Evaluating the contribution of interpretative phenomenological analysis to health psychology

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Brno
Literature search

- 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
From outside UK

<table>
<thead>
<tr>
<th>Papers</th>
<th>1</th>
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<th>2</th>
<th>4</th>
<th>3</th>
<th>11</th>
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<tr>
<td>Year</td>
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IPA outside UK

- 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

- 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

- Perhaps not surprising it’s biggest category
- IPA established itself first in health psychology
- Concern with lived experience raison d’etre 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

<table>
<thead>
<tr>
<th>Illness cluster</th>
<th>Number of papers</th>
</tr>
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<tbody>
<tr>
<td>Chronic pain</td>
<td>11</td>
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<tr>
<td>Neurological</td>
<td>10</td>
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<tr>
<td>Heart disease</td>
<td>8</td>
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<tr>
<td>Cancer</td>
<td>5</td>
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<td>Chronic fatigue syndrome</td>
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<td>Arthritis</td>
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<td>Urinary problems</td>
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<td>Dermatology</td>
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Quality & qualitative research

- 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

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

- 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

- 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

- 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

- 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

- **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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<tbody>
<tr>
<td>Pain</td>
<td>4</td>
<td>7</td>
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<tr>
<td>Neurology</td>
<td>2</td>
<td>7</td>
<td>1</td>
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<td>Heart disease</td>
<td>3</td>
<td>1</td>
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<tr>
<td>CFS</td>
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<tr>
<td>Cancer</td>
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<td>0</td>
<td>3</td>
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<td><strong>Total</strong></td>
<td>15</td>
<td>26</td>
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Examples of Unacceptable

- 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

- 15 papers graded as good
- 11 in three high ranking heath 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*

- 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”

- 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” (Scott)
2. Technology in heart disease
Chapman et al. (2007) *Amer J of Critical Care*

- 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

- 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


- 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

- 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

Good qualitative work always requires good writing
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

- *Increase* proportion good papers: examples, training


  IPA Website: [http://www.ipa.bbk.ac.uk/](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: it’s almost like a past life now: loss and adjustment amongst people living with chronic fatigue syndrome. *Psychology & Health*, 23, 459-476.