

# **Brief Encounters with Qualitative Methods in Health Research: Phenomenology and Interpretative Phenomenological Analysis**

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## **Summary.**

Developed from a strong philosophical tradition, phenomenological research puts human experience at the heart of the research process. Interpretative Phenomenological Analysis, in particular, is a methodological stance that embraces the lived and subjective views of those who experience a given phenomenon. This flexible and descriptive approach provides researchers with an opportunity to depict and situate lived experience in rich contextual detail, while also accounting for the meaning-making of participants. Given the importance of patient/client voice, and a personalised view of health, phenomenological methods such as IPA can contribute extensively to health research by providing rich contextual accounts of experience which shed light on the essences of important phenomena.

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## **1. Introduction**

Phenomenology is a research method that:

“Emphasises inductive logic, seeks the opinions and subjective accounts and interpretations of participants, relies on qualitative data analysis and is not so much concerned with generalisations to larger populations but with contextual description and analysis.” (Gray, 2009, p. 28)

Gray’s definition of phenomenology is a clear and helpful starting point in this discussion, but the above characterisation of phenomenology could also be applied to other interpretivist qualitative approaches such as ethnography (see Benkwitz, this issue), symbolic interactionism, and to an extent, Grounded Theory (see Earnshaw, this issue). Thus, for those unfamiliar with phenomenological work it may be difficult to identify and articulate what makes phenomenological research distinct, useful or indeed even phenomenological.

Accordingly this paper aspires to provide practitioners with:

1. A brief introductory account of the development of phenomenological philosophy;
2. A description of the Interpretative Phenomenological Analysis (henceforth IPA) method that is prevalent in health research;
3. A short consideration of the contribution that IPA can make to the work of health research.

Mindful of the challenging language often associated with phenomenology, this article will further endeavour to introduce and streamline key concepts and practice. The approach taken herein may aid practitioners’ initial appreciation of phenomenological methodology, but

cannot, within the strictures of the article, fully capture the intricacies, debates, or controversies of this vast area. Consequently, readers are directed to key texts throughout.

## **2. Philosophical underpinnings of Phenomenology**

Born out of the philosophical work of Edmund Husserl in the late 19th and early 20th centuries, phenomenology was, and continues to be, considered a human-orientated (social) science. Husserl sought to recognise and embrace individual lived experience as a means to reach a better understanding of phenomena (Cerbone, 2006). Specifically, Husserl (1900/1973) argued that understanding a phenomenon is achieved through rich description and deep reflection upon subjective experience. Husserl's emphasis on lived experienced, and focus on the human within the scientific process, was in response to perceived limitations with the dominant positivist approach of psychology of the time (Moran, 2000). In particular, Husserl was frustrated by the common scientific practice of attempting to objectively study isolated psychological phenomenon by removing subjective experiences and views from the research process itself. Husserl argued that such a research approach produced cause and effect models that are divorced from lived experience, and do not explain or describe the essential and universal elements of phenomena (Husserl, 1900/1973; Husserl, 1913/1982).

It is important to recognise that despite the emphasis on subjective experience described above, phenomenology is certainly interested in managing personal bias and presuppositions. Indeed, one of Husserl's foremost contributions was to encourage the "bracketing" (identification and temporal removing) of preconceived ideas through intense questioning and introspections of one's own prior experience (Cerbone, 2006). Husserl explicitly advocated bracketing as it encourages researchers to have an *intentional* focus on the phenomena. Specifically, Husserl suggested that philosophers and social scientists might be able to direct their attention (consciousness) not at the cause or effect of a phenomenon,

but at describing the universal essence (structure) of the phenomenon itself. Moreover, Husserl suggested that, following the bracketing process, researchers should engage in imaginative variation which involves considering the phenomenon with and without structural elements. By this, Husserl emphasised focusing on the innate properties of the issue at hand to identify what is truly essential to the phenomenon. For example, in a study of nursing, what are the essential properties that embody the business of nursing as opposed to other acts by other medical professionals? Using the example of nursing, a simplified imaginative variation of the process might involve considering whether caring is *actually* essential to the act of nursing. And if so, in what way?

Husserl also argued for the consideration and examination of essential properties across subjects and episodes i.e. inter-subjectivity (also a key theme in Conversation Analysis, see Miller, this issue). In the nursing example we are utilising, researchers should consider if “caring” is common to all episodes of nursing. Such questions, and the processes of imaginative variation and inter-subjectivity that they represent, may lead researchers through descriptive accounts of nursing to the essential universal structures of nursing as a phenomenon i.e. a return to the thing itself. Thus, the emphasis in Husserlian phenomenology is upon universal structures rather than the mechanical cause, consequence or description of a single or specific episode of a phenomenon.

