UNDERSTANDING experience is the very bread and butter of psychology, and interpretative phenomenological analysis (IPA; Smith, 1996) offers psychologists the opportunity to learn from the insights of the experts – research participants themselves. What is it like to experience auditory hallucinations, or chronic pain, for example? How can we better understand the decisions that people make, about issues as diverse as safe-sex practices, genetic testing, drug use or participation in dangerous sports? In this article we describe the recent development of IPA and show how it can help answer such questions.

IPA, unlike most of traditional psychology, offers the psychologist the chance to engage with a research question at an idiographic (particular) level. The participant’s ‘lived experience’ is coupled with a subjective and reflective process of interpretation, in which the analyst explicitly enters into the research process. Importantly – and in contrast to some other qualitative approaches – the analyst is still on familiar territory, in terms of the inferences that can be made from ‘data’ (often interview transcripts) to ‘persons’ (embodied and encultured beings). IPA makes these inferences cautiously, and with an awareness of the contextual and cultural ground against which data are generated, but it is willing to make interpretations that discuss meaning, cognition, affect and action. These interpretations may be drawn from a range of theoretical perspectives, provided that they are developed around a central account of the participants’ experiences (their phenomenological world). The adjacent box summarises some key elements of IPA.

A brief extract from an IPA study (Flowers et al., 1997) can show how the method can afford us a deeper understanding than traditional psychological methods. The study looked at a behaviour – unprotected anal intercourse between gay men – that more formal psychological theories of ‘health behaviours’ struggled to explain.

Dan: ‘I’ve not been in the situation, but if we really loved somebody and that’s what you wanted to do, even if you knew they were HIV, I think that would even come into the equation, if you know, if you were wanting, you know, wanting to die with somebody, or even if you loved somebody that much I suppose, wanting somebody’s virus inside ‘em. You know they’ve got it then you want it as well…sort of thing.’

Dan describes how HIV has shaped the

**KEY ELEMENTS OF IPA**

- **IPA is an inductive approach** (it is ‘bottom up’ rather than ‘top down’). It does not test hypotheses, and prior assumptions are avoided. IPA aims to capture and explore the meanings that participants assign to their experiences.

- **Participants are experts on their own experiences** and can offer researchers an understanding of their thoughts, commitments and feelings through telling their own stories, in their own words, and in as much detail as possible. Participants are recruited because of their expertise in the phenomenon being explored (e.g. undergraduate psychology students are usually avoided).

- **Researchers reduce the complexity of experiential data through rigorous and systematic analysis.** Analysis relies on the process of people making sense of the world and their experiences, firstly for the participant, and secondly for the analyst.

- **Analyses usually maintain some level of focus on what is distinct (i.e. idiographic study of persons), but will also attempt to balance this against an account of what is shared (i.e. commonalities across a group of participants).**

- **A successful analysis is: interpretative (and thus subjective) so the results are not given the status of facts; transparent (grounded in example from the data) and plausible (to participants, co-analysts, supervisors, and general readers).**

- **Researchers should reflect upon their role in the interpretative and collaborative nature of the IPA interview, data analysis and subsequent publication.**
meaning of sexual behaviour, qualifying his remarks with a quantification of love, ‘if we really loved somebody’. Becoming infected knowingly is the ultimate means of prioritising the relationship, above and beyond the individuals themselves and their own health concerns. This can also be described as the ultimate expression of love. Through attention to language use and an exploration of cognition, the study therefore concluded that the rationalistic assumptions of existing theories had failed to accommodate the crucial meaningfulness of intimacy and romance for participants.

The rise of IPA
We conducted a literature review which identified the use of IPA within 65 peer-reviewed papers between the dates of 1996 and June 2004. In the first half of 2004 there were 11 papers added to the corpus of IPA research, reaffirming the continued rise in use of this qualitative method. The adjacent box illustrates the current areas of published research and some specific exemplars that have used IPA.

As you can see, IPA can be applied to an extensive range of psychological inquiry. The majority of published studies using IPA lie within the field of health psychology, but IPA studies exist within applied social and clinical psychology.

