

BIROn - Birkbeck Institutional Research Online

Enabling Open Access to Birkbeck's Research Degree output

Unfolding portraits of pain: a longitudinal interpretative phenomenological analysis of chronic pain sufferers' self-management journeys as recounted through interviews and drawings of pain and self

<https://eprints.bbk.ac.uk/id/eprint/48575/>

Version: Full Version

Citation: Nizza, Isabella Elizabeth (2022) Unfolding portraits of pain: a longitudinal interpretative phenomenological analysis of chronic pain sufferers' self-management journeys as recounted through interviews and drawings of pain and self. [Thesis] (Unpublished)

© 2020 The Author(s)

All material available through BIROn is protected by intellectual property law, including copyright law.

Any use made of the contents should comply with the relevant law.

[Deposit Guide](#)
Contact: [email](#)

Appendices

Contents

Appendix A – Interview materials	4
A.1 Participant Information Sheet	4
A.2 Participant Consent Form.....	6
Appendix B - Analysis audit trail	8
B.1 Completed Visual Analysis Table for Gillian’s Pain at T1	8
B.2 Completed Visual Analysis Table comparing Gillian’s pain drawings longitudinally	10
B.3 Narrative description of how Gillian’s Self drawings evolved over the time points.....	12
Appendix C: Articles published during the PhD	14
C.1 Put the illness in a box: published case study	14
C.2 Longitudinal IPA: published review	22
C.3 Markers of high quality in IPA.....	41
Appendix D: Full-size participant drawings	59
D.1 Jane’s drawings.....	59
D.1.1 Jane’s pain at Time 1.....	59
D.1.2 Jane’s pain at Time 2.....	60
D.1.3 Jane’s pain at Time 3.....	61
D.1.4 Jane’s Self at Time 1	62
D.1.5 Jane’s Self at Time 2	63
D.1.6 Jane’s Self at Time 3	64
D.2 Olga’s drawings	65
D.2.1 Olga’s pain at Time 1	65
D.2.2 Olga’s pain at Time 2	66
D.2.3 Olga’s pain at Time 3	67
D.2.4 Olga’s Self at Time 1	68
D.2.5 Olga’s Self at Time 2	69
D.2.6 Olga’s Self at Time 3	70
D.3 Monica’s drawings.....	71

D.3.1 Monica's pain at Time 1	71
D.3.2 Monica's pain at Time 2	72
D.3.3 Monica's pain at Time 3	73
D.3.4 Monica's Self at Time 1	74
D.3.5 Monica's Self at Time 2.....	75
D.3.6 Monica's Self at Time 3.....	76
D.4 Helen's drawings.....	77
D.4.1 Helen's pain at Time 1	77
D.4.2 Helen's pain at Time 2	78
D.4.3 Helen's pain at Time 3	79
D.4.4 Helen's Self at Time 1.....	80
D.4.5 Helen's Self at Time 2.....	81
D.4.6 Helen's Self at Time 3.....	82
D.5 Alison's drawings	83
D.5.1 Alison's pain at Time 1	83
D.5.2 Alison's pain at Time 2.....	84
D.5.3 Alison's pain at Time 3	85
D.5.4 Alison's Self at Time 1	86
D.5.5 Alison's Self at Time 2	87
D.5.6 Alison's Self at Time 3	88
D.6 Gillian's drawings.....	89
D.6.1 Gillian's pain at Time 1.....	89
D.6.2 Gillian's pain at Time 2.....	90
D.6.3 Gillian's pain at Time 3.....	91
D.6.4 Gillian's Self at Time 1	92
D.6.5 Gillian's Self at Time 2	93
D.6.6 Gillian's Self at Time 3	94
D.7 Kate's drawings.....	95
D.7.1 Kate's pain at Time 1	95

D.7.2 Kate's pain at Time 2	96
D.7.3 Kate's pain at Time 3	97
D.7.4 Kate's Self at Time 1.....	98
D.7.5 Kate's Self at Time 2.....	99
D.7.6 Kate's Self at Time 3.....	100
D.8 Lauren's drawings.....	101
D.8.1 Lauren's pain at Time 1	101
D.8.2 Lauren's pain at Time 2	102
D.8.3 Lauren's pain at Time 3	103
D.8.4 Lauren's Self at Time 1.....	104
D.8.5 Lauren's Self at Time 2.....	105
D.8.6 Lauren's Self at Time 3.....	106

Appendix A – Interview materials

A.1 Participant Information Sheet



IPA Research Group
Department of Psychological Sciences
Birkbeck College, University of London
Malet Street, Bloomsbury
London WC1E 7HX
Tel: 020 7631 6000



Community Chronic Pain
Kent Community Health NHS Foundation Trust
St Augustine's Business Centre
125 Canterbury Road
Westgate-on-Sea CT8 8NL
Tel: 0300 1231753

Changes in chronic pain experiences

Participant Information Sheet

Before you decide to take part in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. You can get in touch with the researcher if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

This study aims to understand the experience of women and men suffering with chronic pain and how this experience and its visual representations change over time.

My name is Isabella Nizza, I am a student and this study is being conducted as part of my doctoral thesis in Psychology at Birkbeck University of London, under the supervision of Professor Jonathan A. Smith.

I would like to talk to you if you:

1. Are planning to participate in the Pain Management Programme (PMP) soon.
2. Are aged between 40 and 60 years.
3. Have been experiencing chronic pain for more than two years.
4. Do not suffer **only** from migraine.
5. Are currently unemployed (by choice or necessity)
6. Are **not** receiving any hospital-based treatment (e.g. injections or operations) for your particular pain problem, although you may have in the past.
7. Are **not** a professional or amateur artist.

If you feel you fit the above criteria and would like to share your experience to help others understand what living with chronic pain is like, then I would be delighted to hear from you.

What will my participation involve?

If you would like to participate, we will meet **three times** over the next year: before you participate in the PMP, when the PMP is completed and six months later.

When we meet, I would like you to make **some drawings** that we will use to **discuss your experience with chronic pain**. Many people find that drawing helps them to describe difficult-to-express experiences, and I would like to reassure you that no particular drawing ability is required and that I will not be judging the quality of your drawings.

I expect each meeting to last 1.5 to 2 hours and, with your permission, I will audio-record it. We can meet either at your own home or in a local GP surgery, depending on what is most convenient for you. In either case, it is important that we meet in a quiet and private space, where we can talk alone without being interrupted.

I would like to point out that I am **not** a member of the clinical team of the Chronic Pain Service, that this study is completely separate from any treatment you receive within the service and that the content of our talk will **never** be part of your medical records.

What will happen to the information I provide?

All the information that you provide will be kept in the strictest confidence. Following your interview I will transcribe the recording and edit it to ensure that any details that may reveal your identity or that of other people will be removed. Your recording will be stored in a locked cabinet and destroyed following completion of the research. I will keep your drawings for the duration of the research and then return them to you, if you want.

There are appropriate limitations to all confidentiality, including risk of harm to self and others, so, should such a risk be identified, I will be ethically bound to inform relevant services.

The interview and the drawing will involve reflection on past and current personal experiences, so there is a possibility that talking about personal matters may make you feel uncomfortable. I will encourage you to disclose only what you feel comfortable with and should you feel uneasy during the interview, you are free to not answer any question, stop the interview at any time and/or withdraw from the study completely.

Should you, after the first interview, decide not to continue with the PMP or not to continue with the study, you will not be asked to provide an explanation.

The project has been reviewed and received ethical approval from the Department of Psychological Sciences Research Ethics Committee of Birkbeck University of London and from the NRES Stanmore Research Ethics Committee.

If you are interested in taking part in this research or would like more information, please contact me on 07876345218 or at the address below. If you have already left me your details, I will be in touch soon to confirm whether you would like to take part and agree dates when we can meet.

Chief Investigator

Isabella Nizza
PhD Student
Department of Psychological Sciences
Birkbeck University of London
Malet Street, London, WC1E 7HX
Contact: 0787 6345218
inizza01@mail.bbk.ac.uk

Supervisor

Jonathan A. Smith
Professor of Psychology
Department of Psychological Sciences
Birkbeck University of London
Malet Street, London, WC1E 7HX
ja.smith@bbk.ac.uk

If you have any concern or complaint about this research you can contact your local Customer Care Team on the phone (0300 123 1807) or via email (kcht.cct@nhs.net).

A.2 Participant Consent Form



Department of Psychological Sciences
Birkbeck University of London
Malet Street, Bloomsbury
London WC1E 7HX

Changes in chronic pain experience

Participant Consent Form

Thank you for agreeing to take part in this study, which aims to understand the experience of women and men suffering with chronic pain and how this experience and its visual representations change over time.

The interview that you are about to take part in will consist of two phases:

1. First, you will be asked to **make two drawings**.
2. Then, you will be interviewed for about one hour about your drawings and, more generally, your experience of living with chronic pain.

This will be the first of three interviews. A second similar interview will be arranged for a month after you complete the first four weeks of the Pain Management Programme (PMP) and a third one will be arranged for six months later.

If you are satisfied with the statements below, please initial the box and sign at the end before we begin the interview:

1. I confirm that I have read the information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I confirm that I am consenting to participate in three interviews, one now, one after I have completed the first four weeks of the PMP and one six months later. ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time during the interviews and up to one week later without giving any reason, without my medical care or legal rights being affected. ☐
4. If I withdraw from the study, I understand I will be contacted to agree if and how any previously gathered data should be used. ☐
5. I understand I may decline to answer any particular questions during the interviews. ☐

6. I understand that any written or drawn material shall be left with the researcher and may be copied and published as part of the research. Original copies may be returned to me once the research is completed, if requested. ☐
7. I understand that discussions will be kept confidential and that pseudonyms will be used to ensure anonymity. ☐
8. I consent to the discussions being audio recorded and transcribed verbatim (using pseudonyms) and destroyed after the research has been completed. ☐
9. I agree to take part in the above study. ☐

There should be two signed copies, one for the participant, one retained by the researcher for records.

Name (participant): _____ Signature: _____ Date: _____

Name (researcher): _____ Signature: _____ Date: _____

Contact: If you have any further questions regarding this study, please contact me, Isabella Nizza, on Tel: 078 76345 218 or inizza01@mail.bbk.ac.uk or my supervisor, Professor Jonathan A. Smith, ja.smith@bbk.ac.uk

Appendix B - Analysis audit trail

B.1 Completed Visual Analysis Table for Gillian's Pain at T1

Visual Analysis Framework Questions	My answers
1. Contents: Describe each of the distinct elements of the image.	This picture is actually composed by seven different drawings, spread over two rows across the landscape page and each describing a physical symptom. The first drawing is of a blue bone immersed in a black bucket of ice. The second drawing represents some human legs which are covered in flames, from the ankles to the hips. The third drawing are two feet, which resemble the claws of a bird because they appear contracted. The fourth drawing is of somebody's lower limbs, with a black mark on both hips, black and red marks on the knees, on the ankles and the feet. The fifth drawing includes a human figure with no head, with its spine and vertebrae marked in black and red waves extending towards the sides. Next to it on the left is a diagonal ladder-like shape from which red waves also depart towards the body. The sixth image is the shape of a face with no mouth or hair. There are two red marks: one next to the left ear and one along the left side of the neck. Next to it there is a drum with two sticks and below it another shape which is difficult to discern, perhaps a saw? The last image is the top back of a figure with blonde long hair. There is a black long vertical rod drawn against it and, to the side, there is a knife positioned diagonally as if striking the right shoulder.
2. Composition: How are the elements spatially laid out on the page? Are they sparse or dense, are there areas of blank page, do the elements overlap? Is there a sense of repetition, 'rhyme,' or pattern?	The drawings are distributed over two rows, with four drawings on top and three below, filling the page entirely. Although each drawing is proportionate, they seem to be drawn to different scales, so that the bucket is as tall as the legs of the figure next to it.
3. Balance: How do elements interplay? Is there a sense of equilibrium or disequilibrium? Is there symmetry or pattern?	There is a sense of equilibrium in the way the drawings are distributed on the page, it reminds me of an illustration in an encyclopaedia.
4. Geometry: What shapes are used? How do these interplay together?	n/a
5. Materials: Which material has been used for each element?	The drawings have a homogenous look and feel about them: the outlines are all drawn in pencil and only some sections of some drawings have been filled in using a felt-tip, mostly using very strong colours: the black bucket, the blue bone, the red and yellow flames, the red and black painful points and the yellow hair.
6. Texture: What are the textural characteristics of each element?	See above
7. Colour: How have hue (colour), saturation (vividness), and value (lightness/darkness) been used?	See above
8. Depth/Perspective: What spatial depth and perspective have been created through space and colour?	The different elements present different perspectives, but the drawing as a whole is well spaced out on the page.
9. Temporality/Dynamism: Is there a sense of rhythm or movement? Does	The drawings are basic and focus on the physical sensation they are intended to convey. There is no sense of time or movement, each drawing is a snapshot unto itself.

the image suggest a snapshot, continuity or duration?	
10. Focus: What is the visual focus of the image? What is your eye drawn to?	Since there are so many components, there is not one single focus for this image, the attention is mostly drawn by colours so that the viewer's eyes will alternate between the reds and the blacks.
11. Expressive content/Empathic reaction: What is the emotional tone of the image? What feelings does the viewer have in response (bodily, emotional, memories, images)?	This is a very physical image, almost scientific, and the sheer number of representations for pain and the copious use of red and black succeed in conveying the variety and unpleasantness of the physical sensations experienced by the drawer.
12. Signs/Symbolism: Are there any overt symbols or cultural references included?	Many of the accessory elements in the drawings are metaphors: the bucket of ice with a blue bone stick in it is obviously not intended to be interpreted literally but symbolises the feeling of having cold bones typical of fibromyalgia; similarly, the reds, be these flames, emanating radiations or black and red points, represent other specific kinds of pain in other areas of the body. Finally, the drums and various tools are an attempt to describe the feelings generated by pain: a rhythmic pulsating head pain, a contraction in the back and a cutting pain in the shoulder.
13. Style: Does the image 'shout' or is it 'quiet,' or something in between? Does the drawing seem to imitate or reflect a particular trend or style, e.g., cartoonish, child-like, modern, romantic, pop-art, etc.?	The drawing does not shout particularly, it is more illustrative and educational in tone.
14. Text: Has any text been included, for example a title? Where has this been placed? In what way has it been included? What style, font, capitalisation, etc., is used?	No text.
15. Distraction/Noise: Do any elements draw your attention away from the main focus? Is there a sense of confusion or clarity in the image?	The layout is surprisingly balanced so that no element in particular jumps to the eye.

B.2 Completed Visual Analysis Table comparing Gillian's pain drawings longitudinally

1. Contents: Describe each of the distinct elements of the image.	<p>The first image resembles a table in an encyclopaedia and is composed by seven different drawings, each illustrating an aspect of Gillian's pain: the cold bones, the burning legs, the scrunchy feet, the painful joints, the radiating pain from her spine, the drumming and painful jaw and the metal rod in her spine.</p> <p>The second image is a full female figure of a smiling Gillian where selected parts of her body have been coloured-in in red (right neck, waist and knees) or pink (hands and feet). Additional external elements are connected to the body through arrows, with a symbol of radiation connected to the head and waist, a knife connected to the neck, and a black-bruised hand and ball connected to the right hand and foot, respectively. In the top right corner there is a blue-clouded sky with a pale sun which is connected to the head through what looks like a pink brain.</p> <p>The final drawing includes three representations of Gillian: a full figure with no hair, a face and head and a back torso. All drawings are intensely coloured: the figure is red at the centre around the spine, at the knees, and along all the edges; there is a thick black rod along the spine and blue and orange lines along all the borders. The head is bright red along all its borders, from the forehead to the neck, left and right. Across and down the torso there is a T-shaped thick black line, which reaches the shoulders. These have been thickly coloured in red as has most of the back, particularly towards the right shoulder, which also has a black mark at the centre.</p>
2. Composition: How are the elements spatially laid out on the page? Are they sparse or dense, are there areas of blank page, do the elements overlap? Is there a sense of repetition, 'rhyme,' or pattern?	The first drawing is fuller than the others, with the elements distributed all around the page. The second drawing is the smallest, occupying only the left-hand side of the sheet of paper. In the third drawing the elements are quite close to each other and positioned slightly left compared to the centre of the sheet, leaving a fair amount of empty space around them.
3. Balance: How do elements interplay? Is there a sense of equilibrium or disequilibrium? Is there symmetry or pattern?	The first and third image seem more balanced and feel homogenous within themselves compared to the second one.
4. Geometry: What shapes are used? How do these interplay together?	
5. Materials: Which material has been used for each element?	In all images a pencil has been used to draw the outlines and felt-tips have been used to colour-in the most meaningful components of pain and the participant's hair. In the first image the outlines are in grey and clearly visible, almost predominant, while in the second and third images the outlines are pink and, while in the second image it is still clearly visible, in the third it has been almost completely coloured over by the felt-tip.
6. Texture: What are the textural characteristics of each element?	Pain is predominant in the first image because it is central to each component of the drawing, yet the drawing is quite light and the pain is not given a great texture. The pain has comparatively more texture in the

	second image and, particularly, in the third, where the red markings that represent pain on the figures' body are extensive and thickly hatched.
7. Colour: How have hue (colour), saturation (vividness), and value (lightness/darkness) been used?	The colourfulness of the drawings seems to increase with time.
8. Depth/Perspective: What spatial depth and perspective have been created through space and colour?	
9. Temporality/Dynamism: Is there a sense of rhythm or movement? Does the image suggest a snapshot, continuity or duration?	Each image is a snap-shot of a moment in time, however, compared to the first image, the second and the third images have the additional dynamic element of the radio waves, which are used to describe pulsating pain. Perhaps the drum in the first image was intended to describe a rhythmic quality of the pain that was later better illustrated as pulsating by using the radio waves. This could mean that with time Gillian acquired a better understanding of this aspect of her pain and how best to convey it. An alternative explanation could also be that the pain itself changed and was reduced from being a drumming sensation, to being a more subtle pulsating sensation.
10. Focus: What is the visual focus of the image? What is your eye drawn to?	
11. Expressive content/Empathic reaction: What is the emotional tone of the image? What feelings does the viewer have in response (bodily, emotional, memories, images)?	Gillian's first image of pain is very bland, technical, encyclopaedia-like, almost impersonal. In contrast, her second and third images are more colourful and passionate. The first image is an inventory of pain symptoms that occupies the whole page. In the second image she and her pain seem to occupy less space and beside the figure there is also a cloudy sky, an element which is not pain-related. In the third image the pain is overwhelmingly present, very colourful and represented in a much more emotional manner compared to the previous drawings. Additionally, while the first image was an ensemble of pain metaphors and body parts, in the second and third images Gillian includes a human figure (herself) with a face, albeit not always happy, and flowing hair. At a first glance, the third image would appear to be the worse one because it feels painful to look at. While at the third time point there has been an obvious worsening of symptoms compared to the second image, looking at the pictures all together suggests that between the first and the other time points there may have been an integration of the pain, almost an acceptance.
12. Signs/Symbolism: Are there any overt symbols or cultural references included?	
13. Style: Does the image 'shout' or is it 'quiet,' or something in between? Does the drawing seem to imitate or reflect a particular trend or style, e.g., cartoonish, child-like, modern, romantic, pop-art, etc.?	Third image shouts more than the others.
14. Text: Has any text been included, for example a title? Where has this been placed? In what way has it been included?	No

What style, font, capitalisation, etc., is used?	
15. Distraction/Noise: Do any elements draw your attention away from the main focus? Is there a sense of confusion or clarity in the image?	

B.3 Narrative description of how Gillian's Self drawings evolved over the time points

Every drawing that Gillian made of herself contains multiple versions of her doing different things that represent her at that moment in time. In the first drawing she is reading on a couch, with a candyfloss stick above her head, crying, lying in bed under covers. At the bottom there are also two masks: a green one with a downward mouth, representing envy and a red one with a scary grin, representing rage. This was a time of static unhappiness where she felt riddled with negative emotions.

The second drawing shows her full figure standing smiling at the centre of the page against the backdrop of a blue and sunny sky. Around her there are four bubbles of thought with images of her sitting at a table with another woman having tea, her walking dogs in a field, her picking flowers in a garden and her sitting at a desk in front of the computer. In all these images of herself she is always smiling suggesting this was a time of hope and projection into a future of activity.

In the third drawing there are four vignettes: her hitting her head against the wall, her screaming out loud while crying, with her head pulsating, her sitting with another woman having a cup of tea and, finally, her lying in bed with eyes wide open and having thoughts in the form of question marks and small images of her life. This is a time of turmoil and great unhappiness, although there are no obvious signs linking her emotional condition to her pain.

The images are similarly balanced, all occupying most of the page without filling it completely. The topics raised by the drawings are different, but the structure of the drawings remains substantially unchanged: a snapshot to explain in as much detail as possible what is actually happening in her life, in the case of the first and third drawing, and of what she is doing or dreaming of doing in the second image.

The complexity of the images seems to increase as time progresses. In the first drawing there are not many details, the clothes are all the same, the faces very basic. In the second drawing, although all the figures are stick figures, there is detail in the drawing of the hair and there are a lot of peripheral elements: a blue sky with a sun, green paths and flowers, teapots and cups, etc. In the third drawing the level of complexity seems to increase yet again: the figure hitting its head against the wall wears a tracksuit with a line down the sides, the face screaming has eyelashes and differently coloured stripes of hair, the chairs where the figure is sitting with a friend have been coloured in, and so forth. As time progresses, the drawings become more and more elaborate. As with the pain, all drawings are initially produced in pencil and then outlined using felt-tips. The only exception is the second drawing, where all the outlines have been done directly in pink felt-tip. My impression is that this

difference may reflect a difference in how self-assured Gillian felt while she was doing the drawing: at the second time point she was feeling very well and therefore possibly more assertive in putting pen to paper.

The colours of all drawings are rather strong. In the first drawings the colours are very compact and not very pleasing: there is a predominance of orange and yellow, used for the jersey and the hair. In the first drawing the pencil marks are also very light and the faces of the figures are lost in the contrast with the strong clothing, with the only exception to this being the colourful masks, that are definitely appear inhuman. In the second drawing, the green of the grass and the blue of the sky are predominant, as if Gillian's outside world had become more important than her inner world, and her focus was now on doing things out of the house. In the third drawing, where a mixture of pencil and felt-tip has been used to draw and colour-in, the focus seems to be less on the representation and more on the content of the drawing. There are many details to emphasise Gillian's state of mind: the tears and the arrows to clearly show that she is hitting her head against the wall, the shouting face with more tears and the scream projecting from the mouth in red, to suggest an expression of rage, the popping-out eyes of the figure lying in bed and the red question marks to illustrate an insomnia brought upon by serious worry.

From an emotional perspective, the first image appears simple, dull and boring, compared to the other two. It is an unhappy image because all the faces that it contains are either empty, unhappy, crying, or transformed by unpleasant emotions. The second image is more elaborate and idealistic, the sky is joyful, the figure is smiling and standing openly facing the viewer, no signs of pain or negative emotions to be seen. The third image is equally colourful and elaborate, but it tells a story of mixed emotions: despair, frustration, worry, but also the pleasure of companionship.

The three drawings describe Gillian's path well: at her first interview she felt stuck in an impossible situation, her life felt limited, and she was struggling with the undesirable emotions elicited by having pain. After the PMP she felt considerably better and was very optimistic about her future, which is reflected in the colourful representation of all the things she was hoping she could soon do. At the third interview, Gillian was having a flare-up triggered by a contingent problem. The drawings at this point reflect the emotional disruption she is experiencing, with her worries and her anger. This sequence of drawings could be interpreted as a negative trajectory, because a bad situation became good and then bad again. However, while in the first image all the negative emotions were caused by the pain, in the third drawing they are caused by something other than the pain and although such stresses in themselves cause pain (see pain picture), the pain is conceived as one of many consequences of a bad situation, not as the cause. This reading transforms what appears to be a negative trajectory into a positive one in terms of chronic pain, albeit a negative one in terms of life as a whole.

Appendix C: Articles published during the PhD

C.1 Put the illness in a box: published case study



Original Article

‘Put the illness in a box’: a longitudinal interpretative phenomenological analysis of changes in a sufferer’s pictorial representations of pain following participation in a pain management programme

British Journal of Pain
2018, Vol 12(3) 163–170
© The British Pain Society 2017
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/2049463717738804
journals.sagepub.com/home/bjp
SAGE

Isabella E Nizza¹, Jonathan A Smith¹ and Jamie A Kirkham²

Abstract

Combining participant drawings with interviews can stimulate deep reflection and allow the inexpressible to be expressed. This case study uses visual methods to illustrate the 9-month self-management journey of a female chronic pain sufferer. The participant drew a picture of her pain at each of three interviews, and the drawings were used to discuss the changing impact pain was having on her life. Drawings and transcripts were jointly analysed longitudinally using interpretative phenomenological analysis, revealing how, as control is regained, a sufferer’s relationship with their chronic pain can visibly change and how the drawings, when reviewed retrospectively, enable insight and ownership of progress.

Keywords

Chronic pain, pain management, interpretative phenomenological analysis, drawings, visual methods, qualitative

Introduction

In Europe, between 25% and 35% of adults report experiencing chronic pain, a physically and psychologically debilitating condition, difficult to control pharmacologically and often associated with depression and anxiety.^{1,2} Chronic pain is subjective, dynamic and multidimensional, affecting most aspects of the lives of sufferers. Quantitative paradigms have generated scales and models of pain, while qualitative studies have provided the deepest understanding of the complexities of living with it. In 2015, the *British Journal of Pain* published a special edition to explore the contribution that qualitative research makes to the understanding of pain.^{3,4} Patients have reported not being able to make sense of their pain and finding social interactions challenging for the stigma attached to pain and the tendency for pain to reveal undesirable aspects of themselves.⁵

In some areas of the United Kingdom, community pain management services offer support for sufferers delivering psychological, behavioural and educational interventions, including pain management programmes (PMP), group interventions lasting several weeks and developing key self-management skills such as relaxation, mindfulness, goal-setting, pacing and sleep

¹Department of Psychological Sciences, Birkbeck, University of London, London, UK

²Kent Community Health NHS Foundation Trust, Ashford, UK

Corresponding author:

Isabella E Nizza, Department of Psychological Sciences, Birkbeck University of London, Malet Street, London WC1E 7HX, UK.
Email: isabella.nizza@btinternet.com

hygiene.^{6,7} Evidence suggests that such programmes, most of which are based on Cognitive Behaviour Therapy principles, are associated with marked improvements in quality of life, producing positive changes in disability, psychological distress and, to a lesser extent, pain.⁸ However, understanding of the longitudinal psychological trajectory of patients is limited.⁹

Interpretative phenomenological analysis (IPA) has provided rich accounts of the existential impact of chronic pain.^{10–12} Smith and Osborn¹³ argue that IPA's grounding in phenomenology and hermeneutics makes it particularly suitable to explore the complex and emotionally laden experience of pain, while IPA's idiographic commitment allows the understanding of its idiosyncratic aspects.

The elusive nature of chronic pain has also stimulated the adoption of visual methods, through which the unexplainable experience of pain can be examined and conveyed more fully. Interestingly, this can itself be seen connected to a growing interest by qualitative researchers in incorporating visual methods within their designs.^{14,15}

In relation to pain, photographs representing chronic pain co-created by sufferers and an artist can facilitate clinician-patient communication during consultations.¹⁶ Drawings can give insight into the imagery of sufferers: an analysis of artwork produced by participants at the start and the end of a PMP found that the images of recovery revolved around a redefinition of the self.¹⁷ In a questionnaire-based study, pain was represented as an aggressive attacker.¹⁸ Kirkham et al.¹⁹ combined drawings with interview data by asking seven women to draw images of their pain and directly discuss them in a semi-structured interview. The images were powerful metaphors, depicting pain as a sinister, violent and punitive aggressor and the drawings, expressive in themselves, offered new ways of describing the indescribable. These findings confirm that the use of visual artefacts in interviews enhances reflexivity and can be an integral part of sense-making.²⁰ Particularly in health research, drawings allow participants to think of their disease differently, possibly because knowledge is expressed through emotions more than cognitions.^{21,22} Drawings, like metaphors, can act as a 'safe bridge' towards the expression of painful feelings.^{23,24}

The interpretative nature of the IPA analytical process is described as a 'double hermeneutic', in which the researcher is making sense of the participant's sense-making.¹⁰ When visual methods are used within an IPA study, parallel and multiple hermeneutic circles are created; for example, the participant is offering an account of their picture, the researcher is analysing the visual depiction and the participant's reading of it. This results in more complex interpretations that can generate particularly rich results.

This article presents a single case from a wider study where IPA interviews with drawings were used longitudinally, to understand how pain and the sense of identity of sufferers changed following participation in a PMP. Participants were 40- to 60-year olds, unemployed and suffering from chronic pain for at least 2 years. The depth achieved by focusing on a single case allows for a true idiographic appreciation of the nuances of the stages of a chronic pain sufferer's journey towards recovery. The selected case is comparable to the other participants in the study, most of whom experienced some positivity in their trajectory. Methodologically, it illustrates the opportunity afforded by longitudinal visual data to dynamically explore pre-reflexive, reflexive and retrospective understandings within an interview.

Methods

Participant

Jane is a 47-year-old diagnosed with fibromyalgia, degenerated discs and depression, who had been in pain for 3 years. She had been prescribed tramadol and pregabalin and was self-medicating with paracetamol, vitamin B, vitamin D, zinc, calcium and magnesium.

Recruitment and data collection

Ethical approval for the study was granted by the NHS London-Stammore Research Ethics Committee in 2015.

Jane was recruited shortly after being referred to a National Health Service Community Chronic Pain Service in South East England. The study was advertised during the pain education session (PES) that all patients attend when they join the service. A few months after the PES, some patients can be referred to a 4-week PMP.

The three interviews were 2 months before attending the PMP, 4 weeks after the PMP and 6 months after the PMP, and lasted 50, 42 and 45 minutes, respectively.

During the first interview, after signing the consent form and having been reassured that the interest was not in the artistic quality of her drawing but in its contents, Jane was left alone for 15 minutes. Using an A4 blank sheet of heavy paper and coloured pencils, crayons and felt-tips, she was asked to *draw a picture of what your pain feels like to you*. Then, the researcher returned and asked her to *draw a picture of yourself as you are now*, during 15 more minutes.