While contemporary phenomenology, thus, builds fundamentally on the work of Husserl, authors such as Heidegger (1927/2005), Sartre (1943/1984), and Merleau-Ponty (1962/2002) have made seminal contributions to the philosophical underpinning of the discipline. In general, these authors have emphasised a more existential and interpretative approach. Exploration of these bodies of work is beyond the scope of this paper, but interested readers are directed to Spiegelberg (1982) for further discussion, or Dowling (2007) for an article specific to health research. Similarly, Mackey (2005) provides a clear yet

critical account of how nursing research has moved on from Husserlian phenomenology and has embraced the work of Heidegger.

In contrast with a pure Husserlian approach, Heidegger's interpretative phenomenological method focuses less on universal structures and more on the nature of "being." Drawing on the nursing example above, an interpretative study of this order would seek not to answer what is the essential structure of nursing but may ask what it means to *be* a nurse. Heidegger (1927/2005) proposed that we need to answer more ontologically-ordered questions such as these. Therefore an interpretative phenomenological study should interpret, clarify, and reflect upon experiences within core context. Heidegger referred to the context in which phenomena are experienced as the "lifeworld" (also an important concept in Narrative Analysis, see Rowe, this issue). Mackey (2005) also calls on researchers engaged in interpretative phenomenological studies to not only position a subjects' experience within their lifeworld, but to ensure the researchers role as interpreters within the study is also considered. This emphasis on the role of the researcher as a *research instrument* is in stark contrast to Husserlian phenomenology that sought to bracket the researcher's preconceptions, and once again illustrates the ongoing development of phenomenological philosophy.

Phenomenological philosophy has been a work-in-progress for over a century, and has inspired a range of procedures for doing phenomenological research (Giorgi, 1975; Colazzi 1973, 1978; Van Manen, 1990). The focus of the remainder of this paper is upon one of the most applied variants of the tradition, and the one most prevalent in contemporary health research: IPA (Smith & Osborn, 2008), which "...has proven to be particularly suitable" for health-focused investigation (Brocki & Wearden, 2006, p. 101). Accordingly, the following sections will describe the key features of IPA which, of course, builds upon the previously discussed work of both Husserl and Heidegger.

### **3. Interpretative Phenomenological Analysis.**

The principal objective of IPA is to explore how participants are making sense of their personal and social world. The approach is phenomenological in that it involves a detailed examination of personal, lived experience of a phenomenon. Rather than attempting to produce an objective statement on the nature of the phenomenon however, IPA prioritises the participant's personal experience and personal perception of an object or event (Flowers, Hart & Marriott, 1999). As suggested above, researchers in the healthcare sciences have used IPA to explore a range of phenomena for some time. For example, in a review of the impact of the method in health psychology, Brocki and Wearden (2006) identified 52 articles using IPA, exploring a diverse range of areas and conditions including self-injury, dementia, dermatological issues, chlamydia, anorexia, sexual health, spirituality and bereavement and addiction.

For those unfamiliar with IPA, Smith and Osborn (2008) provide a comprehensive description of its underpinning theoretical foundations and produce illustrative examples of each stage of the method. Based upon their experiences, the authors (ibid) urge researchers to engage with the method's flexibly, so that it is adapted to the preferred techniques and topic under investigation. In this respect, IPA purports that research is a dynamic and iterative process within which the researcher performs an active role. Indeed, IPA's commitment to a detailed but flexible exploration of the meaning participants are making of their own social and personal world renders it particularly pertinent for sensitive, complex, or novel research questions. Conversely, whilst the researcher is trying to access the personal world and experience of the participant, it is arguable if this can ever be directly or completely achieved. In addition, the challenge is further complicated by the researcher's own conceptions that are required to make sense of that other personal world. Thus a dualistic interpretative process, or

double-hermeneutic, takes place in IPA. Herein, the participant is trying to make sense of their world, and the researcher is trying to make sense of the participant trying to make sense of their world. Thus, the flexible and active role of the researcher brings both potential benefits and challenges to IPA studies.

#### **4. Methodological Procedures (Sampling, Bracketing, Interviewing and Writing)**

IPA is typically an idiographic mode of inquiry comprising a small sample size. The small sample size encourages meticulous analysis of data to elucidate the perceptions and thoughts of participants' experiences of a specific phenomenon. Thus, IPA typically avoids attempts to make more generalised claims more consistent with a nomothetic approach. Purposive, homogenous sampling is therefore utilised and this differentiates IPA from other qualitative methodologies such as grounded theory, as the sample is selected to illuminate a particular question and develop a comprehensive and insightful interpretation of the data. Grounded theory (in its classical sense) uses theoretical sampling to continue collecting data until saturation is reached (see Earnshaw, this issue). Smith, Jarman, and Osborn, (1999) consider this a problematic concept, as the next interview always carries the potential to provide unique data. IPA researchers are therefore urged to acknowledge the representational limits of their data. Once these objectives have been reached, analysis can be considered complete but must, of course, be in keeping with IPA procedures.

