6 patients: ventricular assist device (VAD) for failing heart
- Can be internal or external to the body
- Presents vivid sustained analysis of patient reactions
- All themes well evidenced

- Important/interesting themes:
 - Shock on realizing dependence on machine
 - Adjustment
 - Need to trust the machine

Complexity of relationship with VAD

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- Difficult with:
- “If that alarmed you’d have to change it. To think that that thing is keeping me alive is alarming”.
(2)
- Precariousness, emotional symbiosis

- Difficult without:
- “I was lying in bed & it was really quiet & I was scared to move away from people. I used to walk down the corridor & there was no ticking & I felt alone & I was scared”. (1)
- Initial problems, became attached, now misses

3. Ex-footballers & arthritis: making sense of loss

Turner et al (2002) *Journal of Health*

Psychology

- Int 12 ex-professional footballers with osteoarthritis
- Closely woven, persuasive analysis with data from many participants to illustrate each of 3 themes
- Interesting account of pressures to perform in professional sport- neglecting possible injury
- Poignantly captures impact restricted mobility on men whose identity bound up with excellence in this domain
- Men demonstrate mix of regret, stoicism &

Writing a good IPA paper

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- Quality of interview data caps how good paper can be
- Focus on particular aspect rather than broad sweep
- Sufficient space for elaboration of each theme
- Rigorous: prevalence, representativeness, variability
- Extracts selected to show breadth/depth of theme
- The analysis should be interpretative not just descriptive
- Analysis is integrated

Summary

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- Increasing number of IPA papers being published
- Wide range of topics
- Health: largest domain
- Illness experience: largest area

- Instantiate criteria for judging quality
- Quality of corpus: 50% acceptable, 30% good
- Examples of good studies
- Guidance on writing a good IPA paper

Future development of IPA

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- *Increase* proportion good papers: examples, training

Book: JA Smith, P Flowers, M Larkin (2009) *Interpretative Phenomenological Analysis: Theory, Method, Research*. London: Sage.

IPA Website: <http://www.ipa.bbk.ac.uk/>

- *Develop* corpus specific areas e.g. pain, heart disease
- *Review* emerging generic constructs e.g. Identity
- *More* good papers in medical journals

References

- A Dickson et al. (2008) That was my old life: its almost like a past life now: loss and adjustment amongst people living with chronic fatigue syndrome. *Psychology & Health*, 23, 459-476.
- E Chapman et al. (2007) Psychosocial issues for patients with ventricular assist devices: a qualitative pilot study. *American Journal of Critical Care*, 16, 72-81.
- A Turner et al (2002) Play hurt, live hurt : living with and managing osteoarthritis from the perspective of ex-professional footballers. *Journal of Health Psychology*, 7, 285-301.
- Smith JA (2011) Evaluating the contribution of *Interpretative Phenomenological Analysis*. *Health Psychology Review*, 5, 6-27.