When drawings were complete, the semi-structured interview commenced, which was audio-recorded and later transcribed verbatim. The interview schedule focused on one drawing at a time: Jane was asked to describe the drawing of her pain, why she drew it as she

did and what her reaction was looking at it; then she described the drawing of herself with similar probing questions, and questions on how the pain made her feel about herself, how she thought others saw her and how she would have liked to feel; finally, she was asked about the experience of drawing.

The second and third interviews followed a similar structure initially, but then earlier drawings were also presented to comment on similarities or differences.

Interviews were conducted by the first author, who holds an MSc in Health Psychology. The interviewer kept a reflexive diary and received clinical supervision by the third author, a senior counselling psychologist specialising in chronic pain.

Analysis

The data available for Jane included three drawings of pain, three drawings of self and the transcript from three interviews. This case focuses on the analysis of the pain drawings and the corresponding portions of transcript.

Jane was assigned a pseudonym, and the names within her pictures were electronically edited to ensure anonymity.

Data were analysed chronologically, one interview at a time, before proceeding to the longitudinal comparison between time points. Drawings were analysed on their own, using the visual analysis method proposed by Boden and Eatough,²⁵ inspired by compositional analysis.¹⁴ Then, each transcript was analysed inductively searching for themes according to the IPA method, linking the themes to the pictorial elements of the drawings, when possible.¹⁰ The analysed data include both prospective views (discussion of newly created drawings) and retrospective views (comparing previous drawings with new ones and reflecting on the past). The analysis of all the images and transcripts was led by I.E.N., and J.A.S. and J.A.K. contributed at appropriate points.

In this case study of Jane's pain, themes are presented longitudinally, with each theme corresponding to a time point.

Results

Time 1: 2 months before the PMP - crushed, overwhelmed and isolated

The most striking feature of Jane's first pain drawing (Figure 1, Time 1) is the heavy weight hanging over the head of the stick figure representing Jane herself. The weight is out of proportion compared to the figure; the arrows beneath it suggest it is moving downwards and will possibly crush her. The figure's little muscles are flexed in an effort to resist. At this stage, Jane described

the effects of her pain as *confining* and *crushing heavy*; the pain was greatly affecting her physically by causing even the most basic daily function to become an enormous effort (in interview extracts the [...] symbol indicates elision by authors of non-pertinent material):

everything is an effort, more effort than you would ever normally need for normal things [...] that's why I've cut my hair off [...] it was hurting my arms to wash my hair, you know, things like that, things that you wouldn't normally expect.

The arrows projecting from the weight towards and around the stick figure's body were an enveloping cloak:

when you're kind of cloaked in this sort of pain, you haven't got the energy [...] you're so focussed on this [weight] [...] you're trapped in this sort of bubble of what you want to do, what you can do and what you actually feel like doing.

By enveloping her and keeping her trapped in that position, the pain was attracting all her focus, limiting the energy required to act normally. Jane perceived a conflict between what she wanted to do and what she could do, and between what she could do and what she actually felt like doing, suggesting that the pain was also affecting her mood.

What seems to have upset Jane the most at this stage was not the physical sensation of pain as such, but rather the way it was impacting on her ability to be 'normal'. The expression *things you wouldn't normally expect* suggests a sense of surprise in how extensive the effects of pain were: as if Jane had a normative view of normality, but also of what pain should be, and the enormity of her pain was not adhering to either of these mental standards.

The first drawing also contains a line below the stick figure which she explained using a metaphor used by a counsellor many years earlier:

'You're like a raft,' she said, 'and you've got all these people that you're supporting on your raft, [...] but who's supporting you?'

This metaphor represented to Jane her tendency to assume a supportive role with people she loved and not feeling supported in return. She commented on how alone the stick figure looked:

what there should be is other people stood next to me and there isn't.

Although she had a son, a partner and a sister who were close, they were unable to share the burden of her pain. This was compounded by Jane's resistance to ask for help because she had been *let down so much*.

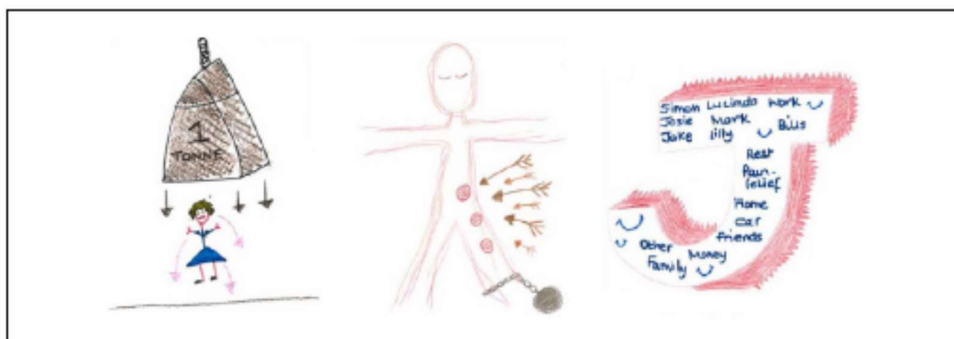


Figure 1. Time 1: 2 months before the PMP; Time 2: 1 month after the PMP; and Time 3: 6 months after the PMP.

Jane's first picture of her pain, drawn shortly after the chronic pain service referral, shows the pain as a crushing, overwhelming and isolating presence, preventing any form of 'normal' life, both physical and social.

Time 2: 1 month after the PMP - taking ownership of pain

Jane's second pain drawing (Figure 1, Time 2) represents an ethereal human figure that seems to be patiently enduring being in chains and under attack on its lower left side. Targets and arrows show the pain to be mostly localised:

the pain is [...] direct in certain places [...] I can pinpoint those worse places [...] although I can pinpoint these targets, the pain then sort of blurs everything else.

Although the physical pain was localised in Jane's left hip and leg, its effects extended to the whole person, as illustrated by the outline of the figure's body. The impact seemed reduced compared to the first drawing: the previously enormous, enveloping and crushing pain was now represented as thin arrows, which were *blurring* her body. The weight that was above her and ready to crush her was now below, simply holding her down. The pain was still limiting, but not affecting her whole being. Jane described the body of the figure as being *bisected*: one half associated with her painful past (ball and chain), while the other free half she described as her more positive *going forward side*:

this half of my body is more positive [...] and that's the sort of going forward side [...] bisected in a way on that picture, but it's quite accurate.

Jane also reported a change of attitude about family support: she had started working part-time for a

relative, who had helped her greatly. Allowing people to help her had been one of Jane's learning points from the PMP:

people that want to help you, allow them to help you, and I've been doing that.

This was a change of perspective: rather than asking for help, Jane was allowing others to help her. In terms of image, accepting help had been *reinforcing the positive side*, suggesting that social support had contributed to develop the pain-free positive half of the pain figure.

Jane also commented on the Christ-like appearance of the figure:

the way I have drawn that body is almost like in a crucifixion-type pose, [...] where Jesus was unfairly tried, found guilty and punished, then I suppose that's what the pain does to us [...] We haven't done anything to deserve this, I've led a good life and been nice to people.

As a devout Christian, Jane drew a parallel between the unfair trials that lead to Jesus' crucifixion and the injustice of having to live with chronic pain. For the first time, here Jane used plural nouns such as *us* and *we*, referring to chronic pain sufferers as a group. Between her first and second interview Jane had attended a PMP and bonded with other sufferers, who supported her in making important changes to her life. This feeling of pain as an injustice may have emerged as a result of the pain being more localised, allowing more mental space for reflection and of having come into contact with fellow sufferers.

When comparing the current drawing with her previous one, Jane explained the difference in terms of the pain having been 'isolated':

I've isolated the pain, I'm not overwhelmed by everything now [...] not that it's pain-free but it's not being dragged down by the pain.

She used the noun *I* in this quote, suggesting she was feeling a sense of agency in the process of transforming her pain. This was then reinforced discussing the role of pain:

I think at one point maybe I let the pain kind of overtake who I am, it's like when you're in a family [...] and you're mum and wife and stuff, but actually, no, I am Jane [...] I allowed the pain to take over, while actually now pain is [...] not everything, it's that bit there.

So, with hindsight, the cloak of pain had taken over control and, with the pain being more localised, its space was reduced and could be reclaimed. Attending the PMP contributed to this process:

[self management skills] arm you to be able to take control of everything again and move on in a positive way and I think that's why this [second drawing] is like it is, to take ownership of something and put it in its place and that's that bit [targets].

The pain management skills acquired during the PMP allowed Jane to take back the control that the pain had been exercising and in so doing reduced the pain to something affecting only a part of her body rather than engulfing her whole being. The use of the verb *to arm* suggests that putting the pain back in its place was a battle. The end result was a more balanced view of herself, reflected in the symmetrical posture of the figure. Although pain was still present, it was counter-balanced by Jane's new psychological resources which had enabled her to take full responsibility for self-managing it:

because of all the changes I have made, because of the things that I have learnt, the weight on the other side is more in balance now.

By reviewing the first and second image of her pain alongside each other, she became aware of the sheer scale of the change and took pride in having had the strength to make it happen:

I am stronger than I realise, to get from the big tonne weight and all of this to get to this now, it does take a lot of strength, emotional strength, physical strength.

In an earlier quote, Jane had compared being controlled by pain to being entrapped in a family role. The process of taking back control from her pain had been entwined with a review of her actual family role and she regained control over herself by affirming her right

to do what she needed, independent of her role. This change was psychological, but also had important physical implications:

you don't have to try to be something you are not [...] it's okay to have a bad day, it's okay to say [...] tea is not happening tonight, I am going to bed I'm afraid [...] I don't have to worry about, you know, well I am the mum here, I should be doing x, y, z.

Her perception of her family duties and her need to fulfil her role had led Jane to engage in behaviours that were damaging her physically, such as staying up rather than going to bed on a *bad day*; it was also by allowing herself the freedom to act according to her physical needs, that Jane had taken back control of her life and her pain.

Just 1 month after completing the PMP, with no change in medication and through pacing, Jane had recovered her sense of agency and felt in control of her pain, which although still present, was much more limited in its effects.

Time 3: 6 months after the PMP - the perils of normality

Jane's third pain drawing is a large three-dimensional letter J, her initial, with words and names inscribed on the surface (Figure 1, Time 3). The depth of the shape is filled-in with light red pencil and its back borders are covered in red spikes, resembling the bloody teeth of a wolf in a child's drawing. By the third interview, Jane was working 4 days a week and running her own home; she described her life as being full of daily chores, with the pain confined to the background:

I have this sort of front, if you like, that I am functioning, I am going to work, I am paying the bills [...] all that time that I'm doing all this normal stuff, this is always in the background behind me.

Experiencing pain only in the background was a striking improvement compared to the previous drawings, yet the spiky teeth suggest that not everything was as easy as it seemed. In fact, Jane described the pain as being still very present for her:

people can't see it, which is why I've done it behind me, it's there and it is sharp, and it is all over, but people, they don't see it, because I don't whinge and I don't moan about it.

Jane was making a conscious effort to ensure that the pain would not be visible to other people and, by refraining from *whinging* and *moaning*, she was choosing to relegate it to a background position. This behaviour reflects a strongly normative view of illness that

Jane had already expressed in her first interview (*people have to take ownership of their own illnesses*) and which she had found difficult to adhere to while overwhelmed by pain. Perhaps Jane's newly found agency had enabled her to finally put her normative beliefs about illness into practice.

The contents of the letter J offer insight into Jane's world. At the top, Jane listed the names of all the important people in her life, including her son, her sister and her sister's children. Her family was described as reliable and supportive and talking about her sister, Jane said:

...if I need anything I can just ring her and I know she will just be there, if she can possibly be there.

With the support, however, also came the requests. Her sister had involved her in the day care of her toddler, a request that she had felt compelled to oblige:

I can't say no, because there's nobody else she can ask [...] I'm the only person that she can ask and also that she really trusts [...] that was originally my day to just stop and do nothing.

Alongside feeling supported, Jane had again been taking on a supporting role, even though this came at a significant cost: 1 day a week of babysitting meant that she was working full-time.

Below, among words associated with a normal day-to-day life, Jane included *pain-relief* and *rest*, words specific to living with chronic pain, indicating that pain management was still an important concern:

there's making sure that I get some rest, making sure I've got my pain relief [...] I'm trying to be normal, if you like, without being a sort of detriment to myself.

Jane was striving for normality and this included helping her sister where needed, yet she also knew the risks associated with leading a normal full life. Her use of the expression *without being a detriment to myself* and the red spiky teeth in the background, reveal a painful awareness that it is exactly that yearning for normality that can constitute the greatest danger for chronic pain sufferers because it can lead to excessive exertion and cause symptoms to flare up.

Social support for Jane was a matter of give and take, of balancing her own needs against those of others, which she had a history of not managing very well. Jane had learnt to accept help and rekindled a network of mutual support around her, which challenged her self-management efforts. The PMP had contributed to this process by increasing Jane's understanding of the *multifaceted* nature of chronic pain:

[it's] multifaceted, because you've got the person, you've got the pain, but then you've also got all the other effects.

Looking at all three images together, Jane summarised what she felt had been happening:

I think working and having that sort of normal inverted commas life, allows me to put the illness in a box [...] it's always there, it doesn't control my life and all the while I'm controlling it [...] it has an effect on any problems I've got from the neck up.

The problems *from the neck up* Jane is referring to are her ongoing struggles with depression which she mentioned here with the intent of bringing her story to full circle. By taking control from her pain, Jane was also able to take back control of her life and this newly acquired sense of control allowed her to keep her depression in check, a necessary condition to live a 'normal' life.

The three drawings of Jane's pain depict a positive trajectory. From being a crushing force, pain became a localised experience and, eventually, an experience she was able to hide in the background. Although each of these improvements was accompanied by a proviso to suggest the pain was still there (localised but still blurring in her second drawing and still in the background potentially ready to bite in her third one), Jane was able, in a relatively short time frame, to develop a sense of agency and control over her pain, triggering a virtuous circle that allowed her to return to lead a good and functional life and to feel in control of her destiny.

Discussion

Jane's three drawings of pain illustrate different stages in her path within the chronic pain service over almost a year. Initially, the pain was an overwhelming crushing presence, which affected her ability to lead a 'normal' life and isolated her socially. As she learnt to self-manage the pain, it appeared to occupy less space in her drawings and in her life. Jane ascribed this change to having taken 'ownership' of her pain so that it was no longer controlling her but instead she was controlling it. The process had been enabled by the PMP, where she had developed new understandings and felt supported in making life changes. After 6 months, Jane's pain was relegated to a background position, and she was leading a quasi-normal life. The pain was present at all three stages, but its position in her drawings changed to reflect its changing effects.

To our knowledge, this is the first longitudinal case study using IPA where visual and interview data have been combined to understand changes in chronic pain. Compared to previous longitudinal visual studies of pain, the possibility of discussing current and previous drawings at length within the interview allowed for an in-depth exploration of the meanings associated with the pain drawings.¹⁷ The result is a unique subjective account of change, with findings that are relevant both

clinically and methodologically. This study adopted a methodology similar to, but developing on, the cross-sectional study by Kirkham et al.¹⁹ where one participant who had been interviewed after attending a PMP drew a 'before and after' image of her pain, which she described as: *a softer, gentler pain, something that I can manage*. Jane's images of pain presented in this study confirm that learning to self-manage can indeed change the experience of pain and its representation.

What was most important for Jane was not the amount of pain as such, but its impact on everyday life and on her ability to feel in control. From a state of passive endurance, where she was feeling overwhelmed, Jane acquired the psychological resources to take control of her pain and to reclaim agency over her own life. The increased sense of control also affected Jane's depression, a co-morbid condition for many chronic pain sufferers. Deckert et al.²⁶ carried out a systematic review of the outcomes reported for multidisciplinary chronic pain therapy programmes. They found that only 9 out of 70 studies included a self-efficacy measurement, using mainly the Pain Self-efficacy Questionnaire that measures the ability to live a normal lifestyle despite the pain.²⁷ The sense of control experienced by Jane appears to be a psychologically sophisticated concept that goes beyond the ability to engage in daily tasks, making the transformation she underwent more comparable to a change in locus of control concerning her illness and her life in general, a dimension that existing measurements do not seem to capture.

Levels of pain do not necessarily change as a result of learning to self-manage, so multidisciplinary pain services focus mostly on developing acceptance.^{6,28} Acceptance was not prominent in Jane's narrative, although the ongoing presence of pain in her drawings could be a sign of implicit acceptance. What changed and was important to Jane was that she felt empowered by the PMP to challenge her existing relationships and make practical changes to her life, enabling her to regain a sense of mastery.

Research using visual methods allows the 'inexpressible' to be discovered and assessed by participants, and experienced by viewers. It is suggested that, just as with textual analysis, researchers using visual methods should be explicit about the status they are according the images.²⁹ Although images illustrate the nature and the quality of the chronic pain experience as a phenomenon, we focused on how they were interpreted by participants.³⁰ A longitudinal visual methodology enables both perspective and retrospective reflection, so participants can provide different interpretations at different moments. Although past images cannot elicit 'stored unchanging memories', in our experience they add an embodied dimension to memories that stimulates a new type of reflection.²⁹ For instance, given the opportunity to compare her current

drawings with her previous ones, Jane's description of her improvement became more conceptualised, and she talked about developing *control* and *putting the illness in a box*. It was as if the drawings had acted as an emotional buoy reminding her of a different space and time when she felt worse and in so doing allowed her to review her experiences with increased detachment. Jane herself explained this dynamic process as follows:

with these pictures, it's not me telling myself, 'Yes, you can get through this, you can do it'. I know I can do it, because [...] I've drawn it [...] it kind of brings it from your subconscious into your conscious.

The therapeutic effect of drawing for the research already observed by Kirkham et al. was amplified by the longitudinal method because the drawings enabled Jane to develop new insights and take stock of her improvements, boosting her self-esteem.¹⁹

By focusing only on a single case, this article has offered a detailed idiographical insight into a chronic pain sufferer's journey towards recovery. An IPA paper can be considered of good quality when the method is applied with rigour, and the analysis is interpretative, well-focussed and deep.³¹ By concentrating on a single case and analysing each time point separately before looking across for evidence of change and continuity, we adhered to IPA's idiographical principles. This gave rise to a deep analysis of how Jane's experience with pain evolved, strongly grounded in her words and drawings, thus enhancing its validity. The case also acts as a proof of concept for using IPA longitudinally, combining visual and interview data, and it sets the precedent for the method to be extended to a wider sample, to identify similarities and differences in the trajectories of chronic pain sufferers engaged in a pain management service.

Current treatment rhetoric is focused on acceptance, disengaging from a battle with pain and on developing resilience.^{32,33} Although she did mention a battle metaphor, Jane's positive trajectory seems to have resulted more from the joint effect of having accepted her pain and of having recovered her sense of agency and control over her own life, an aspect not explicitly taken into account by current models of pain. As part of our wider study we look forward to discussing cases of patients with varied trajectories. It would also be interesting in future studies to be able to apply this methodology to investigate the experience of people with different cultural backgrounds to explore the degree of convergence and divergence experienced.

Acknowledgements

The authors wish to thank the Community Chronic Pain Service staff for their ongoing support and encouragement in the research and two anonymous reviewers for their valuable feedback.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

IEN received funding for the research by Birkbeck University of London through an Anniversary Scholarship

References

- Breivik H, Eisenberg E and O'Brien T. The individual and societal burden of chronic pain in Europe: the case for strategic prioritisation and action to improve knowledge and availability of appropriate care. *BMC Public Health* 2013; 13: 1229.
- Kalso E. Opioids in chronic non-malignant pain. *ABC Pain* 2012; 218: 103.
- Cox F. Editorial. *Br J Pain* 2015; 9: 8.
- Toye F. 'Not everything that can be counted counts and not everything that counts can be counted' (attributed to Albert Einstein). *Br J Pain* 2015; 9: 7.
- Toye F, Seers K, Allcock N, et al. A meta-ethnography of patients' experience of chronic non-malignant musculoskeletal pain. *Osteoarthritis Cartilage* 2013; 21: S259-S260.
- British Pain Society. *Guidelines for pain management programmes for adults*. London: British Pain Society, 2013.
- Royal College of Anaesthetists. *Core standards for pain management services in the UK*. London: Royal College of Anaesthetists, 2015.
- Eccleston C, Morley SJ and Williams AC. Psychological approaches to chronic pain management: evidence and challenges. *Br J Anaesth* 2013; 111: 59-63.
- Osborn M and Rodham K. Insights into pain: a review of qualitative research. *Rev Pain* 2010; 4: 2-7.
- Smith JA, Flowers P and Larkin M. *Interpretative phenomenological analysis: theory, method and research*. London: SAGE, 2009.
- Snelgrove S, Edwards S and Liossi C. A longitudinal study of patients' experiences of chronic low back pain using interpretative phenomenological analysis: changes and consistencies. *Psychol Health* 2013; 28: 121-138.
- Osborn M and Smith JA. The personal experience of chronic benign lower back pain: an interpretative phenomenological analysis. *Br J Pain* 2015; 9: 65-83.
- Smith JA and Osborn M. Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *Br J Pain* 2015; 9: 41-42.
- Rose G. *Visual methodologies: an introduction to researching with visual materials*. London: SAGE, 2011.
- Reavey P. *Visual methods in psychology: using and interpreting images in qualitative research*. New York: Routledge, 2012.
- Padfield D. 'Representing' the pain of others. *Health* 2011; 15: 241-257.
- Henare D, Hocking C and Smythe L. Chronic pain: gaining understanding through the use of art. *Br J Occup Ther* 2003; 66: 511-518.
- Phillips J, Ogden J and Copland C. Using drawings of pain-related images to understand the experience of chronic pain: a qualitative study. *Br J Occup Ther* 2015; 78: 404-411.
- Kirkham JA, Smith JA and Havsteen-Franklin D. Painting pain: an interpretative phenomenological analysis of representations of living with chronic pain. *Health Psychol* 2015; 34: 398-406.
- Bagnoli A. Beyond the standard interview: the use of graphic elicitation and arts-based methods. *Qual Res* 2009; 9: 547-570.
- Nowicka-Sauer K. Patients' perspective: lupus in patients' drawings. *Clin Rheumatol* 2007; 26: 1523-1525.
- Guillemin M and Westall C. Gaining insight into women's knowing of postnatal depression using drawings. In: Guillemin M (ed.) *Knowing differently: arts-based and collaborative research methods*. Hauppauge, NY: Nova Science Publishers, 2008, pp. 121-139.
- Shinebourne P and Smith JA. Images of addiction and recovery: an interpretative phenomenological analysis of the experience of addiction and recovery as expressed in visual images. *Drug: Educ Prev Pol* 2011; 18: 313-322.
- Angheluta A-M and Lee BK. Art therapy for chronic pain: applications and future directions. *Can J Couns Psychother/Revue Canadienne De Counseling Et De Psychothérapie* 2011; 45-2: 112-131.
- Boden Z and Eatough V. Understanding more fully: a multimodal hermeneutic-phenomenological approach. *Qual Res Psychol* 2013; 11: 160-177.
- Deckert S, Kaiser U, Kopkow C, et al. A systematic review of the outcomes reported in multimodal pain therapy for chronic pain. *Eur J Pain* 2015; 20: 51-63.
- Nicholas MK. The pain self-efficacy questionnaire: taking pain into account. *Eur J Pain* 2007; 11: 153-163.
- Williams A, Eccleston C and Morley S. Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database Systematic Rev* 2012; 11: CD007407.
- Willig C. *Introducing qualitative research in psychology*. London: McGraw-Hill Education, 2013.
- Gillies V, Harden A, Johnson K, et al. Painting pictures of embodied experience: the use of nonverbal data production for the study of embodiment. *Qual Res Psychol* 2005; 2: 199-212.
- Smith JA. Evaluating the contribution of interpretative phenomenological analysis. *Health Psychol Rev* 2011; 5: 9-27.
- McCracken LM and Morley S. The psychological flexibility model: a basis for integration and progress in psychological approaches to chronic pain management. *J Pain* 2014; 15: 221-234.
- Goubert L and Trompetter H. Towards a science and practice of resilience in the face of pain. *Eur J Pain* 2017; 21: 1301-1315.



C.2 Longitudinal IPA: published review

QUALITATIVE RESEARCH IN PSYCHOLOGY
<https://doi.org/10.1080/14780887.2018.1540677>

 **Routledge**
Taylor & Francis Group

 Check for updates

Longitudinal Interpretative Phenomenological Analysis (LIPA): a review of studies and methodological considerations

Joanna Farr  and Isabella E. Nizza 

Birkbeck University of London, UK

ABSTRACT

This paper presents a review of studies that have employed Interpretative Phenomenological Analysis (IPA) longitudinally to capture temporal aspects of phenomena by analysing data gathered over multiple time points. Sixty-six eligible articles from peer-reviewed journals were obtained by searching the Web of science, Medline and Psychinfo databases up to March 2018. A description of the corpus is provided, followed by an in-depth review of the methodological choices made by authors. The paper describes the range of approaches used to capture and convey experience over time, including data gathering decisions and types of thematic structure used to present findings. Finally, a selection of common features of good quality studies is illustrated using examples taken from articles in the corpus and their potential merits are highlighted.

KEYWORDS

Longitudinal; interpretative phenomenological analysis; review; qualitative; change

Introduction

Interpretative Phenomenological Analysis (IPA), a well-known qualitative methodology used to study the lived experience of phenomena, is witnessing a marked increase in longitudinal research. A major review by Smith (2011) provided a valuable evaluation of the cross-sectional IPA corpus, but to date there has been no examination of longitudinal IPA (LIPA) research.

Qualitative longitudinal designs add a temporal dimension to standard designs by gathering data at multiple time points. IPA's relationship with this endeavour is informed by its interpretative (hermeneutic) phenomenological epistemology and its commitment to an idiographic level of analysis (McCoy 2017). From a phenomenological stance, experiential change can only be grasped by moving from a view of time that is linear to one that focuses on subjectivity (Finlay 2009). Each experience has a temporal flow, bringing with it both past experiences and anticipated futures that are redefined in the present (Ashworth 2016). LIPA researchers must therefore attempt to capture temporal experience as it evolves through the flow of subjectivity and bring it to light through the process of analysis.

CONTACT Isabella E. Nizza  Isabella.nizza@btinternet.com  Department of Psychology, Birkbeck University of London, Malet Street, London WC1E 7HX, UK

© 2018 Taylor & Francis

Accessing this requires interpretation on the part of the researcher, whose focus on the participant's sense-making creates a double-hermeneutic, whereby the researcher is trying to make sense of the participant making sense of what is happening to them (Smith et al. 2009). During this analytic process, there is a dialectical interplay between a part of the data, the whole and what else is known about the participant. With multiple data collection points, in LIPA the researcher encounters a series of wholes that, though independent, are also the constituent parts of the overall interpretation. IPA's idiographic commitment focuses on the meanings of phenomena as they arise for a particular person in a specific context. It is this detailed focus on the particular that can reveal the changing meaning of an experience as it is lived through that person's trajectory (Smith 2007).

LIPA is therefore well-positioned to explore a range of temporal experiences, such as life transitions and health interventions (McCoy 2017). However, because LIPA is in its infancy, there remains much to consider on how to navigate methodological practicalities. Analysis with IPA involves the detailed examination of individual cases followed by a search for similarities and differences between them (Smith et al. 2009). Due to the intensity of activity required for each case, it is generally applied to relatively small sample sizes. In LIPA, when data is collected for multiple cases across multiple time-points, the volume of data requires a clear design strategy, analytic process and focus to the results.

A few of the methodological issues surrounding LIPA, some of which are shared with other qualitative approaches, have already been addressed in literature. Multiple interviews from the same participant can either be used to obtain depth or to investigate change longitudinally, and Flowers (2008) emphasises the importance of distinguishing between the two. In a longitudinal context, IPA's quest for an in-depth account of experience can result in a strong empathetic bond developing between participant and researcher that needs to be sensitively managed (Calman et al. 2013, Carduff et al. 2015, Snelgrove 2014). The priority to remain inductive and resist the temptation to theorise can be a challenge, requiring particular attention to reflexivity (Snelgrove 2014). Finally, authors have highlighted the need to balance study attrition with ongoing informed consent (Calman et al. 2013, Flowers 2008, Hermanowicz 2013).

Limited guidance is offered in the extant literature on how to approach and extend established IPA methodology to capture and convey experience over time. This review provides an opportunity to identify key features and trends of work in this area and to describe and consider the variety of techniques and methods used by LIPA researchers to facilitate data collection and the organisation and presentation of results. This is in keeping with the sensibility of IPA which encourages researchers to extend existing boundaries by both experimenting with new methods and learning from the good examples of others (Smith et al. 2009). This review was therefore initiated

with the purpose of understanding the choices made by IPA researchers who have engaged with longitudinal designs, to highlight the current best practices and identify articles that could be used as a source of inspiration for our own work and possibly the work of others.

Literature search

To identify the highest possible number of LIPA studies, three databases were searched: Psychinfo (which specializes in psychology articles), Pubmed (which includes mostly medical articles) and Web of Science (to access articles from an even wider range of disciplines). The searches were completed at the beginning of March 2018, and included only articles from peer-reviewed journals with no limitations on the year of publication. The following combination of keywords was used: 'interpret* phenomenological analysis' AND 'longit*' OR 'prospectiv*' OR 'twice' OR 'three times'. The objective was to identify papers using IPA (which some call 'interpretive phenomenological analysis'), with data gathered over multiple time points. As Figure 1 below illustrates, the initial search yielded 190 unique results, which were then screened to identify 66 eligible articles corresponding to 56 studies.

Both authors read all 66 articles and examined them in-depth to extract the descriptive information on which to base the review: study subject area and topic were extracted from the introduction; information on the longitudinal design

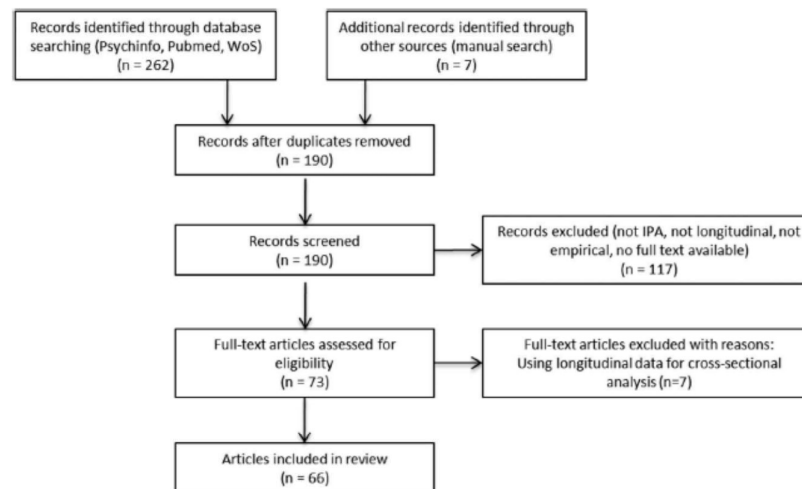


Figure 1. Diagram summarizing screening process for the articles to be included in the review.

and on the methods used for data gathering and analysis was obtained from the method section; information on how results were presented was inferred from the results section. While reading through the corpus, particularly resonant articles that provided positive examples of longitudinal application of IPA were identified. These were then discussed in depth and referred to in the course of jointly writing the review.