Reflecting the pure phenomenological roots of the approach, and considering the active role of the researcher, Brocki and Wearden (2006) cite several authors who explicitly describe undertaking a conscious process of "bracketing" to manage pre-existing assumptions when conducting IPA studies. This divergence between "removing" and "embracing" the role of the author reflects the flexibility of IPA in attempting to be both interpretative and phenomenological. This flexibility is, in most accounts, both the strength and weakness of



IPA. Indeed, Wagstaff, et al. (2014) argues that the interpretative role of the researcher in IPA is at odds with classical phenomenology, and can taint studies through bias. Similarly, Giorgi (2010, 2011) argues that the flexible and interpretative element of IPA is incongruent with Husserlian pure phenomenology as a rigorous science. Therefore, Giorgi views IPA as more “phenomenologically-inspired” than phenomenology *per se*. In response, Smith (2010) argues that flexibility in IPA is a key tenet and strength, as it allows researchers to use their own experience-based interpretation to add value and clarity. He urges researchers not to attempt to remove their interpretations from studies, but to embrace their preconceptions through transparent, managed, and rigorous methods, e.g. reflexive accounts (Smith & Osborn, 2011). Such an approach should enable readers to “make links between the findings of an IPA study, their own personal and professional experience, and claims within extant literature” (Smith & Osborn, 2011, p. 56). Acknowledging this methodological debate, Brocki and Wearden (2006) argue that if studies are methodologically rigorous, transparent and explicit about philosophical underpinnings, then IPA studies have much value to add to health research. The process of conducting and analysing in depth interviews is however, key to this rigour.

Smith and Osborn (2008) promulgate the use of semi-structured interviews as the exemplary method of collecting data due to its flexibility and potential to produce rich, affective perceptions<sup>1</sup>. They further recommend techniques used in the course of their own research and discuss how themes are established, connected, and clustered as superordinate concepts. These themes can then be used as the framework for analysis of the next participant’s data. Convergent and divergent themes can then be identified and analysed

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<sup>1</sup> Readers are signposted to Smith and Osborn (2008) for an illustrative account of how to conduct analysis of such interviews.

across participants. Jarman, Smith, and Walsh (1997) contend that such themes should be represented clearly in the transcripts and should be selected for articulacy and immediacy, and not just because of prevalence.

To aid trustworthiness in IPA studies, extracts of participants' views may be selected to explicate the most accurate expression of a theme (Flowers et al 1999; 2000a; 2000b; 2001). Osborn and Smith's (1998) IPA of chronic lower back pain is one example that uses extracts to demonstrate issues which involve an analysis beyond description of any single episodic account, yet are simultaneously grounded in participants' experiences. For instance, Osborn and Smith (ibid) illustrate the theme "comparing this self with other selves" through the following extract:

Well my personality's gone, I used to be right bubbly and lively and you know, but it's, that's gone, and even my mum says that I've changed, she never really says in what way, she says I've got more snappy and more nasty. You want the old Alice back but you can't.

The above quote has transparently phenomenological implications. Is it rooted in an idiographic personal experience as lived by the participant and, in addition, the authors also provide the following extract which illustrates meaning-making of the participant but also (as evident in the *italicised* and **bold** sections which were inscribed by the authors) clearly depicts a double hermeneutic i.e. the authors' interpretation of the participants experience.

You feel like, just not particularly giving up, but *you don't feel the person that you are* [author's emphasis] that you're capable of feeling or capable of doing basically. It makes you feel a bit down and a bit miserable (Dottie).

Thus the theme, "comparing this self with other selves," adds insightful phenomenological analysis of lower back pain, while the descriptive illustrative extracts situate the experience in

the lifeworld of those who live and experience lower back pain. Such information may support practitioners as they encounter sufferers of this condition.

## **5. Conclusion**

As illustrated above, a robust IPA holds much potential for health research. In particular, the emphasis on subjective lived experience will resonate with many practitioners who seek to provide patient-centred and patient-focused care. IPA can make an important contribution by describing patient experiences. This is important for practitioners as patient voice is at the heart of key health documents including the NHS constitution (2013), and the Keogh Report (2013). As a flexible and potentially rigorous method, IPA can also draw upon the expertise of researchers, to ensure that participants' experiences are contextually situated and insightful analysis is derived. Such insights have the potential to inform and add value to the work, understanding, and empathy of health practitioners as they encounter patients who have unique and personal experiences.

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