While IPA is being applied in these substantial but localised areas of psychology, at a broader level it is possible to see that its focus upon contextualised and detailed accounts of experience also make it a useful tool for cultural psychology.

IPA’s increasing popularity within health psychology may well stem from its ability to contribute to biopsychosocial perspectives. It also provides a viable alternative to the top-down (deductive and derivative) assumptions of mainstream health psychology, and this has great appeal within the context of the national service frameworks, which are now in place across a spectrum of NHS services and require greater efforts to listen to the voices of service users. In keeping with the broad premise of positive psychology (e.g. Seligman & Csikszenmihalyi, 2000), there is scope for IPA research to become less disease- and deficit-focused, and for participants to be given a chance to express their views about strength, wellness and quality of life.

IPA is also popular within other applied areas of psychology, perhaps because it shares a broadly realist ontology compatible with other applied concerns, in a way that some other qualitative approaches do not. This is particularly true of the ethnomethodological version of discourse analysis (e.g. Potter & Wetherell, 1987). Discourse analysis (DA) emerged during the late 1980s as a radical critique of (then) mainstream social psychology and social cognition (which in turn had arisen from a rejection of behaviourism). Most types of DA have tended to focus upon the function of language within specific contexts. Like behaviourism, DA limits its focus to the observable (in this case, linguistic behaviour). Its approach demands a discursive psychology and constructs a textual ontology. This means that for discourse analysts, links between discourse and ‘real’-world actions are difficult to make, because the ‘real’ world can only be understood as a construction (e.g. see Edwards et al., 1995). DA has proved itself to be a powerful deconstructive tool, but is still struggling to offer viable bases for intervention in the world (see Nightingale & Cromby, 1999; Willig, 1999). In this respect, IPA can offer applied researchers the opportunity to integrate research and practice (e.g. Duncan et al., 2001; Golsworthy & Coyle, 2001).

Who is the IPA participant?
IPA research is hearing the voices of participants from across the sociocultural spectrum. In our review we found that IPA participants were recruited on the basis that

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<td>Genetic test results: failure to reassure (Michie et al., 2003)</td>
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<td>Sexual identity and sexual health</td>
<td>The meaning of ‘quality of life’ from those who have undergone bone marrow transplant (Holmes et al., 1997)</td>
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<td>Chronic illness and pain</td>
<td>The role of spiritual and religious beliefs in the bereavement process and bereavement therapy (Golsworthy &amp; Coyle, 2001)</td>
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<td>Quality of life measurement</td>
<td>A man’s experience following his partner’s termination of pregnancy for fetal abnormality (Robson, 2002)</td>
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<td>Mental health/addiction/eating disorders</td>
<td>The self-identity issues raised by recovering addicts involved in a 12-step programme (Larkin &amp; Griffiths, 2000)</td>
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<td>Reproductive decision-making and adoption</td>
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they could understand the principles of their involvement in the research process, give consent, engage with the interviewer and show a willingness to express their experiences and opinions. The ‘typical’ IPA participants ranged in ages from 10 years to 83 years. Only two of the studies explicitly recruited from a child or adolescent population. Participation in IPA research was evenly distributed across gender. Interestingly, the lucidity of respondents did not necessarily exclude them from participation. The search for meaning in accounts surpasses any objective truth or reality; this is illustrated by the work of Rhodes and Jakes (2000), who actively sought to include those experiencing delusions through psychotic illness in an attempt to assign meaning to their accounts.

IPA challenges the traditional linear relationship between ‘number of participants’ and value of research. It retains an idiographic focus, with 10 participants at the higher end of most recommendations for sample sizes (Smith et al., 1999). Elsewhere, Smith (2004) has argued the advantages of smaller samples and case studies. Looking at the IPA literature base collectively, the mean number of participants involved in IPA research to date is 15. The largest sample involved semi-structured interviews with 42 participants. Conversely, case studies were employed for three pieces of research.

Larger samples were a function of the use of focus groups or comparison groups. In comparison studies, the exploration of one phenomenon from multiple perspectives can help the IPA analyst to develop a more detailed and multifaceted account of that phenomenon. This is one kind of ‘triangulation’ (see Elliot et al., 1999).