Results

In this section, we shall present a descriptive overview of the corpus followed by an examination of the key methods used by researchers affecting how an idiographic and in-depth account of temporal experience was captured and conveyed. First, we will focus on the approaches to data collection and then proceed, in the second section, to consider the presentation of results. For each area, we shall present the range of approaches used in the corpus, exemplified by specific articles, alongside our considerations on what worked best for what purpose. The aim is to provide useful references and pointers that may inform researchers in conceiving their own LIPA studies.

Description of corpus

The lead authors of the 66 articles included in the LIPA corpus were based in 12 countries (Table 1). Compared to the general IPA corpus assessed by Smith (2011), there appears to have been a notable increase in the percentage of articles produced outside the UK (42% in the 2018 LIPA corpus, compared

Table 1. For the articles included in the corpus, countries in which the corresponding authors were based.

Country of publication	Number of articles
UK	38
Australia	14
Sweden	3
US	3
Portugal	1
Jordan	1
South Africa	1
Greece	1
Kenya	1
Ireland	1
Norway	1
New Zealand	1
Total	66

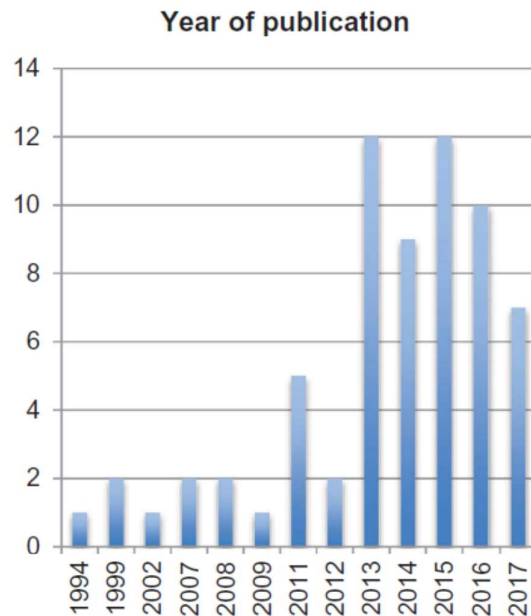


Figure 2. Number of corpus articles published for each year.

to 7% in the 2011 IPA corpus), although English-speaking countries continue to be predominant (87% of the LIPA corpus).

After a period in which LIPA articles were few and far between, in 2013 there was a sharp increase in production (Figure 2), with 75% of the corpus dating from the last 5 years. This reflects a growing interest in qualitative longitudinal research (Thomson & McLeod 2015) and could be a sign of a general increase in IPA expertise, which has made researchers more confident in engaging with complex designs.

The subject areas in which LIPA has been employed are varied (Table 2), with 53% of the corpus concerning topics that we classified as patient illness experience, reproduction and psychological distress. Interestingly, patient illness experience and reproduction were also the top two topics in the Smith (2011) review, indicating an ongoing strong presence of IPA in these areas. New fields unrelated to mental or physical health, such as Sport & Exercise, Music and Theatre, also seem to be emerging, thus broadening the range of academic fields adopting IPA.

Table 2. Number of corpus articles for each subject area.

Subject area	Number of articles
Patient illness experience	18
Reproduction	10
Psychological distress	7
Client's experience of therapy	4
Sport & Exercise	4
Health professionals' experience	4
Lifespan	4
Carers' experience	3
Occupational psychology	3
Music	3
Education	2
Alcohol	1
Theatre	1
Dementia	1
Research	1

In the LIPA corpus, 30% of articles concerned studies investigating the impact of a specific event, typically a major life event, such as a birth or a medical procedure or diagnosis, while 27% concerned the evaluation of a psychological or medical intervention. It would be interesting to know how this compares to the current cross-section IPA corpus, to assess whether longitudinal designs are becoming the method of choice to analyse the impact of specific events or interventions.

Capturing experience over time: meaningful study design

IPA is commonly used to explore experience that is of existential import to participants where their involvement with phenomena can be dynamic and changing over time. Depth is a hallmark of IPA and longitudinal projects are therefore likely to generate significant quantities of data that can become difficult to manage. The challenge for LIPA researchers is to design the timing and frequency of data collection to effectively capture the dynamic under investigation, while ensuring that gathering and analysis of collected data are achievable within the allocated study time. Although it is not possible to guarantee that a design strategy will capture experiential change, in reviewing the corpus, we identified a range of approaches that contributed to this endeavour.

Timing decisions

Interviews were the data gathering method of choice for 90% of the articles reviewed. The number of time points for interviews ranged between 2 and 9,

and the temporal distance between them was very variable, with studies lasting between 1 month and 10 years. Generally, as the number of time points increased, so did the duration of the study, so most studies with two time points would span a few months, while the longer studies tended to have more time points. Decisions on timing and frequency of data collection were closely related to the research question driving the study and contributed to the type of experiential change revealed in the results.

A prospective design, i.e. data gathered before and after a certain event, is well-positioned to capture experiential transition and enables researchers to evidence the participants' progression over time. Results from studies using this approach illustrated change from anticipating an event to its retrospective interpretation afterwards. Before-and-after interviews conducted close to the event contributed a sense of immediacy, while multiple interviews conducted either prior to or following the event extended the focus of the investigation to privilege specific time periods. Studies focused on health-related interventions were particularly effective in highlighting the significance of time in structuring the dynamics of the participants' experience and provided insights into how participants could be supported through the process.

One good example is the study by McGregor et al. (2014) that explored the decision-making of a husband receiving a living liver donation and his donating wife. Both were interviewed separately on three occasions: once, shortly before the transplant, and then six weeks and six months later. The reader witnesses how participants transition from being strongly motivated by themselves as a dyad pre-transplant to focusing inwards on more personal concerns as they deal with the consequences of their earlier decision and a slower than anticipated recovery. Later, as they gaze into the future, the wife appears to be adjusting well to the change, while the husband struggles to cope with a sense of guilt arising from realising the risks his wife has been exposed to. The timing of the interviews captures the dynamic and in-depth emotional journey of participants, both as a couple and as individuals, and its evolution in the months following the operation. It provides compelling insights into changing demands of decision-making over a period of time and how adaptation could be facilitated.

A subtle variation to this approach can be seen in Smith (1999) and his exploration of the transition to motherhood. Here the focus is primarily on the period leading up to the critical event (childbirth) with a single follow-up interview. Four first-time mothers are interviewed 3 times during pregnancy (at 3, 6 and 9 months) and then 5 months after the child's birth. The timing and frequency of data collection places the emphasis on the participants' preparation for childbirth. As pregnancy progresses, women gradually withdraw from the public world becoming more closely involved in their familial world, but then turn outwards again expressing ambivalence towards the birth as the time approaches. The analysis reveals that the pregnancy

trajectory contributes to the change of priorities that occurs after birth. Another article derived from the same study (Smith 1994) presents an interesting comparison between the women's prospective and retrospective accounts of themselves. For one participant, Clare, the period just before giving birth is characterised by feelings of uncertainty and anxiety ('*Will you be able to cope?*'), yet retrospectively she describes it as idyllic ('*there is a dreamlike quality about this last stage*'), providing evidence of the reconstructive nature of memory. The two papers demonstrate how data collected before and after an event can lead to different, yet revealing perspectives on experience over time, highlighting the versatility of prospective data, as well as the significant role of the researcher in bringing these different views to light.

A further design strategy identified in the corpus was retrospective data collection, commonly used to compare the early days after an event to the later adaptation to the change resulting from it. For example, Shaw et al. (2016) interviewed six older adults just after moving into care and twice more over an 18-month period. One of their participants, Annie, transitioned from an initial resistance ('*I don't want to get tied into anyone here*', time 1), to slowly opening up to others (describing her neighbour as '*a little gem*', time 2) and eventually partaking in group activities. The close idiographical analysis and reporting allow the changing meaning of an experience to be shown as it evolves over time. Similarly, Thomson et al. (2015), who investigated couples being given an oxygen concentrator to use at home, were able to illustrate a trajectory in which the couples went from initially resisting the new alien object to adapting to it so that it became '*just part of the family*'.

The recency of an event around which a study is designed can lead to a more vivid account of experience, particularly in a longitudinal design where the tacit assumption is that time will bring change. However, when a critical event is very traumatic, investigating it longitudinally even after some time has passed can be meaningful. For example, McCormack and McKellar (2015) interviewed a survivor of the Bali 2005 terrorist attack at 2 and 7 years of distance from the event and were able to capture the long-term adaptation to a traumatic experience. At the two-year mark the participant expressed leniency towards the terrorists and was immersed in a sense-searching rumination; five years later this had been replaced by anger and vigilance, which the authors suggest could be indicative of post-traumatic growth.

It is notable that some articles in the corpus struggled to convey a sense of progression over time. For example, some studies where two interviews were conducted within two or three months following an event or intervention contributed significant depth but showed little or no sense of change. Researchers often face difficult recruitment conditions that limit the time available to collect data and must balance the timing of interviews against the

risk of attrition (Hermanowicz 2013). Since change or progression is not an inevitable outcome, formulating a strong rationale as the basis for the timing and frequency of interviews becomes a priority.

Data gathering options

In IPA, there is an assumption that the data collected will tell us about peoples' involvement in something of importance to them. From this stance, experiential change reflects and evolves out of a person's shifting relationship with phenomena, bound up with their sense-making of what happens. It is therefore critical that data collection is facilitated by methods that encourage participants to provide a detailed account of their own feelings, concerns and thoughts as they arise and change over time. The challenge for LIPA researchers is to devise methods that access the shifting concerns of participants at each time point and elicit sufficiently rich data. Interviews were the method of choice for the majority of articles in the corpus and we identified a range of approaches to designing them.

How interview schedules for the study are designed can have a bearing on the type of data available for analysis, but only 77% of the LIPA corpus provided explicit information on this important aspect. Those who did were equally split between using a similar schedule for all interviews and using different schedules specifically designed for each time point. Furthermore, half of those with different schedules adjusted their later schedules to take into account the outcomes from previous interviews.

The advantage of using the same schedule is that it invites participants to discuss whatever is relevant for them at the time, making the interviews more participant-led. Change between time points is assumed to be implicit, often latent, and it is the researcher who, through the analysis, is tasked with making inductive comparisons between time points. When schedules are different there is an explicit assumption of change and the interview tends to become focused on the intervening event(s). Studies that adjust the schedule in response to data from earlier interviews can be less inductive and also risk biasing results from later interviews by inhibiting the emergence of new issues of importance. The advantage of this approach, however, is that it can maximise depth by exploring known issues (Flowers 2008). The ability to adapt the schedule also represents a key differentiator between qualitative longitudinal designs and quantitative ones (Hermanowicz 2013).

Other data gathering methods were also used, either alone or in combination with interviews, including focus groups, online postings and diaries. Methods that do not rely on the presence of the researcher offer the advantage of more intensive time points that can capture subtle, contextual and accumulative change as it arises in the participant's naturalistic setting. Moreover, they can access difficult-to-reach groups over significant time-periods. In his study of pregnancy, Smith (1999) invited participants to

complete diary entries at least once a week for the year-long duration of the study and these were then combined with interviews. Gambling and Long (2013) gathered the messages posted to an online message board by 5 women affected by developmental dysplasia of the hip. The data covers a 6-year period during which participants underwent surgery and the results illustrate their evolving concerns across different phases, including pre-op motivations and progress during recovery. Although these methods offer a flexibility and contextual sensitivity that is difficult to achieve with interviews, the lack of participant-researcher interaction means that opportunities to gauge experiential change or to probe for depth are limited.

Innovative designs introduce methods that can stimulate detailed reflection on experiential change, while remaining participant-led and inductive. Nizza et al. (2018) combined interviews with drawings in a case study where a chronic pain sufferer was interviewed before and twice after participating in a Pain Management Programme. At the start of each interview, the participant created a drawing of her pain that was discussed in the interview, with the assumption that it would stimulate an in-depth exploration of experience. Drawings of pain allow the inexpressible to be expressed. During the second and third interviews, the participant had the opportunity to compare earlier drawings with her most recent one. Referring to the drawings helped present and past to be compared and experience to be articulated on a more conceptual level. This design created multiple hermeneutic circles in which the participant was making sense of change as it was recalled in her memory, alongside reflecting on the change testified by her previous drawings. At the same time, the researcher was making sense of the participant's sense making through both retrospective accounts and through the drawings themselves. Additionally, by including the drawings in the published article, the trajectory was illustrated and brought to life for the reader.

Timing and frequency of data collection and the type of data gathered reflect the temporal focus of the study and influence the type of experiential change captured. Given the volume of data collected in longitudinal studies, it is a priority to select data gathering methods that can help realise that desired focus and study rationale.

Conveying experience over time: presentation of results

IPA is concerned with exploring the lived experience of individuals in a specific context. In longitudinal studies, IPA's inductive and idiographic mode of enquiry reveals individual trajectories that show how the participants' experience dynamically evolves within and between study time-points. The task for LIPA researchers when presenting their findings is to find ways to clearly express both the dynamism and nuance of individual trajectories as they evolve in the participants' temporal world.

Assessing the analytical methods used in the corpus proved problematic because 29% of the articles included only a generic citation, others described a method that was neither idiographic (14%) nor longitudinal (11%) and the remainder, for the most part, did not provide sufficient details for their methods to be extrapolated. Our review of the results did, however, identify approaches for presenting findings that facilitated, in different ways, a clear and vivid account of experiential progression.

Two core methods to structuring themes were evident. While both were used equally effectively to present experiential progression, each brought to light a different temporal dynamic within the change being described. With the first approach, used by 39% of the corpus, the findings are normally broken down into a set of themes, with each theme describing the progress over multiple time-points of a specific aspect of the participants' experience. Due to the way that each theme covers successive time-points, we will call this structure *themes spanning time*.

The second approach, used by 21% of the corpus, develops themes that are built around a single time-point or stage (corresponding to one or more adjacent time-points) and each theme details all aspects of the participants' experience that are relevant to that phase. Due to the way this approach focuses on individual time points, we have chosen to refer to it as *themes tied to time points*.

The two approaches convey the sense of temporal progression in different ways. In themes spanning time, each theme encompasses the progress over time of a particular aspect of all participants' experience, whereas with an approach in which themes are tied to time points, the sense of the participants' progression through the temporal process can only be obtained by reading through the collection of themes.

Within each thematic structure, the authors used a variety of ways to present their results. We identified some examples of how these were organised, as well as considering how each approach allowed particular characteristics of the findings to be highlighted.

A good illustration of a themes spanning time approach is a study by Spiers et al. (2015), examining the experience of recipients of kidneys from living donors. The article presents one theme that focuses on how the recipients' perceptions of their donors developed during the transplant process. The relational journey over three time-points of each participant in succession, case-by-case, is described. Three recipients experienced an initial ambiguity in feelings about their donor, or within themselves about accepting the donation, which were eventually resolved. There was a subtle transition from hesitantly accepting the donation from a position of need to slowly coming to terms with the decision and re-negotiating within themselves the emotional bond they had with their donor. This is a complex process in which the idiographical details are indispensable to convey the uniqueness

and subtlety of the evolving bond and adjustment process of each kidney recipient. By presenting separate and complete trajectories, the authors offer the readers an opportunity to truly immerse themselves into the lifeworld of each participant. The decision to present only one of four themes from the wider study also allows space for each participant to be discussed in depth, while elaborating on commonalities and differences between participants. Only 17% of the articles in the corpus covered a subset of the themes that had emerged from the original study.

A variation on this approach was taken by Shaw et al. (2016) in their examination of the transition of older adults into care, described earlier. Rather than presenting the analysis exclusively case-by-case, the authors combine complete longitudinal cases with shorter sequences of analysis from other participants, skilfully weaving them together by emphasising the similarities and differences between trajectories. They present a number of themes. While the case-by-case approach used by Spiers et al. (2015) maximises depth, the Shaw et al. (2016) method allows more themes to be discussed within a limited word count, while also creating idiographic content that engages and guides the reader through the findings.

Types of trajectory can be another way of organising themes spanning time, particularly for larger studies. For instance, McDonough et al. (2011) investigated the experience of 17 breast cancer survivors joining the same dragon boat team, interviewing participants up to 5 times. The interviews were designed to explore the social aspects of being in the team and 4 trajectories were used to group participants based on how their experience had evolved. Seven participants experienced a positive growth trajectory, with a profound personal transformation supported by close team relationships; three participants acted as positive role models, driven by their desire and ability to provide support to the others; two participants wanted to demonstrate what breast cancer survivors can do, so their focus had been beyond the cancer experience and on the physical and competitive aspect; the last five participants struggled to develop close connections but, despite a comparatively weaker motivation, still benefitted from the experience. For each trajectory, one participant was chosen as representative with the accounts of others used to highlight commonalities and differences. This solution achieved the challenging objective of retaining a strong sense of idiography while representing a large volume of data.

The thematic approach tied to time points is well-exemplified by Smith (1999) in his study on transition to motherhood described earlier. Each theme explores the relational, physical and occupational changes that arise at a specific time-point and highlights the impact of that stage on the participants' identity transition to motherhood. The thematic structure allows the focus of the participants' transition to shift from physical change during early pregnancy to a preoccupation with familial relationships in the later stages.

Using this method, the author is able to illustrate how the different experiences apparent at each time-point dynamically contribute to the overall process of identity transition. To orientate the reader and allow them to retain a sense of idiography, one specific case is used as a holder for the narrative. At the start of each new theme (or time point) we read about Clare, in comparison to whom the story of other participants is presented. With frequent comparisons between time-points and participants, the focus is clearly both idiographical and longitudinal. The result is a strong narrative that develops over multiple time points and is still able to maintain the reader's attention and effectively convey the changing priorities in the journey through motherhood.

An alternative to this approach is to present the time-point themes separately without drawing attention to longitudinal dynamics. For instance, investigating the pre-adoption and post-adoption experience of 6 heterosexual couples, Tasker and Wood (2016) present two tables of themes, one for each time point, and limit their longitudinal considerations to the discussion section of their article.

Two studies (3% of the corpus) combined both thematic approaches in the same article. For example, in their study of couples living with an oxygen concentrator mentioned earlier, Thomson et al. (2015) present one theme broken down into time points and other themes which span time.

It is notable that five articles (7% of the corpus) did not use either of the key thematic structures identified, yet still provided a sense of change in the results. Some were simply a collection of separate cases, while others presented non-inductive themes structured around a model or theory.

The temporality of experience was not central to the findings of 22% of the articles, with half presenting only a very limited subset of results related to change or continuity and the remainder showing no evidence of change or explicit mention of continuity. The final 8% of articles discussed experiential change that had not occurred within the study period nor was relevant to the study time-frame. Commonly, what was presented was a retrospective description of a change that had occurred prior to the study instead of between study time-points thus making the longitudinal design superfluous.

Common features of good quality articles

So far we have described the diverse approaches used by authors to convey experiential change by presenting some exemplars that mostly exhibited clear, persuasive and engaging results. The articles examined shared qualities that largely corresponded to the criteria for a good cross-case IPA study defined by Smith (2011). What was striking, however, was the significance of idiography in conveying the temporality of participants' experiences. Detailed accounts of participant trajectories revealed how a person's relationship with phenomena is dynamic, while also providing insights into how their distinct perspective evolves through the interplay of

sense-making and time. Idiographic trajectories also guided the reader through the experiential progression of participants, helping them to grasp its particular meaning.

In practical terms, we identified a range of qualities and techniques that facilitated the idiographic content while also contributing to the persuasiveness of researchers' claims and the readability of an article.

Systematic use of well-labelled quotes to evidence idiographic progression

The use of meaningful quotes from the data to support the clarity and validity of researchers' claims is a feature of good IPA (Smith 2011). The systematic use of quotes as evidence for progression between time-points without relying solely on the researcher's narrative increased the persuasiveness of findings. The articulation of change between time-points using before-and-after quotes from the same participant was most effective and helped the reader navigate the complexity of temporal processes.

For example, Sheeran et al. (2016) examine the adaptation to motherhood of mothers of pre-term infants and use direct quote comparisons to convey the disjunction between the expectation of caring for an infant at home and the reality:

Mothers of preterm infants espoused idealized notions of motherhood and what it would mean to be a mother when their infant came home.

It will be so much better when he's home ... I'll be able to just sit down and sleep when he is asleep and just relax. (Renee, T1, PT)

However, in reality, mothering was much harder once the infant came home.

I couldn't wait to get him home and when I got him home it was like, "Can we go back to the nursery?" Because at least I could sleep. I was so tired. (Renee, T2, PT) (p. 709)

Comparing before-and-after quotes from the same participant convincingly demonstrates the challenge of adapting to motherhood, while, at the same time, brings to life the journey of the participant as she moves from excitement to shock and exhaustion. The clear labelling of the quotes gives the reader both an appreciation of the trajectory of the participant and a clear understanding of the timeframe within which the change occurred. Additionally, it provides a transparent evidence base for claims, while also orientating the reader through the process. Labelling quotes with both pseudonyms and time points is therefore indispensable, yet only 58% of articles in the corpus presented consistent labelling.

Developing convergence and divergence

The skilful use of convergence and divergence in the analysis is a hallmark of good IPA that reveals how participants manifest the same theme in particular and different ways (Smith 2011). In LIPA, cross-case comparisons concern trajectories and difficulties arise when multiple trajectories are involved and

word count is limited. An effective technique is to present a single case before highlighting similarities and differences with other participants. This approach has the dual advantage of orientating the reader, while developing the stories of multiple participants.

In their above-mentioned study of 17 breast cancer survivors in a dragon boat team, McDonough et al. (2011) balance the large sample size against the need for depth and comparison by grouping participants into trajectories and illustrating each one with a 'typical' case. For example, in the trajectory of participants experiencing positive growth, they initially focus on Kristin, describing in detail her transformative connection with the rest of the dragon boat team, supported by significant quotes. Over the course of the five study-time points, her initial lacklustre involvement quickly develops into enthusiasm and eventually into a newfound self-confidence that also has an impact on her career. The other participants within the same trajectory are subsequently brought into the picture and concise comparisons are made that highlight differences in the rate at which they developed social connections. For instance, one participant, Hannah, expresses an immediate affinity with the group, while others, such as Cheryl and Alice, are more hesitant, describing their social connection as a gradual and accumulative process.

This example shows how, in studies with large sample sizes, convergence and divergence can be effectively developed through short comparisons with a detailed idiographic case. In the next section, we include an example from a study with a much smaller sample size that also sets the stage by detailing a complete case before making illuminating comparisons between participants.

Bringing it together: narrative voice and temporal flow

Good LIPA extracts and balances the idiographical, longitudinal and cross-case aspects of its data. A common denominator between the most clearly articulated and engaging articles was the strong narrative voice of the authors. The complexity of LIPA designs needs to be moderated by a narrative voice that takes responsibility for clarifying, guiding and connecting the sequence of temporal shifts, while ensuring that the individual experience of participants continues to take centre stage and that validity is supported by grounding arguments in the data. In the already discussed study by Shaw et al. (2016) of older adults moving into extra care housing, one theme explores the participants' developing sense of space and place and how this inter-relates with feelings of opportunity and confinement.

Prior to moving into extra care, Eleanor, who had been her husband's carer, described herself as a '*caged bird*' and then at her second interview, she likened living in extra care to a '*cruise ship*', metaphors that the narrative vividly develops by making connections between time-points (in quoting from articles the [...] symbol indicates elision by the review authors of non-pertinent material):

It is like being on holiday. Do you know, it reminds me of a cruise ship here (Eleanor, Interview 2)

The cruise ship metaphor represents both Eleanor's sense of adventure and the peacefulness she feels on holiday. However, that image of the cage isn't too far away: representing her apartment as a cabin with all the amenities on board reminds us that on a cruise ship going overboard is not recommended [...] Ostensibly happy in ExtraCare, Eleanor's sense of well-being was under threat because she felt confined [...] there was an evident appetite for more freedom and open space that Eleanor missed which didn't dissipate over time.

I would like just one more cruise. (Eleanor, Interview 2)

We're inside a lot, I do like to do a little walk about each day, out in the fresh air. I go around the perimeter here. (Eleanor, Interview 3)

Clive's sense of space also changed over time. In his first two interviews Clive said he had settled well into his apartment after lengthy hospitalization and was happy. By the third interview he described being less able to care for himself and was troubled by illness. This interrupted his lifeworld and he began to feel trapped.

I love this place and I love the garden and I love the flat, but you're in between the same four walls, day in day out, 24/7 and it's, I go nowhere, I can't go nowhere you see. [...] [singing] Four walls to see, four walls closing in on me. Like they do, they close in on you. (Clive, Interview 3) (p. 7)

By linking separate metaphors and presenting two similar quotes from subsequent interviews the author guides the reader through Eleanor's shifting sense of space over time. This then opens the way for a less detailed, but equally impactful, description of Clive's experience. Despite the absence of quotes from the first and second time-points, the convincing narrative and powerful quote effectively convey the impact of time for Clive and the similarities and differences in comparison to Eleanor. This extract, therefore, is an illustration of how a strong narrative voice can bind and bridge between time-points and different participants, while still ensuring the interpretation is rooted in the data. When this fine balance is struck, it generates a fluid, informing and engaging read.

Conclusion

This review confirms that researchers internationally are increasingly applying LIPA to a wide selection of subject areas. We identified a variety of methods and techniques that have been employed and took the opportunity to put forward some tentative reflections on their possible future use. Our suggestions were influenced by the qualities of resonant articles that, in different ways, realised the potential offered by LIPA for a unique in-depth understanding of the experience of change.

We concluded that to capture the desired transition period requires a careful evaluation of the timing and frequency of data collection, taking into account the timing of the event or life transition expected to generate change and the

likelihood of the change becoming apparent. Alternative data methods, such as diaries and online forums, offer the potential to access a contextual view of experiential change, whereas drawings can bring to light temporal transitions as they are perceived by participants. Informed data collection design that is driven by a strong rationale, therefore, becomes a priority, particularly, when faced by the challenges of data volume and study time constraints.

We suggested that thematic structures and the format of results should be informed by the study's temporal focus, depth vs breadth considerations, the volume of data, the richness of findings and the importance of being idiographical. Idiography was fundamental in conveying the complexity of the participant trajectories and we identified practices that helped to realise it. Of these aspects, idiography and the researcher's narrative voice were only touched on and would benefit from a more in-depth discussion. The question of how interpretation can inform the method is also an area to be explored further. As is the problem of whether participating in a longitudinal project can be considered an intervention, particularly for health research, which is currently being discussed more widely in qualitative forums.

Acknowledgements

Both authors would like to thank Professor J A Smith for his generous advice in the writing of this article. I E Nizza wishes to thank Birkbeck University of London for financial support through their Anniversary Studentship.

Disclosure statement


No potential conflict of interest was reported by the authors.


Notes on contributors

Joanna Farr is a PhD candidate in the Department of Psychological Sciences at Birkbeck University of London with an interest in mental health and treatment. Her research uses Interpretative Phenomenological Analysis longitudinally to explore the experience of bipolar disorder. She is also a researcher at Roehampton University of London using qualitative methods to evaluate mental health services.

Isabella E. Nizza is a PhD candidate in the Department of Psychological Sciences at Birkbeck University of London with an interest in qualitative methods and Health Psychology. Her project combines interviews with drawings, using Interpretative Phenomenological Analysis longitudinally to investigate the experience of chronic pain.

ORCID

Joanna Farr  <http://orcid.org/0000-0003-3263-8773>

Isabella E. Nizza  <http://orcid.org/0000-0001-7291-6761>

References

- Ashworth, PD 2016, 'The lifeworld – enriching qualitative evidence', *Qualitative Research in Psychology*, vol. 13, pp. 20–32.
- Calman, L, Brunton, L & Molassiotis, A 2013, 'Developing longitudinal qualitative designs: lessons learned and recommendations for health services research', *BMC Medical Research Methodology*, vol. 13, pp. 14.
- Carduff, E, Murray, SA & Kendall, M 2015, 'Methodological developments in qualitative longitudinal research: the advantages and challenges of regular telephone contact with participants in a qualitative longitudinal interview study', *BMC Research Notes*, vol. 8, pp. 142.
- Finlay, L 2009, 'Debating phenomenological research methods', *Phenomenology & Practice*, vol. 3, pp. 6–25.
- Flowers, P 2008, 'Temporal tales: the use of multiple interviews with the same participant', *Qualitative Methods in Psychology Newsletter*, vol. 5, pp. 24–27.
- Gambling, TS & Long, AF 2013, 'Experiences of young women living with developmental dysplasia of the hip: insight into their experiences of surgery and recovery', *Chronic Illness*, vol. 9, pp. 16–28.
- Hermanowicz, JC 2013, 'The longitudinal qualitative interview', *Qualitative Sociology*, vol. 36, pp. 189–208.
- McCormack, L & McKellar, L 2015, 'Adaptive growth following terrorism: vigilance and anger as facilitators of posttraumatic growth in the aftermath of the Bali bombings', *Traumatology*, vol. 21, pp. 71–81.
- McCoy, LK 2017, 'Longitudinal qualitative research and interpretative phenomenological analysis: philosophical connections and practical considerations', *Qualitative Research in Psychology*, vol. 14, pp. 442–458.
- McDonough, MH, Sabiston, CM & Ullrich-French, S 2011, 'The development of social relationships, social support, and posttraumatic growth in a dragon boating team for breast cancer survivors', *Journal of Sport and Exercise Psychology*, vol. 33, pp. 627–648.
- McGregor, LM, Dickson, A, Flowers, P, Hayes, PC & O'Carroll, RE 2014, 'Reclaiming their lives: the decision-making process in living liver donation - An interpretative phenomenological case study analysis of one couple', *Psychology & Health*, vol. 29, pp. 1373–1387.
- Nizza, IE, Smith, JA & Kirkham, JA 2018, 'Put the illness in a box': a longitudinal interpretative phenomenological analysis of changes in a sufferer's pictorial representations of pain following participation in a pain management programme', *British Journal of Pain*, vol. 12(3), pp. 163–170.
- Shaw, RL, West, K, Hagger, B & Holland, CA 2016, 'Living well to the end: A phenomenological analysis of life in extra care housing', *International Journal of Qualitative Studies on Health and Well-Being*, vol. 11, pp. 31100.
- Sheeran, N, Jones, L & Rowe, J 2016, 'Motherhood as the vehicle for change in Australian adolescent women of preterm and full-term infants', *Journal of Adolescent Research*, vol. 31, pp. 700–724.
- Smith, JA 1994, 'Reconstructing selves: an analysis of discrepancies between women's contemporaneous and retrospective accounts of the transition to motherhood', *British Journal of Psychology*, vol. 85, pp. 371–392.
- Smith, JA 1999, 'Identity development during the transition to motherhood: an interpretative phenomenological analysis', *Journal of Reproductive & Infant Psychology*, vol. 17, pp. 281–299.
- Smith, JA 2007, 'Hermeneutics, human sciences and health: linking theory and practice', *International Journal of Qualitative Studies on Health and Well-Being*, vol. 2, pp. 3–11.
- Smith, JA 2011, 'Evaluating the contribution of interpretative phenomenological analysis', *Health Psychology Review*, vol. 5, pp. 9–27.
- Smith, JA, Flowers, P & Larkin, M 2009, *Interpretative phenomenological analysis: theory, method and research*, Los Angeles, Sage.

- Snelgrove, S 2014, 'Conducting qualitative longitudinal research using interpretative phenomenological analysis', *Nurse Researcher*, vol. 22, pp. 20–25.
- Spiers, J, Smith, JA & Drage, M 2015, 'A longitudinal interpretative phenomenological analysis of the process of kidney recipients' resolution of complex ambiguities within relationships with their living donors', *Journal of Health Psychology*, vol. 21, pp. 2600–2611.
- Tasker, F & Wood, S 2016, 'The transition into adoptive parenthood: adoption as a process of continued unsafe uncertainty when family scripts collide', *Clinical Child Psychology and Psychiatry*, vol. 21, pp. 520–535.
- Thomson, R, Martin, JL & Sharples, S 2015, 'The experience of couples being given an oxygen concentrator to use at home: A longitudinal interpretative phenomenological analysis', *Journal of Health Psychology*, vol. 22, pp. 798–810.
- Thomson, R & McLeod, J 2015, 'New frontiers in qualitative longitudinal research: an agenda for research', *International Journal of Social Research Methodology*, vol. 18, pp. 243–250.

C.3 Markers of high quality in IPA

QUALITATIVE RESEARCH IN PSYCHOLOGY
<https://doi.org/10.1080/14780887.2020.1854404>

 **Routledge**
Taylor & Francis Group



Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality

Isabella E. Nizza , Joanna Farr , and Jonathan A. Smith 

Birkbeck University of London, Department of Psychological Sciences, London, UK

ABSTRACT

Existing guidance on evaluating the quality of Interpretative Phenomenological Analysis (IPA) research has provided criteria to assess work as good, acceptable or unacceptable. Given that IPA has become a well-established member of the qualitative methods repertoire, we think it is valuable now to focus in much more detail on the particular qualities that are the hallmark of high quality IPA research. Here we present four such qualities which are discussed in detail and illustrated through the use of exemplars from excellent IPA work. The qualities are: constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; close analytic reading of participants' words; attending to convergence and divergence. Finally, the four qualities are briefly considered in relation to the theoretical underpinnings of IPA.

KEYWORDS

Interpretative
phenomenological analysis;
quality; experience

Introduction

The merits of evaluating the quality or validity of qualitative research are now widely acknowledged within qualitative psychology and this can be seen as one of the stimuli for this timely special issue of *Qualitative Research in Psychology*. In this paper we intend to contribute to this debate by offering detailed guidance on how to write good interpretative phenomenological analysis (IPA).

Interpretative Phenomenological Analysis (IPA) is an established qualitative method of inquiry concerned with the detailed exploration of personal lived experience, examined on its own terms and with a focus on participants' meaning making (Smith, Flowers, and Larkin 2009). The first guide to assessing the quality of IPA was published in 2011 by Jonathan Smith in a review of IPA studies that sets out the criteria for different levels of quality (Smith 2011a, 2011b). At the time, generic guidelines were becoming available to assist with the assessment of qualitative research (Elliott, Fischer, and Rennie 1999; Yardley 2000), but no quality criteria existed solely for IPA. Smith's (2011a) review was therefore a response to the need for guidelines with a level of specificity that could assist reviewers in making a judgement on the quality of a paper reporting

CONTACT Jonathan A. Smith  ja.smith@bbk.ac.uk  Birkbeck University of London, Department of Psychological Sciences, Malet Street, London WC1E 7HX, UK.

© 2021 Taylor & Francis

an IPA study, while at the same time supporting researchers to achieve high quality IPA.

The criteria were developed by focusing on the quality of the corpus of IPA papers that had been published between 1996 and 2008 and identified in a literature search of three data bases (Web of Science; Medline and Psycinfo). The initial set of guidelines was developed through an inductive exercise that involved reading sets of papers taken randomly from the complete corpus and identifying quality categories and indicators. Once formulated, the criteria were tested on other papers and further refined to produce a final assessment device.

The guide described three quality levels: Good, Acceptable, Unacceptable, along with criteria for each. A key objective was to articulate pointers for distinguishing between acceptable and non-acceptable papers for the purposes of assessing acceptability for publication. The criteria encompass a range of qualities that contribute to overall trustworthiness, including whether the paper subscribes to the theoretical principles of IPA, the degree of transparency, coherence, plausibility and interest, the sufficiency of sampling and the density of evidence (see Smith 2011a). Some of this was discussed further in a reply to commentaries on the first paper (Smith 2011b).

An equally important objective of these papers was to help researchers achieve high quality IPA. To that end, three additional criteria for a *good* IPA paper were identified: i) Keeping focused and offering depth; ii) Presenting strong data and interpretation; iii) Engaging and enlightening the reader.

In this paper we take this a stage further. Smith's 2011 papers covered a lot of ground but were therefore unable to offer much detail on how to meet the nominated criteria. Here we have set ourselves the much more specific aim of helping researchers write good IPA papers and reviewers assess good IPA papers. In this article, we will therefore expand on the features particular to good IPA studies and demonstrate how they are executed in practice through close examination of, and detailed illustrative exemplars from, two excellent IPA papers. We will also later in the article briefly consider the aspects of a good IPA paper we are presenting in relation to some of the theoretical principles that have inspired the development of IPA.

Key quality indicators in IPA research publications

We will now introduce four quality indicators which can be exhibited in good IPA studies and we illustrate how they can be achieved in practice, drawing on two examples of very good IPA papers: Dwyer, Heary, Ward and MacNeela (2019) and Conroy and de Visser (2015). Box 1 summarises the four qualities.

We now offer a more detailed description of each quality and, in each case, we illustrate it with an example from our first selected good IPA paper.

Box 1. The four quality indicators of good IPA.

Quality Indicator	Brief description
Constructing a compelling, unfolding narrative	The analysis tells a persuasive and coherent story. The narrative is built cumulatively through an unfolding analytic dialogue between carefully selected and interpreted extracts from participants.
Developing a vigorous experiential and/or existential account	Focus on the important experiential and/or existential meaning of participants' accounts gives depth to the analysis.
Close analytic reading of participants' words	Thorough analysis and interpretation of quoted material within the narrative helps give meaning to the data and the experience it describes.
Attending to convergence and divergence	Idiographic depth and systematic comparison between participants creates a dynamic interweaving of patterns of similarity and individual idiosyncrasy.

Constructing a compelling unfolding narrative

Findings should convey a 'story,' a sense of progression over a narrative. Narrative development provides a sense of coherence to the analysis and is an expression of the hermeneutic circle linking part and whole which is characteristic of IPA (Smith 2007). This operates at two levels: within and across themes. Within each theme, an alternation of carefully selected participant quotes with analytic interpretation of the quotes generates the narrative. If the researcher is presenting the theme in terms of subthemes, then this organisation occurs at subtheme level. What helps in developing that narrative is that each quote illustrates a specific point and additional quotes are used to take the narrative a step further, add something new, offer a different perspective. Across themes the sense of coherence can be achieved by ensuring that each theme contributes to the narrative of the overall findings in an interconnected manner.

Let us see how a powerful narrative can be constructed by examining our first example. To help orient the reader, a summary introduction to this study is provided in Box 2.

Box 2. The experience of adults with acquired brain injury living in a care home (Dwyer et al. 2019).

The researchers interviewed six people in middle adulthood (38–53) who, a few years after an acquired brain injury (ABI), were residing in nursing homes in Ireland. Nursing homes are considered unsuitable for conditions that require rehabilitation, such as ABI, but are often used for lack of better alternatives. The authors wanted to gain insight into participants' experience of living in such an environment. This article describes in detail the superordinate theme: 'Existential prison of the nursing home: stagnated lives'.

Narrative development appears to have driven many choices in this paper. Each subtheme has its own story which develops through an alternation of description, quotes and interpretation. The alternation provides the narrative with rhythm, nuance and sense of progression. We invite you to read through the extract in Box 3 which shows one subtheme from Dwyer et al. (2019) and then we will discuss its narrative strengths.

Box 3. I don't belong here: living in God's waiting room.

1 This subordinate theme illustrates the participant's sense of not belonging in the nursing
 2 home environment, which was "not natural for a young person" (Sean, 2403). They described
 3 this setting as a place for older adults who are dying and often suffering from dementia,
 4 resulting in a "fear of ending up like them" (Conor, 656). The nursing home was "for people who
 5 are older than me and people who are behaving like children" (Liam, 1754–1756). This shared
 6 misplacement was vividly captured by Sarah.

7
 8 *It is terrible. It is terrible. It is just degrading really. It is not for me, not for a young*
 9 *person. Young people shouldn't have to live in a place like this. It is grand and all*
 10 *that but it is not for young people, it is for old people and it is for old people to*
 11 *end their day, you know... Just, I don't think I am old. I am, you know, I know I*
 12 *have disabilities but I am not old. I am still young, I am not senile, I don't have*
 13 *dementia. (Sarah, 1200–1212)*

14
 15 Although Sarah describes the nursing home itself as a fine for the purpose of caring for older
 16 people, her repeated use of "I" asserts her own identity within an aged population she does not
 17 identify with. Besides the linkage to ageing and dementia, the participants also saw the nursing
 18 home as being a place to die. All participants with the exception of Jack spoke of elderly
 19 residents continually dying within the nursing homes, including David and Sean, who had
 20 moved on to alternative accommodation. Sean referred to his nursing home experience as living
 21 in "God's waiting room" (2528). The repetition of death instigated a questioning of their own
 22 mortality and heightened their death anxiety. The impact of death and dying in the nursing
 23 home dominated Liam's transcript, as he repeatedly conveyed the toll it was taking on him.

24
 25 *In the company of so many people dying it is just too much like. Really, really too*
 26 *much... If somebody dies there is no movement in them [the older residents].*
 27 *Whereas it really blows me when somebody dies like you know. Like, so many*
 28 *people have died there, I'm in their company and helping people here and there*
 29 *and next thing you know they are after dying. (Liam, 178–189)*

30 Like the other participants, Liam depicts feeling overwhelmed surrounded by prolific death.
 31 His reference to "no movement in them" draws a comparison between himself and the elderly
 32 residents, who don't appear fazed by the frequent losses that leave him feeling knocked. This
 33 may be interpreted as a consequence of his life stage, in which death is not the norm. There is
 34 also a sense of suddenness in "next thing you know", capturing the persistent abrupt and
 35 startling nature of the deaths in spite of their frequency.

36
 37 Liam also drew contrast between himself and the staff's reaction to loss. He described staff as
 38 having a life outside the nursing home and could therefore escape, while he feels trapped with
 39 the relentless reality of death; "you're not sitting in that room until they move somebody else into
 40 the room. You go out, you have your normal life outside the door, your house. Some guy died and
 41 you know... for me it is completely different" (480–487).

42 David also commented on the distressing ability of staff to be casual about death.

43
 44
 45 *The person that I used to have dinner with all the time... he disappeared for around*
 46 *three to four weeks and then I asked one of the staff "what happened to [him]?"*
 47 *and she said "sorry he died a few weeks ago". I said "why didn't you tell me?", she*
 48 *said "you didn't ask". I was... what's the word I'm looking for here... I was horrified.*
 49 *(David, 1453–1462)*

50
 51 The word "horrified" can be interpreted as David's acute shock upon realizing that not only had
 52 his friend died, but also that he was not informed. By contrast, the casual tone in "you didn't
 53 ask" appears to portray staff as indifferent.

(Continued)

Box 3. (Continued).

55 Living with death led all participants to detail concerns for their own mortality. While Conor
56 stated "it makes you feel a little bit vulnerable at 53" (684), Sarah recounted her death anxiety
57 with greater intensity.

58
59 *You are always saying are you going to be next like, you know? You feel is it your*
60 *turn now? ... You are looking at people dying, people that you have met and you*
61 *care about and then they are gone in a flash... and you see that empty chair*
62 *where they used to sit and slowly, one by one, they are disappearing... you say,*
63 *"Is it coming around to me?" (Sarah, 1450–1460)*

64
65 Sarah's use of the word "always" suggests the perpetual nature of the dwelling over her own
66 mortality in the nursing home. The imagery of the "empty chair" and residents "disappearing"
67 conjures existential notions of nonbeing, which lead Sarah to contemplate her own existence.

68
69 Sean also used metaphors of death to illustrate his distress while living in the nursing home, stating
70 "I felt like I was buried alive" (2039). He returned to this metaphor to describe his transition out of
71 the home into a more appropriate living environment: "I felt like I'd come out of the crypt. That I was
72 Lazarus, awoken from the dead... It was like I was brought back to life" (2904–2910).

Extract from Dwyer, A., Heary, C., Ward, M., & MacNeela, P. (2019). Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury. Disability and Rehabilitation, 41(1), p. 37. Reprinted by permission of Taylor & Francis Ltd, <http://www.tandfonline.com>.

So how does the narrative unfold in this extract? In the first paragraph (lines 1–6), very short participant quotes are woven into the text to explain the overall sense of the theme: that participants feel out of place here. This is developed further with a quote by Sarah who talks about feeling young and not senile compared to other nursing home residents (lines 8–13), followed by an in-depth interpretation of her words (lines 15–18) that introduces the idea of nursing homes as places where people go to die.

Consequently, on line 18, the narrative shifts to how other nursing home residents continually dying increases death anxiety in participants, as illustrated by Liam's quote (lines 24–28). The interpretation of Liam's quote introduces a comparison between his response to the deaths and the response of elderly residents (lines 30–37) and staff (lines 37–41), which then, through David's quote (lines 45–49), extends to consider the staff's indifference to death.

Discussing death in such terms paves the way to present participants' anxieties concerning their own death, through Conor's words (line 56) and Sarah's second quote (lines 59–63). This crescendo of anguishing thoughts, culminates with Sarah's question 'is it coming around to me?' on line 63. Sean's words about resurrection in the last quote (lines 69–72), are a ray of hope which comes as a release to the reader but also highlight the starkness of the current plight, in pointing to the huge distance that renewal would represent, being 'awoken from the dead'.

Overall, the narrative develops as a tightly woven story of increasing anguish in which, through ever more dramatic reports of the sequence of what is happening to other residents (being old > dying > not existing), the authors use participants' words to convey how challenging living in the

unsuitable nursing home environment is for people with ABI and how what is happening to the elderly people around them has psychological consequences for the participants themselves.

Admittedly, this is a very resonant example, from the contents and the tone of the data, but the same principle would apply to any IPA study. Researchers can develop a compelling narrative by choosing the right quotes and the right order to put them in and by then offering an insightful analytic commentary on those quotes and connecting them with each other so that together they tell a story which is rich, cohesive and has momentum.

Developing a vigorous experiential and/or existential account

Good IPA is almost always about things of importance to people and those circumstances where they are prompted or forced to reflect on what has happened in an attempt to make sense of its meaning (Smith, Flowers, and Larkin 2009). What turns an event into an experience is the degree of significance bestowed on it by a person, whose sense-making of it imbues it with different levels of experiential or existential meaning (Smith 2019). Therefore, a good IPA paper is likely to invoke strong experiential or existential themes. The quality of IPA will be increased when the analysis explicitly engages with the experiential and existential significance of what participants are reporting and pays particular attention to their meaning-making around them.

The existential significance of living in a nursing home as a young person following ABI resounds through the findings of Dwyer et al. (2019) and is made manifest through strong data and interpretation. As the narrative unfolds in Box 3, we see how the incongruity of the nursing home environment for the participants becomes ever more apparent as the experience of living with an aged population, surrounded by death and indifference, creates several existential threats that undermine their sense of belonging in the world.

The sense of threat is revealed through the authors' interpretative analysis of the participants' experiences that goes beyond the immediacy of what is happening to the participants and their comments on it. The analysis brings to light how these experiences have consequences for their sense of humanity in terms of selfhood, mortality and feelings about their own existence. This reflects a concern within IPA for a person's sense-making of major experiences and the level of significance they bestow on those experiences which, in turn, can elicit new meanings and questions that challenge their existential world (Smith 2019).

For example, we see Sarah's life among an aged population take on existential levels of meaning as the authors highlight her struggle for selfhood (lines 15–17). In her second quote (lines 59–63), her feelings of fear and horror at seeing people in the nursing home continually disappearing are revealed by the authors as something that leads her to dwell on her mortality, as well as bringing into question her own sense of being. In both instances, the choice of

Sarah's quote and the authors' interpretation of it work together to bring to light the existential significance of events. Notably, the existential level of meaning is more latent in Sarah's first quote (lines 15–17) than the second (lines 59–63), in the first instance relying on the authors' interpretative work to bring it to light. In contrast, Sarah's exclamation in her second quote – '*Is it coming around to me?*' leaves little doubt over her fear of mortality and requires far less explanation.

These examples demonstrate how the quality of IPA, the levels of insight and depth it can offer, can be developed through the authors' consideration of the different levels of experiential significance in the data and the way it can shift towards existential concerns.

Close analytic reading of participant's words

IPA researchers' commitment to interpretation and idiographic depth requires that they engage in a close analytic reading of the participant quotes. Quotes should not be left to speak for themselves but require further analysis on the part of the researcher to explore their significance. By analysing and interpreting quotes, the authors can reveal the fuller meaning of the data and the way each participant is making sense of the experience under scrutiny. This is achieved by focusing on both what is going on in the immediate quote and also thinking of it in the context of the wider transcript.

Throughout the Dwyer et al. (2019) paper, close analytic reading of quotes is used to develop both an illuminating and convincing interpretation of participant experiences. Not only does this draw out the meaning of the quotes, but it also offers a level of detail that brings transparency to the authors' interpretative claims.

In Box 3, the deeper significance of the participants' experiences of the nursing home environment becomes apparent and is revealed through the authors' close reading of the quoted extracts. What is striking is the range of features they describe in order to achieve this, including: choice of particular words and phrases, linguistic tone, ambiguity, repetition and emphasis, imagery and metaphor.

For example, Sarah's first quote (lines 8–13) expresses her view of the nursing home as a place for old people who are expected to die which she feels is incompatible with her age and life-stage. However, it is only through the authors' examination of Sarah's use of repetition that the reader's attention is drawn to how this experience makes her consider her identity (lines 15–17).

A similar dynamic is apparent in the case of Liam (lines 24–28) who describes his struggle to cope with the prevalence of death in the nursing home. Here, a close analytic reading of Liam's ambiguous comments '*no movement in them*' and colloquial remarks '*the next thing you know*' reveals that the crux of his difficulty lies in his sense of difference from the other residents which leaves him feeling shocked and confused (lines 31–35).

Towards the end of the extract, we see a dramatic change in Sean's experience after he leaves the nursing home, brought to the fore by the authors' focus on metaphor. By linking two separate metaphors together (lines 69–72) the authors illustrate Sean's transition from feeling '*buried alive*' in the nursing home to being '*awoken from the dead*' when moving to an appropriate living environment.

Taken together, these examples illustrate how a close reading of participant quotes can reveal the deeper significance of the particular relationship between the participant and the experience. As the different examples imply, there is no single way of accomplishing this and it relies on the researcher's engagement with the quotes and the dataset as a whole. Indeed, this reflects IPA's hermeneutic process of moving back and forth between the meaning of the language in the quotes and the knowledge displayed in the wider transcript (Smith 2007). Moreover, it is through a close reading of the quotes that the researcher can bring together and communicate their interpretation.

Attending to convergence and divergence

While case studies of single individuals are possible, IPA research usually involves analysis of data from more than one participant. And in this case, convergence and divergence are used to illustrate the similarities and differences between participants, to show both the patterning of connection as well as to highlight what makes a particular participant's experience unique (Smith 2011a). This also allows researchers to illustrate representation, prevalence and variability within the analysis.

The best IPA studies aim to strike a balance between commonality and individuality: they show how participants share higher order qualities, without losing sight of participants' unique idiosyncratic characteristics (Smith, Flowers, and Larkin 2009). Thus convergence and divergence between accounts are sought during the analytic process and then conveyed in the results, with information on prevalence, similarities and differences and idiosyncratic details enriching the study themes.

A good example of how convergence and divergence can add texture to an interpretation can be found in a second extract from Dwyer et al. (2019) in Box 4

Box 4. Prescribed meal-times.

- 1 Five participants were distressed at lack of choice or control over their meals, experiencing them as
- 2 excessively disciplined, restrictive and governing their day. The feeling of being trapped within a
- 3 predetermined process with no flexibility was particularly prominent in Conor's interview: "*It's very regimental.*
- 4 *You are kind of watching the clock the whole time, so that you can be ready for lunch and then we have to be*
- 5 *ready for our 5 pm meal, for the tea*" (467–471).
- 6
- 7 Jack echoed Conor's sense of disempowerment and loss of self-determination. "*Well I don't really have choices.*
- 8 *I am limited to what I can do you know, that's number one. Number two is I get my meals at a certain time so*
- 9 *everything is mapped out for you*" (Jack, 853–856). David described his obligation to eat even when full:

(Continued)

Box 4. (Continued).

- 10
 11 *I couldn't have the dinner at any other time, unless I got a job as a cook or something [laughs].*
 12 *It was a bit... distressing, because I wasn't really hungry. But if I wasn't hungry, like for the*
 13 *dinner, I'd have to eat anyway because I wouldn't get it later on. So I just had to deal with it so...*
 14 *but it was a bit distressing... I had to eat it at the time because they couldn't reheat it like, you*
 15 *know. (David, 950–965)*
 16
 17 David's repeated use of "I had to" illustrates his lack of control over a fundamental aspect of his daily life. This
 18 was at odds with his formidable drive to regain independence following his brain injury. Yet his innate
 19 positive demeanor and resilience are evident in his use of humor and radical acceptance to cope with the
 20 distress.
 21
 22 In contrast, Sean stated that he found the meal structure consoling.
 23
 24 *Well I found having a well-structured life again, that was OK. To get used to there being [meal]*
 25 *times, I didn't mind that, I found that comforting really. I knew what was happening, when it*
 26 *was happening. That was good. (Sean, 1572–1576)*
 27
 28 This extract can be understood in the context of Sean's personality and life pre-injury. He described himself as
 29 extremely organized and thriving on structure and routine. Thus the meal schedule in the nursing home may
 30 have provided him with a sense of his old life; a predictable, habitual and reassuring rhythm.

Extract from Dwyer, A., Heary, C., Ward, M., & MacNeela, P. (2019). Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury. Disability and Rehabilitation, 41(1), p. 38. Reprinted by permission of Taylor & Francis Ltd, <http://www.tandfonline.com>.

taken from their third theme on institutional life. The authors are discussing the experience of structured mealtimes in the nursing home.

The paragraph opens with an indication of prevalence, by highlighting that five participants were distressed by the lack of choice or control over their meals (lines 1–2). Three convergent quotes are presented, from Conor (lines 3–5), Jack (lines 7–9) and David (lines 11–15). David's longer quote is followed by an interpretation of his distress, which is partly warranted by material in the wider transcript in which he had shown a strong drive towards regaining independence. This idiographic focus on David's motivations provides additional depth to the analysis by putting it in context. Then Sean is presented as a divergent case (lines 24–26): he finds mealtime structure consoling and, again idiographically, his position is interpreted in the light of his personality and previous life structure. This cleverly ties the divergence and convergence together. Sean is different from the others in liking having a routine mealtime but this makes him similar to the others in wishing for a pattern which is consistent with his previous normal life.

Convergence and divergence entail a hermeneutic cycling between the part and the whole in the analysis: a personal quote is considered in the context of a wider personal narrative and the experience of one or more participants is considered in the context of the whole group's experience. Thus convergence and divergence can occur between one participant and the group, as seen with Sean above, but could equally be between different groups of participants. The convergence and divergence focus can be

woven together more or less explicitly to show how different people might interpret the same experience in similar or different ways, depending on their individual context.

Moving to a second exemplar

Having described each of the quality indicators and illustrated them with detailed examples from our first instance of a good IPA study, we will now introduce a second paper, by Conroy and de Visser (2015) which is summarized in Box 5. It is valuable to see how different authors working on a different topic are also able to make manifest the same set of core qualities. Again we will walk you through how it demonstrates each of the hallmarks of good IPA.

Box 5. Authentic non-drinking (Conroy and de Visser 2015).

Conroy and de Visser (2015) interviewed five UK university students (aged 19–22) who, for reasons unrelated to their culture, had chosen not to drink alcohol. The researchers wanted to understand why they had made this choice and what kind of social experiences they were having at university. The authors found authenticity to be central to the non-drinking experience and structured their findings around four related themes: (1) retaining authenticity by not drinking; (2) tainting the self by drinking alcohol; (3) feeling trapped by superimposition and self-exposition and (4) doing what you want to do with your life.

Constructing a compelling, unfolding narrative

The four themes in the Conroy and de Visser (2015) article are tightly connected and present an exploration of how non-drinking links to issues of selfhood and authenticity. Participants described not drinking so that their experiences and their sense of themselves could remain authentic, because they perceived alcohol consumption as affecting who they wanted to be. Despite feeling judged by others, they felt that not drinking enabled them to reclaim an agency that alcohol undermined. The narrative develops across themes through an argument in which the authors conclude that participants' quest for authenticity was linked to issues of agency.

We will now look at how Conroy and de Visser (2015) construct a compelling narrative within one of their four themes. Again we invite the reader to read through the extract from this paper presented in Box 6 and we will then discuss how it shows good narrative skills.

Box 6. Theme 2: tainting the self by drinking alcohol.

1 In addition to preserving authenticity, participants experienced threats to well-being through historical or
2 imagined experiences of alcohol's potential for misrepresenting either the self or other people. Michelle, a
3 former drinker, expressed this in her interview:

4
5 *I realised that I don't like the way I am when I am drunk. There've been occasions where*
6 *I've done things that I've regretted or maybe said something to a friend that I wouldn't*
7 *dream of saying otherwise. I just kind of buried my head in the sand about the fact that I*
8 *didn't like who I was when I was drunk. The less and less I drank the more I realised that*
9 *I didn't like who I was when I was drunk, so the less I drank still.*

(Continued)

Box 6. (Continued).

10
 11 When drunk, Michelle had experienced 'selves' which she did not feel represented her ('*wouldn't dream of*
 12 *saying otherwise*') and that clashed with enduring self-interest ('*done things that I've regretted*'). Interplay
 13 between her experiences of 'drunken' and 'sober' self gradually led to a state of reassessment where she
 14 drank progressively less as the distinction between drunk and sober experiences of herself grew. Features of
 15 her struggle seemed to be built into the language of her account, with the repeated '*who I was when I was*
 16 *drunk*' tangled up with her actions ('*the less I drank*') to regain the person whom she recognises as herself
 17 (her authentic self).
 18
 19 Katie, another former drinker, had developed a similar view in relation to alcohol's person- changing effects
 20 on others, as well as herself:
 21
 22 *People are different, on alcohol you're not the same person, you're just different, you're*
 23 *tainting yourself, changing who you are with a bit of alcohol.*
 24
 25 Katie seemed to experience contempt, both of her peers' willingness to cede possession of their authentic
 26 identities and of the cheap medium ('*a bit of alcohol*') through which this was accomplished. Her alcohol
 27 consuming peers could not be readily equated with the individuals she knew when they were sober and as a
 28 consequence were less recognisable, respectable or trustable.
 29
 30 For Paul, a lifelong non-drinker, the 'tainted self' of Katie's account seemed to represent a feared imagined
 31 state and consisted part of the reason why he did not drink alcohol:
 32
 33 *The reason I don't drink might be because I am afraid of what I might say or do, if I*
 34 *drink, saying things that might be permanent. Words that can't be healed.*
 35
 36 Paul fears uncharacteristic behaviour under alcohol's influence expressed as physical and verbal acts holding
 37 severe consequences. This seemed to speak to experienced or anticipated risks involved in drinking alcohol
 38 among our participants. Despite alcohol's advantages in removing social inhibitions, its influence was
 39 experienced as (or perceived to be) untrustworthy, given its association with enduring, hurtful behavioural
 40 consequences, which serve ultimately to undermine personal well-being.

Extract from Conroy, D., de Visser, R., *Journal of Health Psychology* (Volume 20, Issue 11) page 1487, copyright © 2015
 by SAGE Publications. Reprinted by Permission of SAGE Publications, Ltd.

In contrast with Dwyer et al. (2019) who chose depth over breadth by developing only one theme, Conroy and de Visser (2015) presented four separate themes. They achieved a comparable level of depth by using a concise narrative style, in which only a selection of participants is presented for each theme. Also, rather than opening their findings section with a detailed description of how the themes fit together, they created a sense of continuity between themes by consistently linking each new theme to the preceding one. For example, in Box 6, the paper's second theme on alcohol's effects on the self, starts with '*In addition to preserving authenticity*' (line 1), which is a direct reference to the first theme concerning authenticity. In the Discussion, the threads connecting the themes are brought together and developed further through the dialogue with existing literature (Smith 2004).

Within themes, the narrative develops incrementally so that each new participant quote adds a new conceptual element to the overall argument. For example, the theme presented in Box 6 describes how alcohol taints the actual or imagined sense of self of participants and those around them. In lines 5–9, Michelle talks of her direct experience of not being herself when drunk, Katie's quote (lines 22–23) discusses how other people are not themselves

when they consume alcohol, while Paul's quote (lines 33–34) refers to his fears of the self that drinking might reveal. The interpretation tying the quotes together is consistently close to the participants' words, yet also conceptual because it points to alcohol's actual or imagined effects on identity.