Collecting data
The chosen method for much qualitative data collection is a semi-structured interview. IPA researchers are aware that interviews are not ‘neutral’ means of data collection (see Rapley, 2001). The interviewer is understood to work with the respondent in flexible collaboration, to identify and interpret the relevant meanings that are used to make sense of the topic. One-to-one interviews aid this: they are easily managed; allow rapport to be developed; allow participants to think, speak and be heard; and are well suited to in-depth and personal discussion.

Other methods have been used, and some of these, such as postal questionnaires, and electronic e-mail dialogue, can be seen to share some of the advantages of interviewing. Focus groups and observational methods have also been used for IPA work, but require some recognition of the problems involved in applying experiential analyses to more complex social activities. There has been little published IPA work to date using diaries.

Analysing data in IPA
It is a key commitment of IPA that analysis should be developed around substantial verbatim excerpts from the data. In our review of the field there was wide variation in the number of verbatim excerpts that were presented, ranging from 4 to 60. Obviously, there are further variations in terms of both the length of these extracts and the number of participants represented, but this does illustrate the importance of the participant’s voice in IPA research.

The inductive and iterative procedures of IPA are intended to help the researcher to develop an initial ‘insider’s perspective’ on the topic. The researcher documents this in the form of an interpretative commentary, using verbatim examples for illustration and support. Taking ‘the insider’s perspective’ is thus only one part of the analytic process, because the analyst also offers an interpretative account of what it means for these participants to have these concerns in this particular context. This means that there is a balance of ‘emic’ and ‘etic’ positions in IPA. In the former (phenomenological, insider) position, the researcher begins by hearing people’s stories, and prioritises the participants’ world view at the core of the account. In the latter (interpretative, outsider) position, the researcher attempts to make sense of the participants’ experiences and concerns, and to illuminate them in a way that answers a particular research question. This is underpinned by a process of coding, organising, integrating and interpreting of data, which is detailed and labour-intensive, but also very rewarding.
A number of further methodological features, such as ‘transparency’ of the results and ‘reflectivity’ in the interpretation processes, provide good benchmarks for ascertaining whether the generic qualitative ‘good practice’ guidelines set down by Elliot et al. (1999) have been adhered to. In the published IPA work that we reviewed, analyses were often conducted by more than one researcher (another form of ‘triangulation’). Independent audits of the analysis were often utilised as well, or instead. These steps provide acceptable forms of cross-validation.

The outcome of all these analytic and evaluative processes in IPA is a set of themes, often organised into some form of structure (a coding overview, table of themes, hierarchy, or model). These themes generally provide the topic and focus for the analytic commentary in presentations and published IPA reports. They represent commonalities across the participants’ accounts, but should also attempt to accommodate the variations within the data set. This balance is reflected in a range of flexible and creative approaches to writing up the analysis.

In some articles one salient theme provided the focus for the entire interpretative analysis; some reported up to 10. This need not be viewed as an analytical constraint: it is also a function of the limitations of space available for published work. Qualitative researchers often have to break down their projects into smaller components at this stage of the process.

The future for IPA

We are now seeing a steady increase in applications of IPA beyond the field of health psychology, and so the potential audience for this type of qualitative research will grow. The diversity of literature contained within our review suggests that its readership may be equally diverse, with publications going beyond traditional health psychology journals, and into social psychology, nursing studies, religious and existential studies, music, art and occupational therapy, and the ‘traditional’ journals of the medical profession (e.g. Duncan et al. 2001). IPA is particularly suited to researching in ‘unexplored territory,’ where a theoretical pretext may be lacking. Bypassing the closed systems of borrowed hypotheses and theories, it can instead provide meaningful and unexpected analysis of psychosocial issues.

Increasing confidence in IPA is reflected in the accelerated rise in published studies across a wide range of psychological inquiry. As a methodology, IPA advocates many of the principles of ‘good practice’ that signify as quality markers in qualitative research (Elliot et al., 1999). This in turn increases the likelihood that IPA projects will be publishable. Currently, many undergraduates and postgraduates in psychology are learning about conducting IPA research, and so IPA is becoming established in the minds of the next generation. The future of IPA research looks bright.

References