Some of the quotes are presented as stories, so, for instance, Michelle's first quote (lines 5–9) is interpreted as a trajectory through which her non-drinking identity progressively developed. From experiencing selves and actions that did not represent her, she became increasingly aware of the distinction between her drunk and sober selves and gradually began to drink less as a way of recovering her authentic self.

This paper exemplifies how narratives can develop at different levels and be driven by different rationales, depending on which approach the authors think is most suited to communicate specific aspects of their findings. For instance, the two exemplar papers we are discussing utilise two different approaches: Dwyer et al. (2019) explore the experiential process of confronting death, while in Conroy and de Visser (2015) experience is more conceptualised around the psychological construct of authenticity. Other authors may choose other narrative approaches. What is required is that the paper shows a coherent, unfolding narrative development founded on a systematic combination of participant quotes and interpretation.

Developing a vigorous experiential and/or existential account

The existential significance of participants' experiences and perspectives is a key feature in the findings in the Conroy and de Visser (2015) paper which explore the participants' experience of selfhood and authenticity in the context of being a non-drinker. Compared to Dwyer et al. (2019), the narrative development within the themes is more closely intertwined with, and shaped by, the existential significance of participant perspectives. Added to this, each theme focuses on one aspect of authenticity and selfhood in the context of non-drinkers and together the themes develop an in-depth exploration of this experience.

The existential significance of the participants' experiences is also a key part of the narrative development within themes. The issue of authenticity and selfhood comes to the fore through the in-depth idiographic analysis and is developed through the different perspectives of participants. For example, in [Box 6](#), Michelle's undesirable description of herself when drunk (11–12) and her related decision to stop drinking is revealed by the authors as a personal struggle for authenticity. By highlighting the conflict between Michelle's drunken and sober self and its relationship with her decreasing drinking (lines 12–14), the analysis reveals the importance of authenticity to Michelle's decisions around alcohol use. The

notion of tainted authenticity is then extended through the analysis of Katie's quote (lines 25–28), to consider the perception of others as inauthentic and untrustworthy due to alcohol use. The existential narrative around inauthenticity and alcohol then culminates in the analysis of Paul's account (lines 36–40). Here, the authors highlight Paul's fear of the influence of alcohol on himself and his behaviour that is potentially risky or harmful and an imagined threat to personal wellbeing.

We highly recommend the reader to look up the whole paper where the way in which the narrative around authenticity can be seen to be developed across the complete thematic structure taking in, for example: authenticity as the key motivator behind the participants' decision not to drink; participants' struggle to maintain authenticity in different social contexts; and the disinhibiting and restricting relationship between alcohol, agency and authenticity.

Close analytic reading of participant's words

The close analytic reading of quotes in Conroy and de Visser (2015) is consistently detailed throughout the findings, giving them a strongly idiographic quality. Compared to Dwyer et al. (2019), fewer quotes are presented, thus allowing the space for a more in-depth exploration of the participants' language and expression in the context of the wider transcript. The detailed analysis together with the small sample size ($N = 5$) bring to bear the idiographic quality of IPA (Smith 2004) and enable the reader to follow the different perspectives of each participant through the themes. Added to this, the authors' close reading of quotes is highly interpretative and quick to make connections between the meaning of the data and the wider psychological notions of selfhood and authenticity which together give the findings a distinctive conceptual quality.

In the extract we have been examining, we see how the authors' close analytic reading of Michelle's quote (lines 5–17) reveals a conflict between her drunk and sober self. By examining colloquialisms and off-the-cuff remarks, such as *'wouldn't dream of saying otherwise'* and *'done things that I've regretted'*, and connecting them with psychological notions of authenticity and conflicting selves, the authors reveal the deeper significance of Michelle's words. This highly interpretative approach makes the analysis psychologically enlightening, while at the same time grounding the interpretation and conceptual claims firmly in the participants' data.

Towards the end of the extract, the authors highlight Michelle's struggle to regain her authentic self by highlighting a close interplay between her changing self-perceptions – *'didn't like who I was when I was drunk'* – and her actions – *'the less I drank'* – that lead to her progressive decrease in drinking.

Conroy and de Visser (2015), therefore, offers a fine example of how the authors' close analytic reading of quotes can not only deepen our

understanding of the existential significance of participant experiences, but also help develop the psychological and conceptual pertinence of the analysis.

Attending to convergence and divergence

The Conroy and de Visser (2015) article is particular among IPA studies because it is essentially concerned with attitudes, building on multiple experiences to obtain individual perspectives on the self-defining characteristic that all participants share, namely not drinking. Idiographic focus is predominant as the narrative develops through a series of comparisons between individual participants, rather than groups of participants. Information on prevalence is provided throughout the themes, with mentions of ‘*all participants*’ or ‘*some participants*.’ Individual participants are then introduced as representatives of a point of view and convergence and divergence develops between them and their perspectives, which are grounded in the personal context of participants through idiographical details.

For example, in the extract we have been looking at, the different ways in which alcohol consumption affects identity are explored through three participants. Michelle, a former drinker, is presented first and, through her, the reader understands how having first-hand experiences of being drunk has impacted her view of alcohol as negatively affecting one’s sense of self (lines 2–17). Katie, also a former drinker, has views derived from her experience of observing others becoming drunk (lines 19–28). Finally, Paul has never had the experience of drinking, but imagines what it would be like and expresses fears about how it would affect him (lines 30–37).

There is convergence between these accounts in the common view of alcohol’s effects on the self as a reason for not drinking, but also divergence in the genesis of participants’ views. Thus, Michelle and Katie base their perspectives on the experience of having been drunk or in the company of drunk others, while Paul’s view is grounded in his imagination of an experience that he has not actually had. In Conroy and de Visser (2015), convergence and divergence are more closely interlinked compared to Dwyer et al. (2019) because comparisons are between individuals and their personal circumstances and stories are used to contextualise their viewpoints.

Linking the four qualities with IPA’s theoretical underpinnings

Having pursued a very close reading of two IPA studies in order to highlight how the authors of those studies are able to generate work of high quality, it is worth now zooming back out again and considering how the particular qualities of excellence we have expostulated can be seen as expressions of the underlying theoretical principles of IPA.

Attending to convergence and divergence. This is a hallmark of IPA's distinctive commitment to an idiographic analysis (Smith 2004). By conducting a painstaking experiential analysis of the research corpus, case by case, IPA builds a detailed picture of the personal experience of each individual participant. However, IPA does not eschew generalization. Rather it insists on that generalization being built iteratively and inductively from the careful reading of each of the analysed cases. In contrast with a nomothetic approach, where data are aggregated at the group level and therefore the connection with the original individual accounts becomes difficult to trace, an idiographic analysis retains situated and idiosyncratic details at the individual level (Smith, Harré, and Van Langenhove 1995). Multiple cases can then be compared to identify points of similarity and difference. Good IPA writing involves a dual attention to commonality and to particularity, enabling the researcher to offer a nuanced analysis of the patterning of interconnections between individuals' experiences at the same time as highlighting the particular and different ways in which those individuals are experiencing and reporting those interconnections.

Close analytic reading of participants' words. IPA is aligned with Heidegger's hermeneutic phenomenology in which phenomenological enquiry is considered as inherently interpretative. IPA also subscribes to a model of the participant as an intrinsically sense making agent (Taylor 1985). Therefore IPA involves a double hermeneutic in which the researcher is trying to make sense of the participant trying to make sense of what is happening to them (Smith 2007). The close analytic reading of participant's words represents the detective work involved in hermeneutic phenomenology, bringing to light that which lies at least partly hidden, making manifest that which is latent. Depending on how a participant talks about their experience and the meaning they ascribe to it, different levels of interpretation are possible, revealing meanings at varying levels of depth (Smith 2019). As we saw in some of our examples above, this occurs through a close focus on the specific words spoken by participants, on their linguistic choices and tone, and on the imagery they evoke. By ensuring the close analytic reading of participant's words is central to how findings are presented, the interpretative process becomes transparent, grounded in the data and thus more trustworthy; the reader is thus invited to join the hermeneutic circle and make sense of the participant's and researcher's sense making endeavours.

Developing a vigorous experiential and/or existential account. The primary aim of phenomenological enquiry is to explore subjective lived experience. IPA studies are designed to enable this and most IPA research is concerned with the examination of experiences of some import to the participant, where the experience represents a breach from the ongoing norm and one which therefore generates considerable reflective activity by that participant. Thus the participant tries to make sense of what is happening, to find the meaning in

it. The importance of the experiential concerns examined means that, in many strong IPA papers, the powerful data provided by participants takes the analysis to an existential level and into, for example, questions of identity, personal agency, connectedness. See Smith (2019) for more on this. We have observed this very dynamic between the experiential and the existential in both the papers we have examined in detail. So, as we saw earlier in the Dwyer et al. (2019) paper, existential aspects can emerge and bring a new dimension to the analysis, not in abstract terms, but in a tight connection to the experience itself. This in turn enables the results to acquire an even greater depth and resonance.

Constructing a compelling, unfolding narrative. This quality has a close connection to each of the others. Thus, in writing a good IPA paper, the author is marshalling close interpretative readings of strong experiential data from particular individuals. Facilitating the reader's meaning making requires constructing an orderly and yet dynamic and persuasive narrative. The alternation of quotes and interpretation communicates the researcher's interpretation of the participants' sense-making to develop a cohesive and revelatory narrative. Each quote and its interpretation takes the narrative one step further by adding something new or a different perspective, bringing about a dynamic interplay between parts of the analysis and the whole interpretation. The narrative construction, therefore, is an expression of IPA's double hermeneutic and the hermeneutic circle (Smith, Flowers, and Larkin 2009). When done well, a narrative not only constructs a compelling account of the meaning of participants' experience but also helps realise the requirement for IPA findings to offer coherence, focus and depth.

Conclusion

Our aim in this paper has been explicitly to help IPA researchers write better IPA papers and to help readers and reviewers decide which IPA papers are excellent. Here we are building on Jonathan Smith's 2011 criteria for the assessment of any IPA research. Now that there is a large and growing corpus of IPA research, much of which attains a reasonable degree of competency, we consider the most valuable contribution we can make is to show, in detail, how to do IPA research which is not just acceptable but which is good or even, hopefully, excellent. To do this we have outlined four qualities which we believe are the hallmark of good IPA.

For the purposes of clarity and elucidation we have deliberately separated these qualities out and shown how each of them is independently manifested in our two exemplars of excellent IPA. In reality, of course, as touched on in the previous section, the qualities overlap and any particular portion of an excellent IPA analysis will be demonstrating a number of them

simultaneously. The qualities are different lenses onto the thing of substance being explored and so they can be seen as different parts of the same overall gestalt.

We hope we have encouraged and inspired people doing IPA or thinking of doing IPA to want to do it well and that we have offered some practical guidance in how to do that. At the same time, we hope we have offered more general readers with an interest in qualitative research some signposts to help them better evaluate the quality of IPA studies they encounter.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Isabella E. Nizza is a part of the Interpretative Phenomenological Analysis (IPA) Research Group within the Department of Psychological Sciences at Birkbeck University of London. Her main research interest is the lived experience of people affected by chronic health conditions. She is currently a researcher on a funded project using IPA longitudinally in an RCT evaluating a psychological intervention for children with epilepsy and their families. She is co-author of a book on IPA commissioned by the American Psychological Association.


Joanna Farr is part of the Interpretative Phenomenological Analysis (IPA) Research Group within the Department of Psychological Sciences at Birkbeck University of London. Her research examines people's experience of mental health interventions and services. She is currently focusing on the experience of bipolar disorder and early intervention services.

Jonathan A. Smith is Professor of Psychology at Birkbeck University of London where he leads the Interpretative Phenomenological Analysis (IPA) Research Group and teaches qualitative methods. He is first author on the book on IPA (Smith, Flowers, Larkin, 2009, Interpretative Phenomenological Analysis: Theory, Method & Research. London Sage).

ORCID

Isabella E. Nizza  <http://orcid.org/0000-0001-7291-6761>

Joanna Farr  <http://orcid.org/0000-0003-3263-8773>

Jonathan A. Smith  <http://orcid.org/0000-0002-3135-3111>

References

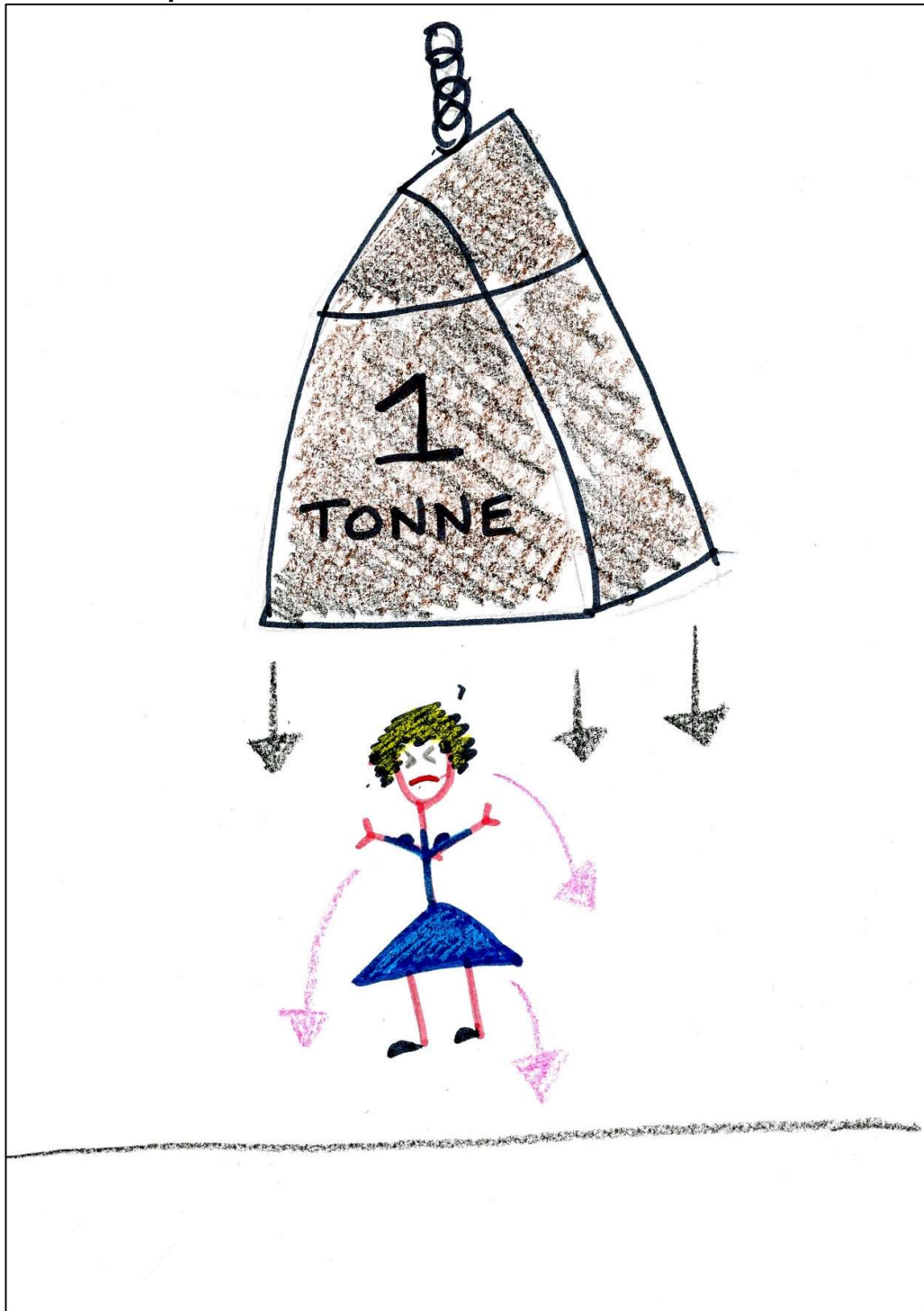
- Conroy, D., and R. de Visser. 2015. The importance of authenticity for student non-drinkers: An interpretative phenomenological analysis. *Journal of Health Psychology* 20 (11):1483–93. doi:10.1177/1359105313514285.
- Dwyer, A., C. Heary, M. Ward, and P. MacNeela. 2019. Adding insult to brain injury: Young adults' experiences of residing in nursing homes following acquired brain injury. *Disability and Rehabilitation* 41 (1):33–43. doi:10.1080/09638288.2017.1370732.

- Elliott, R., C. T. Fischer, and D. L. Rennie. 1999. Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology* 38 (3):215–29.
- Smith, J. A. 2004. Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology* 1 (1):39–54.
- Smith, J. A. 2007. Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-Being* 2 (1):3–11. doi:10.1080/17482620601016120.
- Smith, J. A. 2011a. Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review* 5 (1):9–27. doi:10.1080/17437199.2010.510659.
- Smith, J. A. 2011b. Evaluating the contribution of interpretative phenomenological analysis: A reply to the commentaries and further development of criteria. *Health Psychology Review* 5 (1):55–61. doi:10.1080/17437199.2010.541743.
- Smith, J. A. 2019. Participants and researchers searching for meaning: Conceptual developments for interpretative phenomenological analysis. *Qualitative Research in Psychology* 16 (2):166–81. doi:10.1080/14780887.2018.1540648.
- Smith, J. A., P. Flowers, and M. Larkin. 2009. *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Smith, J. A., R. Harré, and L. Van Langenhove. 1995. Idiography and the case study. *Rethinking Psychology* 1:57–69.
- Taylor, C. 1985. *Philosophical papers: Volume 1, Human agency and language*, vol. 1. New York: Cambridge University Press.
- Yardley, L. 2000. Dilemmas in qualitative health research. *Psychology and Health* 15 (2):215–28. doi:10.1080/08870440008400302.

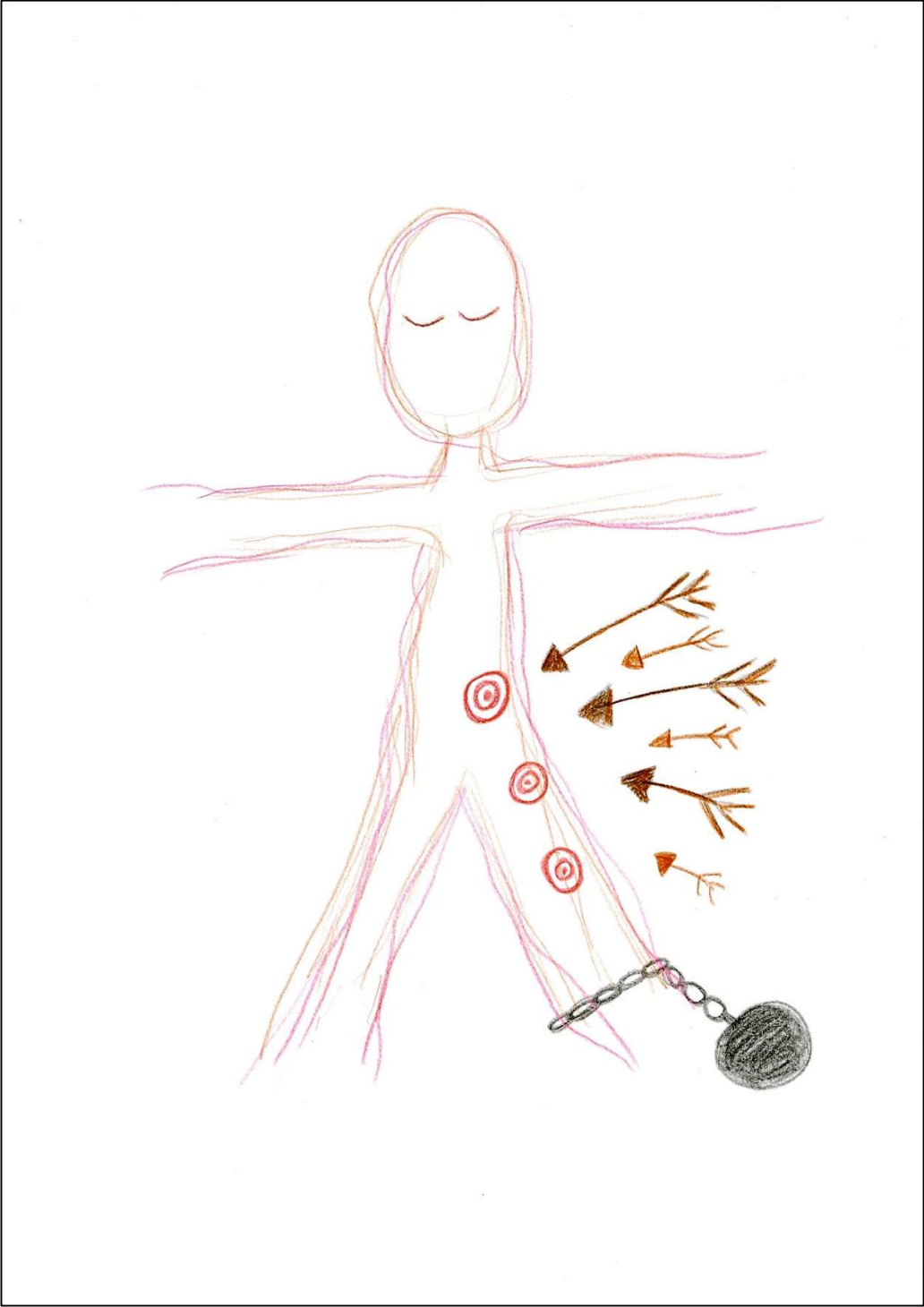
Appendix D: Full-size participant drawings

D.1 Jane's drawings

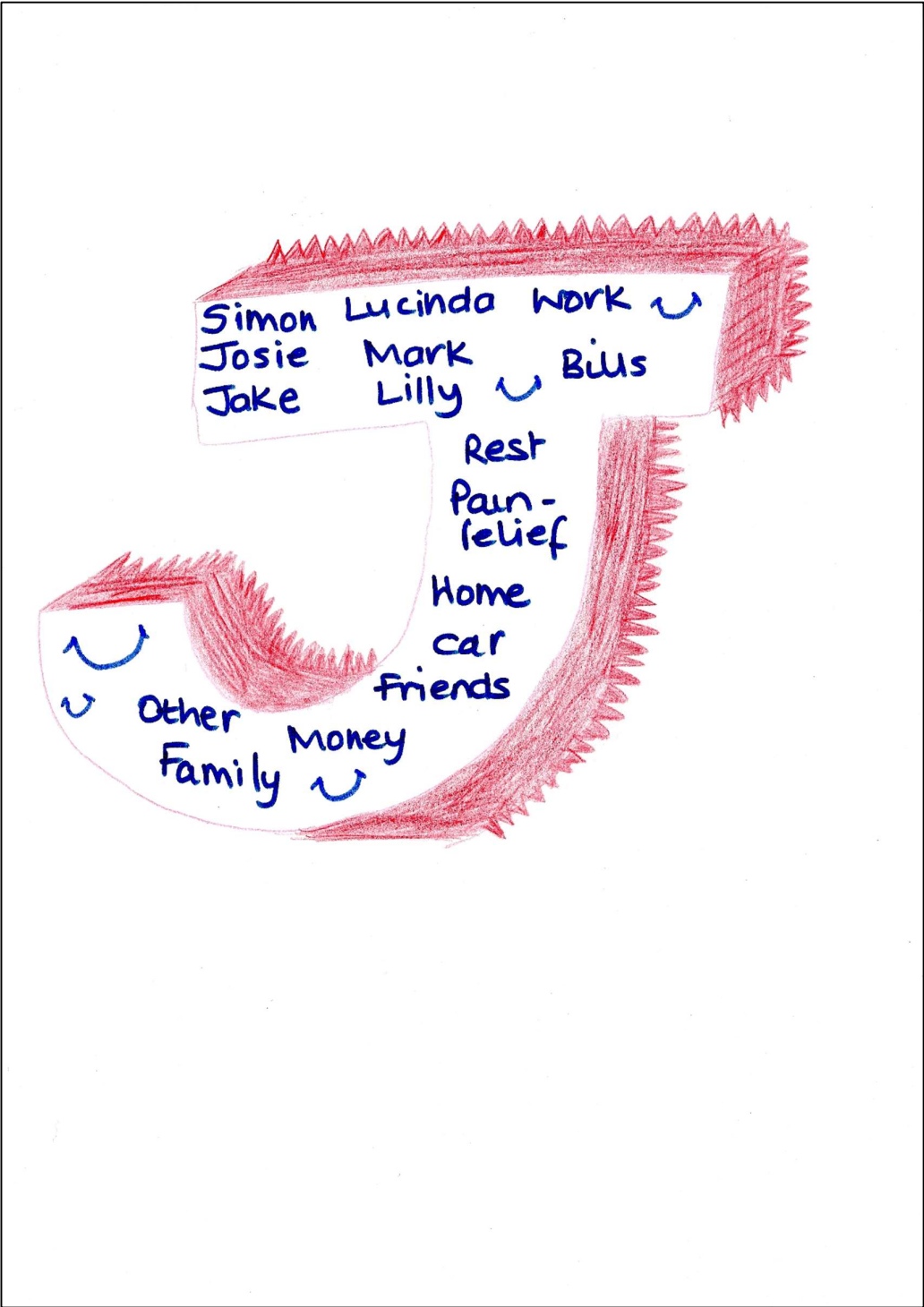
D.1.1 Jane's pain at Time 1



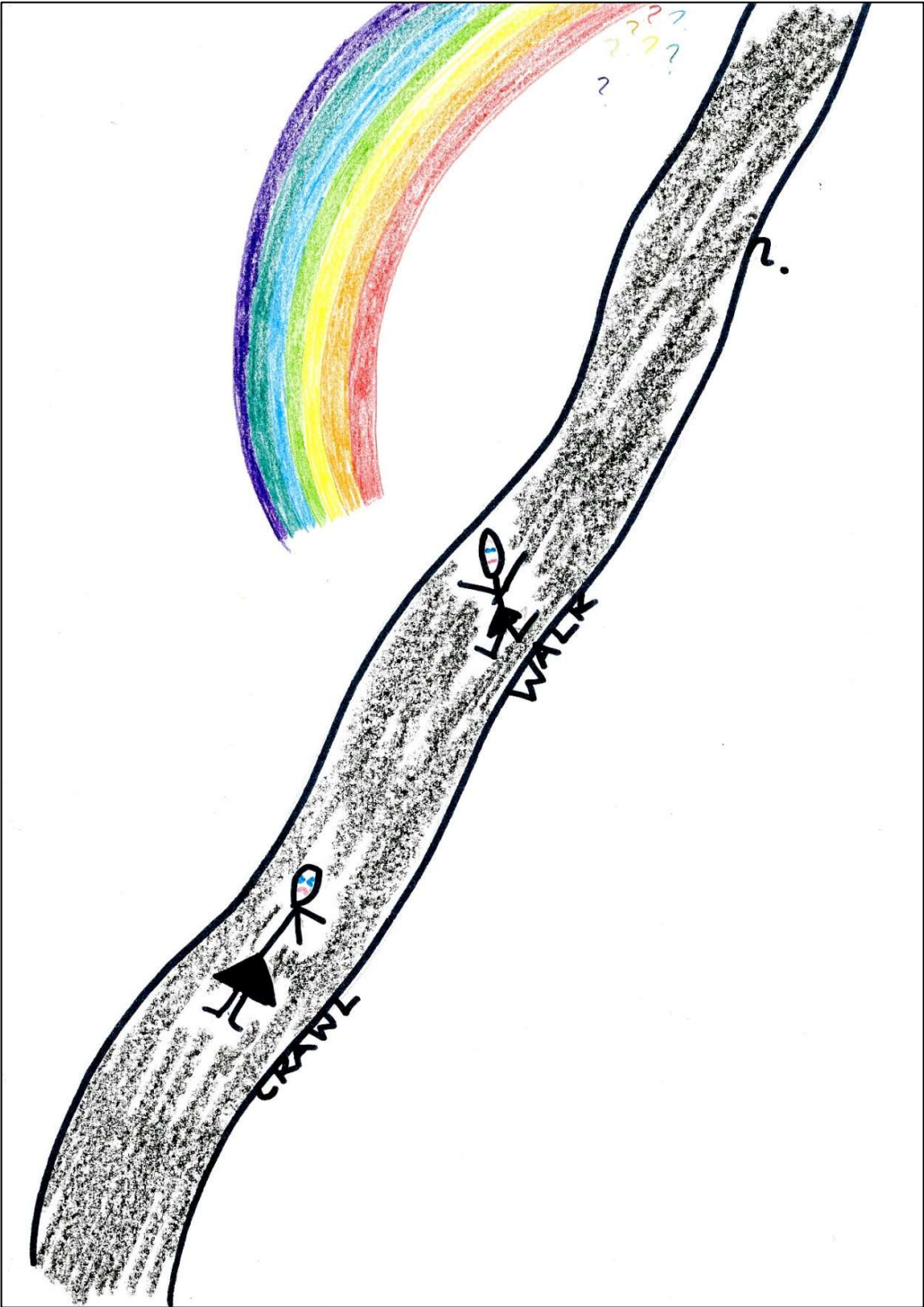
D.1.2 Jane's pain at Time 2



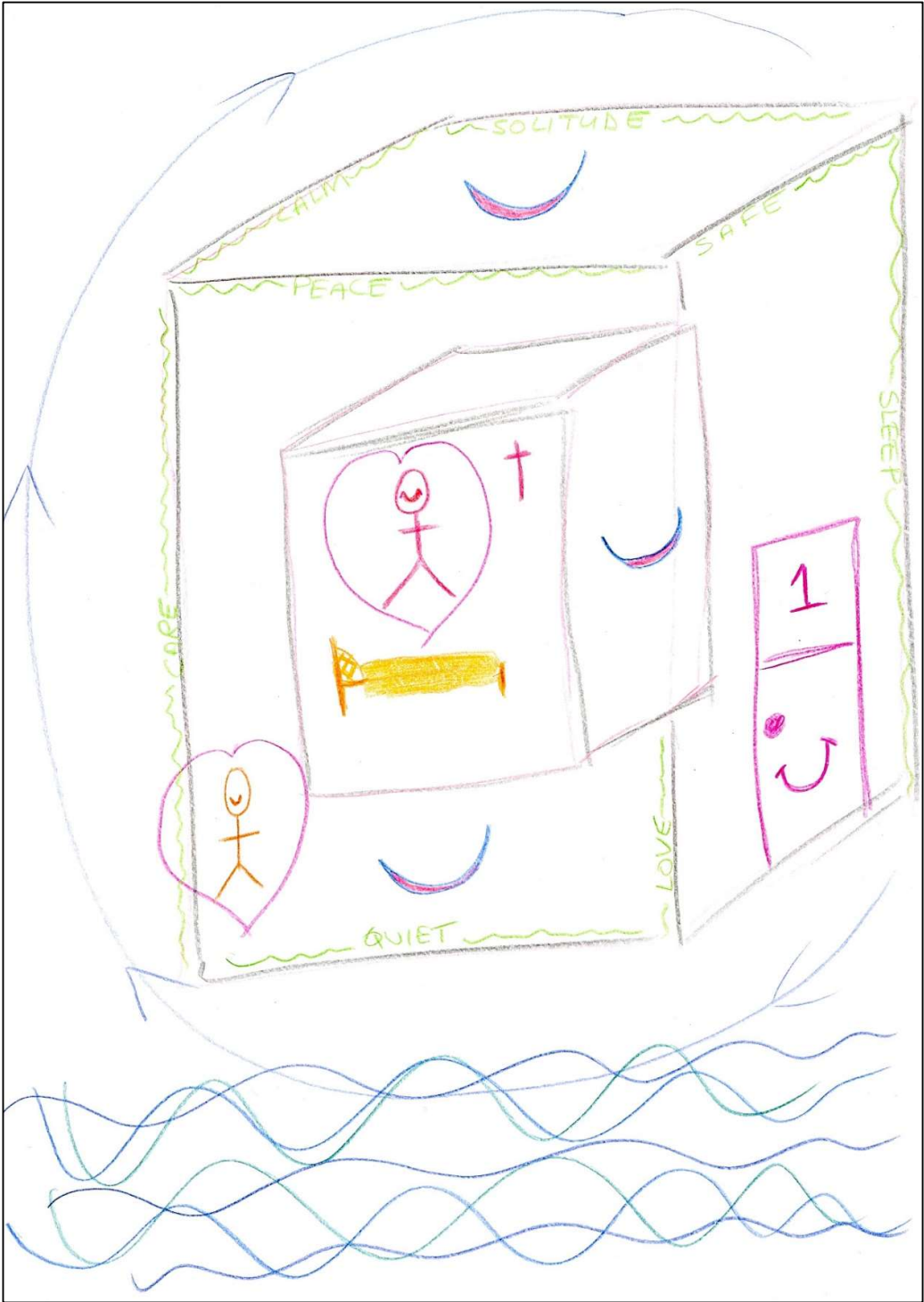
D.1.3 Jane's pain at Time 3



D.1.4 Jane's Self at Time 1



D.1.5 Jane's Self at Time 2

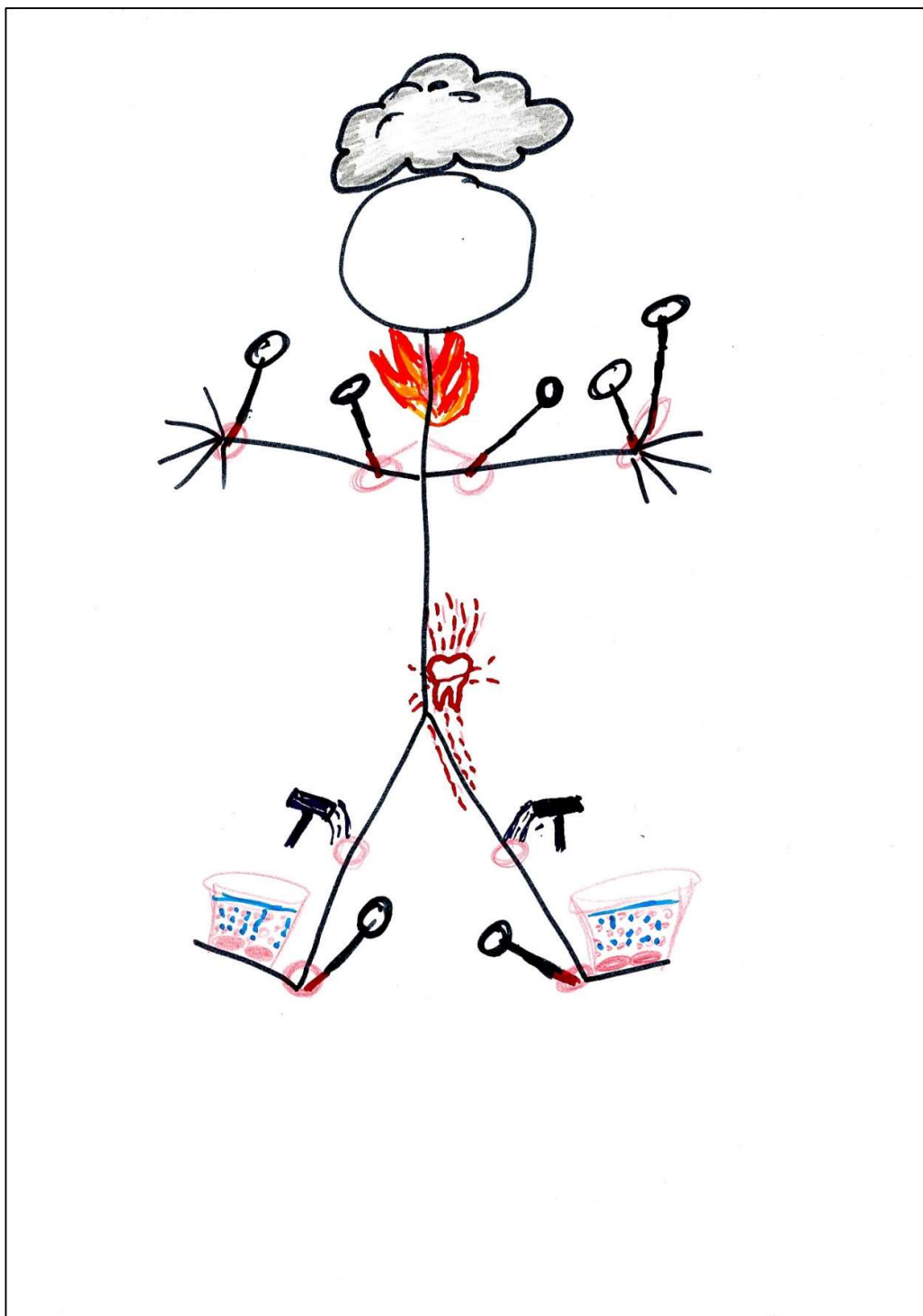


D.1.6 Jane's Self at Time 3



D.2 Olga's drawings

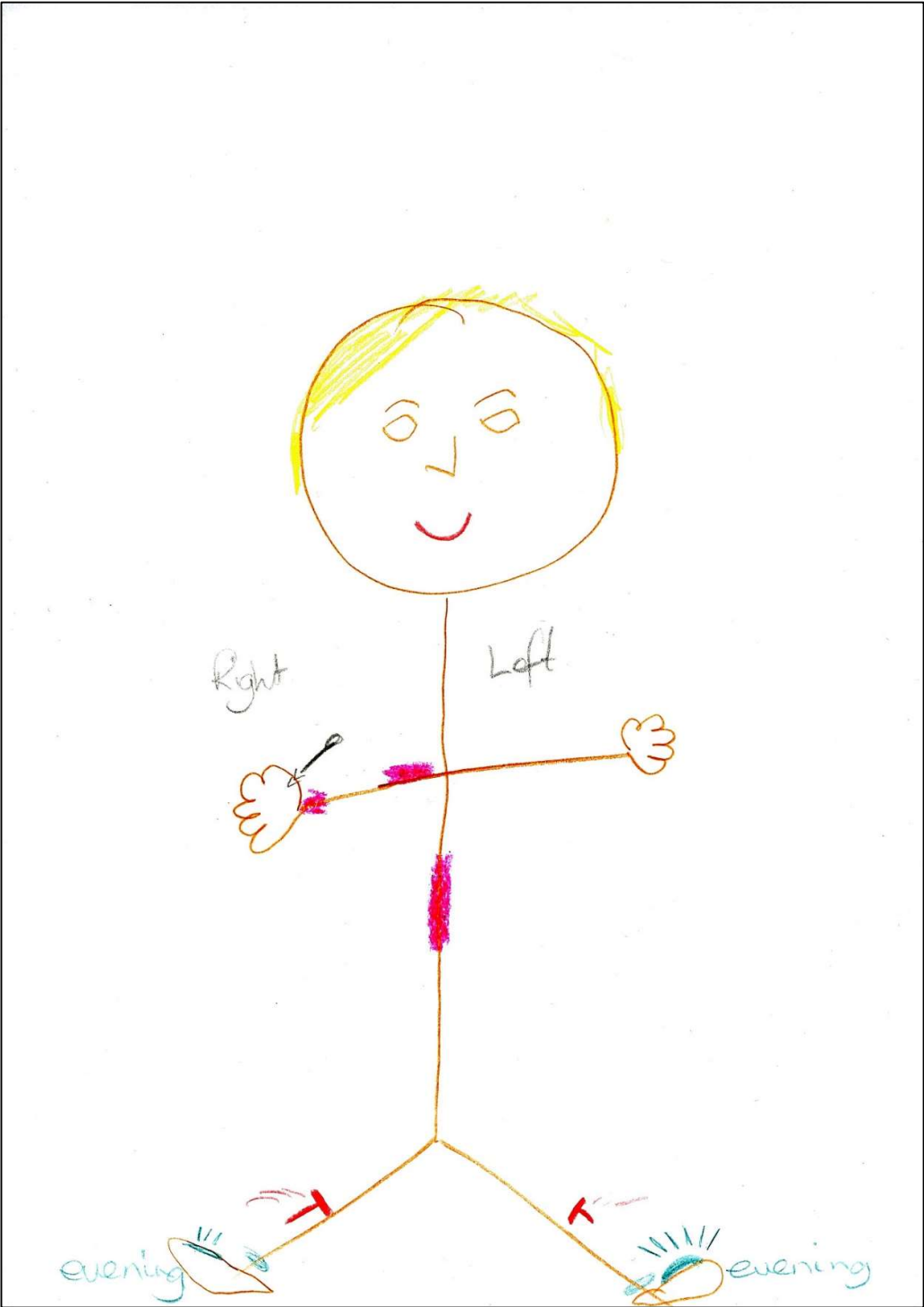
D.2.1 Olga's pain at Time 1



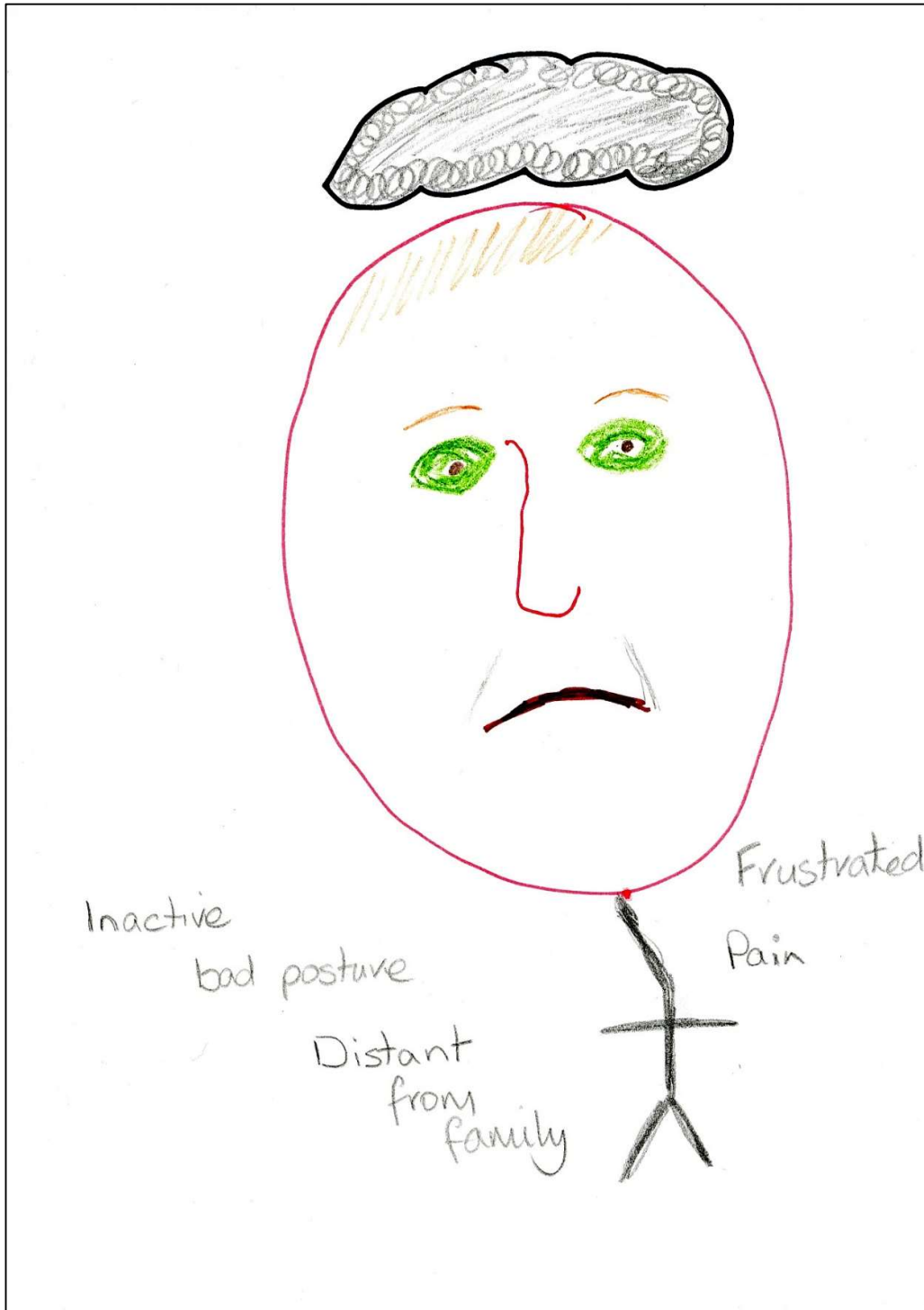
D.2.2 Olga's pain at Time 2



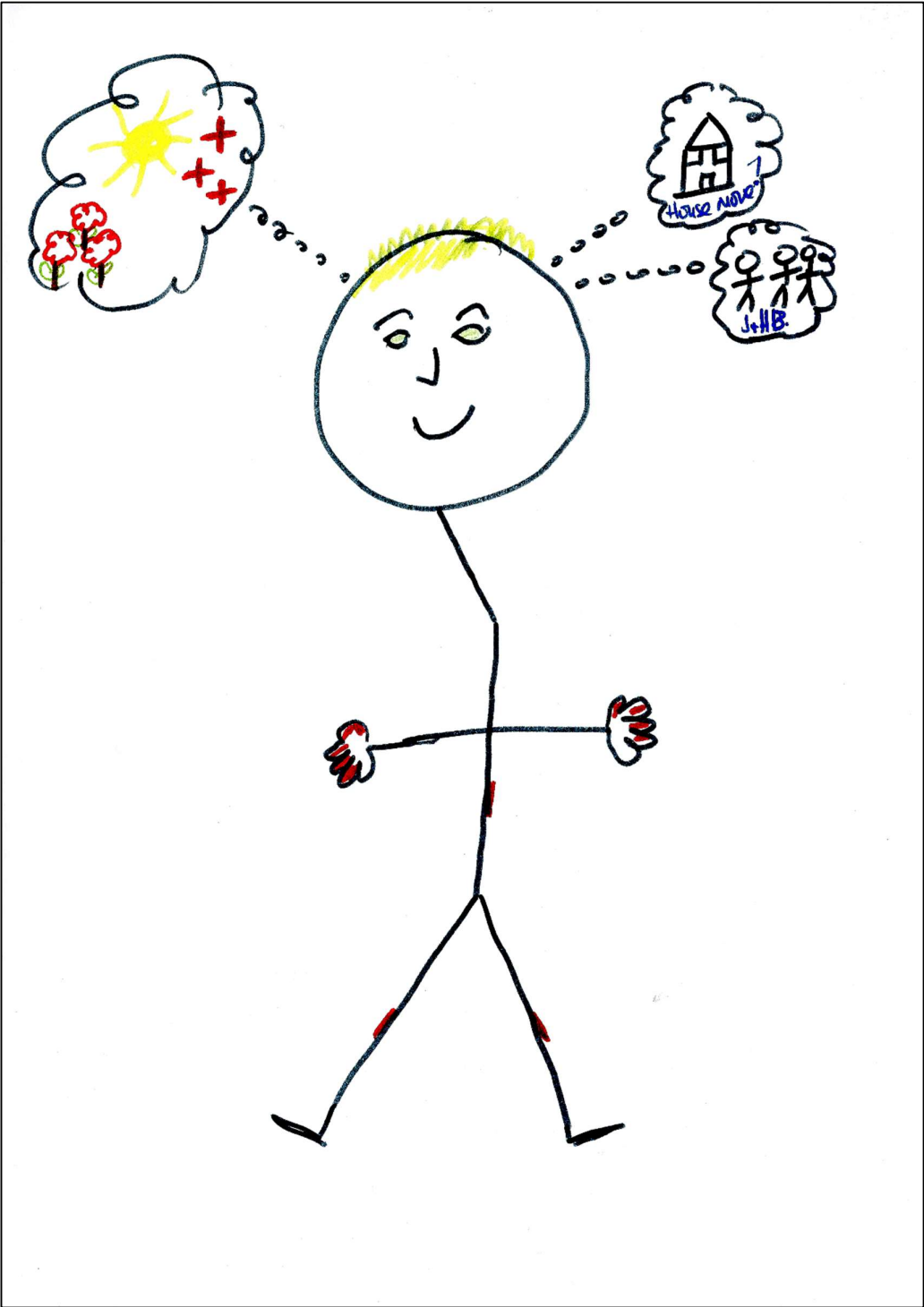
D.2.3 Olga's pain at Time 3



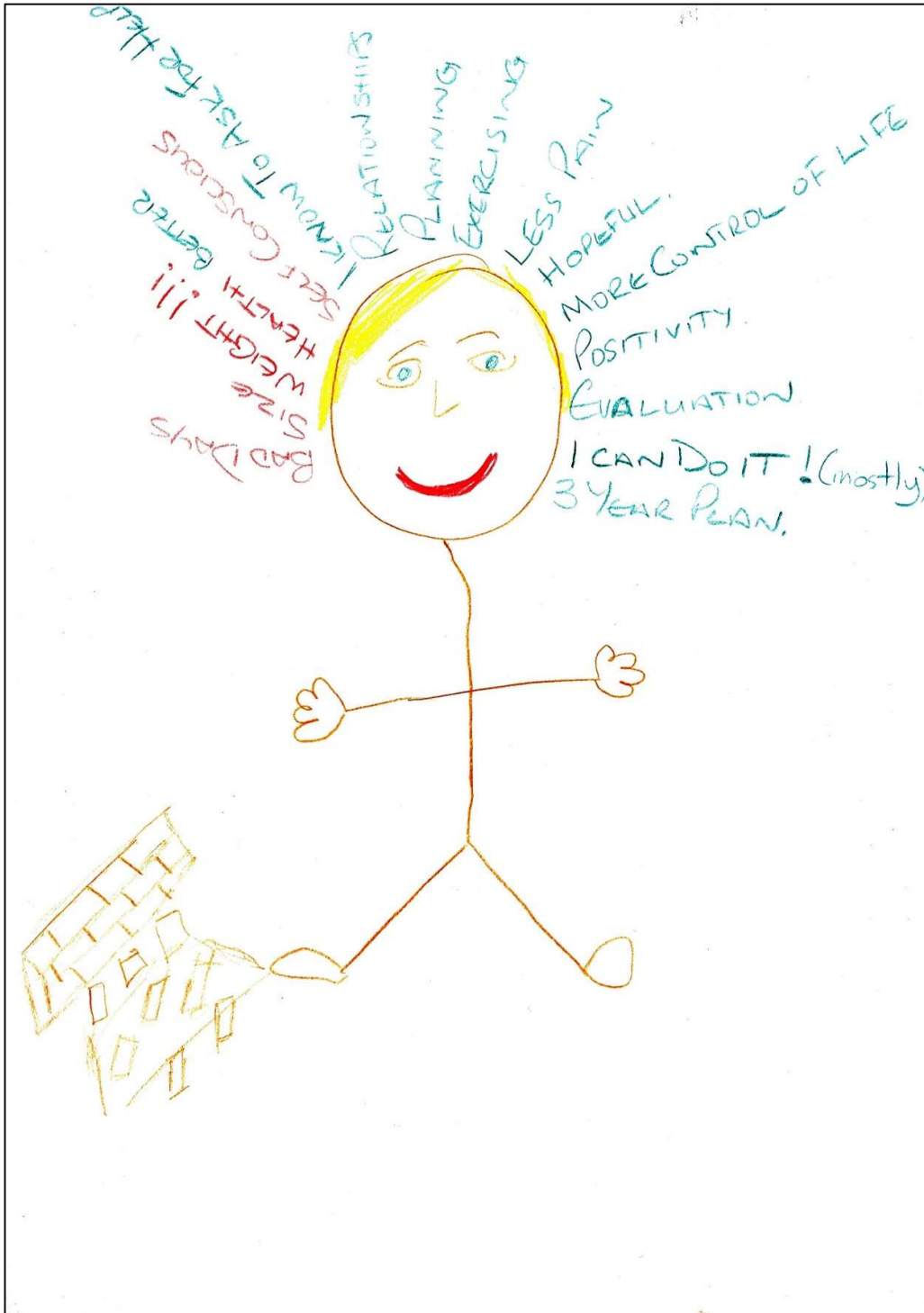
D.2.4 Olga's Self at Time 1



D.2.5 Olga's Self at Time 2

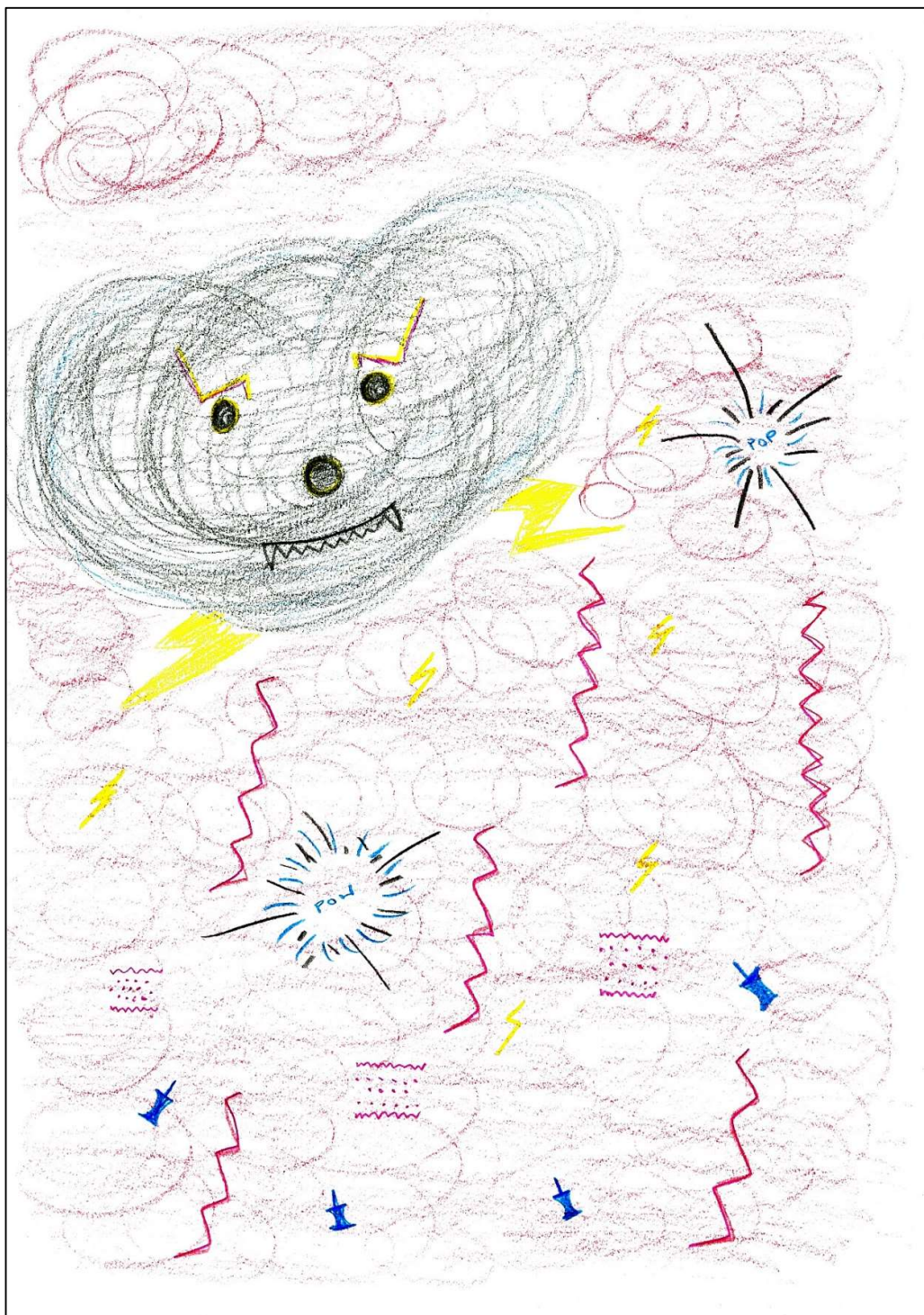


D.2.6 Olga's Self at Time 3

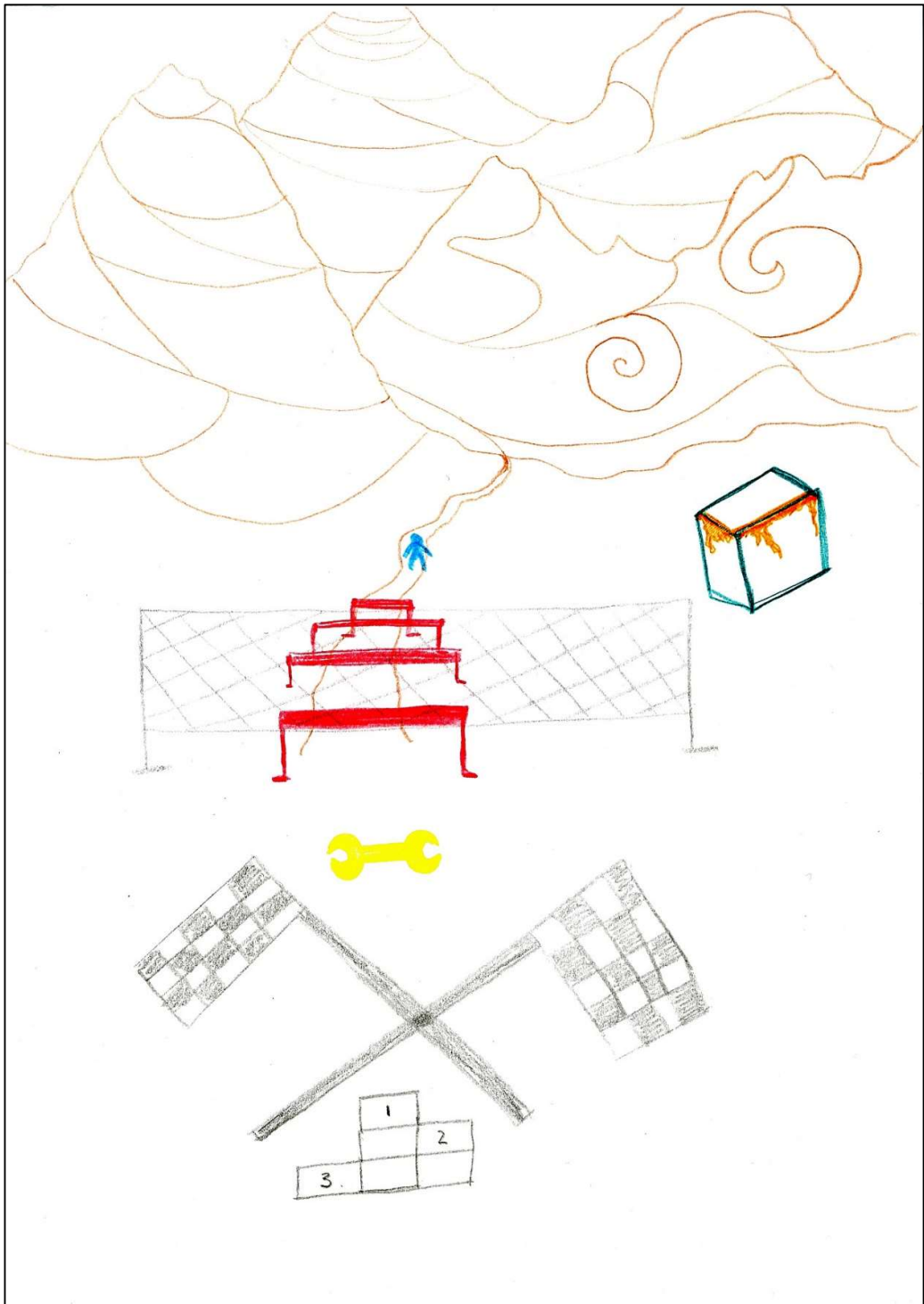


D.3 Monica's drawings

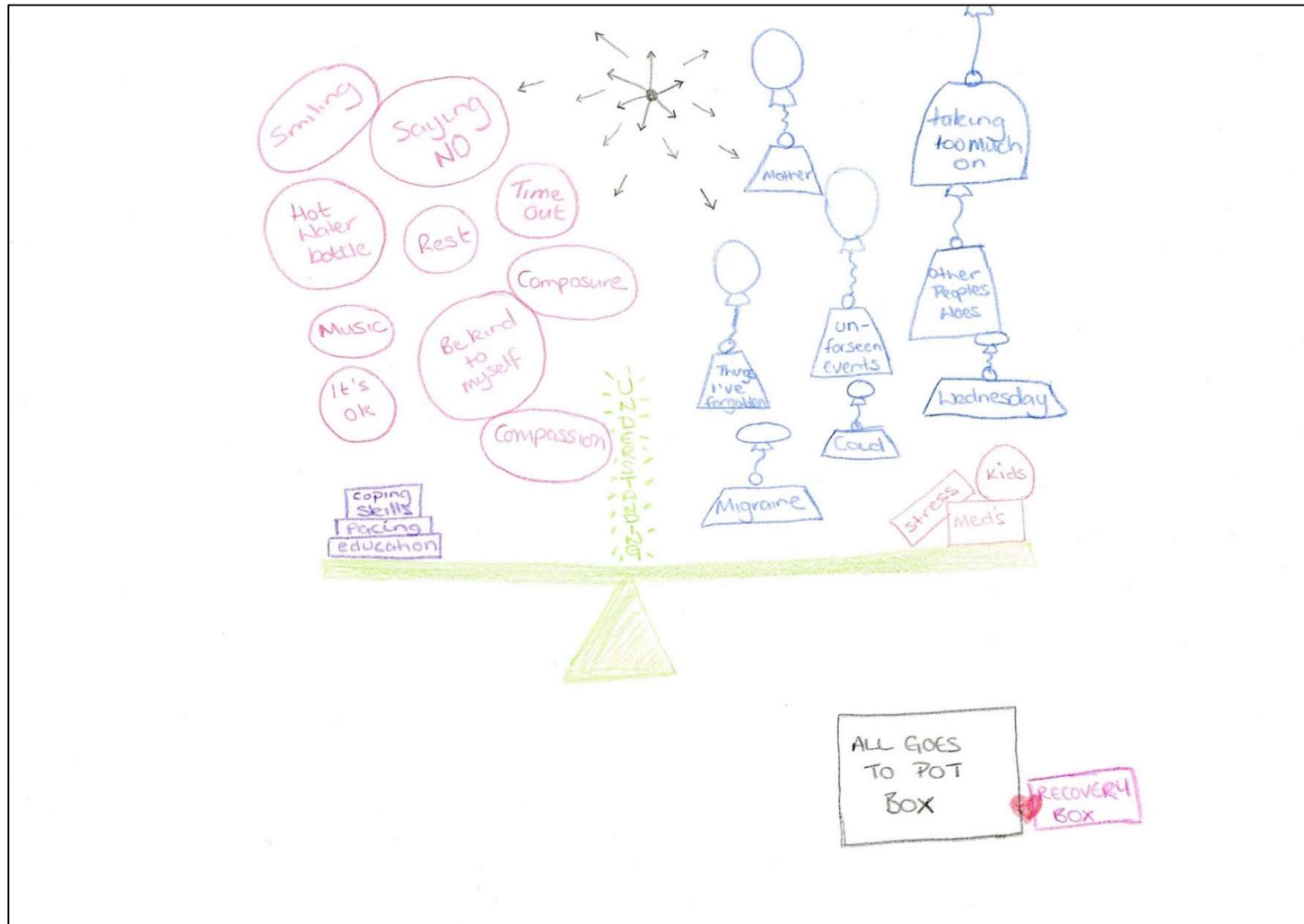
D.3.1 Monica's pain at Time 1



D.3.2 Monica's pain at Time 2



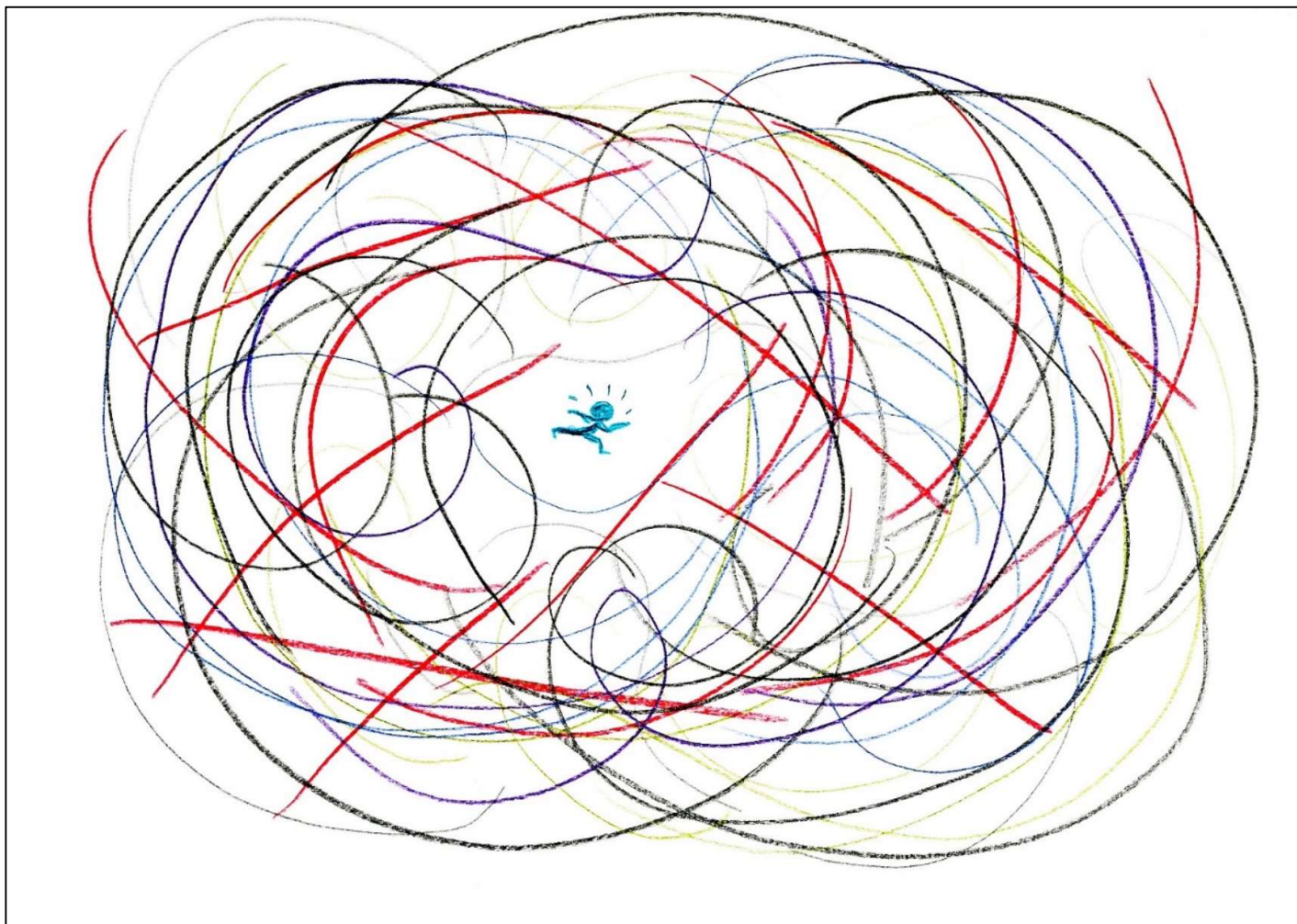
D.3.3 Monica's pain at Time 3



D.3.4 Monica's Self at Time 1



D.3.5 Monica's Self at Time 2



D.3.6 Monica's Self at Time 3

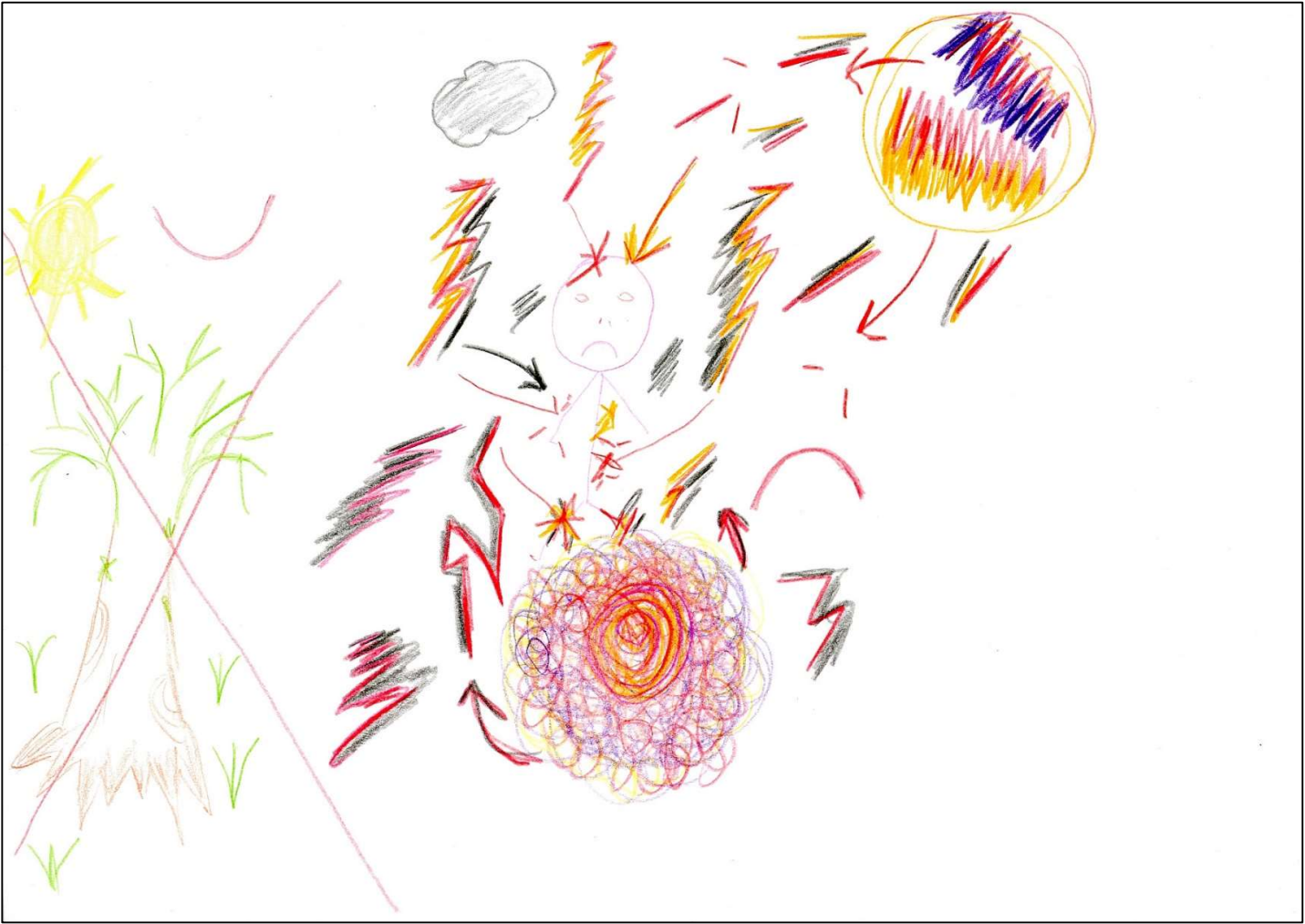


D.4 Helen's drawings

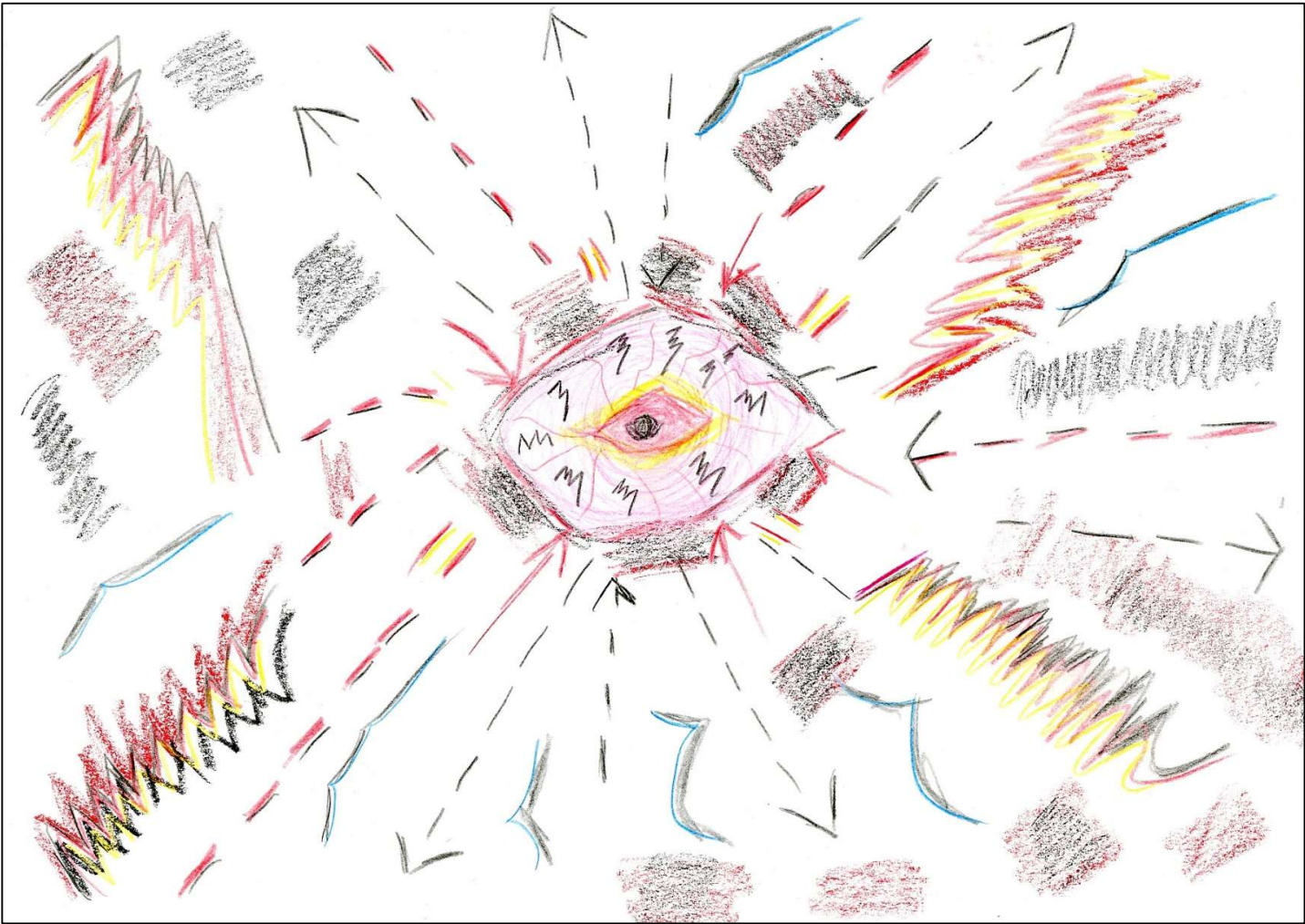
D.4.1 Helen's pain at Time 1



D.4.2 Helen's pain at Time 2



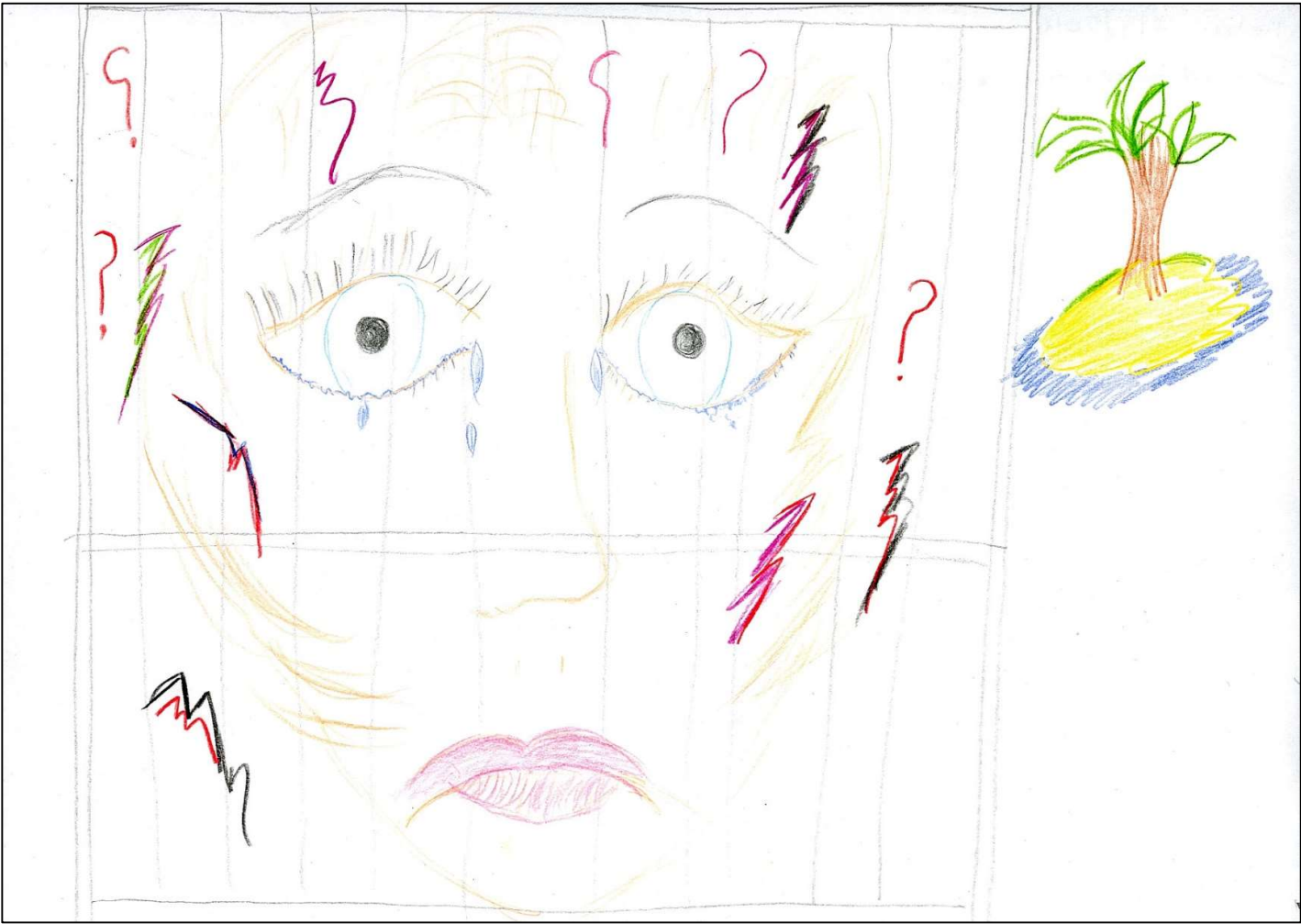
D.4.3 Helen's pain at Time 3



D.4.4 Helen's Self at Time 1



D.4.5 Helen's Self at Time 2

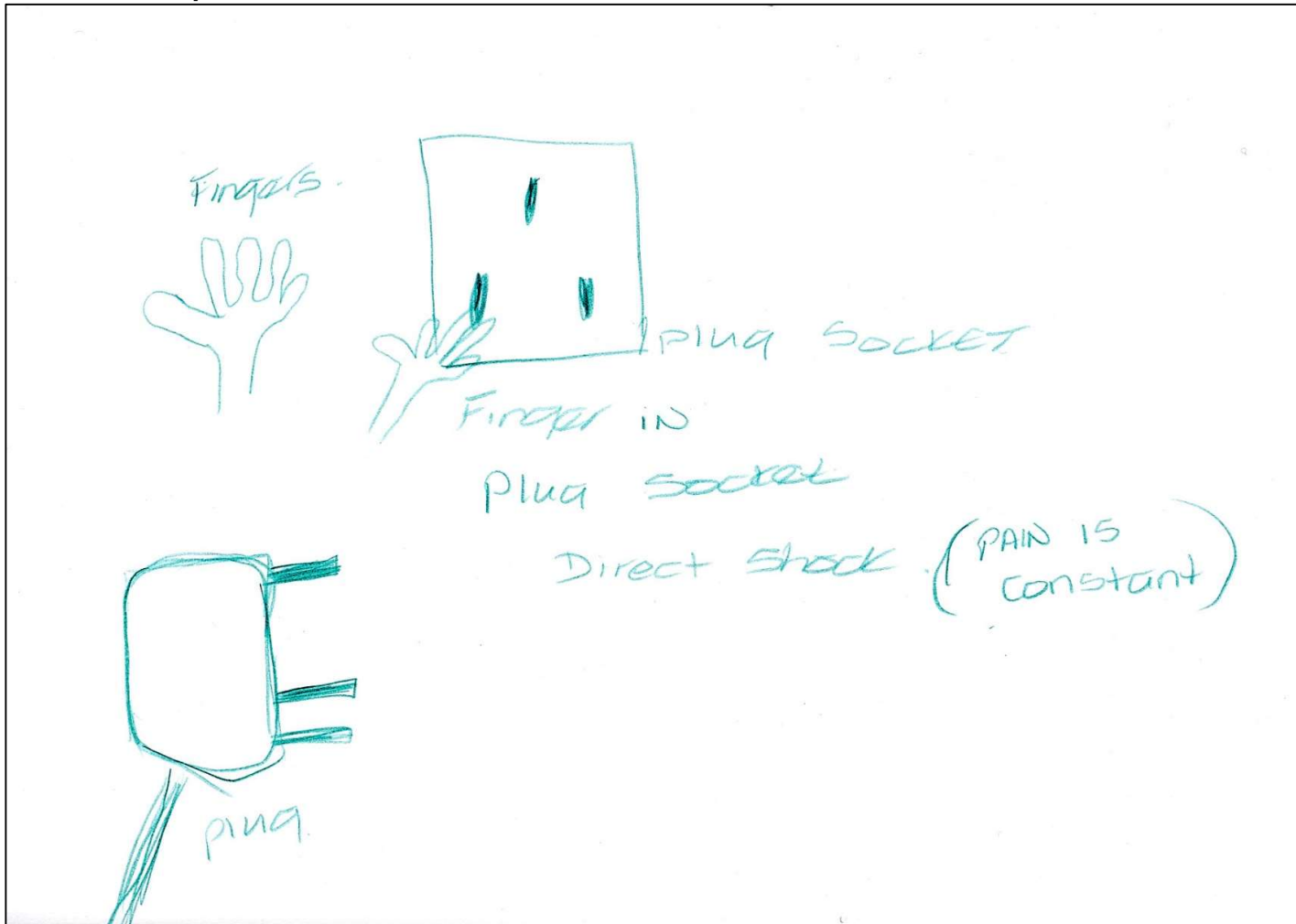


D.4.6 Helen's Self at Time 3

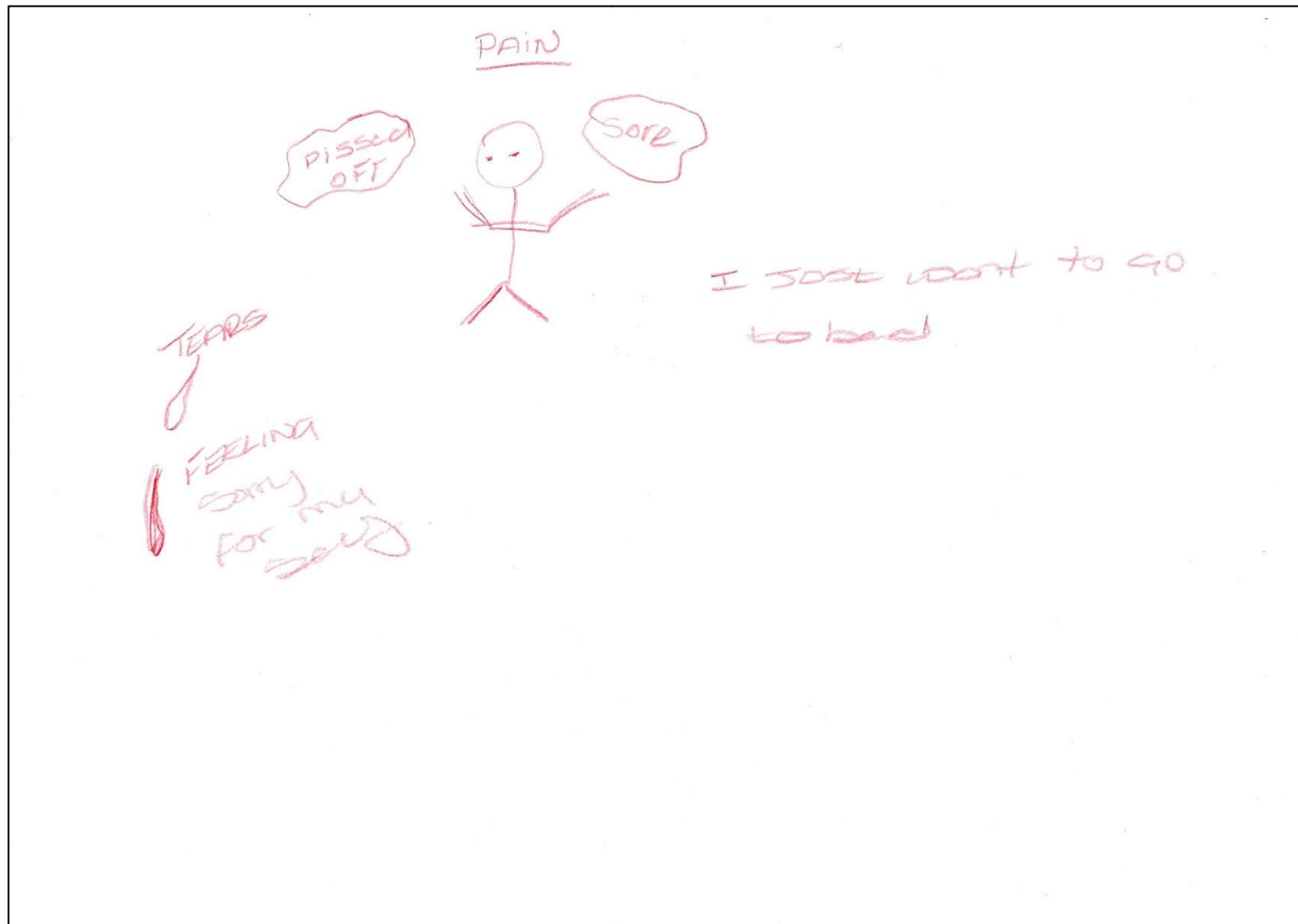


D.5 Alison's drawings

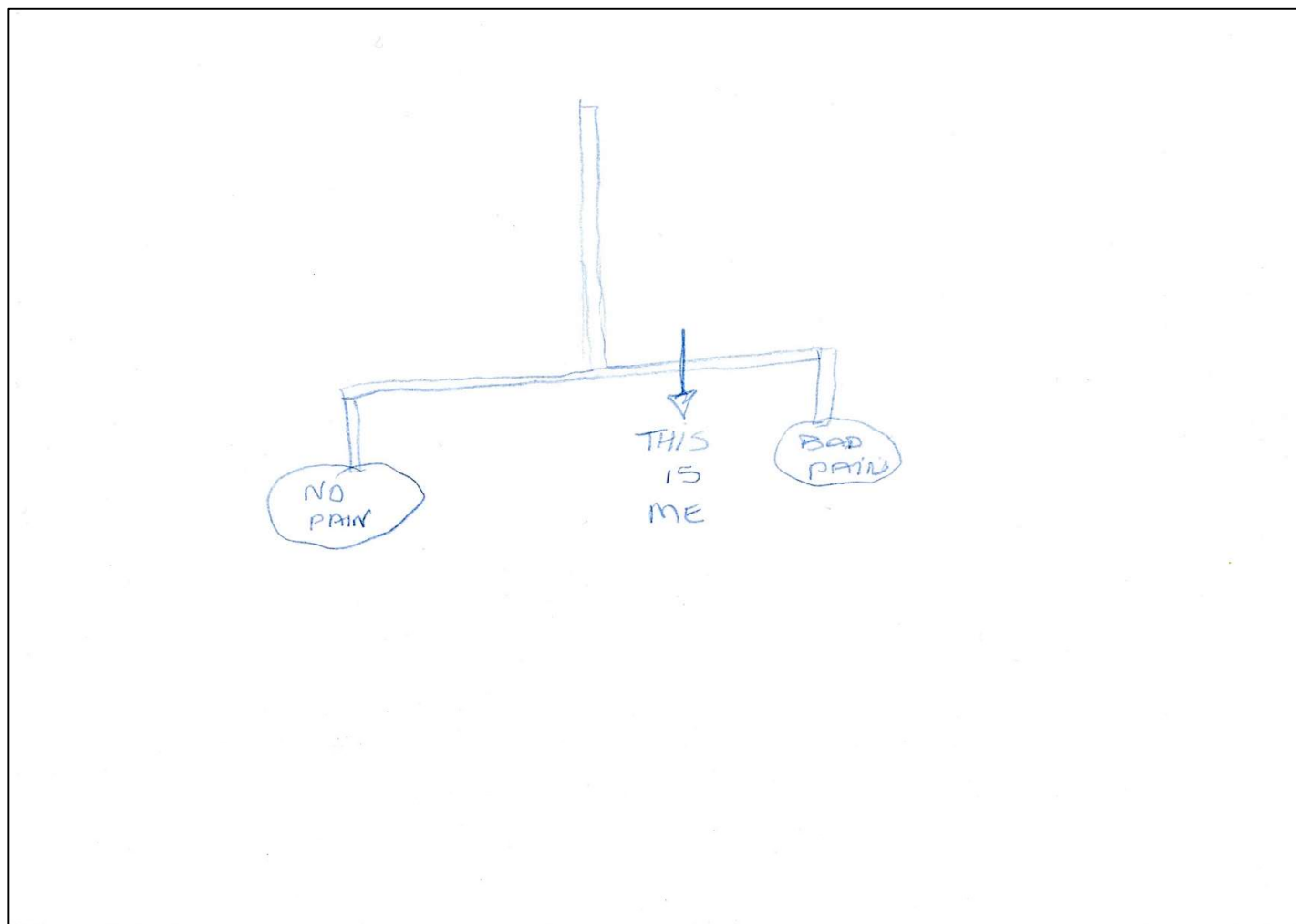
D.5.1 Alison's pain at Time 1



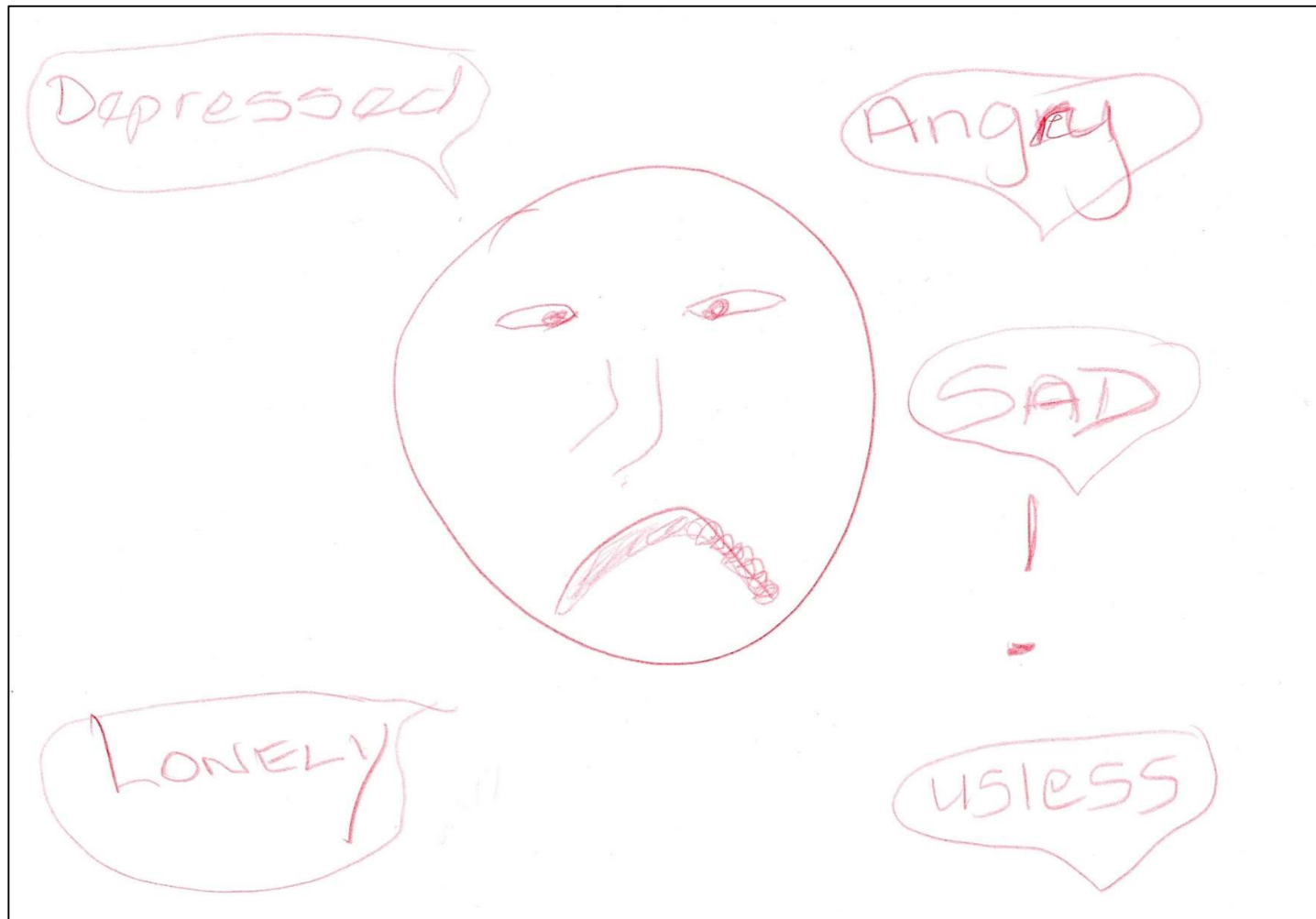
D.5.2 Alison's pain at Time 2



D.5.3 Alison's pain at Time 3



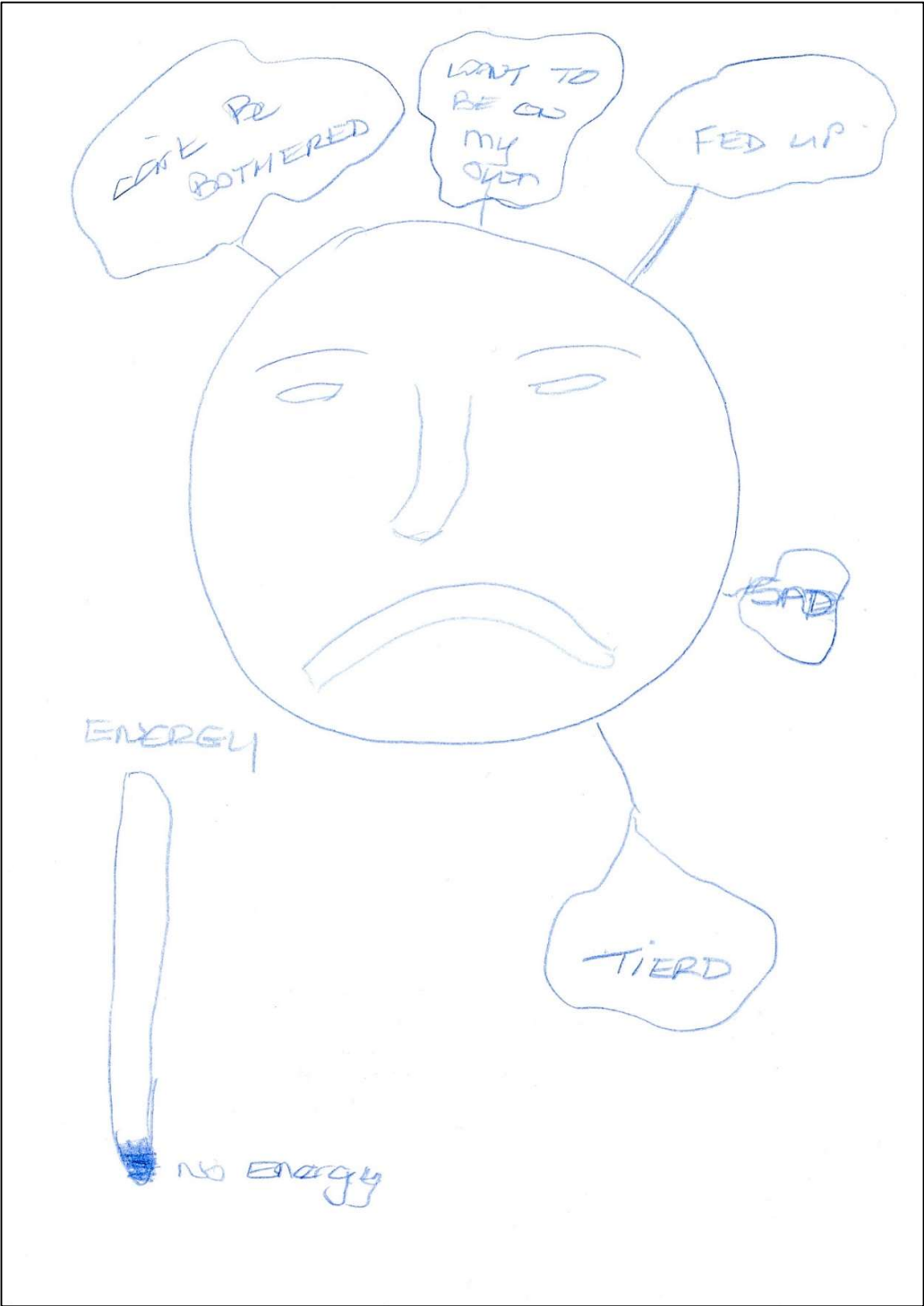
D.5.4 Alison's Self at Time 1



D.5.5 Alison's Self at Time 2



D.5.6 Alison's Self at Time 3



D.6 Gillian's drawings

D.6.1 Gillian's pain at Time 1



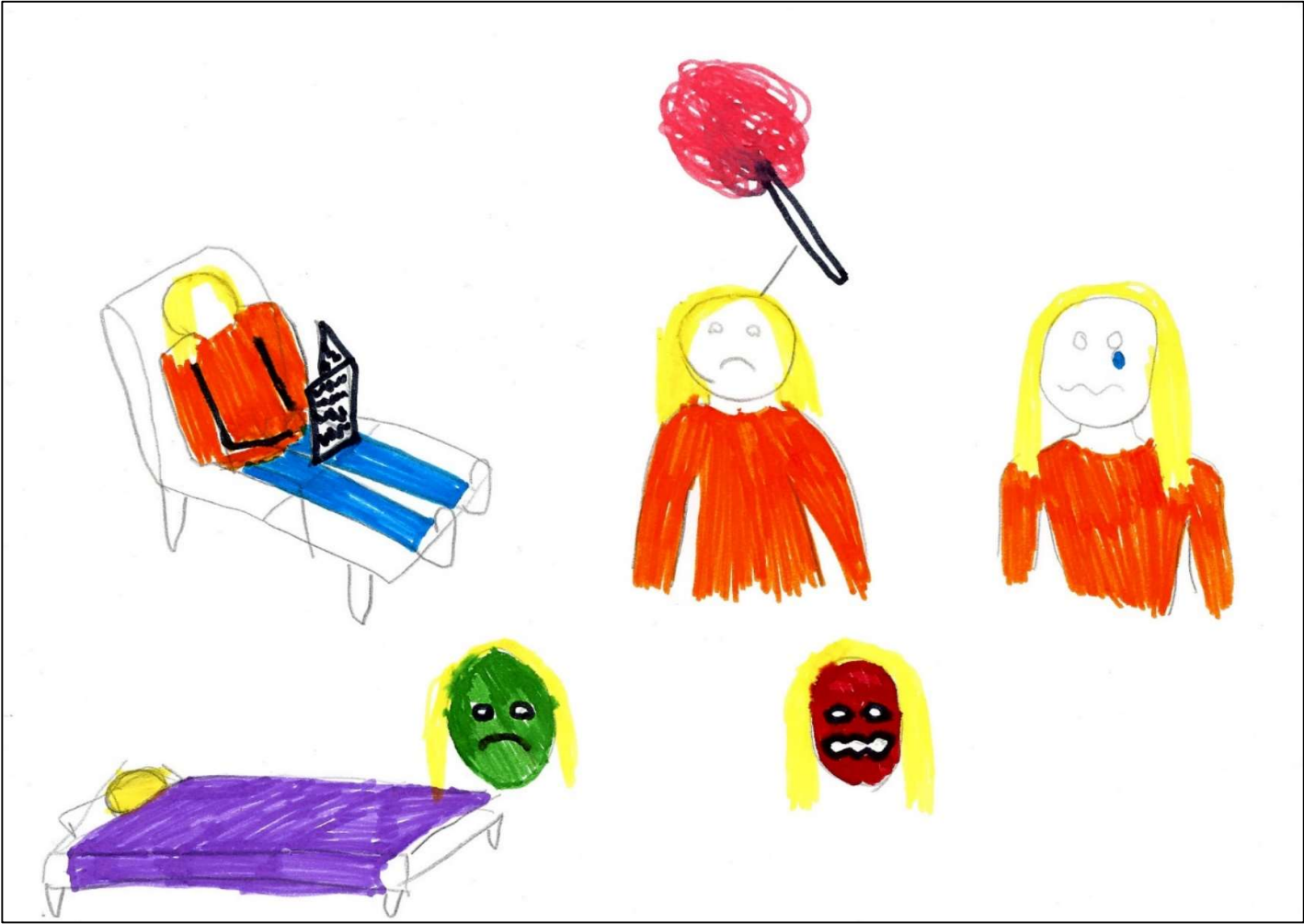
D.6.2 Gillian's pain at Time 2



D.6.3 Gillian's pain at Time 3



D.6.4 Gillian's Self at Time 1



D.6.5 Gillian's Self at Time 2



D.6.6 Gillian's Self at Time 3



D.7 Kate's drawings

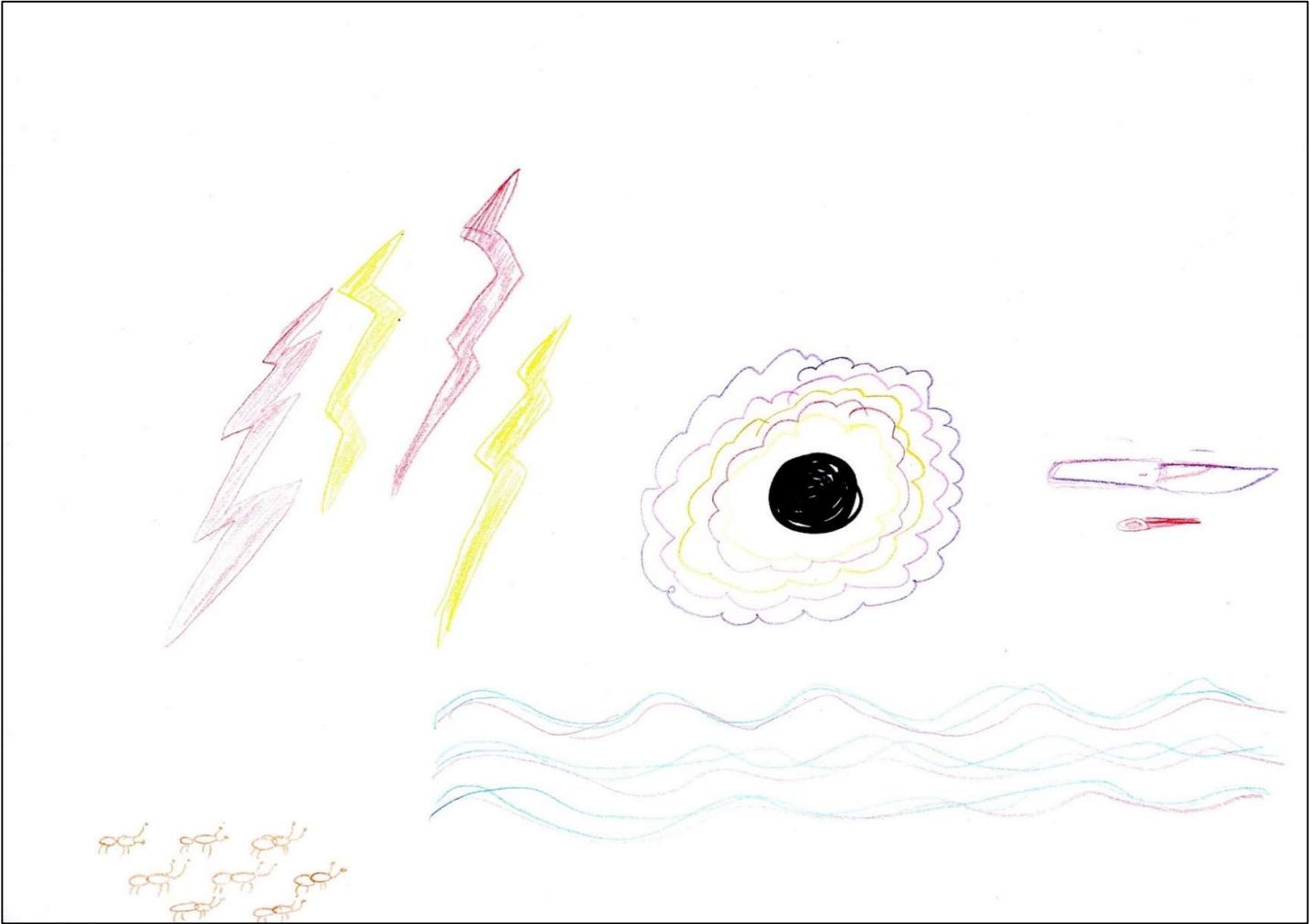
D.7.1 Kate's pain at Time 1



D.7.2 Kate's pain at Time 2



D.7.3 Kate's pain at Time 3



D.7.4 Kate's Self at Time 1



D.7.5 Kate's Self at Time 2

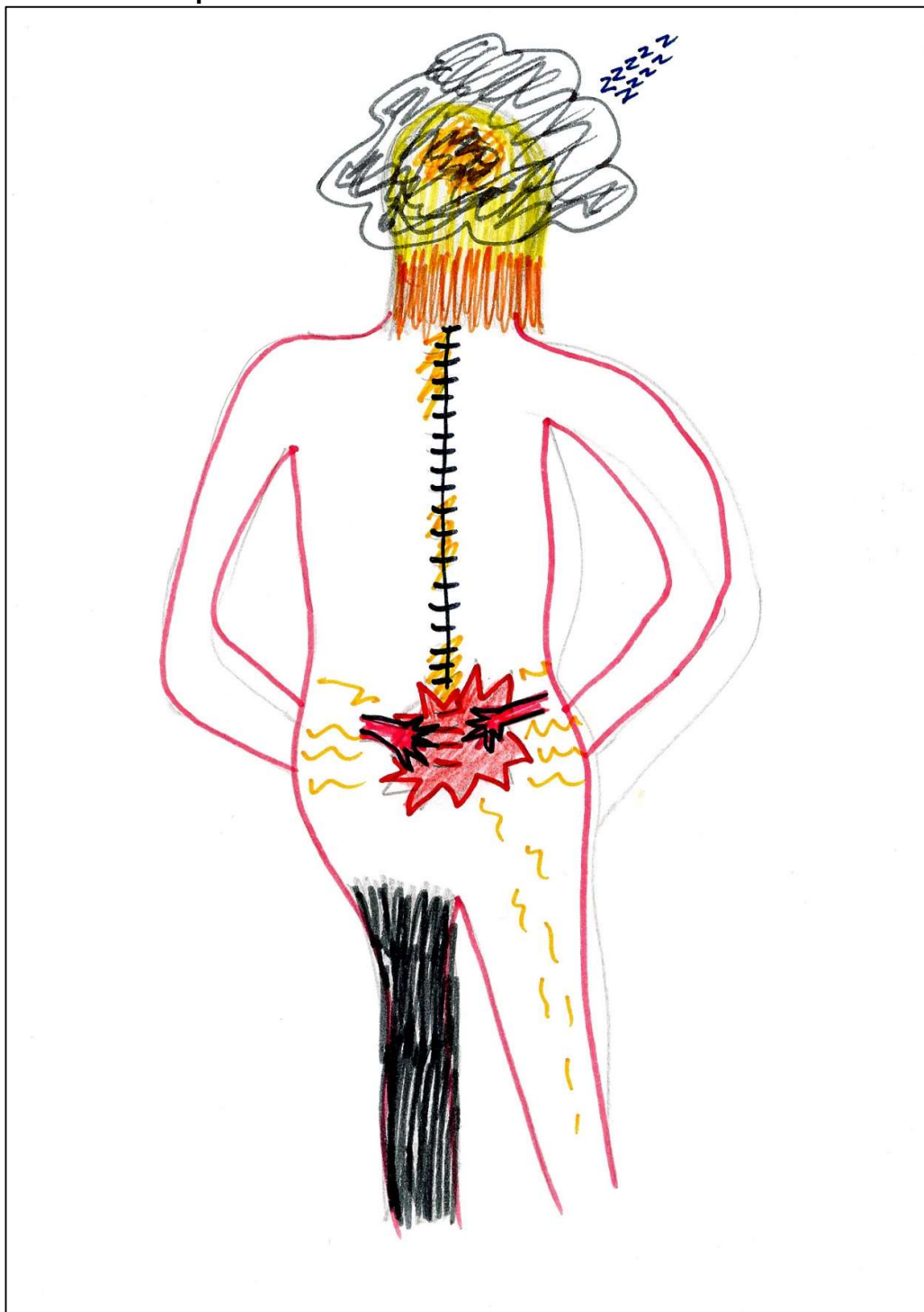


D.7.6 Kate's Self at Time 3

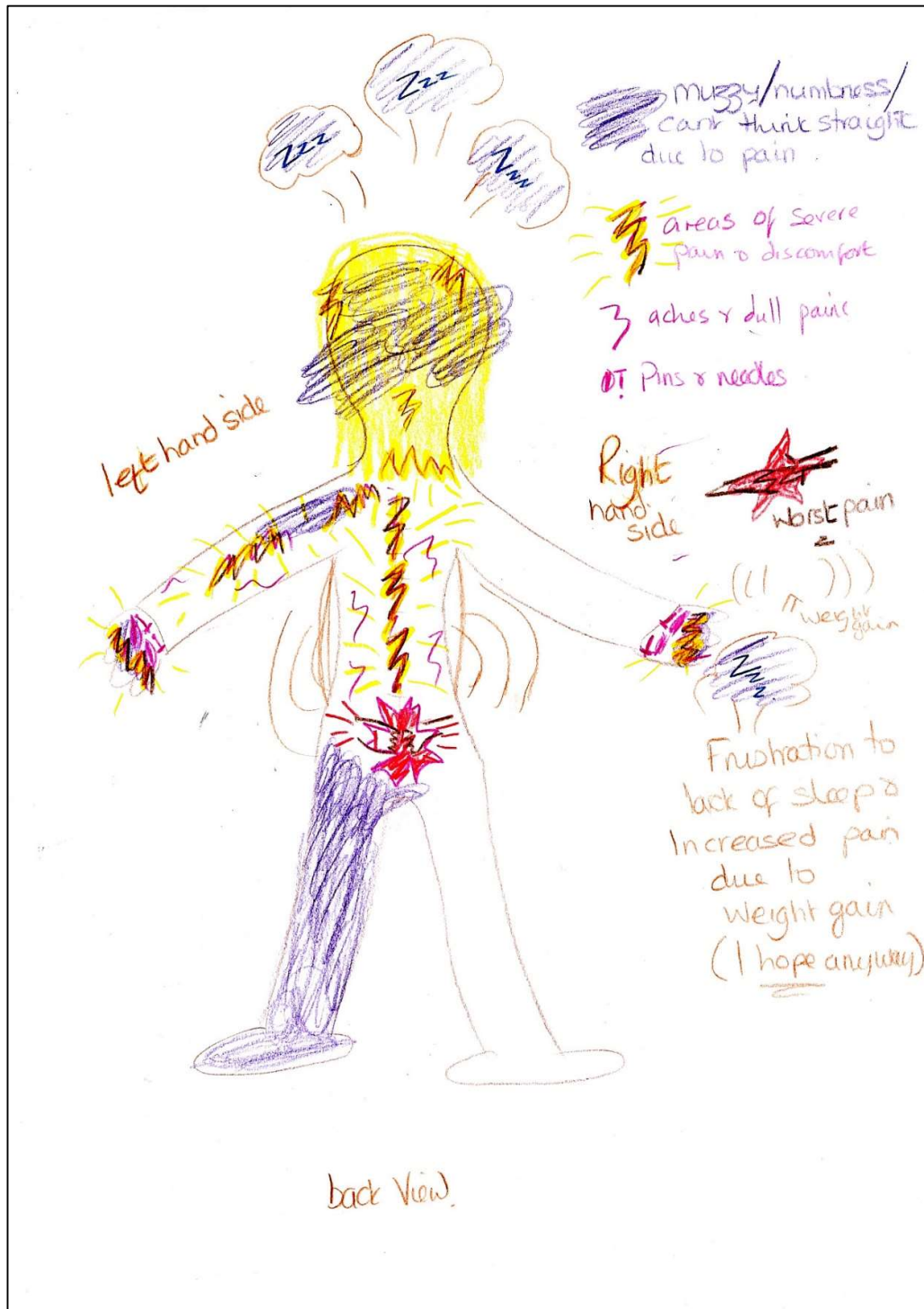


D.8 Lauren's drawings

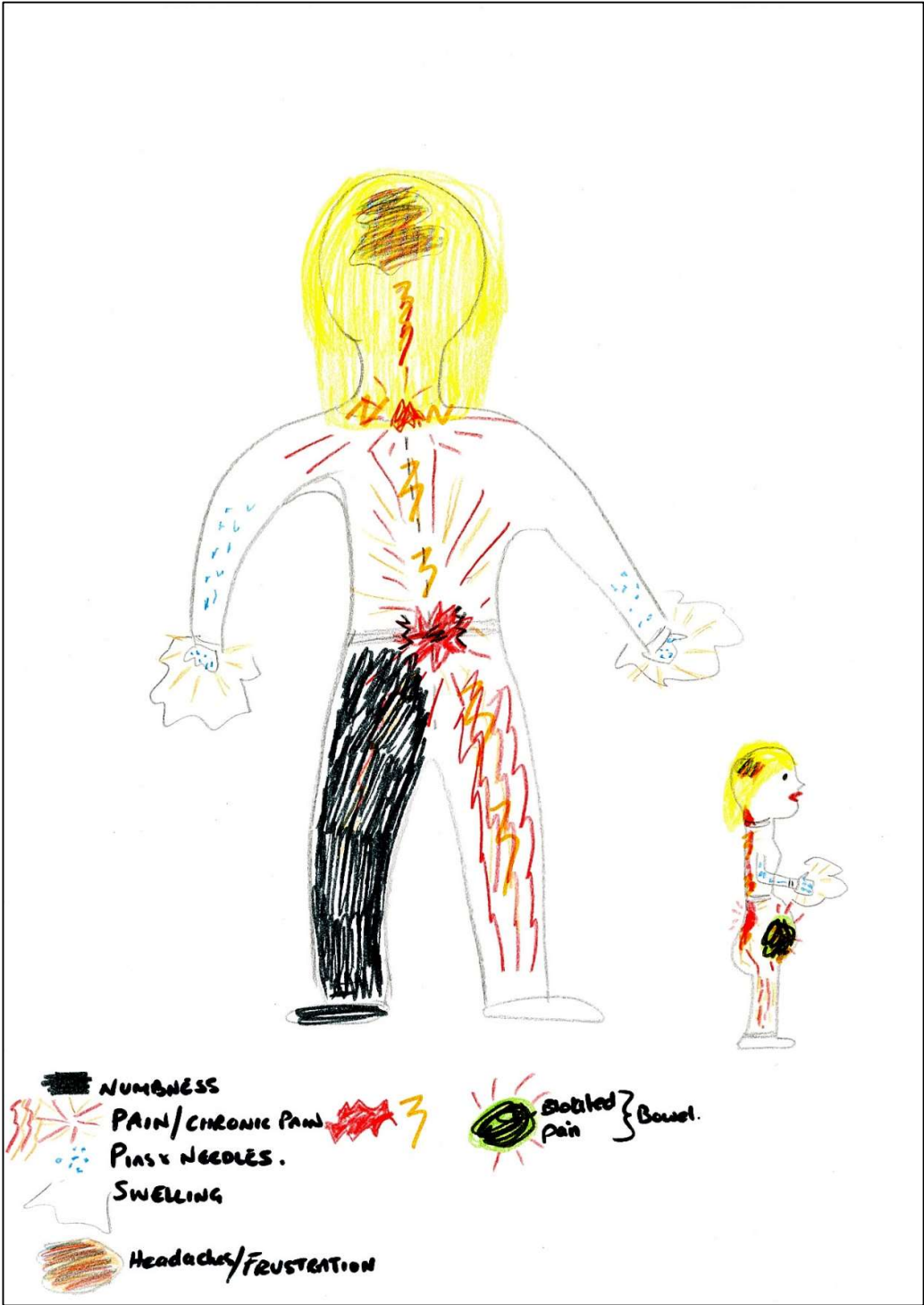
D.8.1 Lauren's pain at Time 1



D.8.2 Lauren's pain at Time 2



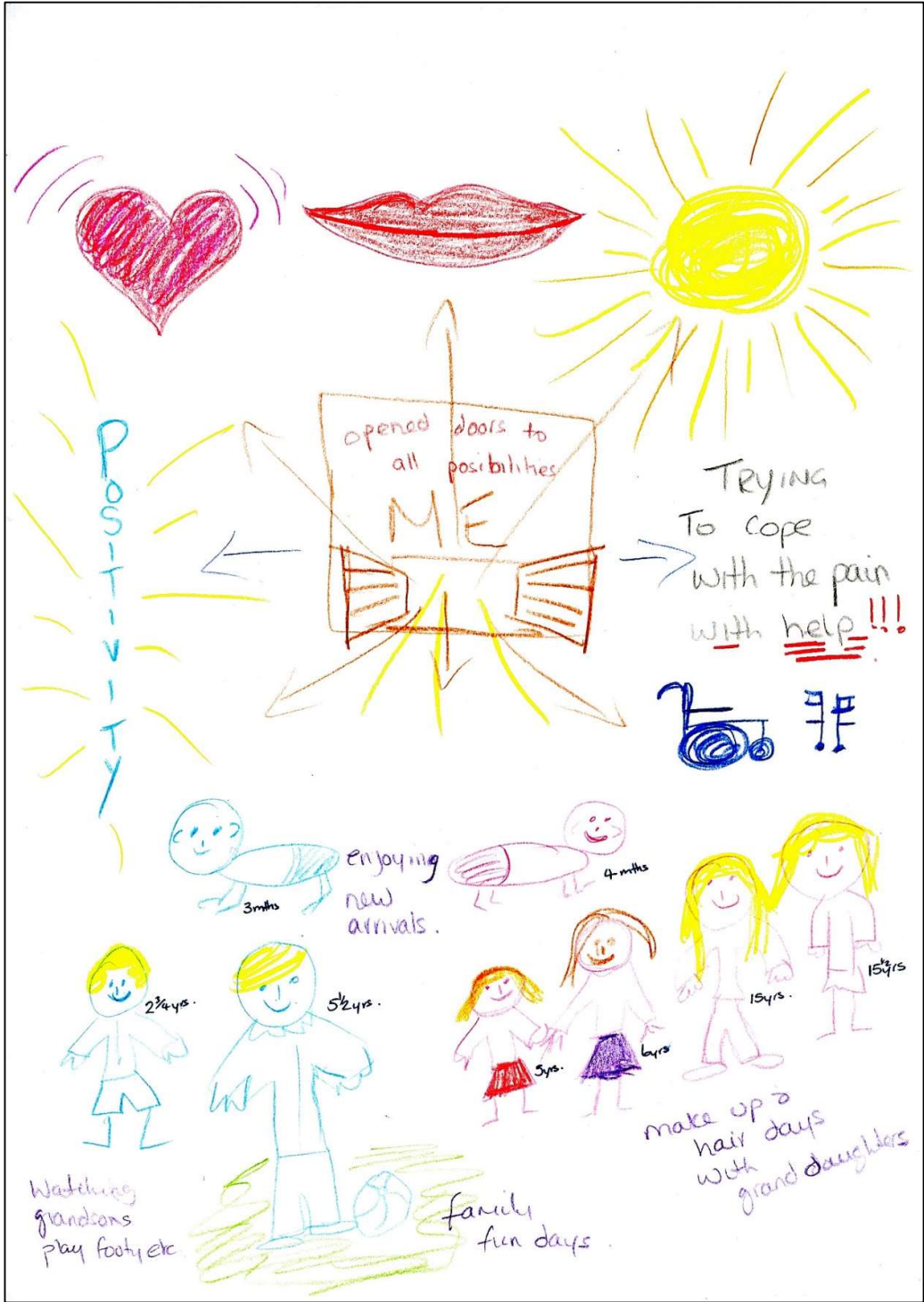
D.8.3 Lauren's pain at Time 3



D.8.4 Lauren's Self at Time 1



D.8.5 Lauren's Self at Time 2



D.8.6 Lauren's Self at Time 3

